

COVID-19 Weekly Epidemiological Update

Edition 156 published 17 August 2023

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Global overview

Data as of 13 August 2023

In the last 28-day period (17 July to 13 August 2023), over 1.4 million new COVID-19 cases and over 2300 deaths were reported from WHO's six regionsⁱ, an increase of 63% and a decrease of 56%, respectively, compared to the previous 28 days (Figure 1, Table 1). As of 13 August 2023, over 769 million confirmed cases and over 6.9 million deaths have been reported globally. While four WHO regions have reported decreases in the number of both cases and deaths, the Western Pacific Region has reported an increase in cases and a decrease in deaths.

Even before the discontinuation of the Public Health Emergency of International Concern for COVID-19, and in the context of ongoing integration of COVID-19 data with other respiratory disease data, many countries are shifting away from COVID-19-specific reporting towards integrated respiratory disease surveillance. In the context of high variability in the timeliness of COVID-19 reports produced by Member States in the Americas, as of August 2023 PAHO/WHO has paused its specific COVID-19 Epidemiological Update. Subsequent COVID-19 surveillance will continue through the Influenza and Other Respiratory Viruses bulletin and dashboards available here: <https://www.paho.org/en/topics/influenza-and-other-respiratory-viruses>.

In this WEU edition, we have included all available data from the Region of the Americas since the start of the pandemic up to 6 August 2023 in the global figures. However, 28-day comparisons for this Region and its Member States are not presented as the data for the reporting period was incomplete.

As countries discontinue COVID-19-specific reporting and integrate respiratory disease surveillance, WHO will continue to use all available sources to continue monitoring the COVID-19 epidemiological situation. COVID-19 continues to be a major threat and WHO urges Member States to maintain, not dismantle, their established COVID-19 infrastructure. It is crucial to sustain early warning, surveillance and reporting, variant tracking, early clinical care provision, administration of vaccine boosters to high-risk groups, improvements in ventilation, and regular communication.

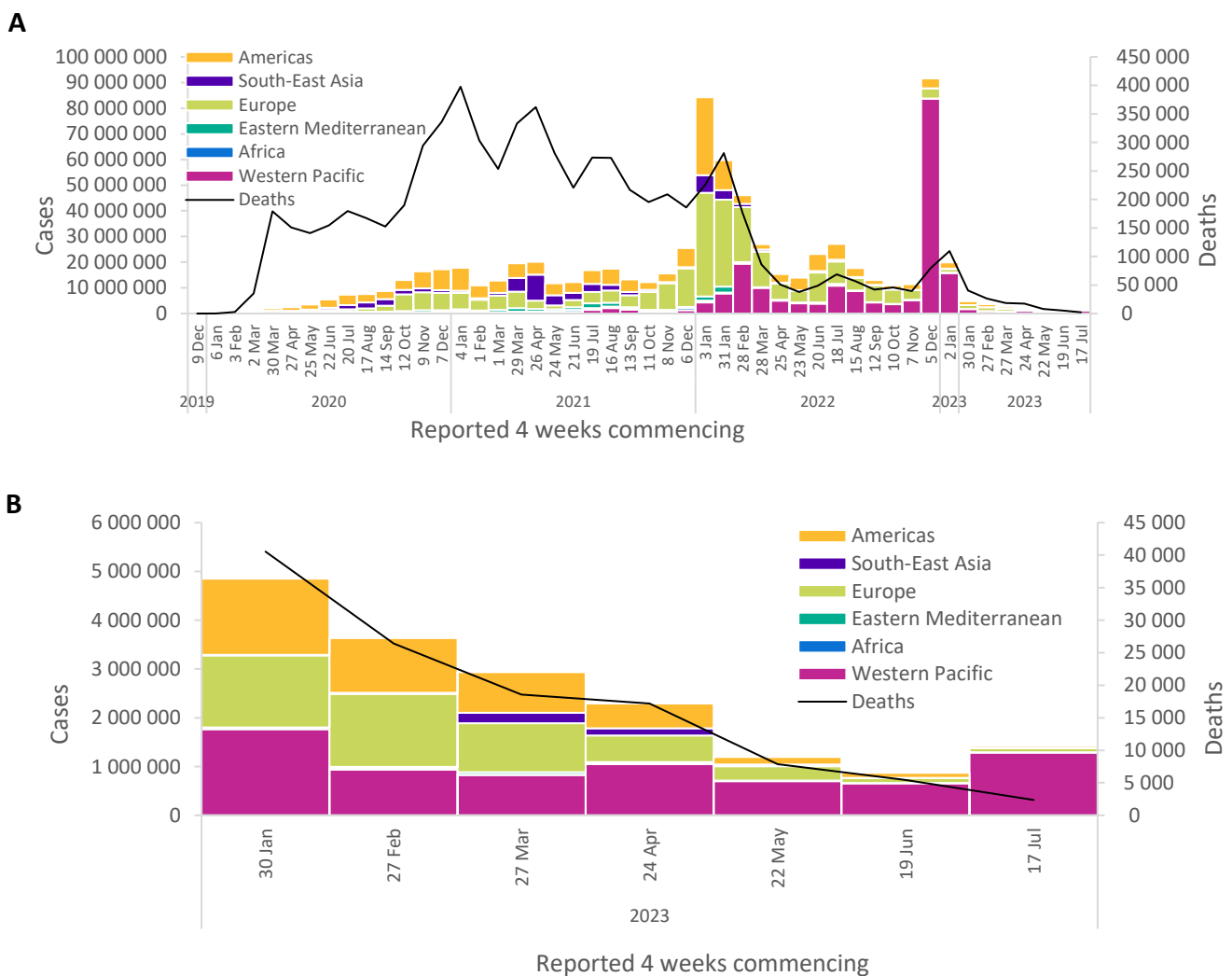
Currently, reported cases do not accurately represent infection rates due to the reduction in testing and reporting globally. During this 28-day period, 44% (104 of 234) of countries reported at least one case to WHO – a proportion that has been declining since mid-2022. It is important to note that this statistic does not reflect the actual number of countries where cases exist. Additionally, data from previous weeks are continuously being updated to incorporate retrospective changes in reported COVID-19 cases and deaths made by countries. Data presented in this report are therefore incomplete and should be interpreted in light of these limitations. Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more

