

COVID-19 Weekly Epidemiological Update

Edition 123 published 21 December 2022

In this edition:

- [Global overview](#)
- [SARS-CoV-2 variants of concern and Omicron subvariants under monitoring](#)
- [WHO regional overviews](#)
- [Hospitalizations and ICU admissions](#)
- [Summary of Monthly Operational Update](#)

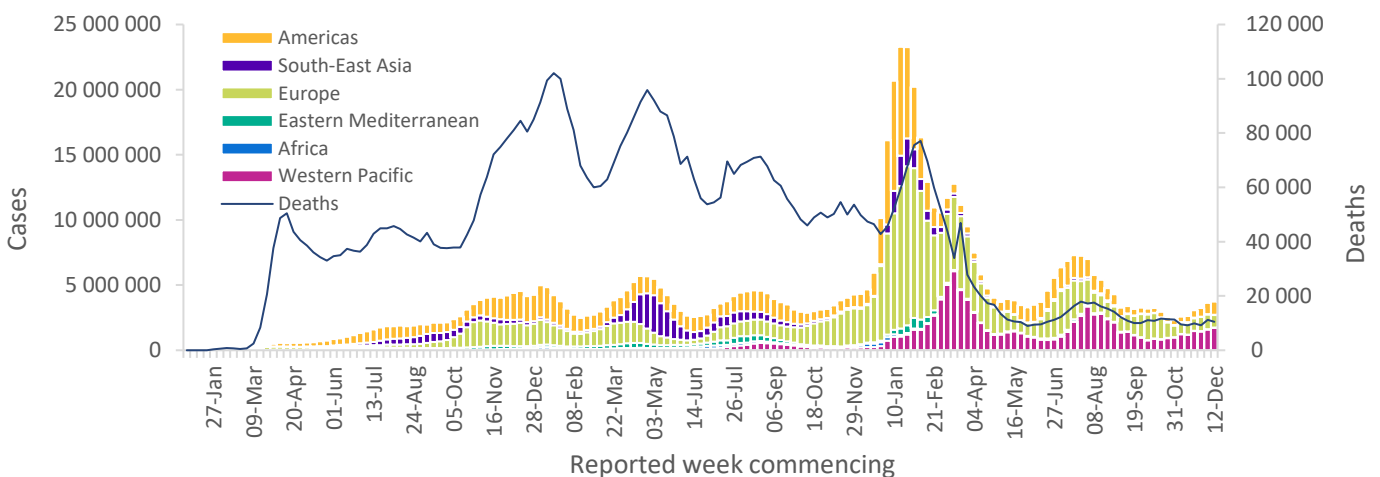
Global overview

Data as of 18 December 2022

Globally, the number of new weekly cases reported during the week of 12 to 18 December 2022 was similar (+3%) to the previous week, with over 3.7 million new cases reported (Figure 1, Table 1). The number of new weekly deaths was 6% lower than in the previous week, with over 10 400 new fatalities reported. In the last 28 days, over 13.7 million cases and over 40 000 new fatalities were reported globally – a 36% increase and 2% decline, respectively, compared to the previous 28 days. As of 18 December 2022, over 649 million confirmed cases and over 6.6 million deaths have been reported globally.

At the regional level, the number of newly reported weekly cases decreased across four of the six WHO regions: the South-East Asia Region (-36%), the African Region (-29%), the Eastern Mediterranean Region (-26%), and the European Region (-16%); while case numbers increased in two WHO regions: the Western Pacific Region (+8%) and the Region of the Americas (+18%). The number of newly reported weekly deaths decreased or remained stable across five regions: the African Region (-95%), the Eastern Mediterranean Region (-39%), the European Region (-22%), the South-East Asia Region (-20%), and the Region of the Americas (+3%); while death numbers increased in the Western Pacific Region (+7%).

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 18 December 2022**



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

At the country level, the highest numbers of new weekly cases were reported from Japan (1 046 650 new cases; +23%), the Republic of Korea (459 811 new cases; +9%), the United States of America (445 424 new cases; -3%), France (341 136 new cases; -20%), and Brazil (337 810 new cases; +74%). The highest numbers of new weekly deaths were reported from the United States of America (2658 new deaths; -13%), Japan (1617 new deaths; +19%), Brazil (1133 new deaths; +88%), France (686 new deaths; +27%), and Italy (519 new deaths; -23%).

