# COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 17 January 2021, 10 am CET

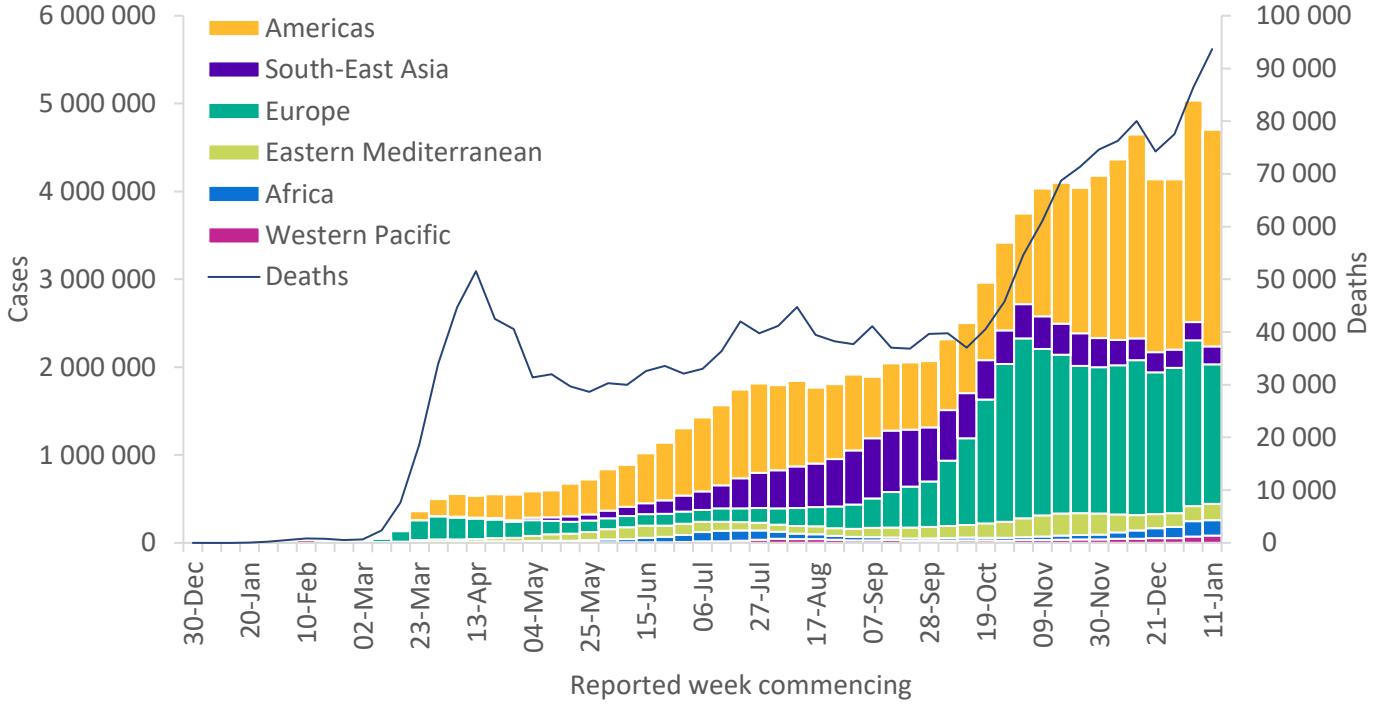
For the latest data and information on COVID-19, please see:

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

## Global epidemiological situation

Globally, 4.7 million new cases were reported in the past week, a decline of 6% from last week (Figure 1). At the same time, the number of new deaths has climbed to a record high at 93 000, a 9% increase from last week. Over 2 million people have now lost their lives to COVID-19. The Americas, Europe, and South-East Asia regions showed declines in new cases, with Europe showing a 15% decline and the Americas and South-East Asia regions showing more moderate declines of 2% and 1% respectively (Table 1). On the other hand, the Eastern Mediterranean, African, and Western Pacific regions reported increases in new cases, with the Western Pacific showing the largest increase (14%). All regions reported increases in new deaths; case incidence continues to be one of the primary drivers of mortality – where increases in the number of COVID-19 related hospitalizations and deaths follow large numbers of cases after a short time lag.

**Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 17 January 2021****




In the past week, the five countries reporting the highest number of cases were the United States of America (1 583 237 cases, an 11% decrease), Brazil (379 784 cases, a 21% increase), the United Kingdom of Great Britain and Northern Ireland (339 952 cases, a 19% decrease), the Russian Federation (166 255 cases, 1% increase) and France (125 279 cases, a 2% increase).

In this edition of the COVID-19 Weekly Epidemiological Update, special focus updates are provided on:

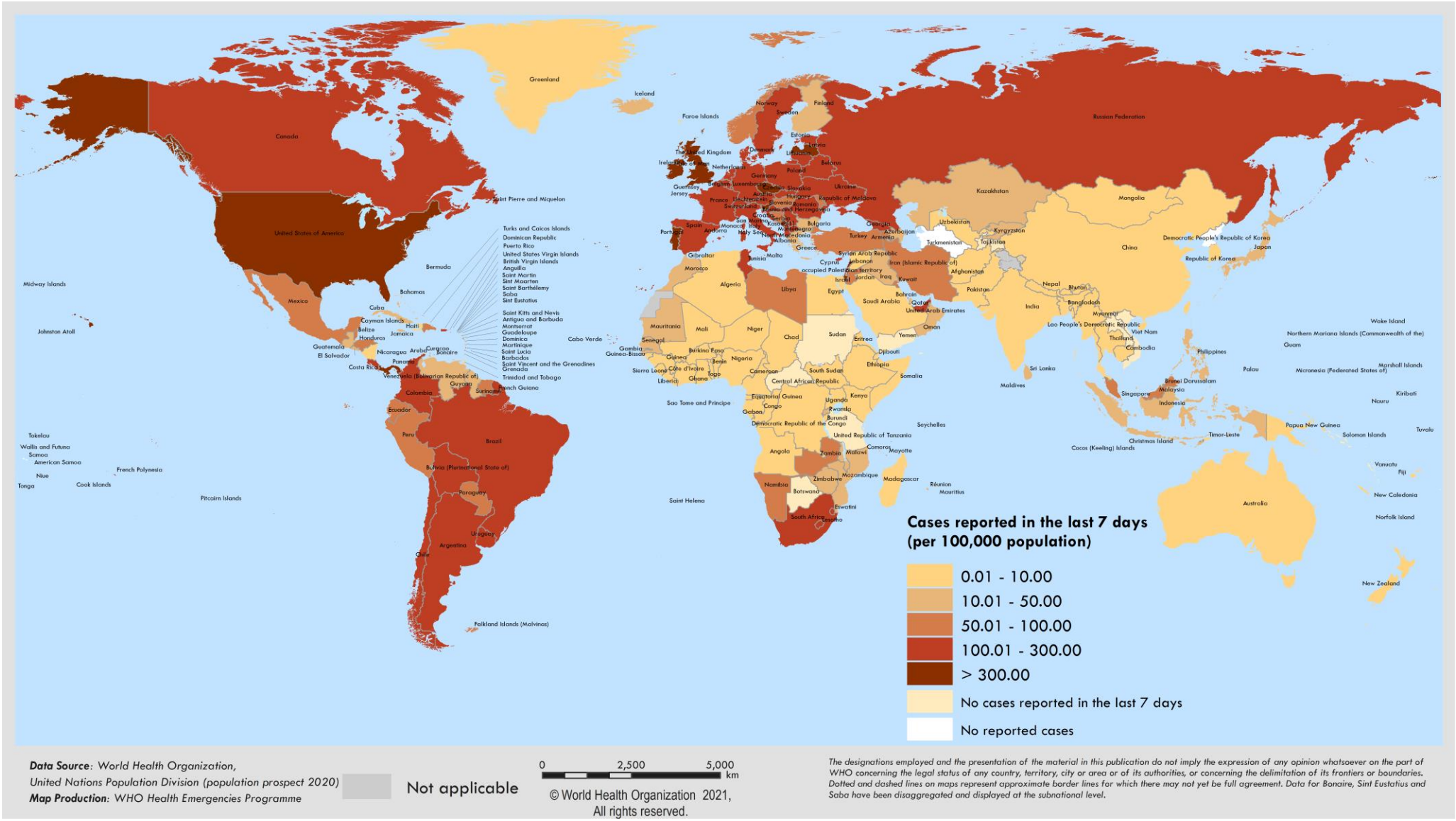
- Children, COVID-19, and transmission in schools
- SARS-CoV-2 variants of concern
- Additional Region-specific information: African Region, Region of the Americas, Eastern Mediterranean Region, European Region, South-East Asia Region, and Western Pacific Region
- Key Weekly Updates

**Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 17 January 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 | 2 467 817 (52%) | -2% | 41 329 493 (44%) | 43 804 (47%) | 15% | 954 545 (47%) |
| Europe | 1 610 353 (34%) | -15% | 30 509 880 (33%) | 37 698 (40%) | 2% | 666 237 (33%) |
| South-East Asia | 204 654 (4%) | -1% | 12 462 338 (13%) | 3 410 (4%) | 4% | 191 196 (9%) |
| Eastern Mediterranean | 183 178 (4%) | 7% | 5 335 273 (6%) | 2 846 (3%) | 2% | 127 817 (6%) |
| Africa | 177 252 (4%) | 1% | 2 313 130 (2%) | 5 000 (5%) | 16% | 52 905 (3%) |
| Western Pacific | 81 775 (2%) | 14% | 1 266 428 (1%) | 1 124 (1%) | 35% | 22 244 (1%) |
| **Global** | **4 725 029 (100%)** | **-6%** | **93 217 287 (100%)** | **93 882 (100%)** | **9%** | **2 014 957 (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%.*
***For all figures included in this report please see data, table and figure notes*

## Figure 2. COVID-19 cases per 100 000 population reported in the last seven days by countries, territories and areas, 11 January through 17 January 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 *data, table and figure notes*

## Special Focus: Children, COVID-19, and transmission in schools

One of the most concerning questions has been the extent to which COVID-19 affects children and adolescents and the role of schools in community transmission. As WHO Director-General Dr Tedros said in a press conference, "understanding how COVID-19 affects children has been a priority issue. We all want to see children back at school and we all want to make sure schools are the safe and supportive learning environments they should be."[1] Research is ongoing into the factors that may put children and adolescents at risk, long-term health effects in those who have been infected, and importantly the impact of new variants of SARS-CoV-2. Here we present a number of lessons learned in 2020:

- Of all COVID-19 cases reported by countries, children and adolescents under 18 have represented only around 8% of cases in 2020, despite comprising 29% of the global population. Mild infections may have been under-reported.
- Children and adolescents are more likely to present with a mild or asymptomatic infection and are much less likely than adults to be hospitalized or have fatal outcomes.[2] Only 0.2% of deaths were reported in people under the age of 20 years.[3]
- Studies suggest that children under 10 years are less susceptible and less infectious than older ones[4]. A study[5] in Norway from August to November 2020 found very low child-to-child and child-to-adult transmission in primary schools (children aged 5-13 years) that had infection prevention and control measures in place. Viral load studies suggest that children with symptoms carry as much virus in the nose, mouth and throat as adults, but for shorter periods with peak respiratory viral load early after symptom onset, followed by a rapid decline.
- Adolescents, 16-18 years of age transmit the virus as often as adults and more readily than younger children and more outbreaks were reported in secondary/high schools than in primary/elementary schools. [6]
- Data from the United Kingdom of Great Britain and Northern Ireland suggest that staff-to-staff transmission in schools was most common; among staff and students less common; and that student-to-student transmission was even less frequent.[7]
- However, little evidence exists suggesting school staff are at a higher risk of infection when they are at school than the general adult population. In fact, national surveillance data from the United Kingdom found that school staff are at lower risk of infection in school settings when compared to the general adult population. Another study, focusing on 57 000 caregivers at childcare facilities in the United States of America, found that there was no increased risk of infection for the caregivers.[8]
- The evidence for closing schools to reduce community transmission was mixed. The arrival in late in 2020 of new more transmissible variants of SARS-CoV-2 requires additional analysis by sex and age to measure how and if the new variants impact children differently. If it is found that children are more affected, public health social measures may need to be adapted.
- Several studies showed that school re-openings have not been associated with significant increases in community transmission or spikes.[9,10,11,12] The return to school of many children in mid-August, following periods

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[1] World Health Organization, 2020 (https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-15sep2020.pdf?sfvrsn=580fa5f0_2)

[2] European centre for disease control, 2020 (https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission)

[3] World Health Organization, 2020 (https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-15sep2020.pdf?sfvrsn=580fa5f0_2)

[4] Goldstein, et al., 2020 (https://www.medrxiv.org/content/10.1101/2020.07.19.20157362v2)

[5] Brandal, et al., 2021 (https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.26.1.2002011)

[6] European centre for disease control, 2020 (https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission)

[7] European centre for disease control, 2020 (https://www.ecdc.europa.eu/sites/default/files/ documents/COVID-19-schools-transmission-August%202020.pdf)

[8] Gilliam et al., 2020 (https://pediatrics.aappublications.org/content/early/2020/10/16/peds.2020-031971)

[9] Von Bismarck-Osten, et al., 2020 (https://www.cream-migration.org/publ_uploads/CDP_22_20.pdf)

of lower community transmission in many countries, appears to have contributed toward the rises seen in October. However, a United Kingdom government report[13] found that when schools reopened in England and Wales in the summer, the infection rates among students did not increase over the existing population rate. A study in the Republic of Korea[12] found that there was not an increase in COVID-19 cases in the two months following the resumption of classes in May, and that in most COVID-19 cases in children, the infection had been acquired from family members, not at school.

- Schools have not been identified as superspreading settings except in a few examples where mitigation measures were not well enforced. An outbreak occurred at a high school in Israel in May[14] where teenagers sat in airconditioned rooms with over 30 classmates and without wearing masks. This led to 153 students and 25 staff infected.
- The longer vulnerable children are out of school, the less likely they are to return. Children from the poorest households are already almost five times more likely to be out of primary school than those from the richest. Being out of school also increases the risk of teenage pregnancy, sexual exploitation, child marriage, violence and other threats[15]. Further, prolonged closures disrupt essential school-based services such as immunization, school feeding, and mental health and psychosocial support, and can cause stress and anxiety due to the loss of peer interaction and disrupted routines. These negative impacts will be significantly higher for vulnerable children, such as those living in countries affected by conflict and other protracted crises, migrants, refugees and the forcibly displaced, minorities, children living with disabilities, and children in institutions.[16]
- School closures affect children negatively in many ways besides their education, including equity, child health (both physical and mental health) and development and can affect the ability of parents to work, introducing other risks.[17][18] Audrey Azoulay, UNESCO Director-General, has warned that "The longer schools remain closed, the more damaging the consequences, especially for children from more disadvantaged backgrounds … therefore, supporting safe schools must be a priority for us all".[19] Henrietta Fore, the United Nations Children's Fund (UNICEF) Executive Director stated, "As we enter the second year of the COVID-19 pandemic, and as cases continue to soar around the world, no effort should be spared to keep schools open or prioritize them in reopening plans....[c]losing schools must be a measure of last resort, after all other options have been considered."[20]

A number of conclusions can be made:

- Community transmission is reflected in the school setting: when community transmission is low and when appropriate mitigation measures are applied, children and schools are unlikely to be the main drivers of COVID-19 transmission. Conversely, where there is widespread community transmission or the number of new cases is rising, as we have seen particularly over the past three months, preventive and protective measures in schools

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[10] European centre for disease control, 2020 (https://www.ecdc.europa.eu/sites/default/files/ documents/COVID-19-schools-transmission-August%202020.pdf)

[11] Ludvigsson, 2020 (https://pubmed.ncbi.nlm.nih.gov/32202343/)

[12] Yoon et al., 2020 (https://www.medrxiv.org/content/10.1101/2020.08.03.20165589v1)

[13] Endorsed by SAGE, 2020 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/935125/tfc-covid-19-children-transmission-s0860-041120.pdf)

[14] Stein-Zamir, et al., 2020 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7384285/)

[15] United Nations Children's Fund (UNICEF), 2020 (https://www.unicef.org/media/67506/file/TechnicalNote-COVID-19-and-HarmfulPractices-April%202020.pdf)

[16] United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children's Fund (UNICEF), World Food Programme, World Bank & United Nations High Commissioner for Refugees. Framework for Reopening Schools, June 2020, (https://www.unicef.org/sites/default/files/2020-06/Framework-for-reopening-schools-2020.pdf)

[17] United Nations, 2020 (https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children _16_april_2020.pdf)

[18] Public Health Ontario, 2020, (https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/covid-19-negative-impacts-public-health-pandemic-families.pdf)

[19] United Nations, 2020 (https://news.un.org/en/story/2020/09/1072472)

[20] United Nations Children's Fund (UNICEF), 2021 (https://www.unicef.org/press-releases/children-cannot-afford-another-year-school-disruption)

are essential to prevent transmission. In the community, early detection and isolation of cases as well as contact tracing and quarantine should remain high priorities, along with other risk mitigation public health measures to reduce exposure and spread. Schools can collaborate in developing these measures and should cooperate in their implementation in a timely manner.

