

# COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 21 February 2021, 10 am CET

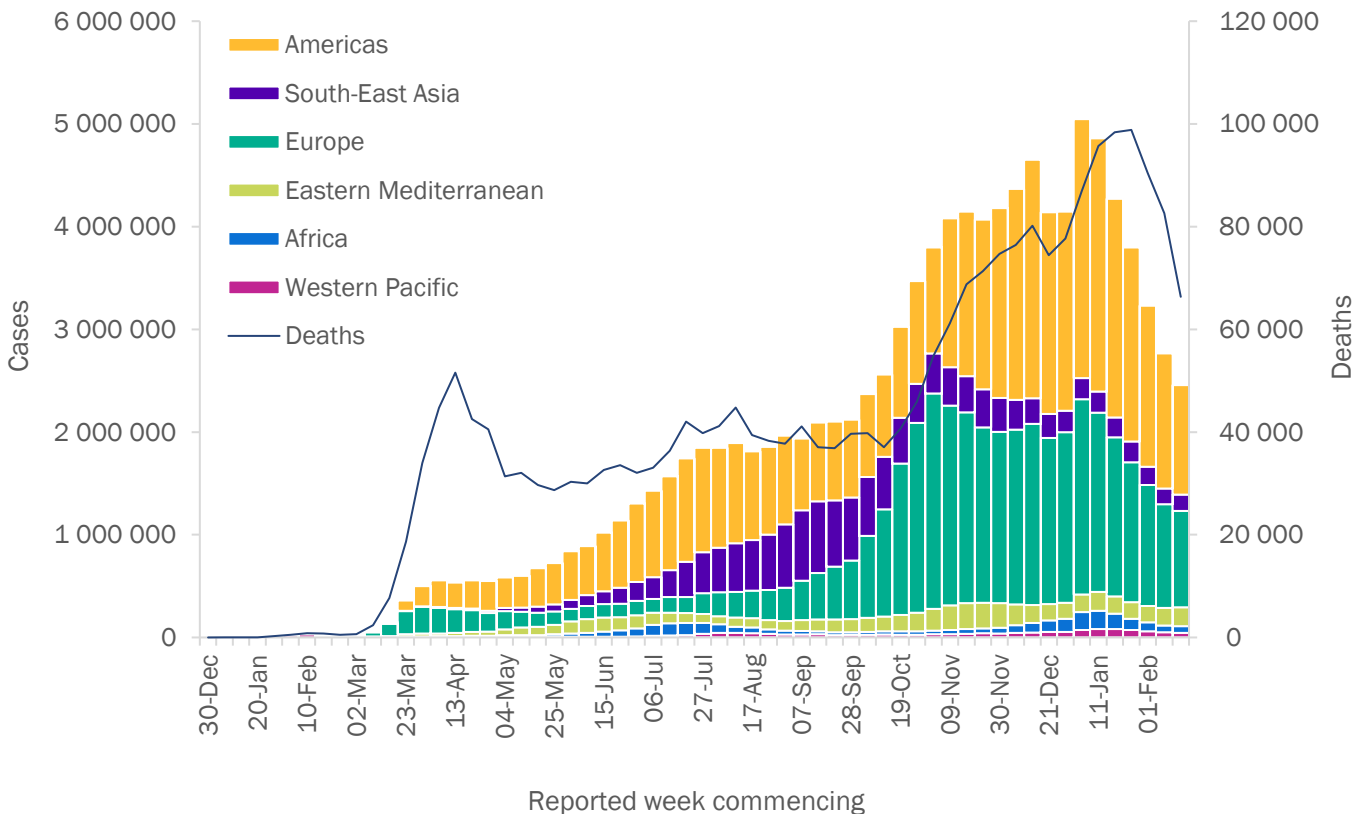
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## Global overview

The number of global new cases reported continues to fall for the sixth consecutive week, with 2.4 million new cases last week, a 11% decline compared to the previous week (Figure 1). The number of new deaths also continued to fall for the past three weeks, with nearly 66 000 new deaths reported last week, a 20% decline as compared to the previous week. A total of four out of six WHO regions reported declines in new cases (Table 1), with only South-East Asia and the Eastern Mediterranean regions showing a small 2% and 7% increase, respectively. The Americas continue to see the greatest drops in absolute numbers of cases. Meanwhile, the number of new deaths declined in all regions apart from the Western Pacific (6% increase).

**Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 21 February 2021\*\***



\*\*See [Annex: Data, table and figure notes](#)

In the past week, the five countries reporting the highest number of new cases continue to be the United States of America (480 467 new cases, a 29% decrease), Brazil (316 221 new cases, a 1% decrease), France (131 179 new cases, a 3% increase), the Russian Federation (92 843 new cases, an 11% decrease), and India (86 711 new cases, a 10% increase).

**Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 21 February 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	1 066 990 (43%)	-19%	49 296 115 (45%)	34 386 (52%)	-23%	1 171 294 (48%)
Europe	939 271 (38%)	-7%	37 574 211 (34%)	24 102 (36%)	-19%	838 761 (34%)
South-East Asia	157 379 (6%)	2%	13 345 590 (12%)	2 189 (3%)	-6%	204 796 (8%)
Eastern Mediterranean	181 969 (7%)	7%	6 181 023 (6%)	2 443 (4%)	-3%	141 915 (6%)
Africa	66 453 (3%)	-2%	2 789 884 (3%)	2 038 (3%)	-20%	70 332 (3%)
Western Pacific	44 964 (2%)	-9%	1 576 330 (1%)	1 201 (2%)	6%	28 220 (1%)
<b>Global</b>	<b>2 457 026 (100%)</b>	<b>-11%</b>	<b>110 763 898 (100%)</b>	<b>66 359 (100%)</b>	<b>-20%</b>	<b>2 455 331 (100%)</b>

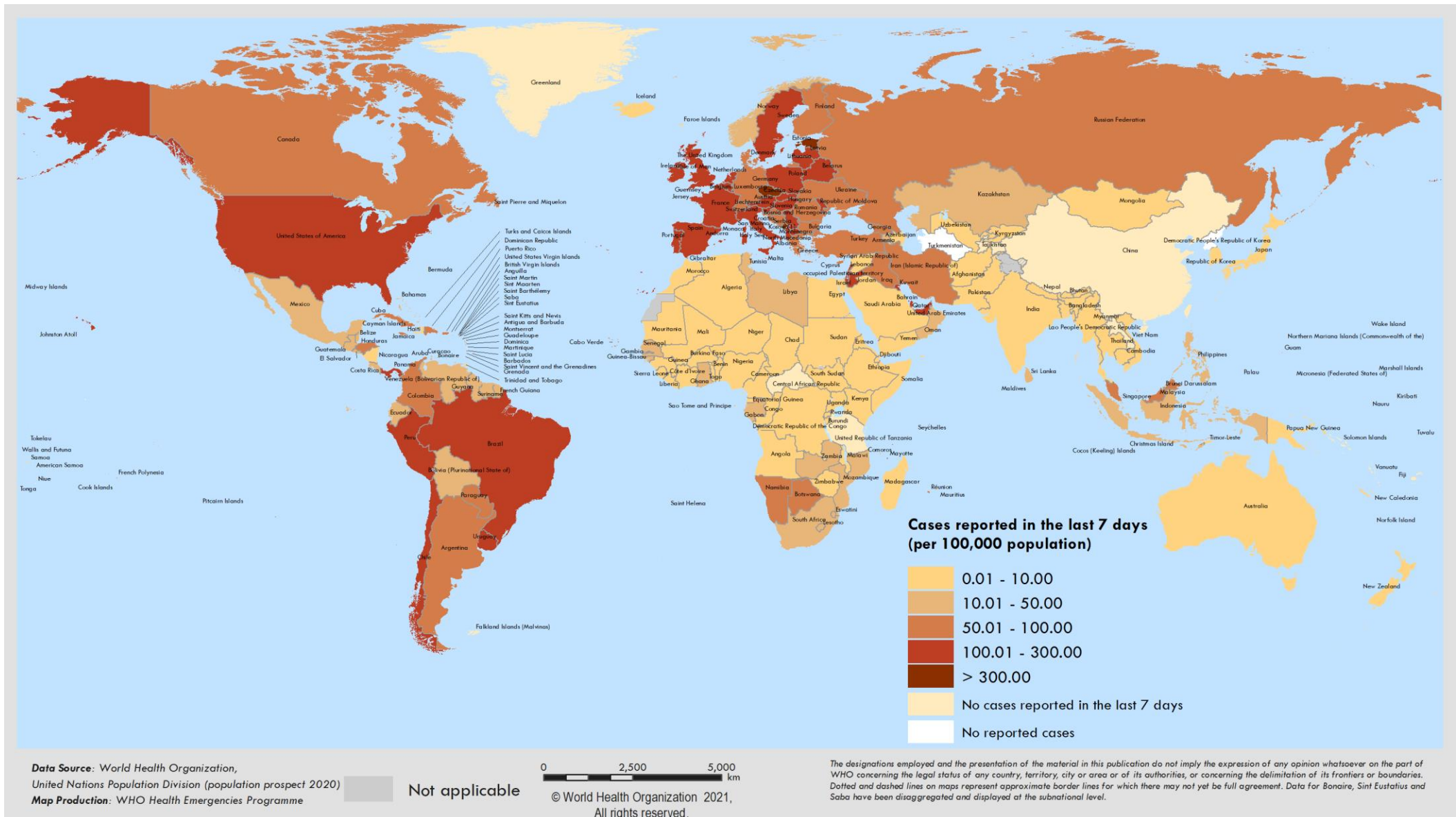
\*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number; global totals may not equal 100%.

\*\*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 in the last seven days by countries, territories and areas, 15 February through 21 February 2021\*\*



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

## Special Focus: WHO COVID-19 vaccine policy recommendations

WHO relies on the [Strategic Advisory Group of Experts on Immunization](#) (SAGE) to issue policy recommendations on COVID-19 vaccination to Member States. Through an established [methodological process](#) rooted in evidence-based medicine, and with the support of a dedicated COVID-19 vaccine working group, SAGE has issued three sets of interim recommendations to date, covering: the [Pfizer- BioNTech BNT162b2 vaccine](#), the [Moderna mRNA-1273 vaccine](#), and the [AstraZeneca – Oxford University AZD1222 vaccine](#).

