

COVID-19 Weekly Epidemiological Update

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In this edition:

- [Global overview](#)
- [Special Focus: Update on SARS-CoV-2 variants of interest and variants of concern](#)
- [WHO regional overviews](#)

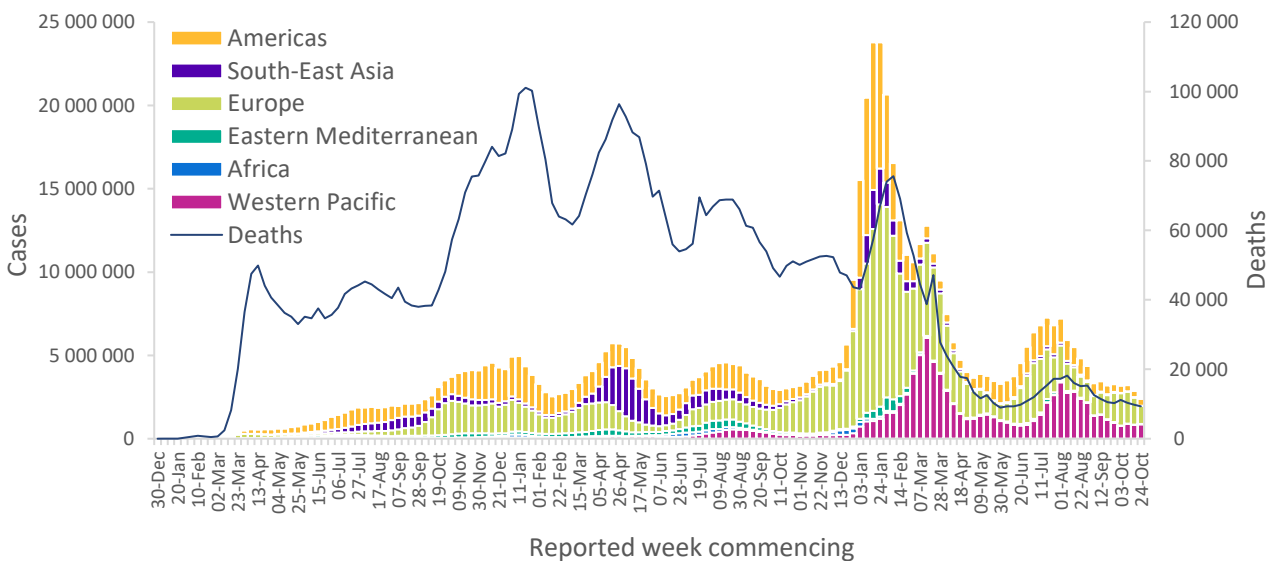
Global overview

Data as of 30 October 2022

Globally, the number of new weekly cases decreased by 17% during the week of 24 to 30 October 2022 as compared to the previous week, with over 2.3 million new cases reported (Figure 1, Table 1). The true number of incident cases is likely to be underestimated due to a decline in testing globally. The number of new weekly deaths decreased by 5% as compared to the previous week, with over 9300 fatalities reported. As of 30 October 2022, over 627 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 four of the six WHO regions: the African Region (-39%), the European Region (-34%), the Eastern Mediterranean Region (-8%) and the South-East Asia Region (-3%); while case numbers increased in the Region of the Americas (+5%) and the Western Pacific Region (+5%). The number of new weekly deaths decreased across two regions: the European Region (-31%) and the Eastern Mediterranean Region (-15%); while the number of deaths increased in the African Region (56 versus 17; +155%), the Region of the Americas (+23%), the South-East Asia Region (+13%) and the Western Pacific Region (+7%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 30 October 2022**



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

At the country level, the highest numbers of new weekly cases were reported from Germany (346 672 new cases; -36%), Japan (281 974 new cases; +21%), the United States of America (259 066 new cases; +1%), China (257 994 new cases; -10%) and the Republic of Korea (241 465 new cases; +37%). The highest numbers of new weekly deaths were reported from the United States of America (3187 new deaths; +24%), the Russian Federation (567 new deaths; -11%), Italy (559 new deaths; -5%), Brazil (553 new deaths; +44%) and China (489 new deaths; +4%).

