

COVID-19 Weekly Epidemiological Update

Edition 46, published 29 June 2021

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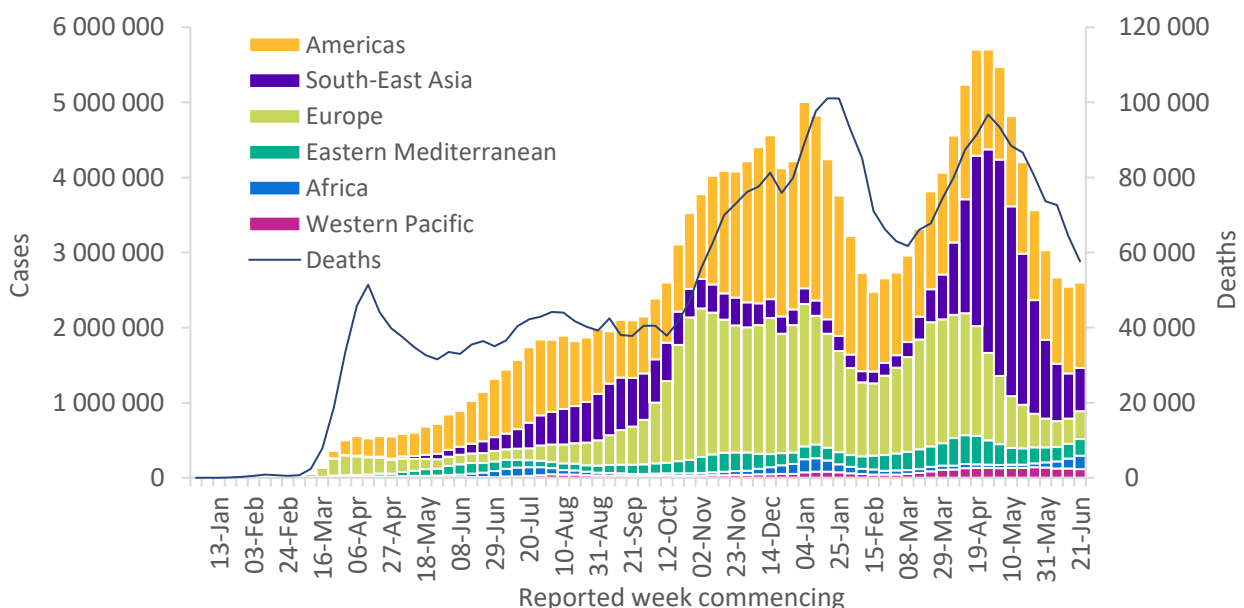
Global overview

Data as of 27 June 2021

The global number of new cases over the past week (21-27 June 2021) was over 2.6 million, a similar number compared to the previous week (Figure 1). The number of weekly deaths continued to decrease, with more than 57 000 deaths reported in the past week, a 10% decrease as compared to the previous week. This is the lowest weekly mortality figure since those recorded in early November 2020. Globally, COVID-19 incidence remains very high with an average of over 370 000 cases reported each day over the past week. The cumulative number of cases reported globally now exceeds 180 million and the number of deaths is almost 4 million.

This week, the African region recorded a sharp increase in incidence (33%) and mortality (42%) when compared to the previous week (Table 1). The Eastern Mediterranean and European Regions also reported increases in the number of weekly cases. All Regions, with the exception of the African Region, reported a decline in the number of deaths in the past week.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 27 June 2021**



**See Annex 2: Data, table and figure notes

The highest numbers of new cases were reported from Brazil (521 298 new cases; 3% increase), India (351 218 new cases; 12% increase), Colombia (204 132 new cases; 5% increase), the Russian Federation (134 465 new cases; 24% increase), and Argentina (131 824 new cases; 11% decrease). Over the past week, the highest numbers of new cases per 100 000 population were reported from Seychelles (708 new cases per 100 000 pop), Namibia (509 new cases per 100 000 pop) and Mongolia (491 new cases per 100 000 pop).

Globally, cases of the Alpha variant have been reported in 172 countries, territories or areas (hereafter countries; two new countries in the past week), of Beta in 120 countries (one new country), Gamma in 72 countries (one new country) and Delta in 96 countries (11 new countries).

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 27 June 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	1 139 518 (44%)	-1%	71 812 677 (40%)	30 120 (52%)	-2%	1 887 752 (48%)
Europe	372 448 (14%)	10%	55 713 043 (31%)	6 435 (11%)	-1%	1 181 135 (30%)
South-East Asia	573 244 (22%)	-5%	34 606 211 (19%)	13 107 (23%)	-33%	484 397 (12%)
Eastern Mediterranean	221 169 (9%)	13%	10 887 414 (6%)	3 411 (6%)	0%	215 325 (5%)
Africa	177 367 (7%)	34%	3 968 421 (2%)	2 724 (5%)	42%	94 323 (2%)
Western Pacific	116 567 (4%)	-6%	3 503 601 (2%)	1 806 (3%)	-13%	53 826 (1%)
Global	2 600 313 (100%)	2%	180 492 131 (100%)	57 603 (100%)	-10%	3 916 771 (100%)