The last of these reviews examined AstraZeneca core clinical data from the Phase 1-3 clinical trials. The WHO interim recommendations that ensued apply to AZD1222 (named generically as ChAdOx1-S [recombinant]) vaccine against COVID-19, developed by Oxford University (United Kingdom) and AstraZeneca, as well as to ChAdOx1-S [recombinant] vaccines against COVID-19 produced by other manufacturers. These include the Serum Institute of India and SK Bioscience (South Korea), both of which rely on the AstraZeneca core clinical data and have demonstrated equivalence in their regulatory review. It will be the responsibility of regulatory bodies and WHO's [Emergency Use Listing](#) (EUL) process to ensure that products emerging from different manufacturing facilities are equivalent.

For each of these three vaccines, SAGE was able to issue policy recommendations because of the publication of appropriate data by the vaccine developers and on the basis that the vaccine was in the process of acquiring EUL from WHO or a marketing authorization from a stringent regulatory authority, such as the European Medicines Agency. WHO assesses vaccines with a pathway to prequalification or EUL as they become available. In that context and under exceptional circumstances, WHO will review products with authorization from a regulatory authority considered by WHO as maintaining the highest of standards, even if EUL has yet to be confirmed, such as was the case for the Moderna and AstraZeneca vaccines. It should further be noted that EUL is a WHO time-limited regulatory recommendation based on a risk-benefit assessment of limited amount of quality, safety and efficacy data for use during a public health emergency. SAGE recommendations, on the other hand, are policy recommendations to guide ministries of health and their recommending bodies and disease programmes on the use of regulated products to optimize the individual and public health benefit of vaccines. The two sets of recommendations are complementary. WHO cannot comment or make recommendations on vaccines until the manufacturer in question has chosen to share the relevant data and allows SAGE, on behalf of WHO, to conduct a formal assessment. WHO urges all manufacturers to share evidence to allow prompt review and guidance by designated WHO experts and advisory groups.

SAGE does not usually make vaccine- or product-specific recommendations, issuing instead one recommendation that covers all vaccines for a given disease, unless the evidence suggests product-specific recommendations are needed. The current situation with respect to COVID-19 differs as a large variety of vaccines based on very different platform technologies is being developed, and data on the performance of each vaccine are still emerging. Products also have varying characteristics, including storage and handling requirements, such that some may be considered more suitable for certain settings than others. Consequently, SAGE is issuing product-specific recommendations for COVID-19 and will likely continue doing so for additional candidate vaccines. In the longer run, these recommendations may be regrouped into overall recommendations for COVID-19 vaccination.

SAGE began to mobilize its evidence review and recommendation process for COVID-19 vaccination policy as early as the summer of 2020. An essential starting point to this process was the preparation and release of two critical documents forming the foundation for future vaccine-specific interim recommendations. These consist of the [WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination](#) and the [WHO SAGE Roadmap for Prioritizing Uses of COVID-19 Vaccines in the Context of Limited Supply](#), which jointly guide countries in their prioritization of target groups. The Roadmap highlights the importance of vaccinating

frontline health workers and older people with and without comorbidities first, and outlines how additional groups can then be vaccinated as more vaccine becomes available, in keeping with the local epidemiological context. The Roadmap also encourages national programmes to consider groups that are disproportionately affected by the pandemic and to continuously base vaccination decisions on a thorough risk benefit assessment.

For all three vaccines reviewed to date, SAGE concluded that the known and potential benefits outweigh the known and potential risks. The high efficacy of each of the products was acknowledged, despite insufficient data on if and how these vaccines impact virus transmission, although it is likely there will be some level of protection against transmission. These vaccines will have a beneficial effect on the high rate of severe disease and mortality caused by SARS-CoV-2 infection, a key objective of vaccination. More work is needed to understand if this is the case for all circulating variants of concern.

























Based on current data for each of these three vaccines, a regimen of 2 full doses of the same vaccine is recommended, injected intramuscularly in the upper arm. This means the dosage cannot be reduced, or interchanged (i.e., if the first dose is Pfizer-BioNTech vaccine, the second should not be Moderna or AstraZeneca vaccines). There are multiple reasons for this, including a lack of research so far on interchangeability. Furthermore, each vaccine has a different minimum interval time between doses: a second dose of the Pfizer-BioNTech vaccine can be administered after three weeks; the Moderna vaccine requires a minimum interval of four weeks, which can be extended to six weeks; and the AstraZeneca vaccine requires an interval of no less than eight weeks which can be extended to twelve. This latter WHO recommendation deviates slightly from the vaccine developers, who have determined the product is sufficiently efficacious when a second dose is administered after four weeks. SAGE preferred to recommend a longer interval for the AstraZeneca vaccines based on the evidence that supported an improved vaccine performance (for efficacy and immunogenicity) when delaying the second dose by a few weeks.

With all three vaccines, it is recommended that the administration of any other vaccines against other conditions be held off for at least two weeks after vaccination against COVID-19, until data on co-administration become available.

The minimum recommended ages for COVID-19 vaccination vary only slightly between the three vaccines and SAGE confirmed there is no upper limits for any of the three vaccines. These conclusions were based on available data and will evolve when more efficacy and safety data become available. The same evidence scenario applies for specific populations such as pregnant or lactating women, as well as persons with compromised immune systems or living with HIV. For each of these groups, there is no reason to believe the vaccine would be harmful – especially since these are not vaccines containing live viruses which can replicate; however, more evidence is being sought in order to further inform WHO policy recommendations. Whenever possible, potential vaccine recipients should be informed and counselled in relation to the available data and a risk-benefit assessment of their individual case. It should be clarified that, while recommendations exist for these profiles, there are no current COVID-19 vaccination recommendations for children and adolescents.

WHO recommendations on who may be vaccinated with each of the three vaccines are summarized in Table 2, with the assumption that people falling into high-risk groups (e.g., health workers or people with comorbidities) are being prioritized as per the WHO SAGE Roadmap on COVID-19 vaccines.

**Table 2. Who can be vaccinated with which vaccine against COVID-19?**

<b>SAGE INTERIM RECOMMENDATION</b>	<b>Pfizer-BioNTech BNT162b2 vaccine</b>	<b>Moderna mRNA-1273 vaccine</b>	<b>Oxford University – Astra Zeneca AZD1222 vaccine</b>
Minimum age requirement	<b>16 years</b> 	<b>18 years</b> 	<b>18 years</b> 
Maximum age requirement	<b>none</b> 	<b>none</b> 	<b>none</b> 
Ok for pregnant women?	<b>Yes, if in high priority group and ok'd by health care provider.</b> 	<b>Yes, if in high priority group and ok'd by health care provider.</b> 	<b>Yes, if in high priority group and ok'd by health care provider.</b> 
Ok for breastfeeding mothers?	<b>Yes, if in high priority group.</b> 	<b>Yes, if in high priority group.</b> 	<b>Yes, if in high priority group.</b> 
Ok for people with compromised immune systems?	<b>yes</b> 	<b>yes</b> 	<b>yes</b> 
Ok for people living with HIV?	<b>yes</b> 	<b>yes</b> 	<b>yes</b> 
Ok for people previously infected with SARS-CoV-2 (confirmed by PCR test)?	<b>Yes, though that person may elect to delay vaccination up to 6 months from the time of infection.</b> 	<b>Yes, though that person may elect to delay vaccination up to 6 months from the time of infection.</b> 	<b>Yes, though that person may elect to delay vaccination up to 6 months from the time of infection.</b> 
Ok for people with a history of severe allergic reaction (anaphylaxis)?	<b>no</b> 	<b>no</b> 	<b>No, if anaphylactic reaction was linked to any component of the vaccine.</b> 

No studies have yet been conducted to compare these three vaccines and despite the above listed similarities, there are also notable differences such as the dose size, the number of doses per container, and the required storage conditions. These differences affect the practices around vaccination, including the handling of vaccine vials and the timeframe within which a vial must be used once thawed or brought to ambient temperatures. In some cases, the less constraining temperature requirements can make storage and distribution much easier, especially when freezing is neither needed nor recommended. However, in no way do these differences diminish the respective performance of the vaccines, which in all three cases are recognized as highly efficacious and with excellent safety profiles.

While these vaccines, and others coming through the pipeline, offer us reason to be optimistic, the current lack of evidence of their effect on transmission, circulating variants of concern, coupled with a continuing limited supply of the vaccines, mean that more data collection is required, and public health and social measures (PHSM) must continue, and should be practised by all individuals regardless of vaccination status, including use of face masks, physical distancing, hand-washing and other measures.

## 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 [Disease Outbreak News](#) and recent publications 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 23 February 2021. New variants of potential interest or concern are continuously emerging; we provide here an update on two such variants currently under review.

Results of ongoing studies of VOCs are summarized in Table 3 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, there has been an increased number of reports of variants which are of concern. As surveillance activities at local and national levels are strengthened, including strategic genomic sequencing to detect cases infected with SARS-CoV-2 variants, the number of countries reporting VOCs has continued to increase in the past two weeks (Table 3, Figures 3, 4 and 5, Annex 2). In addition, the number of countries reporting local transmission of VOCs has increased in the same period.

Increased transmissibility has been reported for some VOCs resulting in increased incidence in settings experiencing community transmission. 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 has been effective in reducing COVID-19 case incidence, which has led to a reduction in hospitalizations among COVID-19 patients. Findings from new studies evaluating transmission, severity and impact on medical countermeasures will continue to help inform PHSM employed by Member States.