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 30 October 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	1 066 067 (45%)	-34%	260 908 612 (42%)	3 277 (35%)	-31%	2 115 732 (32%)
Western Pacific	871 483 (37%)	5%	93 459 805 (15%)	1 319 (14%)	7%	275 647 (4%)
Americas	388 350 (16%)	5%	180 023 346 (29%)	4 354 (47%)	23%	2 855 664 (43%)
South-East Asia	34 026 (1%)	-3%	60 444 729 (10%)	278 (3%)	13%	798 738 (12%)
Eastern Mediterranean	13 359 (1%)	-8%	23 151 287 (4%)	64 (1%)	-15%	348 685 (5%)
Africa	3 864 (<1%)	-39%	9 361 319 (1%)	56 (1%)	155%	174 737 (3%)
Global	2 377 149 (100%)	-17%	627 349 862 (100%)	9 348 (100%)	-5%	6 569 216 (100%)

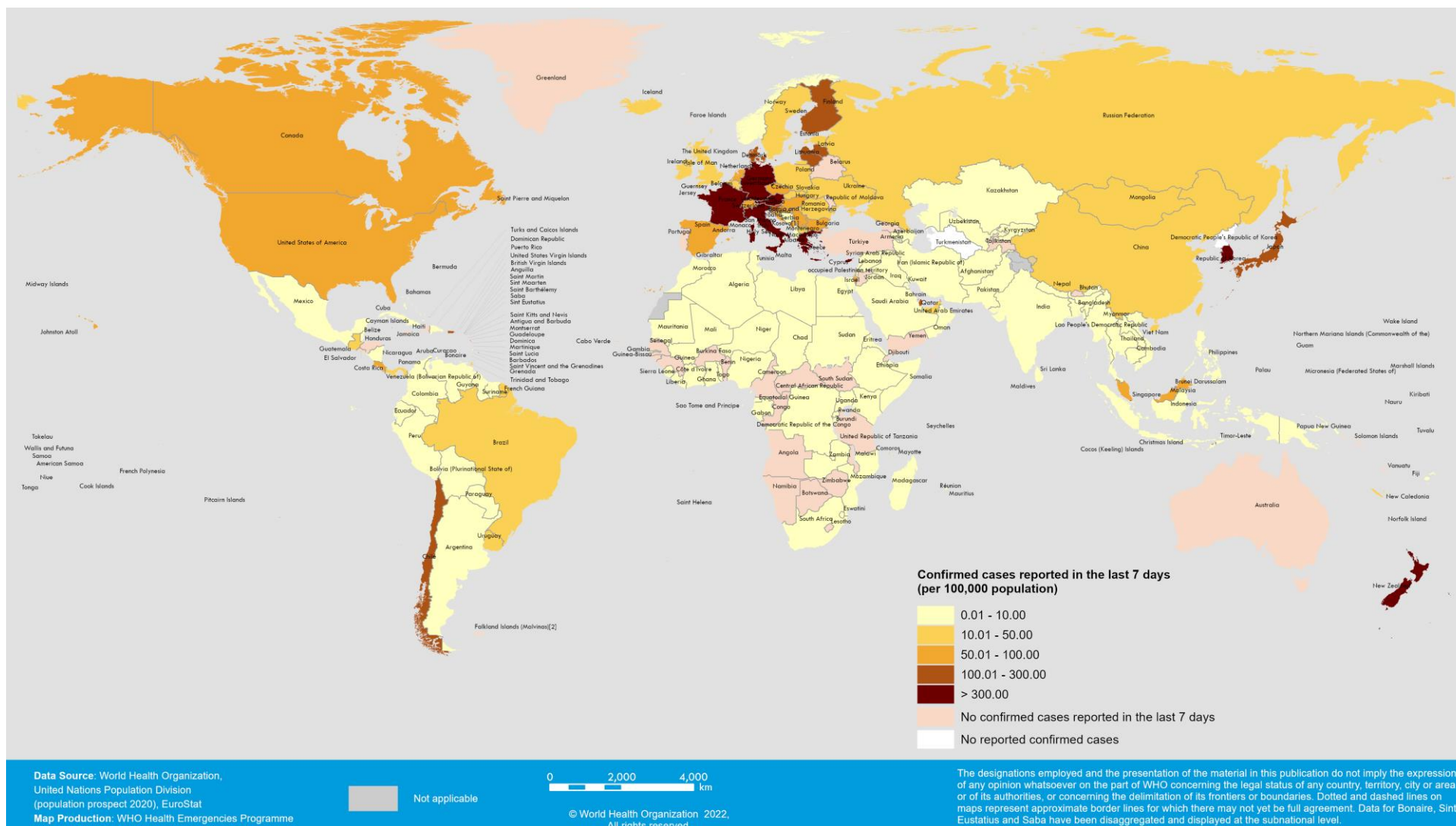
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior. Data from previous weeks are updated continuously with adjustments received from countries.