- Schools should have outbreak prevention and management plans ready, including control measures to protect staff and individuals at high risk. This includes the need for adequate ventilation, hygiene practices (such as hand cleaning, cleaning of surfaces and items), mask use (12 years and older should wear a mask under the same conditions as adults and teacher and support staff should wear masks when they cannot guarantee at least a 1-metre distance from others where there is widespread transmission in the area), physical distancing (such as by limiting the number of students per class, alternating shifts, limiting mixing of classes), and frequent communication with parents, students, teachers and staff (such as asking parents to report any cases of COVID-19 in the household, posting signs in visible locations).
- Stronger infection prevention and control measures might be necessary regarding secondary/high schools and older students compared to primary/elementary schools and younger students. In particular, older adolescents should be reminded to limit their risk of exposure outside educational settings by avoiding high risk environments, including crowded, close-contact and poorly ventilated spaces.
- School teachers and staff need to remain vigilant to prevent exposure outside the school, where they are more likely to be infected.
- Where a student or staff tests positive for COVID-19, appropriate actions must be taken, including notifying health officials, staff and families, cooperating closely with local health authorities, quarantine, identifying and notifying close contacts and advising them to stay home for 14 days, and disinfecting school areas.
- Considerations to decide to close, partially close or reopen schools should be guided by a risk-based approach to maximize the educational and health benefit for students, teachers, staff, and the wider community, and help prevent a new outbreak of COVID-19 in the community. School closure should be implemented as a last resort, be temporary and only at a local level in areas with intense transmission.
- Where schools are fully or partially closed, opportunities for remote learning should be instituted, school-based health services, immunization, meals and support services should be maintained, and opportunities for psychosocial and mental health support enhanced.
- The time during which schools are physically closed should be used to put in place measures to prevent and respond to transmission when schools reopen.
- Health and education authorities should continue to monitor guidance based on new information and research, particularly with respect to the appearance of new and possibly more transmissible variants of SARS-CoV-2.

WHO thanks the participation of UNICEF in this special focus.

Key Resources:

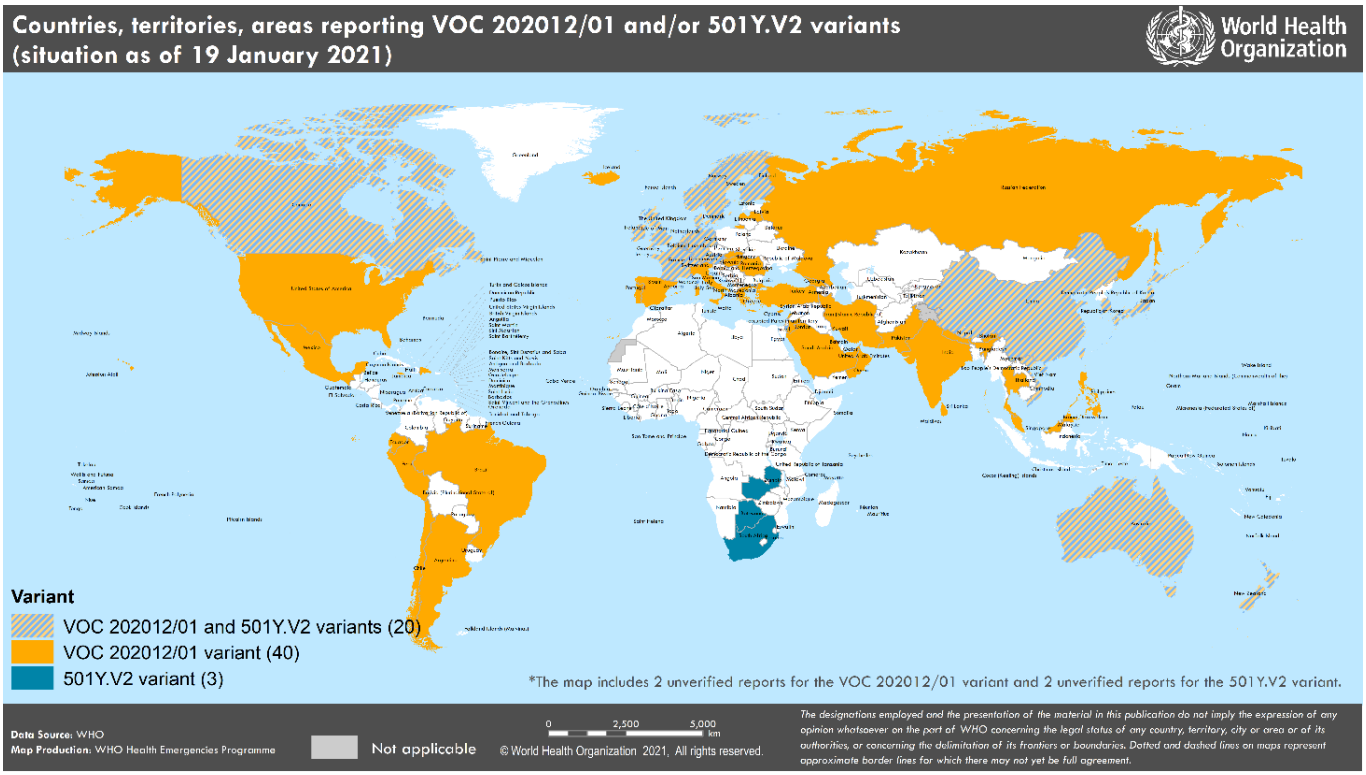
- Coronavirus disease (COVID-19): Schools
- Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises
- Considerations for implementing and adjusting public health and social measures in the context of COVID-19
- What we know about COVID-19 transmission in schools
- Framework for reopening schools
- Advice on the use of masks for children in the community in the context of COVID-19
- Coronavirus disease (COVID-19): Ventilation and air conditioning in public spaces and buildings
- Contact tracing in the context of COVID-19
- Criteria for releasing COVID-19 patients from isolation
- In-person schooling and COVID-19 transmission: a review of the evidence
- COVID-19 in children and the role of school settings in transmission - first update

## Special Focus: Update on SARS-CoV-2 variants of concern

WHO, in collaboration with national authorities, institutions and researchers, is closely monitoring the public health events associated with SARS-CoV-2 variants and will continue providing updates as new information becomes available. This includes routine assessment of SARS-CoV-2 variants to establish if they have altered transmissibility, clinical presentation and severity, or if they may respond differently to countermeasures, including diagnostics, therapeutics and vaccines. Further information on the background of variants of concern (VOC) is available in Disease Outbreak News and the Weekly Epidemiological Updates published on 5 January 2021 and 11 January 2021.

Since the last update on 12 January, VOC 202012/01 has been detected in 10 additional countries, territories and areas (hereafter countries). To date, 60 countries across all six WHO regions have reported either imported cases or community transmission of this variant (Figure 3). Several reports of ongoing studies evaluating transmission and severity have been made available by Public Health England. Concurrently, variant 501Y.V2 has been reported from three additional countries – now totaling 23 countries across four of the six WHO regions.

### Figure 3. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01 and SARS-CoV-2 501Y.V2 variant as of 19 January 2021




Since our last update, a new variant (named the P.1 variant) has been reported from Brazil (Manaus, Amazonas State), which belongs to Nextstrain clade 20B, GISAID clade GR, and Pangolin lineage B.1.1.28. This variant includes mutations N501Y, E484K, K417T, and deletion in ORF1b (del11288-11296) in the spike protein. In addition to the P.1 variant, another variant within the lineage B.1.1.28 with the E484K mutation (but none of the other mutations) has been reported from Brazil. There is currently little available information to assess if there are changes in transmissibility or severity as a result of these new variants; however, given similar amino acid changes observed in VOC 202012/01 and 501Y.V2, which have shown increased transmissibility and potential impacts on antibody neutralization, further investigations are needed and are underway.

On 14 January, WHO Director-General convened the sixth meeting of the Emergency Committee on COVID-19, which included discussions on the impact of the emerging variants of SARS-CoV-2 and additional travel restrictions that many countries are imposing. The WHO secretariat presented a Risk Monitoring Framework to identify, monitor and assess SARS-CoV-2 mutations, variants of interest and variants of concern. The Emergency Committee supported the call for a global effort to sequence and share data to monitor the virus evolution and collaborate scientifically to increase global understanding of variants and their effects on vaccine, therapeutics and diagnostic efficacy. The Committee advised WHO to develop a standardized nomenclature and definitions of SARS-CoV-2 virus variants that are geographically neutral, an area WHO has already begun work in.

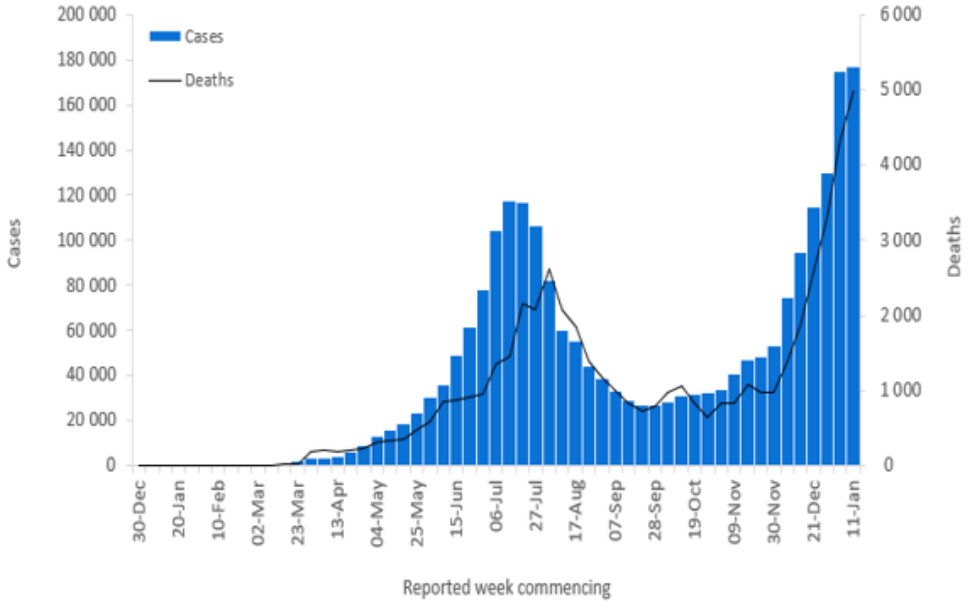
On 12 January and 15 January, WHO convened two global virtual meetings of scientific experts and partners, to identify and discuss critical knowledge gaps and research priorities for emerging variants of SARS-CoV-2, and vaccines developed for SARS-CoV-2. The participants of both meetings emphasized the importance of coordinated research to detect and understand early the potential impact of emerging variants on diagnostics, treatments, the efficacy of vaccines, the impact of vaccines on transmission of infection, and the need to develop the next generation of vaccine platforms. WHO will work to ensure that critical research is coordinated across all partners. The meeting concluded with agreement to establish a WHO-hosted platform for global sharing and coordination of emerging vaccine research information on efficacy and safety. The forum would enable scientists to share and discuss unpublished and published data and research protocols to further our collective understanding of SARS-CoV-2 vaccines.

