

COVID-19 Weekly Epidemiological Update

Edition 100 published 13 July 2022

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Global overview

Data as of 10 July 2022

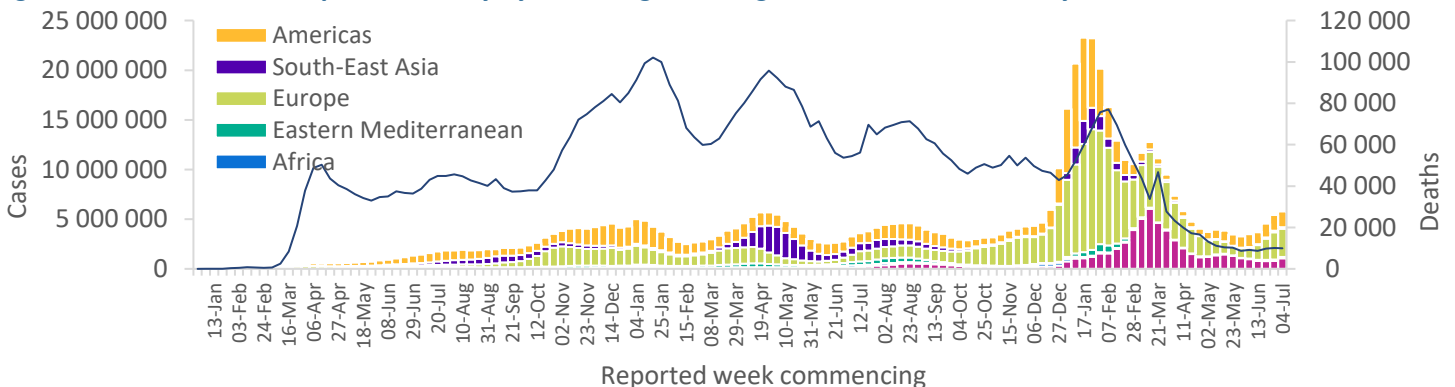
Globally, the number of weekly cases has increased for the fifth consecutive week, after a declining trend since the last peak in March 2022. During the week of 4 to 10 July 2022, over 5.7 million new cases were reported, a 6% increase as compared to the previous week (Figure 1). The number of new weekly deaths was similar to the figure reported during the previous week, with over 9800 fatalities reported to WHO.

At the regional level, the number of new weekly cases increased in the Western Pacific Region (+28%), the Eastern Mediterranean Region (+25%), the South-East Asia Region (+5%), while it decreased in the African Region (-33%) and remained similar to last week's numbers in the European Region (+4%) and the Region of the Americas (-1%). The number of weekly deaths increased in the Eastern Mediterranean Region (+78%) and the South-East Asia Region (+23%), while it decreased in the African Region (-17%) and the Western Pacific Region (-10%). The Region of the Americas and the European Region both reported similar figures as compared to the previous week.

As of 10 July 2022, just under 553 million confirmed cases and over 6.3 million deaths have been reported globally.

These trends 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.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 10 July 2022**



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

At the country level, the highest number of new weekly cases were reported from France (771 260 new cases; 6%), the United States of America (722 924 new cases; -6%), Italy (661 984 new cases; 30%), Germany (561 136 new cases; -9%), and Brazil (396 781 new cases; -3%). The highest number of new weekly deaths were reported from the United States of America (1987 new deaths; -19%), Brazil (1639 new deaths; 11%), China (692 new deaths; -8%), Spain (619 new deaths; 98%), and Italy (574 new deaths; 33%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 10 July 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	2 854 636 (49%)	4%	232 128 863 (42%)	2 946 (30%)	0%	2 031 961 (32%)
Americas	1 562 967 (27%)	-1%	165 258 879 (30%)	4 789 (49%)	-4%	2 769 531 (44%)
Western Pacific	1 057 634 (18%)	28%	65 491 304 (12%)	1 377 (14%)	-10%	240 280 (4%)
South-East Asia	164 547 (3%)	5%	58 792 794 (11%)	447 (5%)	23%	790 625 (12%)
Eastern Mediterranean	121 627 (2%)	25%	22 168 063 (4%)	199 (2%)	78%	343 796 (5%)
Africa	14 831 (<1%)	-33%	9 152 899 (2%)	114 (1%)	-17%	173 746 (3%)
Global	5 776 242 (100%)	6%	552 993 566 (100%)	9 872 (100%)	-2%	6 349 952 (100%)

