

# COVID-19 Weekly Epidemiological Update

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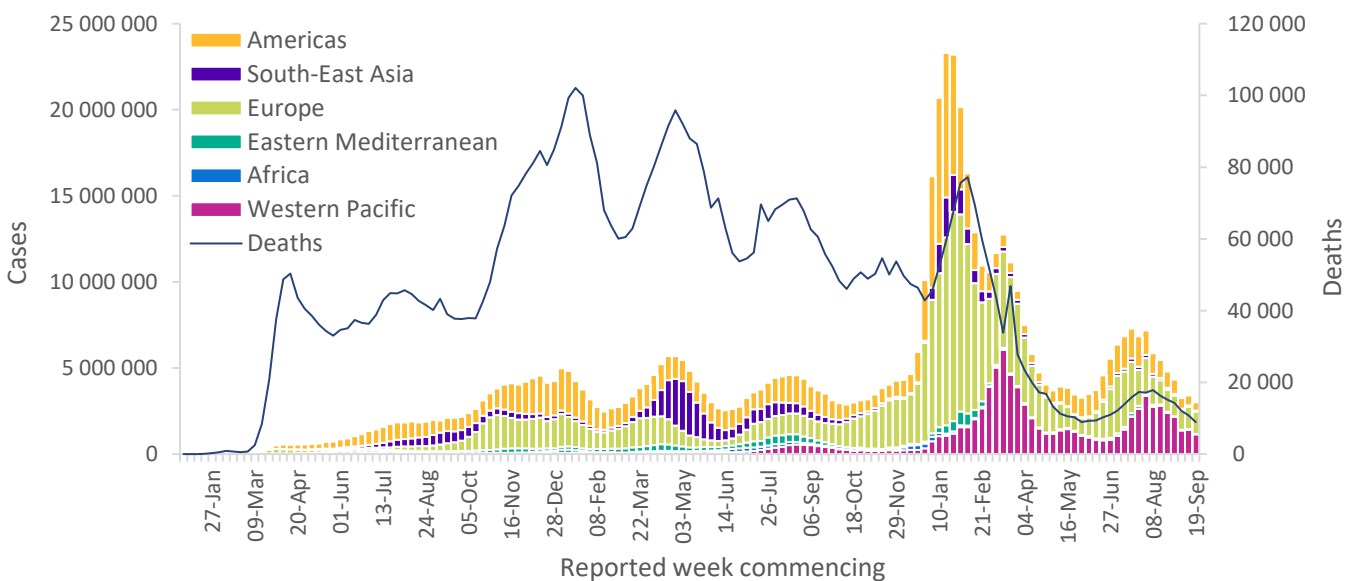
## Global overview

Data as of 25 September 2022

Globally, the number of new weekly cases decreased by 11% during the week of 19 to 25 September 2022 as compared to the previous week, with over three million new cases reported (Figure 1, Table 1). The number of new weekly deaths decreased by 18% as compared to the previous week, with just over 8900 fatalities reported. As of 25 September 2022, over 612 million confirmed cases and over 6.5 million deaths have been reported globally.

At the regional level, the number of newly reported weekly cases decreased or remained stable across all six WHO regions: the African Region (-33%), the Western Pacific Region (-19%), the Region of the Americas (-15%), South-East Asia Region (-11%), the Eastern Mediterranean Region (-8%) and the European Region (-1%). The number of new weekly deaths also decreased or remained stable across all six regions: the African Region (-34%), the Eastern Mediterranean Region (-26%), the European Region (-26%), the Western Pacific Region (-16%), the Region of the Americas (-12%) and the South-East Asia Region (-3%).

**Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 25 September 2022\*\***



\*\*See [Annex 1: Data, table, and figure notes](#)

At the country level, the highest numbers of new weekly cases were reported from Japan (535 502 new cases; -12%), the United States of America (361 599 new cases; -11%), the Russian Federation (353 826 new cases; -5%), China (292 476 new cases; similar to the previous week) and Germany (249 144 new cases; +9%). The highest numbers of new weekly deaths were reported from the United States of America (2484 new deaths; -11%), the Russian Federation (712 new deaths; similar to the previous week), Japan (659 new deaths; -43%), China (497 new deaths; +38%) and Brazil (450 new deaths; -8%).