ⁱ Note: The Region of the Americas has not reported COVID-19 specific data since 6 August, which will impact the interpretation of the Global overview.

importantly, increases in hospitalizations and deaths – the latter of which are considered more reliable indicators given reductions in testing.

We present changes in epidemiological trends using a 28-day interval. Disaggregated data are still accessible on the [WHO COVID-19 dashboard](#), where the full dataset is available for download. Global and national data on SARS-CoV-2 PCR percent positivity are available on [WHO’s integrated dashboard provided by the Global Influenza Programme](#). Recent data show that the SARS-CoV-2 PCR percent positivity rate from reporting countries averages approximately 8%.

Figure 1. COVID-19 cases reported by WHO Region, and global deaths by 28-day intervals, as of 13 August 2023 (A); 30 January to 13 August 2023 (B)§**



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

§ The data from the Region of the Americas are until 6 August 2023.

At the regional level, the number of newly reported cases within a 28-day period has decreased across four of the five WHO regions: the African Region (-80%), the South-East Asia Region (-51%), the European Region (-18%), and the Eastern Mediterranean Region (-16%); while case numbers increased in the Western Pacific Region (+97%). The number of newly reported deaths within a 28-day period has decreased across five reporting regions: the African Region (-78%), the South-East Asia Region (-62%), the European Region (-57%), the Western Pacific Region (-46%), and the Eastern Mediterranean Region (-15%).

At the country level, the highest numbers of new cases reported within the 28-day period were from the Republic of Korea (1 209 194 new cases; +140%), Australia (30 402 new cases; -52%), Singapore (18 806 new cases; -40%), Italy (18 419 new cases; +10%) and the United Kingdom (16 938 new cases; +60%). The highest numbers of new 28-day deaths were reported from the Republic of Korea (340 new deaths; +91%), Australia (201 new deaths; -77%), the Russian Federation (182 new deaths; -54%), the Philippines (162 new deaths; +5300%) and Italy (159 new deaths; -28%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 13 August 2023**

WHO Region	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	1 289 940 (91%)	97%	206 288 782 (27%)	863 (36%)	-46%	416 001 (6%)
Europe	80 436 (6%)	-18%	275 849 815 (36%)	741 (31%)	-57%	2 246 573 (32%)
Americas [§]	44 370 (3%)	NA [¥]	193 210 684 (25%)	659 (28%)	NA	2 958 886 (43%)
South-East Asia	5 075 (<1%)	-51%	61 200 084 (8%)	75 (3%)	-62%	806 639 (12%)
Eastern Mediterranean	1 497 (<1%)	-16%	23 386 319 (3%)	23 (1%)	-15%	351 379 (5%)
Africa	1 220 (<1%)	-80%	9 546 776 (1%)	5 (<1%)	-78%	175 420 (3%)
Global	1 422 538 (100%)	63%	769 483 224 (100%)	2 366 (100%)	-56%	6 954 911 (100%)

*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

[§] The data from the Region of the Americas are until 6 August 2023 and should not be interpreted as a declining trend.

