

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 7 February 2021, 10 am CET

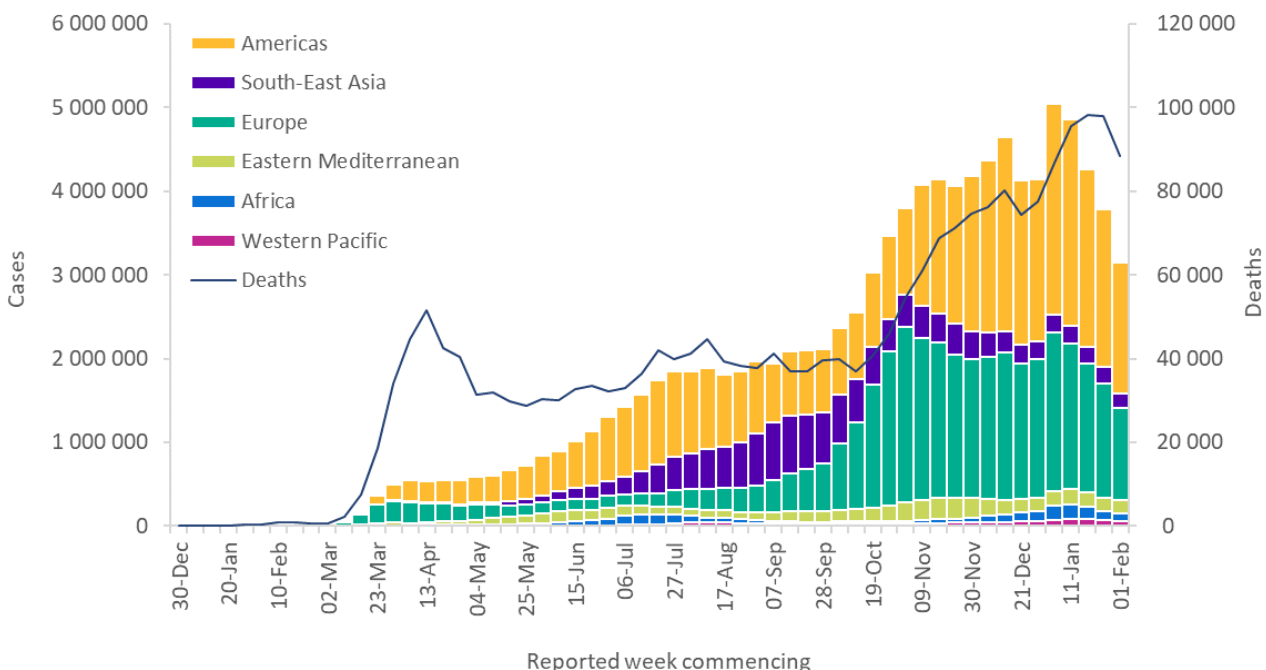
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Global overview

For the fourth week in a row, the number of global new cases reported fell, with 3.1 million new cases last week, a 17% decline compared to the previous week (Figure 1). This is the lowest figure since the week of 26 October (15 weeks ago). Although there are still many countries with increasing numbers of cases, at the global level, this is encouraging. The number of new deaths reported also fell for a second week in a row, with 88 000 new deaths reported last week, a 10% decline as compared to the previous week. All WHO regions reported a decline in new cases, with five out of six regions reporting more than 10% decreases (Table 1). Europe and the Region of the Americas saw the greatest drops in absolute numbers, with together nearly 0.5 million fewer new cases reported last week (153 000 and 320 000 fewer new cases reported, respectively). New deaths also declined in all regions except the Western Pacific, where mortality rates remained similar to the previous week.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 7 February 2021**



**See [data](#), [table](#) and [figure notes](#)

In the past week, the five countries reporting the highest number of new cases continue to be the United States of America (871 365 cases, a 19% decrease), Brazil (328 652 cases, a 10% decrease), France (136 154 cases, a 4% decrease), the United Kingdom of Great Britain and Northern Ireland (133 747 cases, a 25% decrease), and the Russian Federation (116 842 cases, a 11% decrease).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 7 February 2021**

