COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 7 March 2021, 10 am CET

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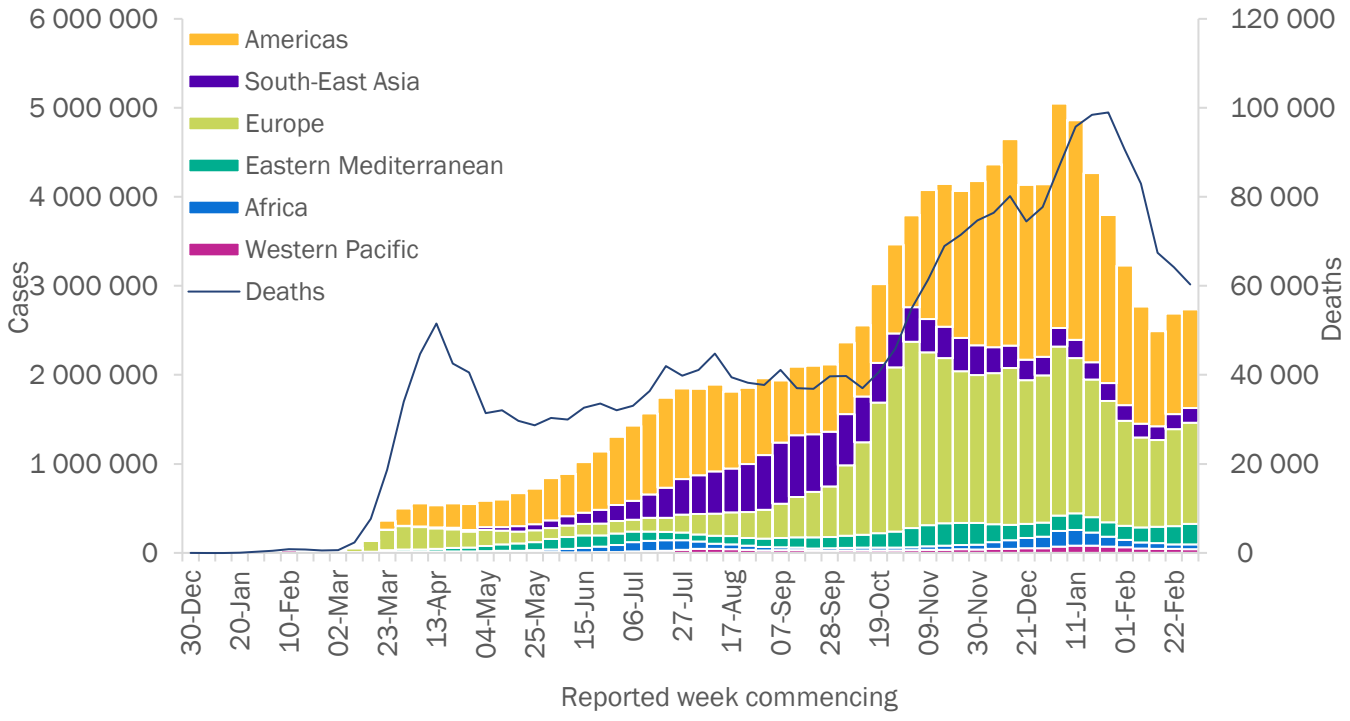
Global overview

Over 2.7 million new cases were reported last week, a 2% increase compared to the previous week (Figure 1). The global case increase was driven by increases in the Eastern Mediterranean (10%), African Region (10%), and Europe (4%), while small declines were seen in the Americas (-2%), South-East Asia (-2%) and Western Pacific regions (-6%). Globally, around half of countries are seeing declines while the other half are experiencing increasing numbers of new cases. Global new deaths continued the downward trend observed since early February 2021, declining a further 6% compared to last week. Death rates declined in all regions except in the Eastern Mediterannean, where new deaths reported rose by 9%. The Americas and Europe account for around 80% of new cases and new deaths reported globally.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 7 March 2021**



**See *Annex: Data, table and figure notes*

The highest numbers of new cases were reported from the United States of America (427 233 new cases; 10% decrease), Brazil (413 597 new cases; 11% increase), France (143 622 new cases; 4% decrease), Italy (138 937 new cases; 24% increase), and India (114 068 new cases; 9% increase).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 7 March 2021**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	1 105 355 (40%)	-2%	51 531 438 (44%)	32 535 (54%)	-4%	1 237 781 (48%)
Europe	1 136 080 (42%)	4%	39 775 409 (34%)	20 770 (34%)	-6%	884 218 (34%)
South-East Asia	167 385 (6%)	-2%	13 684 394 (12%)	2 201 (4%)	-32%	210 214 (8%)
Eastern Mediterranean	228 543 (8%)	10%	6 616 840 (6%)	2 797 (5%)	9%	147 284 (6%)
Africa	55 341 (2%)	10%	2 895 549 (2%)	1 390 (2%)	-16%	73 381 (3%)
Western Pacific	41 677 (2%)	-6%	1 662 277 (1%)	630 (1%)	-20%	29 637 (1%)
Global	**2 734 381 (100%)**	**2%**	**116 166 652 (100%)**	**60 323 (100%)**	**-6%**	**2 582 528 (100%)**

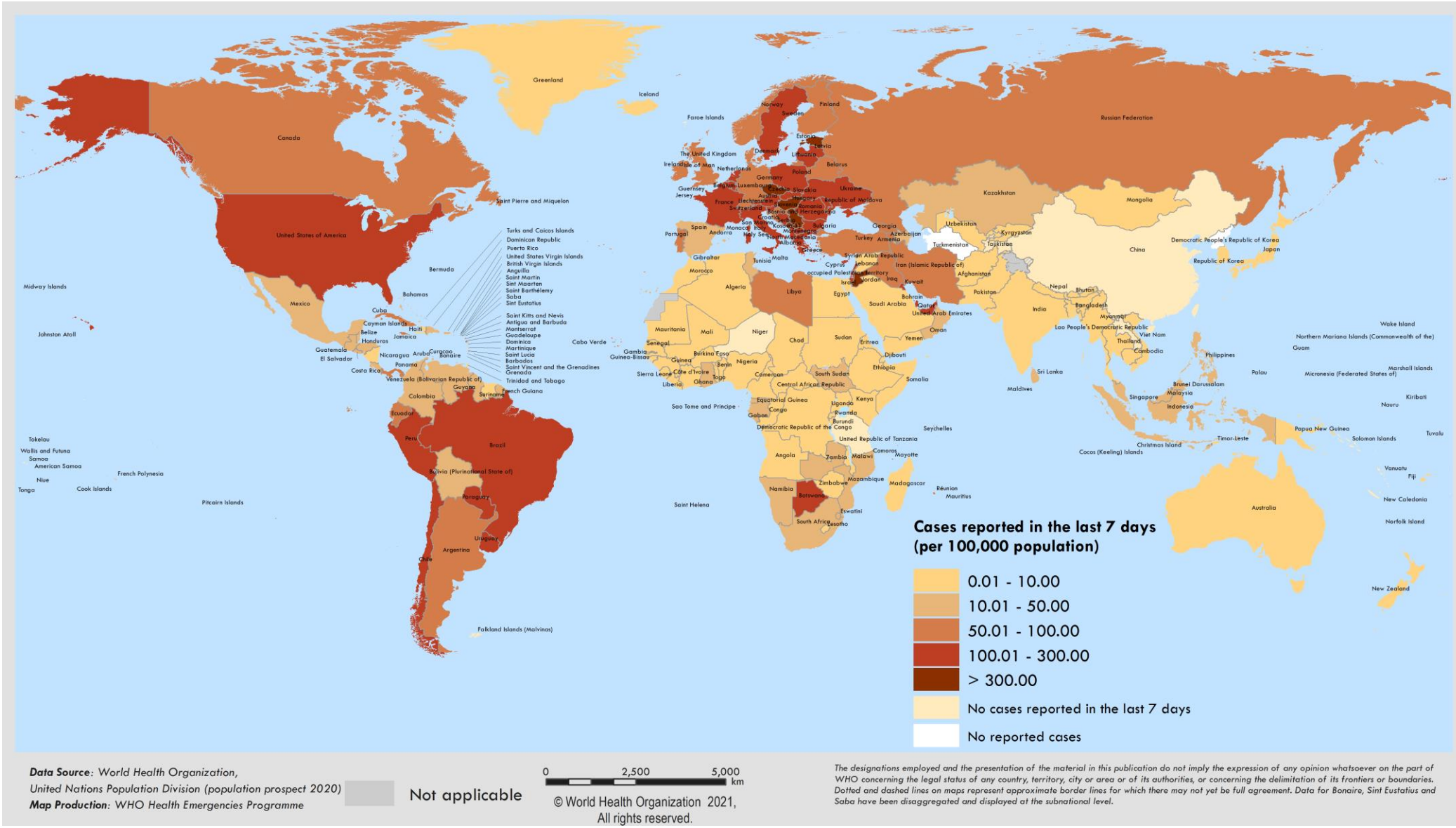
**Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number; global totals may not equal 100%.*

**See *Annex: Data, table and figure notes*

For the latest data and other updates on COVID-19, please see:

- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 1-7 March 2021**



Data Source: World Health Organization,
United Nations Population Division (population prospect 2020)
Map Production: WHO Health Emergencies Programme

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

**See *Annex: Data, table and figure notes*

Special Focus: Global Influenza Surveillance and Response System – best practices for integrating influenza and COVID-19 sentinel surveillance

WHO estimates that seasonal influenza may result in 290 000 – 650 000 deaths each year due to respiratory diseases alone, with further deaths from other diseases such as cardiovascular disease, which can be influenza-related. SARS-CoV-2 is also a respiratory virus like influenza, but they are not the same virus. In 2020, there were around 1.8 million COVID-19 deaths. Influenza surveillance systems have been leveraged to support monitoring SARS-CoV-2 and have proven to be efficient, practical and sustainable. In this Special Focus, we look at how influenza surveillance systems work, how they are being used to provide effective support to monitor SARS-CoV-2 and other respiratory viruses, and provide some country examples.

How influenza surveillance systems work

Influenza surveillance uses complementary information from multiple systems to monitor influenza viruses and diseases, assess associated epidemic and pandemic risks including severity, and inform development and update of vaccines and control measures. Influenza is typically monitored using country information coming from:

- Syndromic disease surveillance – monitoring the frequency of a combination of symptoms associated with influenza in people seeking healthcare;
- Virological surveillance – testing all or a subset of ill patients for influenza and other respiratory viruses;
- Other data sources, such as excess mortality and participatory surveillance – monitoring the frequency of syndromes in people who may not seek healthcare for their symptoms; and,
- Event-based surveillance – looking for unusual events.

Influenza surveillance systems have been established in more than 100 countries and are functioning within the Global Influenza Surveillance and Response System (GISRS). For more than half a century, GISRS has been the global platform for surveillance and control of influenza, and other respiratory viruses.

How existing influenza systems are being used to monitor SARS-CoV-2

Influenza and other respiratory viruses, including SARS-CoV-2, are respiratory pathogens which can cause similar symptoms. This makes the use of existing respiratory syndromic surveillance an asset to monitor SARS-CoV-2 circulation, to complement other outbreak surveillance, and to monitor efforts of the COVID-19 pandemic response.

At the same time, using the same systems to monitor influenza and SARS-CoV-2 enables an assessment of the relative co-circulation of both viruses. This allows for concurrent national and global response measures for both influenza and COVID-19. WHO has provided practical guidance to countries to use existing systems for sentinel surveillance and laboratory testing algorithms for influenza and SARS-CoV-2.

As mentioned in the Special Focus of 16 February 2021, since early 2020, more and more countries have started using the existing influenza surveillance systems to monitor COVID-19, continuing and even enhancing syndromic and virologic surveillance to understand community transmission trends for COVID-19 and influenza. So far, since the onset of the COVID-19 pandemic, influenza has been circulating at very low levels.

Influenza surveillance systems have been fully established in many developing and developed countries. These systems, which proved their value in the 2009 H1N1 pandemic, are ready resources in countries for national integrated surveillance for influenza, SARS-CoV-2 and other existing or future important respiratory viruses to public health. Influenza has been and will continue to be among the top global health threats via seasonal epidemics, zoonotic outbreaks and pandemics. Investing in influenza surveillance systems and pandemic preparedness are key to protecting national and global health security.

Country examples

Many countries have benefited from using their influenza surveillance systems to tackle COVID-19 without compromising their continued ability to protect people from the threat of influenza. Below we highlight some country examples.