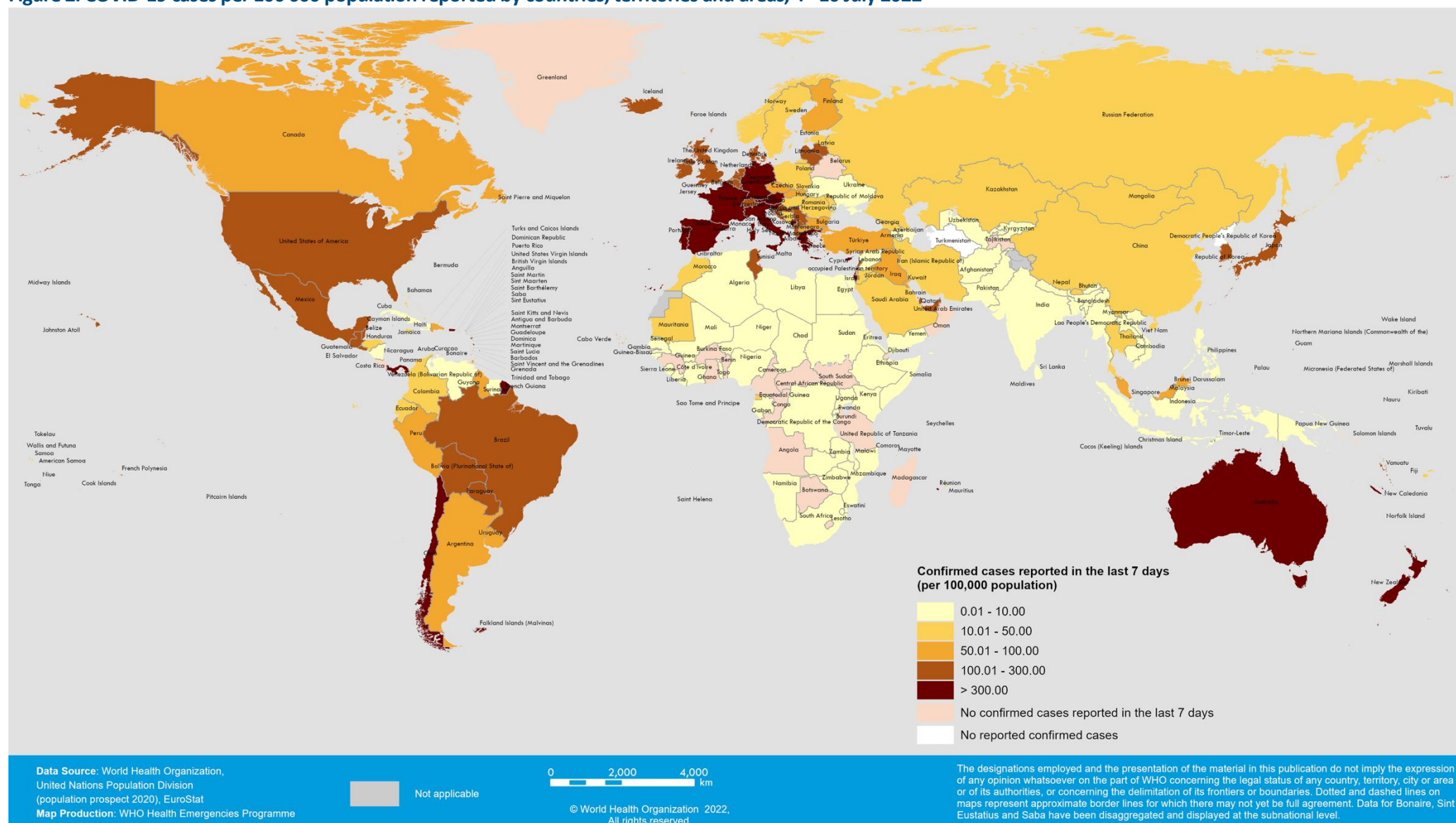
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior

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

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

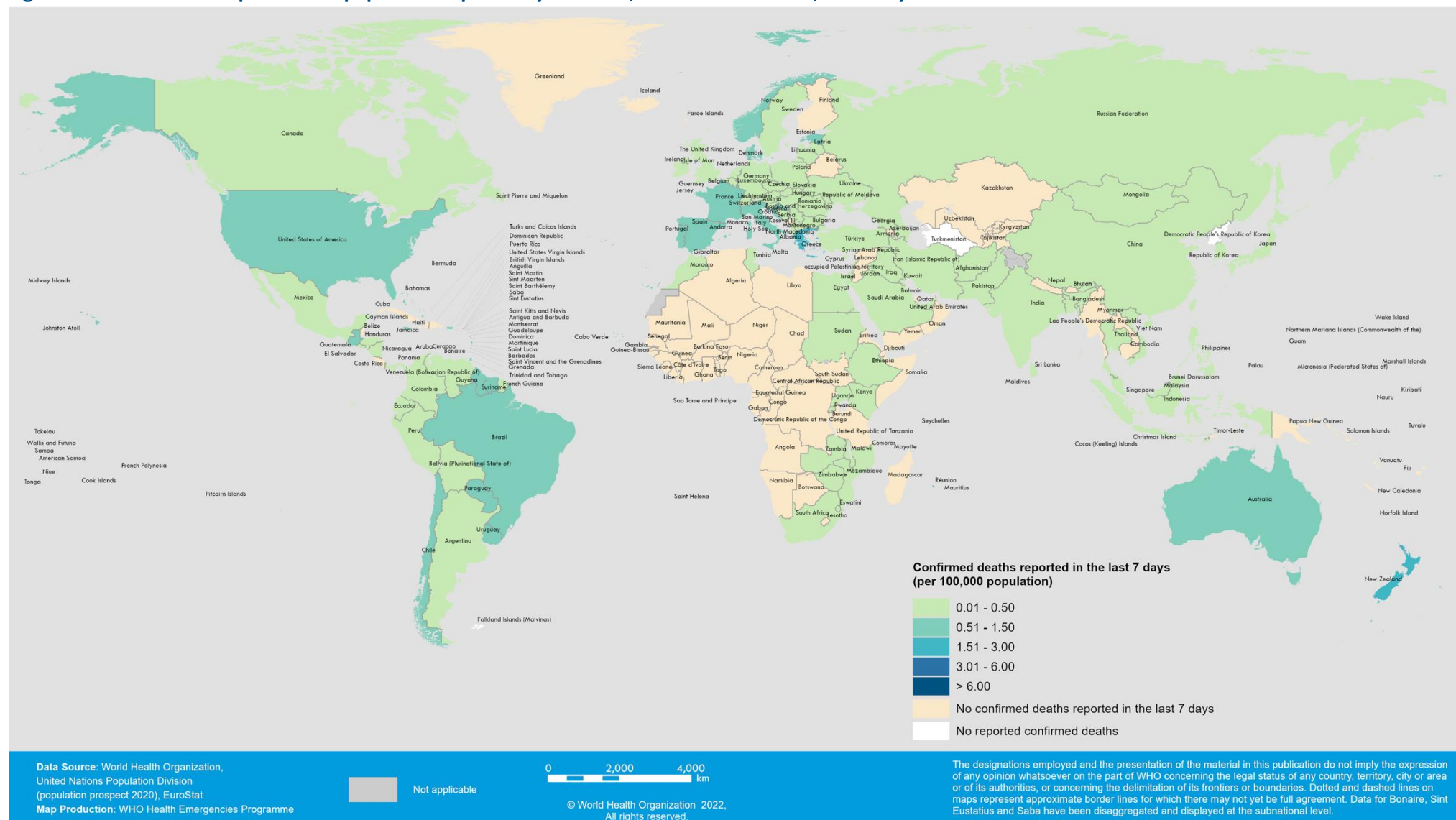
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 4 - 10 July 2022*



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

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 4 - 10 July 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

Within the last 30 days (10 June to 10 July 2022), 159 848 sequences were submitted to GISAID. The Omicron VOC remains the dominant variant circulating globally, accounting for 84% of sequences reported in the past 30 days. Approximately 15% of sequences reported to GISAID in the last 30 days have not yet been assigned a PANGO lineage but majority are presumed to be Omicron.

Globally, the Omicron lineages BA.2 and BA.2.12.1 show declining trends, while BA.4 and BA.5 show increasing trends. A comparison of sequences submitted to GISAID in epidemiological week 25 (19 to 25 June 2022) and week 26 (26 June to 7 July) shows a decline in BA.2 sequences from 7% to 4% and a decline in BA.2.12.1 sequences from 13% to 7%. Within the same period, the proportion of reported sequences of BA.4 has risen from 11% to 14% and BA.5 from 42% to 50%. BA.5 sequences have been reported from 89 countries.

These trends should be interpreted with due consideration of the limitations of surveillance systems, including differences in sequencing capacity and sampling strategies between countries, as well as changes in sampling and sequencing strategies in multiple countries.