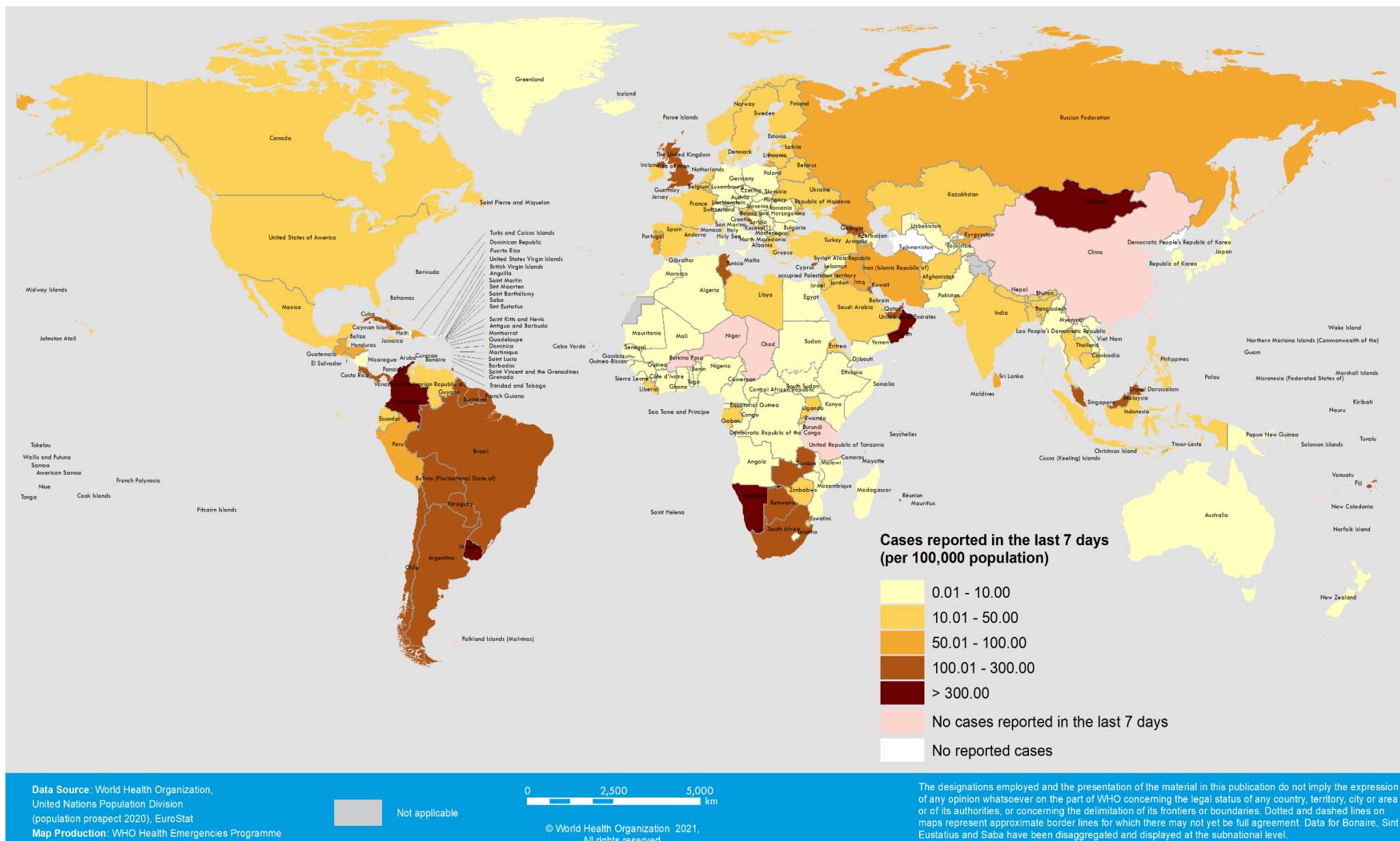
*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior

**See [Annex 2: Data, table and figure notes](#)

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

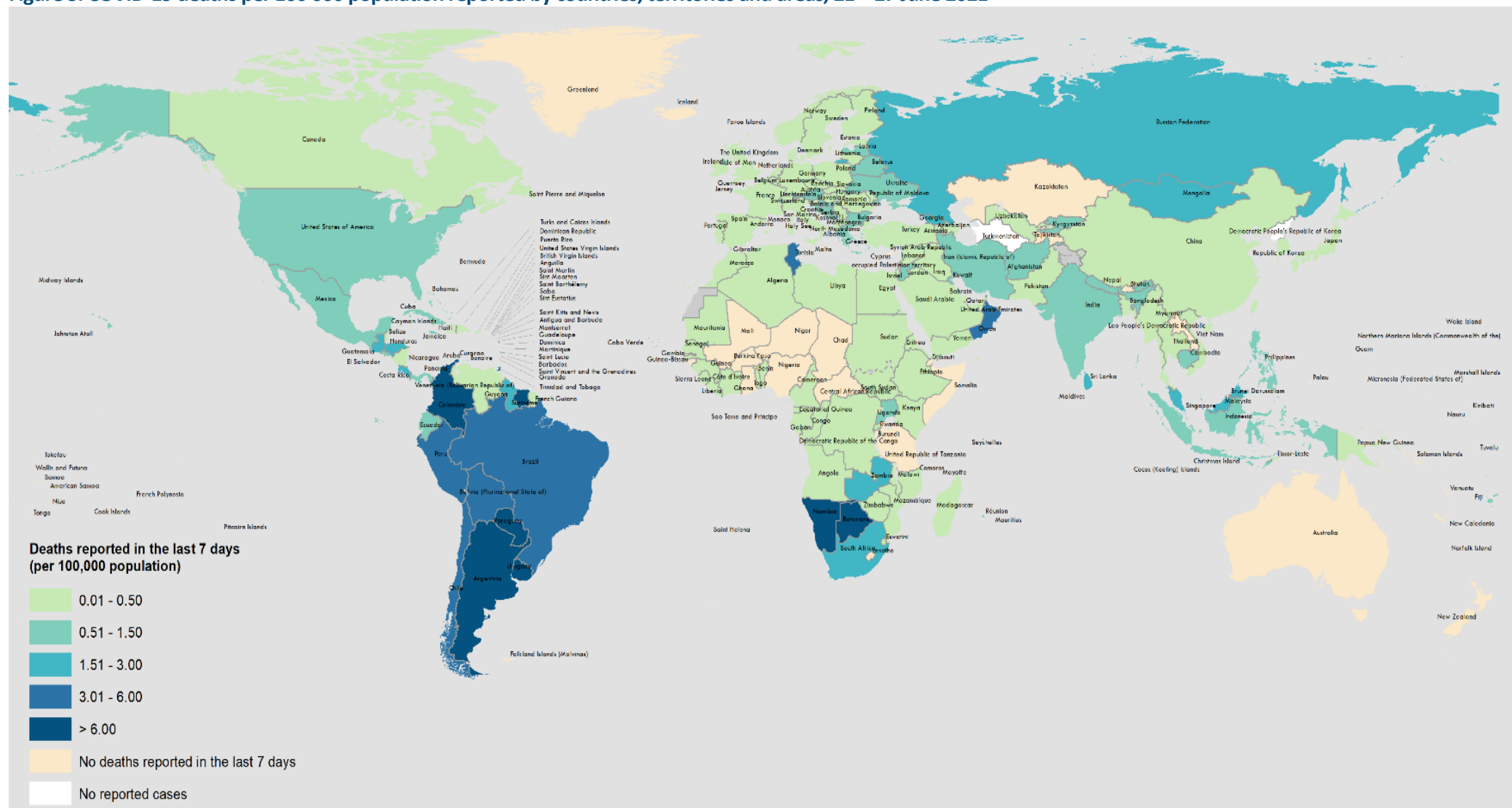
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 21 – 27 June 2021**



**See Annex 2: Data, table and figure notes

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 21 – 27 June 2021**



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

Not applicable 0 2,500 5,000 km
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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. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes. Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

**See Annex 2: Data, table and figure notes

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

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact vaccine, therapeutics, diagnostics or effectiveness of public health and social measures (PHSM) applied by national authorities to control disease spread. “Signals” of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) are detected and assessed based on the risk posed to global public health. As these risks evolve, WHO will update lists of global VOIs and VOCs (Table 2) to support setting priorities for surveillance and research, and ultimately guide response strategies. National authorities may choose to designate other variants of local interest/concern, and are encouraged to investigate and report on impacts of these variants. Here we provide updates on classifications of VOCs and VOIs, as well as the updated countries/territories/areas reporting the detection of VOCs.