**Table 3: Overview of emerging information on key variants of concern, as of 23 February 2021\***

<b>Nextstrain clade</b>	20I/501Y.V1	20H/501Y.V2 <sup>†</sup>	20J/501Y.V3
<b>Pango lineage</b>	B.1.1.7	B.1.351	B.1.1.28.1
<b>GISAID clade</b>	GR	GH	GR
<b>Alternate names</b>	VOC 202012/01 <sup>†</sup>	VOC 202012/02	P.1 <sup>†</sup>
<b>First detected by</b>	United Kingdom	South Africa	Brazil / Japan
<b>First appearance</b>	20 September 2020	Early August 2020	December 2020
<b>Key spike mutations</b>	H69/V70 deletion; Y144 deletion; N501Y; A570D; D614G; and P681H	L242/A243/L244 deletion; N501Y; D614G; E484K; and K417N	N501Y; D614G; E484K; and K417N
<b>Key mutation in common</b>	S106/G107/F108 deletion in Non-Structural Protein 6 (NSP6)		
<b>Transmissibility*</b>	Increased <sup>1</sup> (36%-75%) <sup>2</sup> , increased secondary attack rate <sup>3</sup> (10% to 13%)	Increased [1.50 (95% CI: 1.20-2.13) times more transmissible than previously circulating variants] <sup>4,5</sup>	Suggested to be increased
<b>Severity*</b>	Possible increased severity and mortality <sup>6</sup>	No impact reported to date <sup>4,5</sup> , no significant change in-hospital mortality <sup>7</sup>	Under investigation, no impact reported to date
<b>Neutralization capacity*</b>	Slight reduction but overall neutralizing titers still remained above the levels expected to confer protection <sup>8</sup>	Decreased, suggesting potential increased risk of reinfection <sup>4,9,10</sup>	Potential decrease, small number of reinfections reported <sup>11,12</sup>
<b>Potential impacts on vaccines*</b>	No significant impact on Moderna, Pfizer-BioNTech, and Oxford-AstraZeneca vaccines <sup>13-16</sup>	Moderna and Pfizer-BioNTech: Reduction in the neutralizing activity, but impact on protection against disease not known. <sup>13-16</sup> Novavax and Johnson & Johnson: 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. <sup>17,18</sup> Oxford/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 <sup>19,20</sup>	Under investigation
<b>Potential impacts on diagnostics*</b>	S gene target failure (SGTF). <sup>19</sup> No impact on Ag RDTs observed <sup>21</sup>	None reported to date	None reported to date
<b>Countries reporting cases (newly reported in last week)**</b>	101 (7)	51 (5)	29 (8)

<sup>†</sup>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 16 February, VOC 202012/01 has been detected in seven additional countries. As of 23 February, a total of 101 countries across all six WHO regions have reported cases of this variant (Figure 3). Community transmission has been reported in at least 45 countries across five WHO regions, noting that transmission classification is currently incomplete for 23 (23%) countries reporting this variant.

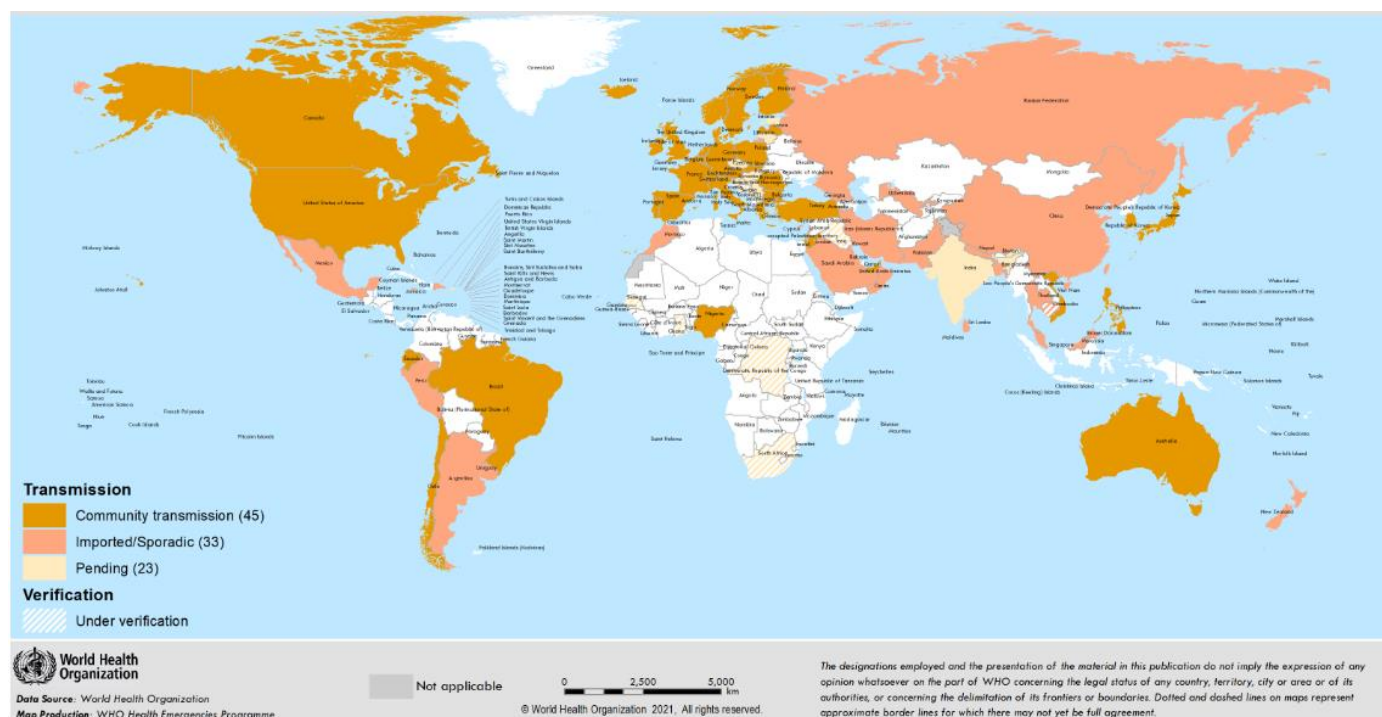
Since January 2021, several countries and in the European Region in particular, have observed a marked increase in the number and proportion of cases infected with VOC 202012/01 among samples tested by PCR-based screening and whole genome sequencing.<sup>22</sup> As of 8 February, the proportion of sequenced samples in which VOC 202012/01 was detected in Spain varied across the different regions from 0.4% to 53.3%.<sup>23</sup> During the epidemiological week 6 (from 7 to 14 February 2021), Germany detected VOC 202012/01 in 22% of the specimens analysed (23 000 samples tested),<sup>24</sup> 36% in France,<sup>25</sup> and 47% in Denmark.<sup>26,27</sup> In the United States of America (USA), genomic sequencing by one commercial laboratory suggested prevalence of VOC 202012/01 to be approximately 1% nationwide, and over 2% in some States as of 3 February 2021.<sup>28</sup> Another study estimated a 3.6% prevalence of VOC 202012/01 by the end of January 2021 using the S-gene target failure (SGTF; a proxy used to identify cases infected with VOC 202012/01).<sup>29</sup> As of 21 February, the USA has reported a total of 1661 cases from 44 States in the United States of America.<sup>30</sup> Additionally, the VOC 202012/01 has increasingly been associated with outbreaks in several different settings.<sup>31,32</sup>

On 21 January 2021, the United Kingdom's New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) released analyses suggesting increased disease severity and risk of death in cases with SGTF compared to cases without SGTF.<sup>3</sup> When comparing cases with SGTF to cases without SGTF: (i) one study reported the relative hazard of death within 28 days of testing to be 1.35 (95% CI: 1.08-1.68); (ii) one study reported the mean case fatality ratio to be 1.36 (95% CI 1.18-1.56) by a case-control weighing method; (iii) one study reported a mortality hazard ratio of 1.91 (95% CI 1.35-2.71) (studies unpublished to date). In addition, a matched cohort analysis reported a death risk ratio of 1.65 (95% CI: 1.21-2.25) for cases infected with VOC 202012/01 compared with non-VOC 202012/01 cases. Although there are limitations to these studies including representativeness of the dataset used, these findings follow an initial assessment that there was no significant difference in the risk of hospitalization or death as compared to other variants, conducted in December 2020. The absolute risk of death of SARS-CoV-2 remains low, and additional studies are required to investigate these findings.

Based on available information, VOC 202012/01 has not been associated with decreased neutralization activity of polyclonal antibodies such as vaccine-derived or convalescent sera. However, the genomic changes of the epitope which binds to the host cell receptor, such as deletions in the N terminal domain, may affect binding of this variant to monoclonal antibodies, indicating possible effects on the efficacy of monoclonal antibodies used as therapeutics.<sup>33</sup>

A pre-print study with a small sample size (n=65, including 7 infected individuals with VOC 202012/01), suggested that individuals infected with VOC 202012/01 had longer duration of acute infection and similar peak viral load when compared to non-VOC 202012/01 variants.<sup>34</sup> However, these are preliminary findings and require further investigations with larger cohorts.

**Figure 3. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01 as of 23 February 2021**



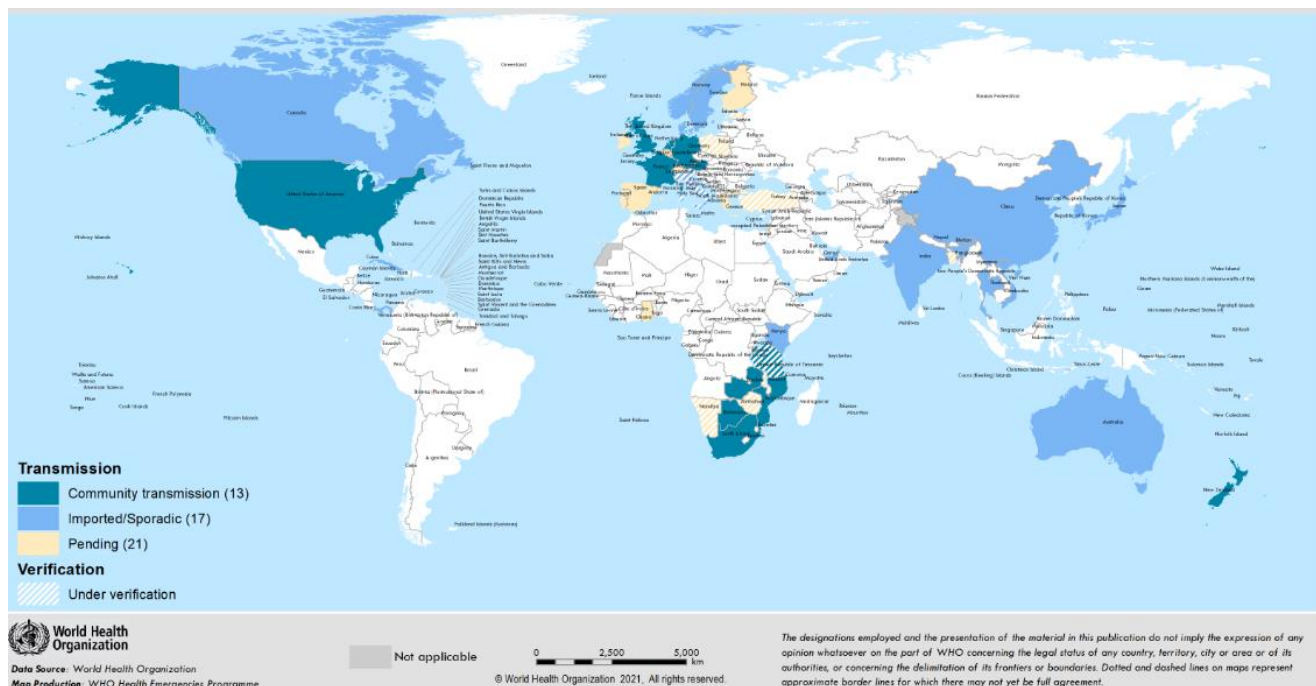
## Variant 501Y.V2

Since the last update on 16 February, 501Y.V2 has been reported from five additional countries – now totalling 51 countries across all six WHO regions (Figure 4). Community transmission of 501Y.V2 has been reported in 13 countries across four WHO regions, noting the transmission classification is currently incomplete for 21 (41%) countries reporting this variant. In several areas within the African Region, variant 501Y.V2 has been reported to comprise a high proportion of sequenced samples.<sup>35</sup>

Studies highlighting reductions in neutralizing antibody activity against 501Y.V2 following either natural infection or vaccination, with potential to impact re-infection risk or vaccine effectiveness have been discussed previously (see Table 3, and past editions of the [Weekly Epidemiological Update](#)). A preliminary report with a small sample size (n=20) indicated that the serum neutralization capacity of serum elicited by BNT162b2 vaccine, produced by Pfizer-BioNTech, was weaker against variant 501Y.V2 by approximately two thirds as compared to that of another variant.<sup>36</sup> Further studies are needed to fully understand efficacy of existing vaccines.