Current trends in reported COVID-19 cases are underestimates of the true number of global infections and reinfections as shown by prevalence surveys.¹⁻⁴ Therefore, the data should be interpreted with caution as several countries have progressively changed COVID-19 testing strategies, resulting in lower 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 18 December 2022**

WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)
Western Pacific	1 735 536 (46%)	8%	6 272 855 (46%)	44%	103 210 747 (16%)	2647 (25%)	7%	9415 (23%)	49%	290 069 (4%)
Europe	952 783 (25%)	-16%	4 125 631 (30%)	8%	268 239 266 (41%)	2853 (27%)	-22%	13 235 (32%)	-25%	2 147 710 (32%)
Americas	1 022 218 (27%)	18%	3 122 208 (23%)	87%	184 429 273 (28%)	4637 (44%)	3%	16 192 (40%)	13%	2 881 884 (43%)
South-East Asia	15 680 (<1%)	-36%	126 430 (1%)	-31%	60 719 269 (9%)	309 (3%)	-20%	1548 (4%)	-45%	802 804 (12%)
Africa	5094 (<1%)	-29%	35 684 (<1%)	-4%	9 431 508 (1%)	5 (<1%)	-95%	203 (<1%)	11%	175 075 (3%)
Eastern Mediterranean	5690 (<1%)	-26%	29 508 (<1%)	-36%	23 213 600 (4%)	31 (<1%)	-39%	151 (<1%)	-36%	349 007 (5%)
Global	3 737 001 (100%)	3%	13 712 316 (100%)	36%	649 244 427 (100%)	10 482 (100%)	-6%	40 744 (100%)	-2%	6 646 562 (100%)

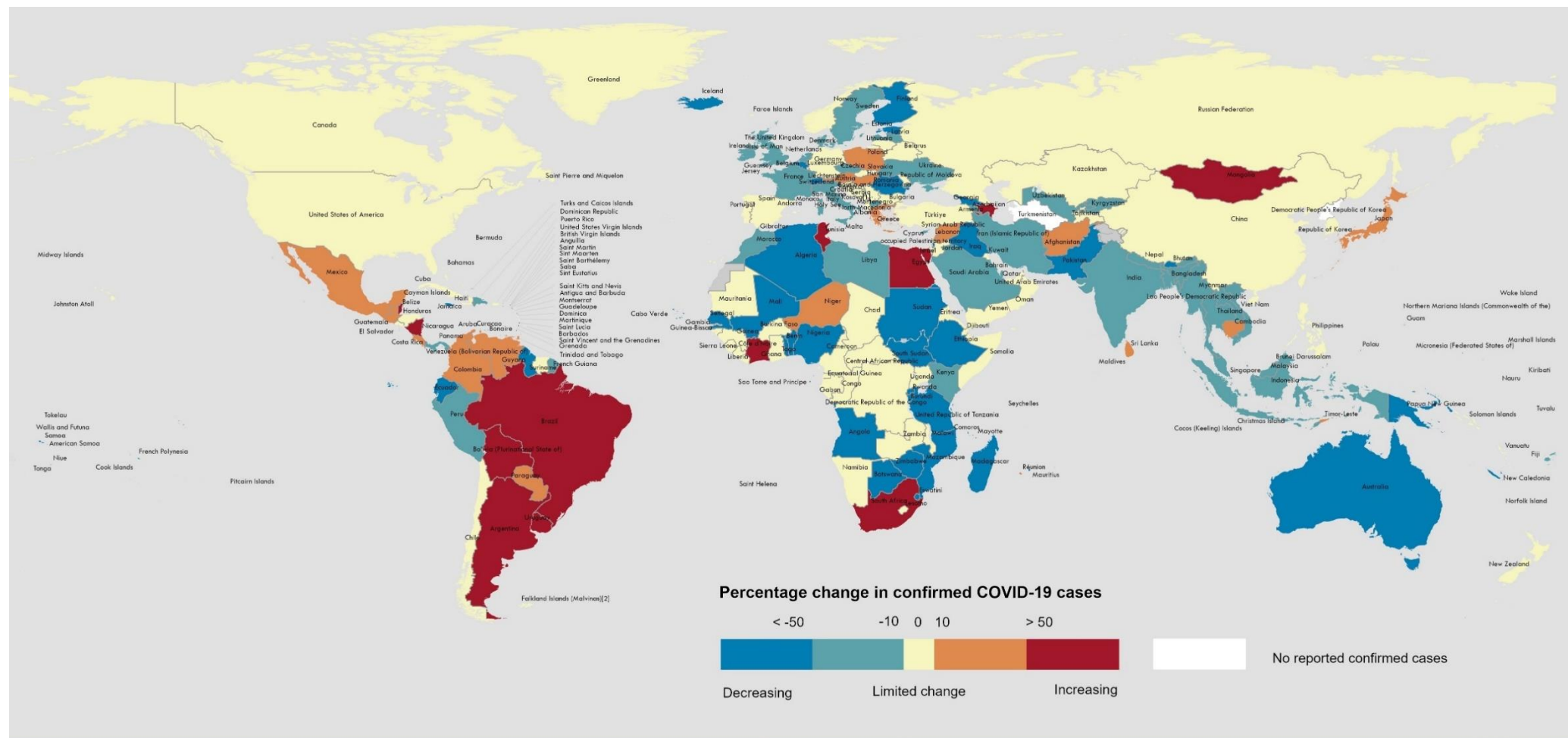
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to seven days prior, and past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