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 (%)
Americas	1 568 167 (50%)	-17%	46 913 218 (44%)	45 350 (51%)	-4%	1 092 521 (47%)
Europe	1 102 953 (35%)	-19%	35 515 952 (34%)	33 169 (38%)	-13%	781 242 (34%)
South-East Asia	177 074 (6%)	-12%	13 033 797 (12%)	2 560 (3%)	-21%	200 267 (9%)
Eastern Mediterranean	158 625 (5%)	-2%	5 828 565 (6%)	2 761 (3%)	-16%	136 950 (6%)
Africa	84 842 (3%)	-22%	2 655 316 (3%)	3 232 (4%)	-30%	65 736 (3%)
Western Pacific	61 765 (2%)	-14%	1 481 789 (1%)	1 297 (1%)	1%	25 885 (1%)
Global	3 153 426 (100%)	-17%	105 429 382 (100%)	88 369 (100%)	-10%	2 302 614 (100%)

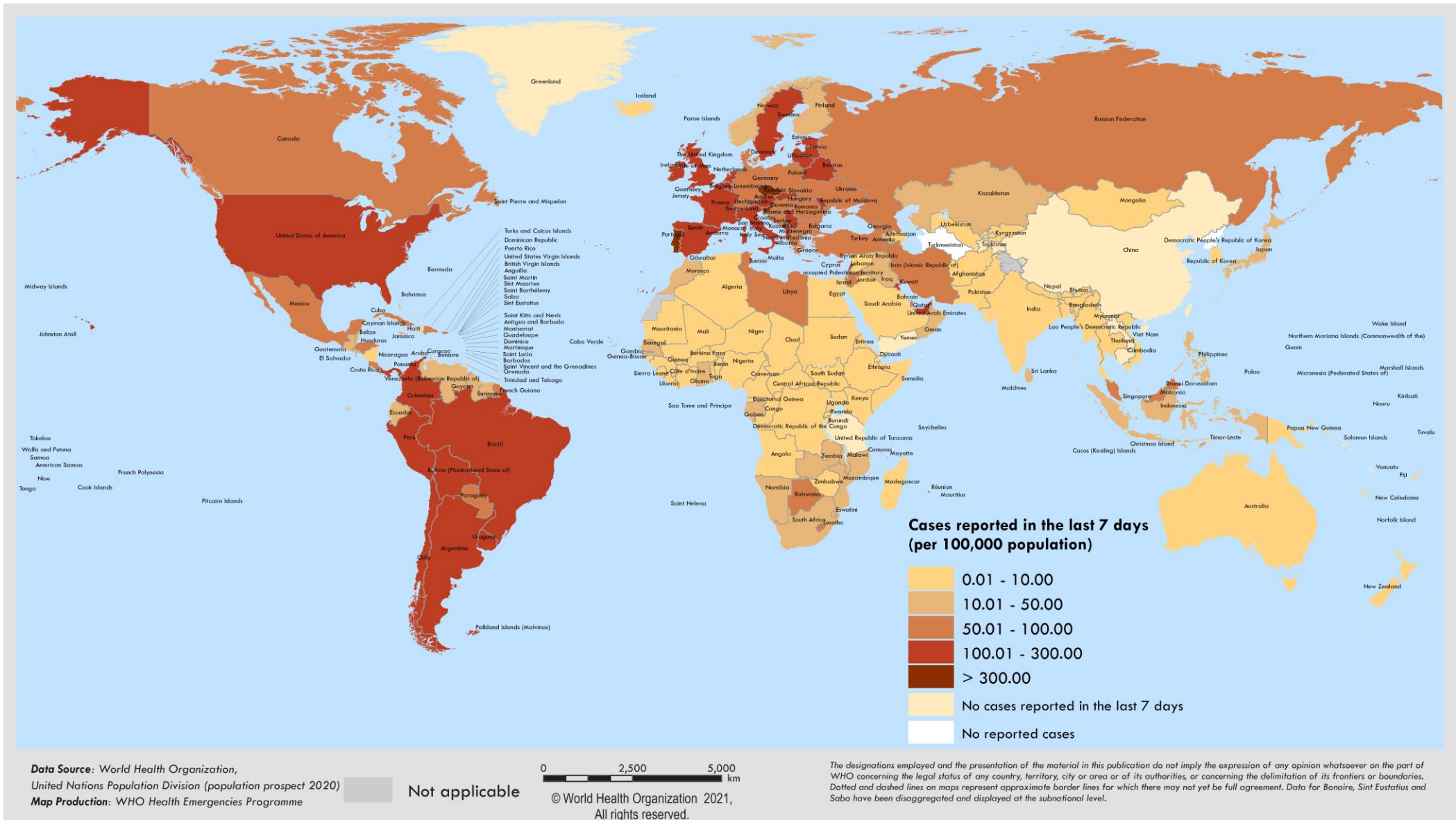
*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number, global totals may not equal 100%.