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

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

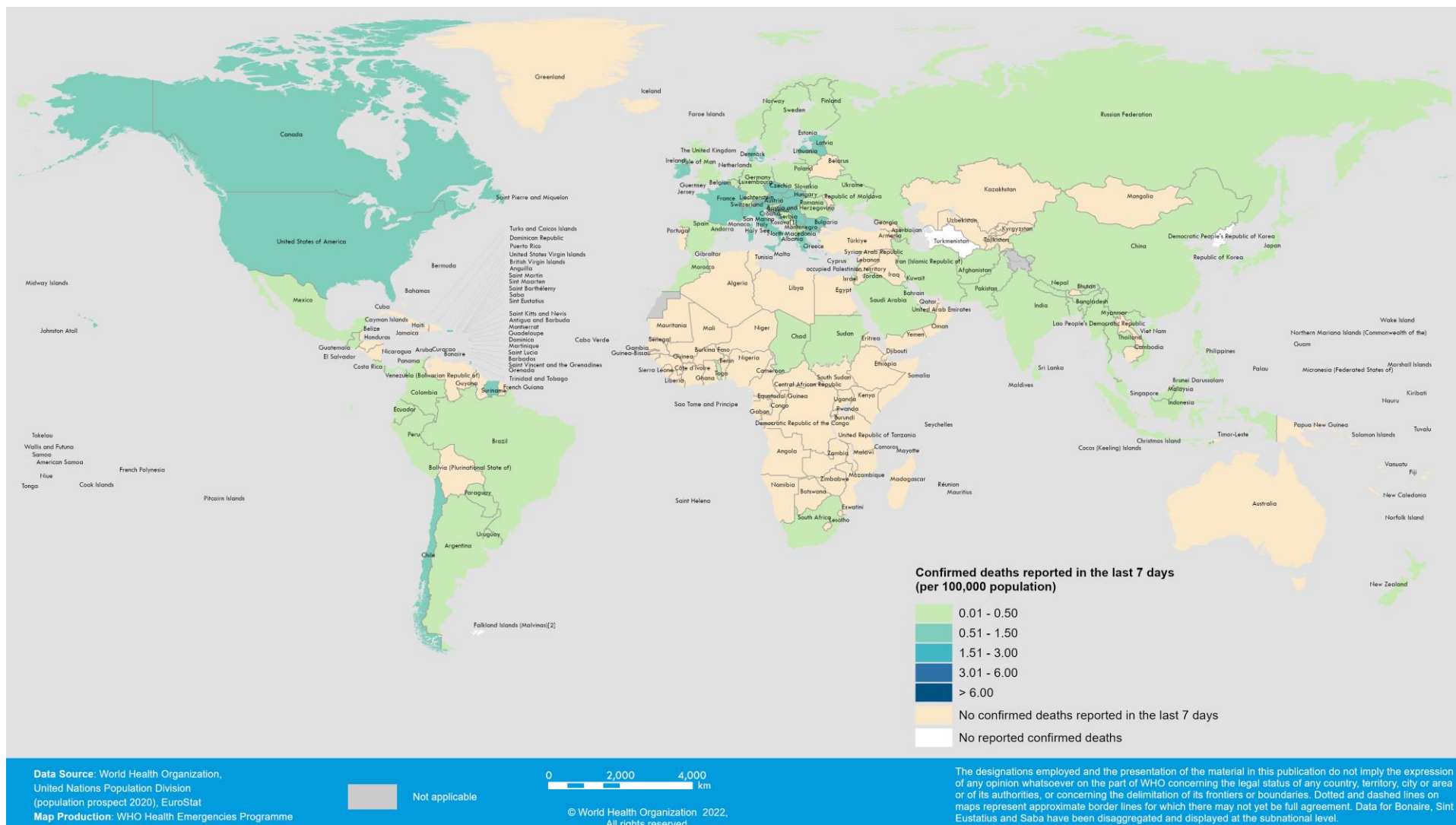
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)
- [WHO COVID-19 policy briefs](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 24-30 October 2022*



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

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 24-30 October 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 1 to 31 October 2022, 103 210 SARS-CoV-2 sequences were shared through GISAID. Among these, 103 147 sequences were the Omicron variant of concern (VOC), accounting for 99.9% of sequences reported globally in the past 30 days.

