

COVID-19 Weekly Epidemiological Update

Edition 113 published 12 October 2022

In this edition:

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

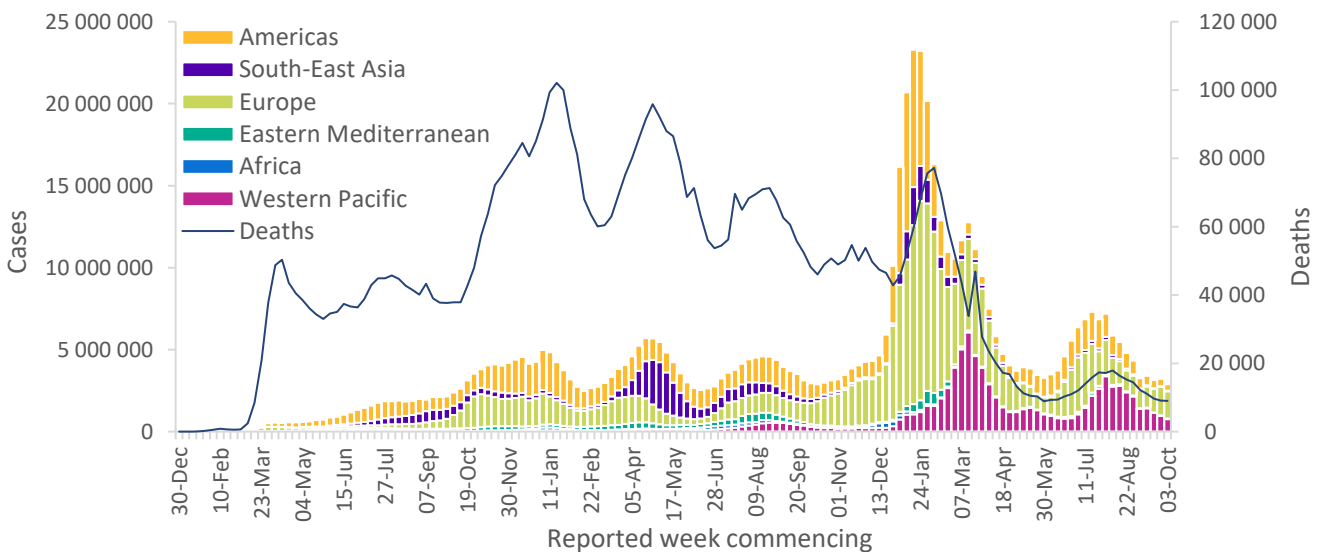
Global overview

Data as of 9 October 2022

Globally, the number of new weekly cases decreased by 10% during the week of 3 to 9 October 2022 as compared to the previous week, with over 2.8 million new cases reported (Figure 1, Table 1). The number of new weekly deaths remained stable (-1%) as compared to the previous week, with about 9000 fatalities reported. As of 9 October 2022, over 618 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 the six WHO regions: the African Region (-41%), the South-East Asia Region (-25%), the Western Pacific Region (-21%), the Eastern Mediterranean Region (-14%), the Region of the Americas (-10%) and the European Region (-3%). The number of new weekly deaths decreased or remained stable across five regions: the African Region (-53%), the South-East Asia Region (-23%), the European Region (-12%), the Eastern Mediterranean Region (similar to the previous week) and the Western Pacific Region (+1%); while the number of deaths increased in the Region of the Americas (+11%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 9 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 (508 749 new cases; +12%), China (333 830 new cases; +10%), France (323 787 new cases; +4%), the United States of America (283 220 new cases; -9%) and Italy (280 947 new cases; +30%). The highest numbers of new weekly deaths were reported from the United States of America (2817 new deaths; +3%), Brazil (767 new deaths; +168%), the Russian Federation (731 new deaths; +3%), Japan (567 new deaths; +1%) and China (412 new deaths; +12%).