Current trends in reported COVID-19 cases and deaths should be interpreted with caution as several countries have been progressively changing COVID-19 testing strategies, resulting in lower overall numbers of tests performed and consequently lower numbers of cases detected. Additionally, data from previous weeks are continuously updated to retrospectively incorporate changes in reported COVID-19 cases and deaths made by countries.

**Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 25 September 2022\*\***

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 (%)
Europe	1 286 716 (43%)	-1%	252 484 657 (41%)	2 533 (28%)	-26%	2 091 574 (32%)
Western Pacific	1 146 241 (38%)	-19%	89 132 222 (15%)	2 043 (23%)	-16%	269 650 (4%)
Americas	485 131 (16%)	-15%	177 970 746 (29%)	3 744 (42%)	-12%	2 834 637 (44%)
South-East Asia	59 693 (2%)	-11%	60 252 396 (10%)	416 (5%)	-3%	797 289 (12%)
Eastern Mediterranean	21 818 (1%)	-8%	23 068 037 (4%)	128 (1%)	-26%	348 277 (5%)
Africa	5 742 (<1%)	-33%	9 325 369 (2%)	37 (<1%)	-34%	174 507 (3%)
<b>Global</b>	<b>3 005 341 (100%)</b>	<b>-11%</b>	<b>612 234 191 (100%)</b>	<b>8 901 (100%)</b>	<b>-18%</b>	<b>6 515 947 (100%)</b>

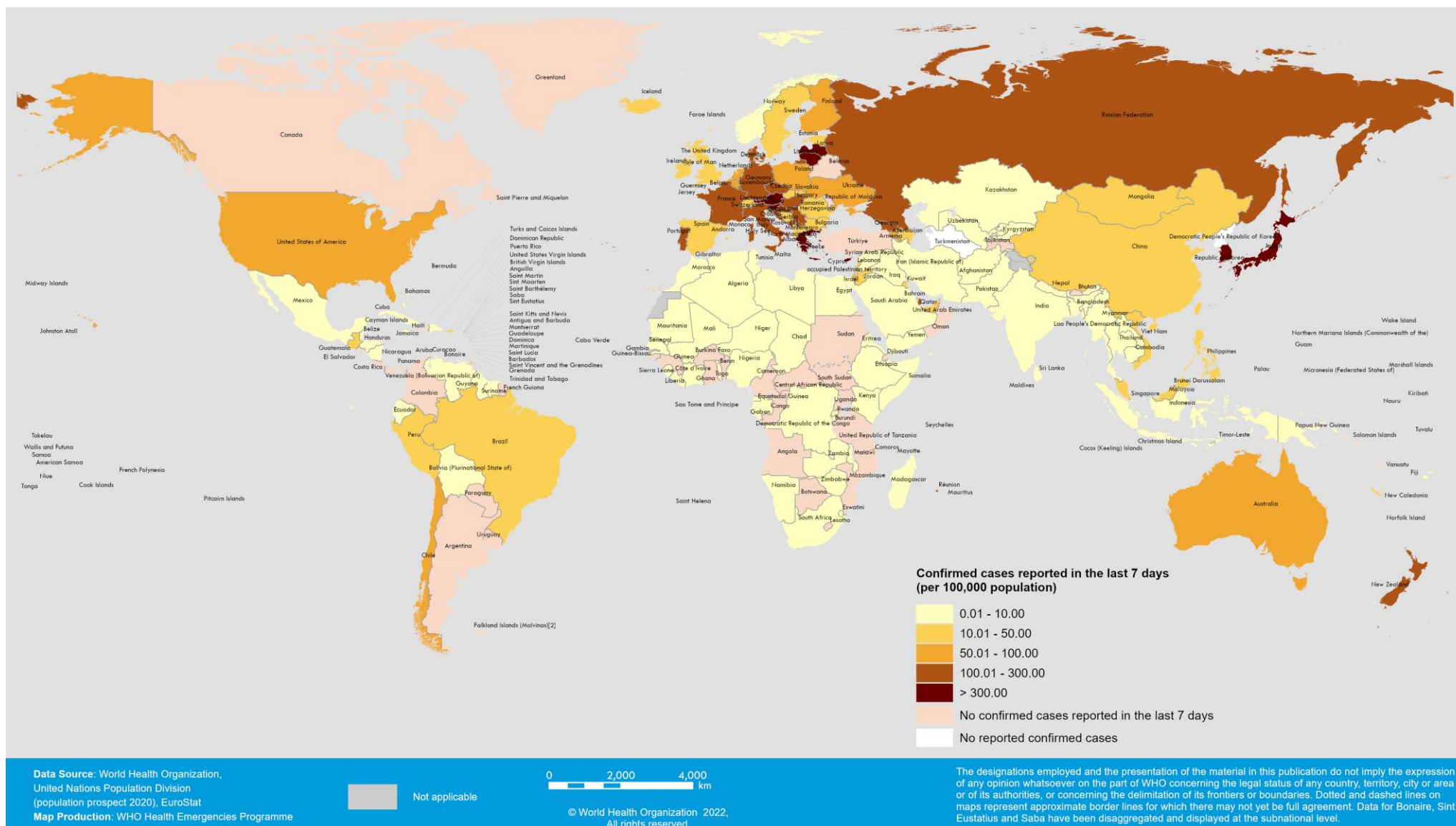
\*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior. Data from previous weeks are updated continuously with adjustments received from countries.

