

COVID-19 Weekly Epidemiological Update

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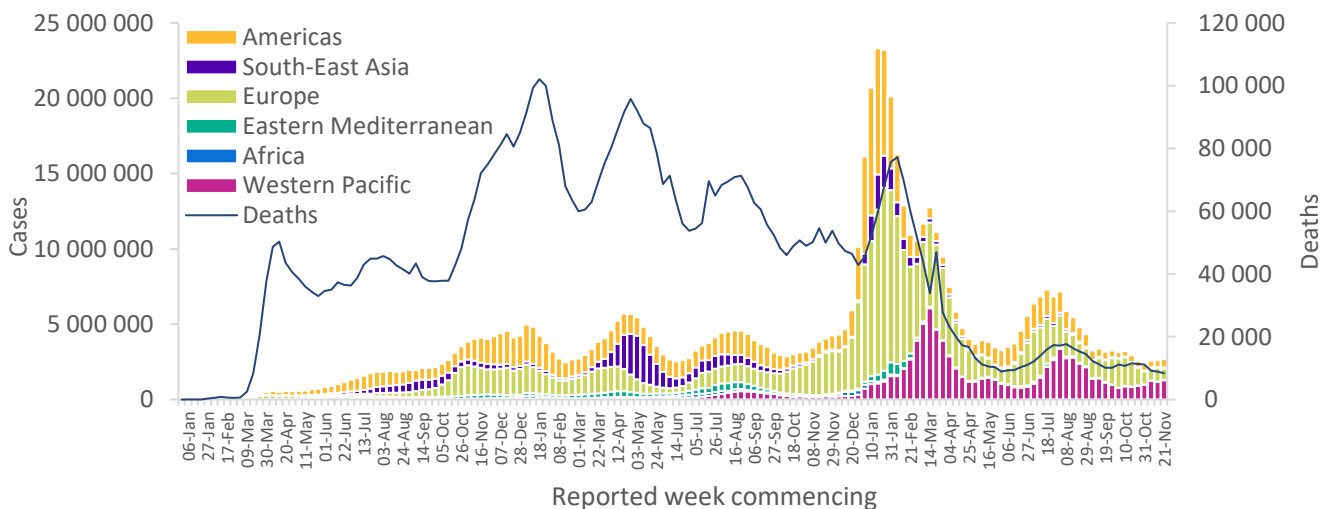
Global overview

Data as of 27 November 2022

Globally, the number of new weekly cases remained stable (+2%) during the week of 21 to 27 November 2022 as compared to the previous week, with just under 2.7 million new cases reported (Figure 1, Table 1). The number of new weekly deaths decreased by 5% as compared to the previous week, with over 8400 new fatalities reported. As of 27 November 2022, over 637 million confirmed cases and over 6.6 million have been reported globally.

At the regional level, the number of newly reported weekly cases decreased across four of the six WHO regions: the African Region (-18%), the Eastern Mediterranean Region (-17%), the European Region (-14%), and the South-East Asia Region (-8%); while case numbers increased in two WHO regions: the Region of the Americas (+19%) and the Western Pacific Region (+8%). The number of newly reported weekly deaths decreased across three regions: the African Region (-79%), the European Region (-35%), and the Eastern Mediterranean Region (-20%); while death numbers increased in three WHO regions: the Region of the Americas (+21%), the Western Pacific Region (+9%), and the South-East Asia Region (+5%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 27 November 2022**



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

At the country level, the highest numbers of new weekly cases were reported from Japan (698 772 new cases; +18%), the Republic of Korea (378 751 new cases; +4%), the United States of America (296 882 new cases; +8%), France (230 871 new cases; -1%), and Italy (161 454 new cases; -27%). The highest numbers of new weekly deaths were reported from the United States of America (2611 new deaths; +16%), Japan (1000 new deaths; +42%), Brazil (535 new deaths; +113%), Italy (419 new deaths; -22%), and China (395 new deaths; -17%).