During epidemiological week 41 (10 to 16 October 2022), and among Omicron sister lineages, BA.5 and its descendent lineages continued to be dominant globally, accounting for 74.9% of sequences submitted to GISAID. A comparison of sequences submitted to GISAID during epidemiological week 40 (3 to 9 October 2022) to week 41 shows a rise in sequence prevalence from 4.7% to 7.0% for BA.2 and its descendent lineages, while BA.4 descendent lineages declined slightly from 5.1% to 4.8%.

During the same reporting period, Omicron subvariant under monitoring BA.2.75 showed a rise in sequence prevalence from 2.9% to 3.7%. Similarly, there was a rise in prevalence from 5.7% to 9.0% for BQ.1*, 1.0% to 1.5% for XBB* and 0.3% to 0.7% for BA.2.3.20. BA.5 descendent lineages with additional mutations in SARS-CoV-2 Spike (R346X, K444X, V445X, N450D and/or N460X) rose in prevalence from 19.5% to 21.0%. After several weeks of increase, BA.4.6 prevalence remained stable at 4.1% during weeks 40 and 41. During week 41, unassigned sequences (presumed to be Omicron) accounted for 11.8% of sequences submitted to GISAID.

The WHO TAG-VE (Technical Advisory Group on SARS-CoV-2 Virus Evolution) met again on 24 October 2022 to further discuss Omicron subvariants XBB and BQ.1. According to the TAG-VE statement, based on currently available evidence—which at present is limited—the expert group advises that the overall phenotypes of XBB and BQ.1 (and their sublineages) do not diverge sufficiently from each other, or from other Omicron lineages with additional immune escape mutations, in terms of the necessary public health response, to warrant the designation of new variants of concern and assignment of a new label. XBB and BQ.1 remain Omicron VOC. So far, available information does not indicate an increase in severity.

WHO will continue to closely monitor the XBB and BQ.1 lineages as part of Omicron and requests countries to continue to be vigilant, to monitor and report sequences, as well as to conduct independent and comparative analyses of the different Omicron sublineages. The TAG-VE is working to improve variant risk assessment and work towards more quantitative indicators that can be used for such assessment.

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](#)
- [TAG-VE statement on Omicron sublineages BQ.1 and XBB](#)

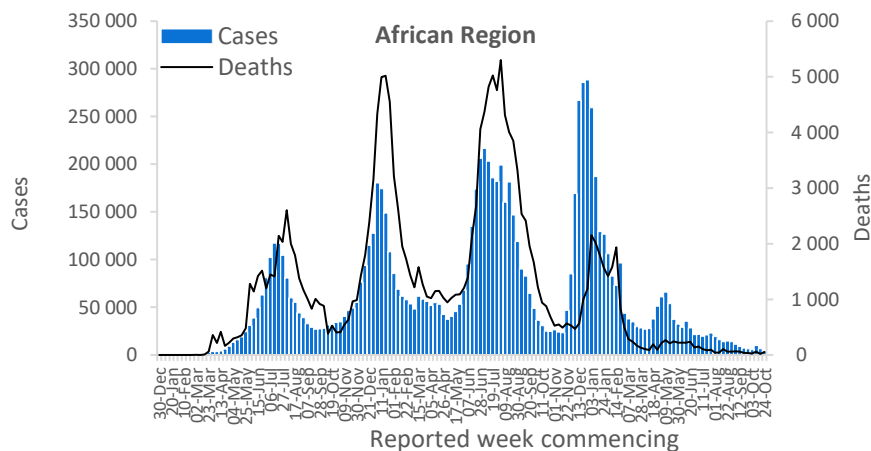
WHO regional overviews:

Epidemiological week 24-30 October 2022

African Region

The Africa Region reported over 3800 new cases, a 39% decrease as compared to the previous week. Seven (14%) of the 50 countries for which data are available reported an increase in the number of new cases of 20% or greater, with some of the greatest proportional increases seen in Madagascar (40 vs 19 new cases; +111%), Mali (16 vs nine new cases; +78%) and Mozambique (44 vs 30 new cases; +47%). The highest numbers of new cases were reported from South Africa (2369 new cases; 4.0 new cases per 100 000 population; +17%), Kenya (329 new cases; <1 new case per 100 000; +85%), and Ghana (134 new cases; <1 new case per 100 000; -12%).