\*\*See [Annex 1: Data, table, and figure notes](#)

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

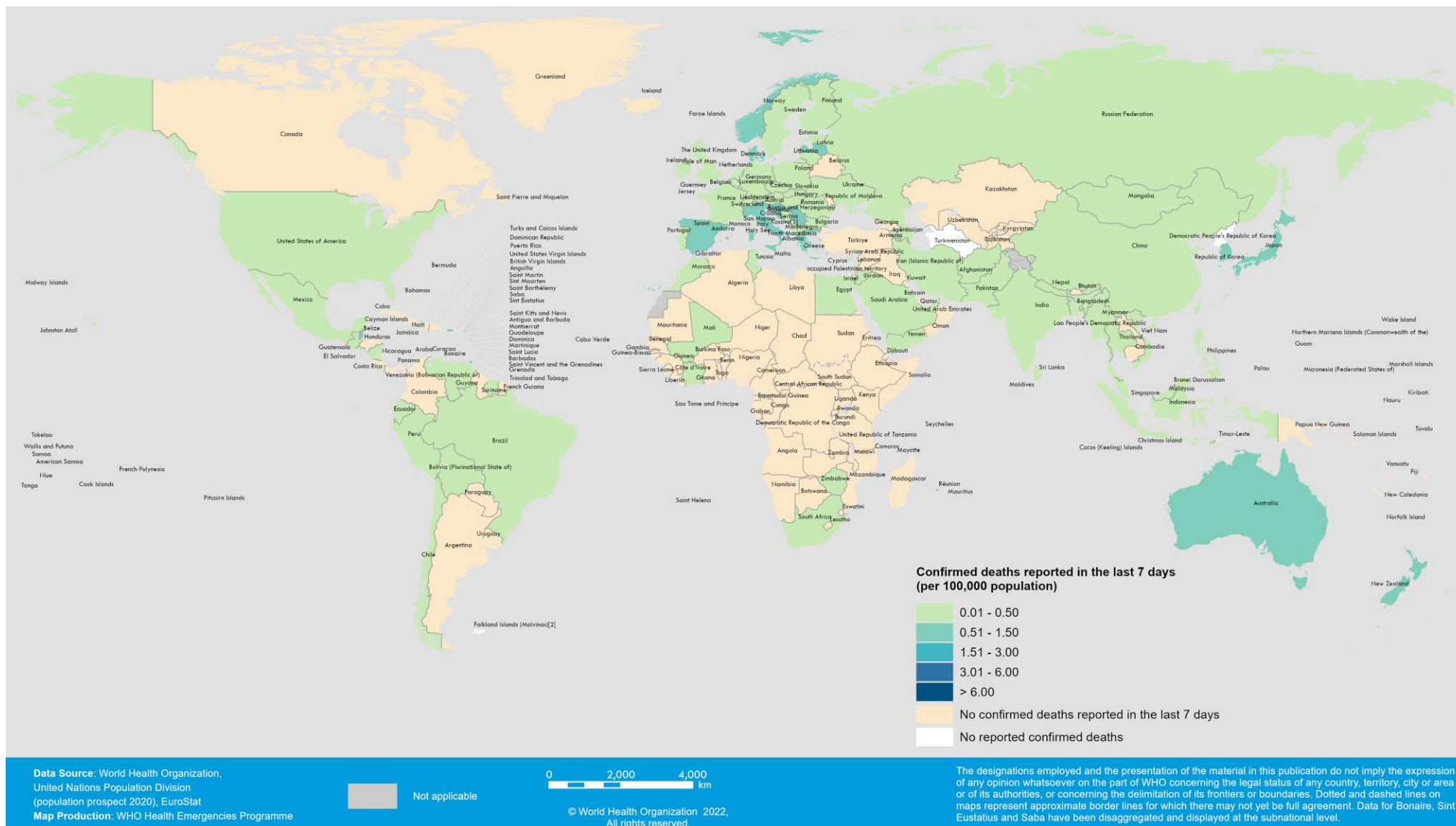
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)
- [WHO COVID-19 policy briefs](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 19 - 25 September 2022\*