Table 2: SARS-CoV-2 Variants of Concern (VOCs) and Variants of Interest (VOIs), as of 29 June 2021

WHO label	Pango lineage	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Variants of Concern (VOCs):					
Alpha	B.1.1.7	GRY (formerly GR/501Y.V1)	20I (V1)	United Kingdom, Sep-2020	18-Dec-2020
Beta	B.1.351	GH/501Y.V2	20H (V2)	South Africa, May-2020	18-Dec-2020
Gamma	P.1	GR/501Y.V3	20J (V3)	Brazil, Nov-2020	11-Jan-2021
Delta	B.1.617.2	G/478K.V1	21A	India, Oct-2020	VOI: 4-Apr-2021 VOC: 11-May-2021
Variants of Interest (VOIs):					
Epsilon	B.1.427/ B.1.429	GH/452R.V1	21C	United States of America, Mar-2020	5-Mar-2021
Zeta	P.2	GR/484K.V2	20B	Brazil, Apr-2020	17-Mar-2021
Eta	B.1.525	G/484K.V3	21D	Multiple countries, Dec-2020	17-Mar-2021
Theta	P.3	GR/1092K.V1	21E	Philippines, Jan-2021	24-Mar-2021
Iota	B.1.526	GH/253G.V1	21F	United States of America, Nov-2020	24-Mar-2021
Kappa	B.1.617.1	G/452R.V3	21B	India, Oct-2020	4-Apr-2021
Lambda	C.37	GR/452Q.V1	20D	Peru, Dec-2020	14-Jun-2021

Geographic distribution

As surveillance activities to detect SARS-CoV-2 variants are strengthened at local and national levels, including by strategic genomic sequencing, the number of countries/areas/territories (hereafter countries) reporting VOCs continue to increase (Figure 3, Annex 1). This distribution should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries.

WHO recommendations

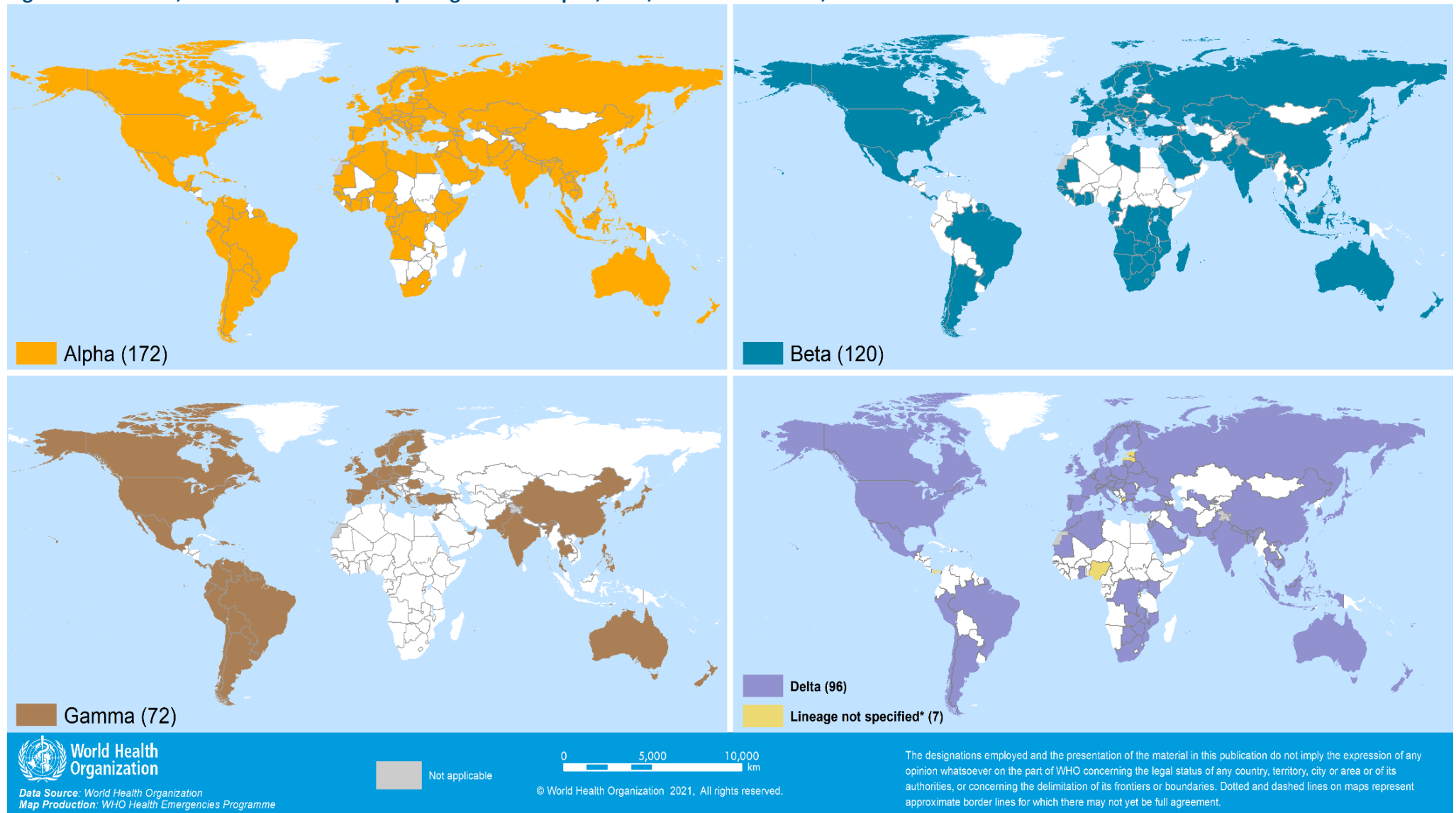
Virus evolution is expected, and the more SARS-CoV-2 circulates, the more opportunities it has to evolve. Reducing transmission through established and proven disease control methods such as those outlined in the [COVID-19 Strategic Preparedness and Response Plan](#), as well as avoiding introductions into animal populations, are crucial aspects of the global strategy to reduce the occurrence of mutations that have

negative public health implications. PHSM remain critical to curb the spread of all SARS-CoV-2 variants. Evidence from multiple countries with extensive transmission of VOCs has indicated that PHSM, including infection prevention and control (IPC) measures, have been effective in reducing COVID-19 case incidence, which has led to a reduction in hospitalizations and deaths among COVID-19 patients. National and local authorities are encouraged to continue strengthening existing PHSM and IPC measures. Authorities are also encouraged to strengthen surveillance and sequencing capacities and apply a systematic approach to provide a representative indication of the extent of transmission of SARS-CoV-2 variants based on the local context, and to detect unusual epidemiological events.

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](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)
- COVID-19 Situation Reports from WHO Regional Offices and partners: [AFRO](#), [AMRO/PAHO](#), [EMRO](#), [EURO/ECDC](#), [SEARO](#), [WPRO](#)

Figure 3. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 29 June 2021**



*Includes countries/territories/areas reporting the detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

**Countries/territories/areas highlighted include both official and unofficial reports of VOC detections, and do not presently differentiate between detections among travellers (e.g., at Points of Entry) or local community cases. Please see [Annex 2](#) for further details.