- The existing influenza surveillance infrastructure in **Afghanistan**, from the the sentinel sites and staff who are experienced in sample collection to the expertise and resources at the National Influenza Centre, allowed for a rapid response to surveillance for COVID-19 following the detection of the first case in February 2020 in the country. Importantly, the country has continued to monitor trends in patients with influenza-like illness (ILI) and severe acute respiratory infections (SARI) seeking care at sentinel sites and to collect samples from these patients. In December 2020, the National Influenza Centre in Kabul implemented the sequential testing algorithm for these samples recommended in WHO's interim guidance, first testing the samples for influenza, then testing the influenza-negative samples for SARS-CoV-2. Since then, SARS-CoV-2 has been detected in influenza-negative samples. Simultaneously, influenza B viruses have also been detected among sentinel samples indicating the likely community circulation of seasonal influenza as typically occurs in Afghanistan at this time of the year. The country plans to initiate the reporting of this information on COVID-19 testing of sentinel samples to the regional influenza data platform, EMFLU, as they have been doing for influenza on a regular basis for many years.

- In April 2020, **Bhutan** developed a web-based, integrated influenza/COVID-19 surveillance reporting platform and published guidelines for an integrated COVID-19 and influenza surveillance system that scaled-up the existing influenza surveillance system to incorporate monitoring of the COVID-19 virus[1]. The web-based integrated platform eased the work on healthcare staff on reporting daily ILI, SARI and COVID-19 cases. The number of SARI sites was increased from 11 to 50 hospitals and the number of ILI sites was increased from 7 to 186 health facilities. The laboratory network was also expanded to include SARS-CoV-2 testing centers, which has benefited influenza surveillance by ensuring a more regular supply of resources for testing samples for influenza as well. The data generated from integrated surveillance have been used to detect cases of both influenza and COVID-19 in the community, to monitor trends in both viruses and to provide epidemiological information in support of timely prevention and containment measures. Results of the integrated epidemiological and virological surveillance is published in the Weekly COVID-19 integrated Flu view and are being shared to relevant stakeholders, including COVID-19 task force, for evidence-based decision making within the country and for sharing information globally[2].

- In **Cambodia**, COVID-19 surveillance was integrated into existing influenza surveillance in March 2020, whereby all ILI and SARI cases at sentinel sites are tested for SARS-CoV-2 and influenza. Influenza samples collected in December 2019 were also retrospectively tested for COVID-19. Since March 2020, no COVID-19 cases have been detected among sentinel ILI and SARI cases giving confidence to the assessment that only sporadic cases of COVID-19 are occurring and there is no community transmission of SARS-CoV-2 in the country. ILI surveillance data are an important component of multisource surveillance, where data from multiple sources are used to assess the current epidemiological situation in the country, and support decision making for the COVID-19 response. Maintaining strong influenza surveillance throughout the pandemic was also critical to detect and respond to eight clusters of influenza A(H3N2) infections in various community and closed settings since August 2020.

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[1]Ministry of Health Bhutan (2020) *COVID-19 Integrated Influenza Surveillance Guideline*, http://www.rcdc.gov.bt/web/wp-content/uploads/2020/05/COVID-19-Integrated-Influenza-Surveillance-Guideline-V1.pdf

[2] Royal Government of Bhutan, *Royal Centre for Disease Control*, http://www.rcdc.gov.bt

- In Europe, countries are increasingly integrating SARS-CoV-2 into existing sentinel surveillance schemes in both primary and secondary care. **Albania**, for example, has adapted its existing SARI surveillance systems to monitor both influenza and COVID-19[3]. Additionally, in Europe, the excess weekly all-cause mortality monitoring was established to provide near real-time estimates of the impact of seasonal influenza. These systems have provided important insights into the mortality impact temporally associated with COVID-19 circulation[4].

[3]ECDC/WHO, *Flu News Europe*, https://flunewseurope.org/HospitalData/SARI

[4] Adlhoch C et al. (2021) Real-time monitoring shows substantial excess all-cause mortality during second wave of COVID-19 in Europe, October to December 2020, *Euro Surveill.* 2021;26(2):pii=2002023. https://doi.org/10.2807/1560-7917.ES.2021.26.1.2002023

Special Focus: SARS-CoV-2 sero-epidemiology in Kenya

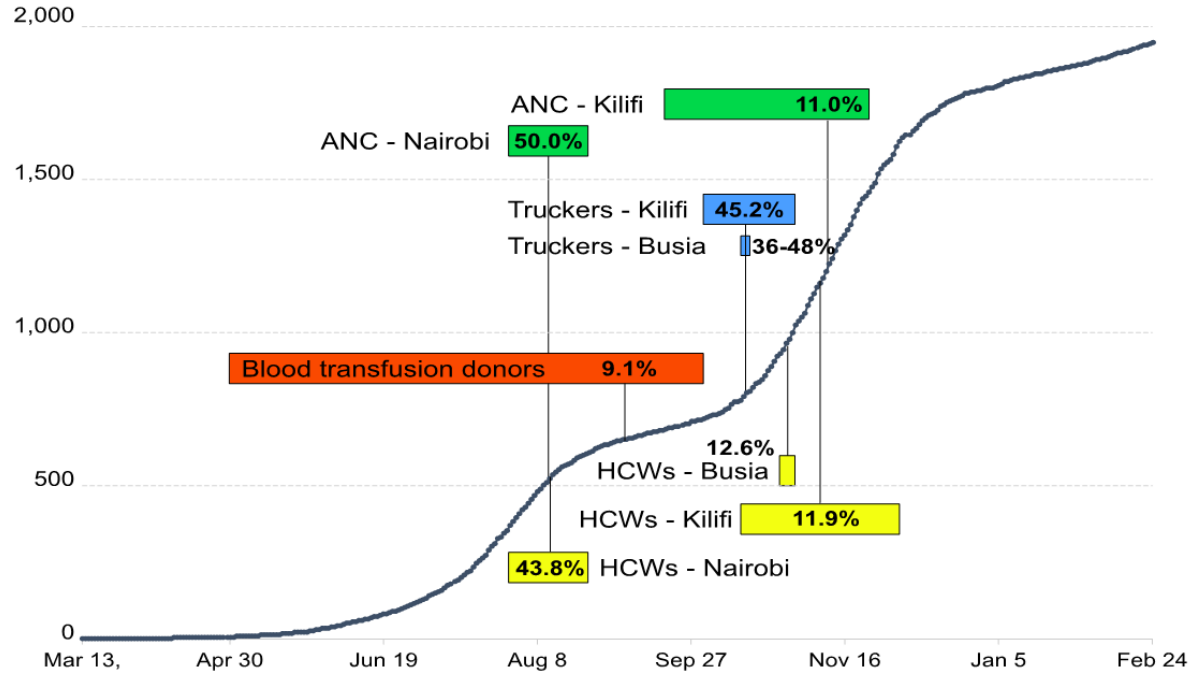
Solidarity II is a global collaboration led by WHO that promotes the implementation of serological surveys of SARS-CoV-2 (For more details, please see Weekly Epidemiological Update published on 27 January 2021, and "Solidarity II" global serologic study for COVID-19). It provides a collaborative environment for public health agencies and academic institutions around the world to work together and hosts a weekly open forum to discuss recent findings in COVID-19 sero-epidemiological research. Every week over 100 investigators from public health agencies and academic institutions join to discuss the recent research progress, debate the scientific challenges and how to collaboratively solve them. On 26 February 2021, Solidarity II hosted the Kenya Medical Research Institute (KEMRI)-Wellcome Trust Research Programme (KWTRP), who gave a series of presentations on the sero-epidemiology of SARS-CoV-2 in Kenya.

Below we provide an update on the dynamics of SARS-CoV-2 infection across Kenya estimated in blood transfusion donors, seroprevalence in antenatal care screening, health care workers and truck drivers.

The laboratory of KEMRI participated in the WHO Inter-lab study to establish a WHO International Standard and Reference Panel[i]. All of the presented studies are based on an in-house ELISA conducted at the KWTRP in Kilifi, Kenya. The assay uses an adaptation of the Krammer ELISA, previously presented at Solidarity II, to measure SARS-CoV-2 anti-Spike antibodies. The assay readout was optimized to selectively differentiate between those previously infected with SARS-CoV-2 and non-infected individuals. This assay was validated using over 900 locally-acquired serum/plasma samples from 2011-2018 with a specificity of 99%. Sensitivity was estimated to be 92.7%[ii] based on 179 PCR samples taken at least 7 days after a positive COVID-19 PCR test in Nairobi.

At the request of the Kenyan Government, the KWTRP developed protocols for sampling blood donors, attendees at antenatal care clinics (ANC), health care workers (HCW) and truck drivers at different settings across the country. The seroprevalence results ranged from 9 – 50% in the different populations at different time periods, these are summarised (Figure 3) in relation to the period of sampling and the cumulative number of PCR positive cases identified in Kenya.

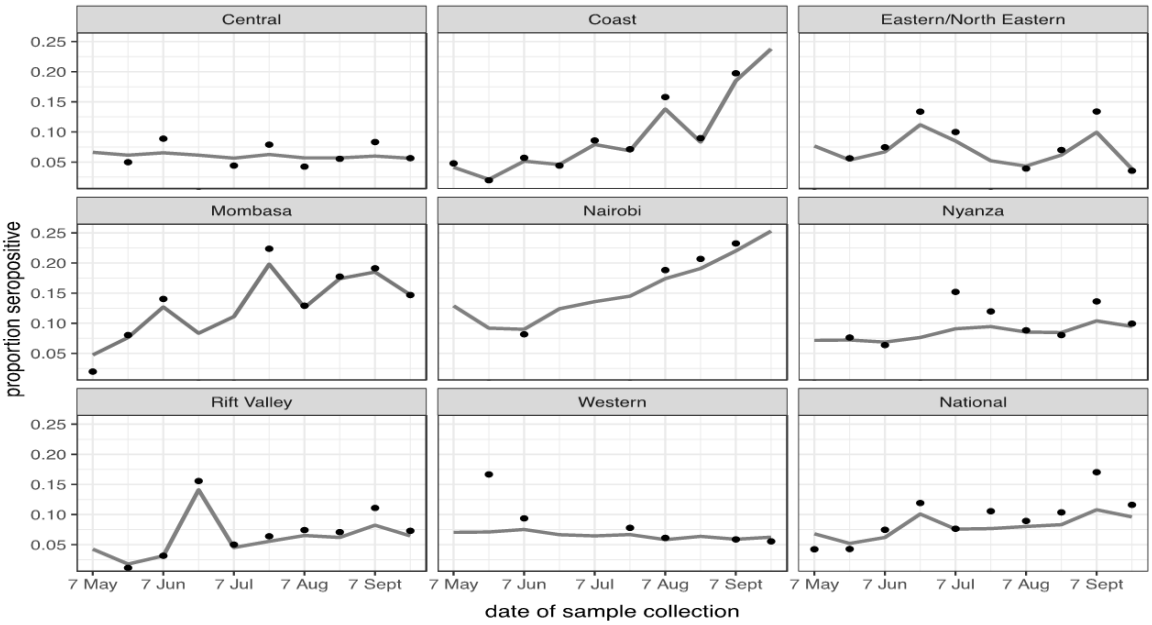
Figure 3: Cumulative confirmed COVID-19 cases per million population in Kenya and time point of the seroprevalence studies



The black line and y-axis represents the national cumulative incidence per 1 million population; each box represents the duration of the studies (the sampling period); the populations studied and the seroprevalence estimate. The vertical lines represent the midpoint for sampling dropping to the cumulative incidence curve.

A study of blood transfusion donors sampled nearly 10 000 donors from sites across the entire country[iii]. Results were statistically adjusted on age, sex and region to the population structure of Kenya as well as being adjusted for assay test performance. Figure 4 illustrates the unadjusted estimates (dots) and the statistical model estimates for seroprevalence in eight regions and nationally. There is a marked rise in prevalence in the Nairobi and Coast regions throughout the first wave (March to September 2020) with a slightly earlier peak in Mombasa. At the end of the first wave, approximately one in ten Kenyans is estimated to have antibodies to SARS-CoV-2 and this rises to one in five in the major cities, Nairobi and Mombasa. Based on the estimates from the cumulative incidence in Kenya, approximately two in 1000 Kenyans have been confirmed as PCR positive COVID-19 cases in the same time period.

Figure 4: Seroprevalence estimates over time in eight regions and nationally in Kenya, May - September 2020



In August 2020, seroprevalence in 196 expectant mothers in Nairobi was estimated at 50% after adjustment for assay sensitivity and specificity[iv]. In 419 mothers in Kilifi (Coast region), seroprevalence rose from 1.3% in September to 11.0% in November. Seroprevalence estimates in nearly 700 HCW varied geographically; in urban Nairobi in August, seroprevalence was 43.8% while in rural Kilifi and Busia in November, it was 11.9% and 12.6%, respectively. There was no association between health service role and seroprevalence suggesting that the cumulative incidence in HCWs was driven more by the community prevalence than by hospital-based risk. Truck drivers provide essential services in the pandemic and are subject to mandatory PCR testing every two weeks. Among 830 truck drivers, seroprevalence was 42.3% in October , varying little between the Coast Region (45.2%) and two sites in Busia in the Western Region (36.0%, 47.9%)[v]. This illustrates a challenge in pandemic control where mobility of essential workers is necessary to support movement restrictions of the rest of the population.