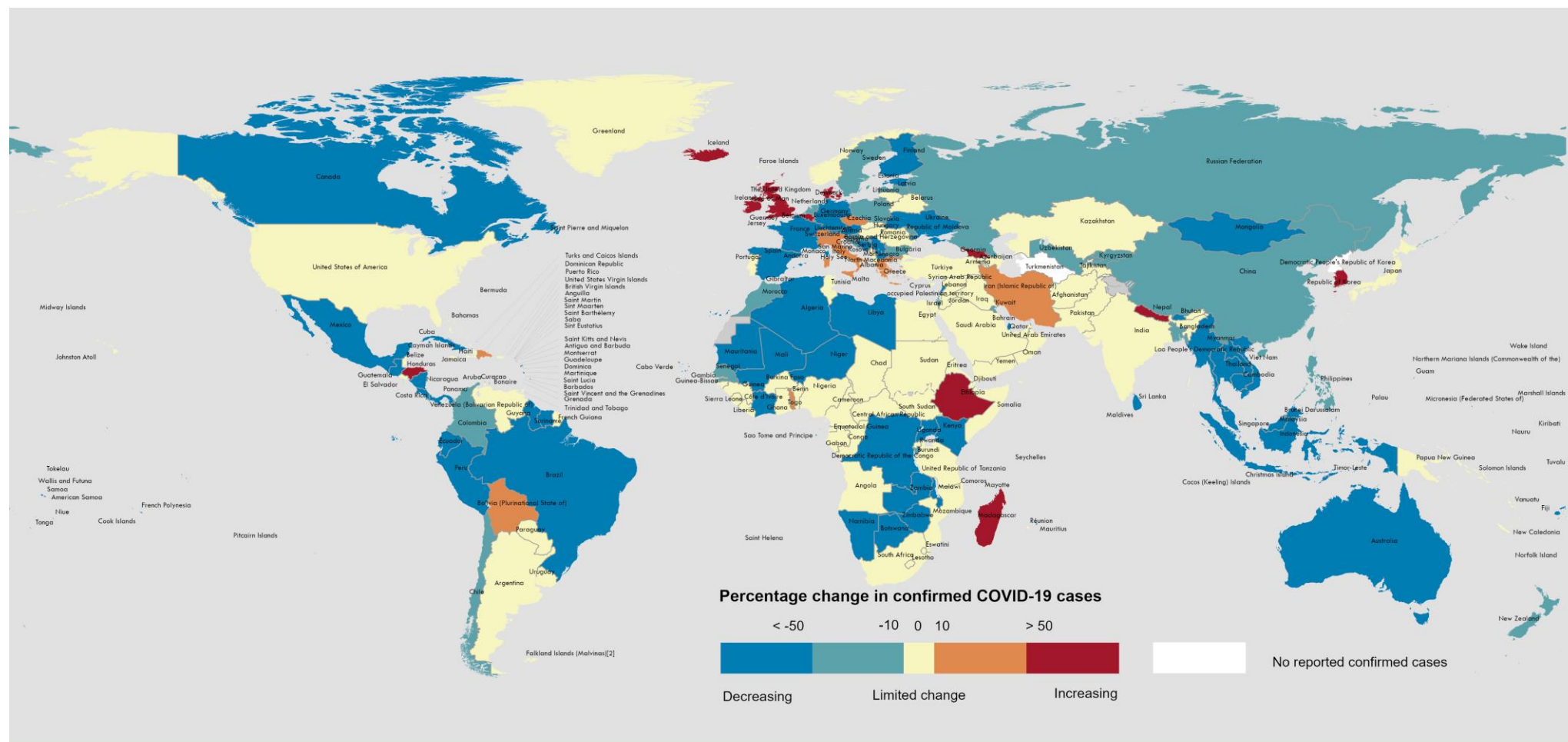
[¥] NA represents not available

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

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

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

Figure 2. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 13 August 2023**§



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

0 2,500 5,000 km

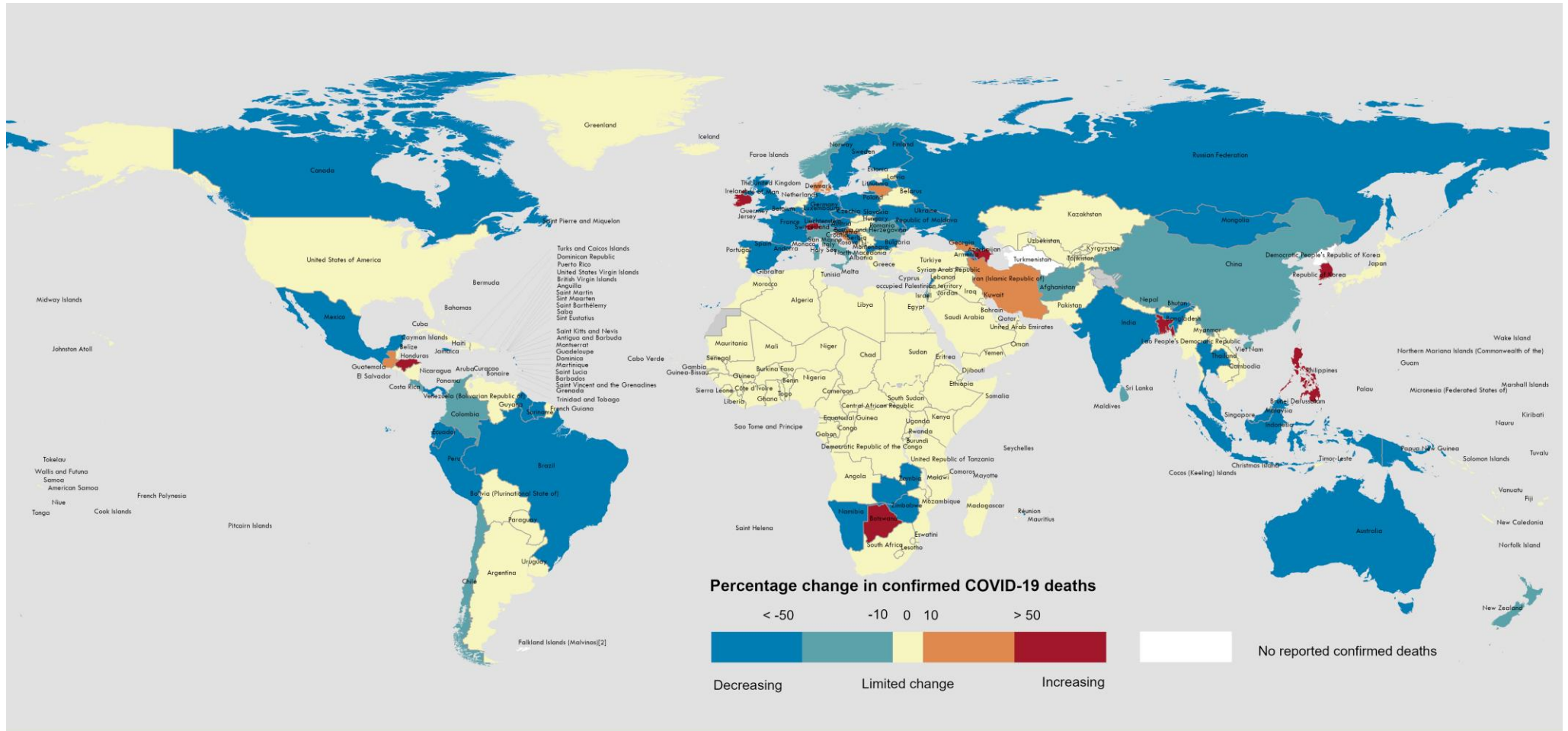
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**See [Annex 1: Data, table, and figure notes](#)

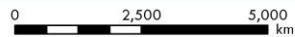
§ The data from the Region of the Americas are until 6 August 2023.