Special Focus: Current challenges in the context of the COVID-19 pandemic

Well into the second year of the COVID-19 pandemic, the global situation remains highly fragile. While at the global level, trends in cases and deaths have been declining in recent weeks, there is significant variation by region, by country and within countries. In all WHO regions, there are countries reporting sharp increases in cases and hospitalizations. There are a number of factors contribute to this, as repeatedly outlined by WHO,¹ including the emergence and circulation of more transmissible variants of SARS-CoV-2, increased social mixing and mobility, uneven and inequitable vaccination; and considerable pressure to lift public health and social measures.

SARS-CoV-2 variants of concern

On 11 May 2021, WHO designated Delta (B.1.617.2) as a variant of concern due to evidence of increased transmissibility.² The increase in the effective reproduction number compared with the Alpha variant (B.1.1.7) is estimated to be 55% (95% CI: 43–68).³ Given the increase in transmissibility, the Delta variant is expected to rapidly outcompete other variants and become the dominant variant over the coming months.³

As of 29 June 2021, 96 countries have reported cases of the Delta variant, though this is likely an underestimate as sequencing capacities needed to identify variants are limited. A number of these countries are attributing surges in infections and hospitalizations to this variant.

Low vaccination coverage at the global level

While more than 2.65 billion doses of COVID-19 vaccines have been administered,⁴ the majority of these have been in a small number of high-income countries. The gap in vaccine administration between high- and low-income countries is starting to shrink due to the delivery of vaccines through the COVAX facility, but the majority of the world's population still remains susceptible to SARS-CoV-2 infection and at risk of developing COVID-19.

Increased social mixing and lifting of public health and social measures

Countries have moved in and out of restrictions of varying stringency over the past 18 months. Now, many face considerable pressure to lift any remaining public health and social measures. Social mixing and mobility are increasing, as are the number of gatherings – from small-scale gatherings of friends and family to large sporting and side events, and religious celebrations. Improper planning or assessment of risk of transmission provide opportunities for the virus to spread.

WHO response

Since the beginning of the pandemic, WHO has recommended a comprehensive approach to controlling COVID-19,⁵ including the implementation and adjustment of public health and social measures to suppress transmission and reduce severe disease and death.⁶ This includes, but is not limited to, strong surveillance, strategic testing, early case detection, isolation and clinical care of cases by trained and protected health and care workers, tracing and supported quarantine of contacts, infection prevention and control measures, engineering controls and adopting risk-based approaches for gatherings and international travel. The

¹ World Health Organization. Director-General's opening remarks at the media briefing on COVID-19 – 25 June 2021. <https://www.who.int/director-general/speeches/detail/director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-25-june-2021>

² World Health Organization. Weekly Epidemiological Update on COVID-19: 11 May 2021. Available at: <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19--11-may-2021>

³ Campbell F, Archer B, Laurenson-Schafer L et al. Increased transmissibility and global spread of SARS-CoV-2 variants of concern as at June 2021. *Euro Surveill*; 2021;26(24):pii=2100509.

⁴ World Health Organization. WHO Coronavirus (COVID-19) Dashboard. <https://covid19.who.int>

⁵ World Health Organization. Strategic response and preparedness plan. Available from: <https://www.who.int/publications/i/item/strategic-preparedness-and-response-plan-for-the-new-coronavirus>

⁶ World Health Organization. Considerations for implementing and adjusting public health and social measures in the context of COVID-19. Available from: <https://www.who.int/publications/i/item/considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19-interim-guidance>

addition of several safe and effective COVID-19 vaccines and the initiation of vaccination adds an incredibly powerful tool to complement prevention and control efforts.

Importantly, the tools that exist today—including individual-, community level-public health and social measures, infection prevention and control measures, that have been used since the beginning of the pandemic—remain effective against current variants of concern, including the Delta variant. Although the increased transmissibility of VOCs means that measures may need to be maintained for longer periods of time, particularly in a context of low vaccination coverage, these measures must be targeted, time-bound, reinforced and supported by Member States.

SARS-CoV-2 will continue to evolve, with selective advantage generally favouring more transmissible variants.⁷ The emergence of new variants requires constant evaluation and careful adjustment of public health and social measures and vaccination strategies as the COVID-19 pandemic continues.

WHO will continue to work with Member States and technical partners through existing and new technical networks and advisory groups to critically evaluate variants through the Global Risk Assessment and Monitoring Framework for SARS-CoV-2 variants.⁸ The situation is dynamic and WHO is working with partners to harmonize the decision-making processes for assessing the impact of variants of concern on public health and medical interventions.

Over the past 18 months, substantial progress has been made towards ending the acute phase of the COVID-19 pandemic. However, the combination of more transmissible variants, increasing social mixing, suboptimal vaccination coverage and relaxation of public health and social measures will slow this progress and delay the end of the pandemic.

⁷ Krause PR, Fleming TR, Longini IM, et al. SARS-CoV-2 variants and vaccines. *New Engl J Med*. 2021;

⁸ World Health Organization. Tracking SARS-CoV-2 variants. <https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/>

Special focus: WHO global conference on communicating science during health emergencies, 7-25 June 2021



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Since the beginning of the pandemic, the evidence on COVID-19 and related protective measures evolved continuously. Changes in recommendations and pandemic response measures expose the public to high levels of uncertainty. Increasing pandemic fatigue and an overabundance of information highlight the need for effective, innovative and reliable science communication. Due to the all-disruptive nature of the COVID-19 pandemic, almost everybody has become a science communicator – be it at work, the dinner table or on social media.

However, scientific processes are complex and not always communicated in an understandable manner. To facilitate the solution-oriented discussion of challenges and innovations to improve the translation of science and make it accessible and relevant to all, the World Health Organization Information Network for Epidemics (WHO EPI-WIN) organized a global conference on communicating science during health emergencies from 7 to 25 June 2021. The conference took a multidisciplinary approach, convening science communicators, representing research, policy, civil society and international organizations, working in the areas of health, education, journalism and broadcasting, tourism and social media and culture, among others.

Conference structure

The [opening](#) and [closing](#) sessions of the [conference](#) featured renowned keynote speakers from academia and practice in the fields of public health, medicine, communication and design. Over 3000 participants from 159 countries joined the opening session and submitted almost 500 questions. To date, the recording of the opening session on YouTube has been viewed more than 14 000 times, reflecting the public interest in the topic of science communication during the pandemic. The closing session featured three innovative science communication concepts submitted to a global call for good practice examples launched by WHO in April 2021.