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 9 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	1 667 907 (58%)	-3%	256 019 483 (41%)	2 860 (32%)	-12%	2 099 252 (32%)
Western Pacific	770 302 (27%)	-21%	90 869 335 (15%)	1 573 (17%)	1%	272 778 (4%)
Americas	396 937 (14%)	-10%	178 832 851 (29%)	4 170 (46%)	11%	2 842 923 (43%)
South-East Asia	37 197 (1%)	-25%	60 339 540 (10%)	281 (3%)	-23%	797 934 (12%)
Eastern Mediterranean	17 913 (1%)	-14%	23 107 748 (4%)	100 (1%)	<1%	348 478 (5%)
Africa	3 749 (<1%)	-41%	9 337 461 (2%)	18 (<1%)	-53%	174 566 (3%)
Global	2 894 005 (100%)	-10%	618 507 182 (100%)	9 002 (100%)	-1%	6 535 944 (100%)

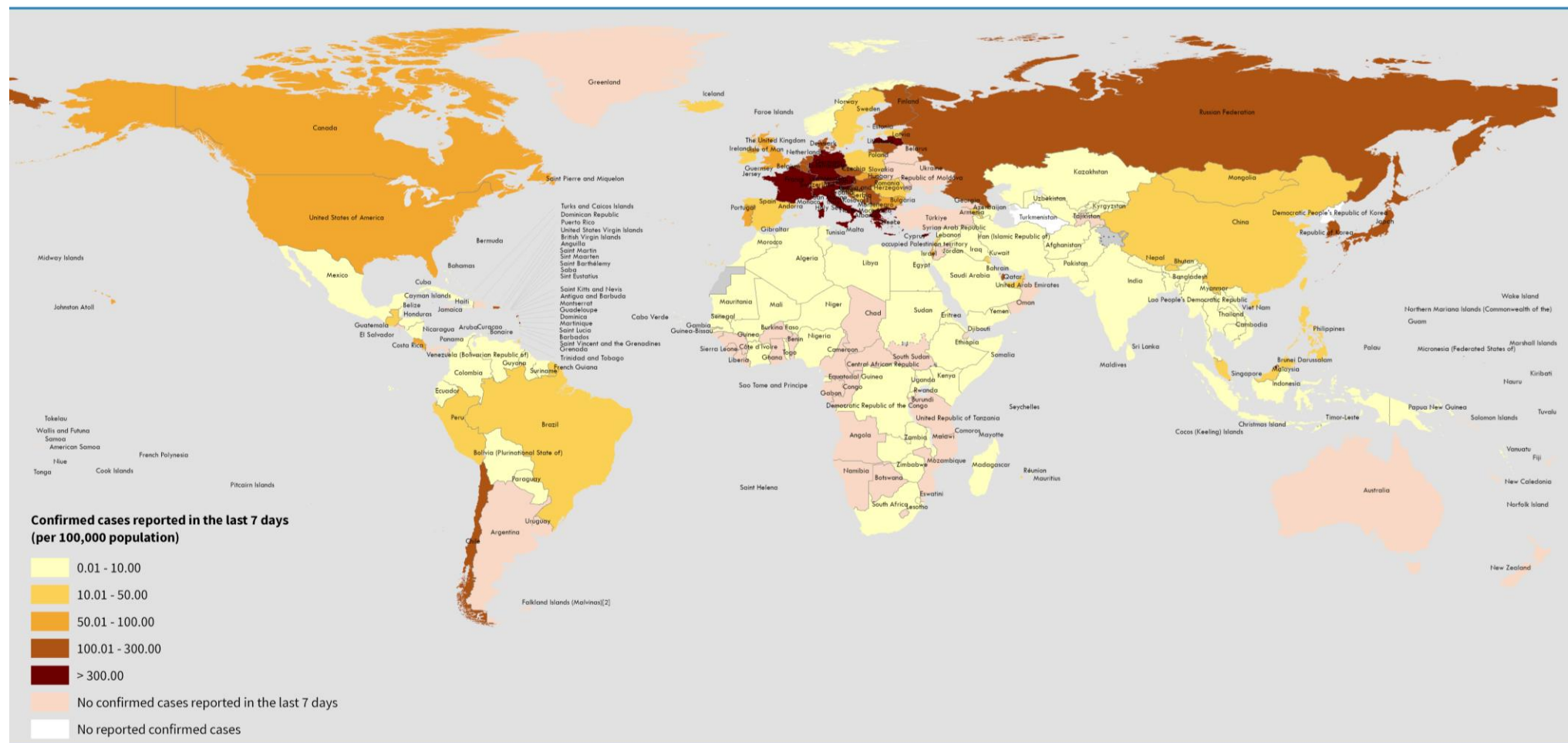
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**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, 3 - 9 October 2022*



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

Not applicable



© World Health Organization 2022. All rights reserved.

