

COVID-19 Weekly Epidemiological Update

Edition 112 published 5 October 2022

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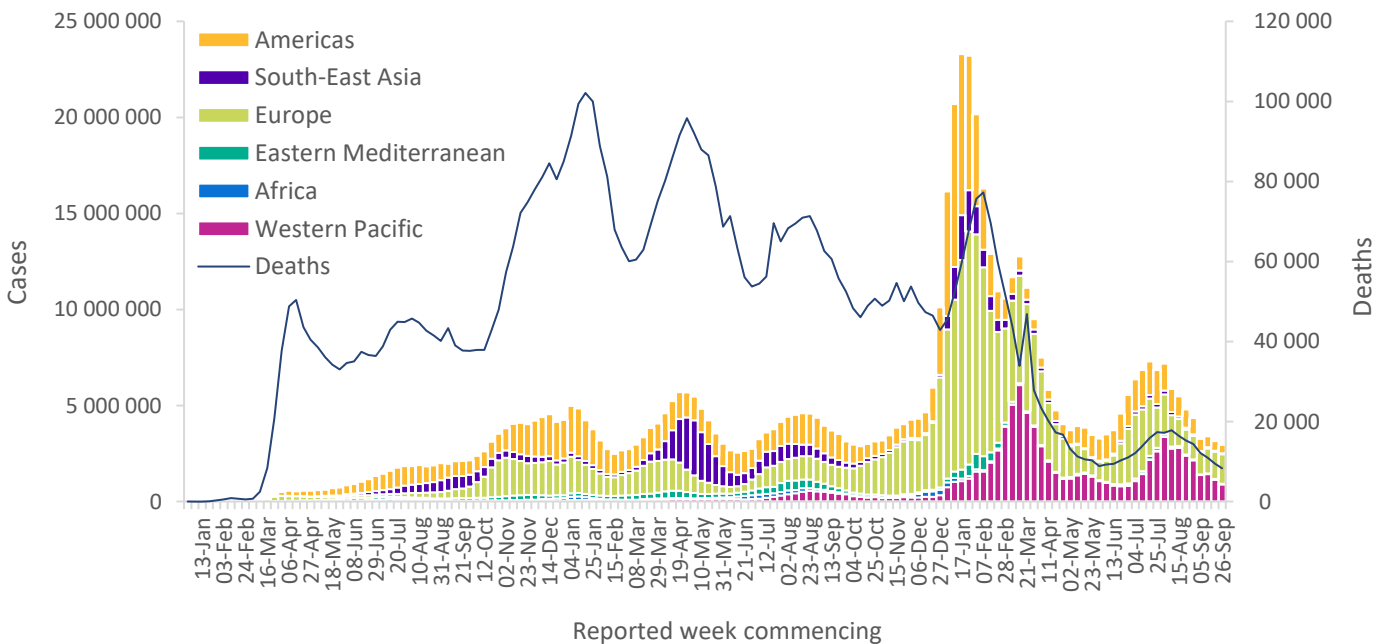
Global overview

Data as of 2 October 2022

Globally, the number of new weekly cases decreased by 6% during the week of 26 September to 2 October 2022 as compared to the previous week, with over 2.9 million new cases reported (Figure 1, Table 1). The number of new weekly deaths decreased by 12% as compared to the previous week, with over 8300 fatalities reported. As of 2 October 2022, over 615 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 across five of the six WHO regions: the African Region (-32%), the Western Pacific Region (-22%), the South-East Asia Region (-17%), the Region of the Americas (-11%) and the Eastern Mediterranean Region (-8%); while case numbers increased in the European Region (+8%). The number of new weekly deaths decreased or remained stable across all six regions: the Western Pacific Region (-24%), the Eastern Mediterranean Region (-23%), the African Region (-20%), the European Region (-17%), the South-East Asia Region (-13%) and the Region of the Americas (-2%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 2 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 (400 214 new cases; +42%), the United States of America (312 125 new cases; -15%), Japan (306 958 new cases; -43%), China (303 092 new cases; +4%) and France (264 889 new cases; +15%). The highest numbers of new weekly deaths were reported from the United States of America (2728 new deaths; +6%), the Russian Federation (711 new deaths; similar to the previous week), Japan (563 new deaths; -15%), China (368 new deaths; -26%) and Brazil (286 new deaths; -36%).