Current trends in reported COVID-19 cases 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. COVID-19 prevalence surveys conducted in a number of countries have found that the number of reported COVID-19 cases is an underestimate of the actual number of cases in the population¹⁻⁴. 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 27 November 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 (%)
Western Pacific	1 292 141 (48%)	8%	98 230 033 (15%)	1898 (22%)	9%	282 552 (4%)
Europe	771 981 (29%)	-14%	264 418 870 (41%)	2254 (27%)	-35%	2 134 396 (32%)
Americas	550 990 (21%)	19%	181 861 099 (29%)	3821 (45%)	21%	2 869 470 (43%)
South-East Asia	49 879 (2%)	-8%	60 642 718 (10%)	420 (5%)	5%	801 676 (12%)
Eastern Mediterranean	7633 (<1%)	-17%	23 191 725 (4%)	40 (<1%)	-20%	348 896 (5%)
Africa	6082 (<1%)	-18%	9 392 341 (1%)	9 (<1%)	-79%	174 871 (3%)
Global	2 678 706 (100%)	2%	637 737 550 (100%)	8442 (100%)	-5%	6 611 874 (100%)

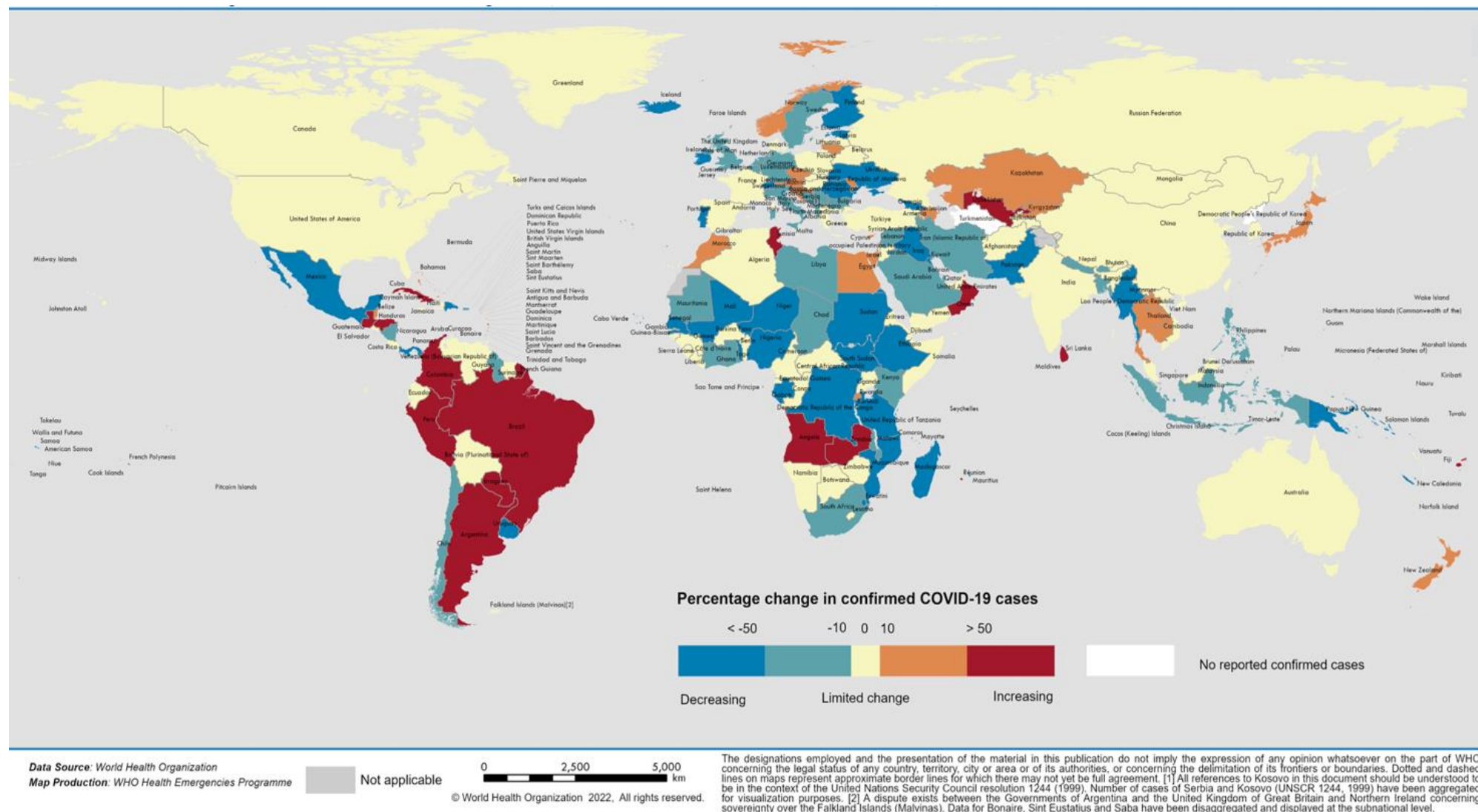
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior. Data from previous weeks are updated continuously with adjustments received from countries.