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, 3 - 9 October 2022**



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

Not applicable



© World Health Organization 2022. All rights reserved.

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](#)

Special Focus: Update on SARS-CoV-2 variants of interest and variants of concern

Prevalence of VOCs

Globally, from 10 September to 10 October 2022, 101 538 SARS-CoV-2 sequences were shared through GISAID. Among these, 101 441 sequences were the Omicron variant of concern (VOC), accounting for 99.9% of sequences reported in the past 30 days. There continues to be a number of Omicron descendent lineages under monitoringⁱ.

During epidemiological week 37 (12 to 18 September 2022), Omicron BA.5 descendent lineages continued to be dominant accounting for 76.2% of sequences submitted to GISAID; followed by BA.4 descendent lineages (including BA.4.6), which accounted for 7.0%; and BA.2 descendent lineages (including BA.2.75), which accounted for 3.9% of sequences. During the same week (12 to 18 September), unassigned sequences (presumed to be Omicron) accounted for 12.8% of sequences submitted to GISAID.

ⁱ WHO tracking SARS-CoV-2 variants

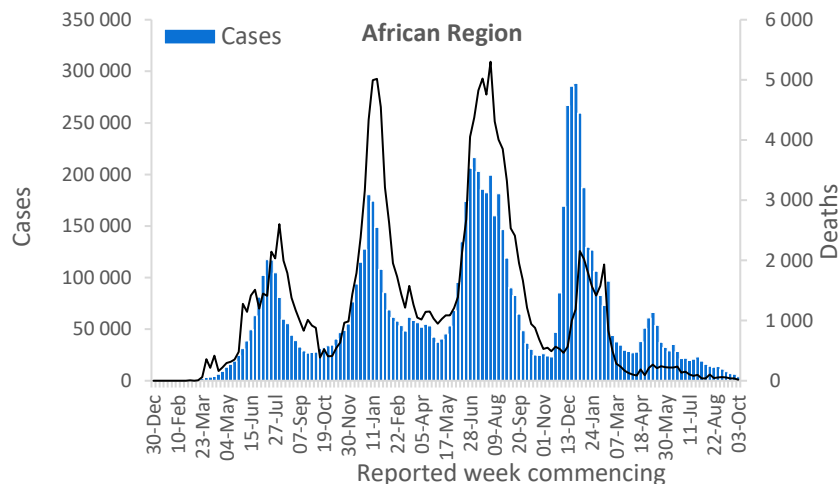
WHO regional overviews:

Epidemiological week 3 - 9 October 2022**

African Region

The African Region reported over 3700 new weekly cases, a 41% decrease as compared to the previous week. Nine (18%) countries reported increases in the number of new cases of 20% or greater, with some of the greatest proportional increases seen in Mauritania (46 vs 32 new cases; +44%), Mali (56 vs 40 new cases; +40%) and Eswatini (26 vs 20 new cases; +30%). The highest numbers of new cases were reported from South Africa (2020 new cases; 3.4 new cases per 100 000 population; +26%), Nigeria (385 new cases; <1 new case per 100 000; +57%) and Réunion (356 new cases; 39.8 new cases per 100 000; -43%).

The number of new weekly deaths in the Region decreased by 53% as compared to the previous week, with 18 deaths reported. The highest numbers of new deaths were reported from South Africa (nine new deaths; <1 new death per 100 000 population; -44%), Algeria (two new deaths; <1 new death per 100 000; no deaths reported in the previous week) and Zimbabwe (two new deaths; <1 new death per 100 000; -33%).