Recent preliminary evidence suggests that variant 501Y.V2 may compromise immunity indicating potential increased risk of reinfection. There is now growing evidence that the mutations present in this variant may help the virus evade immune system responses triggered by previous infections of SARS-CoV-2 or by vaccines. There has been a report of a SARS-CoV-2 reinfection with the 501Y.V2 variant months after recovering from a first episode of COVID-19 with a more severe clinical presentation.<sup>37</sup>

Figure 4. Countries, territories and areas reporting SARS-CoV-2 501Y.V2 as of 23 February 2021

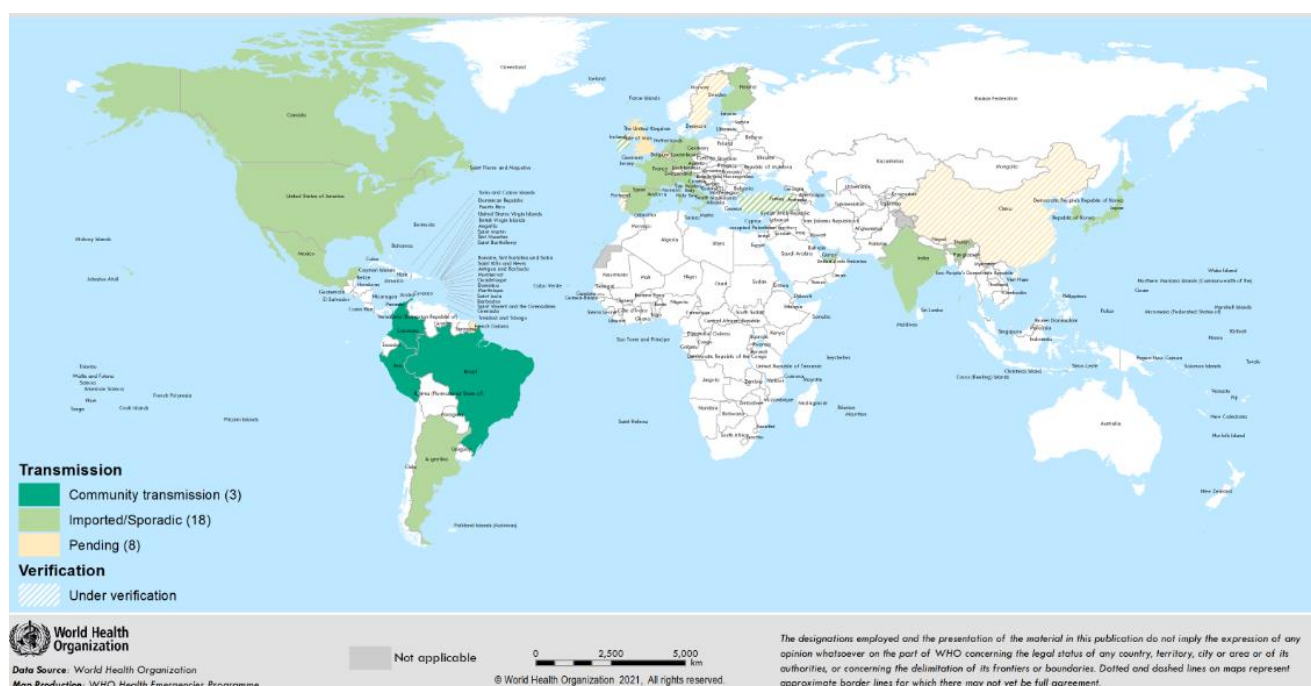


### Variant P.1

Since our last update, variant P.1 has been reported in eight additional countries. To date, this variant is reported in 28 countries across all six WHO regions (Figure 5). Community transmission of P.1 has been reported in at least three countries in one WHO region, noting the transmission classification is currently incomplete for 8 (28%) countries reporting this variant.

In a genomic survey conducted from April to November 2020 in Amazonas State, Brazil, variant P.1 was found to be the most prevalent variant among 148 whole-genomes sequenced, comprising 47% (69/148) of specimens collected from 12 municipalities.<sup>38</sup> During the period of 1 November 2020 to 13 January 2021, sequencing of samples from different municipalities in Amazonas found rapid increase in the proportion of variant P.1 in the state. In the state capital Manaus, cases associated to the P.1 variant were initially detected on the 4 December 2020 and as of January 2021, 91% of cases were infected with the P1 variant. Furthermore, the variant was found in a widespread geographic distribution in the state.<sup>39</sup>

Figure 5. Countries, territories and areas reporting SARS-CoV-2 P.1 variant as of 23 February 2021



## Emerging variants of interest or concern

To inform local, national and regional risk assessments, surveillance of SARS-CoV-2 variants continues globally with timely sharing of sequence data. As of 23 February 2021, over 590 000 sequences of SARS-CoV-2 globally have been uploaded into publicly available databases. New variants of potential interest or concern are continuously emerging and undergo assessment. We provide here an update on two such variants currently under review.

Variant B.1.525 (also referred to as VUI-202102/03, and previously UK1188), was first detected in the United Kingdom and Nigeria in December 2020.<sup>40</sup> Since then, it has been detected in at least another 13 countries.<sup>41</sup> This variant is partially similar to the 501Y.V2 variant and contains mutations which may be associated with some degree of biological significance, including the E484K, Q677H and F888L mutations, as well as a similar number of deletions that are contained in B.1.1.7.

A variant of B.1.1.7 with an E484K mutation (labelled VOC 202102/02 by the United Kingdom health authorities) has been detected in South West England. As of 17 February 2021, 26 cases of this variant have been detected in the United Kingdom.<sup>33</sup> Local authorities are responding with enhanced PHSM with the aim to prevent further spread. The E484K mutation is a mutation in the spike protein and has been associated with antigenic change, as well as increased binding affinity to the human host receptor, Angiotensin Converting Enzyme 2 (ACE2), in conjunction with the N501Y mutation.<sup>42</sup> E484K has been labelled as an escape mutation, so called because it may help the SARS-CoV-2 virus to evade host immune defences. It has been identified as an adaptation of SARS-CoV-2 in at least one immunocompromised patient with long lasting infection.<sup>43</sup> The E484K mutation has been identified independently in several variants (including 501Y.V2 and P.1.), indicating convergent mutations, where distinct lineages independently acquire similar genetic mutations.<sup>42,44</sup> Although there is no evidence that this mutation alone is associated with increased disease severity or higher transmissibility, E484K is of significance due to its possible impact on immune response, vaccine efficacy and transmissibility.<sup>40</sup>

Further investigations are required to better understand the importance of specific mutations (and/or clusters of mutations), whether they are identified in emerging variants of interest or concern, as well as ongoing adaptations and evolution of SARS-CoV-2.

## WHO Recommendations

National and local authorities are encouraged to continue strengthening existing disease control activities, including epidemiological surveillance, strategic testing, and increased routine systematic sequencing of SARS-CoV-2 where feasible (for more information, please see WHO advice in the previously published [Disease Outbreak News](#)).

WHO has been tracking mutations since the beginning of the pandemic. In June 2020, WHO established the SARS-CoV-2 Virus Evolution Working Group (VEWG) to specifically assess new variants. Together with Member States and partners, a global risk monitoring framework has been established to:

- Coordinate and harmonize a global system for monitoring and assessing SARS-CoV-2 variants and their impact;
- Identify critical priorities, thresholds, and triggers for decision-making;
- Define a multi-disciplinary coordination mechanism to collect, analyze, and share data to inform decision-making, including on vaccination programs; and
- Leverage and enhance existing technical networks and expert groups.

Working definitions of SARS-CoV-2 variants of interest and variants of concern have been developed and are currently under review, with an aim to publish later this week.

WHO is working to increase sequencing capacities globally and has published [a comprehensive implementation guide and risk-monitoring framework](#) to support countries set up high-impact sequencing programmes for SARS-CoV-2 variants and maximize public health impact.

PHSM have proven to remain effective against VOCs to date. WHO continues to advise that the application and adjustment of PHSM should be driven by detailed data analyses of epidemiology at the most local level possible (for more information, please see our [technical guidance](#)).

## References

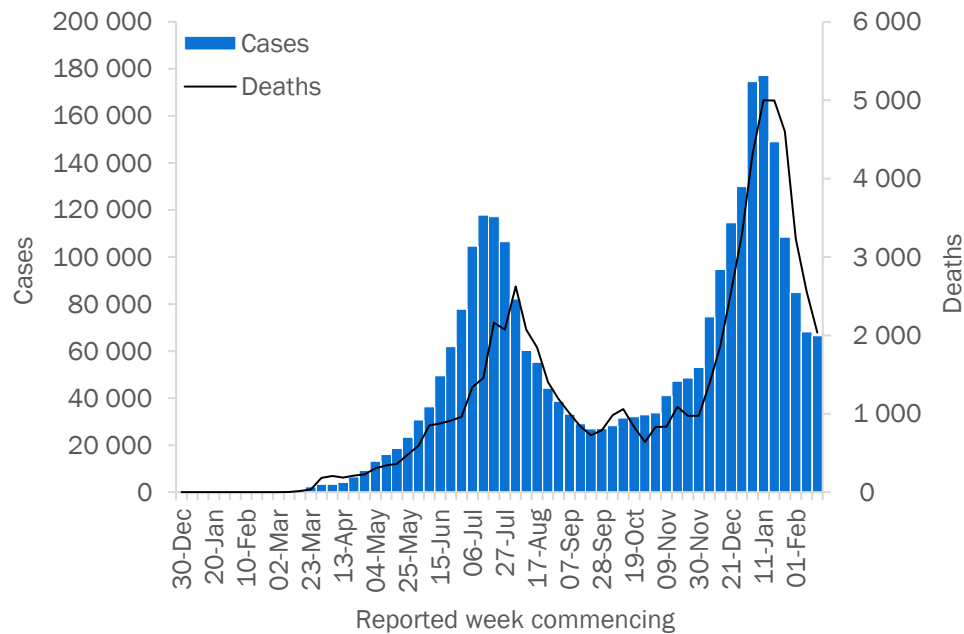
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## WHO regional overviews

### African Region

In the past week, the African Region reported over 66 400 cases and 2000 deaths, a 2% and 20% decrease respectively compared to the previous week. This is the fifth consecutive week the Region reported decreases in both new cases and deaths. The highest numbers of new cases were reported in South Africa (12 304 new cases; 20.7 new cases per 100 000 population; a 25% decrease), Mozambique (6380 new cases; 20.4 new cases per 100 000; a 42% increase) and Ethiopia (6153 new cases; 5.4 new cases per 100 000; a 45% increase).