All studies mentioned were conducted before the second wave (October 2020 to January 2021) of cases in Kenya. When viewing these results as estimates of cumulative incidence, they illustrate substantial under-ascertainment of infections by PCR testing. Additionally, the study in blood donors illustrates large regional heterogeneity in infection with much higher cumulative incidence in the cities.

Additional SARS-CoV-2 seroprevalence studies are ongoing in Kenya with support from WHO (Unity Studies). More information about WHO's work on SARS-CoV-2 seroepidemiology can be found here.

[i] Mattiuzzo G et al. Establishment of the WHO International Standard and Reference Panel for anti-SARS-CoV-2 antibody. WHO/BS/2020.2403. 2020: WHO(Geneva) https://www.who.int/publications/m/item/WHO-BS-2020.2403
[ii] Uyoga S et al. Seroprevalence of anti-SARS-CoV-2 IgG antibodies in Kenyan blood donors. Science 2021:371;79-82
[iii] Adetifa et al., Temporal trends of SARS-CoV-2 seroprevalence in transfusion blood donors during the first wave of the COVID-19 epidemic in Kenya. medRxiv 2021 https://doi.org/10.1101/2021.02.09.21251404
[iv] Lucinde et al. Sero-surveillance for IgG to SARS-CoV-2 at antenatal care clinics in two Kenyan referral hospitals medRxiv 2021 https://doi.org/10.1101/2021.02.05.2125073
[v] Kagucia et al. Seroprevalence of anti-SARS-CoV-2 IgG antibodies among truck drivers and assistants in Kenya medRxiv 2021 https://doi.org/10.1101/2021.02.12.21251294

Special Focus: Update on SARS-CoV-2 Variants of Concern

WHO, in collaboration with national authorities, institutions and researchers, continues to monitor the public health events associated with SARS-CoV-2 variants and provides updates as new information becomes available.

Further information on the background of the variants of concern (VOCs) is available from previously published editions of the Weekly Epidemiological Update. Here we provide an update on ongoing studies and the geographical distribution of select VOCs as reported by countries, territories and areas (hereafter countries) as of 9 March 2021.

Results of ongoing studies of VOCs are summarized in Table 2 below. While many countries worldwide are currently experiencing a decline in overall SARS-CoV-2 infections, likely as a result of the public health and social measures (PHSM) implemented, an increased number of reports of variants have been noted in a number of countries. As surveillance activities at local and national levels are strengthened, including systematic genomic sequencing to detect cases infected with SARS-CoV-2 variants, the number of countries reporting VOCs has continued to increase (Table 2, Figures 5, 6 and 7, Annex 2). This information should be interpreted with due consideration of limitations of ongoing surveillance, including but not limited to differences between countries in sequencing capacity and which samples are prioritized for sequencing. WHO continues to advocate for strengthening surveillance and sequencing capacity, and a systematic approach to provide a representative indication of the extent of variant transmission. New potential variants of interest (VOIs) or VOCs are currently under review and may be added to future updates.

Table 3: Overview of emerging information on key variants of concern, as of 9 March 2021*

Nextstrain clade	20I/501Y.V1	20H/**501Y.V2**[†]	20J/501Y.V3
PANGO lineage	B.1.1.7	B.1.351	B.1.1.28.1, alias **P.1**[†]
GISAID clade	GR	GH	GR
Alternate names	**VOC 202012/01**[†]	VOC 202012/02	-
First detected by	United Kingdom	South Africa	Brazil / Japan
First appearance	20 September 2020	Early August 2020	December 2020
Key spike mutations	H69/V70 deletion; Y144 deletion; N501Y; A570D; and P681H	L242/A243/L244 deletion; K417N E484K, N501Y	K417N, E484K; N501Y
Key mutation in common	S106/G107/F108 deletion in Non-Structural Protein 6 (NSP6)		
Transmissibility*	Increased[1] (36%-75%)[2], increased secondary attack rate[3] (10% to 13%)	Increased [1.50 (95% CI: 1.20-2.13) times more transmissible than previously circulating variants][4, 5]	Increased, more transmissible than previous circulating variants[6]
Severity*	Possible increased risk of hospitalization[7], severity and mortality[3]	No impact reported to date[4, 5], no significant change in-hospital mortality[8]	Under investigation, limited impact[6]
Neutralization capacity*	Slight reduction but overall neutralizing titers still remained above the levels expected to confer protection[9]	Decreased, suggesting potential increased risk of reinfection[4, 10, 11]	Decreased, reinfections reported[12-14]
Potential impacts on vaccines*	No significant impact on Moderna, Pfizer-BioNTech, and Oxford-AstraZeneca vaccines[15-18]	Moderna and Pfizer-BioNTech: Reduction in the neutralizing activity, but impact on protection against disease not known.[15-18] Novavax and Janssen: Lower vaccine efficacy in South Africa compared to settings without the variant (press release data only). Moderate-severe disease were assessed. Serologic neutralization results pending.[19, 20] AstraZeneca: Limited vaccine efficacy against mild-moderate COVID-19 disease, with wide confidence intervals, impact on severe disease undetermined. Serologic neutralization substantially reduced compared with original strains, based on small number of samples analyzed[21, 22]	Under investigation
Potential impacts on diagnostics*	S gene target failure (SGTF).[21] No impact on Ag RDTs observed[23]	None reported to date	None reported to date
Countries reporting cases (newly reported in last week)**	111 (5)	58 (3)	32 (3)

[†]*While work is ongoing to establish standardized nomenclature for key variants, these are the names by which WHO will refer to them in this publication.*

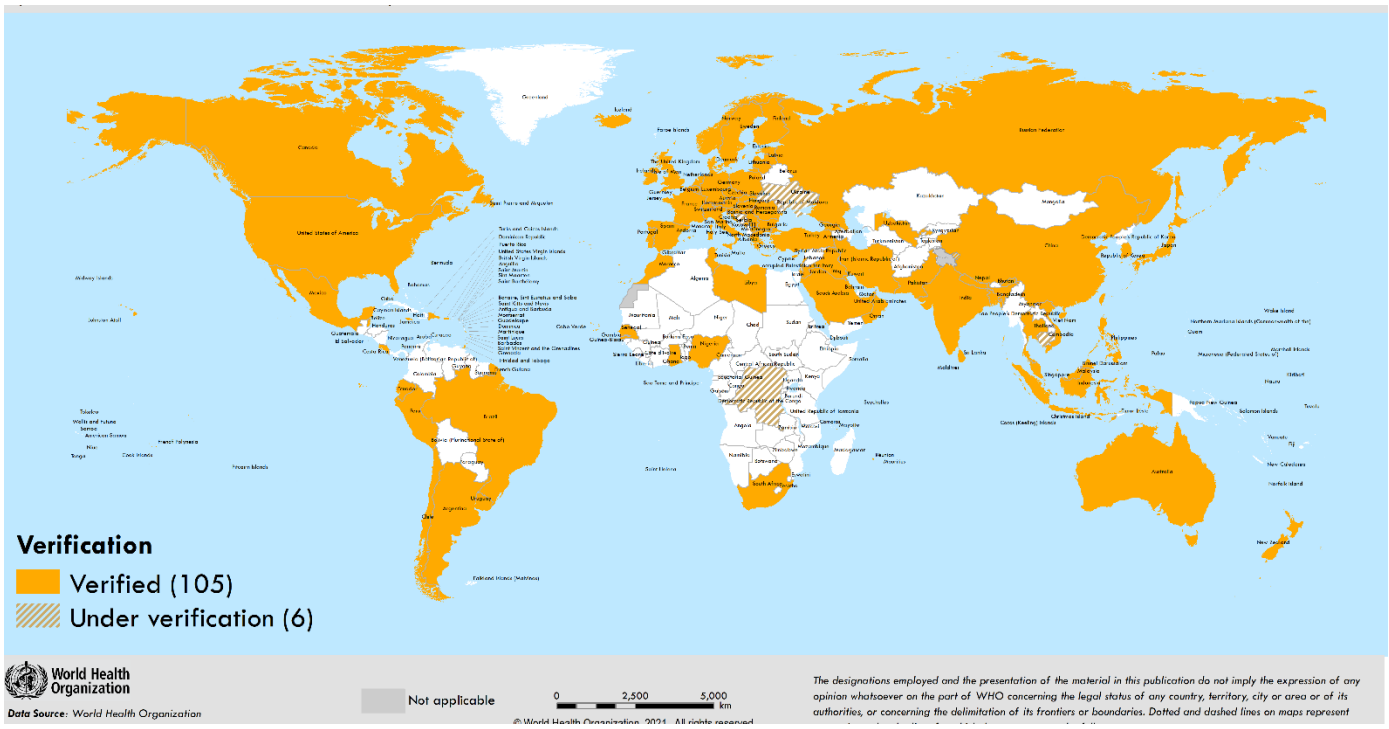
**Generalized findings as compared to non-VOC viruses. Based on emerging evidence from multiple countries, including non-peer-reviewed preprint articles and reports from public health authorities and researchers – all subject to ongoing investigation and continuous revision.*

***Includes official and unofficial reports of VOCs detections in countries among either travellers (imported cases only) or community samples (local transmission).*

Variant VOC 202012/01

Since our last update on 9 March, VOC 202012/01 has been detected in five additional countries. As of 9 March, a total of 111 countries across all six WHO regions have reported cases of this variant (Figure 5).

Figure 5. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01 as of 9 March 2021

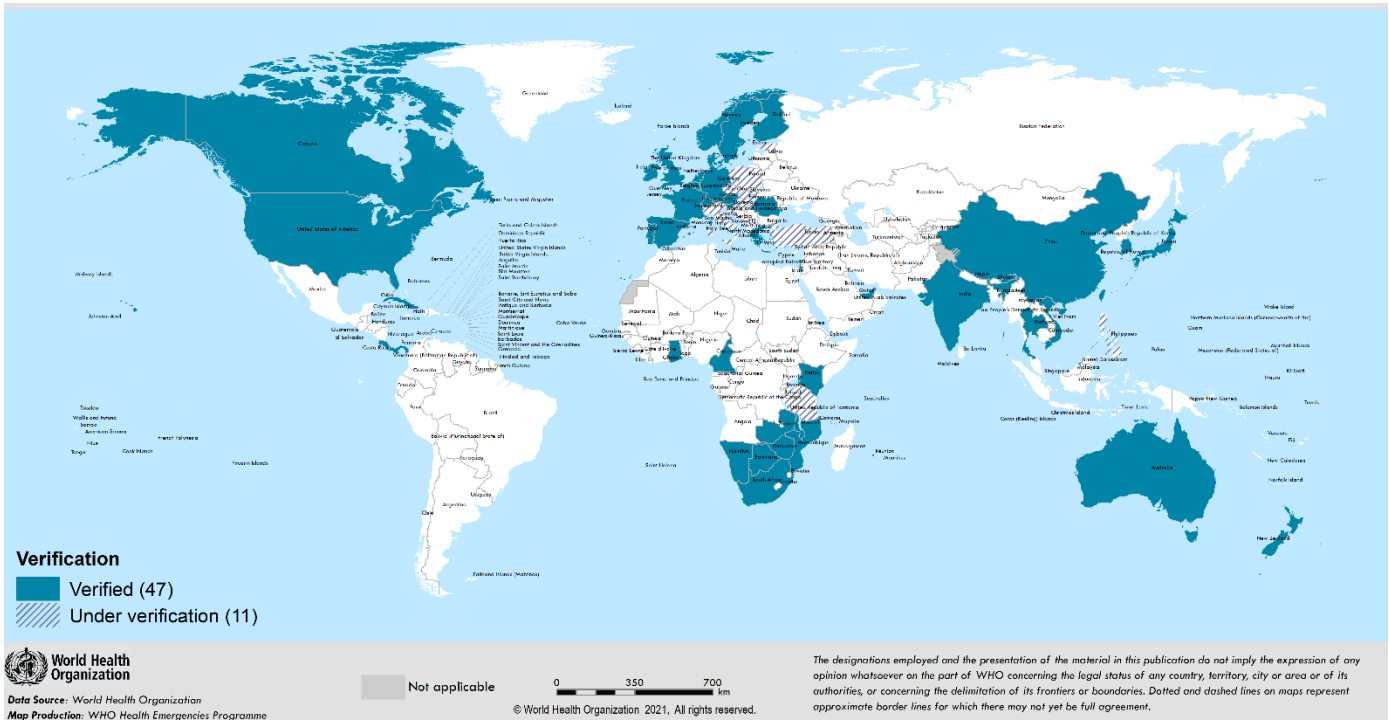


Variant 501Y.V2

Since the last update on 2 March, 501Y.V2 has been reported from three additional countries –totaling 58 countries across all six WHO regions (Figure 4). In several areas within the African Region, variant 501Y.V2 has been reported to comprise a high proportion of sequenced samples.[35]