Figure 3. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, as of 13 August 2023**⁵



Data Source: World Health Organization
 Map Production: WHO Health Emergencies Programme

Not applicable



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

⁵ The data from the Region of the Americas are until 6 August 2023.

Hospitalizations and ICU admissions

At the global level, during the analysed 28-day period (10 July to 6 August 2023), 26 of 234 countries reported to WHO a total of 43 193 new hospitalizations, and 23 of 234 countries reported to WHO a total of 654 new intensive care unit (ICU) admissions (Figure 4). This represents a 3% and 55% decrease in hospitalizations and ICU admissions, respectively, compared to the previous 28 days (12 June to 9 July 2023). Note that the absence of reported data from other countries to the WHO does not imply that there are no COVID-19 related hospitalizations in those countries. The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data also likely include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Globally, during the past 28 days, of the 26 (11%) countries that reported data to WHO on new hospitalizations at least once (Figure 5), the European Region had the highest proportion of countries reporting (15 countries; 25%), followed by the South-East Asia Region (two countries; 20%), the Western Pacific Region (three countries; 9%), the Region of the Americas (four countries; 7%), the Eastern Mediterranean Region (one country; 5%), and the African Region (one country; 2%). The proportion of countries that consistentlyⁱⁱ reported new hospitalizations for the period was 7% (17 countries) (Table 2).

Among the 17 out of 234 countries consistently reporting new hospitalizations to WHO, six (35%) countries registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period: Bangladesh (1615 vs 210; 669%), Kyrgyzstan (10 vs four; +150%), Greece (1322 vs 816; +62%), Malta (152 vs 105; 45%), the United States of America (32 322 vs 24 488; +32%) and Mexico (863 vs 679; +27%). The highest numbers of new hospitalizations were reported from the United States of America (32 322 vs 24 488; +32 %), Malaysia (2881 vs 3833; -25%), and Bangladesh (1615 vs 210; +669%).

Globally, in the past 28 days, 23 (10%) countries reported data to WHO on new ICU admissions at least once (Figure 5). Among them, the European Region had the highest proportion of reporting countries (14 countries; 23%), followed by the Western Pacific Region (five countries; 14%), the South-East Asia Region (one country; 10%), and the Region of the Americas (three countries; 5%). The African Region and the Eastern Mediterranean Region did not report ICU admission data during the period. The proportion of countries that consistently reported new ICU admissions for the period was 5% (12 countries) (Table 2).

Among the 12 countries consistently reporting new ICU admissions to WHO, two (17%) countries showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period: Latvia (six vs two; +200%) and Greece (26 vs 20; +30%). The highest numbers of new ICU admissions were reported from Brazil (385 vs 714; -46%), Australia (94 vs 171; -45%), and Italy (57 vs 77; -26%).

ⁱⁱ “Consistently” as used here refers to countries that submitted data for new hospitalizations and intensive care unit admissions for the eight consecutive weeks (for the reporting and comparison period).

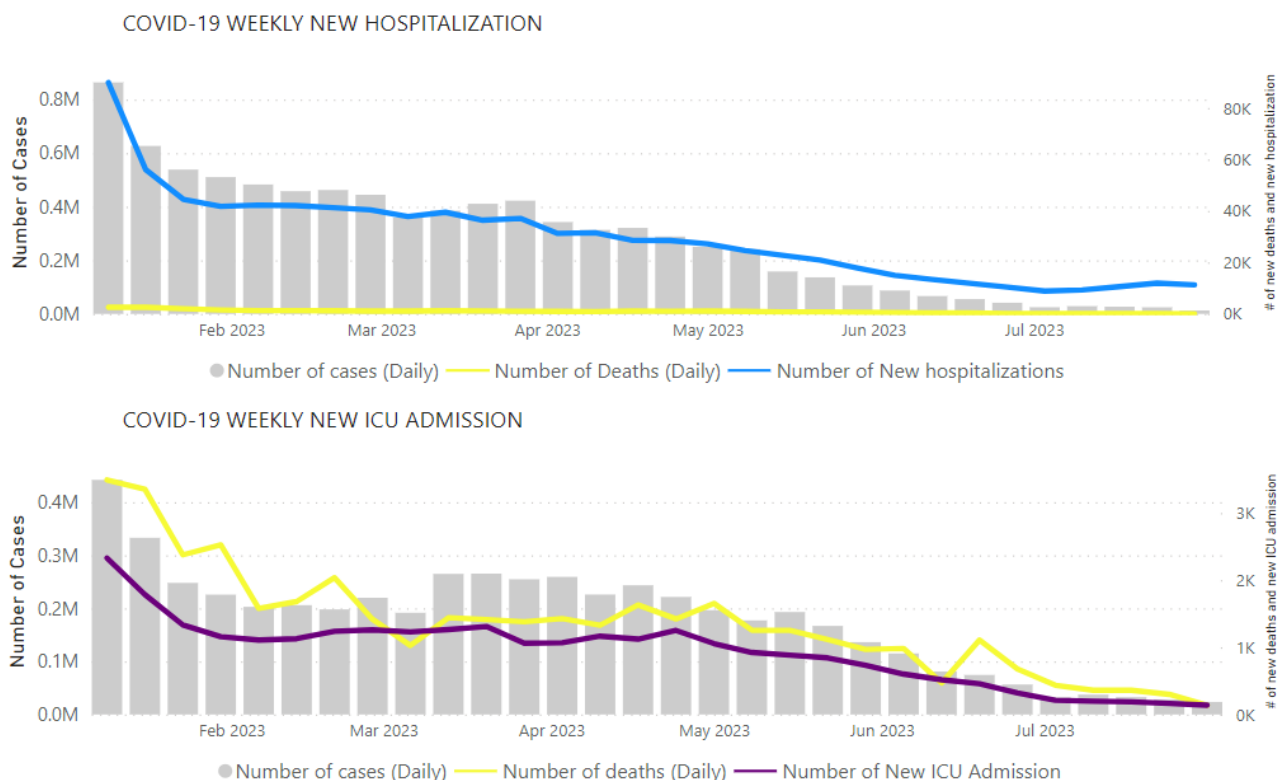
Table 2. New hospitalizations and ICU admissions in the last 28 days (with percent change) by WHO Region, 10 July to 6 August 2023 compared to 12 June to 9 July 2023