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

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

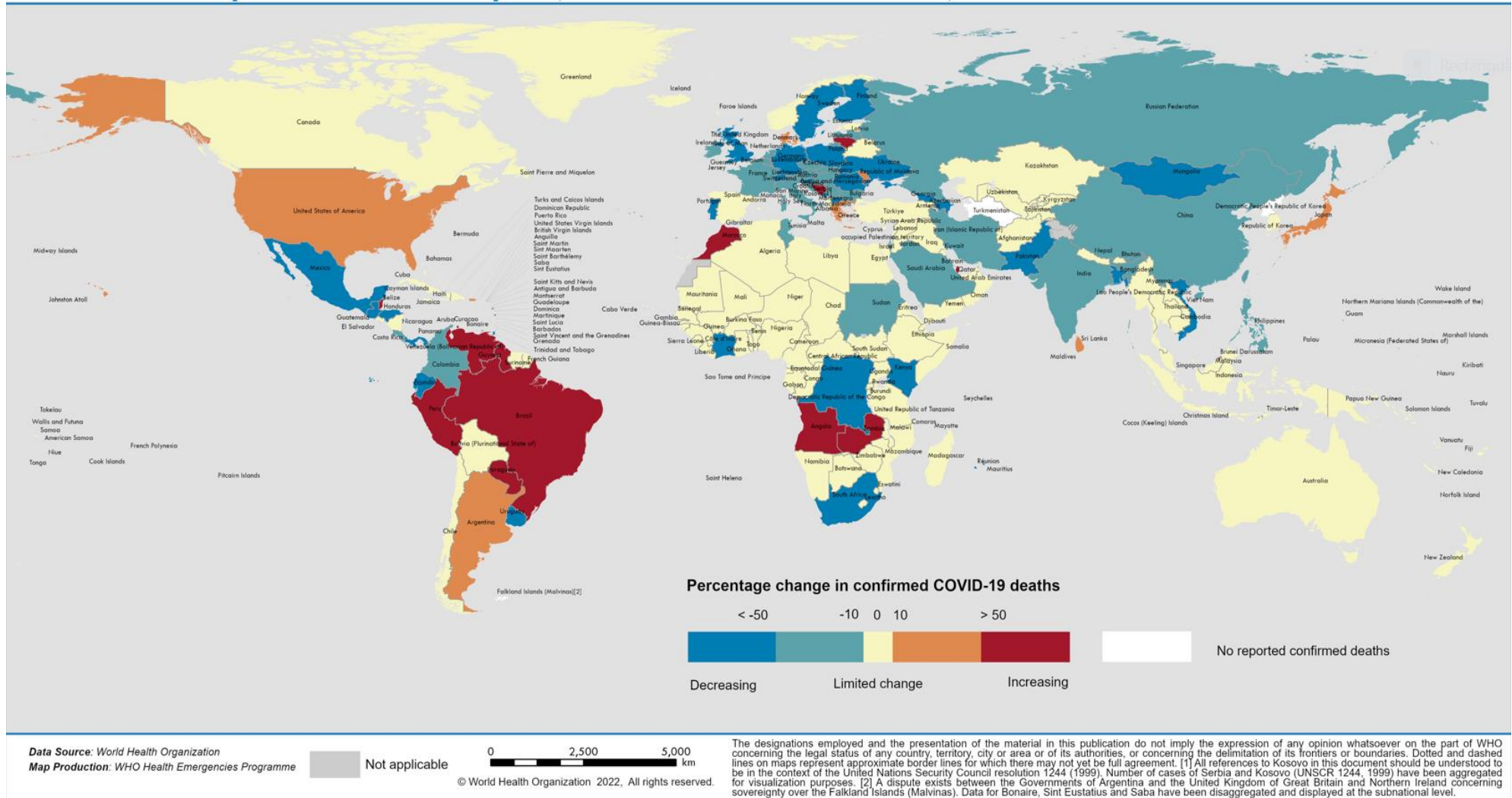
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Monthly Operational Update and previous editions of the Weekly Epidemiological Update](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)
- [WHO COVID-19 policy briefs](#)