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

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)
- [VIEW-hub: repository for the most relevant and recent vaccine data](#)
- [WHO Statement on Omicron sublineage BA.2](#)

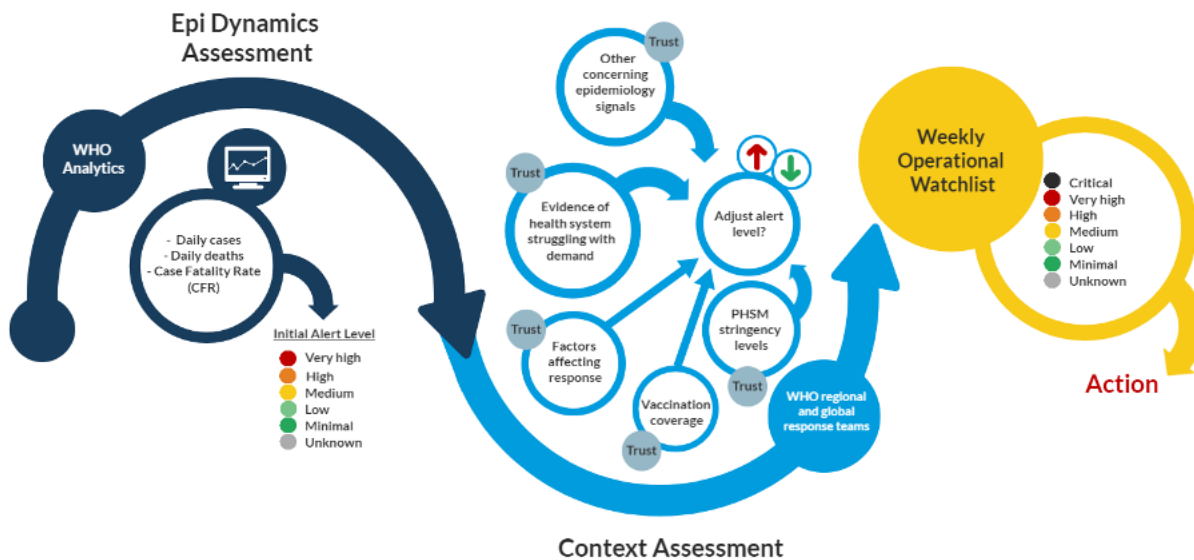
Special Focus: WHO global situational alert system: a mixed methods multi-stage framework to identify country-level COVID-19 alerts

Background

The COVID-19 pandemic has been marked by periods of increased transmission, at different times, across the globe. In an effort to better identify and respond to surges, WHO developed a global situational alert system, using a mixed methods framework, to support the identification of countries where immediate actions may help mitigate the impact of a surge in COVID-19 morbidity and mortality. The alert system was developed in early May 2021, following the rapid increase in hospitalizations and deaths in India and Nepal, during which time governments and national and international response organizations faced significant challenges and constraints with regard to mobilizing resources, global supplies and workforce to respond to the situation.

Integrated Analytics

Figure 4. Weekly assessment process stages



A global weekly assessment methodology was developed, comprising three main stages (Figure 4).

Stage one: Epidemiological dynamics assessment

An automated statistical risk assessment algorithm based on the daily incidence of cases and deaths reported over the previous week was used to predict the number of COVID-19 associated deaths (a proxy for disease severity) within the next five weeks per one million population. This stage produced an initial alert level.

Stage two: Context assessment

Additional contextual factors were manually assessed using ‘signals’ for each country based on three indicators: (i) health system pressures; (ii) other concerning epidemiological signals (e.g., concurrent outbreaks, concerns related to testing, changes in circulating variants of concern, etc.); and (iii) factors affecting the response – such as mass gatherings, population movement or instability related to acute events resulting in logistical challenges. ‘Signals’ were obtained from event-based surveillance from various sources, including Epidemic Intelligence from Open Sources (EIOS), internet search engines, WHO Regional Office situation reports, Ministry of Health websites and the internal WHO variant tracking database. This was combined with information on vaccination coverage and on the implementation of public health and social measures. An assessment of the trust in available data was attributed for each indicator, ranging from high (reliable data from a trusted source) to unknown (no information consistently output from a country, with limited or no media access). All indicators, and associated trust levels, were combined to produce a recommendation on whether a country should be maintained at the initial alert level, or whether this alert level should be adjusted upwards or downwards by one level based on identified aggravating or mitigating factors, respectively. Based on this, teams at WHO global and regional levels jointly agreed on a final classification for each country.

Stage three: Response

Based on the final classifications, a weekly operational watchlist of countries considered at moderate to critical alert level was produced and shared between WHO Headquarters and Regional Offices to inform and prompt response actions. The global situation alert system has facilitated the release of more than USD 27 million of internal emergency funding to help expedite response activities in at-risk contexts and has enabled the rapid release of operational and technical assistance, including over 450 000 antigen rapid diagnostic tests; over 6000 oxygen concentrators; support to deploy and establish COVID-19 treatment centers; and the deployment of rapid response teams. One of the inherent challenges in the methodology was the relatively short lead-time of the alerts, which limited the ability to influence operational decisions that require considerable advance planning, such as vaccine distribution. As countries became better prepared for future surges in cases and supply chain constraints eased in 2021, the weekly operational watchlist was increasingly used by response teams to facilitate high-level advocacy and guide the work of technical and operational teams.