**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, 12 to 18 December 2022**



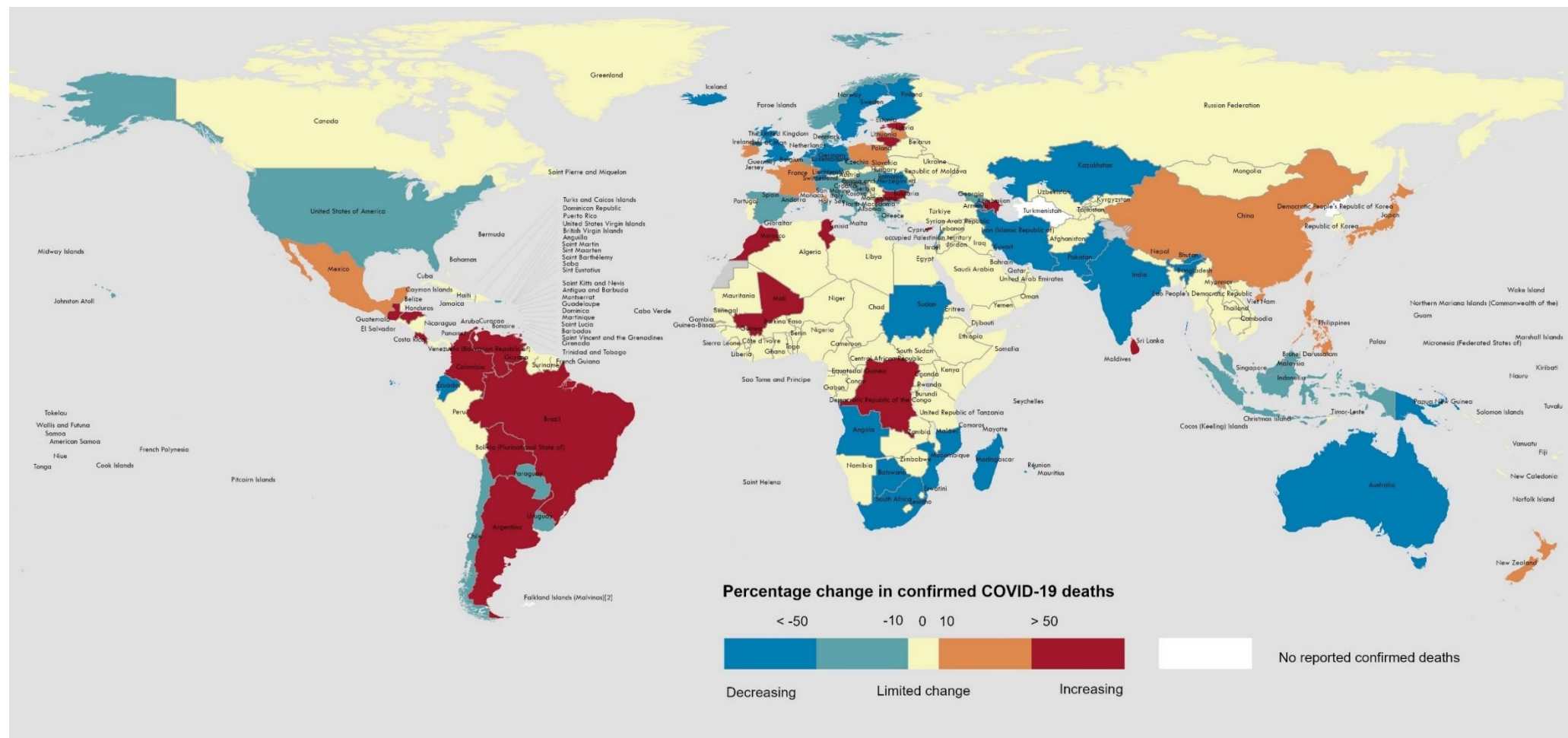
Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

Not applicable
0 2,500 5,000 km
© 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. Percentage change in confirmed COVID-19 deaths over the last seven days relative to the previous seven days, 12 to 18 December 2022**



Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme

Not applicable

0 2,500 5,000 km
© 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 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](#)

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

Geographic spread and prevalence

Globally, from 19 November to 19 December 2022, 99 950 SARS-CoV-2 sequences were shared through GISAID. Among these, 99 667 sequences were the Omicron variant of concern (VOC), accounting for 99.7% of sequences reported globally in the past 30 days.