\*\*See [Annex 1: Data, table, and figure notes](#)

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 19 - 25 September 2022\*\*



\*\*See [Annex 1: Data, table, and figure notes](#)

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

### Geographic spread and prevalence of VOCs

Globally, from 26 August to 26 September 2022, 106 735 SARS-CoV-2 sequences were shared through GISAID. Among these, 106 686 sequences were the Omicron variant of concern (VOC), accounting for 99.9% of sequences reported globally in the past 30 days.

There continues to be increased diversity within Omicron and within its descendent lineages. A number of these Omicron descendent lineages are under monitoring<sup>i</sup>. Globally, and as of the epidemiological week 36 (5 to 11 September 2022), BA.5 descendent lineages continue to be dominant accounting for 81.2% of sequences, followed by BA.4 descendent lineages (including BA.4.6) which account for 8.1%, and BA.2 descendent lineages (including BA.2.75) which account for 2.9% of sequences. During the reporting week (5 to 11 September), unassigned sequences (presumed to be Omicron) account for 7.8% of sequences submitted to GISAID.

For more information on the assessment of SARS-CoV-2 variants and the WHO classification, refer to Annex 2.

### Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [VIEW-hub: repository for the most relevant and recent vaccine data](#)

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<sup>i</sup> WHO tracking SARS-CoV-2 variants

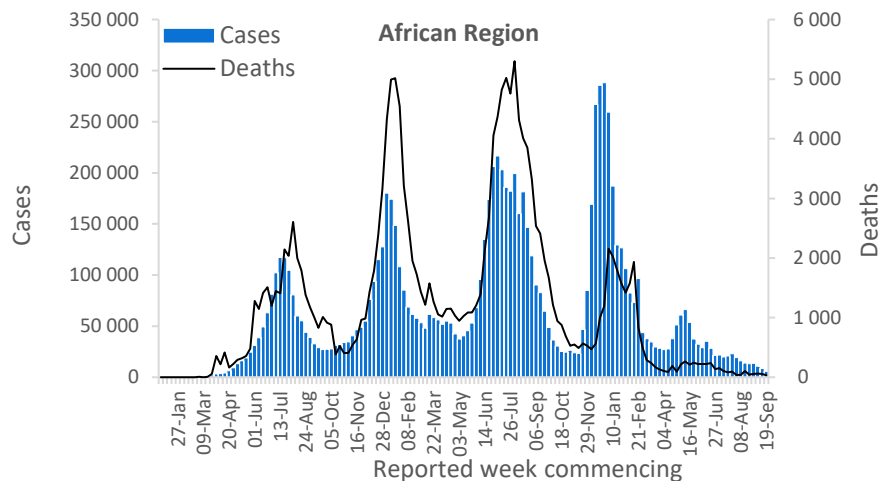
## WHO regional overviews:

Epidemiological week 19 - 25 September 2022\*\*

### African Region

The African Region reported over 5700 new weekly cases, a 33% decrease as compared to the previous week. Eight (16%) countries reported increases in the number of new cases of 20% or greater, with some of the greatest proportional increases seen in Zimbabwe (344 vs 126 new cases; +173%), Togo (196 vs 128 new cases; +53%) and Kenya (57 vs 42 new cases; +36%). The highest numbers of new cases were reported from Saint Helena (1357 new cases; 22 352.2 new cases per 100 000 population; +1867%), Réunion (1325 new cases; 148.0 new cases per 100 000; -48%) and South Africa (1283 new cases; 2.2 new cases per 100 000; -20%).

The number of new weekly deaths in the Region decreased by 34% as compared to the previous week, with 37 deaths reported. The highest numbers of new deaths were reported from South Africa (23 new deaths; <1 new death per 100 000 population; +35%), Réunion (eight new deaths; <1 new death per 100 000; +60%) and Mali (two new deaths; <1 new death per 100 000; no cases reported during the previous week).

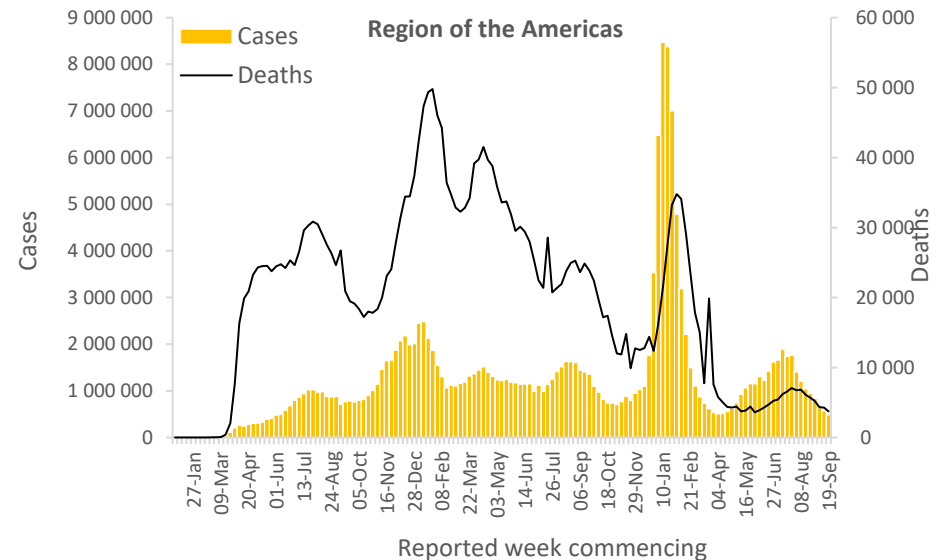


Updates from the [African Region](#)

### Region of the Americas

The Region of the Americas reported over 485 000 new cases, a 15% decrease as compared to the previous week. One of the 56 (2%) countries for which data are available reported an increase in the number of new cases of 20% or greater: Antigua and Barbuda (81 vs 34 new cases; +138%). The highest numbers of new cases were reported from the United States of America (361 599 new cases; 109.2 new cases per 100 000; -11%), Brazil (45 342 new cases; 21.3 new cases per 100 000; -27%) and Chile (19 860 new cases; 103.9 new cases per 100 000; -17%).