A panel further reported back on the thematic discussions held in June 2021 including researchers, media representatives, decision-makers and professionals working in health, education, tourism and culture. The thematic discussions included 61 experts from 26 countries. Discussions were grouped into four thematic tracks and ran over the course of three weeks. Each group attended three 90-minute discussions on profession-specific challenges and solutions to improve science communication during health emergencies. The discussions with the global experts disclosed some of the challenges science communicators have been facing

during the pandemic: from science being instrumentalized for political purposes, to a lack of scientific literacy among different population groups and a flood of information – both correct and incorrect - that does not take into account the target audiences' needs, beliefs and values.

Lessons learnt from the expert discussions

Participants identified key steps towards effective science translation. First, a need to re-think existing scientific processes to ensure research is being shared in a timely manner during health crises but still undergoes quality control and scientific debate. This includes a transparent communication of scientific processes to help people understand what science can and cannot do. While the public often expects science to provide clear answers, scientific knowledge generation takes time, is built on scientific debate and is inherently linked to uncertainty. Open communication of this uncertainty will prevent people from losing trust in science when the constantly evolving evidence leads to changes in public health recommendations. Second, the concerns, beliefs and needs of target audiences need to be taken into consideration when communicating science. There is no one-size-fits all solution. Instead of “pouring out” general information, a constant dialogue with communities is required to ensure the scientific information is relevant, understandable and credible to them. The continuous dialogue with different stakeholders will also help to build trust in science and encourage people to ask questions and voice concerns. Third, it takes innovation and creativity for effective science translation. People consume information on different channels, at different times of the day and in different formats. Science communication should add to people's lives in a meaningful and action-oriented manner and meet them where they are in terms of preferences, values and beliefs.

Next steps

WHO is committed to translating the insights from the conference into action; not just to improve science translation during the COVID-19 pandemic but also to be prepared for future health emergencies. Follow-up activities of the conference will include:

- Building a global, multidisciplinary network of science communicators. A continuous dialogue with researchers, media representatives, decision-makers and professionals working in health, education, culture and tourism will help to identify and address challenges in a concerted, collaborative manner;
- Developing capacity building resources for science communicators, especially journalists, to empower them to judge the quality and independence of scientific research and share this with their audiences;
- Strengthening scientific and health literacy in the whole population to empower all stakeholders to ask critical questions about the information they encounter on- and offline and make evidence-informed decisions;
- Analyzing existing good practice examples of science communication to understand what works and what does not work, and develop more effective, innovative science communication concepts for the future.

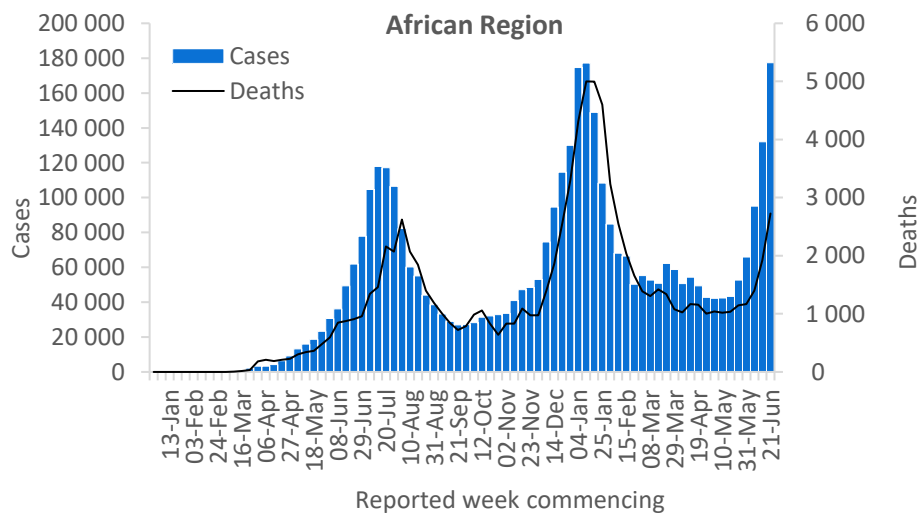
The high interest in the global conference confirmed WHO's mandate to play a key role in science communication during health emergencies. The timely implementation of follow-up activities will be crucial to support countries and the multidisciplinary science communication community to build trust in science and make it accessible and understandable to all.

WHO regional overviews - Epidemiological week 21-27 June 2021

African Region

Many countries in the African region continue to see increases in weekly case incidence and mortality. The Region reported over 177 000 new cases and over 2700 new deaths, a 34% and a 42% increase respectively compared to the previous week. The weekly number of COVID-19 cases has been increasing sharply since 15 May. Since then, 76% of cases and 72% of reported deaths in the Region were from countries in Southern Africa.

Aside from South Africa (103 697 new cases; 174.8 new cases per 100 000 population; a 47% increase), the highest numbers of new cases in the Region were reported from Zambia (19 058 new cases; 103.7 new cases per 100 000; a 15% increase), and Namibia (12 944 new cases; 509.4 new cases per 100 000; a 71% increase). Mortality in the African Region continued to increase sharply with the countries reporting the highest numbers of new deaths per 100 000 population over the past week being Namibia (11 new deaths per 100 000), Botswana (7 deaths per 100 000) and Zambia (20 new deaths per 100 000).



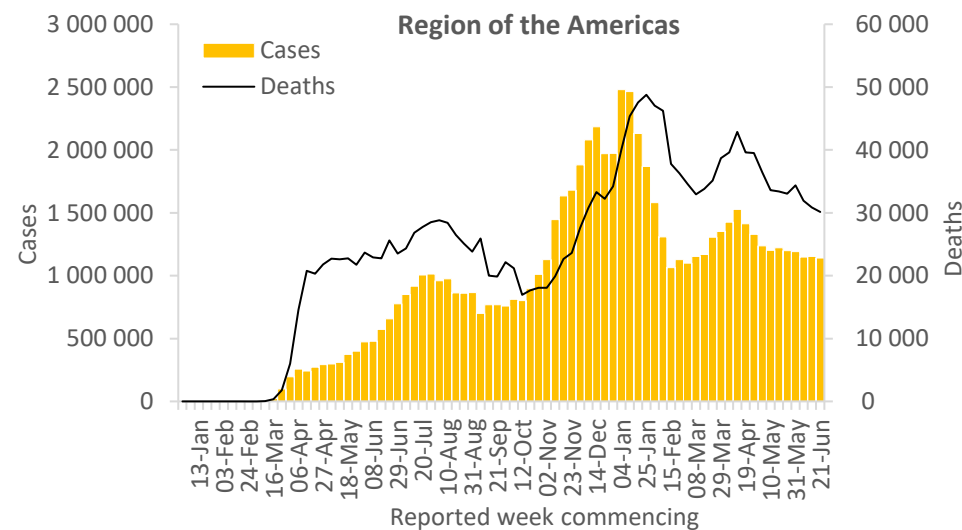
Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 1.1 million new cases and over 30 000 new deaths, similar to the previous week. The Region reported the highest number of new cases and deaths per 100 000 over the past week when compared to the other regions (111 cases and 3 deaths per 100 000 population).