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 2 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	1 535 276 (52%)	8%	254 155 136 (41%)	2 534 (30%)	-17%	2 095 167 (32%)
Western Pacific	896 077 (30%)	-22%	90 024 115 (15%)	1 555 (19%)	-24%	271 205 (4%)
Americas	441 133 (15%)	-11%	178 434 739 (29%)	3 745 (45%)	-2%	2 838 753 (44%)
South-East Asia	49 678 (2%)	-17%	60 302 313 (10%)	362 (4%)	-13%	797 651 (12%)
Eastern Mediterranean	20 172 (1%)	-8%	23 088 209 (4%)	99 (1%)	-23%	348 376 (5%)
Africa	4 776 (<1%)	-32%	9 332 056 (2%)	32 (<1%)	-20%	174 543 (3%)
Global	2 947 112 (100%)	-6%	615 337 332 (100%)	8 327 (100%)	-12%	6 525 708 (100%)

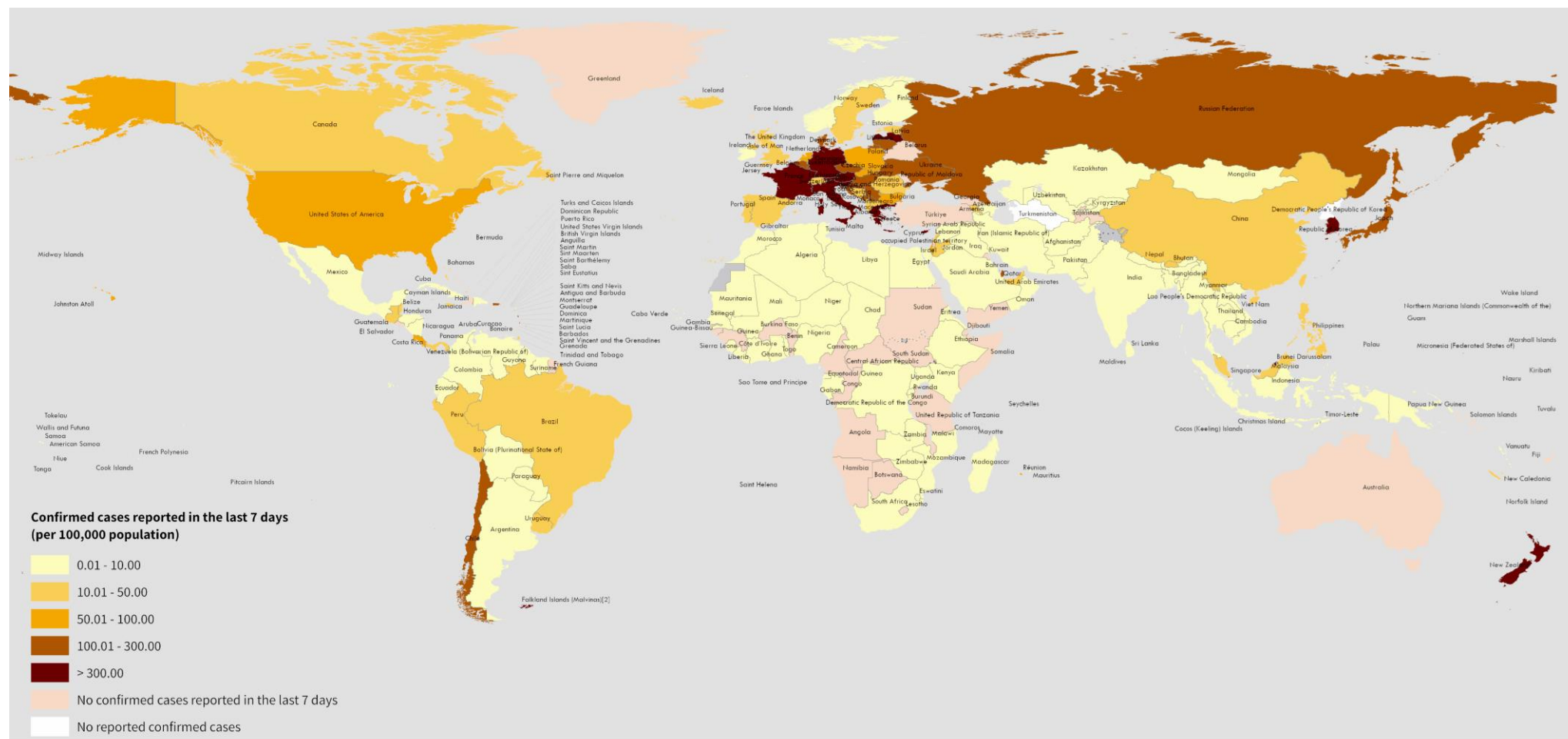
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**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, 26 September - 2 October 2022*