The number of new weekly deaths reported in the Region decreased by 12% as compared to the previous week, with over 3700 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2484 new deaths; <1 new death per 100 000; -11%), Brazil (450 new deaths; <1 new death per 100 000; -8%) and Canada (195 new deaths; <1 new death per 100 000; -22%).

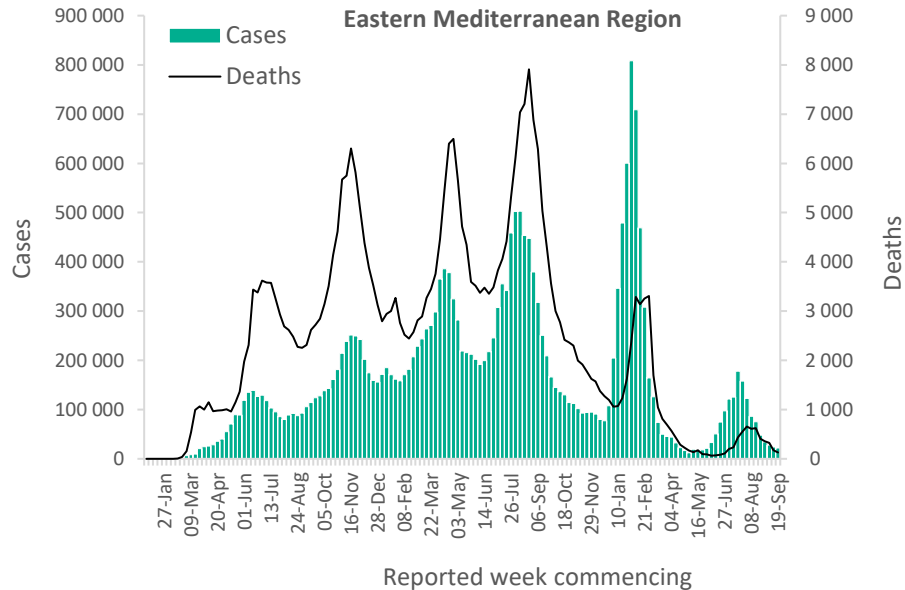


Updates from the [Region of the Americas](#)

## Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 21 000 new cases, an 8% decrease as compared to the previous week. One (5%) country reported an increase in new cases of 20% or greater: Bahrain (2539 vs 2048 new cases; +24%). The highest numbers of new cases were reported from Qatar (5697 new cases; 197.7 new cases per 100 000; +6%), the Islamic Republic of Iran (3121 new cases; 3.7 new cases per 100 000; -24%) and Jordan (2776 new cases; 27.2 new cases per 100 000; -18%).

The number of new weekly deaths decreased in the Region by 26% as compared to the previous week, with over 100 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (85 new deaths; <1 new death per 100 000; -29%), Lebanon (13 new deaths; <1 new death per 100 000; +8%) and Saudi Arabia (11 new deaths; <1 new death per 100 000; -27%).

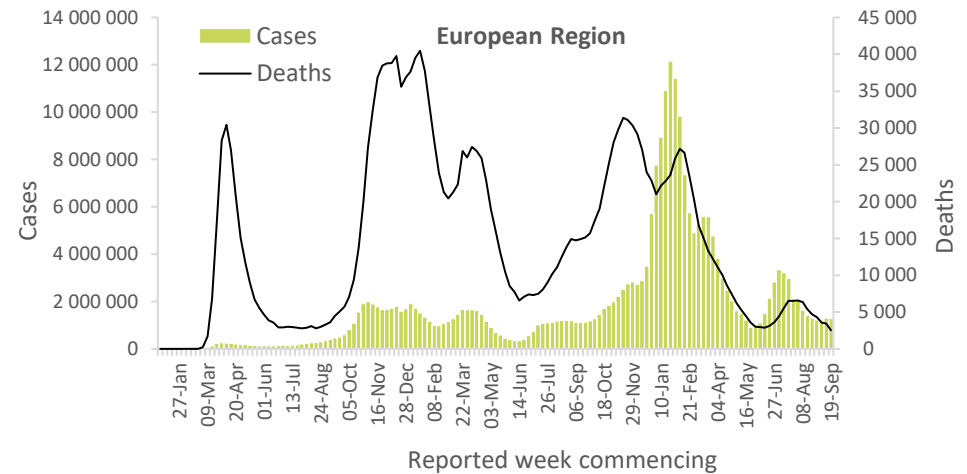


Updates from the [Eastern Mediterranean Region](#)