Next steps

A retrospective qualitative and quantitative review of the process was undertaken between April and June 2022, to inform the use of this system for COVID-19 and of similar systems for future epidemics. Preliminary results suggest that the mixed methods approach, incorporating multiple data sources and allowing for differences in data quality, may have improved the capacity to rapidly identify deteriorating contexts, particularly when there were gaps or delays in official reporting of cases and deaths. This therefore helped to improve the situational assessments in a timely manner. However, developing a standardised global system remained challenging as data availability varied by country over the course of the pandemic. Moreover, despite the benefits of the qualitative assessment, this added a degree of subjectivity based on differing perceptions of risk.

Based on the decreased level of global operational support required for country responses to COVID-19 (due to preparedness and lessons learned over the past two years), a decision was made to pause the WHO global situational alert system for COVID-19 in May 2022. However, some WHO Regional Offices continue to use the system for their respective regions. Triggers which may prompt the reimplementation of the global system for COVID-19 are currently being drafted. Lessons learned are being documented, and the statistical risk assessment algorithm continues to be active, for potential adaptation to future epidemics or pandemics.

Conclusion

The WHO global situational alert system served as a global framework which enabled identification of countries at risk for surges in COVID-19 morbidity and mortality; and in some cases facilitated timely, evidence-based operational decision-making to mitigate these surges. The multi-stage nature of this alert system proved beneficial during the COVID-19 pandemic and the use of this system to inform evidence-based operational action should be explored for other outbreaks and health emergencies. The use of the WHO situational alert system for a different health emergency would nonetheless require adjustment of the parameters and indicators.

Acknowledgement: WHO acknowledges the work of teams at global, regional and country level which have contributed to this project, as well as UNICEF colleagues embedded in the global response.

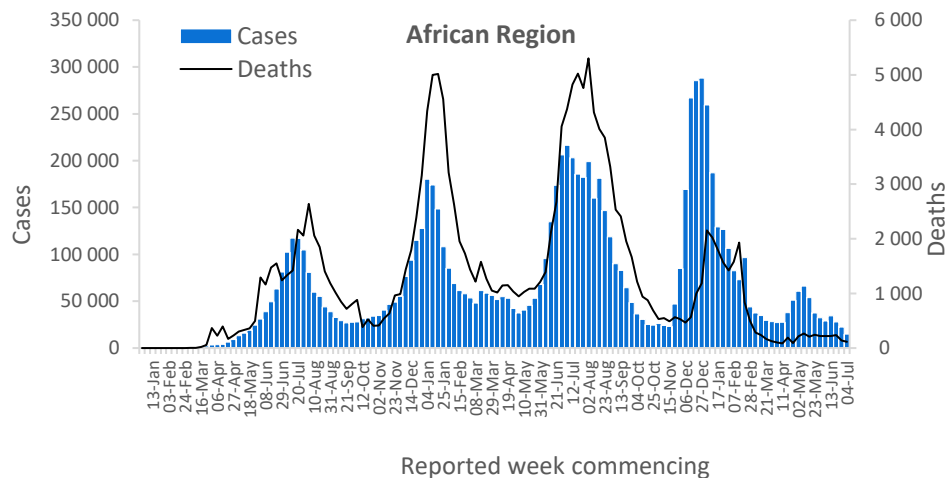
WHO regional overviews:

Epidemiological week 4 - 10 July 2022**

African Region

The African Region reported a decline in the number of new weekly cases, with over 14 000 new cases reported, a 33% decrease as compared to the previous week. Fifteen (31%) countries reported an increase in the number of new cases of 20% or greater, with some of the greatest proportional increases seen in Equatorial Guinea (269 vs 119 new cases; +126%), Mayotte (181 vs 81 new cases; +123%), and Gabon (218 vs 115 new cases; +90%). The countries that reported the highest numbers of new cases were Réunion (2869 new cases; 320.4 new cases per 100 000 population; +91%), South Africa (1978 new cases; 3.3 new cases per 100 000; -30%), and Kenya (1524 new cases; 2.8 new cases per 100 000; -33%).

The number of new weekly deaths in the Region decreased by 17% as compared to the previous week, with over 100 new deaths reported. The highest numbers of new deaths were reported from South Africa (64 new deaths; <1 new death per 100 000 population; -21%), Ethiopia (13 new deaths; <1 new death per 100 000; +63%), and Kenya (eight new deaths; <1 new death per 100 000; +100%).