Reductions in neutralizing antibody activity against 501Y.V2 following either natural infection or vaccination have been documented[4, 24] and discussed in past editions of the Weekly Epidemiological Update. Findings from a recent study that analyzed convalescent plasma from 20 patients and sera from 22 participants of vaccine trials [Moderna SARS-CoV-2 mRNA-1273 vaccine (12 participants); Pfizer BNT162b2 COVID-19 vaccine (10 participants)] indicated that relative to the original SARS-CoV-2, there was a substantial decrease in the neutralizing activity of convalescent plasma (9.4-fold) and sera from vaccinated participants (10.3 to 12.4-fold) against the 501Y.V2 variant.[18]

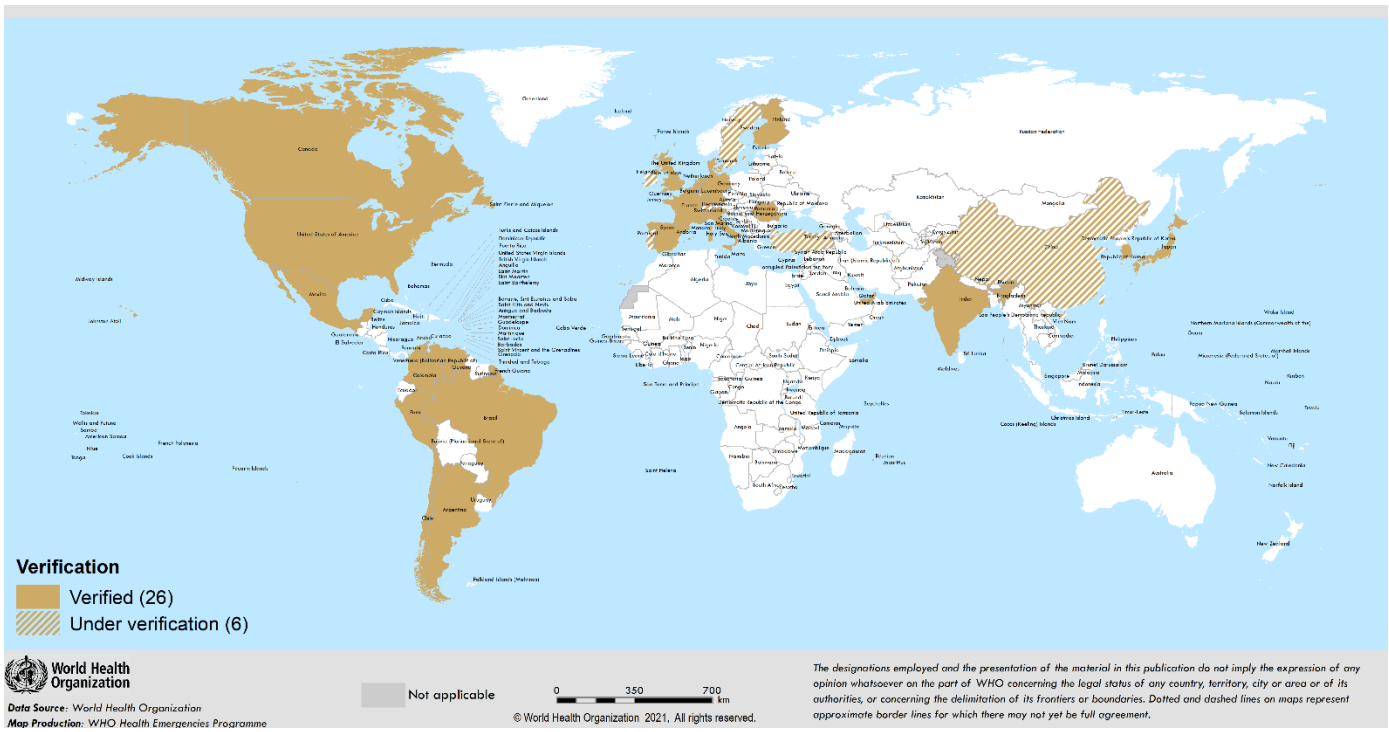
Figure 6. Countries, territories and areas reporting SARS-CoV-2 501Y.V2 as of 9 March 2021



Variant P.1

Since our last update, variant P.1 has been reported in three additional countries. As of 9 March, this variant is reported in 32 countries across all six WHO regions (Figure 5).

Figure 7. Countries, territories and areas reporting SARS-CoV-2 P.1 variant as of 9 March 2021



Brazil has experienced high incidence and mortality due to COVID-19, recording over 11 million cases and 260 000 deaths (as of 7 March 2021); the second highest globally (figure 8). The burden of COVID-19 has been highly variable across the country, with Amazonas State and its capital Manaus, being the most affected[6]. There has been a sharp increase in cases and deaths reported in the month of January, however, both the cases and deaths have slowly started to decline in these states (figure 9), while remaining high or increasing in the country overall.

In a genomic survey conducted from 16 March 2020 to 13 January 2021 in 25 municipalities of Amazonas State, Brazil, several sequences were identified[25]. Variant P.1, which was first detected in early December 2020 in Manaus in Amazons state, displayed a rapid increase in prevalence through January 2021; accounting 24% (n=60) of sequences samples included in this study. Additionally, to better understand the emergence of P.1 in the Amazonas State, a real-time PCR assay was performed to detect the deletion at orf1ab (NSP6: S106del, G107del, F108del) – a deletion found in all three VOCs (P.1, B.1.1.7 and B.1.351). Upon evaluating the SARS-CoV-2 positive samples between 1 November 2020 through 31 January 2021 but not sequenced, no sample was found positive for the NSP6 deletion before 16 December, supporting low prevalence of VOC P.1 before mid-December 2020 in Amazonas. However, between mid-December 2020 and January 2021, positive samples with NSP6 deletion were very frequent. Collectively these studies highlight a sharp increase in prevalence of variant P.1 from 0% in November 2020 (n=0/88) to 73% during 1-15 January 2021 (n=119/162).

Figure 8: Weekly COVID-19 cases per 1 million population in Brazil, as of 7 March 2021

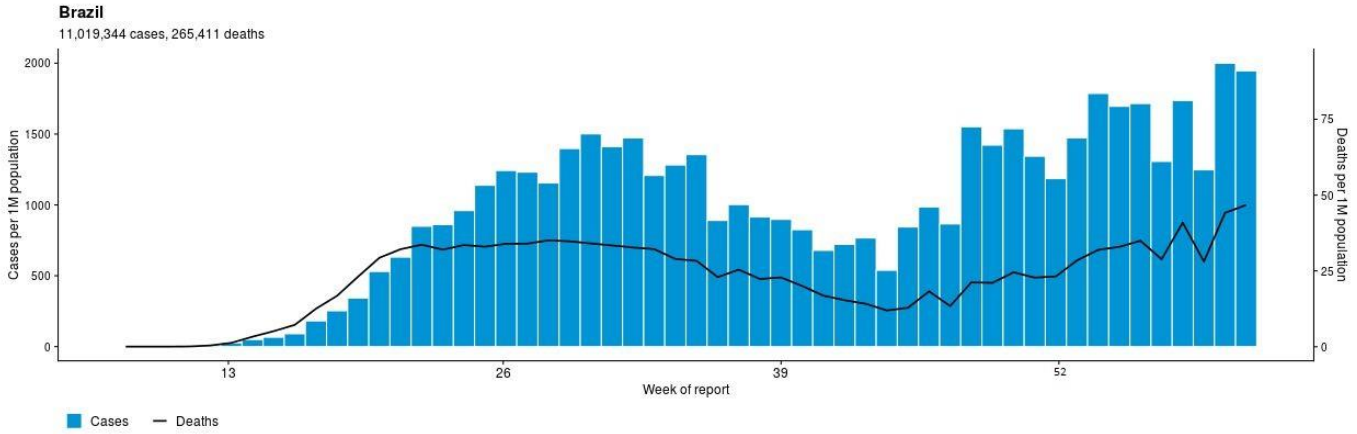
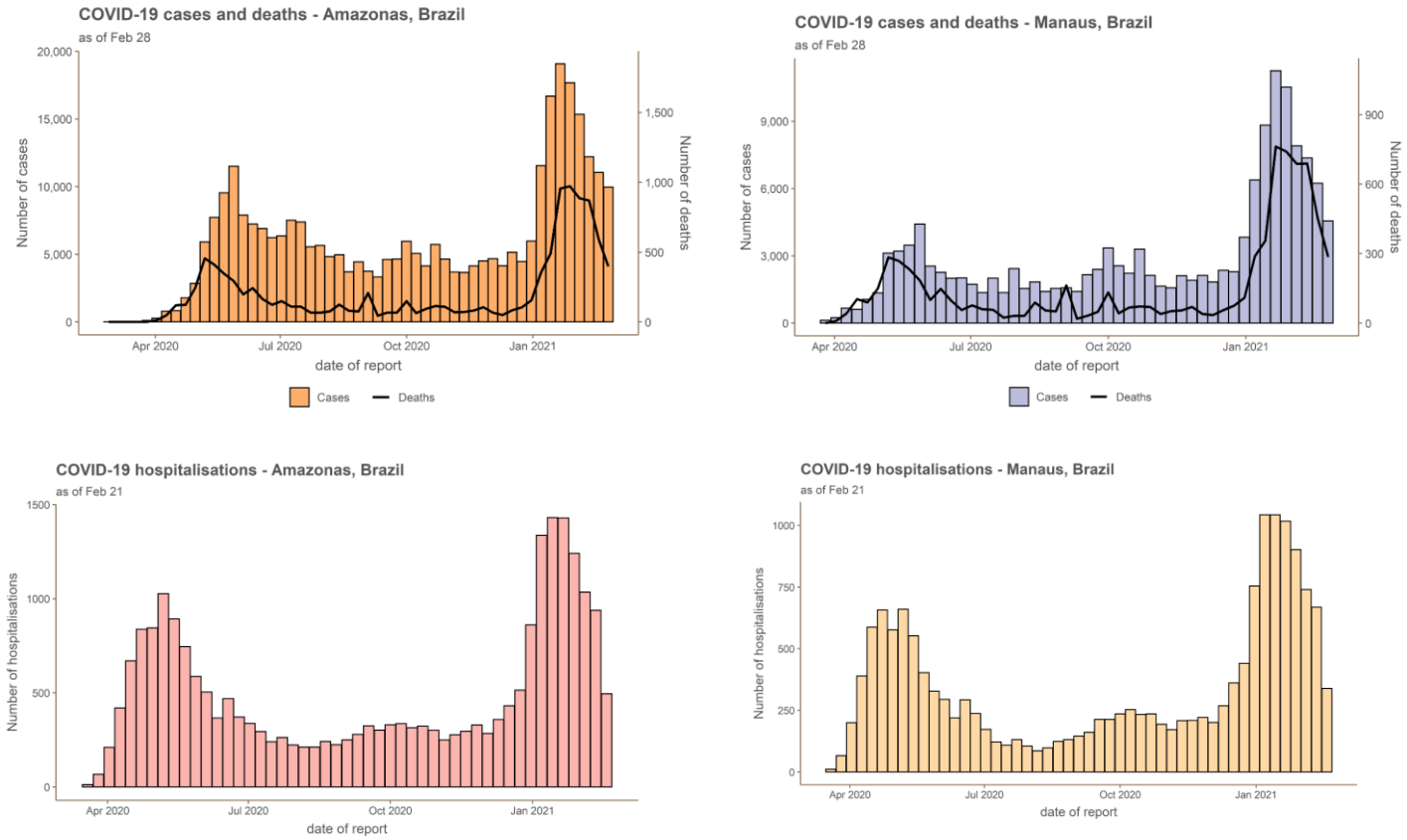


Figure 9: COVID-19 cases, deaths (as of 28 February 2021) and hospitalizations (as of 21 February) in Amazonas and Manaus, Brazil



Source: Ministry of Health Brazil

Based on preliminary investigations in Manaus, where this variant was initially identified, P.1 has shown to have increased transmissibility compared to previously circulating variants. It can evade 25% to 61% protective immunity provided by the previous infection, thereby making people susceptible to reinfection[6]. Additionally, it is 1.1–1.8 times more likely to result in mortality. Researchers have cautioned that these are preliminary findings and the results are not generalizable to other settings. More studies and genome sequencing data are required to assess the transmissibility and severity of variant P.1. It is also important to conduct these studies outside of Manaus as there has been a sharp increase in hospitalizations during the second wave which has resulted in collapsing of health systems in Manaus (figure 9). Therefore, it is difficult to determine the cause of high mortality which could be either due to variant P.1 or collapsed health systems or both.