# Situation by WHO Region

## African Region

In the past week, the African Region reported over 177 000 cases and 5000 deaths, a 1% increase in cases and 16% increase in deaths compared to the previous week. Cases in the Region continue to increase since mid-September 2020; however, the increase this week has been slight when compared to steeper increases in recent months. The highest numbers of new cases were reported in South Africa (111 483 new cases; 188 new cases per 100 000 population; a 11% decrease), Nigeria (11 465 new cases; 5.6 new cases per 100 000; a 38% increase) and Zambia (9507 new cases; 51.7 new cases per 100 000; a 78% increase).

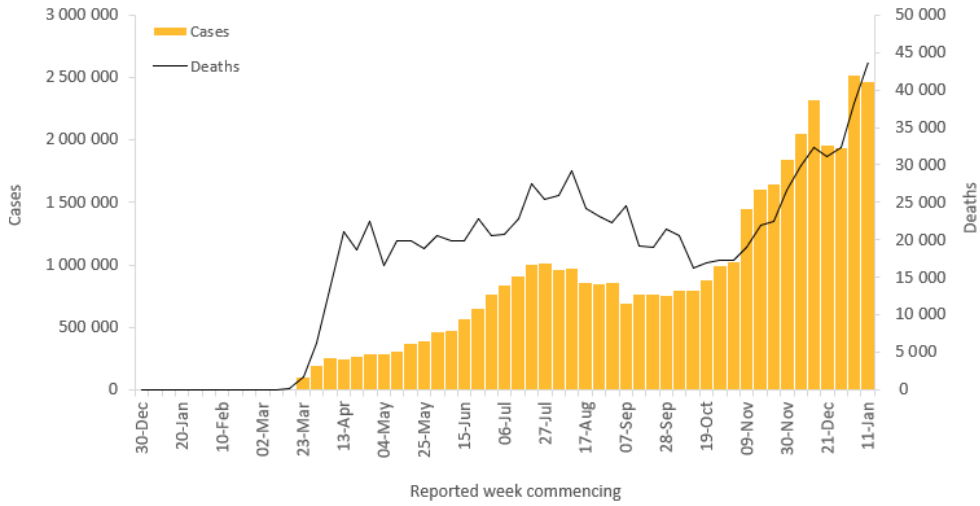
The countries reporting the highest number of new deaths in the past week were South Africa (4027 new deaths; 6.8 new deaths per 100 000; a 10% increase), Zimbabwe (200 new deaths; 1.3 new deaths per 100 000; an 89% increase) and Malawi (80 new deaths; 0.4 new deaths per 100 000; a 186% increase).




## Region of the Americas

Over 2.4 million new cases and over 43 000 new deaths were reported in the Region of the Americas this week, a decrease of 2% and an increase of 15% respectively compared to the previous week. For the past four weeks, the highest numbers of new cases continue to be reported from the United States of America (1 583 237 new cases; 478.3 new cases per 100 000 population; a 11% decrease), Brazil (379 784 new cases; 178.7 new cases per 100 000; a 21% increase) and Colombia (114 611 new cases; 225.2 new cases per 100 000; a 14% increase).

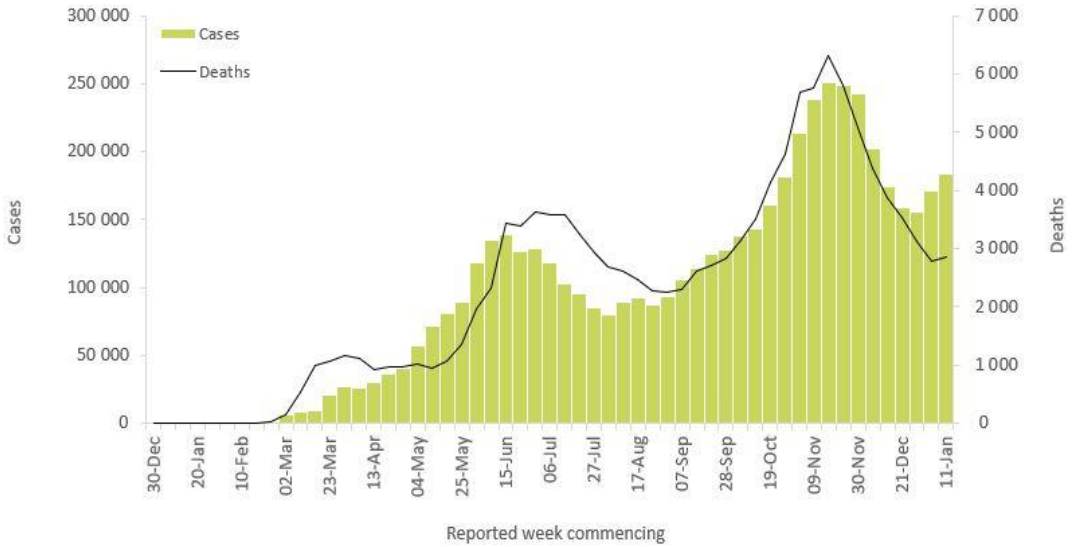
The highest numbers of deaths were reported from the United States of America (23 198 new deaths; 7.0 new deaths per 100 000; a 12% increase), Mexico (6953 new deaths; 5.4 new deaths per 100 000; a 25% increase) and Brazil (6786 new deaths; 3.2 new deaths per 100 000; a 12% increase).



## Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 183 000 new cases, an increase of 7% compared to last week. The region reported 2846 new deaths, an increase of 2% after a sustained decrease in deaths from 23 November 2020 through the week of 11 January 2021. The three countries reporting the highest numbers of new cases continue to be Iran (43 957 new cases, 52.3 new cases per 100 000 population, a 2% increase), Lebanon (33 605 new cases, 492.3 new cases per 100 000, 15% increase) and United Arab Emirates (22 106 new cases, 223.5 new cases per 100 000, 38 % increase). These three countries accounted for almost half (54%) of the new weekly cases in the Region.

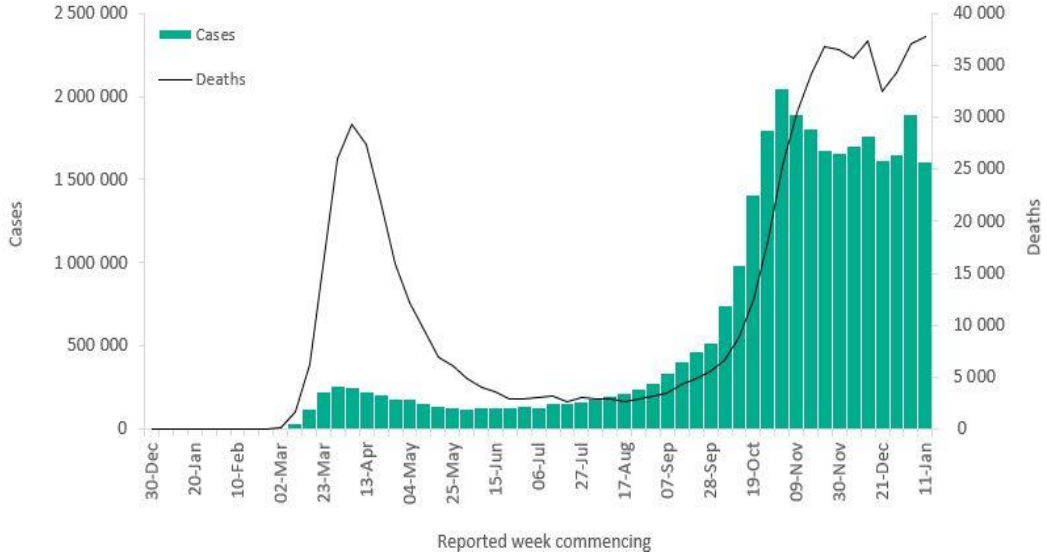
The highest numbers of new deaths were reported in Iran (617 new deaths, 0.7 new death per 100 000 population, 7% decrease) followed by Tunisia (463 new deaths, 3.9 new death per 100 000, 19% increase) and Egypt (385 new deaths, 0.4 new death per 100 000, a 4 % decrease). These countries accounted for almost 52% of deaths reported in the Region.