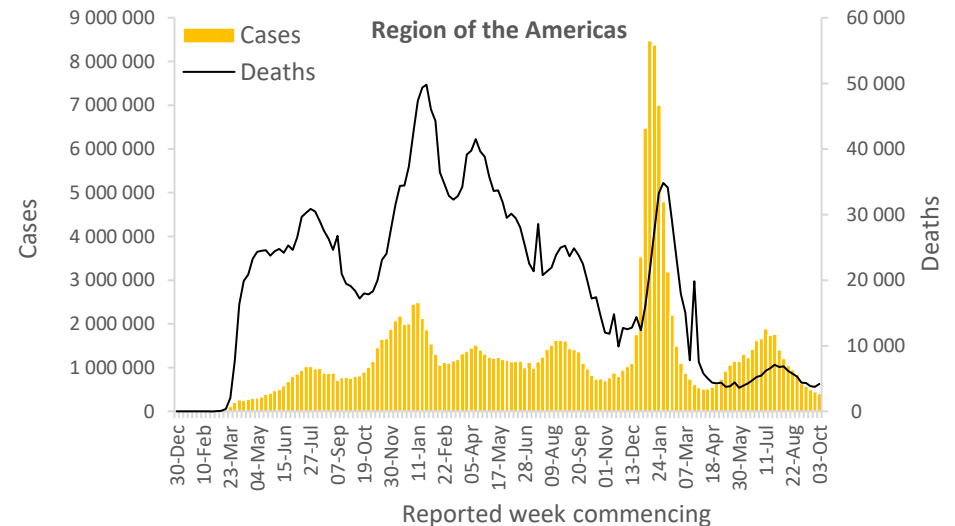


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported just under 397 000 new cases, a 10% decrease 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 the greatest proportional increases seen in Honduras (273 vs 55 new cases; +396%), Bermuda (66 vs 32 new cases; +106%) and Curaçao (22 vs 11 new cases; +100%). The highest numbers of new cases were reported from the United States of America (283 220 new cases; 85.6 new cases per 100 000; -9%), Brazil (42 613 new cases; 20.0 new cases per 100 000; -11%) and Chile (21 425 new cases; 112.1 new cases per 100 000; -12%).

The number of new weekly deaths increased by 11% in the Region as compared to the previous week, with over 4100 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2817 new deaths; <1 new death per 100 000; +3%), Brazil (767 new deaths; <1 new death per 100 000; +168%) and Canada (176 new deaths; <1 new death per 100 000; -9%).

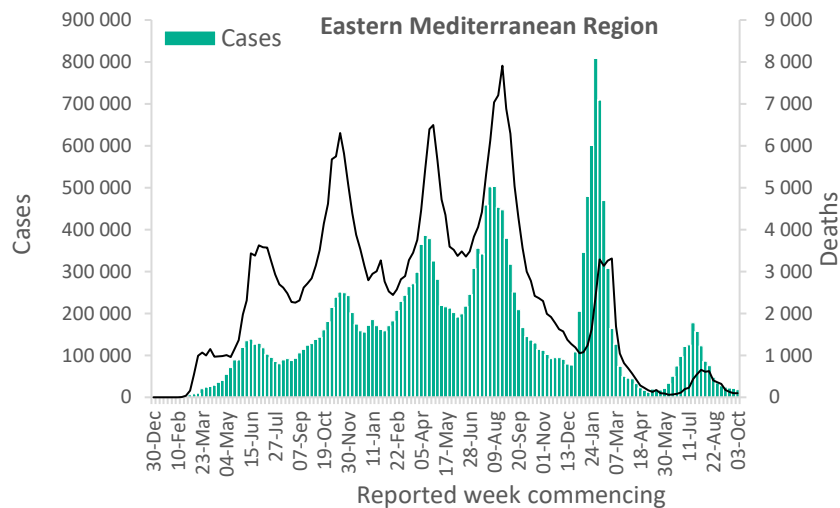


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 17 900 new cases, a 14% decrease as compared to the previous week. Three (22%) countries reported an increase in new cases of 20% or greater, with the highest proportional increases observed in Morocco (125 vs 89 new cases; +40%) and Kuwait (744 vs 579 new cases; +29%). The highest numbers of new cases were reported from Qatar (5144 new cases; 178.5 new cases per 100 000; -5%), the Islamic Republic of Iran (3389 new cases; 4.0 new cases per 100 000; +30%) and the United Arab Emirates (2545 new cases; 25.7 new cases per 100 000; -6%).