The highest numbers of new cases were reported from Brazil (521 298 new cases; 245.2 new cases per 100 000; a 3% increase), Colombia (204 132 new cases; 401.2 new cases per 100 000; a 5% increase), and Argentina (131 824 new cases; 291.7 new cases per 100 000; a 12% decrease).

The highest numbers of new deaths per 100 000 population were reported from Paraguay (113 deaths per 100 000), Colombia (90 deaths per 100 000) and Argentina (83 deaths per 100 000) over the past week.



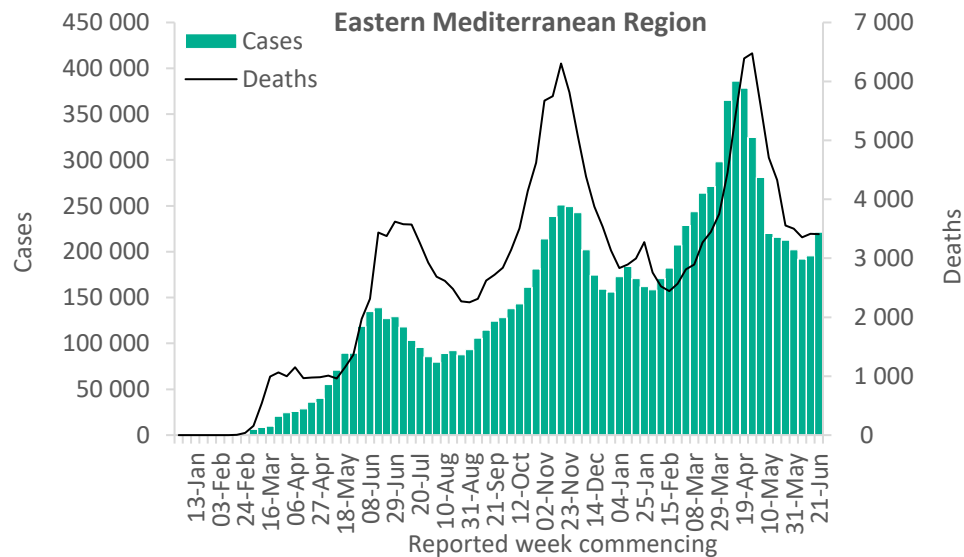
Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 221 000 new cases, a 13% increase compared to the previous week. This increase in cases is the largest relative increase seen in the Region since the end of March 2021. Over 3400 new deaths were reported, a similar number with the previous week. The Region reported 30 new cases and 0.5 new deaths per 100 000 population over the past week.

The highest numbers of new cases per 100 000 population were reported from Oman (348 new cases per 100 pop), Kuwait (294 new cases per 100 pop) and Tunisia (189 new cases per 100 000 pop).

The highest numbers of new deaths were reported from the Islamic Republic of Iran (857 new deaths; 1.0 new deaths per 100 000; a 9% decrease), Tunisia (619 new deaths; 5.2 new deaths per 100 000; an 18% increase), and Afghanistan (528 new deaths; 1.4 new deaths per 100 000; an 11% decrease).



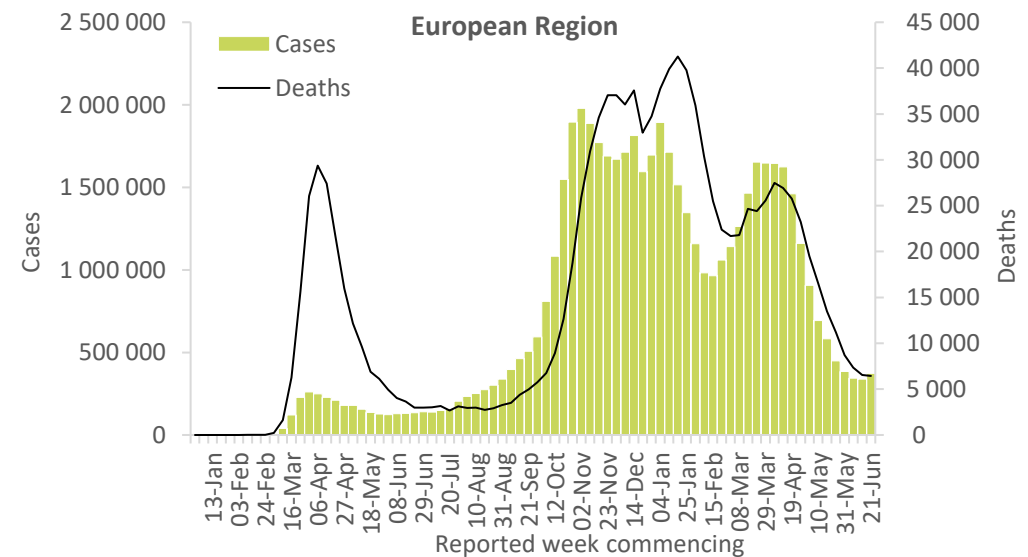
Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 372 000 new cases, a 10% increase compared to the previous week, and over 6400 new deaths, similar to the previous week. This is the first weekly increase in the number of cases reported by the Region after more than two months of a decreasing trend.

The highest numbers of new cases were reported from the Russian Federation (134 465 new cases; 92.1 new cases per 100 000; a 24% increase), the United Kingdom (96 843 new cases; 142.7 new cases per 100 000; a 55% increase), and Turkey (38 936 new cases; 46.2 new cases per 100 000; a 2% decrease).

The highest numbers of new deaths were reported from the Russian Federation (3921 new deaths; 2.7 new deaths per 100 000; a 34% increase), Turkey (402 new deaths; 0.5 new deaths per 100 000; an 11% decrease), and Germany (369 new deaths; 0.4 new deaths per 100 000; a 33% decrease).

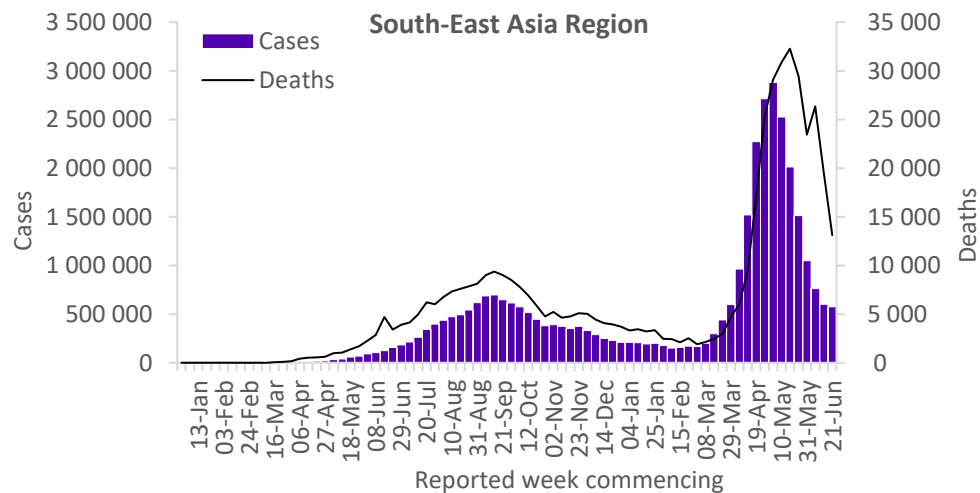


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 573 000 new cases and over 13 000 new deaths, a 5% and a 33% decrease respectively compared to the previous week. Although there is a slight overall decrease in the number of cases reported this week, mostly due to the decrease in the number of cases reported in India, a number of countries, including Myanmar (112% increase), Indonesia (60% increase) and Bangladesh (48% increase), reported large increases in the number of newly reported cases for this week.