**See [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](#)

Figure 2. COVID-19 cases per 100 000 population reported in the last seven days by countries, territories and areas, 1 February through 7 February 2021**



**See [data](#), [table](#) and [figure notes](#)

Special Focus: How COVAX is distributing the first COVID-19 vaccines to prioritized countries in all six WHO regions

The [Access to COVID-19 Tools Accelerator](#) (ACT-Accelerator) was formed ten months ago with two aims: first to develop COVID-19 vaccines, diagnostics and therapeutics fast, and second, to distribute them fairly. The first aim has been achieved. As WHO Director-General Dr Tedros said in his [opening remarks at the High-Level Finance Ministers' Meeting for the ACT Accelerator](#) on 29 January: “The development and approval of safe and effective vaccines less than a year after the emergence of a new virus is a stunning scientific achievement, and a much-needed source of hope.”

However, in opening remarks at a media briefing on COVID-19 on [5 February](#), he highlighted that around 130 countries, with 2.5 billion people, were yet to administer a single dose. More than 90% of the countries now rolling out vaccines are high- or upper-middle income countries. Seventy-five percent of doses have been deployed in only 10 countries. At the [148th session of the Executive Board](#), Dr Tedros stressed that “Vaccine equity is not just a moral imperative, it is a strategic and economic imperative.” The International Chamber of Commerce Research Foundation found in a study that “the global economy stands to lose as much as \$9.2 trillion if governments fail to ensure developing economy access to COVID-19 vaccines, as much as half of which would fall on advanced economies.”¹ Once countries with vaccines have vaccinated their own health workers and older people, the best way to protect the rest of their own population is to share vaccines so other countries can do the same. The longer it takes to vaccinate those most at risk everywhere, the more opportunity the virus has to mutate and evade vaccines.

[COVAX](#), the vaccines pillar of the ACT-Accelerator with 190 participating economies, is supporting the fair distribution of vaccines, and has secured 2 billion doses from five producers, with options on more than 1 billion more doses. A total of 44 bilateral deals were signed last year, and a further 12 signed this year. In this Special Focus, we present how COVAX is receiving and distributing an exceptional first round allocation of 1.2 million doses of the Pfizer-BioNTech vaccine in the first quarter of 2021 to prioritised participants, and 336 million doses of the AstraZeneca/Oxford vaccine.

Following a letter sent to the 190 COVAX participants, as of the deadline of 18 January, 72 expressions of interest were received for the exceptional first round allocation of the ultra-cold chain vaccine from Pfizer-BioNTech. Six regional review committees (composed of staff from WHO, UNICEF, Gavi and members of Gavi's Independent Review Committee) undertook a technical assessment of the applications. Due to the limited quantities of the first wave of vaccines, the list of participants was then narrowed down based on the following considerations; priority was given to COVAX participants that had not started COVID-19 vaccination (as of 29 January 2021), met all of the readiness criteria (including being able to manage the ultra-cold chain vaccine storage at -70°C) and, for self-financing participants, were within the Pfizer price point; this left a total of 51 participants. Participants were then grouped by WHO Region and advance market commitment/self-financing status to ensure all Regions/groups would be represented. Participants in each group were ranked by their 28-day mortality rate as a proxy for the risk of health care worker exposure (i.e. high COVID-19 mortality = high exposure). Eligible COVAX participants were selected from each group up to the 18 maximum that could be covered and supported by the 1.2 million doses. The doses will be delivered in the first quarter of 2021. For more details on the selection factors and countries chosen for the initial COVAX vaccine distribution see the [interim distribution forecast](#). This document complements the recently published [COVAX global supply forecast](#).