The number of new weekly deaths in the Region increased by 155% as compared to the previous week, with 56 deaths reported. The highest numbers of new deaths were reported from South Africa (54 new deaths; <1 new death per 100 000 population; +391%), Chad (one new death; <1 new death per 100 000; no deaths reported the previous week) and Togo (one new death; <1 new death per 100 000; -50%).

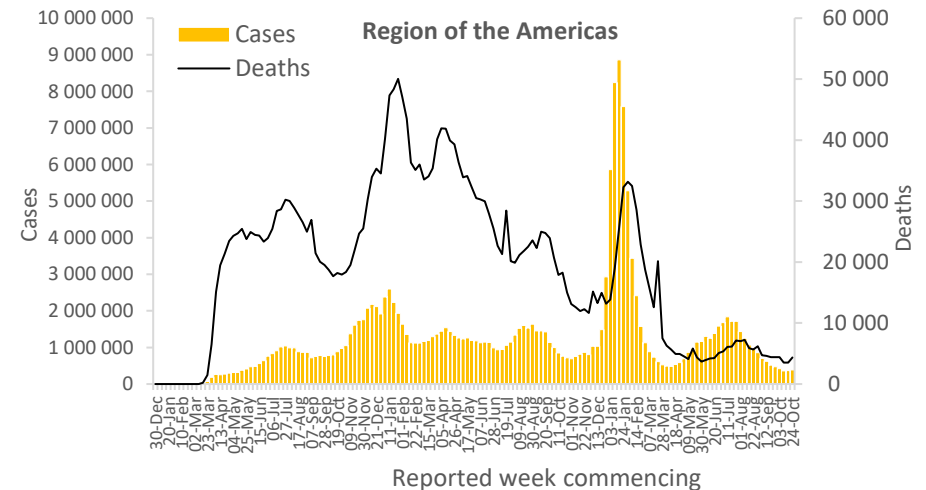


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 388 000 new cases, a 5% increase as compared to the previous week. Six (11%) of the 56 countries for which data are available reported an increase in the number of new cases of 20% or greater, with some of the greatest proportional increases seen in Guatemala (4155 vs 2998 new cases; +39%), Panama (805 vs 603 new cases; +34%) and Peru (2317 vs 1898 new cases; +22%). The highest numbers of new cases were reported from the United States of America (259 066 new cases; 78.3 new cases per 100 000; +1%), Chile (41 905 new cases; 219.2 new cases per 100 000; +21%) and Brazil (41 585 new cases; 19.6 new cases per 100 000; +22%).

The number of new weekly deaths increased by 23% in the Region as compared to the previous week, with over 4300 new deaths reported. The highest numbers of new deaths were reported from the United States of America (3187 new deaths; 1.0 new death per 100 000; +24%), Brazil (553 new deaths; <1 new death per 100 000; +44%) and Canada (305 new deaths; <1 new death per 100 000; -1%).