The highest numbers of new cases were reported from India (351 218 new cases; 25.5 new cases per 100 000; a 21% decrease), Indonesia (125 395 new cases; 45.8 new cases per 100 000; a 60% increase), and Bangladesh (36 738 new cases; 22.3 new cases per 100 000; a 48% increase). The highest numbers of new deaths were reported from India (9038 new deaths; 0.7 new deaths per 100 000; a 45% decrease), Indonesia (2476 new deaths; 0.9 new deaths per 100 000; a 39% increase), and Bangladesh (624 new deaths; 0.4 new deaths per 100 000; a 45% increase).



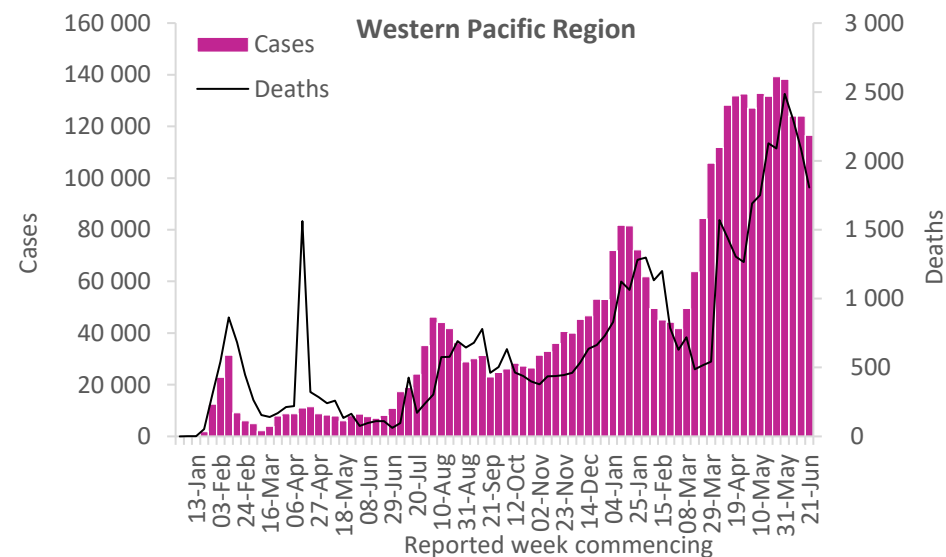
Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 116 000 new cases and over 1800 new deaths, a 6% and a 13% decrease respectively compared to the previous week. The weekly number of newly reported cases has decreased over the past several weeks, after reaching a peak in mid-May.

The highest numbers of new cases were reported from the Philippines (38 684 new cases; 35.3 new cases per 100 000; a 14% decrease), Malaysia (37 347 new cases; 115.4 new cases per 100 000; a 4% decrease), and Mongolia (16 111 new cases; 491.4 new cases per 100 000; a 7% decrease).

The highest numbers of new deaths were reported from the Philippines (706 new deaths; 0.6 new deaths per 100 000; a 20% decrease), Malaysia (536 new deaths; 1.7 new deaths per 100 000; a 6% increase), and Japan (257 new deaths; 0.2 new deaths per 100 000; a 30% decrease).



Updates from the [Western Pacific Region](#)

Key weekly updates

WHO Director-General's key messages

- In his [opening remarks at the media briefing on COVID-19 – 25 June 2021](#), the Director-General highlighted one of the most important ways WHO coordinates the response to COVID-19 and other emergencies is through our global network of emergency medical teams. Globally, WHO has certified teams from 20 countries, who have gone through a rigorous process of quality assurance to ensure they meet internationally agreed standards.
- In [his introductory remarks at the high-level event: The Role of Primary Health Care in the COVID-19 Pandemic response and leading equitable recovery- 22 June 2021](#), the Director-General emphasized that there is no global health security without local health security, thus strengthening primary health care is essential for an equitable and resilient recovery.

Updates and publications

- [WHO support remains critical in countries and regions facing COVID-19 surges- 24 June 2021](#)
- [Directors General of WHO, WIPO and the WTO agree on intensified cooperation in support of access to medical technologies worldwide to tackle the COVID-19 pandemic – 24 June 2021](#)
- [Recommendations for national SARS-CoV-2 testing strategies and diagnostic capacities -25 June 2021](#)
- [Indicator framework for the evaluation of the public health effectiveness of digital proximity tracing solutions- 25 June 2021](#)

Annex

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>

Annex 1. List of countries/territories/areas reporting Variants of Concern as of 29 June 2021**