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

Not applicable

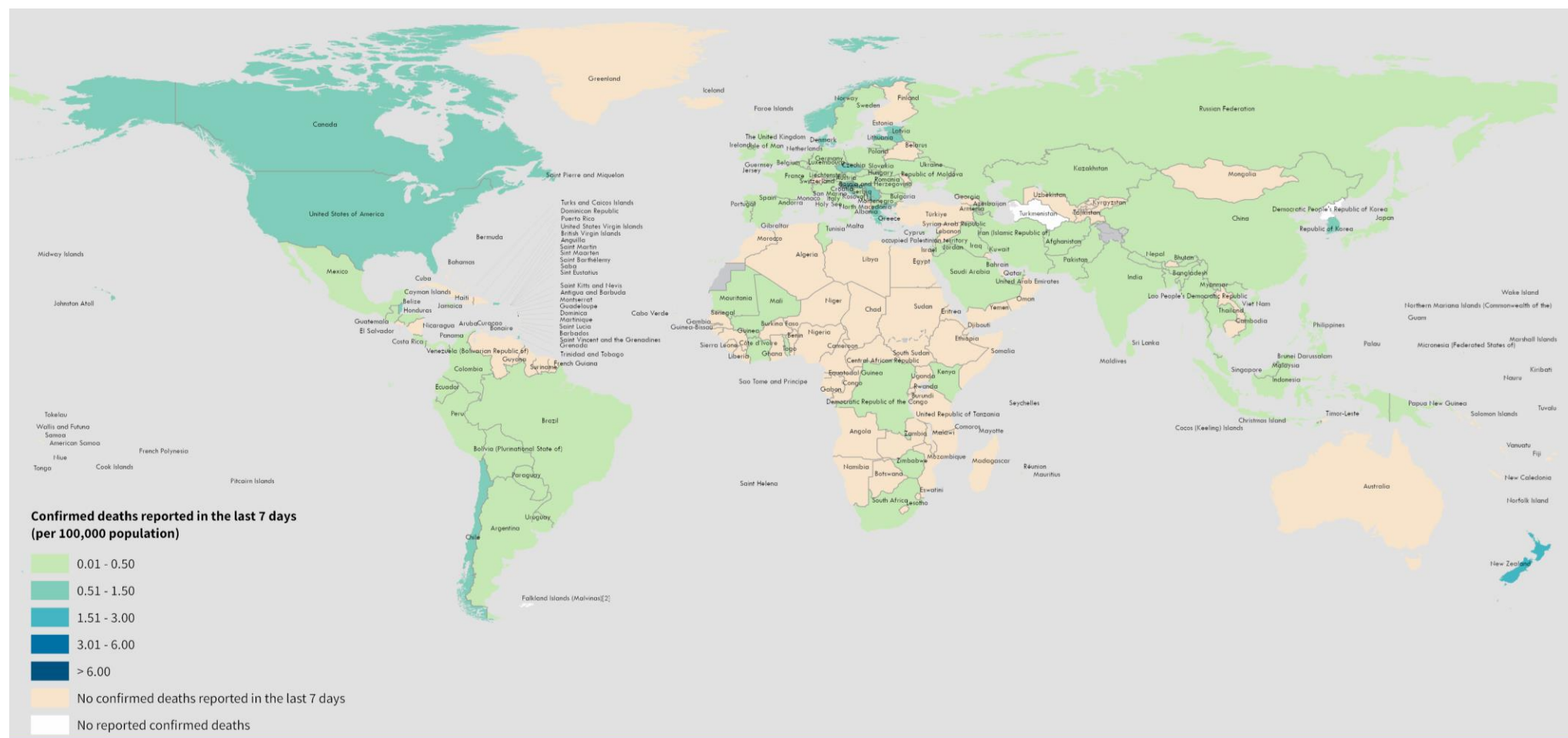
0 2,500 5,000 km

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The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. [1] All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes. [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). Data for Bonaire, Sint Eustatius and Saba have been disaggregated and displayed at the subnational level.