Figure 2. Percentage change in confirmed COVID-19 cases over the last seven days relative to the previous seven days, 21 - 27 November 2022**



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

Figure 3. Percentage change in confirmed COVID-19 deaths over the last seven days relative to the previous seven days, 21-27 November 2022**



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

SARS-CoV-2 variants of concern and Omicron subvariants under monitoring

Geographic spread and prevalence of VOCs

Globally, from 28 October to 28 November 2022, 94 531 SARS-CoV-2 sequences were shared through GISAID. Among these, 94 485 sequences were the Omicron variant of concern (VOC), accounting for 99.9% of sequences reported globally in the past 30 days.

The 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 sequence submission. The majority of sequences submitted to GISAID are from countries with high sequencing capacity, mostly high-income countries.⁵ Therefore, sequencing information provided may not be representative of the global situation of SARS-CoV-2.

During epidemiological week 45 (7 to 13 November 2022), BA.5 and all its descendent lineages continued to be dominant globally, accounting for 73.0% of sequences submitted to GISAID. The prevalence of BA.2 and its descendent lineages increased from 7.9% in epidemiological week 44 (31 October to 6 November) to 10.1% in week 45 (7 to 13 November). During the same period, BA.4 descendent lineages declined from 3.4% to 2.8%. Unassigned sequences (presumed to be Omicron) accounted for 10.1% of sequences submitted to GISAID in week 45.

A comparison of sequences submitted during weeks 44 and 45 shows an increase from 23.1% to 27.3% for BQ.1 and its descendent lineages. As of 28 November, BQ.1 has over 30 descendent lineages (BQ.1*). During the same period, the prevalence of XBB and its descendent lineages increased from 2.7% to 3.8%. BA.2.75 increased from 5.4% to 6.6%, while BA.4.6 decreased from 3.1% to 2.9%. BA.2.3.20 remained relatively stable at 0.4% in both weeks.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [TAG-VE statement on Omicron sublineages BQ.1 and XBB](#)
- [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](#)

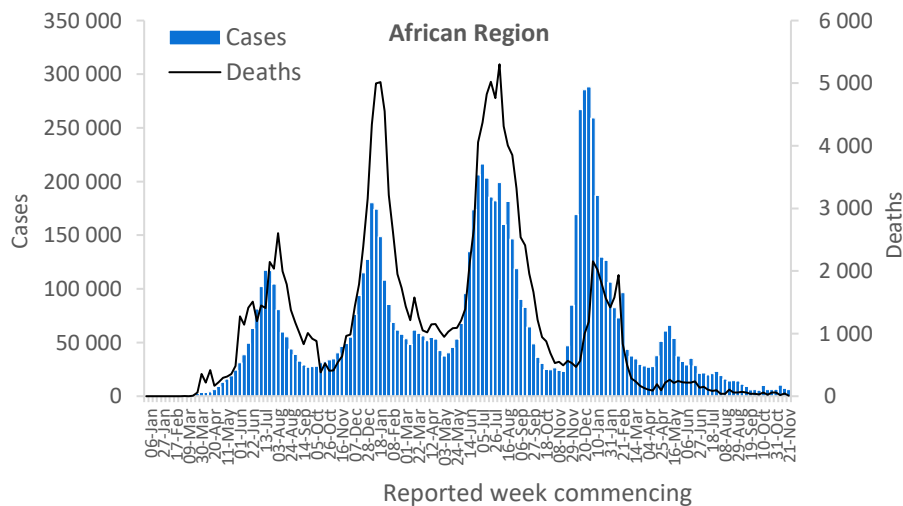
WHO regional overviews:

Epidemiological week 21-27 November 2022

African Region

The African Region reported 6082 new cases, an 18% decrease as compared to the previous week. Three (6%) of the 49 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Zambia (35 vs 11 new cases; +218%), Mayotte (564 vs 197 new cases; +186%), and Réunion (893 vs 575 new cases; +55%). The highest numbers of new cases were reported from South Africa (2637 new cases; 4.4 new cases per 100 000; -35%), Angola (1360 new cases; 4.1 new cases per 100 000; no cases reported the previous week), and Réunion (893 new cases; 99.7 new cases per 100 000; +55%).