BA.5 and its descendent lineages are still dominant globally, accounting for 68.4% of sequences submitted to GISAID as of week 48 (28 November to 4 December 2022), even though their prevalence is decreasing. The prevalence of BA.2 and its descendent lineages is rising, mainly due to BA.2.75* (* indicates inclusion of descendent lineages); together they account for 12.6% of sequences submitted. BA.4 and its descendent lineages are declining with a prevalence of 1.2% as of week 48. Unassigned sequences (presumably Omicron) accounted for 12.2% of sequences submitted to GISAID in week 48, while the other lineages accounted for 5.9%.

At the global level, six variants currently under monitoring account for 72.9% of prevalence as of week 48, and have replaced the former BA.5 descendent lineages. These six variants under monitoring (and the respective prevalence) are BQ.1* (42.5%), BA.5 with one or several of five mutations (S:R346X, S:K444X, S:V445X, S:N450D, S:N460X) (13.4%), BA.2.75* (9.8%), XBB* (6.1%), BA.4.6* (1%), and BA.2.30.2* (0.1%). Based on current evidence, there is no indication of increased severity associated with these variants under monitoring compared to the former Omicron lineages.

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](#)

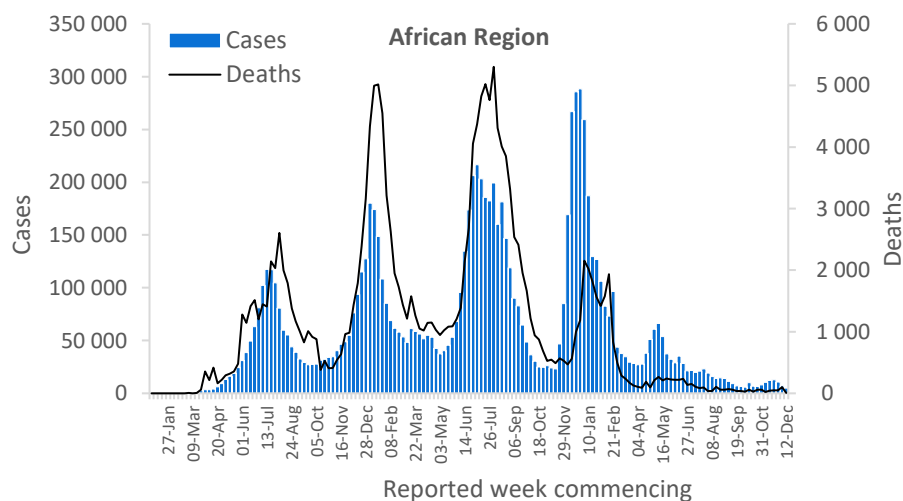
WHO regional overviews:

Epidemiological week 12 to 18 December 2022

African Region

The African Region reported 5094 new cases, a 29% decrease as compared to the previous week. Three (6%) of the 50 countries for which data are available reported increases in new cases of 20% or greater, including Côte d'Ivoire (15 vs seven new cases; +114%) and Niger (16 vs 12 new cases; +33%). The highest numbers of new cases were reported from South Africa (2350 new cases; 4 new cases per 100 000; no cases reported in the previous week), Réunion (1830 new cases; 204.4 new cases per 100 000; +34%), and Mauritius (269 new cases; 21.2 new cases per 100 000; -92%).

The number of new weekly deaths in the region decreased by 95% as compared to the previous week, with five new deaths reported. The decrease is partly due to batch reporting from South Africa in the previous week. The highest numbers of new deaths were reported from the Democratic Republic of the Congo (four new deaths; <1 new death per 100 000; +300%) and Mali (one new death; <1 new death per 100 000; no deaths reported in the previous week).