## European Region

In the European Region, the number of new weekly cases remained stable this week as compared to the previous week, with over 1.2 million new cases reported. Five (8%) countries reported increases in new cases of 20% or greater, with the highest proportional increases observed in San Marino (102 vs 66 new cases; +55%), Ukraine (36 683 vs 23 864 new cases; +54%) and Austria (47 812 vs 33 909 new cases; +41%). The highest numbers of new cases were reported from the Russian Federation (353 826 new cases; 242.5 new cases per 100 000; -5%), Germany (249 144 new cases; 299.6 new cases per 100 000; +9%) and France (191 463 new cases; 294.4 new cases per 100 000; similar to the previous week).

Over 2500 new weekly deaths were reported in the Region, a 26% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (712 new deaths; <1 new death per 100 000; similar to the previous week), Italy (321 new deaths; <1 new death per 100 000; -13%) and Spain (284 new deaths; <1 new death per 100 000; -52%).

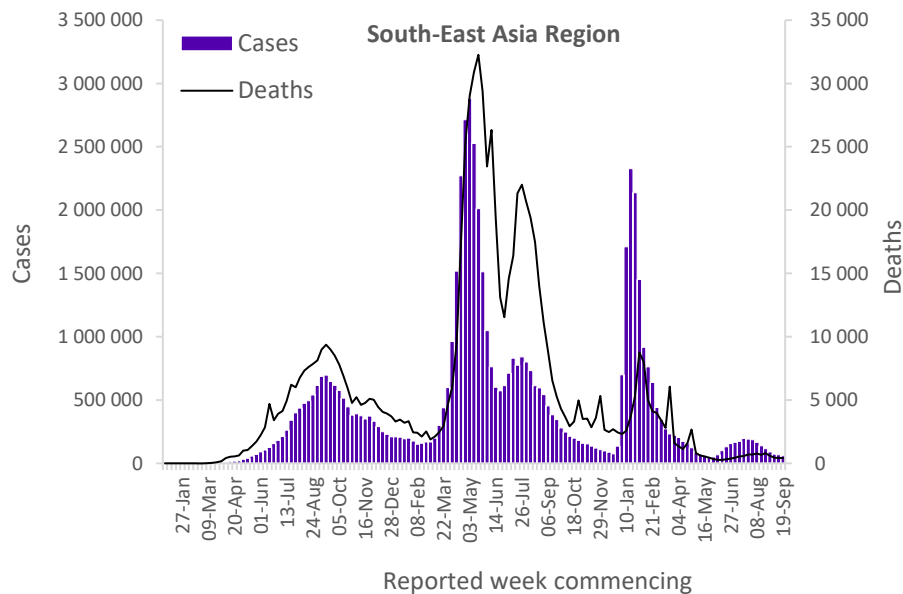


Updates from the [European Region](#)

## South-East Asia Region

The South-East Asia Region reported over 59 000 new cases, an 11% decrease as compared to the previous week. Two of the 10 countries (20%) in the Region for which data are available showed an increase in the number of new cases of 20% or greater: Bangladesh (4076 vs 2727 new cases; +49%) and Myanmar (2504 vs 2046 new cases; +22%). The highest numbers of new cases were reported from India (33 926 new cases; 2.5 new cases per 100 000; -13%), Indonesia (13 723 new cases; 5.0 new cases per 100 000; -16%) and Thailand (4965 new cases; 7.1 new cases per 100 000; -15%).

The Region reported over 400 deaths, similar to the previous week. The highest numbers of new deaths were reported from India (173 new deaths; <1 new death per 100 000; -7%), Indonesia (122 new deaths; <1 new death per 100 000; similar to the previous week) and Thailand (89 new deaths; <1 new death per 100 000; similar to the previous week).