## European Region

The European Region continues to report a substantial number of cases with over 1.6 million new cases and over 37 000 new deaths, a decrease of 15% and an increase of 2% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were the United Kingdom (339 952 new cases; 500.8 new cases per 100 000, 19% decrease), the Russian Federation (166 255 new cases, 113.9 new cases per 100 000, 1% increase) and France (125 279 new cases, 191.9 new cases per 100 000, 2% increase). These three countries accounted for almost 40% of all cases reported in the region with the United Kingdom accounting for 21% of all new cases.

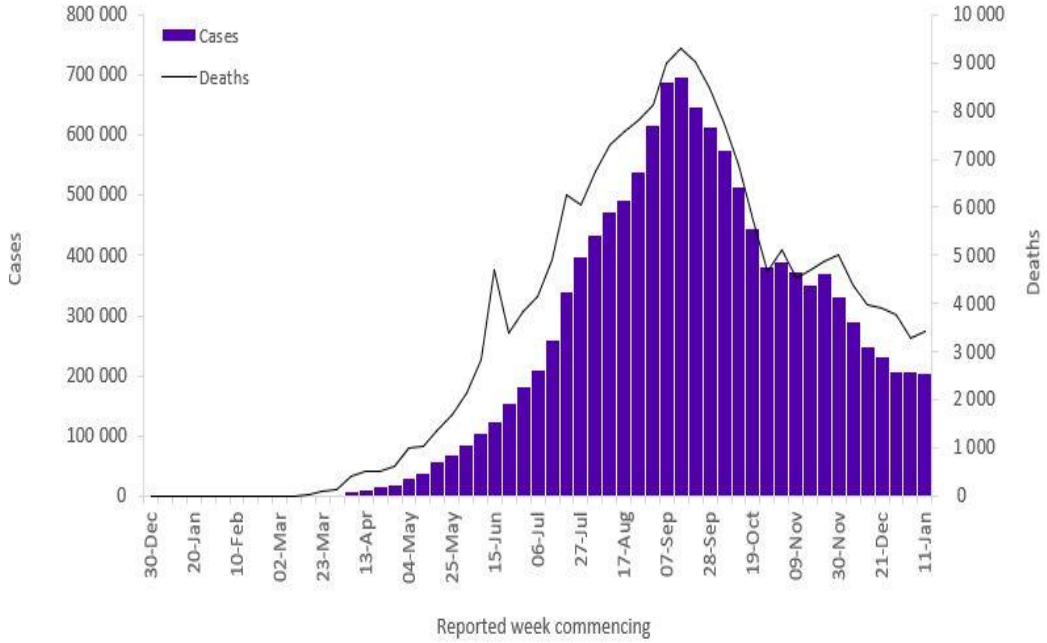
The highest numbers of deaths were reported from the United Kingdom (7722 new deaths; 11.4 new deaths per 100 000, 23% increase), Germany (6076 new deaths; 7.3 new deaths per 100 000, similar to the previous week) and the Russian Federation (3729 new deaths; 2.6 new deaths per 100 000, a 12% increase).



## South-East Asia Region

The South-East Asia Region continues to report falling numbers of new cases and deaths, a decline observed since September 2020. Just over 200 000 new cases and over 3400 new deaths were reported in the past week, a 1% decrease and 4% increase respectively, compared to the previous week. The three countries reporting the highest numbers of new cases and new deaths were India (107 701 new cases; 7.8 new cases per 100 000, a 15% decrease), Indonesia (78 256 new cases; 28.6 new cases per 100 000; a 31% increase) and Bangladesh (5681 new cases; 3.4 new cases per 100 000; an 8% decrease).

The three countries reporting the highest numbers of new deaths this week were India (1275 new deaths; 0.1 new death per 100 000, a 18% decrease), Indonesia (1820 new deaths; 0.7 new death per 100 000, a 31% decrease) and Bangladesh (127 new deaths; 0.1 new death per 100 000; a 19% decrease).




## Western Pacific Region

The Western Pacific Region reported an increase in the number of new cases by 14% (over 81 000) and new deaths by 35% (over 1100) in the past week compared to the previous week. The upward trend in new weekly cases and deaths has continued since October 2020. The three countries reporting the highest numbers of new cases this week were Japan (41 521 new cases; 32.8 new cases per 100 000, a 4% increase), Malaysia (21 536 new cases; 66.5 new cases per 100 000, a 33% increase) and the Philippines (12 894 new cases; 11.8 new cases per 100 000, a 45% increase).

The three countries reporting the highest numbers of new deaths this week were the Philippines (486 new deaths; 0.4 new deaths per 100 000, a 235% increase), Japan (450 new deaths; 0.4 new deaths per 100 000, similar to previous week) and the Republic of Korea (124 new deaths; 0.2 new deaths per 100 000, a 24% decrease).