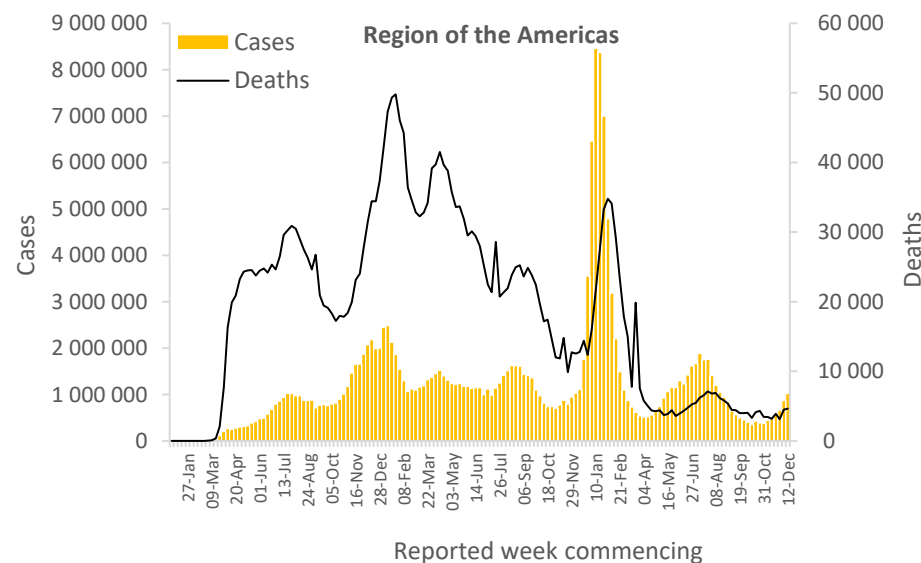


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over one million new cases, an 18% increase as compared to the previous week. Twelve (21%) 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 Belize (259 vs 69 new cases; +275%), Nicaragua (45 vs 13 new cases; +246%), and Saint Vincent and the Grenadines (18 vs eight new cases; +125%). The highest numbers of new cases were reported from the United States of America (445 424 new cases; 134.6 new cases per 100 000; -3%), Brazil (337 810 new cases; 158.9 new cases per 100 000; +74%), and Argentina (62 261 new cases; 137.8 new cases per 100 000; +130%).

The number of new weekly deaths in the region increased by 3% as compared to the previous week, with 4637 new deaths reported. The highest numbers of new deaths were reported from the United States of America (2658 new deaths; <1 new death per 100 000; -13%), Brazil (1133 new deaths; <1 new death per 100 000; +88%), and Canada (250 new deaths; <1 new death per 100 000; similar to the previous week).

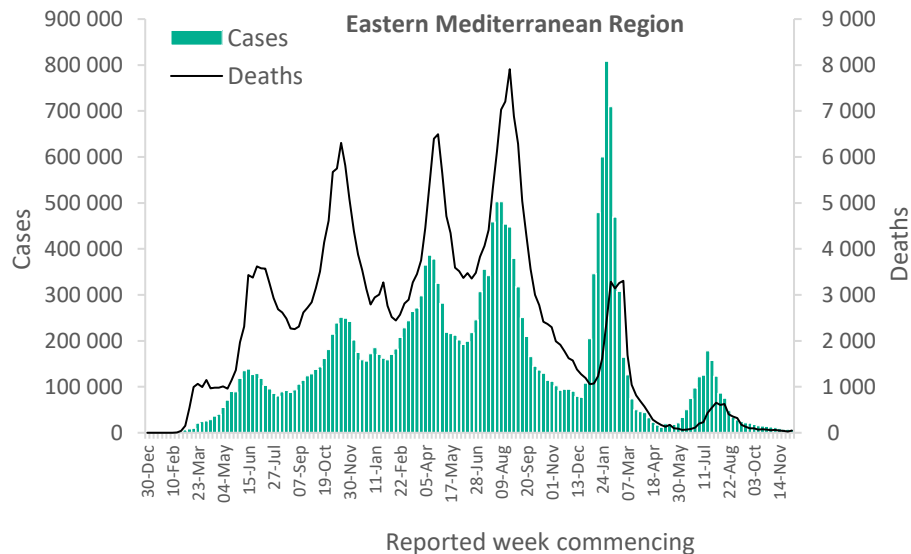


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported just under 5700 new cases, a 26% 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 Egypt (19 vs three new cases; +533%), Tunisia (137 vs 73 new cases; +88%), and the Syrian Arab Republic (10 vs eight new cases; +25%). The highest numbers of new cases were reported from Qatar (2406 new cases; 83.5 new cases per 100 000; -35%), Morocco (663 new cases; 1.8 new cases per 100 000; -19%), and the United Arab Emirates (663 new cases; 6.7 new cases per 100 000; -8%).

The number of new weekly deaths in the region decreased by 39% as compared to the previous week, with 31 new deaths reported. The highest numbers of new deaths were reported from Saudi Arabia (12 new deaths; <1 new death per 100 000; +9%), Morocco (six new deaths; <1 new death per 100 000; +100%), and Afghanistan (five new deaths; <1 new death per 100 000; similar to the previous week).