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Afghanistan	●	-	-	-	-
Albania	●	-	-	-	-
Algeria	●	-	-	●	-
Angola	●	●	-	-	-
Argentina	●	●	●	●	-
Armenia	○	-	-	-	-
Aruba	●	●	●	●	-
Australia	●	●	●	●	-
Austria	●	●	●	●	-
Azerbaijan	●	-	-	-	-
Bahrain	●	●	-	●	-
Bangladesh	●	●	-	●	-
Barbados	●	-	●	●	-
Belarus	●	-	-	○*	-
Belgium	●	●	●	●	-
Belize	●	-	-	-	-
Bermuda	●	●	-	-	-
Bhutan	●	●	-	●	-
Bolivia (Plurinational State of)	●	-	●	-	-
Bonaire	●	-	-	-	-
Bosnia and Herzegovina	○	-	-	-	-
Botswana	-	●	-	●	-
Brazil	●	●	●	●	-
British Virgin Islands	●	-	●	-	-
Brunei Darussalam	●	●	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Bulgaria	●	●*	-	●	-
Burkina Faso	●	-	-	-	-
Cabo Verde	●	-	-	-	-
Cambodia	●	-	-	●	-
Cameroon	●	●	-	-	-
Canada	●	●	●	●	-
Cayman Islands	●	-	-	-	-
Central African Republic	●	-	-	-	-
Chile	●	●	●	●*	-
China	●	●	●	○	-
Colombia	●	-	●	-	-
Comoros	-	●	-	-	-
Congo	●	-	-	-	-
Costa Rica	●	●	●	-	-
Croatia	●	●	-	○*	-
Cuba	●	●	-	-	-
Curaçao	●	-	●	-	●
Cyprus	●	●	-	-	●
Czechia	●	●	●*	●	-
Côte d'Ivoire	●	●	-	-	-
Democratic Republic of the Congo	●	●	-	●	-
Denmark	●	●	●	●	-
Djibouti	●	●	-	-	-
Dominica	●	-	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Dominican Republic	●	-	●	-	-
Ecuador	●	-	●	-	-
Egypt	●	-	-	-	-
Equatorial Guinea	●	●	-	-	-
Estonia	●	●	○	-	○
Eswatini	-	●	-	-	-
Ethiopia	○	-	-	-	-
Faroe Islands	●	-	●	-	-
Fiji	-	-	-	●	-
Finland	●	●	●	●	-
France	●	●	●	●	-
French Guiana	●	●	●	●*	-
French Polynesia	●	●	●	●	-
Gabon	●	○	-	-	-
Gambia	●	-	-	●	-
Georgia	●	○	-	●	-
Germany	●	●	●	●	-
Ghana	●	●	-	●	-
Gibraltar	●	-	-	-	-
Greece	●	●	●	●	-
Grenada	●	-	-	-	-
Guadeloupe	●	●	●	●	-
Guam	●	●	●	●	-
Guatemala	●	-	-	-	-
Guinea	●	●	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Guinea-Bissau	●	●	-	-	-
Guyana	-	-	●	-	-
Haiti	●	-	●	-	-
Honduras	●*	-	-	-	-
Hungary	●	○	-	○	-
Iceland	●	-	-	-	-
India	●	●	●	●	-
Indonesia	●	●	-	●	-
Iran (Islamic Republic of)	●	●	-	●	-
Iraq	●	●	-	-	-
Ireland	●	●	●	●	-
Israel	●	●	●	●	-
Italy	●	●	●	●	-
Jamaica	●	-	-	-	-
Japan	●	●	●	●	-
Jordan	●	●	●	●	-
Kazakhstan	○	○	-	-	-
Kenya	●	●	-	●	-
Kosovo[1]	●	○	-	-	-
Kuwait	●	-	-	●	-
Kyrgyzstan	●	●	-	-	-
Lao People's Democratic Republic	●	-	-	-	-
Latvia	●	●	●	-	○
Lebanon	●	-	-	-	-
Lesotho	-	●	-	-	-
Liberia	●	-	-	-	-
Libya	●	●	-	-	-
Liechtenstein	●	-	-	-	-
Lithuania	●	●	●	○	-
Luxembourg	●	●	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Madagascar	-	●	-	-	-
Malawi	●	●	-	●*	-
Malaysia	●	●	-	●	-
Maldives	●	-	-	●	-
Malta	●	○	●	○	-
Martinique	●	●	●	-	-
Mauritania	●	●	-	●	-
Mauritius	○	●	-	●*	-
Mayotte	●	●	-	-	-
Mexico	●	●	●	●	-
Monaco	●	○	-	-	-
Montenegro	●	-	-	-	-
Montserrat	●	-	-	-	-
Morocco	●	-	-	●	-
Mozambique	-	●	-	●*	-
Myanmar	●	-	-	-	-
Namibia	-	●	-	-	-
Nepal	●	-	-	●	-
Netherlands	●	●	●	●	-
New Caledonia	●	-	-	-	-
New Zealand	●	●	○	○	-
Niger	●	-	-	-	-
Nigeria	●	-	-	-	●*
North Macedonia	●	●	-	-	●
Norway	●	●	●	●	-
Occupied Palestinian Territory	●	●	-	●*	-
Oman	●	-	-	-	-
Pakistan	●	●	●	●	-
Panama	●	●	●	-	●
Paraguay	●*	-	●	-	-
Peru	●	-	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Philippines	●	●	●	●	-
Poland	●	○	●	●	-
Portugal	●	●	●	●	-
Puerto Rico	●	●	●	●	-
Qatar	●	●	-	●	-
Republic of Korea	●	●	●	●	-
Republic of Moldova	○	-	-	-	-
Romania	●	●	●	●	-
Russian Federation	●	●	-	●	-
Rwanda	●	○	-	-	-
Réunion	●	●	●	○	-
Saba	-	-	-	●	-
Saint Barthélemy	●	-	-	-	-
Saint Lucia	●	-	-	-	-
Saint Martin	●	●	-	-	-
Sao Tome and Principe	●	-	-	-	-
Saudi Arabia	●	●	-	●	-
Senegal	●	●	-	-	-
Serbia	●	-	-	-	-
Seychelles	-	●	-	-	-
Singapore	●	●	●	●	-
Sint Maarten	●	●	-	●	-
Slovakia	●	●	-	●	-
Slovenia	●	●	●	●	-
Somalia	●	-	-	-	-
South Africa	●	●	-	●	-
Spain	●	●	●	●	-
Sri Lanka	●	●	-	●	-
Suriname	●	●	●	-	-
Sweden	●	●	●	●	-
Switzerland	●	●	○	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Thailand	●	●	●	●	-
Timor-Leste	●	-	-	-	-
Togo	●	●	-	-	-
Trinidad and Tobago	●	-	●	-	-
Tunisia	●	●	-	●*	-
Turkey	●	●	●	●	-
Turks and Caicos Islands	●	-	●	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Uganda	●	●	-	●*	-
Ukraine	●	○	-	○*	-
United Arab Emirates	●	●	●	●*	-
United Kingdom	●	●	●	●	-
United Republic of Tanzania	-	●	-	-	-
United States of America	●	●	●	●	-
Uruguay	●	-	●	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Uzbekistan	●	●	-	○*	-
Venezuela (Bolivarian Republic of)	●	-	●	-	-
Viet Nam	●	●	-	●	-
Wallis and Futuna	●	-	-	-	-
Zambia	-	●	-	●	-
Zimbabwe	-	○	-	●	-

*Newly reported in this update.

"Delta+" reflects countries/territories/areas reporting detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

"●" indicates that information for this variant was received by WHO from official sources.

"○" indicates that information for this variant was received by WHO from unofficial sources and will be reviewed as more information become available.

**Variant Delta for Honduras, Iraq, Kazakhstan, Kyrgyzstan and Oman were excluded this week based on further information received.

***Includes countries/territories/areas reporting the detection of VOCs among travelers (e.g., imported cases detected at points of entry), or local cases (detected in the community). Efforts are ongoing to differentiate these in future reports. Excludes countries, territories, and areas that have never reported the detection of a variant of concern.

See also [Annex 2: Data, table and figure notes](#).

Annex 2. Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO [case definitions](#) and [surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly.

A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the country(ies) of interest, time period(s), and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

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.

Technical guidance and other resources

- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [OpenWHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [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
- Recommendations and advice for the public:
 - [Protect yourself](#)
 - [Questions and answers](#)
 - [Travel advice](#)
- [EPI-WIN: tailored information for individuals, organizations and communities](#)