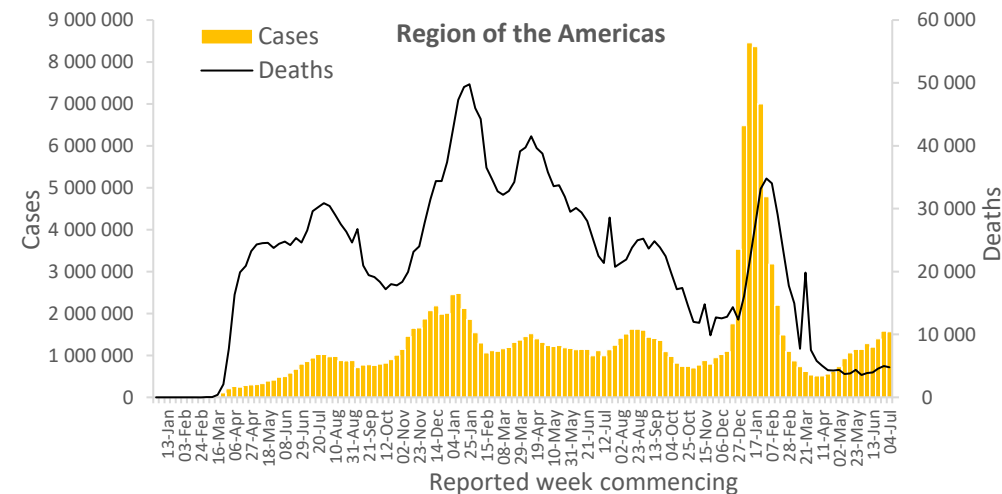


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 1.5 million new cases, a figure similar to that of the previous week. Eighteen of 56 (32%) countries for which data are available reported increases in the number of new cases of 20% or greater, with some of the greatest proportional increases observed in Saint Pierre and Miquelon (78 vs 12 new cases; +550%), Honduras (2130 vs 839 new cases; +154%), and Paraguay (12 988 vs 5309 new cases; +145%). The highest numbers of new cases were reported from the United States of America (722 924 new cases; 218.4 new cases per 100 000; -6%), Brazil (396 781 new cases; 186.7 new cases per 100 000; similar to the previous week's figures), and Mexico (137 426 new cases; 106.6 new cases per 100 000; similar to the previous week's figures).

The number of new weekly deaths reported in the Region was similar to that of the previous week, with over 4700 new deaths reported. The highest numbers of new deaths were reported from the United States of America (1987 new deaths; <1 new death per 100 000; -19%), Brazil (1639 new deaths; <1 new death per 100 000; +11%), and Chile (224 new deaths; 1.2 new deaths per 100 000; +26%).

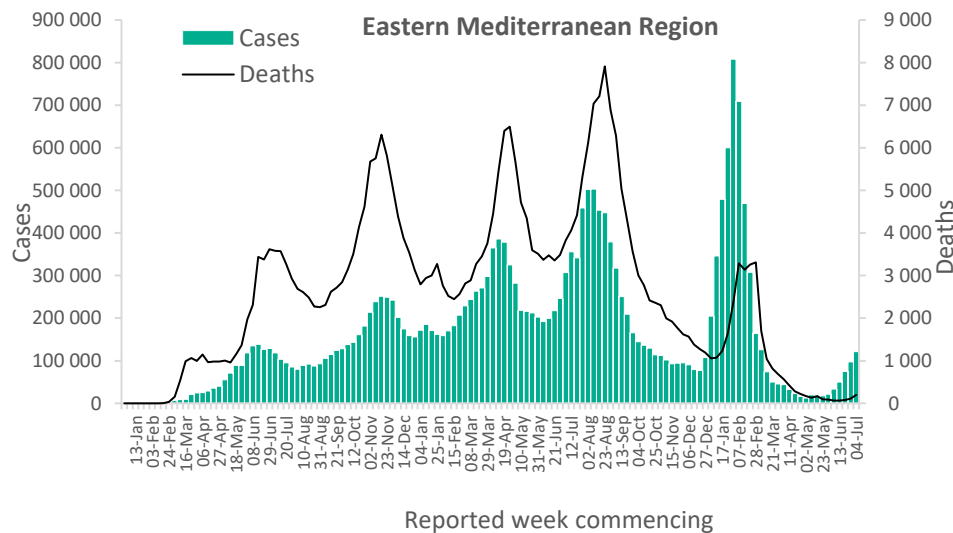


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 121 000 new weekly cases, representing a 25% increase as compared to the previous week. Ten (45%) countries reported increases in the number of new cases of 20% or greater, with some of the greatest proportional increases observed in Iran (Islamic Republic of) (8761 vs 2776 new cases; +216%), Tunisia (13 947 vs 5477 new cases; +155%), and the occupied Palestinian territory (2735 vs 1350 new cases; +103%). The highest numbers of new cases were reported from Iraq (29 194 new cases; 72.6 new cases per 100 000; +85%), Morocco (17 262 new cases; 46.8 new cases per 100 000; -18%), and Tunisia (13 947 new cases; 118.0 new cases per 100 000; +155%).