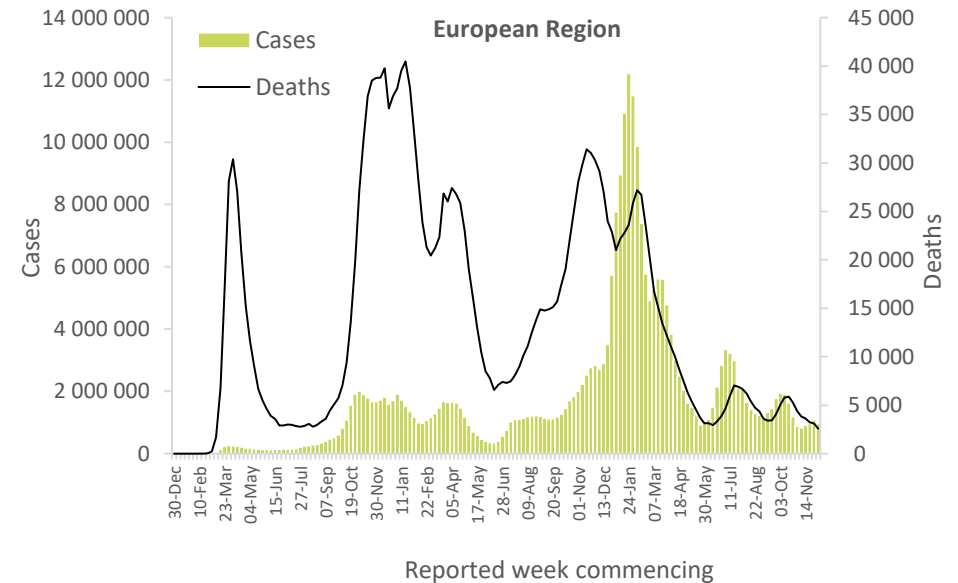


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 952 000 new cases, a 16% decrease as compared to the previous week. Five (8%) 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] (13 vs four new cases; +225%), Guernsey (369 vs 180 new cases; +105%), and Azerbaijan (535 vs 350 new cases; +53%). The highest numbers of new cases were reported from France (341 136 new cases; 524.5 new cases per 100 000; -20%), Germany (201 105 new cases; 241.8 new cases per 100 000; +1%), and Italy (130 145 new cases; 218.2 new cases per 100 000; -34%).

The number of new weekly deaths in the region decreased by 22% as compared to the previous week, with 2853 new deaths reported. The highest numbers of new deaths were reported from France (686 new deaths; 1.1 new deaths per 100 000; +27%), Italy (519 new deaths; <1 new death per 100 000; -23%), and the Russian Federation (389 new deaths; <1 new death per 100 000; +2%).

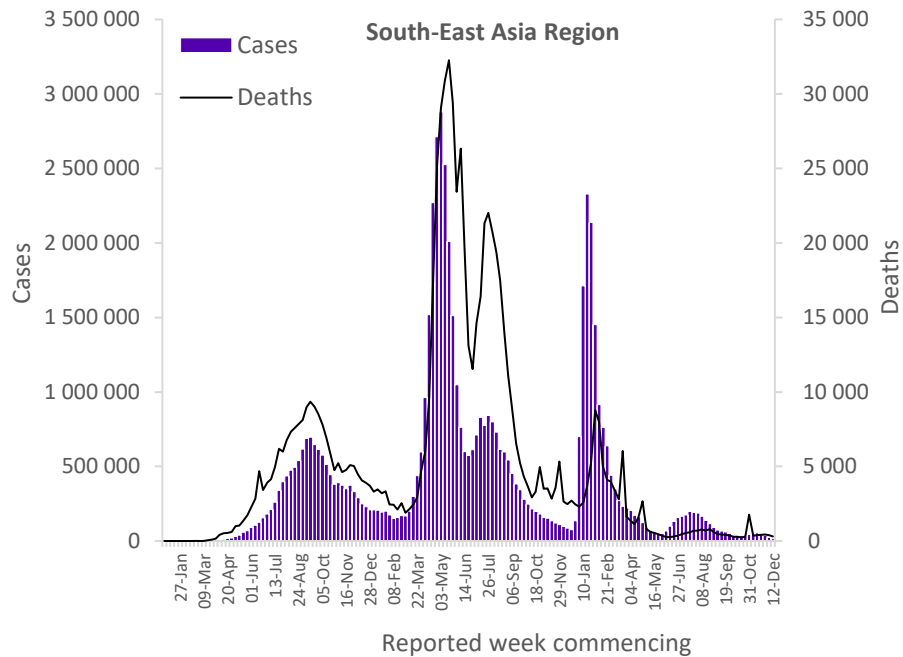


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 15 600 new cases, a 36% decrease as compared to the previous week. No country has reported increases in new cases of 20% or greater compared to the previous week. The highest numbers of new cases were reported from Indonesia (10 807 new cases; 4 new cases per 100 000; -42%), Thailand (3419 new cases; 4.9 new cases per 100 000; -14%), and India (1130 new cases; <1 new case per 100 000; -21%).