The number of new weekly deaths in the region decreased by 79% as compared to the previous week, with nine new deaths reported. The highest numbers of new deaths were reported from Angola (six new deaths; <1 new death per 100 000; no deaths reported the previous week), Zambia (two new deaths; <1 new death per 100 000; no deaths reported the previous week), and Cabo Verde (one new death; <1 new death per 100 000; the same number of deaths reported the previous week).

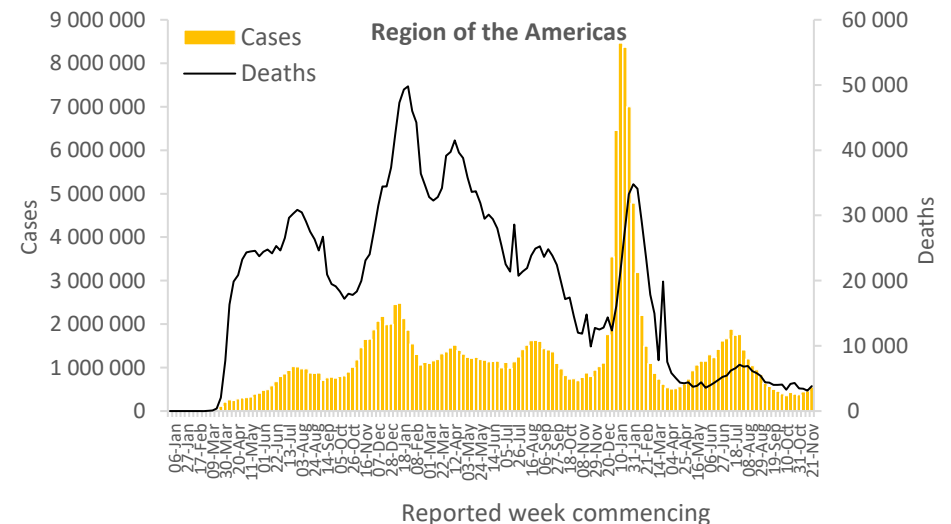


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported just under 551 000 new cases, a 19% increase as compared to the previous week. Sixteen (29%) of the 56 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Saint Pierre and Miquelon (17 vs three new cases; +467%), Honduras (515 vs 102 new cases; +405%), and Paraguay (93 vs 22 new cases; +323%). The highest numbers of new cases were reported from the United States of America (296 882 new cases; 89.7 new cases per 100 000; +8%), Brazil (150 008 new cases; 70.6 new cases per 100 000; +64%), and Chile (33 684 new cases; 176.2 new cases per 100 000; -14%).

The number of new weekly deaths in the region increased by 21% as compared to the previous week, with 3821 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2611 new deaths; <1 new death per 100 000; +16%), Brazil (535 new deaths; <1 new death per 100 000; +113%), and Canada (268 new deaths; <1 new death per 100 000; -10%).