The number of new weekly deaths in the Region increased by 78% as compared to the previous week, with over 200 new deaths reported. The highest numbers of new deaths were reported from Tunisia (57 new deaths; <1 new death per 100 000; +171%), the Islamic Republic of Iran (39 new deaths; <1 new death per 100 000; +457% increase), and Morocco (35 new deaths; < new death per 100 000; +94%).

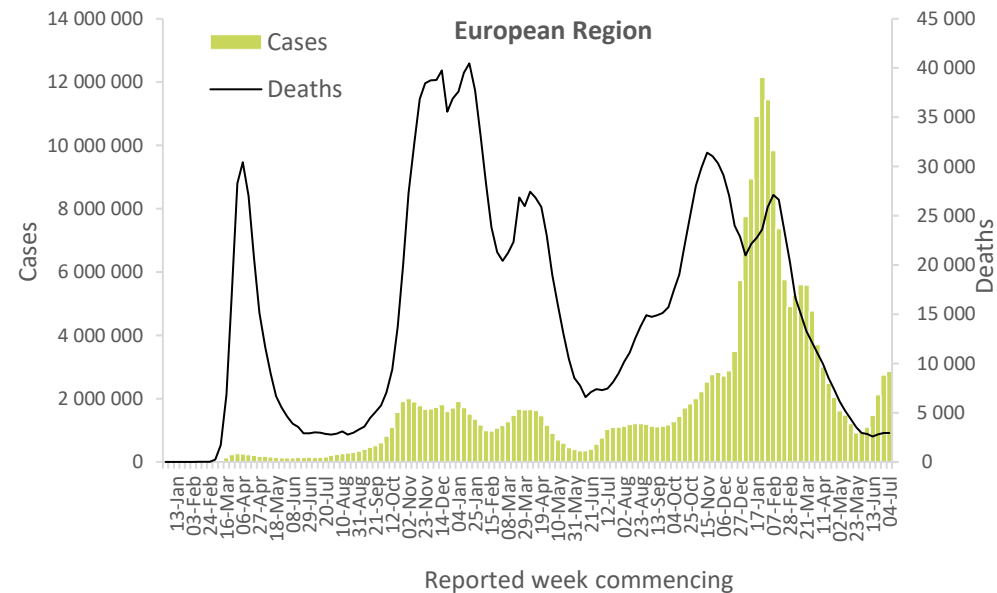


Updates from the [Eastern Mediterranean Region](#)

European Region

The number of new weekly cases reported in the European Region was similar to that of the previous week, with over 2.8 million new cases reported. Twenty-one (34%) countries in the Region reported increases in new cases of 20% or greater, with some of the greatest proportional increases observed in Kazakhstan (2293 vs 959 new cases; +139%), Kosovo^[1] (1886 vs 849 new cases; +122%), and the Republic of Moldova (1014 vs 465 new cases; +118%). The highest numbers of new cases were reported from France (771 260 new cases; 1185.8 new cases per 100 000; +6%), Italy (661 984 new cases; 1109.9 new cases per 100 000; +30%), and Germany (561 136 new cases; 674.7 new cases per 100 000; -9%).

Over 2900 new weekly deaths were reported in the Region, similar to the previous week's figure. The highest numbers of new deaths were reported from Spain (619 new deaths; 1.3 new deaths per 100 000; +98%), Italy (574 new deaths; 1.0 new deaths per 100 000; +33%), and France (382 new deaths; <1 new death per 100 000; +52%).