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

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 26 September - 2 October 2022**



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

Not applicable



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**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 3 September to 3 October 2022, 104 128 SARS-CoV-2 sequences were shared through GISAID. Among these, 104 055 sequences were of the Omicron variant of concern (VOC), accounting for 99.9% of sequences reported in the past 30 days.

There continues to be increased diversity within Omicron and its descendent lineages. A number of these Omicron descendent lineages are under monitoring.ⁱ During epidemiological week 36 (5 to 11 September 2022), as samples from more recent weeks may have not been repositied,ⁱⁱ BA.5 descendent lineages continued to be dominant accounting for 80.8% of sequences, followed by BA.4 descendent lineages (including BA.4.6) which accounted for 7.8%, and BA.2 descendent lineages (including BA.2.75) which accounted for 3.1% of sequences. During the same week (5 to 11 September), unassigned sequences (presumed to be Omicron) accounted for 8.3% of sequences submitted to GISAID.

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](#)
- [VIEW-hub: repository for the most relevant and recent vaccine data](#)

ⁱ [WHO tracking SARS-CoV-2 variants](#)

ⁱⁱ Globally, the median turnaround time between sample collection and sample submission to GISAID is 21 days.

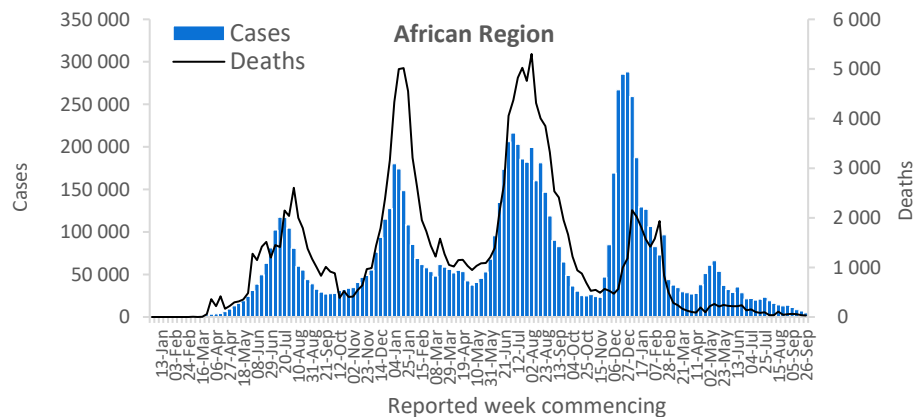
WHO regional overviews:

Epidemiological week 26 September - 2 October 2022**

African Region

The African Region reported over 4700 new weekly cases, a 32% decrease as compared to the previous week. Seven (14%) countries reported increases in the number of new cases of 20% or greater, with the greatest proportional increases seen in Rwanda (16 vs three new cases; +433%), Gabon (22 vs nine new cases; +144%) and Cabo Verde (17 vs seven new cases; +143%). The highest numbers of new cases were reported from South Africa (1605 new cases; 2.7 new cases per 100 000 population; +25%), Seychelles (783 new cases; 796.2 new cases per 100 000 population; no cases reported last week due to batch reporting) and Réunion (623 new cases; 69.6 new cases per 100 000; -53%).

The number of new weekly deaths in the Region decreased by 20% as compared to the previous week, with 32 deaths reported. Some of the highest numbers of new deaths were reported from South Africa (16 new deaths; <1 new death per 100 000 population; -30%), Réunion (three new deaths; <1 new death per 100 000 population; -63%) and Kenya (three new deaths; <1 new death per 100 000 population; no deaths reported in the previous week).