Region	New hospitalizations from countries that reported consistently in the last two 28-day periods			New ICU admissions from countries that reported consistently in the last two 28-day periods		
	Number of countries* (percentage)	Number of new hospitalizations	Percent change	Number of countries* (percentage)	Number of new ICU admissions	Percent change
Africa	1/50 (2%)	10	-62%	0/50 (<1%)	NA**	NA
Americas	3/56 (5%)	34 287	26%	2/56 (4%)	397	-46%
Eastern Mediterranean	0/22 (<1%)	NA	NA	0/22 (<1%)	NA	NA
European	9/61 (15%)	3453	-16%	6/61 (10%)	111	-13%
South-East Asia	2/10 (20%)	1754	120%	1/10 (10%)	12	-74%
Western Pacific	2/35 (6%)	2911	-28%	4/35 (11%)	113	-50%
Global	17/234 (7%)	42 415	17%	13/234 (6%)	633	-44%

* To be able to compare two periods, only the countries reported consistently in both the last and previous 28 days periods are included in the table

** NA represents not available

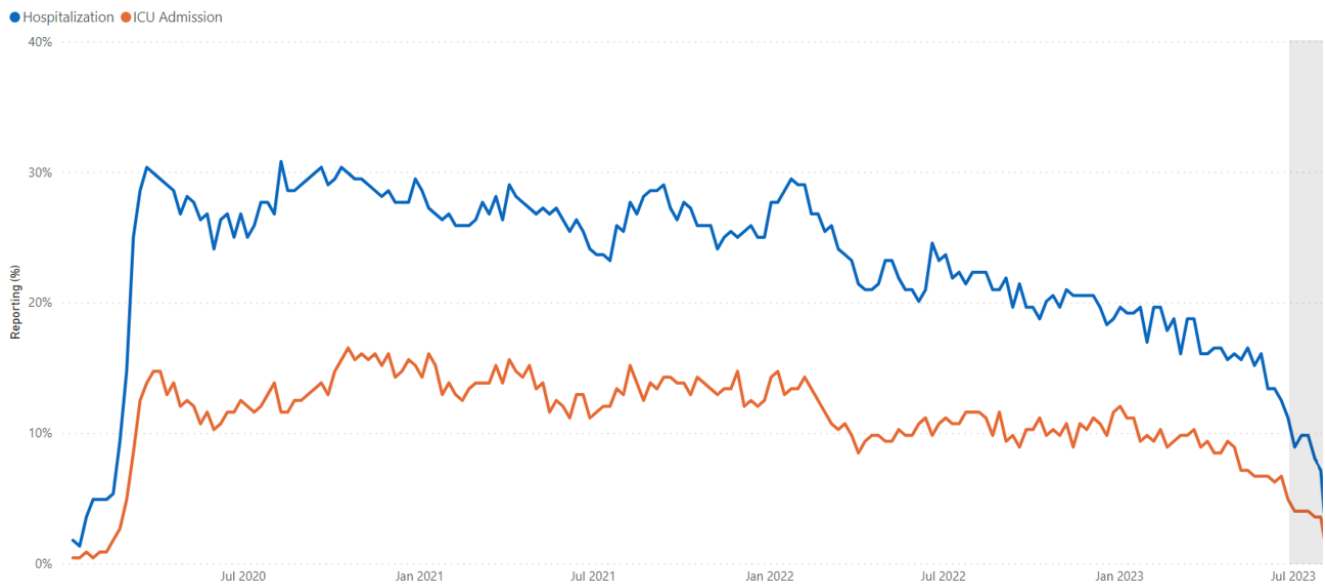
Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 6 August 2023



Note: Recent weeks are subject to reporting delays and data might not be complete, note to interpret the data with caution. Cases included in grey bars in the graph are only from countries reporting hospitalizations or ICU admissions, respectively.

Source: WHO Detailed Surveillance Dashboard

Figure 5. Weekly proportion of countries reporting new hospitalizations and ICU admissions, epidemiological week 1 of 2020 to week 31 of 2023



Note: Recent weeks are subject to reporting delays and should not be interpreted as a declining trend.

SARS-CoV-2 variants of interest and variants under monitoring

Geographic spread and prevalence

Globally, from 17 July to 13 August 2023 (28 days), 9052 SARS-CoV-2 sequences were shared through GISAID.

WHO is currently tracking several SARS-CoV-2 variants, including:

- Three variants of interest (VOIs); XBB.1.5, XBB.1.16 and EG.5.
- Seven variants under monitoring (VUMs) and their descent lineages; BA.2.75, BA.2.86, CH.1.1, XBB, XBB.1.9.1, XBB.1.9.2 and XBB.2.3.