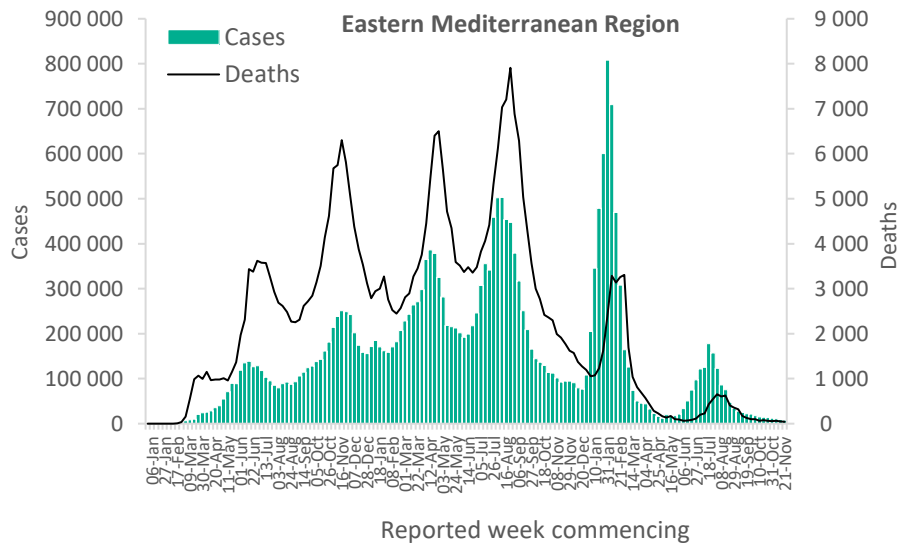


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported 7633 new cases, a 17% decrease as compared to the previous week. Three (14%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Tunisia (192 vs 97 new cases; +98%), Morocco (1029 vs 705 new cases; +46%), and Egypt (11 vs eight new cases; +38%). The highest numbers of new cases were reported from Qatar (1794 new cases; 62.3 new cases per 100 000; -18%), the United Arab Emirates (1458 new cases; 14.7 new cases per 100 000; -4%), and Morocco (1029 new cases; 2.8 new cases per 100 000; +46%).

The number of new weekly deaths in the region decreased by 20% as compared to the previous week, with 40 new deaths reported. The highest numbers of new deaths were reported from Saudi Arabia (11 new deaths; <1 new death per 100 000; -21%), the Islamic Republic of Iran (eight new deaths; <1 new death per 100 000; -47%), and Lebanon (seven new deaths; <1 new death per 100 000; the same number of deaths reported the previous week).

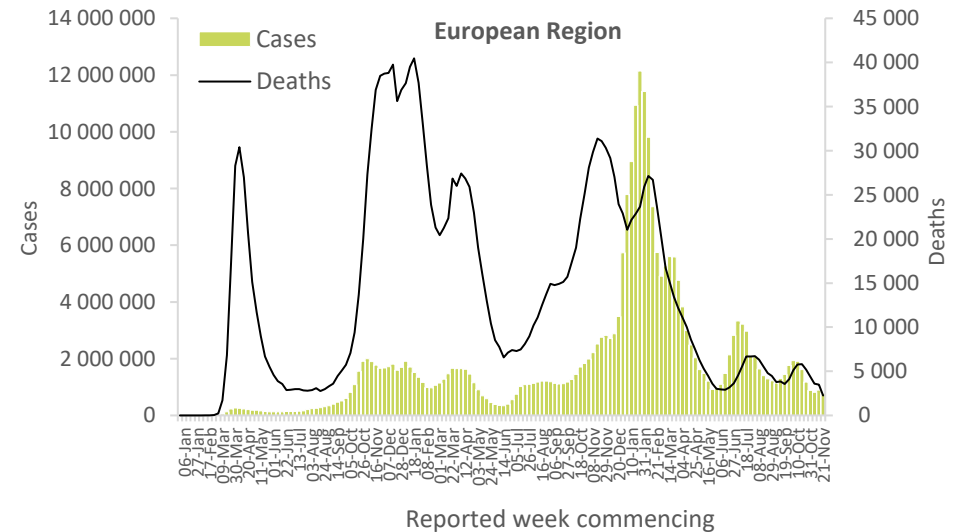


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported just under 772 000 new cases, a 14% decrease as compared to the previous week. Eight (13%) 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 Kosovo^[1] (11 vs one new cases; +1000%), Uzbekistan (692 vs 428 new cases; +62%), and Kyrgyzstan (28 vs 19 new cases; +47%). The highest numbers of new cases were reported from France (230 871 new cases; 355 new cases per 100 000; -1%), Italy (161 454 new cases; 270.7 new cases per 100 000; -27%), and Germany (151 867 new cases; 182.6 new cases per 100 000; -10%).

The number of new weekly deaths in the region decreased by 35% as compared to the previous week, with 2254 new deaths reported. The highest numbers of new deaths were reported from Italy (419 new deaths; <1 new death per 100 000; -22%), France (387 new deaths; <1 new death per 100 000; -25%), and the Russian Federation (386 new deaths; <1 new death per 100 000; -10%).