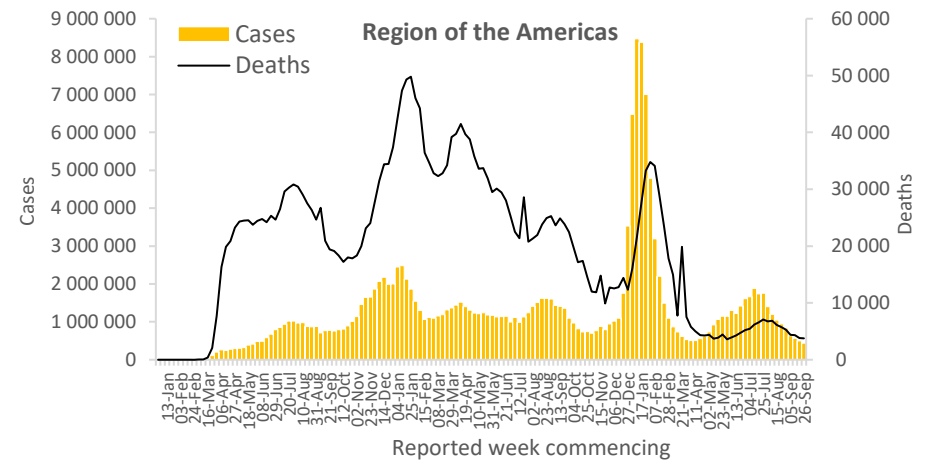


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 441 000 new cases, an 11% decrease as compared to the previous week. Six of the 56 (11%) 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 Puerto Rico (7583 vs 2711 new cases; +180%), Venezuela (Bolivarian Republic of) (398 vs 315 new cases; +26%) and Chile (24 409 vs 19 860 new cases; +23%). The highest numbers of new cases were reported from the United States of America (312 125 new cases; 94.3 new cases per 100 000; -15%), Brazil (48 097 new cases; 22.6 new cases per 100 000; +6%) and Chile (24 409 new cases; 127.7 new cases per 100 000; +23%).

The number of new weekly deaths reported in the Region remained stable as compared to the previous week, with over 3700 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2728 new deaths; <1 new death per 100 000; +6%), Brazil (286 new deaths; <1 new death per 100 000; -36%) and Canada (193 new deaths; <1 new death per 100 000; -3%).

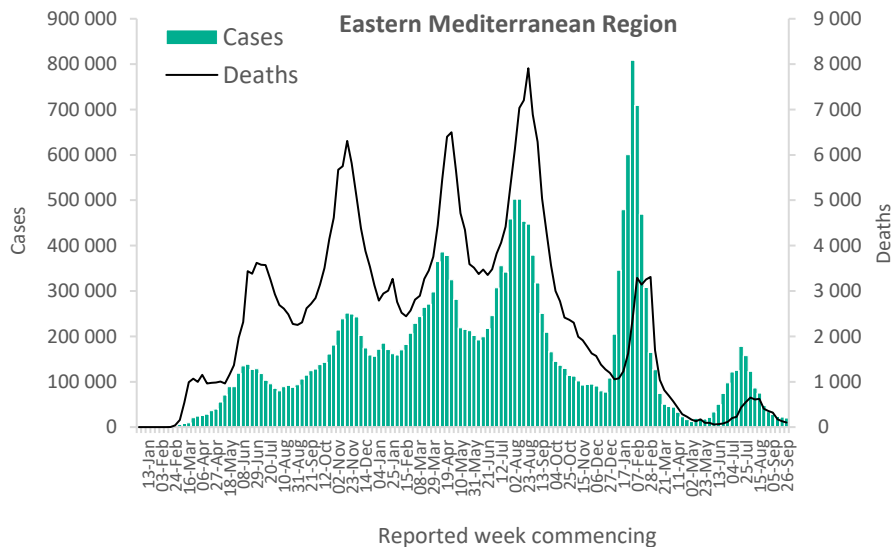


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 20 000 new cases, an 8% decrease as compared to the previous week. Four (18%) countries reported an increase in new cases of 20% or greater, with the highest proportional increases observed in Iraq (813 vs 327 new cases; +149%), Tunisia (341 vs 182 new cases; +87%) and Saudi Arabia (832 vs 646 new cases; +29%). The highest numbers of new cases were reported from Qatar (5398 new cases; 187.4 new cases per 100 000; -5%), the United Arab Emirates (2720 new cases; 27.5 new cases per 100 000; +2%) and the Islamic Republic of Iran (2617 new cases; 3.1 new cases per 100 000; -16%).