The number of new weekly deaths in the region decreased by 20% as compared to the previous week, with 309 new deaths reported. The highest numbers of new deaths were reported from Indonesia (174 new deaths; <1 new death per 100 000; -29%), Thailand (113 new deaths; <1 new death per 100 000; +6%), and India (14 new deaths; <1 new death per 100 000; -53%).

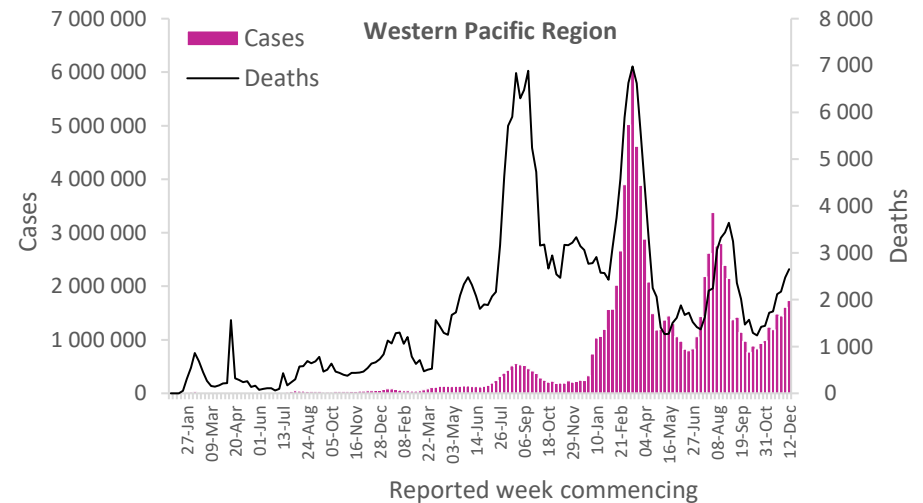


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported over 1.7 million new cases, an 8% increase as compared to the previous week. Four (11%) 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 Mongolia (12 991 vs 707 new cases; +1737%), Niue (76 vs 18 new cases; +322%), and Cambodia (141 vs 107 new cases; +32%). The increase in reported cases in Mongolia is partly due to the inclusion of historical Ag-RDT test results. The highest numbers of new cases were reported from Japan (1 046 650 new cases; 827.5 new cases per 100 000; +23%), the Republic of Korea (459 811 new cases; 896.9 new cases per 100 000; +9%), and China (147 643 new cases; 10 new cases per 100 000; -1%).

The number of new weekly deaths in the region increased by 7% as compared to the previous week, with 2647 new deaths reported. The highest numbers of new deaths were reported from Japan (1617 new deaths; 1.3 new deaths per 100 000; +19%), China (418 new deaths; <1 new death per 100 000; +24%), and the Republic of Korea (326 new deaths; <1 new death per 100 000; -4%).



Updates from the [Western Pacific Region](#)

Hospitalizations and ICU admissions

At the global level, during epidemiological week 49 (5 to 11 December 2022), a total of 26 546 new hospitalizations and 1270 new intensive care unit (ICU) admissions were reported. The presented hospitalization data are preliminary and may 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.

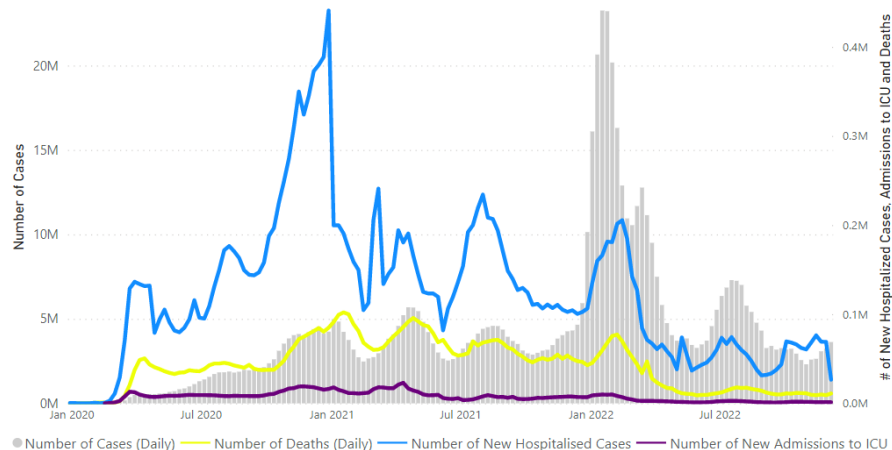
Globally, in week 49, 26 (11%) countries reported data to WHO on new hospitalizations. The region with the highest proportion of countries reporting data on new hospitalizations was the European Region (18 countries; 30%), followed by the Eastern Mediterranean Region (four countries; 18%), the Western Pacific Region (two countries; 6%), the Region of the Americas (one country; 2%), and the African Region (one country; 2%). No country in the South-East Asia Region has reported data on new hospitalizations during week 49.