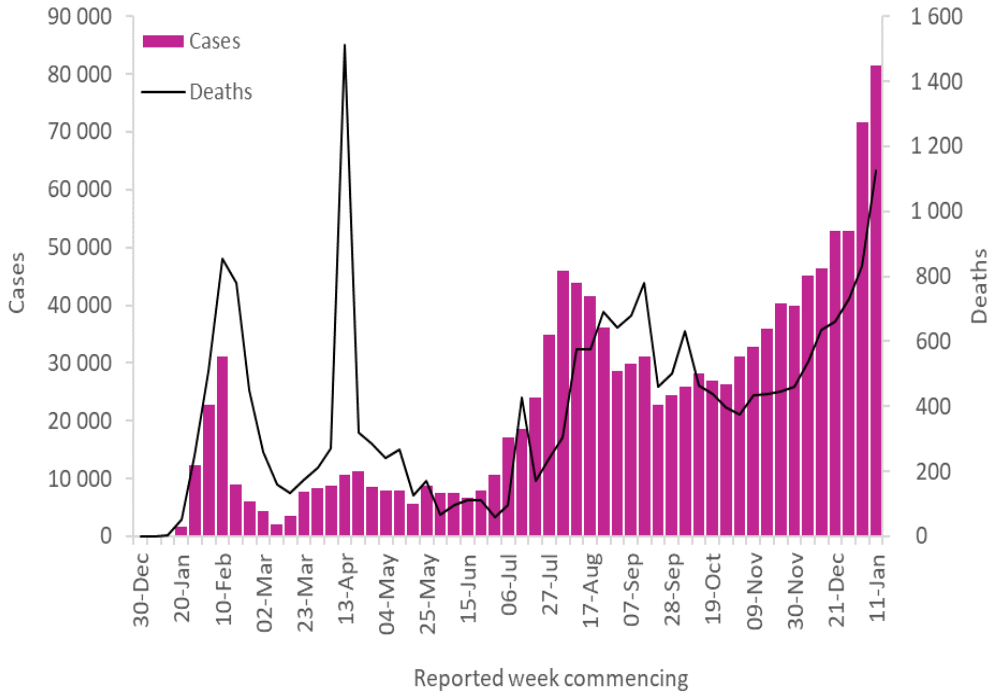


**Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 17 January 2021****

| 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** | **177 252** | **2 313 130** | **206.2** | **5 000** | **52 905** | **4.7** | |
| South Africa | 111 483 | 1 325 659 | 2 235.2 | 4 027 | 36 851 | 62.1 | Community transmission |
| Nigeria | 11 465 | 108 943 | 52.8 | 78 | 1 420 | 0.7 | Community transmission |
| Zambia | 9 507 | 36 074 | 196.2 | 68 | 532 | 2.9 | Community transmission |
| Zimbabwe | 6 382 | 26 881 | 180.9 | 200 | 683 | 4.6 | Community transmission |
| Mozambique | 4 501 | 25 862 | 82.7 | 47 | 234 | 0.7 | Community transmission |
| Lesotho | 3 794 | 6 371 | 297.4 | 47 | 97 | 4.5 | Community transmission |
| Malawi | 3 479 | 11 785 | 61.6 | 80 | 300 | 1.6 | Community transmission |
| Ethiopia | 2 980 | 130 772 | 113.8 | 44 | 2 029 | 1.8 | Community transmission |
| Namibia | 2 475 | 30 198 | 1 188.5 | 29 | 280 | 11.0 | Community transmission |
| Senegal | 1 738 | 22 738 | 135.8 | 50 | 509 | 3.0 | Community transmission |
| Algeria | 1 698 | 103 611 | 236.3 | 28 | 2 831 | 6.5 | Community transmission |
| Democratic Republic of the Congo | 1 658 | 20 625 | 23.0 | 19 | 629 | 0.7 | Community transmission |
| Côte d'Ivoire | 1 602 | 24 856 | 94.2 | 3 | 141 | 0.5 | Community transmission |
| Eswatini | 1 556 | 12 736 | 1 097.8 | 69 | 360 | 31.0 | Community transmission |
| Rwanda | 1 389 | 10 850 | 83.8 | 22 | 140 | 1.1 | Clusters of cases |
| Ghana | 1 209 | 56 981 | 183.4 | 5 | 341 | 1.1 | Community transmission |
| Burkina Faso | 1 134 | 9 000 | 43.1 | 12 | 101 | 0.5 | Community transmission |
| Kenya | 898 | 99 082 | 184.3 | 24 | 1 728 | 3.2 | Community transmission |
| Niger | 810 | 4 132 | 17.1 | 34 | 138 | 0.6 | Community transmission |
| Mauritania | 679 | 15 893 | 341.8 | 18 | 396 | 8.5 | Community transmission |
| Cabo Verde | 664 | 12 901 | 2 320.4 | 5 | 119 | 21.4 | Community transmission |
| Angola | 609 | 18 765 | 57.1 | 15 | 431 | 1.3 | Community transmission |
| Congo | 549 | 7 709 | 139.7 | 14 | 114 | 2.1 | Community transmission |
| Uganda | 531 | 38 085 | 83.3 | 3 | 304 | 0.7 | Community transmission |
| Cameroon | 488 | 27 336 | 103.0 | 3 | 451 | 1.7 | 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] |
|---|---|---|---|---|---|---|---|
| Comoros | 427 | 1 577 | 181.3 | 23 | 41 | 4.7 | Community transmission |
| Chad | 345 | 2 855 | 17.4 | 4 | 111 | 0.7 | Community transmission |
| Togo | 340 | 4 272 | 51.6 | 1 | 73 | 0.9 | Community transmission |
| Eritrea | 321 | 1 877 | 52.9 | 0 | 6 | 0.2 | Sporadic cases |
| Mali | 258 | 7 823 | 38.6 | 13 | 308 | 1.5 | Community transmission |
| Burundi | 250 | 1 236 | 10.4 | 0 | 2 | 0.0 | Community transmission |
| Madagascar | 234 | 18 001 | 65.0 | 5 | 267 | 1.0 | Community transmission |
| Gabon | 205 | 9 899 | 444.8 | 0 | 66 | 3.0 | Community transmission |
| Guinea | 194 | 14 098 | 107.3 | 0 | 81 | 0.6 | Community transmission |
| Seychelles | 187 | 689 | 700.6 | 0 | 1 | 1.0 | Sporadic cases |
| Sierra Leone | 167 | 2 970 | 37.2 | 0 | 77 | 1.0 | Community transmission |
| Benin | 109 | 3 413 | 28.2 | 2 | 46 | 0.4 | Community transmission |
| Liberia | 87 | 1 887 | 37.3 | 1 | 84 | 1.7 | Community transmission |
| Sao Tome and Principe | 76 | 1 130 | 515.6 | 0 | 17 | 7.8 | Community transmission |
| Equatorial Guinea | 67 | 5 356 | 381.8 | 0 | 86 | 6.1 | Community transmission |
| South Sudan | 53 | 3 693 | 33.0 | 0 | 63 | 0.6 | Community transmission |
| Gambia | 40 | 3 897 | 161.3 | 2 | 127 | 5.3 | Community transmission |
| Guinea-Bissau | 31 | 2 478 | 125.9 | 0 | 45 | 2.3 | Community transmission |
| Mauritius | 8 | 547 | 43.0 | 0 | 10 | 0.8 | Clusters of cases |
| Botswana | 0 | 16 051 | 682.5 | 0 | 48 | 2.0 | Community transmission |
| Central African Republic | 0 | 4 973 | 103.0 | 0 | 63 | 1.3 | Community transmission |
| United Republic of Tanzania | 0 | 509 | 0.9 | 0 | 21 | 0.0 | Pending |
| **Territoriesiii** | | | | | | | |
| Mayotte | 379 | 6 611 | 2 423.3 | 2 | 58 | 21.3 | Clusters of cases |
| Réunion | 196 | 9 443 | 1 054.7 | 3 | 45 | 5.0 | Clusters of cases |
| **Americas** | **2 467 817** | **41 329 493** | **4 040.9** | **43 804** | **954 545** | **93.3** | |
| United States of America | 1 583 237 | 23 344 423 | 7 052.6 | 23 198 | 389 084 | 117.5 | Community transmission |
| Brazil | 379 784 | 8 393 492 | 3 948.8 | 6 786 | 208 246 | 98.0 | Community transmission |
| Colombia | 114 611 | 1 870 179 | 3 675.5 | 2 437 | 47 868 | 94.1 | Community transmission |
| Mexico | 101 804 | 1 609 735 | 1 248.5 | 6 953 | 139 022 | 107.8 | 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] |
|---|---|---|---|---|---|---|---|
| Argentina | 79 695 | 1 783 047 | 3 945.2 | 954 | 45 227 | 100.1 | Community transmission |
| Canada | 51 359 | 695 707 | 1 843.3 | 1 022 | 17 729 | 47.0 | Community transmission |
| Chile | 27 751 | 665 493 | 3 481.3 | 398 | 17 435 | 91.2 | Community transmission |
| Peru | 26 552 | 1 056 023 | 3 202.8 | 509 | 38 654 | 117.2 | Community transmission |
| Panama | 20 555 | 293 592 | 6 804.4 | 326 | 4 689 | 108.7 | Community transmission |
| Bolivia (Plurinational State of) | 12 435 | 183 589 | 1 572.8 | 243 | 9 571 | 82.0 | Community transmission |
| Dominican Republic | 10 695 | 191 339 | 1 763.8 | 8 | 2 432 | 22.4 | Community transmission |
| Ecuador | 10 459 | 230 808 | 1 308.2 | 139 | 14 316 | 81.1 | Community transmission |
| Paraguay | 6 795 | 120 789 | 1 693.5 | 107 | 2 479 | 34.8 | Community transmission |
| Uruguay | 6 607 | 30 946 | 890.9 | 51 | 291 | 8.4 | Community transmission |
| Costa Rica | 6 573 | 184 187 | 3 615.7 | 111 | 2 416 | 47.4 | Community transmission |
| Honduras | 6 016 | 132 412 | 1 336.9 | 78 | 3 344 | 33.8 | Community transmission |
| Guatemala | 5 471 | 148 598 | 829.4 | 221 | 5 220 | 29.1 | Community transmission |
| Cuba | 3 313 | 17 501 | 154.5 | 18 | 166 | 1.5 | Clusters of cases |
| Venezuela (Bolivarian Republic of) | 3 189 | 118 856 | 418.0 | 39 | 1 095 | 3.9 | Community transmission |
| El Salvador | 1 583 | 50 157 | 773.3 | 71 | 1 479 | 22.8 | Community transmission |
| Jamaica | 641 | 14 096 | 476.0 | 12 | 323 | 10.9 | Community transmission |
| Suriname | 555 | 7 409 | 1 263.0 | 8 | 139 | 23.7 | Clusters of cases |
| Haiti | 540 | 10 781 | 94.5 | 3 | 240 | 2.1 | Community transmission |
| Guyana | 336 | 6 805 | 865.2 | 3 | 170 | 21.6 | Clusters of cases |
| Belize | 327 | 11 529 | 2 899.4 | 10 | 281 | 70.7 | Community transmission |
| Saint Vincent and the Grenadines | 246 | 450 | 405.6 | 1 | 1 | 0.9 | Community transmission |
| Barbados | 228 | 1 036 | 360.5 | 0 | 7 | 2.4 | Clusters of cases |
| Saint Lucia | 181 | 576 | 313.7 | 1 | 6 | 3.3 | Sporadic cases |
| Trinidad and Tobago | 124 | 7 343 | 524.7 | 3 | 130 | 9.3 | Community transmission |
| Bahamas | 55 | 8 032 | 2 042.5 | 0 | 175 | 44.5 | Clusters of cases |
| Nicaragua | 49 | 4 916 | 74.2 | 1 | 167 | 2.5 | 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] |
|---|---|---|---|---|---|---|---|
| Antigua and Barbuda | 18 | 187 | 191.0 | 1 | 6 | 6.1 | Sporadic cases |
| Dominica | 4 | 110 | 152.8 | 0 | 0 | 0.0 | Clusters of cases |
| Grenada | 4 | 139 | 123.5 | 0 | 1 | 0.9 | Sporadic cases |
| Saint Kitts and Nevis | 0 | 34 | 63.9 | 0 | 0 | 0.0 | Sporadic cases |
| **Territoriesiii** | | | | | | | |
| Puerto Rico | 3 893 | 86 523 | 3 024.4 | 87 | 1 703 | 59.5 | Community transmission |
| French Guiana | 862 | 14 975 | 5 013.7 | 1 | 75 | 25.1 | Community transmission |
| Aruba | 413 | 6 296 | 5 897.0 | 2 | 52 | 48.7 | Community transmission |
| Guadeloupe | 132 | 8 834 | 2 207.8 | 1 | 156 | 39.0 | Community transmission |
| Turks and Caicos Islands | 114 | 1 079 | 2 786.8 | 0 | 6 | 15.5 | Clusters of cases |
| Martinique | 110 | 6 227 | 1 659.4 | 0 | 43 | 11.5 | Community transmission |
| United States Virgin Islands | 109 | 2 252 | 2 156.6 | 0 | 24 | 23.0 | Community transmission |
| Sint Maarten | 98 | 1 629 | 3 798.8 | 0 | 27 | 63.0 | Community transmission |
| Curaçao | 93 | 4 498 | 2 741.1 | 1 | 19 | 11.6 | Community transmission |
| Bonaire | 75 | 329 | 1 573.0 | 0 | 3 | 14.3 | Community transmission |
| Saint Martin | 44 | 1 046 | 2 705.7 | 0 | 12 | 31.0 | Community transmission |
| Saint Barthélemy | 33 | 224 | 2 266.1 | 0 | 0 | 0.0 | Sporadic cases |
| Bermuda | 24 | 670 | 1 075.9 | 0 | 12 | 19.3 | Clusters of cases |
| Cayman Islands | 15 | 374 | 569.1 | 0 | 2 | 3.0 | Sporadic cases |
| British Virgin Islands | 7 | 121 | 400.2 | 0 | 1 | 3.3 | Clusters of cases |
| Falkland Islands (Malvinas) | 3 | 32 | 918.7 | 0 | 0 | 0.0 | No cases |
| Anguilla | 0 | 15 | 100.0 | 0 | 0 | 0.0 | Sporadic cases |
| Montserrat | 0 | 13 | 260.1 | 0 | 1 | 20.0 | No cases |
| Saba | 0 | 5 | 258.7 | 0 | 0 | 0.0 | No cases |
| Saint Pierre and Miquelon | 0 | 16 | 276.1 | 0 | 0 | 0.0 | Sporadic cases |
| Sint Eustatius | 0 | 19 | 605.3 | 0 | 0 | 0.0 | Sporadic cases |
| **Eastern Mediterranean** | **183 178** | **5 335 273** | **730.0** | **2 846** | **127 817** | **17.5** | |
| Iran (Islamic Republic of) | 43 957 | 1 324 395 | 1 576.8 | 617 | 56 717 | 67.5 | Community transmission |
| Lebanon | 33 605 | 249 158 | 3 650.4 | 276 | 1 866 | 27.3 | Community transmission |
| United Arab Emirates | 22 106 | 249 808 | 2 525.8 | 38 | 740 | 7.5 | 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] |
|---|---|---|---|---|---|---|---|
| Tunisia | 19 717 | 177 231 | 1 499.6 | 463 | 5 616 | 47.5 | Community transmission |
| Pakistan | 17 253 | 516 770 | 233.9 | 310 | 10 908 | 4.9 | Community transmission |
| Jordan | 7 598 | 313 557 | 3 073.1 | 128 | 4 137 | 40.5 | Community transmission |