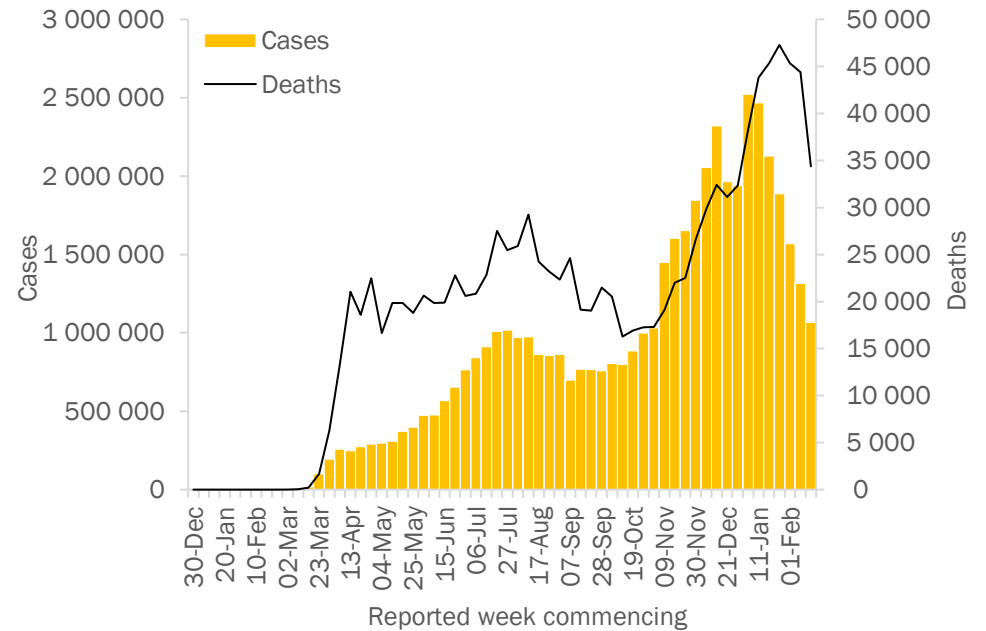
The countries reporting the highest number of new deaths in the past week were South Africa (1119 new deaths; 1.9 new deaths per 100 000; a 32% decrease), Ethiopia (90 new deaths; 0.1 new deaths per 100 000; a 150% increase), and Nigeria (84 new deaths; <0.1 new deaths per 100 000; a 16% decrease).



### Region of the Americas

Over 1 million new cases and over 34 300 new deaths were reported in the Region of the Americas this week, a 19% and 23% decrease respectively compared to the previous week. The highest numbers of new cases were reported from the United States of America (480 467 new cases; 145.2 new cases per 100 000 population; a 29% decrease), Brazil (316 221 new cases; 148.8 new cases per 100 000; a 1% decrease) and Mexico (51 537 new cases; 40 new cases per 100 000; a 22% decrease).

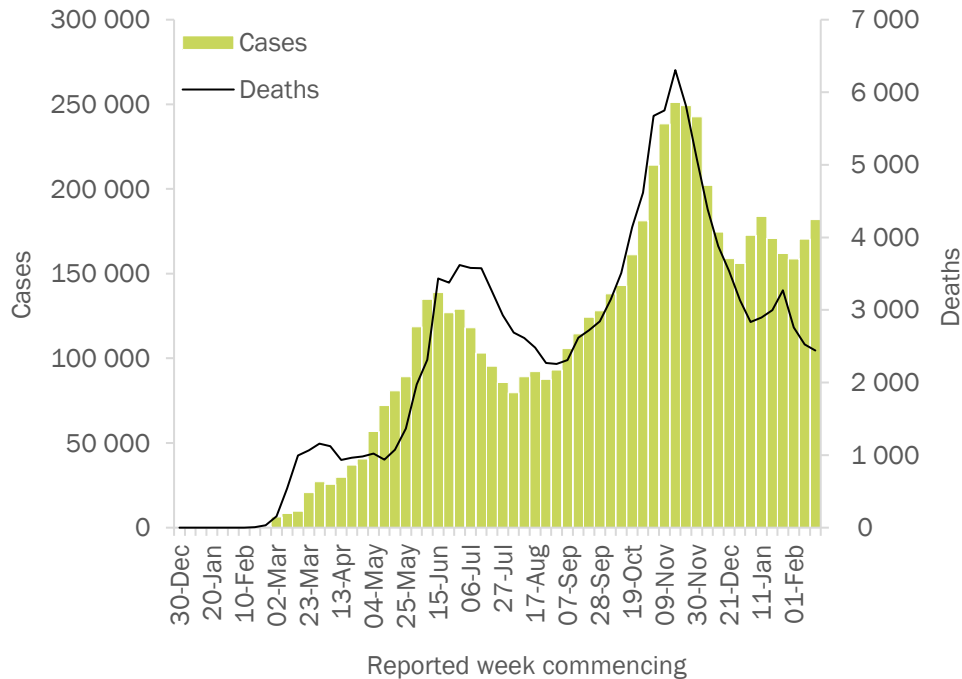
The highest numbers of new deaths were reported from the same countries, the United States of America (14 747 new deaths; 4.5 new deaths per 100 000; a 31% decrease), Brazil (7276 new deaths; 3.4 new deaths per 100 000; a 2% decrease) and Mexico (6408 new deaths; 5.0 new deaths per 100 000; a 22% decrease).



## Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 181 000 new cases, a 7% increase compared to last week. The region reported just over 2400 new deaths, a 3% decrease. The three countries reporting the highest numbers of new cases this week were the Islamic Republic of Iran (55 208 new cases; 65.7 new cases per 100 000 population; a 7% increase), Iraq (23 122 new cases; 57.5 new cases per 100 000; a 63% increase) and the United Arab Emirates (22 570 new cases; 228.2 new cases per 100 000; a 2% increase).

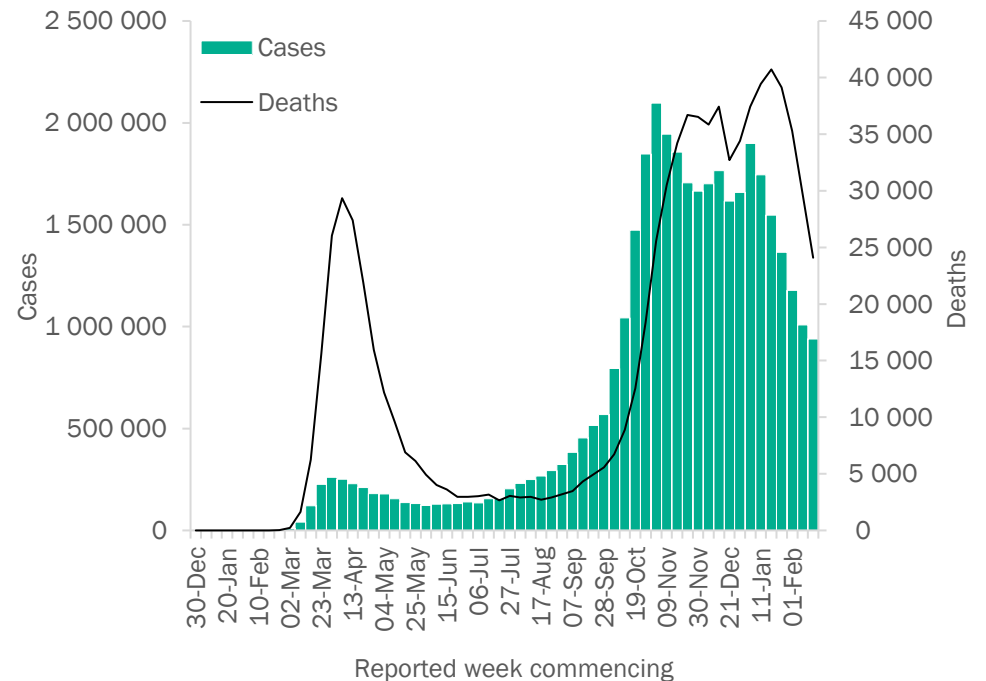
The highest numbers of new deaths this week have been reported in the Islamic Republic of Iran (526 new deaths; 0.6 new deaths per 100 000 population; a 12% increase), Egypt (363 new deaths; 0.4 new deaths per 100 000; a 10% increase) and Lebanon (336 new deaths; 4.9 new deaths per 100 000; a 16% decrease).



## European Region

The European Region reported over 939 000 new cases and over 24 000 new deaths, a decrease of 7% and 19% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were France (131 179 new cases; 201 new cases per 100 000; a 3% increase), the Russian Federation (92 843 new cases; 63.6 new cases per 100 000; an 11% decrease), and Italy (84 977 new cases; 140.5 new cases per 100 000; an 1% decrease).