WHO Recommendations

PHSM remain critically important to curb the spread of SARS-CoV-2, including newly reported variants. Evidence from multiple countries with extensive transmission of VOCs has indicated that the implementation of physical distancing and other PHSM as well as infection prevention and control measures in health facilities has been effective in reducing COVID-19 case incidence, which has led to a reduction in hospitalizations and deaths among COVID-19 patients. Findings from new studies evaluating transmission, severity and impact on medical countermeasures will continue to help inform PHSM and IPC measures employed by Member States. National and local authorities are encouraged to continue strengthening existing PHSM, IPC and disease control activities, including epidemiological surveillance, strategic testing, and systematic sequencing of SARS-CoV-2 where feasible.

If potential VOIs or VOCs are detected, Member States are requested to inform WHO through established WHO Country or Regional Office reporting channels, submit genome sequences to publicly available databases (e.g., GISAID), and perform field and laboratory investigations (where appropriate) to improve understanding of potential impacts. For further information on see: Proposed working definitions for SARS-CoV-2 variants of interest and variants of concern.

Resources

- Proposed working definitions for SARS-CoV-2 variants of interest and variants of concern
- Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health
- Considerations for implementing and adjusting PHSM in the context of COVID-19
- Disease Outbreak News on SARS-CoV-2 Variants, 31 December 2020

References

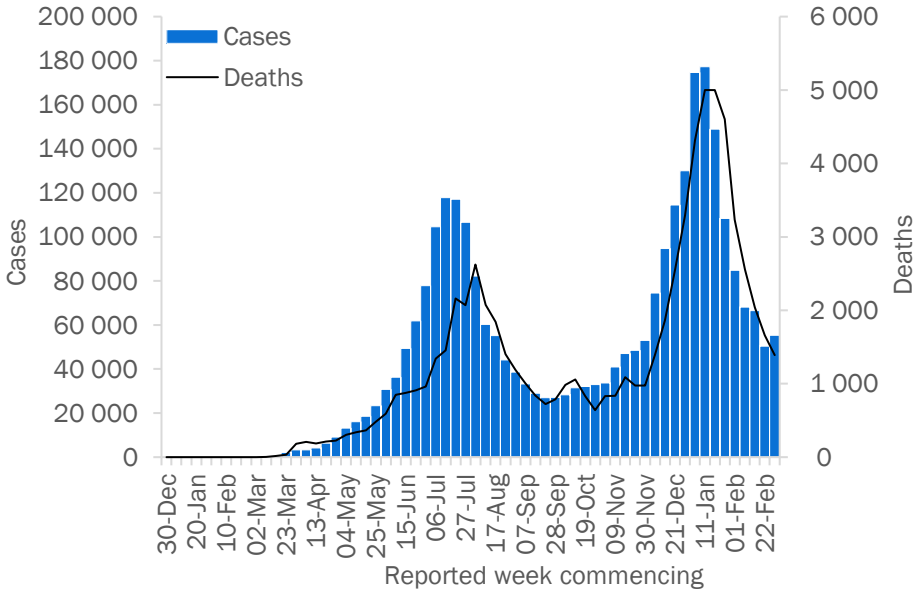
1.Investigation of novel SARS-CoV-2 variant - Variant of Concern 202012/01.19.
2.European Centre for Disease Prevention and Control. Risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA - first update. 2021. Available from: https://www.ecdc.europa.eu/en/publications-data/covid-19-risk-assessment-spread-new-variants-concern-eueea-first-update.
3.NERVTAG paper on COVID-19 variant of concern B.1.1.7. GOVUK. 2021. Available from: https://www.gov.uk/government/publications/nervtag-paper-on-covid-19-variant-of-concern-b117
4.Wibmer CK, Ayres F, Hermanus T, Madzivhandila M, Kgagudi P, Lambson BE, et al. SARS-CoV-2 501Y.V2 escapes neutralization by South African COVID-19 donor plasma. bioRxiv. 2021. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7836116/.
5.Davies NG, Abbott S, Barnard RC, Jarvis CI, Kucharski AJ, Munday JD, et al. Estimated transmissibility and impact of SARS-CoV-2 lineage B.1.1.7 in England. Science. 2021:eabg3055. Available from: http://science.sciencemag.org/content/early/2021/03/03/science.abg3055.abstract.
6.Faria NR, Mellan TA, Whittaker C. Genomics and epidemiology of a novel SARS-CoV-2 lineage in Manaus, Brazil.
7.Bager P WJ, Fonager J, Albertsen M, Michaelsen TY, Moller CH, et al. Increased Risk of Hospitalisation Associated with Infection with SARS-CoV-2 Lineage B.1.1.7 in Denmark. Lancet. 2021. Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3792894#references-widget.
8.Jassat W, Cohen C, Mudara C, Blumberg L. Multivariable analysis comparing in-hospital mortality in the first and second wave of COVID-19 in three districts of South Africa.18(0800):24.
9.Muik A, Wallisch A-K, Sänger B, Swanson KA, Mühl J, Chen W, et al. Neutralization of SARS-CoV-2 lineage B.1.1.7 pseudovirus by BNT162b2 vaccine-elicited human sera. bioRxiv. 2021:2021.01.18.426984. Available from: https://www.biorxiv.org/content/10.1101/2021.01.18.426984v1
10.Cele S, Gazy I, Jackson L, Hwa S-H, Tegally H, Lustig G, et al. Escape of SARS-CoV-2 501Y.V2 variants from neutralization by convalescent plasma.19.
11.Li R, Ma X, Deng J, Chen Q, Liu W, Peng Z, et al. Differential efficiencies to neutralize the novel mutants B.1.1.7 and 501Y.V2 by collected sera from convalescent COVID-19 patients and RBD nanoparticle-vaccinated rhesus macaques. Cell Mol Immunol. 2021. Available from: https://www.ncbi.nlm.nih.gov/pubmed/33580167.
12.SARS-CoV-2 reinfection by the new Variant of Concern (VOC) P.1 in Amazonas, Brazil - SARS-CoV-2 coronavirus / nCoV-2019 Genomic Epidemiology. Virological. 2021. Available from: https://virological.org/t/sars-cov-2-reinfection-by-the-new-variant-of-concern-voc-p-1-in-amazonas-brazil/596
13.Sabino EC, Buss LF, Carvalho MPS, Prete CA, Crispim MAE, Fraiji NA, et al. Resurgence of COVID-19 in Manaus, Brazil, despite high seroprevalence. The Lancet. 2021;397(10273):452-5. Available from: https://linkinghub.elsevier.com/retrieve/pii/S0140673621001835.
14.Brazil MoH. Epidemiological Bulletin 52 COVID-19, epidemiological week 8 (21 to 27 February 2021) 2021. Available from: https://www.gov.br/saude/pt-br/media/pdf/2021/marco/05/boletim_epidemiologico_covid_52_final2.pdf.
15.Wu K, Werner AP, Koch M, Choi A, Narayanan E, Stewart-Jones GBE, et al. Serum Neutralizing Activity Elicited by mRNA-1273 Vaccine - Preliminary Report. N Engl J Med. 2021. Available from: https://www.ncbi.nlm.nih.gov/pubmed/33596346.
16.Moderna COVID-19 Vaccine Retains Neutralizing Activity Against Emerging Variants First Identified in the U.K. and the Republic of South Africa.3.
17.Xie X, Liu Y, Liu J, Zhang X, Zou J, Fontes-Garfias CR, et al. Neutralization of SARS-CoV-2 spike 69/70 deletion, E484K and N501Y variants by BNT162b2 vaccine-elicited sera. Nature Medicine. 2021:1-2. Available from: https://www.nature.com/articles/s41591-021-01270-4
18.Wang P, Nair MS, Liu L, Iketani S, Luo Y, Guo Y, et al. Antibody Resistance of SARS-CoV-2 Variants B.1.351 and B.1.1.7. Nature. 2021. Available from: https://doi.org/10.1038/s41586-021-03398-2.
19.Johnson & Johnson Announces Single-Shot Janssen COVID-19 Vaccine Candidate Met Primary Endpoints in Interim Analysis of its Phase 3 ENSEMBLE Trial | Johnson & Johnson. Content Lab US. Available from: https://www.jnj.com/johnson-johnson-announces-single-shot-janssen-covid-19-vaccine-candidate-met-primary-endpoints-in-interim-analysis-of-its-phase-3-ensemble-trial.
20.Mahase E. Covid-19: Novavax vaccine efficacy is 86% against UK variant and 60% against South African variant. BMJ. 2021:n296. Available from: https://www.bmj.com/lookup/doi/10.1136/bmj.n296.
21.ChAdOx1 nCov-19 provides minimal protection against mild-moderate COVID-19 infection from B.1.351 coronavirus variant in young South African adults | University of Oxford. Available from: https://www.ox.ac.uk/news/2021-02-07-chadox1-ncov-19-provides-minimal-protection-against-mild-moderate-covid-19-infection
22.Latest - Oxford Covid-19 vaccine trial results - Wits University. Available from: https://www.wits.ac.za/covid19/covid19-news/latest/oxford-covid-19-vaccine-trial-results.html
http://files/86/oxford-covid-19-vaccine-trial-results.html.
23.SARS-CoV-2 lateral flow antigen tests: evaluation of VUI-202012/01. GOVUK. Available from: https://www.gov.uk/government/publications/sars-cov-2-lateral-flow-antigen-tests-evaluation-of-vui-20201201/sars-cov-2-lateral-flow-antigen-tests-evaluation-of-vui-20201201
24.Liu Y, Liu J, Xia H, Zhang X, Fontes-Garfias CR, Swanson KA, et al. Neutralizing Activity of BNT162b2-Elicited Serum - Preliminary Report. N Engl J Med. 2021. Available from: https://www.ncbi.nlm.nih.gov/pubmed/33596352.
25.Felipe N, Valdinete N, Victor S. COVID-19 epidemic in the Brazilian state of Amazonas was driven by long-term persistence of endemic SARS-CoV-2 lineages and the recent emergency of the new Variant of Concern P.1. Research Square. 2021(PREPRINT [Version 1]). Available from: https://www.researchsquare.com/article/rs-275494/v1.

WHO regional overviews

African Region

The Africa region reported over 55 000 new cases and over 1300 new deaths, a 10% increase and 16% decrease respectively compared to the previous week. Since new weekly case counts peaked in early January 2021, this is the first weekly increase following 6 weeks of decreasing case numbers. The highest numbers of new cases were reported from South Africa (7981 new cases; 13.5 new cases per 100 000 population; a 19% decrease), Ethiopia (6976 new cases; 6.1 new cases per 100 000; a 13% increase), and Zambia (4840 new cases; 26.3 new cases per 100 000; a 48% increase).

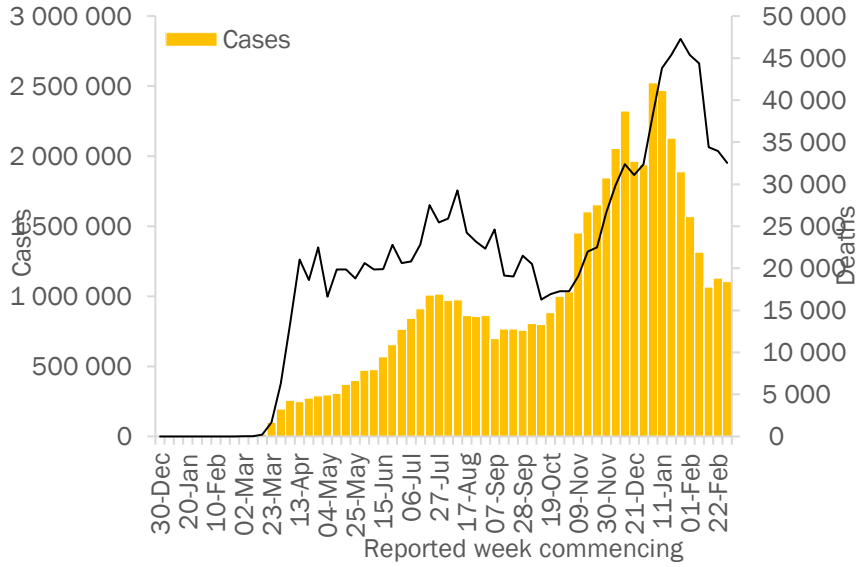
The highest numbers of new deaths were reported from South Africa (706 new deaths; 1.2 new deaths per 100 000 population; a 30% decrease), Ethiopia (66 new deaths; 0.1 new deaths per 100 000; a 21% decrease), and Nigeria (59 new deaths; <0.1 new deaths per 100 000; a 20% decrease).