On 17 August 2023, WHO designated a new SARS-CoV-2 variant, that has been assigned the scientific name (Pango-lineage designation) BA.2.86 as a VUM due to the large number (>30) of spike gene mutations it carries. Currently, there are only four known sequences of this variant reported from two countries in the European Region and one country in the Region of the Americas with no known associated epidemiological connections. The potential impact of the BA.2.86 mutations are presently unknown and undergoing careful assessment (Table 3). WHO continues to call for better surveillance, sequencing and reporting of COVID-19 as this virus continues to circulate and evolve.

Globally, XBB.1.16 and EG.5 are the most prevalent VOIs reported since their emergence from 101 and 50 countries, respectively. In epidemiological week 30 (24 to 30 July 2023), both XBB.1.16 and EG.5 accounted for 21.1% of sequences with EG.5 comprising of a 2-fold increase in comparison to a prevalence of 10.2% in epidemiological week 26 (26 June to 2 July 2023) (Table 3). Additional information can be found in the [Initial Risk Evaluation](#) that was finalized on 9 August 2023.

XBB.1.5, reported from a total of 121 countries globally, continues to show a declining trend. XBB.1.5 accounted for 11.0% of sequences in week 30 compared to 14.5% in week 26 (Table 3).

Table 3 shows the number of countries reporting the VOIs and VUMs and their prevalence from week 26 to week 30. During the last five weeks, the VOI and the VUMs that have shown **increasing trends are highlighted in orange**, those that have remained **stable are highlighted in blue**, while those with **decreasing trends are highlighted in green**.

Among the VUMs, XBB.1.9.2 showed a declining prevalence trend, going from 7.1% in week 26 to 5.2% in week 30; whilst other VUMs have shown stable trends during the same reporting period (Table 3).

Table 3. Weekly prevalence (%) of SARS-CoV-2 VOIs and VUMs, week 26 to week 30 of 2023

Lineage	Countries [§]	Sequences [§]	2023-26	2023-27	2023-28	2023-29	2023-30
VOIs							
XBB.1.5*	121	265 053	14.5	12.6	12.3	12.4	11.0
XBB.1.16*	101	46 752	22.1	23.1	22.6	24.0	21.1
EG.5*	50	7 988	10.2	12.6	15.5	17.7	21.1
VUMs							
BA.2.75*	125	123 414	2.7	2.4	2.3	1.6	2.1
BA.2.86 [†]	3	4					
CH.1.1*	96	42 886	0.5	0.6	0.5	0.7	0.5
XBB*	130	68 382	6.0	6.6	6.5	6.9	5.4
XBB.1.9.1*	102	55 183	15.3	13.5	12.5	11.6	14.7
XBB.1.9.2*	86	25 989	7.1	7.6	7.2	5.8	5.2
XBB.2.3*	70	9 437	4.3	4.6	4.7	5.1	4.7
Unassigned	94	152 253	6.0	4.8	4.0	3.1	2.8
Other ⁺	209	6 768 445	10.8	11.2	11.3	10.6	10.9

[§] Number of countries and sequences are since the emergence of the variants

* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.16, EG.5, XBB.1.9.1, XBB.1.9.2, and XBB.2.3

⁺ "Other" represents other circulating lineages excluding the VOI, VUMs, BA.1*, BA.2*, BA.3*, BA.4*, BA.5*. Due to delays in or retrospective assignment of variants, caution should be taken when interpreting the prevalence of the "Other" category.

[†] Prevalence for BA.2.86 cannot be calculated due to the very small numbers of sequences at this time.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO statement on updated tracking system on SARS-CoV-2 variants of concern and variants of interest](#)
- [WHO XBB.1.5 Updated Risk Assessment, 20 June 2023](#)
- [WHO XBB.1.16 Updated Risk Assessment, 5 June 2023](#)
- [WHO EG.5 Initial Risk Evaluation, 9 August 2023](#)

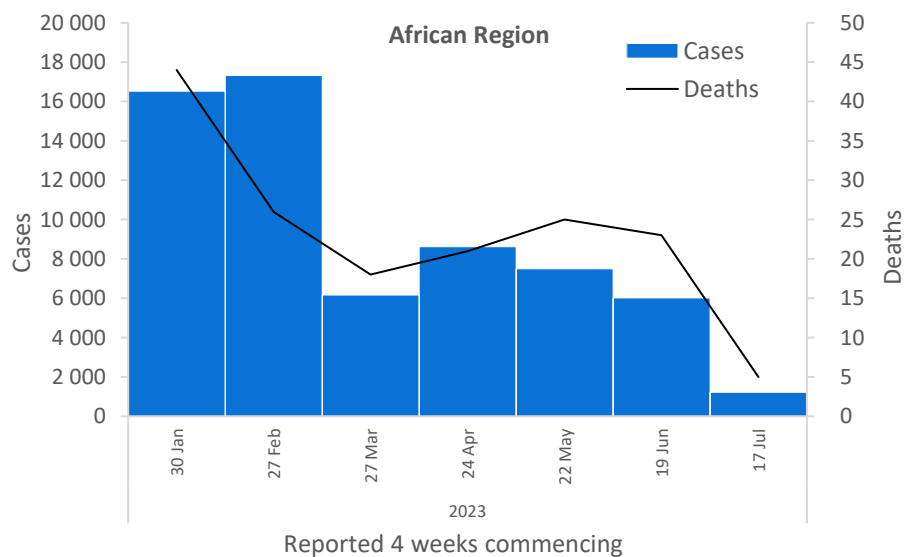
WHO regional overviews

Data for 17 July to 13 August 2023

African Region

The African Region reported over 1200 new cases, an 80% decrease as compared to the previous 28-day period. Two (4%) of the 50 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Ethiopia (45 vs 26 new cases; +73%) and Togo (six vs four new cases; +50%). The highest numbers of new cases were reported from Mauritius (433 new cases; 34.0 new cases per 100 000; -35%), Zambia (278 new cases; 1.5 new cases per 100 000; -91%), and Burundi (142 new cases; 1.2 new cases per 100 000; -21%).