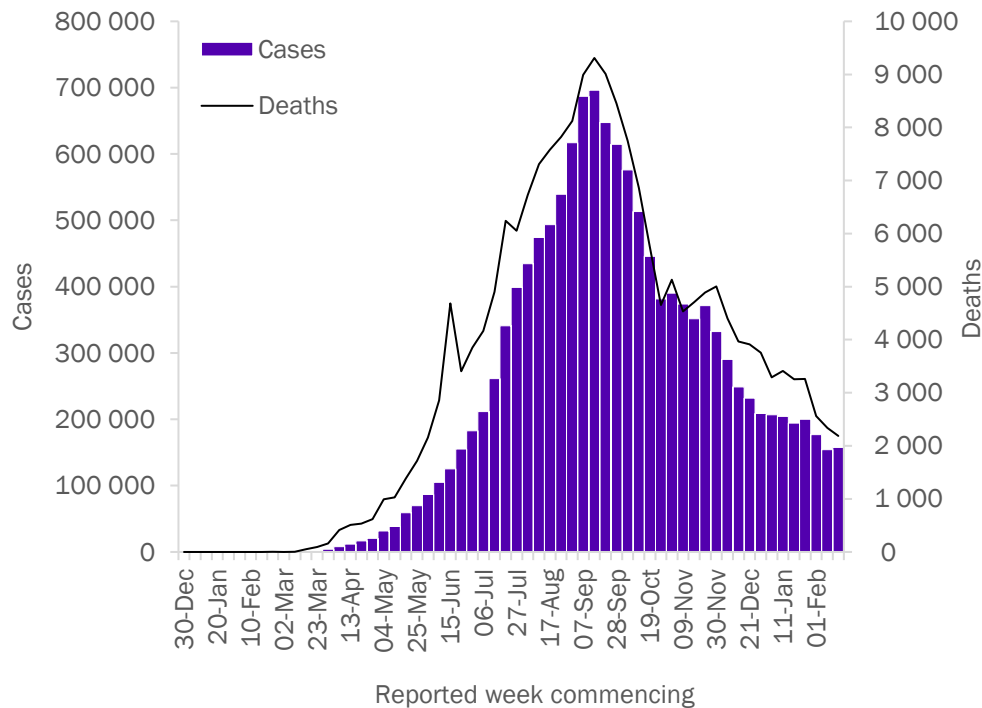
The highest numbers of deaths were reported from the United Kingdom (3457 new deaths; 5.1 new deaths per 100 000; a 28% decrease), the Russian Federation (3167 new deaths; 2.2 new deaths per 100 000; a 9% decrease) and Germany (2881 new deaths; 3.4 new deaths per 100 000; a 16% decrease).



## South-East Asia Region

In the past week, the South-East Asia Region reported over 157 000 new cases, an increase of 2% compared to last week. The region reported over 2100 new deaths, a 6% decrease. The three countries reporting the highest numbers of new cases were India (86 711 new cases; 6.3 new cases per 100 000; a 10% increase), Indonesia (60 650 new cases; 22.2 new cases per 100 000; a 5% decrease), and Sri Lanka (4628 new cases; 21.6 new cases per 100 000; a 26% decrease).

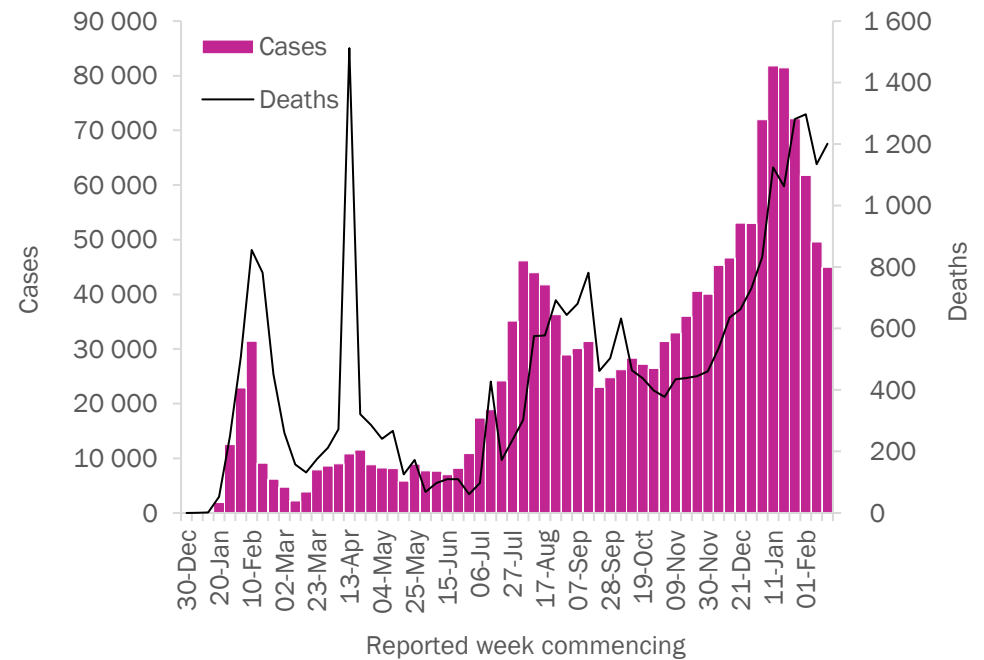
The three countries reporting the highest numbers of new deaths this week were Indonesia (1380 new deaths; 0.5 new deaths per 100 000; an 11% decrease), India (660 new deaths; <0.1 new deaths per 100 000; a 2% increase) and Bangladesh (76 new deaths; <0.1 new deaths per 100 000, no change in new deaths reported this week as compared to last week).



## Western Pacific Region

The Western Pacific Region reported just under 45 000 new cases the past week, a 9% decrease compared to the previous week. The region reported 1200 new deaths, a 6% increase. The three countries reporting the highest numbers of new cases in the region this week were Malaysia (18 467 new cases; 57.1 new cases per 100 000; a 20% decrease), the Philippines (12 033 new cases; 11.0 new cases per 100 000; a 2% increase), and Japan (10 035 new cases; 7.9 new cases per 100 000; a 9% decrease).

The three countries reporting the highest numbers of new deaths this week were the Philippines (561 new deaths; 0.5 new deaths per 100 000; a 41% increase), Japan (505 new deaths; 0.4 new deaths per 100 000; a 12% decrease), and Malaysia (93 new deaths; 0.3 new deaths per 100 000; an 8% decrease).





## Key weekly updates

- **WHO Director-General Dr Tedros issued a [statement](#) on Tanzania on 20 February** “A number of Tanzanians travelling to neighbouring countries and beyond have tested positive for COVID-19.” The situation in Tanzania remains concerning. WHO urges Tanzania:
  - to start reporting COVID-19 cases and share data;
  - to implement the public health measures that we know work in breaking the chains of transmission;
  - and to prepare for vaccination.

### GISRS Surveillance of SARS-CoV-2

- [Operational considerations to expedite genomic sequencing component of GISRS surveillance of SARS-CoV-2, 16 February 2021](#)

### Management of the blood supply in response to the pandemic outbreak of coronavirus disease (COVID-19)

- [Maintaining a safe and adequate blood supply and collecting convalescent plasma in the context of the COVID-19 pandemic: Interim guidance, 17 February 2021](#)

### COVID-19 vaccines

- [Country readiness for COVID-19 vaccines](#)
- [Draft landscape and tracker of COVID-19 candidate vaccines](#)
- [World Waking Up to Vaccine Equity](#)
- [G7 leaders commit US\\$ 4.3 billion to finance global equitable access to tests, treatments and vaccines in 2021](#)
- [COVAX Statement on WHO Emergency Use Listing for AstraZeneca/Oxford COVID-19 Vaccine](#)
- [Coronavirus disease \(COVID-19\) Q&A update: Vaccines safety](#)

## 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 21 February 2021\*\*

Reporting Country/Territory/Area <sup>i</sup>	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 <sup>ii</sup>
<b>Africa</b>	<b>66 453</b>	<b>2 789 884</b>	<b>248.7</b>	<b>2 038</b>	<b>70 332</b>	<b>6.3</b>	
South Africa	12 304	1 502 367	2 533.1	1 119	48 940	82.5	Community transmission
Mozambique	6 380	54 968	175.9	73	587	1.9	Community transmission
Ethiopia	6 153	151 857	132.1	90	2 271	2.0	Community transmission
Nigeria	5 889	151 553	73.5	84	1 831	0.9	Community transmission
Zambia	5 440	73 894	401.9	76	1 016	5.5	Community transmission
Ghana	4 538	79 656	256.4	54	572	1.8	Community transmission
Cameroon	2 355	33 749	127.1	49	523	2.0	Community transmission
Senegal	1 989	32 630	194.9	54	795	4.7	Community transmission
Malawi	1 652	30 528	159.6	67	1 004	5.2	Community transmission
Botswana	1 598	26 524	1 127.9	52	254	10.8	Community transmission
Namibia	1 498	37 295	1 467.8	16	402	15.8	Community transmission
Algeria	1 251	111 764	254.9	23	2 958	6.7	Community transmission
Kenya	1 201	103 993	193.4	22	1 817	3.4	Community transmission
South Sudan	1 107	6 417	57.3	11	85	0.8	Community transmission
Côte d'Ivoire	1 030	31 914	121.0	12	185	0.7	Community transmission
Gabon	976	13 553	608.9	2	75	3.4	Community transmission
Democratic Republic of the Congo	840	25 079	28.0	8	700	0.8	Community transmission
Rwanda	721	17 988	138.9	11	247	1.9	Community transmission
Zimbabwe	664	35 768	240.7	34	1 432	9.6	Community transmission
Lesotho	609	10 461	488.3	60	285	13.3	Community transmission
Benin	583	5 143	42.4	9	65	0.5	Community transmission
Togo	445	6 268	75.7	1	81	1.0	Community transmission
Seychelles	436	2 328	2 367.1	2	10	10.2	Community transmission
Guinea	408	15 303	116.5	2	86	0.7	Community transmission
Mauritania	306	17 083	367.4	9	434	9.3	Community transmission

Reporting Country/Territory/Area <sup>i</sup>	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 <sup>ii</sup>
Cabo Verde	299	14 999	2 697.7	4	143	25.7	Community transmission
Eswatini	276	16 764	1 445.0	15	645	55.6	Community transmission
Eritrea	256	2 685	75.7	0	7	0.2	Community transmission
Gambia	241	4 543	188.0	8	143	5.9	Community transmission
Madagascar	238	19 598	70.8	7	292	1.1	Community transmission
Burundi	207	2 031	17.1	0	3	0.0	Community transmission
Congo	206	8 625	156.3	4	127	2.3	Community transmission
Guinea-Bissau	206	3 091	157.1	0	46	2.3	Community transmission
Burkina Faso	195	11 783	56.4	1	139	0.7	Community transmission
Uganda	180	40 199	87.9	5	333	0.7	Community transmission
Chad	172	3 794	23.1	6	133	0.8	Community transmission
Angola	170	20 499	62.4	7	498	1.5	Community transmission
Comoros	158	3 490	401.3	15	143	16.4	Community transmission
Equatorial Guinea	104	5 798	413.3	2	89	6.3	Community transmission
Sao Tome and Principe	96	1 578	720.0	2	21	9.6	Community transmission
Mali	66	8 292	40.9	5	347	1.7	Community transmission
Niger	43	4 733	19.6	1	170	0.7	Community transmission
Sierra Leone	28	3 849	48.3	0	79	1.0	Community transmission
Liberia	19	1 988	39.3	1	85	1.7	Community transmission
Mauritius	8	603	47.4	0	10	0.8	Sporadic cases
Central African Republic	0	4 996	103.4	0	63	1.3	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
<b>Territories<sup>iii</sup></b>							
Mayotte	2 257	15 792	5 788.5	14	92	33.7	Community transmission
Réunion	655	11 562	1 291.4	1	48	5.4	Community transmission
<b>Americas</b>	<b>1 066 990</b>	<b>49 296 115</b>	<b>4 819.8</b>	<b>34 386</b>	<b>1 171 294</b>	<b>114.5</b>	
United States of America	480 467	27 702 074	8 369.1	14 747	491 894	148.6	Community transmission