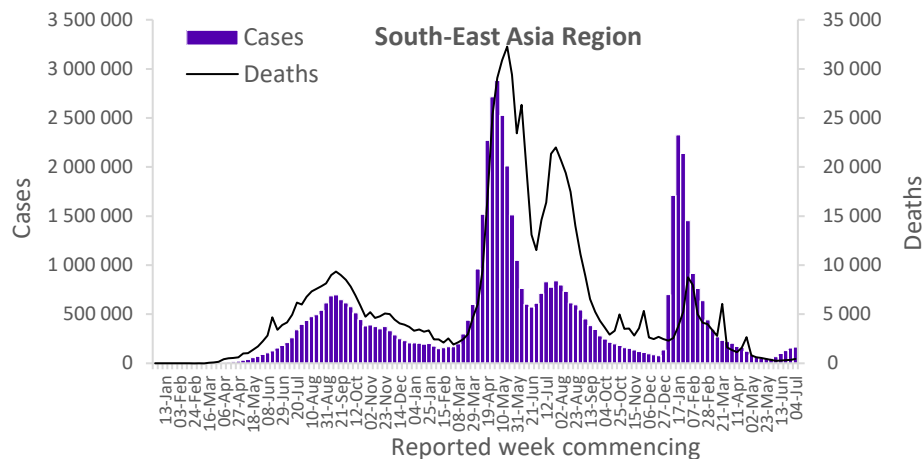


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region has been reporting an increasing trend in cases since early June, with over 164 000 new cases reported, a 5% increase as compared to the previous week. Four of 10 countries (40%) for which data were available showed increases in the number of new cases of 20% or greater, with some of the greatest proportional increases observed in Nepal (516 vs 268 new cases; +93%) and Sri Lanka (106 vs 87 new cases; +22%). The highest numbers of new cases were reported from India (120 222 new cases; 8.7 new cases per 100 000; +7%), Indonesia (17 388 new cases; 6.4 new cases per 100 000; +29%), and Thailand (14 938 new cases; 21.4 new cases per 100 000; -6%).

The number of new weekly deaths in the Region increased by 23% as compared to the previous week, with over 400 new deaths reported. The highest numbers of new deaths were reported from India (229 new deaths; <1 new death per 100 000; +15%), Thailand (135 new deaths; <1 new death per 100 000; +25%), and Indonesia (42 new deaths; <1 new death per 100 000; +31%).

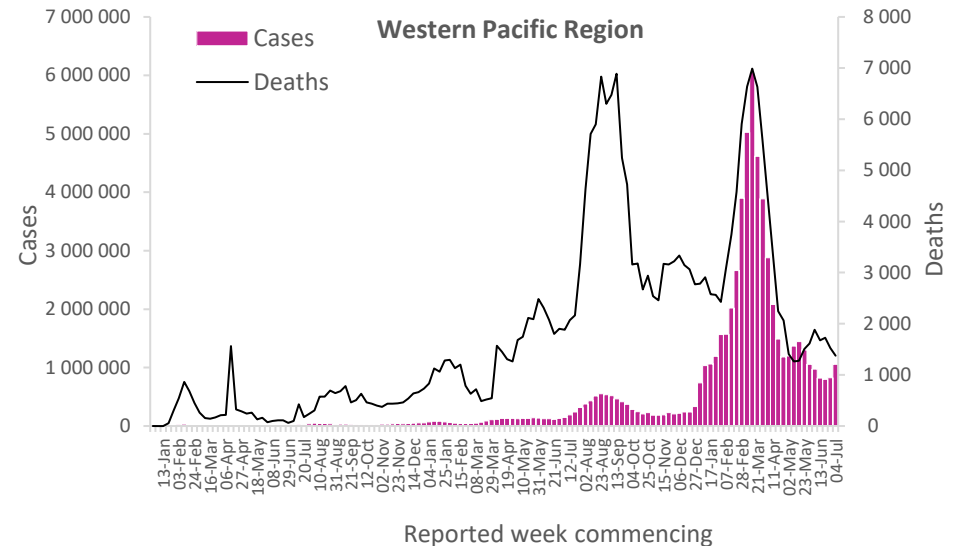


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 1 million new cases, a 28% increase as compared to the previous week. Fifteen (45%) countries reported increases in new cases of 20% or greater, with some of the largest proportional increases observed in Vanuatu (315 vs 100 new cases; +215%), French Polynesia (302 vs 118 new cases; +156%), and the Republic of Korea (122 234 vs 63 592 new cases; +92%). The highest numbers of new cases were reported from Japan (269 760 new cases; 213.3 new cases per 100 000; +98%), Australia (257 002 new cases; 1007.9 new cases per 100 000; +22%), and China (223 915 new cases; 15.2 new cases per 100 000; +17%).

The Region reported over 1300 new weekly deaths, representing a 10% decrease as compared to the previous week. The highest numbers of new deaths were reported from China (692 new deaths; <1 new death per 100 000; -8%), Australia (295 new deaths; 1.2 new deaths per 100 000; -11%), and Japan (108 new deaths; < 1 new death per 100 000; -44%).



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] Since 21 May 2022, data for COVID-19 cases and deaths in Northern Ireland was no longer included in the United Kingdom updates.

^[3] Updates of an outbreak of COVID-19 reported in the Democratic People's Republic of Korea continue through official media since 12 May 2022; however, at present, no confirmed cases or deaths have been reported to WHO.

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.