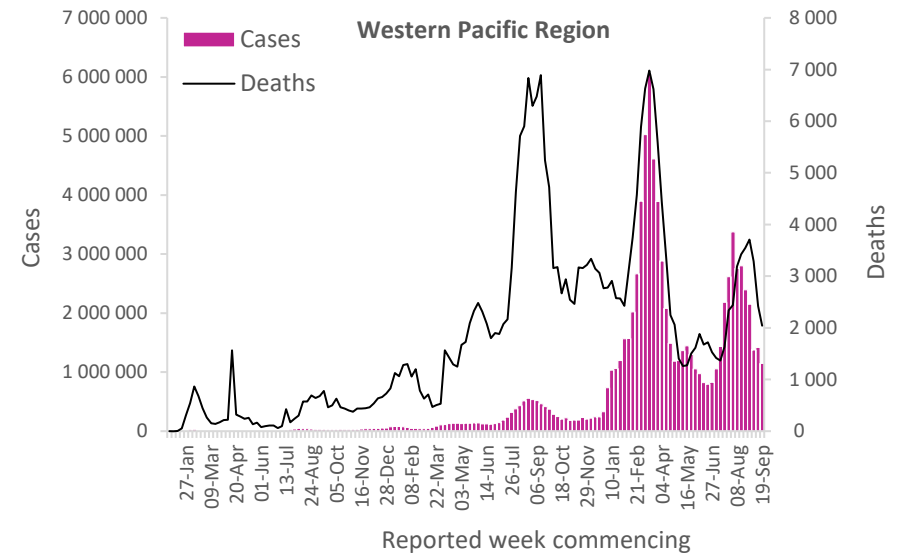


Updates from the [South-East Asia Region](#)

## Western Pacific Region

The Western Pacific Region reported over 1.1 million new cases, a 19% decrease compared to the previous week. Five (15%) countries reported increases in new cases of 20% or greater, with some of the largest proportional increases observed in New Zealand (12 957 vs 3178 new cases; +308%), Papua New Guinea (44 vs 25 new cases; +76%) and the Philippines (16 357 vs 12 069 new cases; +36%). The highest numbers of new cases were reported from Japan (535 502 new cases; 423.4 new cases per 100 000; -12%), China (292 476 new cases; 19.9 new cases per 100 000; similar to the previous week) and the Republic of Korea (225 662 new cases; 440.2 new cases per 100 000; -42%).

The Region reported a 16% decrease in new weekly deaths as compared to the previous week, with over 2000 deaths reported. The highest numbers of new deaths were reported from Japan (659 new deaths; <1 new death per 100 000; -43%), China (497 new deaths; <1 new death per 100 000; +38%) and the Republic of Korea (385 new deaths; <1 new death per 100 000; similar to the previous week).



Updates from the [Western Pacific Region](#)



## Annex 1. Data, table, and figure notes

Data presented are based on official laboratory-confirmed COVID-19 cases 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 incidences, and variable delays to reflecting these data at the 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.

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 countries of interest, time period, 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. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories, and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

'Countries' may refer to countries, territories, areas or other jurisdictions of similar status. 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 except, 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, the number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

<sup>[2]</sup> A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

Updates on the COVID-19 outbreak in the Democratic People's Republic of Korea is not included in this report as the number of laboratory-confirmed COVID-19 cases is not reported.

## Annex 2. SARS-CoV-2 variants assessment and classification

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the [WHO Tracking SARS-CoV-2 variants website](#). National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

WHO continues to monitor SARS-CoV-2 variants, including descendent lineages of VOCs, to track changes in prevalence and viral characteristics. The current trends describing the circulation of Omicron descendent lineages should be interpreted with due consideration of the limitations of the COVID-19 surveillance systems. These include differences in sequencing capacity and sampling strategies between countries, changes in sampling strategies over time, reductions in tests conducted and sequences shared by countries, and delays in uploading sequence data to GISAID.