The number of new weekly deaths decreased in the Region by 23% as compared to the previous week, with 99 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (58 new deaths; <1 new death per 100 000; -32%), Saudi Arabia (12 new deaths; <1 new death per 100 000; +9%) and Lebanon (seven new deaths; <1 new death per 100 000; -46%).

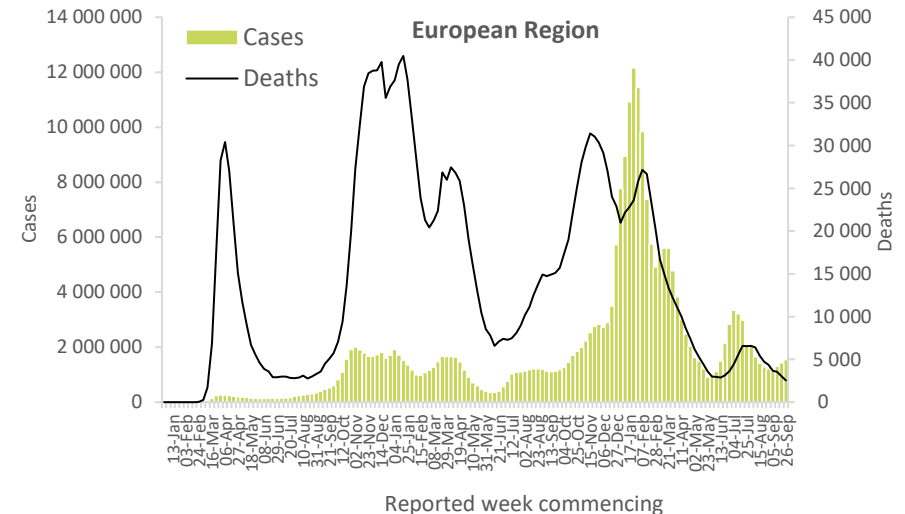


Updates from the [Eastern Mediterranean Region](#)

European Region

In the European Region, the number of new weekly cases increased by 8% as compared to the previous week, with over 1.5 million new cases reported. Eleven (18%) countries reported increases in new cases of 20% or greater, with the highest proportional increases observed in Guernsey (210 vs 107 new cases; +96%), Austria (77 674 vs 47 769 new cases; +63%) and Italy (215 534 vs 135 877 new cases; +59%). The highest numbers of new cases were reported from Germany (400 214 new cases; 481.2 new cases per 100 000; +42%), France (264 889 new cases; 407.3 new cases per 100 000; +15%) and the Russian Federation (256 106 new cases; 175.5 new cases per 100 000; -28%).

Over 2500 new weekly deaths were reported in the Region, a 17% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (711 new deaths; <1 new death per 100 000; similar to the previous week), Italy (263 new deaths; <1 new death per 100 000; -18%) and France (208 new deaths; <1 new death per 100 000; +3%).