Reporting Country/Territory/Area <sup>i</sup>	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 <sup>ii</sup>
Brazil	316 221	10 081 676	4 743.0	7 276	244 765	115.2	Community transmission
Mexico	51 537	2 030 491	1 574.8	6 408	178 965	138.8	Community transmission
Peru	48 775	1 269 523	3 850.3	1 435	44 690	135.5	Community transmission
Argentina	33 128	2 054 681	4 546.2	812	51 000	112.8	Community transmission
Colombia	31 832	2 217 001	4 357.1	1 315	58 511	115.0	Community transmission
Chile	23 450	795 845	4 163.2	531	19 974	104.5	Community transmission
Canada	20 280	840 586	2 227.2	414	21 576	57.2	Community transmission
Ecuador	7 570	273 097	1 547.9	244	15 513	87.9	Community transmission
Paraguay	7 086	149 684	2 098.6	122	3 026	42.4	Community transmission
Cuba	6 001	43 484	383.9	30	291	2.6	Community transmission
Dominican Republic	5 607	234 502	2 161.7	96	3 028	27.9	Community transmission
Bolivia (Plurinational State of)	5 578	240 676	2 061.8	283	11 390	97.6	Community transmission
Honduras	5 053	164 077	1 656.6	127	3 975	40.1	Community transmission
Panama	4 354	335 339	7 771.9	116	5 711	132.4	Community transmission
Guatemala	3 860	170 931	954.1	155	6 249	34.9	Community transmission
Uruguay	3 549	51 377	1 479.0	36	563	16.2	Community transmission
Venezuela (Bolivarian Republic of)	2 855	135 114	475.2	41	1 308	4.6	Community transmission
Costa Rica	2 491	201 678	3 959.0	49	2 763	54.2	Community transmission
Jamaica	2 094	20 924	706.6	19	391	13.2	Community transmission
El Salvador	1 118	58 546	902.6	58	1 792	27.6	Community transmission
Barbados	730	2 677	931.5	7	30	10.4	Community transmission
Saint Lucia	373	2 860	1 557.5	5	28	15.2	Community transmission
Guyana	176	8 357	1 062.5	3	189	24.0	Clusters of cases
Antigua and Barbuda	171	598	610.6	2	11	11.2	Sporadic cases
Haiti	131	12 274	107.6	0	247	2.2	Community transmission
Belize	93	12 227	3 075.0	1	314	79.0	Community transmission
Saint Vincent and the Grenadines	80	1 498	1 350.3	0	6	5.4	Community transmission

Reporting Country/Territory/Area <sup>i</sup>	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 <sup>ii</sup>
Suriname	76	8 854	1 509.3	2	168	28.6	Community transmission
Nicaragua	42	5 106	77.1	1	172	2.6	Community transmission
Bahamas	33	8 403	2 136.8	0	179	45.5	Clusters of cases
Trinidad and Tobago	29	7 666	547.8	2	139	9.9	Community transmission
Dominica	13	134	186.1	0	0	0.0	Clusters of cases
Saint Kitts and Nevis	1	41	77.1	0	0	0.0	Sporadic cases
Grenada	0	148	131.5	0	1	0.9	Sporadic cases
<b>Territories<sup>iii</sup></b>							
Puerto Rico	1 522	98 835	3 454.7	42	1 957	68.4	Community transmission
Aruba	215	7 553	7 074.3	2	70	65.6	Community transmission
Turks and Caicos Islands	165	1 998	5 160.4	2	14	36.2	Clusters of cases
French Guiana	73	16 529	5 534.0	3	83	27.8	Community transmission
United States Virgin Islands	51	2 575	2 465.9	0	25	23.9	Community transmission
Sint Maarten	42	2 027	4 726.9	0	27	63.0	Community transmission
Curaçao	33	4 666	2 843.5	0	22	13.4	Community transmission
Bonaire	15	387	1 850.3	0	4	19.1	Community transmission
Cayman Islands	12	428	651.2	0	2	3.0	Sporadic cases
Bermuda	5	699	1 122.5	0	12	19.3	Sporadic cases
British Virgin Islands	2	153	506.0	0	1	3.3	Clusters of cases
Montserrat	1	20	400.1	0	1	20.0	Sporadic cases
Anguilla	0	18	120.0	0	0	0.0	Sporadic cases
Falkland Islands (Malvinas)	0	49	1 406.8	0	0	0.0	No cases
Guadeloupe	0	9 455	2 363.0	0	160	40.0	Community transmission
Martinique	0	6 593	1 756.9	0	45	12.0	Community transmission
Saba	0	6	310.4	0	0	0.0	No cases
Saint Barthélemy	0	475	4 805.3	0	0	0.0	Clusters of cases
Saint Martin	0	1 456	3 766.3	0	12	31.0	Community transmission

Reporting Country/Territory/Area <sup>i</sup>	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 <sup>ii</sup>
Saint Pierre and Miquelon	0	24	414.2	0	0	0.0	Sporadic cases
Sint Eustatius	0	20	637.1	0	0	0.0	No cases
<b>Eastern Mediterranean</b>	<b>181 969</b>	<b>6 181 023</b>	<b>845.8</b>	<b>2 443</b>	<b>141 915</b>	<b>19.4</b>	
Iran (Islamic Republic of)	55 208	1 566 081	1 864.5	526	59 409	70.7	Community transmission
Iraq	23 122	664 750	1 652.7	81	13 245	32.9	Community transmission
United Arab Emirates	22 570	368 175	3 722.5	107	1 108	11.2	Community transmission
Lebanon	16 379	353 371	5 177.3	336	4 297	63.0	Community transmission
Jordan	15 008	359 811	3 526.5	99	4 543	44.5	Community transmission
Pakistan	8 221	569 846	258.0	287	12 563	5.7	Community transmission
Kuwait	6 419	183 322	4 292.7	41	1 039	24.3	Community transmission
Tunisia	5 139	227 643	1 926.1	247	7 755	65.6	Community transmission
Bahrain	5 132	117 234	6 889.7	22	420	24.7	Clusters of cases
Egypt	4 341	177 543	173.5	363	10 298	10.1	Clusters of cases
Qatar	3 163	159 967	5 552.4	1	256	8.9	Community transmission
Morocco	2 813	480 948	1 303.0	88	8 548	23.2	Clusters of cases
Libya	2 444	129 325	1 882.1	74	2 088	30.4	Community transmission
Saudi Arabia	2 281	374 691	1 076.3	29	6 457	18.5	Sporadic cases
Oman	1 872	138 494	2 712.0	10	1 549	30.3	Community transmission
Somalia	797	5 889	37.1	46	194	1.2	Community transmission
Syrian Arab Republic	323	15 143	86.5	21	996	5.7	Community transmission
Sudan	139	30 128	68.7	11	1 864	4.3	Community transmission
Afghanistan	112	55 604	142.8	5	2 432	6.2	Clusters of cases
Djibouti	54	6 022	609.5	0	63	6.4	Sporadic cases
Yemen	21	2 161	7.2	2	619	2.1	Community transmission
<b>Territories<sup>iii</sup></b>							
occupied Palestinian territory	6 411	194 875	3 820.0	47	2 172	42.6	Community transmission
<b>Europe</b>	<b>939 271</b>	<b>37 574 211</b>	<b>4 025.5</b>	<b>24 102</b>	<b>838 761</b>	<b>89.9</b>	
France	131 179	3 521 249	5 394.6	2 481	83 707	128.2	Community transmission
Russian Federation	92 843	4 164 726	2 853.8	3 167	83 293	57.1	Clusters of cases

Reporting Country/Territory/Area <sup>i</sup>	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 <sup>ii</sup>
Italy	84 977	2 795 796	4 624.1	2 130	95 486	157.9	Clusters of cases
The United Kingdom	78 569	4 105 679	6 047.9	3 457	120 365	177.3	Community transmission
Czechia	65 150	1 153 159	10 768.1	1 071	19 214	179.4	Community transmission
Germany	51 998	2 386 559	2 848.5	2 881	67 841	81.0	Community transmission
Turkey	51 980	2 631 876	3 120.6	606	27 983	33.2	Community transmission
Poland	49 812	1 638 767	4 330.0	1 364	42 171	111.4	Community transmission
Ukraine	33 313	1 304 456	2 982.7	773	25 103	57.4	Community transmission
Spain	29 764	3 121 687	6 676.7	680	66 704	142.7	Community transmission
Netherlands	26 268	1 051 919	6 139.1	413	15 200	88.7	Community transmission
Israel	22 209	742 752	8 581.2	177	5 522	63.8	Community transmission
Sweden	19 212	631 166	6 249.6	39	12 649	125.2	Community transmission
Romania	17 185	777 276	4 040.4	470	19 795	102.9	Community transmission
Slovakia	15 909	292 143	5 351.0	693	6 505	119.1	Clusters of cases
Hungary	15 561	403 023	4 171.9	593	14 299	148.0	Community transmission
Serbia	14 629	434 122	6 234.0	107	4 321	62.0	Community transmission
Belgium	14 285	754 473	6 509.9	226	21 903	189.0	Community transmission
Portugal	12 260	796 339	7 809.8	714	15 897	155.9	Clusters of cases
Austria	11 187	439 879	4 884.1	159	8 247	91.6	Community transmission
Belarus	9 961	276 990	2 931.3	63	1 903	20.1	Community transmission
Greece	7 452	178 918	1 716.6	169	6 272	60.2	Community transmission
Albania	7 075	99 062	3 442.3	110	1 653	57.4	Clusters of cases
Bulgaria	6 923	236 439	3 402.8	231	9 839	141.6	Clusters of cases
Republic of Moldova	6 440	176 245	4 369.0	120	3 760	93.2	Community transmission
Kazakhstan	5 833	257 100	1 369.2	65	3 311	17.6	Clusters of cases
Ireland	5 582	214 378	4 341.6	204	4 135	83.7	Community transmission
Slovenia	5 207	184 351	8 867.6	26	4 056	195.1	Clusters of cases
Estonia	5 200	57 616	4 343.3	40	535	40.3	Clusters of cases