The number of new weekly deaths in the Region was similar to the previous week, with 100 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (62 new deaths; <1 new death per 100 000; +7%), Saudi Arabia (12 new deaths; <1 new death per 100 000; similar to the previous week), Lebanon (seven new deaths; 1 new death per 100 000; similar to the previous week) and Pakistan (seven new deaths; <1 new death per 100 000; +75%).

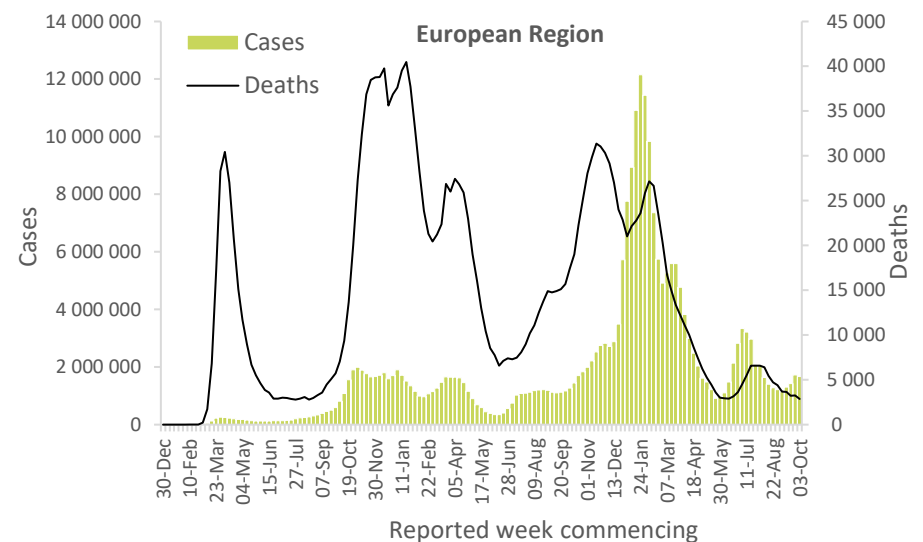


Updates from the [Eastern Mediterranean Region](#)

European Region

In the European Region, the number of new weekly cases remained similar (-3%) to the number of cases reported during the previous week, with over 1.6 million new cases reported. Five (8%) countries reported increases in new cases of 20% or greater, with some of the highest proportional increases observed in San Marino (221 vs 157 new cases; +41%), Austria (96 973 vs 77 688 new cases; +25%) and Greece (54 649 vs 45 001 new cases; +21%). The highest numbers of new cases were reported from Germany (508 749 new cases; 611.7 new cases per 100 000; +12%), France (323 787 new cases; 497.8 new cases per 100 000; +4%) and Italy (280 947 new cases; 471.1 new cases per 100 000; +30%).

Over 2800 new weekly deaths were reported in the Region, a 12% decrease as compared to the previous week. The highest numbers of new deaths were reported from the Russian Federation (731 new deaths; <1 new death per 100 000; +3%), Italy (348 new deaths; <1 new death per 100 000; +32%) and Spain (289 new deaths; <1 new death per 100 000; +70%).