Region of the Americas

The Region of the Americas reported over 1.1 million new cases and over 32 000 new deaths, a 2% and 4% decrease respectively compared to the previous week. The highest numbers of new cases were reported from the United States of America (427 233 new cases; 129.1 new cases per 100 000; a 10% decrease), Brazil (413 597 new cases; 194.6 new cases per 100 000; an 11% increase), and Argentina (42 517 new cases; 94.1 new cases; a 14% decrease). The United States and Brazil accounted for 76% of new weekly cases reported in the Americas.

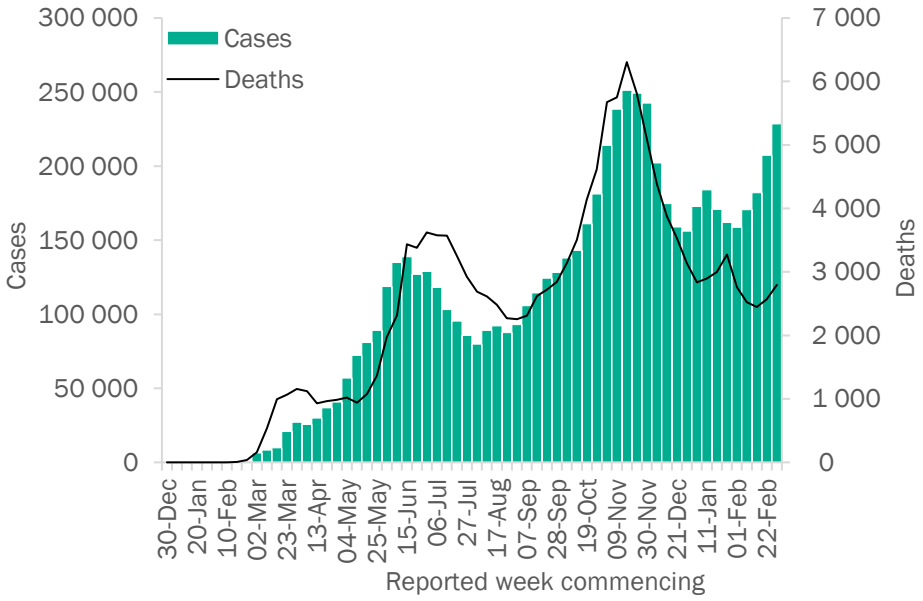
The highest numbers of new deaths were reported from the United States of America (12 315 new deaths; 3.7 new deaths per 100 000; a 17% decrease), Brazil (9935 new deaths; 4.7 new deaths per 100 000; a 23% increase), and Mexico (5104 new deaths; 4.0 new deaths per 100 000; a 7% decrease).



Eastern Mediterranean Region

The Eastern Mediterranean region reported just under 229 000 new cases and just under 2800 new deaths, a 10% and 9% increase respectively compared to the previous week. New cases have increased week on week for the past four weeks, while deaths have increased for the past two weeks. The highest numbers of new cases were reported from Islamic Republic of Iran (58 523 new cases; 69.7 new cases per 100 000; a 3% increase), Jordan (34 919 new cases; 342.2 new cases per 100 000; a 31% increase), and Iraq (30 948 new cases; 76.9 new cases per 100 000; a 13% increase).

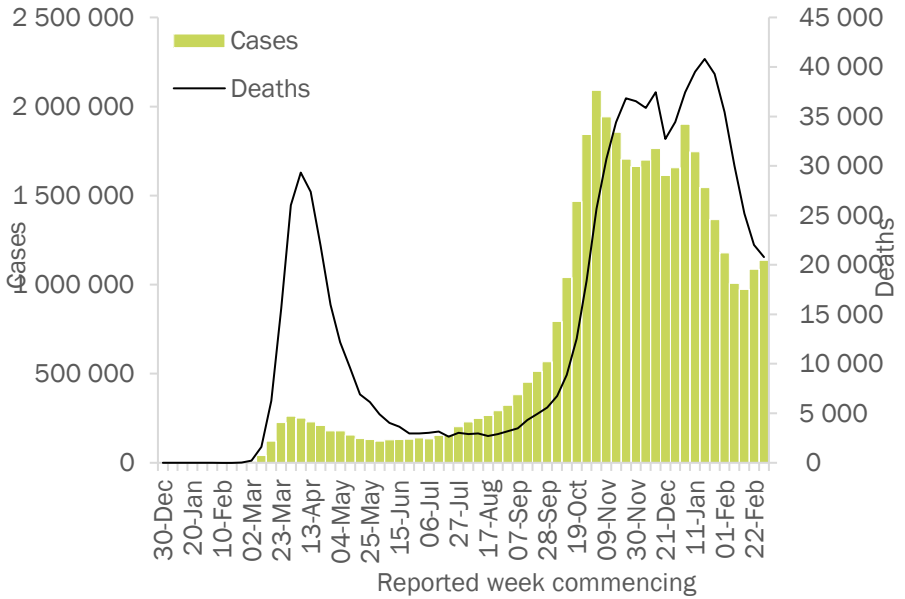
The highest numbers of new deaths were reported from Islamic Republic of Iran (614 new deaths; 0.7 new deaths per 100 000 population; an 8% increase), Lebanon (361 new deaths; 5.3 new deaths per 100 000; a 2% increase), and Pakistan (329 new deaths; 0.1 new deaths per 100 000; a 20% increase)



European Region

The European region reported over 1.1 million new cases and under 21 000 new deaths, a 4% increase and 6% decrease respectively compared to the previous week. Since early January 2021, new weekly cases have decreased overall; however, increases have been reported in the past two weeks. New weekly deaths have continued to decline since the mid-January 2021. The highest numbers of new cases were reported from France (143 622 new cases; 220.0 new cases per 100 000; a 4% decrease), Italy (138 937 new cases; 229.8 new cases per 100 000; a 24% increase), and Poland (87 928 new cases; 232.3 new cases per 100 000; a 29% increase).

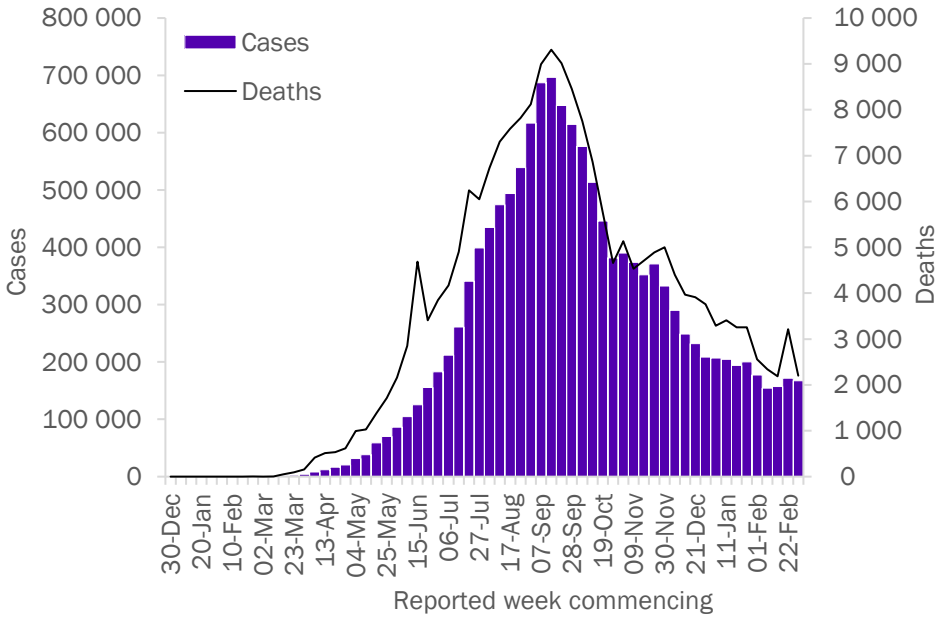
The highest numbers of new deaths were reported from the Russian Federation (2978 new deaths; 2.0 new deaths per 100 000; a 5% increase), France (2100 new deaths; 3.2 new deaths per 100 000; a 3% decrease), and Italy (2071 new deaths; 3.4 new deaths per 100 000; a 3% increase).



South-East Asia Region

The South-East Asia region reported over 167 000 new cases and 2200 new deaths, a 2% and 32% decrease respectively compared to the previous week. Progressive declines in case incidence observed mid-September 2020 have slowed in recent weeks, and increases have been observed in several countries in the region. The highest numbers of new cases were reported from India (114 068 new cases; 8.3 new cases per 100 000; a 9% increase), Indonesia (44 762 new cases; 16.4 new cases per 100 000; a 23% decrease), and Bangladesh (3893 new cases; 2.4 new cases per 100 000; a 39% increase).

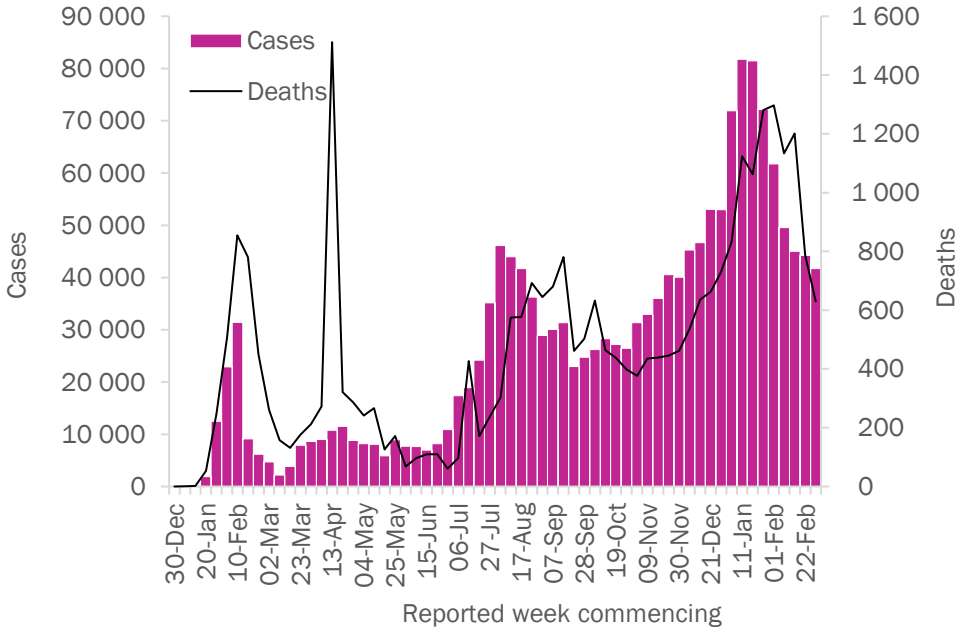
The highest numbers of new deaths were reported from Indonesia (1173 new deaths; 0.4 new deaths per 100 000; a 30% decrease), India (705 new deaths; <0.1 new deaths per 100 000; a 6% decrease), and Nepal (237 new deaths; 0.8 new deaths per 100 000; a 67% decrease). The spike in deaths observed last week were driven by retroadjustments in Nepal.



Western Pacific Region

The Western Pacific region reported over 41 000 new cases and over 600 new deaths, a 6% and 20% decrease respectively compared to the previous week. New weekly cases have continued to decrease since mid-January 2021, and deaths have decreased overall in recent weeks. The highest numbers of new cases were reported from Philippines (16 891 new cases; 15.4 new cases per 100 000; a 13% increase), Malaysia (13 462 new cases; 41.6 new cases per 100 000; a 25% decrease), and Japan (7216 new cases; 5.7 new cases per 100 000; similar to the previous week).

The highest numbers of new deaths were reported from Japan (367 new deaths; 0.3 new deaths per 100 000; a 17% decrease), Philippines (176 new deaths; 0.2 new deaths per 100 000; a 20% decrease), and Malaysia (45 new deaths; 0.1 new deaths per 100 000; a 36% decrease).



Key weekly updates

WHO Director-General key message
Governments and individuals must remember that vaccines alone will not keep up safe. Basic public health measures remain the foundation of the response.