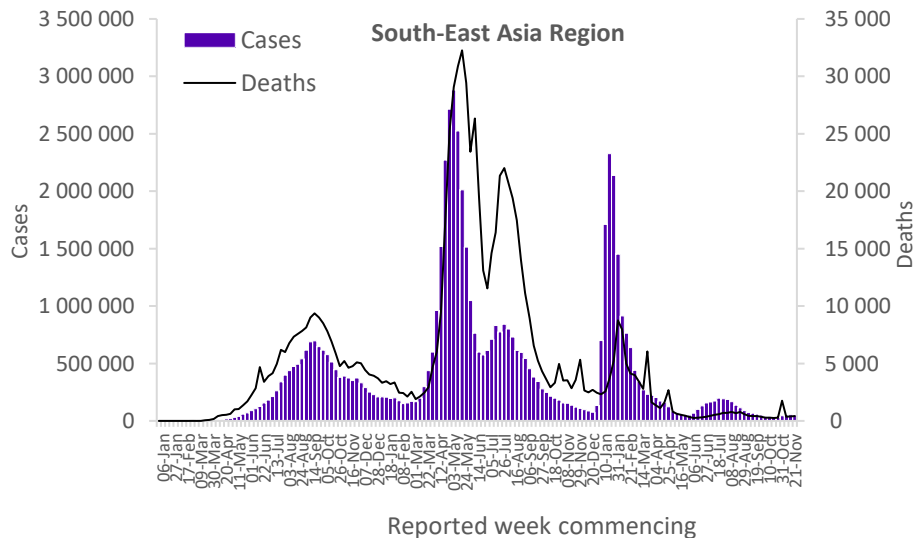


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 49 000 new cases, an 8% decrease as compared to the previous week. 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 Sri Lanka (133 vs 88 new cases; +51%), and Thailand (4914 new cases; 7 new cases per 100 000; +24%). The highest numbers of new cases were reported from Indonesia (41 877 new cases; 15.3 new cases per 100 000; -11%), Thailand (4914 new cases; 7 new cases per 100 000; +24%), and India (2547 new cases; <1 new case per 100 000; -3%).

The number of new weekly deaths in the region increased by 5% as compared to the previous week, with 420 new deaths reported. The highest numbers of new deaths were reported from Indonesia (297 new deaths; <1 new death per 100 000; +8%), Thailand (74 new deaths; <1 new death per 100 000; +7%), and India (38 new deaths; <1 new death per 100 000; -12%).

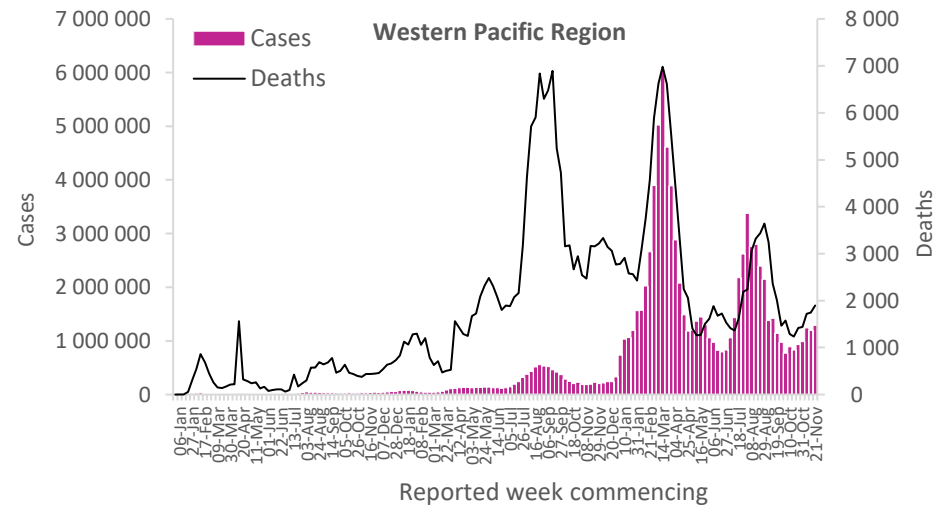


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 1.2 million new cases, an 8% increase as compared to the previous week. Four (12%) of the 34 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Fiji (68 vs 20 new cases; +240%), Singapore (13 800 vs 10 918 new cases; +26%), and Lao People's Democratic Republic (132 vs 105 new cases; +26%). The highest numbers of new cases were reported from Japan (698 772 new cases; 552.5 new cases per 100 000; +18%), the Republic of Korea (378 751 new cases; 738.7 new cases per 100 000; +4%), and China (144 205 new cases; 9.8 new cases per 100 000; -9%).