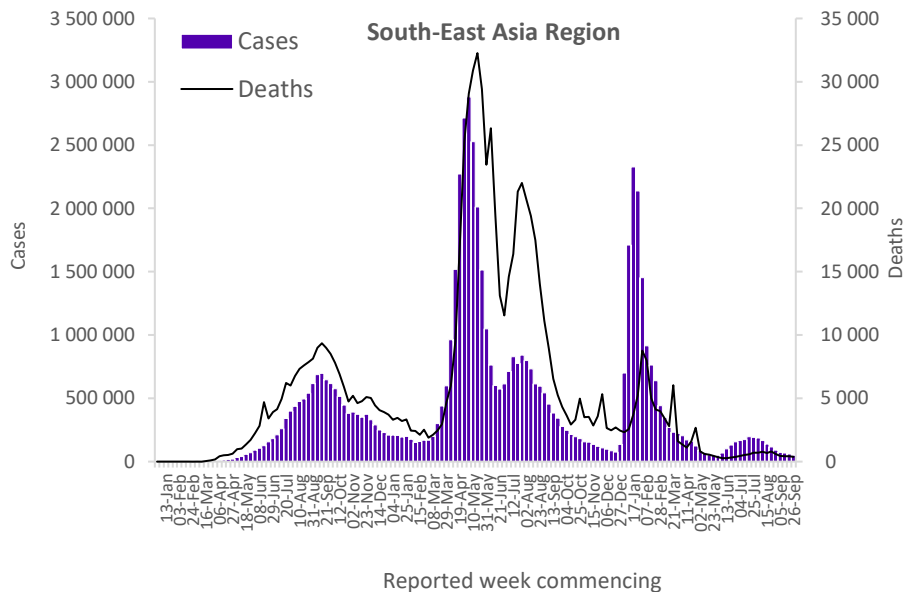


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 49 000 new cases, a 17% decrease as compared to the previous week. No countries in the Region showed an increase in the number of new cases of 20% or greater. The highest numbers of new cases were reported from India (26 373 new cases; 1.9 new cases per 100 000; -22%), Indonesia (12 056 new cases; 4.4 new cases per 100 000; -12%) and Bangladesh (4522 new cases; 2.7 new cases per 100 000; +11%).

The Region reported over 300 deaths, a 13% decrease as compared to the previous week. The highest numbers of new deaths were reported from India (163 new deaths; <1 new death per 100 000; -6%), Indonesia (118 new deaths; <1 new death per 100 000; -3%) and Thailand (53 new deaths; <1 new death per 100 000; -40%).

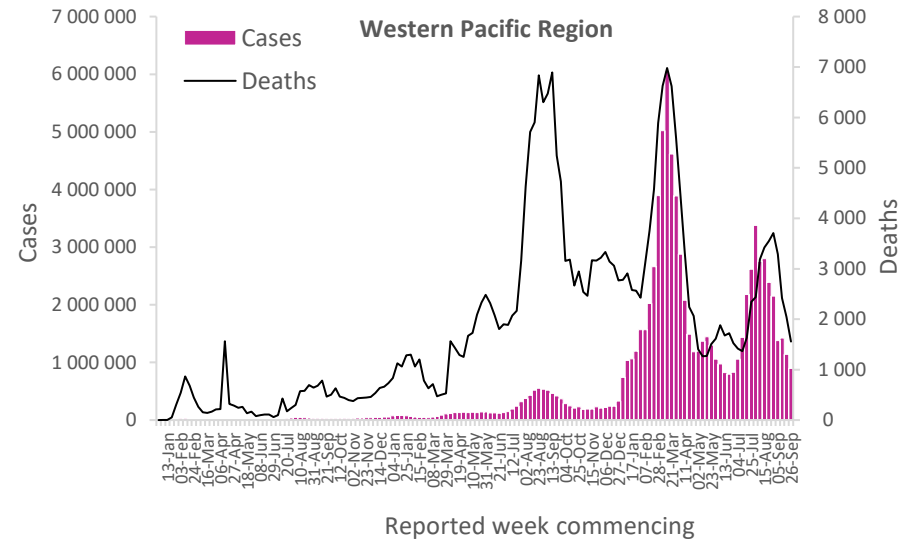


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 896 000 new cases, a 22% decrease 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 Micronesia (Federated States of) (4383 vs 47 new cases; +9226%), New Zealand (19 616 vs 7219 new cases; +172%) and Singapore (21 873 vs 16 254 new cases; +35%). The highest numbers of new cases were reported from Japan (306 958 new cases; 242.7 new cases per 100 000; -43%), China (303 092 new cases; 20.6 new cases per 100 000; +4%) and the Republic of Korea (199 483 new cases; 389.1 new cases per 100 000; -12%).

The Region reported a 24% decrease in new weekly deaths as compared to the previous week, with over 1500 deaths reported. The highest numbers of new deaths were reported from Japan (563 new deaths; <1 new death per 100 000; -15%), China (368 new deaths; <1 new death per 100 000; a -26%) and the Republic of Korea (276 new deaths; <1 new death per 100 000; -28%).



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.