The number of new 28-day deaths in the Region decreased by 78% as compared to the previous 28-day period, with five new deaths reported. The new deaths were reported from Botswana (two new deaths; <1 new death per 100 000; +100%), Zimbabwe (two new deaths; <1 new death per 100 000; -78%), and Zambia (one new death; <1 new death per 100 000; -87%).

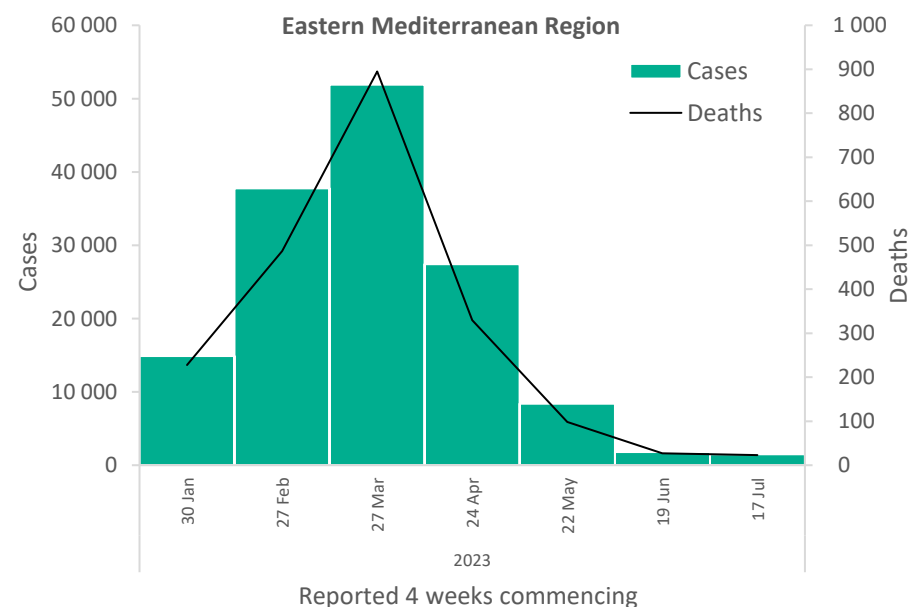


Updates from the [African Region](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported nearly 1500 new cases, a 16% decrease as compared to the previous 28-day period. No country has reported increases in new cases of 20% or greater compared to the previous 28-day period. The highest numbers of new cases were reported from Afghanistan (859 new cases; 2.2 new cases per 100 000; +4%), the Islamic Republic of Iran (510 new cases; <1 new case per 100 000; +14%), and Morocco (96 new cases; <1 new case per 100 000; -29%).

The number of new 28-day deaths in the Region decreased by 15% as compared to the previous 28-day period, with 23 new deaths reported. The new deaths were reported from the Islamic Republic of Iran (15 new deaths; <1 new death per 100 000; +15%) and Afghanistan (eight new deaths; <1 new death per 100 000; -20%).

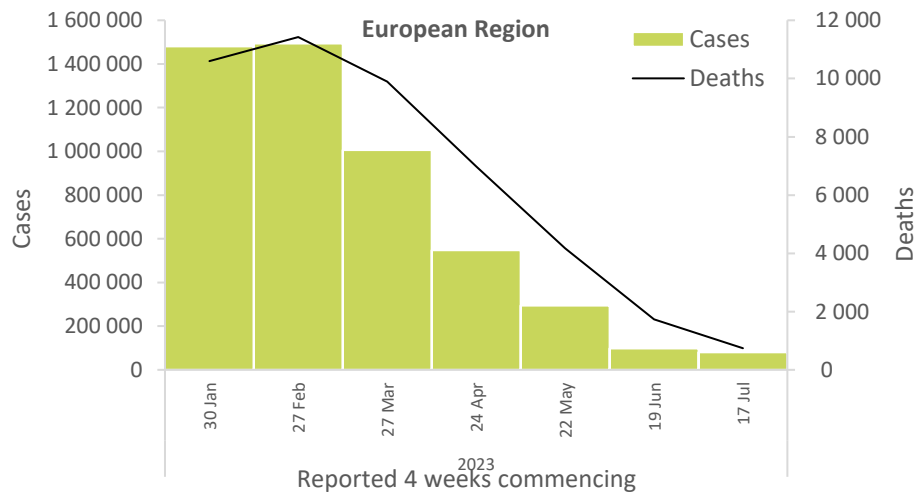


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 80 000 new cases, a 18% decrease as compared to the previous 28-day period. Twelve (19%) of the 61 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Iceland (88 vs 29 new cases; +203%), Georgia (4039 vs 1701 new cases; +137%), and San Marino (43 vs 20 new cases; +115%). The highest numbers of new cases were reported from Italy (18 419 new cases; 30.9 new cases per 100 000; +10%), the United Kingdom (16 938 new cases; 25.0 new cases per 100 000; +60%), and the Russian Federation (12 488 new cases; 8.6 new cases per 100 000; -40%).

The number of new 28-day deaths in the Region decreased by 57% as compared to the previous 28-day period, with 741 new deaths reported. The highest numbers of new deaths were reported from the Russian Federation (182 new deaths; <1 new death per 100 000; -55%), Italy (159 new deaths; <1 new death per 100 000; -28%), and Portugal (112 new deaths; 1.1 new death per 100 000; +7%).