Reporting Country/Territory/Area <sup>i</sup>	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 <sup>ii</sup>
Latvia	4 827	81 109	4 300.1	95	1 538	81.5	Community transmission
Switzerland	4 811	545 158	6 299.0	50	9 148	105.7	Community transmission
Lithuania	3 327	194 051	7 128.2	101	3 171	116.5	Community transmission
Denmark	3 014	207 081	3 575.2	49	2 333	40.3	Community transmission
Georgia	2 798	268 355	6 727.1	83	3 435	86.1	Community transmission
Montenegro	2 696	71 995	11 463.0	49	939	149.5	Clusters of cases
Finland	2 646	52 653	950.3	16	726	13.1	Community transmission
Bosnia and Herzegovina	2 407	128 049	3 903.0	103	4 995	152.2	Community transmission
Croatia	2 288	239 945	5 844.8	111	5 429	132.2	Community transmission
North Macedonia	2 159	99 031	4 753.4	71	3 047	146.3	Community transmission
Norway	1 871	68 107	1 256.3	15	607	11.2	Clusters of cases
Luxembourg	1 269	53 968	8 621.4	17	623	99.5	Community transmission
Armenia	1 235	170 402	5 750.5	23	3 164	106.8	Community transmission
Malta	1 111	20 762	4 702.1	13	303	68.6	Clusters of cases
Azerbaijan	978	232 973	2 297.8	17	3 195	31.5	Clusters of cases
Cyprus	763	33 153	2 745.9	9	229	19.0	Clusters of cases
Kyrgyzstan	410	85 885	1 316.4	17	1 458	22.3	Clusters of cases
Uzbekistan	238	79 654	238.0	0	622	1.9	Clusters of cases
Andorra	209	10 672	13 812.2	0	107	138.5	Community transmission
San Marino	168	3 472	10 230.4	0	72	212.2	Community transmission
Monaco	107	1 862	4 744.7	1	22	56.1	Sporadic cases
Iceland	12	6 045	1 771.5	0	29	8.5	Community transmission
Liechtenstein	4	2 617	6 862.1	0	52	136.4	Sporadic cases
Holy See	0	26	3 213.8	0	0	0.0	Sporadic cases
Tajikistan	0	13 714	143.8	0	91	1.0	Pending
<b>Territories<sup>iii</sup></b>							
Kosovo	1 887	65 939	3 544.4	27	1 561	83.9	Community transmission
Guernsey	28	810	1 281.7	1	14	22.2	Community transmission
Gibraltar	16	4 228	12 549.3	4	88	261.2	Clusters of cases

Reporting Country/Territory/Area <sup>i</sup>	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 <sup>ii</sup>
Jersey	15	3 213	2 953.1	1	68	62.5	Community transmission
Isle of Man	13	449	528.0	0	25	29.4	No cases
Faroe Islands	1	658	1 346.6	0	1	2.0	Sporadic cases
Greenland	0	30	52.8	0	0	0.0	No cases
<b>South-East Asia</b>	<b>157 379</b>	<b>13 345 590</b>	<b>660.2</b>	<b>2 189</b>	<b>204 796</b>	<b>10.1</b>	
India	86 711	10 991 651	796.5	660	156 302	11.3	Clusters of cases
Indonesia	60 650	1 271 353	464.8	1 380	34 316	12.5	Community transmission
Sri Lanka	4 628	79 480	371.2	51	435	2.0	Clusters of cases
Bangladesh	2 758	543 024	329.7	76	8 342	5.1	Community transmission
Maldives	896	18 612	3 443.2	4	60	11.1	Clusters of cases
Thailand	844	25 415	36.4	3	83	0.1	Clusters of cases
Nepal	737	273 351	938.2	7	2 061	7.1	Clusters of cases
Myanmar	150	141 735	260.5	8	3 196	5.9	Clusters of cases
Bhutan	3	866	112.2	0	1	0.1	Clusters of cases
Timor-Leste	2	103	7.8	0	0	0.0	Sporadic cases
<b>Western Pacific</b>	<b>44 964</b>	<b>1 576 330</b>	<b>80.2</b>	<b>1 201</b>	<b>28 220</b>	<b>1.4</b>	
Malaysia	18 467	280 272	865.9	93	1 051	3.2	Clusters of cases
Philippines	12 033	559 288	510.4	561	12 068	11.0	Community transmission
Japan	10 035	424 507	335.6	505	7 417	5.9	Clusters of cases
Republic of Korea	3 467	86 992	169.7	35	1 557	3.0	Clusters of cases
Mongolia	293	2 586	78.9	0	2	0.1	Clusters of cases
Viet Nam	173	2 368	2.4	0	35	0.0	Clusters of cases
China	154	101 669	6.9	4	4 842	0.3	Clusters of cases
Singapore	72	59 858	1 023.2	0	29	0.5	Sporadic cases
Cambodia	54	533	3.2	0	0	0.0	Sporadic cases
Papua New Guinea	48	970	10.8	0	10	0.1	Community transmission
Australia	28	28 920	113.4	0	909	3.6	Sporadic cases

Reporting Country/Territory/Area <sup>i</sup>	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 <sup>ii</sup>
New Zealand	20	1 994	41.4	1	26	0.5	Clusters of cases
Brunei Darussalam	1	185	42.3	0	3	0.7	Sporadic cases
Fiji	0	56	6.2	0	2	0.2	Sporadic cases
Lao People's Democratic Republic	0	45	0.6	0	0	0.0	Sporadic cases
Solomon Islands	0	18	2.6	0	0	0.0	No cases
<b>Territories<sup>iii</sup></b>							
French Polynesia	83	18 346	6 531.0	2	137	48.8	Sporadic cases
Guam	23	7 507	4 447.9	0	130	77.0	Clusters of cases
Northern Mariana Islands (Commonwealth of the)	9	143	248.4	0	2	3.5	Pending
New Caledonia	3	55	19.3	0	0	0.0	Sporadic cases
Samoa	1	4	2.0	0	0	0.0	No cases
Marshall Islands	0	4	6.8	0	0	0.0	No cases
Vanuatu	0	1	0.3	0	0	0.0	No cases
Wallis and Futuna	0	9	80.0	0	0	0.0	Sporadic cases
<b>Global</b>	<b>2 457 026</b>	<b>110 763 898</b>	<b>1 421.0</b>	<b>66 359</b>	<b>2 455 331</b>	<b>31.5</b>	

\*See [Annex: Data, table and figure notes](#)

**Annex 2. List of countries/territories/areas reporting variants of concern as of 23 February 2021\*\***

Country/Area/Territory <sup>i</sup>	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	Unverified		Verified
Barbados			Verified
Belgium	Verified	Verified	Verified
Bosnia and Herzegovina			Unverified
Botswana	Verified		
Brazil		Verified	Verified
Brunei Darussalam	Verified		
Bulgaria			Verified
Cambodia			Unverified
Canada	Verified	Verified	Verified
Cayman Islands			Unverified
Chile			Verified
China	Verified	Unverified	Verified
Colombia		Verified	
Comoros	Unverified		
Croatia		Unverified	Verified
Cuba	Verified		
Curaçao			Verified
Cyprus			Verified
Czechia			Verified
Democratic Republic of the Congo			Unverified
Denmark	Verified		Verified
Dominican Republic			Verified

Country/Area/Territory <sup>i</sup>	501Y.V2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Ecuador			Verified
Estonia	Unverified		Verified
Faroe Islands		Verified	
Finland	Verified	Verified	Verified
France	Verified	Verified	Verified
French Guiana		Verified	
French Polynesia			Verified
Gambia	Verified		Verified
Georgia			Verified
Germany	Verified	Verified	Verified
Ghana	Verified		Unverified
Gibraltar			Unverified
Greece	Verified		Verified
Guadeloupe			Verified
Hungary			Verified
Iceland			Verified
India	Verified	Verified	Verified
Iran (Islamic Republic of)			Verified
Iraq			Unverified
Ireland	Verified	Unverified	Verified
Israel	Verified		Verified
Italy	Unverified	Verified	Verified
Jamaica			Verified
Japan	Verified	Verified	Verified
Jordan			Verified
Kenya	Verified		
Kosovo <sup>[1]</sup>			Verified
Kuwait			Verified
Latvia			Verified
Lebanon			Verified
Liechtenstein			Verified

Country/Area/Territory <sup>i</sup>	501Y.V2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Lithuania			Verified
Luxembourg	Verified		Verified
Malawi	Unverified		
Malaysia			Verified
Malta	Unverified		Verified
Martinique			Verified
Mayotte	Verified		Verified
Mexico		Verified	Verified
Montenegro			Verified
Morocco			Verified
Mozambique	Verified		
Namibia	Unverified		
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			Verified
Poland	Unverified		Verified
Portugal	Verified	Unverified	Verified
Puerto Rico			Verified
Republic of Korea	Verified	Verified	Verified
Réunion	Verified	Verified	Verified

Country/Area/Territory <sup>i</sup>	501Y.V2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Romania			Verified
Russian Federation			Verified
Saint Barthélemy			Verified
Saint Lucia			Verified
Saint Martin			Verified
Saudi Arabia			Verified
Senegal			Unverified
Serbia			Verified
Singapore			Verified
Slovakia			Verified
Slovenia			Verified
South Africa	Verified		Unverified
Spain	Verified	Verified	Verified
Sri Lanka			Verified
Sweden	Verified	Unverified	Verified
Switzerland	Verified	Unverified	Verified
Thailand	Verified		Verified
The United Kingdom	Verified	Verified	Verified
Trinidad and Tobago			Verified
Turkey	Unverified	Unverified	Verified
United Arab Emirates	Verified	Verified	Verified
United Republic of Tanzania	Unverified		
United States of America	Verified	Verified	Verified
Uruguay			Verified
Uzbekistan			Verified
Viet Nam	Verified		Verified
Zambia	Verified		
Zimbabwe	Unverified		

\*\*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](mailto: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](https://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.

<sup>[1]</sup> 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.

<sup>i</sup> 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).

<sup>ii</sup> 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.

<sup>iii</sup> “Territories” include territories, areas, overseas dependencies and other jurisdictions of similar status.