The number of new weekly deaths in the region increased by 9% as compared to the previous week, with 1898 new deaths reported. The highest numbers of new deaths were reported from Japan (1000 new deaths; <1 new death per 100 000; +42%), China (395 new deaths; <1 new death per 100 000; -17%), and the Republic of Korea (338 new deaths; <1 new death per 100 000; -8%).



Updates from the [Western Pacific Region](#)

Hospitalizations and ICU admissions

Globally, in week 46, 28 (12%) countries reported data to WHO on new hospitalizations. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (28%; 17 countries), followed by the Eastern Mediterranean Region (18%; four countries), the Western Pacific Region (9%; three countries), the South-East Asia Region (9%; one country), the Region of the Americas (4%; two countries) and the African Region (2%; one country).

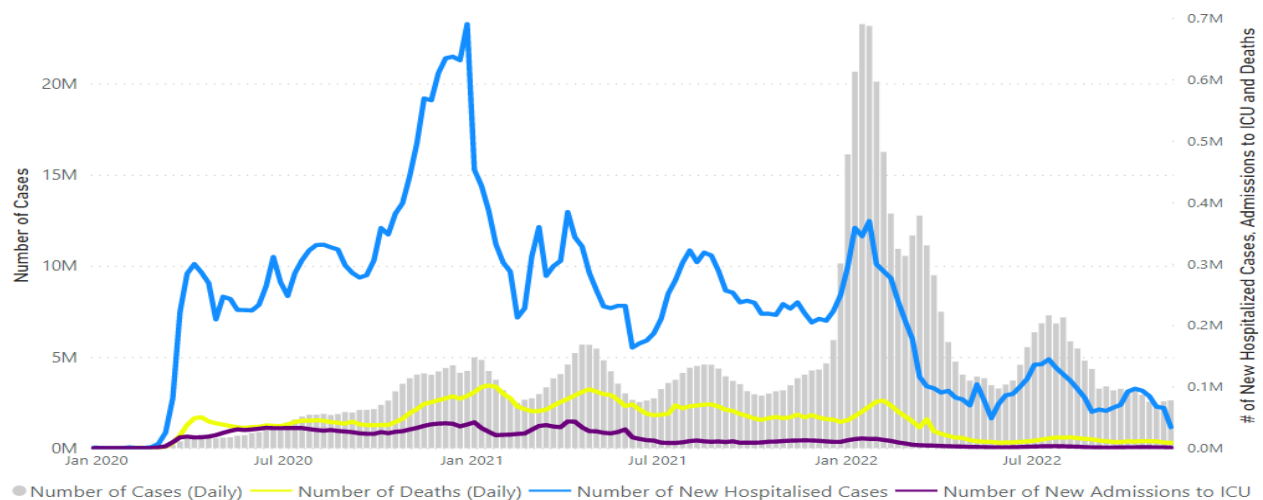
At the global level, during epidemiological week 46 (14 to 20 November 2022), a total of 33 339 new hospitalizations and 829 new intensive care unit (ICU) admissions were reported. The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data are also likely to include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

Across the six WHO regions, in week 46, a total of 14 (6%) countries reported data to WHO on new ICU admissions. The region with the highest proportion of countries reporting data on new ICU admissions was the Eastern Mediterranean Region (14%; three countries), followed by the European Region (11%; seven countries), the Western Pacific region (9%; three countries) and the Region of the Americas (2%; one country). So far, no country in the South-East Asia Region and the African Region has reported data on new ICU admissions during week 46.

Among the 18 countries that reported more than 50 new hospitalizations, six countries showed an increasing trend compared to the previous week: Uzbekistan (141 vs 69 new hospitalizations; +204%), China (14 803 vs 9639 new hospitalizations; +54%), France (5311 vs 4002 new hospitalizations; +33%), South Africa (61 vs 50 new hospitalizations; +22%), Malaysia (4502 vs 4145 new hospitalizations; +9%) and Greece (1360 vs 1292 new hospitalizations; +5%).

Among the six countries that reported more than 10 new ICU admissions, two countries showed an increasing trend compared to the previous week: France (478 vs 356 new ICU admissions; +34%) and Malaysia (93 vs 81 new ICU admissions; +15%).

Figure 4. COVID-19 cases, deaths, hospital, and ICU admissions reported weekly to WHO, as of 20 November 2022.



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

Source: WHO Detailed Surveillance Dashboard

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 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 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.

References

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