Across all six WHO regions, in week 49, a total of 21 (9%) 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 European Region (13 countries; 21%), followed by the Eastern Mediterranean Region (four countries; 18%), the Western Pacific region (three countries; 9%), and the African Region (one country; 2%). No country in the South-East Asia Region or the Region of the Americas has reported data on new ICU admissions during week 49.

Among the 16 countries that reported more than 50 new hospitalizations, nine countries showed an increasing trend compared to the previous week: Latvia (381 vs 260 new hospitalizations; +47%), France (9081 vs 7250 new hospitalizations; +25%), Belgium (665 vs 533 new hospitalizations; +25%), Estonia (232 vs 190 new hospitalizations; +22%), Qatar (159 vs 131 new hospitalizations; +21%), Greece (1434 vs 1191 new hospitalizations; +20%), Slovakia (240 vs 202 new hospitalizations; +19%) and Ukraine (2711 vs 2556 new hospitalizations; +6%). France, Belgium, Latvia and Qatar have reported increases in the number of new hospital admissions for four consecutive weeks.

Among the eight countries that reported more than 10 new ICU admissions, one country showed an increasing trend compared to the previous week: France (728 vs 657 new ICU admissions; +11%).

Figure 4. COVID-19 cases, deaths, hospitalizations, and ICU admissions reported weekly to WHO, as of 11 December 2022



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

Source: [WHO Detailed Surveillance Dashboard](#)

Summary of Monthly Operational Update

The [Monthly Operational Update](#) is a report provided by the COVID-19 Strategic Preparedness and Response Plan (SPRP) monitoring and evaluation team which aims to update on the ongoing global progress [against the COVID-19 SPRP 2021](#) framework. In this edition, highlights of country-level actions and WHO support to countries include:

- COVID-19: Increasing vaccination coverage in Haiti through community outreach, despite serious challenges
- WHO and USAID provide life-saving medical equipment to strengthen Mongolia's health system in response to COVID-19
- WHO/Europe facilitates a study tour for Azerbaijan and Portugal to share knowledge on their respective Emergency Response Information Management Systems
- WHO supports health authorities in Mozambique to better prepare for public health emergencies
- Health workers still fighting COVID-19 in an exhausted health system in Yemen
- Promoting COVID-19 vaccination in indigenous communities in Colombia
- WHO/Europe and the Kazakhstan Country Office complete SARI simulation courses on advanced clinical management of patients with severe and critical COVID-19
- WHO convenes partners to enhance community engagement in support of the COVID-19 response and routine health services in Malaysia
- In Benin, medical oxygen offers lifesaving therapy against COVID-19
- Integrating SARS-CoV-2 and influenza surveillance in Timor-Leste
- Working to ensure a healthy FIFA World Cup Qatar 2022: WHO's support to health security
- The WHO Partners Platform: a digital platform changing the way the international community works together to ensure fair and equitable access to COVID-19 Therapeutics
- WHO launches the Emergency Medical Teams 2030 Strategy to strengthen rapid response amid emergencies worldwide
- Country immunization staff prefer self-paced online learning formats, according to survey
- WHO's COVID-19 Response Funding in 2022: Delivering science, solutions and solidarity to end the acute phase of the pandemic

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. The majority of sequences submitted to GISAID are from countries with high sequencing capacity, mostly high-income countries.⁵

References

1. Cohen C, Kleynhans J, von Gottberg A, et al. SARS-CoV-2 incidence, transmission, and reinfection in a rural and an urban setting: results of the PHIRST-C cohort study, South Africa, 2020–21. *The Lancet Infectious Diseases*. 2022;22(6):821-834. doi:10.1016/S1473-3099(22)00069-X
2. Coronavirus (COVID-19) Infection Survey, UK: 4 November 2022 - Office for National Statistics. Accessed November 21, 2022. <https://www.ons.gov.uk/releases/coronaviruscovid19infectionsurveyuk4november2022>
3. Parikh S, O’Laughlin K, Ehrlich HY, et al. Point Prevalence Testing of Residents for SARS-CoV-2 in a Subset of Connecticut Nursing Homes. *JAMA*. 2020;324(11):1101-1103. doi:10.1001/jama.2020.14984
4. Real-time dashboard. Coronavirus disease 2019. Accessed November 15, 2022. <https://covid19.sph.hku.hk/dashboard>
5. Chen Z, Azman AS, Chen X, et al. Global landscape of SARS-CoV-2 genomic surveillance and data sharing. *Nature genetics*. 2022;54(4). doi:10.1038/s41588-022-01033-y