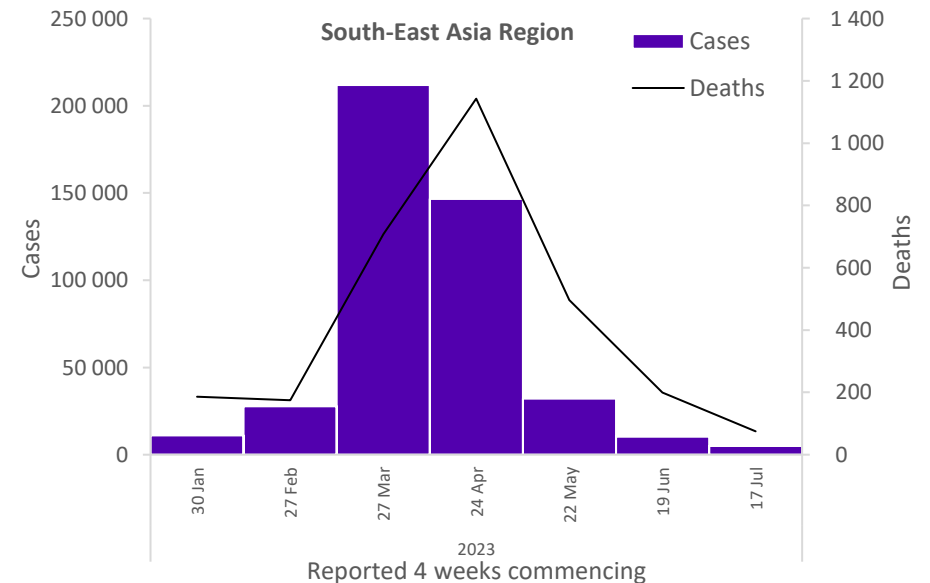


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 5000 new cases, a 51% decrease as compared to the previous 28-day period. Two (20%) of the 10 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Nepal (32 vs 12 new cases; +166%), and the Maldives (seven vs four new cases; 1.3 new cases per 100 000; +75%). The highest numbers of new cases were reported from Thailand (1533 new cases; 2.2 new cases per 100 000; -64%), Bangladesh (1420 new cases; <1 new case per 100 000; -32%), and India (1396 new cases; <1 new case per 100 000; similar to the previous period).

The number of new 28-day deaths in the Region decreased by 62% as compared to the previous 28-day period, with 75 new deaths reported. The highest numbers of new deaths were reported from Thailand (34 new deaths; <1 new death per 100 000; -71%), Indonesia (21 new deaths; <1 new death per 100 000; -59%), and Bangladesh (12 new deaths; <1 new death per 100 000; +71%).

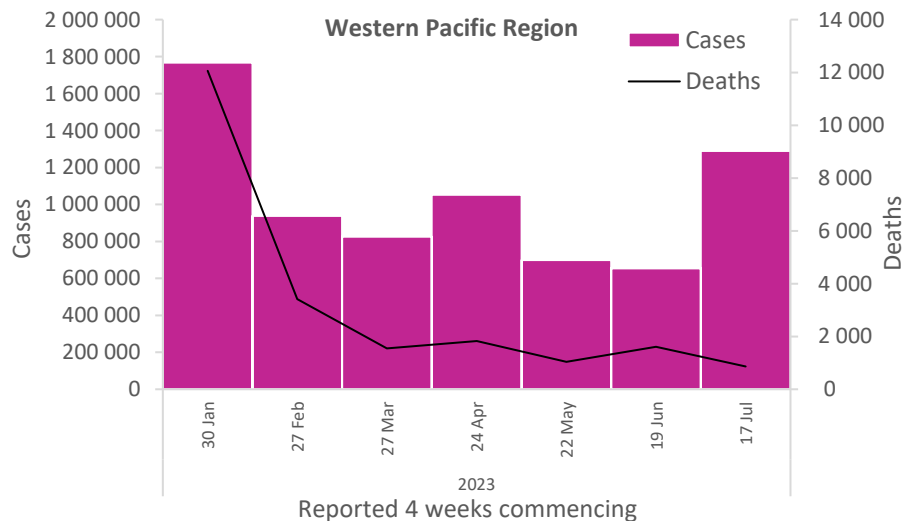


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 1.2 million new cases, a 97% increase as compared to the previous 28-day period. Five (14%) of the 35 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in the Federated States of Micronesia (64 vs seven new cases; +814%), Niue (seven vs two new cases; +250%) and the Republic of Korea (1 209 194 vs 501 931 new cases; +140%). The highest numbers of new cases were reported from the Republic of Korea (1 209 194 new cases; 2358.5 new cases per 100 000; +140%), Australia (30 402 new cases; 119.2 new cases per 100 000; -52%), and Singapore (18 806 new cases; 321.5 new cases per 100 000; -40%).

The number of new 28-day deaths in the Region decreased by 46% as compared to the previous 28-day period, with 863 new deaths reported. The highest numbers of new deaths were reported from the Republic of Korea (340 new deaths; <1 new death per 100 000; +91%), Australia (201 new deaths; <1 new death per 100 000; -78%), and the Philippines (162 new deaths; <1 new death per 100 000; +5300%).



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. 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 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 excepted, the names of proprietary products are distinguished by initial capital letters.

Updates on the COVID-19 outbreak in the Democratic People's Republic of Korea are 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 webpage](#). 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 all SARS-CoV-2 variants and to track changes in prevalence and viral characteristics. The current trends describing the circulation of variants 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.¹

References

1. Chen Z, Azman AS, Chen X, et al. Global landscape of SARS-CoV-2 genomic surveillance and data sharing. *Nature genetics*. 2022;54(4). doi:10.1038/s41588-022-01033-y