| Morocco | 7 228 | 458 865 | 1 243.2 | 202 | 7 911 | 21.4 | Clusters of cases |
| Egypt | 6 708 | 155 507 | 152.0 | 385 | 8 527 | 8.3 | Clusters of cases |
| Iraq | 5 256 | 607 587 | 1 510.6 | 54 | 12 935 | 32.2 | Community transmission |
| Libya | 4 015 | 108 017 | 1 572.0 | 83 | 1 651 | 24.0 | Community transmission |
| Kuwait | 3 499 | 157 399 | 3 685.7 | 5 | 947 | 22.2 | Community transmission |
| Bahrain | 1 951 | 97 268 | 5 716.4 | 3 | 358 | 21.0 | Clusters of cases |
| Qatar | 1 417 | 147 089 | 5 105.4 | 0 | 246 | 8.5 | Community transmission |
| Oman | 1 194 | 131 264 | 2 570.5 | 4 | 1 509 | 29.5 | Community transmission |
| Saudi Arabia | 1 061 | 364 753 | 1 047.7 | 32 | 6 318 | 18.1 | Sporadic cases |
| Syrian Arab Republic | 668 | 12 942 | 74.0 | 56 | 824 | 4.7 | Community transmission |
| Afghanistan | 495 | 53 984 | 138.7 | 62 | 2 339 | 6.0 | Clusters of cases |
| Djibouti | 37 | 5 903 | 597.5 | 0 | 61 | 6.2 | Clusters of cases |
| Somalia | 18 | 4 744 | 29.8 | 0 | 130 | 0.8 | Community transmission |
| Yemen | 8 | 2 116 | 7.1 | 2 | 613 | 2.1 | Sporadic cases |
| Sudan | 0 | 26 279 | 59.9 | 0 | 1 603 | 3.7 | Community transmission |
| **Territoriesiii** | | | | | | | |
| occupied Palestinian territory | 5 387 | 170 637 | 3 344.9 | 126 | 1 861 | 36.5 | Community transmission |
| **Europe** | **1 610 353** | **30 509 880** | **3 268.6** | **37 698** | **666 237** | **71.4** | |
| The United Kingdom | 339 952 | 3 357 365 | 4 945.6 | 7 722 | 88 590 | 130.5 | Community transmission |
| Russian Federation | 166 255 | 3 568 209 | 2 445.1 | 3 729 | 65 566 | 44.9 | Clusters of cases |
| France | 125 279 | 2 846 971 | 4 361.6 | 2 536 | 69 753 | 106.9 | Community transmission |
| Germany | 124 991 | 2 033 518 | 2 427.1 | 6 076 | 46 419 | 55.4 | Community transmission |
| Italy | 110 867 | 2 368 733 | 3 917.7 | 3 406 | 81 800 | 135.3 | Clusters of cases |
| Spain | 93 971 | 2 211 967 | 4 731.0 | 500 | 53 079 | 113.5 | Community transmission |
| Turkey | 63 547 | 1 566 327 | 1 857.2 | 1 201 | 23 832 | 28.3 | 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] |
|---|---|---|---|---|---|---|---|
| Portugal | 63 229 | 539 416 | 5 290.1 | 1 008 | 8 709 | 85.4 | Clusters of cases |
| Israel | 58 248 | 539 731 | 6 235.7 | 289 | 3 940 | 45.5 | Community transmission |
| Czechia | 57 994 | 889 159 | 8 302.9 | 1 223 | 14 338 | 133.9 | Community transmission |
| Poland | 50 060 | 1 435 582 | 3 793.2 | 2 166 | 33 355 | 88.1 | Community transmission |
| Ukraine | 45 656 | 1 160 682 | 2 654.0 | 1 035 | 20 802 | 47.6 | Community transmission |
| Netherlands | 41 090 | 906 932 | 5 292.9 | 661 | 12 963 | 75.7 | Community transmission |
| Ireland | 29 053 | 169 780 | 3 438.4 | 259 | 2 595 | 52.6 | Community transmission |
| Sweden | 28 362 | 523 486 | 5 183.4 | 129 | 10 323 | 102.2 | Community transmission |
| Romania | 23 286 | 691 488 | 3 594.4 | 572 | 17 164 | 89.2 | Community transmission |
| Slovakia | 15 116 | 223 325 | 4 090.5 | 556 | 3 474 | 63.6 | Clusters of cases |
| Switzerland | 15 020 | 492 787 | 5 693.9 | 349 | 7 930 | 91.6 | Community transmission |
| Serbia | 13 322 | 371 216 | 5 330.7 | 182 | 3 730 | 53.6 | Community transmission |
| Belgium | 13 312 | 678 838 | 5 857.3 | 328 | 20 431 | 176.3 | Community transmission |
| Belarus | 13 169 | 223 537 | 2 365.6 | 66 | 1 573 | 16.6 | Community transmission |
| Austria | 11 642 | 389 752 | 4 327.5 | 350 | 6 964 | 77.3 | Community transmission |
| Hungary | 9 591 | 351 828 | 3 642.0 | 693 | 11 341 | 117.4 | Community transmission |
| Slovenia | 9 275 | 148 556 | 7 145.8 | 180 | 3 327 | 160.0 | Clusters of cases |
| Georgia | 8 576 | 247 805 | 6 211.9 | 160 | 2 933 | 73.5 | Community transmission |
| Denmark | 7 959 | 188 199 | 3 249.2 | 205 | 1 747 | 30.2 | Community transmission |
| Lithuania | 7 845 | 167 516 | 6 153.5 | 245 | 2 445 | 89.8 | Community transmission |
| Kazakhstan | 6 578 | 215 947 | 1 150.1 | 71 | 2 956 | 15.7 | Clusters of cases |
| Latvia | 6 145 | 55 097 | 2 921.1 | 143 | 961 | 50.9 | Community transmission |
| Croatia | 4 961 | 224 954 | 5 479.6 | 248 | 4 616 | 112.4 | Community transmission |
| Albania | 4 183 | 67 216 | 2 335.7 | 37 | 1 270 | 44.1 | Clusters of cases |
| Greece | 4 077 | 148 370 | 1 423.5 | 214 | 5 441 | 52.2 | Community transmission |
| Norway | 3 942 | 57 734 | 1 065.0 | 46 | 517 | 9.5 | Community transmission |
| Estonia | 3 563 | 37 079 | 2 795.2 | 42 | 325 | 24.5 | Clusters of cases |
| Republic of Moldova | 3 547 | 152 640 | 3 783.9 | 115 | 3 245 | 80.4 | Community transmission |
| Bulgaria | 3 330 | 211 736 | 3 047.2 | 377 | 8 474 | 122.0 | Clusters of cases |
| Azerbaijan | 2 901 | 226 951 | 2 238.4 | 108 | 2 998 | 29.6 | 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] |
|---|---|---|---|---|---|---|---|
| Montenegro | 2 819 | 55 561 | 8 846.4 | 20 | 745 | 118.6 | Clusters of cases |
| North Macedonia | 2 599 | 88 749 | 4 259.9 | 82 | 2 696 | 129.4 | Community transmission |
| Armenia | 2 455 | 164 586 | 5 554.3 | 63 | 2 992 | 101.0 | Community transmission |
| Bosnia and Herzegovina | 2 414 | 117 793 | 3 590.4 | 144 | 4 449 | 135.6 | Community transmission |
| Cyprus | 1 800 | 28 811 | 2 386.3 | 20 | 167 | 13.8 | Clusters of cases |
| Finland | 1 519 | 39 911 | 720.3 | 32 | 618 | 11.2 | Community transmission |
| Malta | 1 192 | 15 588 | 3 530.3 | 6 | 239 | 54.1 | Clusters of cases |
| Luxembourg | 881 | 48 757 | 7 788.9 | 22 | 552 | 88.2 | Community transmission |
| Kyrgyzstan | 836 | 83 109 | 1 273.9 | 15 | 1 384 | 21.2 | Clusters of cases |
| Andorra | 452 | 9 038 | 11 697.4 | 6 | 91 | 117.8 | Community transmission |
| Uzbekistan | 396 | 77 968 | 233.0 | 2 | 619 | 1.8 | Clusters of cases |
| Monaco | 141 | 1 194 | 3 042.5 | 3 | 8 | 20.4 | Sporadic cases |
| San Marino | 128 | 2 778 | 8 185.5 | 1 | 65 | 191.5 | Community transmission |
| Iceland | 76 | 5 956 | 1 745.4 | 0 | 29 | 8.5 | Community transmission |
| Liechtenstein | 62 | 2 441 | 6 400.6 | 2 | 40 | 104.9 | Sporadic cases |
| Holy See | 0 | 26 | 3 213.8 | 0 | 0 | 0.0 | Sporadic cases |
| Tajikistan | 0 | 13 705 | 143.7 | 0 | 91 | 1.0 | Pending |
| **Territoriesiii** | | | | | | | |
| Kosovo | 1 975 | 55 455 | 2 980.8 | 30 | 1 395 | 75.0 | Community transmission |
| Gibraltar | 554 | 3 575 | 10 611.1 | 18 | 30 | 89.0 | Clusters of cases |
| Jersey | 123 | 3 044 | 2 797.8 | 5 | 62 | 57.0 | Community transmission |
| Isle of Man | 26 | 418 | 491.6 | 0 | 25 | 29.4 | No cases |
| Guernsey | 7 | 309 | 489.0 | 0 | 13 | 20.6 | Community transmission |
| Faroe Islands | 3 | 649 | 1 328.1 | 0 | 1 | 2.0 | Sporadic cases |
| Greenland | 1 | 30 | 52.8 | 0 | 0 | 0.0 | No cases |
| **South-East Asia** | **204 654** | **12 462 338** | **616.5** | **3 410** | **191 196** | **9.5** | |
| India | 107 701 | 10 557 985 | 765.1 | 1 275 | 152 274 | 11.0 | Clusters of cases |
| Indonesia | 78 256 | 896 642 | 327.8 | 1 820 | 25 767 | 9.4 | 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] |
|---|---|---|---|---|---|---|---|
| Bangladesh | 5 681 | 527 063 | 320.0 | 127 | 7 883 | 4.8 | Community transmission |
| Sri Lanka | 4 473 | 52 313 | 244.3 | 27 | 256 | 1.2 | Clusters of cases |
| Myanmar | 3 820 | 133 869 | 246.0 | 116 | 2 942 | 5.4 | Clusters of cases |
| Nepal | 2 535 | 267 056 | 916.6 | 42 | 1 954 | 6.7 | Clusters of cases |
| Thailand | 1 756 | 12 054 | 17.3 | 3 | 70 | 0.1 | Clusters of cases |
| Maldives | 397 | 14 462 | 2 675.5 | 0 | 49 | 9.1 | Clusters of cases |
| Bhutan | 32 | 842 | 109.1 | 0 | 1 | 0.1 | Clusters of cases |
| Timor-Leste | 3 | 52 | 3.9 | 0 | 0 | 0.0 | Sporadic cases |
| **Western Pacific** | **81 775** | **1 266 428** | **64.5** | **1 124** | **22 244** | **1.1** | |
| Japan | 41 521 | 322 296 | 254.8 | 450 | 4 446 | 3.5 | Clusters of cases |
| Malaysia | 21 536 | 155 095 | 479.2 | 52 | 594 | 1.8 | Clusters of cases |
| Philippines | 12 894 | 498 691 | 455.1 | 486 | 9 884 | 9.0 | Community transmission |
| Republic of Korea | 3 685 | 72 340 | 141.1 | 124 | 1 249 | 2.4 | Clusters of cases |
| China | 1 107 | 98 625 | 6.7 | 6 | 4 804 | 0.3 | Clusters of cases |
| Singapore | 218 | 59 083 | 1 009.9 | 0 | 29 | 0.5 | Sporadic cases |
| Australia | 107 | 28 689 | 112.5 | 0 | 909 | 3.6 | Clusters of cases |
| Mongolia | 104 | 1 512 | 46.1 | 0 | 1 | 0.0 | Clusters of cases |
| Cambodia | 48 | 439 | 2.6 | 0 | 0 | 0.0 | Sporadic cases |
| New Zealand | 39 | 1 900 | 39.4 | 0 | 25 | 0.5 | Clusters of cases |
| Viet Nam | 24 | 1 537 | 1.6 | 0 | 35 | 0.0 | Clusters of cases |
| Papua New Guinea | 23 | 834 | 9.3 | 0 | 9 | 0.1 | Community transmission |
| Fiji | 2 | 55 | 6.1 | 0 | 2 | 0.2 | Sporadic cases |
| Brunei Darussalam | 1 | 174 | 39.8 | 0 | 3 | 0.7 | Sporadic cases |
| Lao People's Democratic Republic | 0 | 41 | 0.6 | 0 | 0 | 0.0 | Sporadic cases |
| Solomon Islands | 0 | 17 | 2.5 | 0 | 0 | 0.0 | No cases |
| **Territoriesiii** | | | | | | | |
| French Polynesia | 394 | 17 635 | 6 277.9 | 4 | 126 | 44.9 | Sporadic cases |
| Guam | 65 | 7 283 | 4 315.2 | 2 | 126 | 74.7 | Clusters of cases |
| New Caledonia | 4 | 44 | 15.4 | 0 | 0 | 0.0 | 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] |
|---|---|---|---|---|---|---|---|
| Northern Mariana Islands (Commonwealth of the) | 3 | 128 | 222.4 | 0 | 2 | 3.5 | Pending |
| Marshall Islands | 0 | 4 | 6.8 | 0 | 0 | 0.0 | No cases |
| Micronesia (Federated States of) | 0 | 1 | 0.9 | 0 | 0 | 0.0 | No cases |
| Vanuatu | 0 | 1 | 0.3 | 0 | 0 | 0.0 | No cases |
| Wallis and Futuna | 0 | 4 | 35.6 | 0 | 0 | 0.0 | Sporadic cases |
| **Global** | **4 725 029** | **93 217 287** | **1 195.9** | **93 882** | **2 014 957** | **25.8** | |