¹ International Chamber of Commerce Research Foundation (2021) ‘Study shows vaccine nationalism could cost rich countries US\$4.5 trillion’ Retrieved from: <https://icwbo.org/media-wall/news-speeches/study-shows-vaccine-nationalism-could-cost-rich-countries-us4-5-trillion/>

A further 336 million AstraZeneca/Oxford vaccine doses (240 million doses produced by the Serum Institute of India and 96 million doses produced by AstraZeneca) will be delivered in the first and second quarters of 2021. The combined population coverage of these initial doses will cover, on average, 3.3% of the total population of the 145 participants receiving doses. This is in line with the COVAX target to reach at least 3% population coverage in all countries, territories and areas in the first half of the year, enough to protect the most vulnerable groups such as health care workers.

COVAX is aiming to have 2 billion doses distributed, including at least 1.3 billion doses to 92 lower income economies, by the end of 2021, protecting at least 20% of each participating population (unless a participant has requested a lower percentage of doses). However, to achieve this, there needs to be prompt and equitable dose sharing, and support to close the funding gap of US\$26 billion for the ACT-Accelerator this year, including US\$7.8 billion for COVAX. This year the theme for World Health Day is 'health inequality.' The WHO Director-General [has challenged](#) Member States to ensure that by the time World Health Day arrives on 7 April, COVID-19 vaccines are being administered in every country. To support Member States in this endeavor, WHO has a [COVID-19 vaccine country readiness and delivery portal](#), which includes guidance and tools, training (including two free online courses on [OpenWHO.org](#)), and answers to frequently asked questions.

Other resources

- [List of participating economies](#)
- [Preparing countries for COVID-19 vaccine introduction](#)
- [WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination](#)
- [Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines](#)
- [COVID-19 vaccine introduction and deployment costing tool](#)
- [Diagnostics, therapeutics, vaccine readiness, and other health products for COVID-19](#)
- [Behavioural considerations for acceptance and uptake of COVID-19 vaccines](#)
- [COVAX announces additional deals to access promising COVID-19 vaccine candidates; plans global rollout starting Q1 2021](#)
- [COVAX publishes first interim distribution forecast](#)
- International Labour Organization (2021) '*ILO Monitor: COVID-19 and the world of work. Seventh edition Updated estimates and analysis*' Retrieved from: https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_767028.pdf
- Gavi the Vaccine Alliance (2021) '*COVAX announces new agreement, plans for first deliveries*' Retrieved from: <https://www.gavi.org/news/media-room/covax-announces-new-agreement-plans-first-deliveries>

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

WHO is closely monitoring the public health events associated with SARS-CoV-2 variants and continues to provide updates as new information becomes available (see: [Disease Outbreak News](#) and [Weekly Epidemiological Updates](#)). WHO is working with member states, external partners and experts to evaluate the available evidence around transmissibility, severity, and to assess the potential impacts on countermeasures including vaccines, diagnostics, therapeutics, and public health and social measures (PHSM). Here we provide an update on ongoing studies and the geographical distribution of three variants of concern (VOCs) as reported by countries, territories and areas (hereafter countries) as of 8 February 2021. Emerging evidence is summarized in Table 3 below.