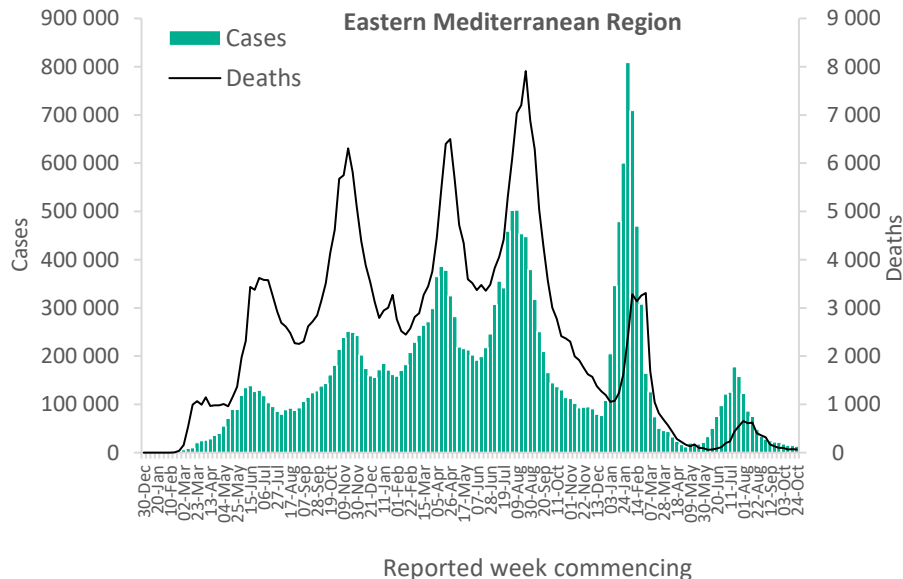


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 13 000 new cases, an 8% decrease as compared to the previous week. Two (9%) countries reported an increase in new cases of 20% or greater with the highest proportional increases observed in Somalia (12 vs two new cases; +500%) and Sudan (44 vs 28 new cases; +57%). The highest numbers of new cases were reported from Qatar (3172 new cases; 110.1 new cases per 100 000; -15%), the United Arab Emirates (2239 new cases; 22.6 new cases per 100 000; -1%) and Bahrain (2127 new cases; 125.0 new cases per 100 000; +2%).

The number of new weekly deaths in the Region decreased by 15% as compared to the previous week, with 64 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (28 new deaths; <1 new death per 100 000; +4%), Saudi Arabia (13 new deaths; <1 new death per 100 000; similar to the previous week) and Sudan (seven new deaths; <1 new death per 100 000; +250%).

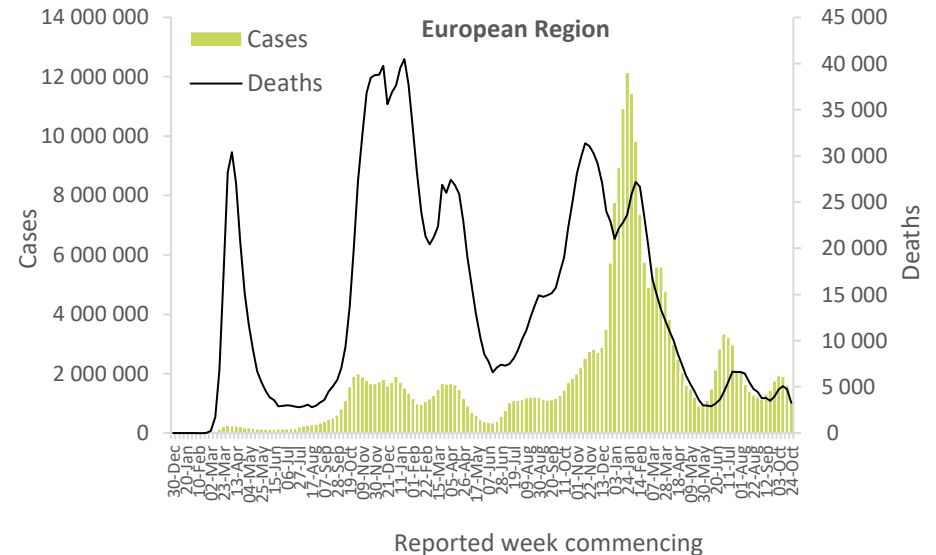


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over one million new cases, a 34% decrease compared to the previous week. Three (5%) countries reported increases in new cases of 20% or greater, with the highest proportional increases observed in Uzbekistan (139 vs 78 new cases; +78%), Albania (175 vs 135 new cases; +30%) and Israel (5510 vs 4605 new cases; 20%). The highest numbers of new cases were reported from Germany (346 672 new cases; 416.8 new cases per 100 000; -36%), Italy (208 501 new cases; 349.6 new cases per 100 000; -18%) and France (202 020 new cases; 310.6 new cases per 100 000; -42%).

Over 3200 new weekly deaths were reported in the region, a 31% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (567 new deaths; <1 new death per 100 000; -11%), Italy (559 new deaths; <1 new death per 100 000; -5%) and France (462 new deaths; <1 new death per 100 000; -10%).