**See data, table and figure notes

## Key Weekly Updates

1. WHO is encouraging all countries to fulfil their pledges to COVAX. WHO is calling on all countries to start vaccinating health workers and those at high risk of developing severe disease or death in the next 100 days.
2. 13 January 2021 marks the one-year anniversary of WHO publishing the first protocol for developing PCR assays for diagnosing the new coronavirus, less than two weeks after the first cases were reported. The rapid isolation and sequencing of the virus laid the platform for the development of vaccines, which are now being rolled out globally.
3. An international team of scientists is in China to engage in and review scientific research with their Chinese counterparts on the origins of the virus.
4. As new virus variants have been reported, WHO calls on all countries to increase the systematic sequencing of the virus to supplement ongoing surveillance, monitoring and testing efforts.

**Global vaccine research and development forum**

- Scientists tackle vaccine safety, efficacy and access at global R&D forum
- Global scientists double down on SARS-CoV-2 variants research at WHO-hosted forum

**Emergency Committee on COVID-19**

- Emergency Committee on COVID-19 advises on variants, vaccines
- Statement on the 6th meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic
- 5th Open meeting of the Review Committee on the Functioning of the International Health Regulations during COVID-19
- WHO Director-General's opening remarks at the 6th Meeting of the IHR Emergency Committee on COVID-19

**Vaccine access and allocation**

- Access and allocation: how will there be fair and equitable allocation of limited supplies?

**Vaccine research and development**

- The race for a COVID-19 vaccine, explained
- Standardization of vaccines for coronavirus disease (COVID-19)

**Publication: using routine data to monitor the effects of COVID-19 on essential health services**

- Analyzing and using routine data to monitor the effects of COVID-19 on essential health services: practical guide for national and subnational decision-makers

## 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
- Eastern Mediterranean Region
- European Region
- Region of the Americas
- South-East Asia 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

### 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. See the log of major changes and errata for details. 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.

[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.