Opening remarks at Member States Information Session on COVID-19, 4 March 2021

COVAX and vaccines

- The effects of virus variants on COVID-19 vaccinesFirst COVID-19 COVAX vaccine doses administered in Africa
- COVAX publishes first round of allocations
- Background document on the AZD1222 vaccine against COVID-19 developed by Oxford University and AstraZeneca

Publications

- WHO Living guideline: Drugs to prevent COVID-19
- COVID-19 vaccine checklist
- Health worker communication for COVID-19 vaccination flow diagram
- Roadmap to improve and ensure good indoor ventilation in the context of COVID-19
- Responding to the COVID-19 pandemic: WHO's action in countries, territories and areas, 2020

Technical guidance and other resources

- Technical guidance
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- Research and Development
- Online courses on COVID-19 in official UN languages and in additional national languages
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Updates from WHO regions:
    - African Region
    - Region of the Americas
    - Eastern Mediterranean Region
    - South-East Asia Region
    - European Region
    - Western Pacific Region
- Recommendations and advice for the public:
    - Protect yourself
    - Questions and answers
    - Travel advice
    - EPI-WIN: tailored information for individuals, organizations and communities

Annex

Annex 1. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 7 March 2021**

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Africa	**55 341**	**2 895 549**	**258.1**	**1 390**	**73 381**	**6.5**	
South Africa	7 981	1 520 206	2 563.2	706	50 647	85.4	Community transmission
Ethiopia	6 976	165 029	143.5	66	2 420	2.1	Community transmission
Zambia	4 840	82 011	446.1	57	1 116	6.1	Community transmission
Ghana	3 506	86 092	277.1	46	640	2.1	Community transmission
Mozambique	3 359	62 131	198.8	56	686	2.2	Community transmission
Botswana	3 288	31 658	1 346.2	49	359	15.3	Community transmission
Nigeria	2 820	158 237	76.8	59	1 964	1.0	Community transmission
Kenya	2 714	108 362	201.5	20	1 874	3.5	Community transmission
Côte d'Ivoire	2 304	34 935	132.4	8	200	0.8	Community transmission
Cameroon	1 965	35 714	134.5	28	551	2.1	Community transmission
Senegal	1 377	35 632	212.8	42	908	5.4	Community transmission
South Sudan	1 328	8 677	77.5	15	102	0.9	Community transmission
Namibia	1 233	39 877	1 569.4	19	437	17.2	Community transmission
Algeria	1 144	114 104	260.2	31	3 010	6.9	Community transmission
Gabon	953	15 517	697.2	7	90	4.0	Community transmission
Democratic Republic of the Congo	677	26 468	29.6	5	712	0.8	Community transmission
Togo	670	7 521	90.8	7	90	1.1	Community transmission
Guinea	646	16 540	125.9	4	93	0.7	Community transmission
Rwanda	636	19 426	150.0	6	267	2.1	Community transmission
Malawi	600	32 398	169.4	30	1 067	5.6	Community transmission
Benin	437	6 071	50.1	5	75	0.6	Community transmission
Cabo Verde	400	15 724	2 828.1	5	152	27.3	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Congo	359	9 179	166.3	3	131	2.4	Community transmission
Seychelles	358	2 950	2 999.6	3	14	14.2	Community transmission
Equatorial Guinea	324	6 329	451.1	5	96	6.8	Community transmission
Madagascar	324	20 155	72.8	3	300	1.1	Community transmission
Angola	273	21 055	64.1	6	512	1.6	Community transmission
Zimbabwe	266	36 260	244.0	27	1 485	10.0	Community transmission
Mali	195	8 560	42.3	6	358	1.8	Community transmission
Chad	188	4 161	25.3	0	140	0.9	Community transmission
Burkina Faso	171	12 153	58.1	1	143	0.7	Community transmission
Eswatini	171	17 173	1 480.2	8	658	56.7	Community transmission
Sao Tome and Principe	152	1 938	884.3	3	31	14.1	Community transmission
Mauritania	130	17 309	372.3	3	442	9.5	Community transmission
Uganda	117	40 452	88.4	0	334	0.7	Community transmission
Burundi	110	2 319	19.5	0	3	0.0	Community transmission
Eritrea	97	2 944	83.0	0	7	0.2	Community transmission
Gambia	68	4 759	196.9	4	152	6.3	Community transmission
Guinea-Bissau	65	3 312	168.3	1	49	2.5	Community transmission
Lesotho	32	10 523	491.2	15	307	14.3	Community transmission
Sierra Leone	31	3 918	49.1	0	79	1.0	Community transmission
Central African Republic	24	5 021	104.0	0	63	1.3	Community transmission
Comoros	20	3 591	412.9	1	145	16.7	Community transmission
Liberia	14	2 024	40.0	0	85	1.7	Community transmission
Mauritius	10	620	48.8	0	10	0.8	Sporadic cases
Niger	0	4 740	19.6	0	172	0.7	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territories[iii]							
Mayotte	1 279	18 140	6 649.2	23	125	45.8	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Réunion	709	13 125	1 466.0	7	59	6.6	Community transmission
Americas	**1 105 355**	**51 531 438**	**5 038.4**	**32 535**	**1 237 781**	**121.0**	
United States of America	427 233	28 602 211	8 641.1	12 315	519 075	156.8	Community transmission
Brazil	413 597	10 869 227	5 113.5	9 935	262 770	123.6	Community transmission
Argentina	42 517	2 146 714	4 749.8	924	52 870	117.0	Community transmission
Mexico	42 423	2 119 305	1 643.7	5 104	189 578	147.0	Community transmission
Peru	41 931	1 358 294	4 119.6	1 397	47 491	144.0	Community transmission
Chile	29 065	850 483	4 449.0	532	21 008	109.9	Community transmission
Colombia	24 790	2 269 582	4 460.4	782	60 300	118.5	Community transmission
Canada	20 289	881 761	2 336.3	277	22 192	58.8	Community transmission
Ecuador	10 344	292 943	1 660.4	307	16 020	90.8	Community transmission
Paraguay	8 208	165 811	2 324.7	126	3 278	46.0	Community transmission
Cuba	5 674	54 835	484.1	26	344	3.0	Community transmission
Bolivia (Plurinational State of)	5 406	253 297	2 169.9	180	11 789	101.0	Community transmission
Uruguay	5 387	61 929	1 782.8	36	637	18.3	Community transmission
Honduras	4 109	173 020	1 746.9	130	4 247	42.9	Community transmission
Guatemala	4 002	178 337	995.4	93	6 467	36.1	Community transmission
Panama	3 962	343 743	7 966.7	87	5 907	136.9	Community transmission
Dominican Republic	3 651	242 660	2 236.9	69	3 162	29.1	Community transmission
Venezuela (Bolivarian Republic of)	3 061	141 356	497.1	33	1 371	4.8	Community transmission
Jamaica	2 486	25 303	854.5	29	446	15.1	Community transmission
Costa Rica	2 299	206 640	4 056.4	33	2 833	55.6	Community transmission
El Salvador	934	60 800	937.4	47	1 894	29.2	Community transmission
Saint Lucia	487	3 843	2 092.8	8	43	23.4	Community transmission
Barbados	223	3 217	1 119.4	4	37	12.9	Community transmission
Guyana	216	8 729	1 109.8	5	200	25.4	Clusters of cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Haiti	106	12 536	109.9	1	251	2.2	Community transmission
Saint Vincent and the Grenadines	102	1 658	1 494.5	0	8	7.2	Community transmission
Antigua and Barbuda	87	813	830.2	7	21	21.4	Clusters of cases
Bahamas	58	8 600	2 186.9	1	181	46.0	Clusters of cases
Suriname	53	8 966	1 528.4	5	175	29.8	Clusters of cases
Belize	42	12 335	3 102.1	1	315	79.2	Community transmission
Nicaragua	34	5 176	78.1	1	174	2.6	Community transmission
Trinidad and Tobago	25	7 729	552.3	0	139	9.9	Community transmission
Grenada	3	151	134.2	0	1	0.9	Sporadic cases
Dominica	2	144	200.0	0	0	0.0	Clusters of cases
Saint Kitts and Nevis	0	41	77.1	0	0	0.0	Sporadic cases
Territories[iii]							
Puerto Rico	1 283	101 327	3 541.8	27	2 059	72.0	Community transmission
Guadeloupe	490	10 458	2 613.7	4	168	42.0	Community transmission
Aruba	205	8 009	7 501.5	4	75	70.2	Community transmission
Martinique	140	6 886	1 835.0	2	47	12.5	Community transmission
Turks and Caicos Islands	73	2 172	5 609.8	0	14	36.2	Clusters of cases
United States Virgin Islands	68	2 714	2 599.0	0	25	23.9	Community transmission
French Guiana	66	16 693	5 588.9	2	87	29.1	Community transmission
Saint Barthélemy	59	671	6 788.1	0	0	0.0	Clusters of cases
Bonaire	49	455	2 175.5	1	5	23.9	Community transmission
Curaçao	43	4 751	2 895.3	0	22	13.4	Community transmission
Saint Martin	27	1 581	4 089.6	0	12	31.0	Community transmission
Bermuda	17	722	1 159.4	0	12	19.3	Sporadic cases
Sint Maarten	15	2 066	4 817.9	0	27	63.0	Community transmission
Cayman Islands	13	451	686.2	0	2	3.0	Sporadic cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
British Virgin Islands	1	154	509.3	0	1	3.3	Clusters of cases
Anguilla	0	18	120.0	0	0	0.0	Sporadic cases
Falkland Islands (Malvinas)	0	51	1 464.3	0	0	0.0	No cases
Montserrat	0	20	400.1	0	1	20.0	Sporadic cases
Saba	0	6	310.4	0	0	0.0	No cases
Saint Pierre and Miquelon	0	24	414.2	0	0	0.0	No cases
Sint Eustatius	0	20	637.1	0	0	0.0	No cases
Eastern Mediterranean	**228 543**	**6 616 840**	**905.4**	**2 797**	**147 284**	**20.2**	
Iran (Islamic Republic of)	58 523	1 681 682	2 002.2	614	60 594	72.1	Community transmission
Jordan	34 919	421 415	4 130.3	225	4 900	48.0	Community transmission
Iraq	30 948	723 189	1 798.0	165	13 548	33.7	Community transmission
Lebanon	20 436	393 211	5 761.0	361	5 013	73.4	Community transmission
United Arab Emirates	19 642	408 236	4 127.6	97	1 310	13.2	Community transmission
Pakistan	9 931	588 728	266.5	329	13 166	6.0	Community transmission
Kuwait	9 538	199 428	4 669.8	42	1 120	26.2	Community transmission
Libya	5 024	137 482	2 000.8	62	2 236	32.5	Community transmission
Tunisia	4 413	237 028	2 005.5	193	8 167	69.1	Community transmission
Bahrain	4 348	126 126	7 412.3	25	469	27.6	Clusters of cases
Egypt	4 093	185 922	181.7	315	10 954	10.7	Clusters of cases
Qatar	3 278	166 475	5 778.3	5	262	9.1	Community transmission
Morocco	2 564	485 974	1 316.6	61	8 676	23.5	Clusters of cases
Saudi Arabia	2 413	379 474	1 090.0	36	6 524	18.7	Sporadic cases
Oman	2 308	142 896	2 798.2	21	1 583	31.0	Community transmission
Somalia	1 050	8 041	50.6	63	294	1.8	Community transmission
Syrian Arab Republic	392	15 925	91.0	35	1 058	6.0	Community transmission
Yemen	175	2 448	8.2	19	651	2.2	Community transmission
Sudan	145	30 540	69.6	7	1 895	4.3	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Afghanistan	133	55 847	143.5	6	2 449	6.3	Clusters of cases
Djibouti	69	6 134	620.9	0	63	6.4	Community transmission
Territories[iii]							
occupied Palestinian territory	14 201	220 639	4 325.1	116	2 352	46.1	Community transmission
Europe	**1 136 080**	**39 775 409**	**4 261.3**	**20 770**	**884 218**	**94.7**	
France	143 622	3 814 830	5 844.4	2 100	87 972	134.8	Community transmission
Italy	138 937	3 046 762	5 039.1	2 071	99 578	164.7	Clusters of cases
Poland	87 928	1 794 914	4 742.6	1 516	45 285	119.7	Community transmission
Czechia	85 851	1 321 331	12 338.5	1 378	21 717	202.8	Community transmission
Russian Federation	76 697	4 322 776	2 962.1	2 978	89 100	61.1	Clusters of cases
Turkey	76 066	2 769 230	3 283.4	462	28 965	34.3	Community transmission
Germany	57 846	2 500 182	2 984.1	1 855	71 900	85.8	Community transmission
Ukraine	53 379	1 401 228	3 204.0	1 040	27 022	61.8	Community transmission
The United Kingdom	42 824	4 213 347	6 206.5	1 714	124 419	183.3	Community transmission
Hungary	37 418	466 017	4 824.0	899	15 873	164.3	Community transmission
Netherlands	31 642	1 115 508	6 510.2	262	15 803	92.2	Community transmission
Serbia	25 947	482 397	6 927.2	113	4 542	65.2	Community transmission
Israel	25 832	798 354	9 223.6	148	5 863	67.7	Community transmission
Romania	25 831	824 995	4 288.4	567	20 854	108.4	Community transmission
Sweden	23 077	684 961	6 782.3	35	13 003	128.8	Community transmission
Spain	17 900	3 142 358	6 720.9	409	70 501	150.8	Community transmission
Austria	15 772	469 539	5 213.4	135	8 529	94.7	Community transmission
Belgium	15 494	787 891	6 798.2	176	22 261	192.1	Community transmission
Slovakia	15 307	323 390	5 923.3	647	7 836	143.5	Clusters of cases
Greece	14 147	203 978	1 957.0	237	6 705	64.3	Community transmission
Bulgaria	13 105	259 811	3 739.1	426	10 593	152.5	Clusters of cases
Republic of Moldova	9 749	194 605	4 824.2	167	4 091	101.4	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Estonia	9 403	75 003	5 654.1	64	653	49.2	Clusters of cases
Belarus	8 473	294 432	3 115.9	63	2 029	21.5	Community transmission
Albania	5 863	112 078	3 894.6	143	1 918	66.6	Clusters of cases
Kazakhstan	5 602	268 327	1 429.0	0	3 389	18.0	Clusters of cases
Portugal	5 568	809 412	7 938.0	236	16 512	161.9	Clusters of cases
Slovenia	5 459	195 086	9 383.9	31	4 168	200.5	Clusters of cases
Switzerland	5 145	559 627	6 466.2	28	9 278	107.2	Community transmission
Bosnia and Herzegovina	4 808	136 498	4 160.5	159	5 247	159.9	Community transmission
Finland	4 497	60 904	1 099.2	25	767	13.8	Community transmission
North Macedonia	4 350	106 832	5 127.8	59	3 185	152.9	Community transmission
Latvia	4 199	90 009	4 772.0	73	1 687	89.4	Community transmission
Ireland	3 719	222 699	4 510.1	106	4 419	89.5	Community transmission
Denmark	3 594	214 326	3 700.3	19	2 377	41.0	Community transmission
Croatia	3 541	246 514	6 004.8	64	5 590	136.2	Community transmission
Montenegro	3 482	79 771	12 701.1	56	1 059	168.6	Clusters of cases
Norway	3 459	73 493	1 355.6	10	632	11.7	Community transmission
Lithuania	3 069	202 214	7 428.1	84	3 328	122.3	Community transmission
Armenia	2 621	174 679	5 894.9	29	3 221	108.7	Community transmission
Azerbaijan	2 501	236 768	2 335.2	23	3 241	32.0	Clusters of cases
Cyprus	2 151	36 575	3 029.3	1	232	19.2	Clusters of cases
Georgia	2 093	272 851	6 839.8	66	3 576	89.6	Community transmission
Malta	1 997	24 216	5 484.4	16	329	74.5	Clusters of cases
Luxembourg	1 193	56 506	9 026.8	20	657	105.0	Community transmission
Kyrgyzstan	321	86 550	1 326.6	7	1 471	22.5	Clusters of cases
Uzbekistan	290	80 176	239.6	0	622	1.9	Clusters of cases
San Marino	206	3 922	11 556.4	2	76	223.9	Community transmission
Andorra	170	11 019	14 261.3	2	112	145.0	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Monaco	66	2 019	5 144.7	2	26	66.3	Sporadic cases
Liechtenstein	15	2 663	6 982.7	1	53	139.0	Sporadic cases
Iceland	10	6 059	1 775.6	0	29	8.5	Community transmission
Holy See	0	26	3 213.8	0	0	0.0	Sporadic cases
Tajikistan	0	13 714	143.8	0	91	1.0	Pending
Territories[iii]							
Kosovo[1]	3 697	72 457	3 894.7	45	1 630	87.6	Community transmission
Isle of Man	131	606	712.7	0	25	29.4	No cases
Gibraltar	8	4 244	12 596.8	1	93	276.0	Clusters of cases
Jersey	5	3 220	2 959.6	0	69	63.4	Community transmission
Guernsey	2	821	1 299.1	0	14	22.2	Community transmission
Greenland	1	31	54.6	0	0	0.0	No cases
Faroe Islands	0	658	1 346.6	0	1	2.0	Sporadic cases
South-East Asia	**167 385**	**13 684 394**	**677.0**	**2 201**	**210 214**	**10.4**	
India	114 068	11 210 799	812.4	705	157 756	11.4	Clusters of cases
Indonesia	44 762	1 373 836	502.3	1 173	37 154	13.6	Community transmission
Bangladesh	3 893	549 724	333.8	51	8 451	5.1	Community transmission
Sri Lanka	2 446	85 336	398.5	29	493	2.3	Clusters of cases
Maldives	1 066	20 663	3 822.6	3	64	11.8	Clusters of cases
Nepal	590	274 655	942.6	237	3 010	10.3	Clusters of cases
Thailand	419	26 370	37.8	2	85	0.1	Clusters of cases
Myanmar	133	142 023	261.0	1	3 200	5.9	Clusters of cases
Timor-Leste	7	120	9.1	0	0	0.0	Clusters of cases
Bhutan	1	868	112.5	0	1	0.1	Sporadic cases
Western Pacific	**41 677**	**1 662 277**	**84.6**	**630**	**29 637**	**1.5**	
Philippines	16 891	591 138	539.5	176	12 465	11.4	Community transmission
Malaysia	13 462	311 777	963.3	45	1 166	3.6	Clusters of cases