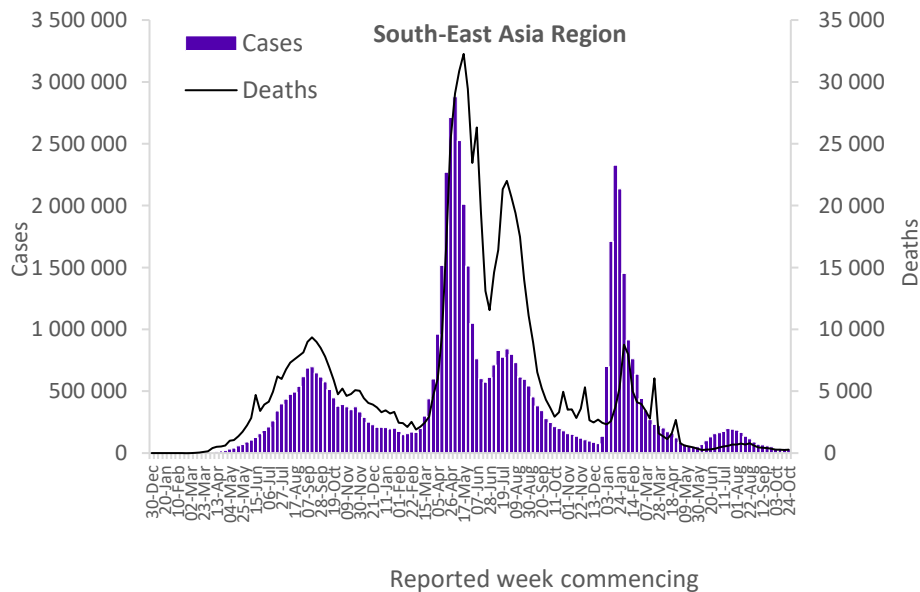


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 34 000 new cases, a 3% decrease compared to the previous week. One (10%) country in the Region for which data are available showed an increase in the number of new cases of 20% or greater: Indonesia (19 661 cases vs 14 093 new cases; +40%). The highest numbers of new cases were reported from Indonesia (19 661 new cases; 7.2 new cases per 100 000; +40%), India (9524 new cases; <1 new case per 100 000; -32%) and Thailand (2551 new cases; 3.7 new cases per 100 000; -2%).

Over 200 new weekly deaths were reported in the region, a 13% increase compared to the previous week. The highest numbers of new deaths were reported from Indonesia (168 new deaths; <1 new death per 100 000; +45%), India (55 new deaths; <1 new death per 100 000; -17%) and Thailand (33 new deaths; <1 new death per 100 000; -18%).

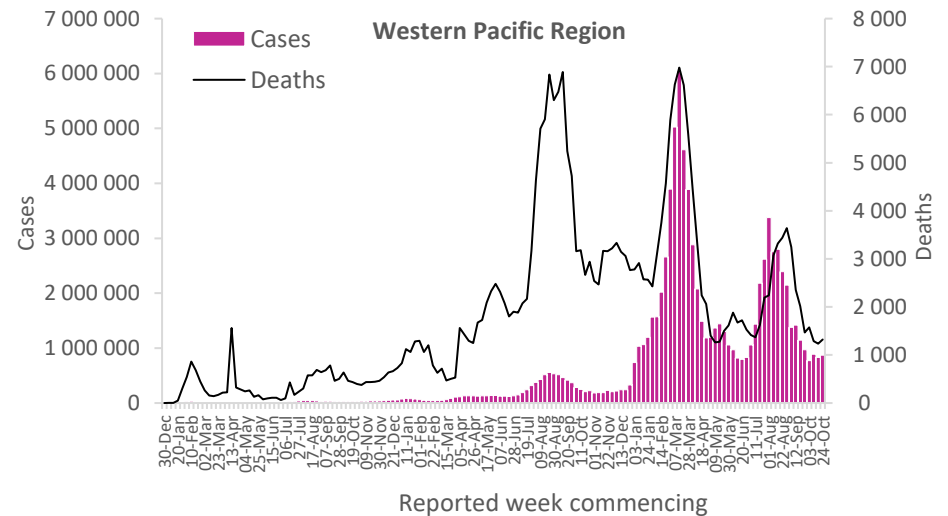


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 871 000 new cases, a 5% increase as 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 (21 342 vs 14 489 new cases; +47%), and Mongolia (492 vs 343 new cases; +43%). The highest numbers of new cases were reported from Japan (281 974 new cases; 222.9 new cases per 100 000; +21%), China (257 994 new cases; 17.5 new cases per 100 000; -10%) and the Republic of Korea (241 465 new cases; 471.0 new cases per 100 000; +37% increase).

The Region reported a 7% increase in new weekly deaths as compared to the previous week, with over 1300 deaths reported. The highest numbers of new deaths were reported from China (489 new deaths; <1 new death per 100 000; +4%), Japan (362 new deaths; <1 new death per 100 000; -10%) and the Philippines (252 new deaths; <1 new death per 100 000; +58%).



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 except, 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, the number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

^[2] 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.