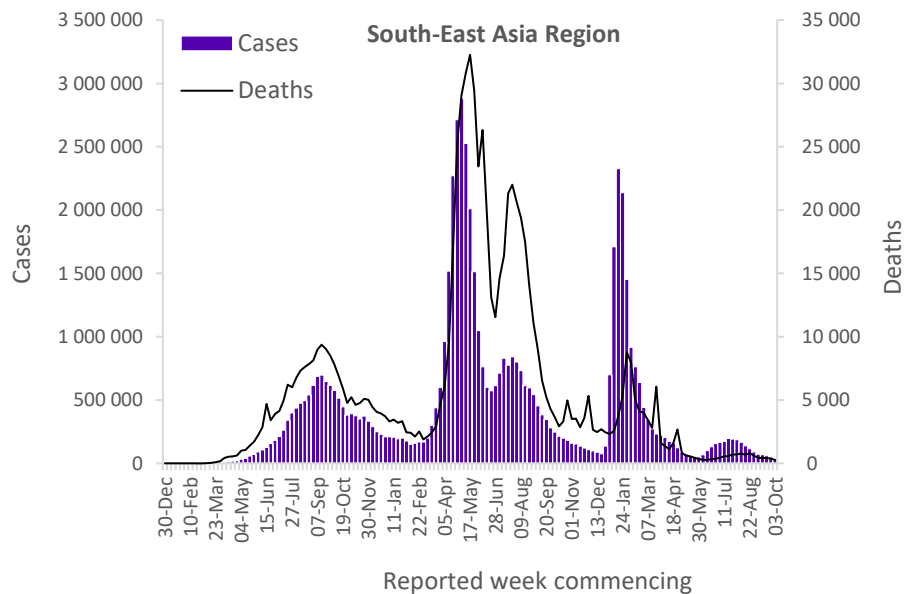


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 37 000 new cases, a 25% decrease as compared to the previous week. One country (10%) in the Region for which data are available showed an increase in the number of new cases of 20% or greater: Timor-Leste (14 cases vs four new cases; +250%). The highest numbers of new cases were reported from India (17 526 new cases; 1.3 new cases per 100 000; -34%), Indonesia (10 363 new cases; 3.8 new cases per 100 000; -14%) and Bangladesh (3511 new cases; 2.1 new cases per 100 000; -22%).

The Region reported over 200 deaths, a 23% decrease as compared to the previous week. The highest numbers of new deaths were reported from India (126 new deaths; <1 new death per 100 000; -23%), Indonesia (73 new deaths; <1 new death per 100 000; -38%) and Thailand (58 new deaths; <1 new death per 100 000; +9%).

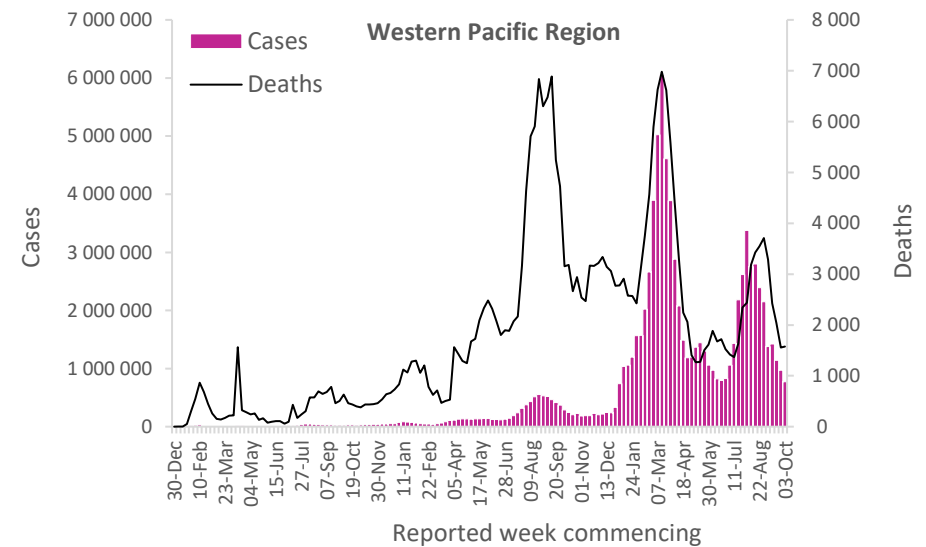


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 770 000 new cases, a 21% decrease as compared to the previous week. Four (12%) countries reported increases in new cases of 20% or greater, with the largest proportional increases observed in Mongolia (606 vs 304 new cases; +99%), Papua New Guinea (99 vs 53 new cases; +87%) and Singapore (36 985 vs 21 873 new cases; +69%). The highest numbers of new cases were reported from China (333 830 new cases; 22.7 new cases per 100 000; +10%), Japan (208 547 new cases; 164.9 new cases per 100 000; -32%) and the Republic of Korea (151 178 new cases; 294.9 new cases per 100 000; -24%).

The Region reported a 1% increase 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 (567 new deaths; <1 new death per 100 000; +1%), China (412 new deaths; <1 new death per 100 000; +12%) and the Philippines (348 new deaths; <1 new death per 100 000; +57%).



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.