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Japan	7 216	438 956	347.1	367	8 227	6.5	Clusters of cases
Republic of Korea	2 799	92 471	180.4	31	1 634	3.2	Clusters of cases
Mongolia	295	3 161	96.4	0	2	0.1	Clusters of cases
Papua New Guinea	288	1 583	17.7	3	16	0.2	Community transmission
China	186	102 064	6.9	5	4 848	0.3	Clusters of cases
Cambodia	182	987	5.9	0	0	0.0	Sporadic cases
Singapore	95	60 020	1 025.9	0	29	0.5	Sporadic cases
Viet Nam	77	2 509	2.6	0	35	0.0	Clusters of cases
Australia	65	29 030	113.8	0	909	3.6	Clusters of cases
New Zealand	23	2 043	42.4	0	26	0.5	Clusters of cases
Fiji	4	63	7.0	0	2	0.2	Sporadic cases
Brunei Darussalam	3	189	43.2	0	3	0.7	Sporadic cases
Lao People's Democratic Republic	2	47	0.6	0	0	0.0	Sporadic cases
Solomon Islands	0	18	2.6	0	0	0.0	No cases
Territories[iii]							
French Polynesia	72	18 459	6 571.2	1	140	49.8	Sporadic cases
Guam	14	7 540	4 467.5	2	133	78.8	Clusters of cases
Northern Mariana Islands (Commonwealth of the)	2	145	251.9	0	2	3.5	Pending
Wallis and Futuna	1	10	88.9	0	0	0.0	Sporadic cases
Marshall Islands	0	4	6.8	0	0	0.0	No cases
New Caledonia	0	58	20.3	0	0	0.0	Sporadic cases
Samoa	0	4	2.0	0	0	0.0	No cases
Vanuatu	0	1	0.3	0	0	0.0	No cases
Global	**2 734 381**	**116 166 652**	**1 490.3**	**60 323**	**2 582 528**	**33.1**	

*See *Annex: Data, table and figure notes*

Annex 2. List of countries/territories/areas reporting variants of concern as of 9 March 2021**

Country/Territory/Area	501Y.V2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Argentina		Verified	Verified
Aruba			Verified
Australia	Verified		Verified
Austria	Verified		Verified
Bahrain			Verified
Bangladesh			Verified
Barbados			Verified
Belgium	Verified	Verified	Verified
Belize			Verified
Bosnia and Herzegovina			Not Verified
Botswana	Verified		
Brazil		Verified	Verified
Brunei Darussalam	Verified		
Bulgaria			Verified
Cabo Verde			Verified
Cambodia			Not Verified
Cameroon	Verified		
Canada	Verified	Verified	Verified
Cayman Islands			Verified
Chile		Verified	Verified
China	Verified	Not Verified	Verified
Colombia		Verified	
Comoros	Verified		
Costa Rica	Verified		Verified
Croatia	Not Verified		Verified
Cuba	Verified		
Curaçao			Verified
Cyprus			Verified
Czechia	Not Verified		Verified
Democratic Republic of the Congo			Not Verified
Denmark	Verified	Verified	Verified
Dominican Republic			Verified
Ecuador			Verified
Estonia	Not Verified		Verified
Faroe Islands		Verified	

Country/Territory/Area	501Y.V2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Finland	Verified	Verified	Verified
France	Verified	Verified	Verified
French Guiana		Verified	Verified
French Polynesia			Verified
Gambia			Verified
Georgia			Verified
Germany	Verified	Verified	Verified
Ghana	Verified		Verified
Gibraltar			Not Verified
Greece	Verified		Verified
Guadeloupe			Verified
Hungary	Not Verified		Verified
Iceland			Verified
India	Verified	Verified	Verified
Indonesia			Verified
Iran (Islamic Republic of)			Verified
Iraq			Verified
Ireland	Verified	Not Verified	Verified
Israel	Verified		Verified
Italy	Not Verified	Verified	Verified
Jamaica			Verified
Japan	Verified	Verified	Verified
Jordan			Verified
Kenya	Verified		
Kosovo[1]			Verified
Kuwait			Verified
Latvia			Verified
Lebanon			Verified
Libya			Verified
Liechtenstein			Verified
Lithuania			Verified
Luxembourg	Verified		Verified
Malawi	Verified		
Malaysia			Verified
Malta	Not Verified		Verified

Country/Territory/Area	501Y.V2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Martinique			Verified
Mayotte	Verified		Verified
Mexico		Verified	Verified
Montenegro			Verified
Morocco			Verified
Mozambique	Verified		
Namibia	Verified		
Nepal			Verified
Netherlands	Verified	Verified	Verified
New Zealand	Verified		Verified
Nigeria			Verified
North Macedonia			Verified
Norway	Verified		Verified
occupied Palestinian territory			Verified
Oman			Verified
Pakistan			Verified
Panama	Verified		
Peru		Verified	Verified
Philippines	Not Verified		Verified
Poland	Not Verified		Verified
Portugal	Verified	Not Verified	Verified
Puerto Rico			Verified
Republic of Korea	Verified	Verified	Verified
Republic of Moldova			Not Verified
Réunion	Verified	Verified	Verified
Romania	Verified	Verified	Verified
Russian Federation			Verified
Saint Barthélemy			Verified
Saint Lucia			Verified

Country/Territory/Area	501Y.V2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Saint Martin			Verified
Saudi Arabia			Verified
Senegal			Verified
Serbia			Verified
Singapore			Verified
Slovakia	Not Verified		Verified
Slovenia	Verified		Verified
South Africa	Verified		Verified
Spain	Verified	Verified	Verified
Sri Lanka			Verified
Sweden	Verified	Not Verified	Verified
Switzerland	Verified	Not Verified	Verified
Thailand	Verified		Verified
The United Kingdom	Verified	Verified	Verified
Trinidad and Tobago			Verified
Tunisia			Verified
Turkey	Not Verified	Not Verified	Verified
Turks and Caicos Islands			Verified
Ukraine			Not Verified
United Arab Emirates	Verified	Verified	Verified
United Republic of Tanzania	Not Verified		
United States of America	Verified	Verified	Verified
Uruguay			Verified
Uzbekistan			Verified
Venezuela (Bolivarian Republic of)		Verified	
Viet Nam	Verified		Verified
Zambia	Verified		
Zimbabwe	Verified		

**See *Annex : Data, table and figure notes*

Annex 3. Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO case definitions and surveillance guidance. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the country(ies) of interest, time period(s), and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. Global totals include 745 cases and 13 deaths reported from international conveyances.

The designations employed, and the presentation of these materials do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

[i] Excludes countries, territories, and areas that have never reported a confirmed COVID-19 case (Annex 1), or the detection of a variant of concern (Annex 2).

[ii] Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas. For further information, please see: Considerations for implementing and adjusting public health and social measures in the context of COVID-19:

- No (active) cases: No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust surveillance system. This implies a near-zero risk of infection for the general population.
- Imported / Sporadic cases: Cases detected in the past 14 days are all imported, sporadic (e.g., laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.
- Clusters of cases: Cases detected in the past 14 days are predominantly limited to well-defined clusters that

are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.

- Community transmission: Which encompasses a range of levels from low to very high incidence, as described below and informed by a series of indicators described in the aforementioned guidance. As these subcategorization are not currently collated at the global level, but rather intended for use by national and sub-national public health authorities for local decision-making, community transmission has not been disaggregated in this information product.
    - CT1: Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
    - CT2: Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub-groups. Moderate risk of infection for the general population.
    - CT3: High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
    - CT4: Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.
- Pending: transmission classification has not been reported to WHO.

[iii] "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.