The reported geographical extent of VOC detections has continued to increase as local and national surveillance activities are adapted and strengthened to include strategic sequencing to detect cases with SARS-CoV-2 variants. Since our last update, an additional 6 countries have reported cases of variants VOC202012/01, 3 additional countries reported variant 501Y.V2, and 5 additional countries reported variant P.1 (Table 3, Figures 3,5,7). In many countries, detections remain limited to imported cases only; however, VOCs are increasingly being identified among a subset of community-based samples with no direct links to travellers. Local transmission of VOC202012/01 has been reported in a growing number of countries in the European Region and in some areas of North America. Similarly, there is evidence to suggest that 501Y.V2 transmission is occurring in several countries in the African Region, with clusters of cases or ongoing local transmission suggested in countries in other regions.

On 2 February, the WHO Virus Evolution Working Group convened a meeting with GISAID, Nextstrain and Pango (three prominent systems for tracking the genomic evolution of SARS-CoV-2) and other experts to discuss mechanism for designating variants of concern and labeling these with unbiased, easy to pronounce names. While work is ongoing to establish standardized nomenclature for VOCs, WHO urges authorities, researchers, media and the general public to use non-stigmatizing nomenclature and language for describing VOCs. The group met again today to further discussions and propose a nomenclature.

The emergence of new variants has highlighted the importance of countries continuing to strengthen the PHSM (for more information, please see our [technical guidance](#)). As countries work to prepare for and rollout COVID-19 vaccines while continuously adapting other PHSM, it is essential to incorporate studies to investigate potential impacts of emerging VOCs on transmission, disease, and the effectiveness of countermeasures, and to continuously share findings with the global community.

Table 3: Summary of emerging information on key variants of concern, as of 8 February 2021

Nextstrain clade	20I/501Y.V1	20H/501Y.V2 [†]	20J/501Y.V3
Pango lineage	B.1.1.7	B.1.351	B.1.1.28.1
GISAID clade	GR	GH	GR
Alternate names	VOC202012/01 [†]	VOC202012/02	P.1 [†]
First detected by	United Kingdom	South Africa	Brazil / Japan
First appearance	20 September 2020	Early August 2020	December 2020
Key mutations	<ul style="list-style-type: none"> • N501Y • D614G • 69/70 deletion • 144Y deletion • A570D • E484K (detected only in 11 sequences)¹ 	<ul style="list-style-type: none"> • N501Y • D614G • E484K • K417N 	<ul style="list-style-type: none"> • N501Y • D614G • E484K • K417N
Transmissibility*	Increased ⁽¹⁾ (36%-75%) ⁽²⁾ , increased secondary attack rate ⁽³⁾ (10% to 13%)	Increased [1.50 (95% CI: 1.20-2.13) times more transmissible than previously circulating variants] ^(4,6)	Suggested to be increased
Severity*	Mixed evidence, potential increased mortality based on epidemiological observations ^(1,5)	No impact reported to date ^(4,6) , no significant change in-hospital mortality ⁽¹⁷⁾	Under investigation, no impact reported to date
Neutralization capacity*	Slight reduction but overall neutralizing titers still remained above the levels expected to confer protection ⁽⁷⁾	Decreased, suggesting potential increased risk of reinfection ^(4,8)	Potential decrease, small number of reinfections reported ^(18,19)
Potential impacts on vaccines*	No significant impact on Moderna, Pfizer-BioNTech, and Oxford-AstraZeneca vaccines ⁽⁹⁻¹²⁾	Moderna and Pfizer-BioNTech: Reduction in the neutralizing activity, but impact on protection against disease not known. ⁽⁹⁻¹²⁾ Novavax and Johnson & Johnson: Lower vaccine efficacy in South Africa compared to settings without the variant (press release data only). Moderate-severe disease were assessed. Serologic neutralization results pending. ^(13,14) Oxford/AstraZeneca: Minimal vaccine efficacy against mild-moderate COVID-19 disease, with wide confidence intervals (press release data only), impact on severe disease undetermined. Serologic neutralization substantially reduced compared with original strains, based on small number of samples analyzed. ^(15,16)	Potential reduction, under investigation
Potential impacts on diagnostics*	S gene target failure. ⁽¹⁵⁾ No impact on Ag RDTs observed ⁽²⁰⁾	None reported to date.	None reported to date.
Countries reporting cases (newly reported in last week)**	86 (6)	44 (3)	15 (5)

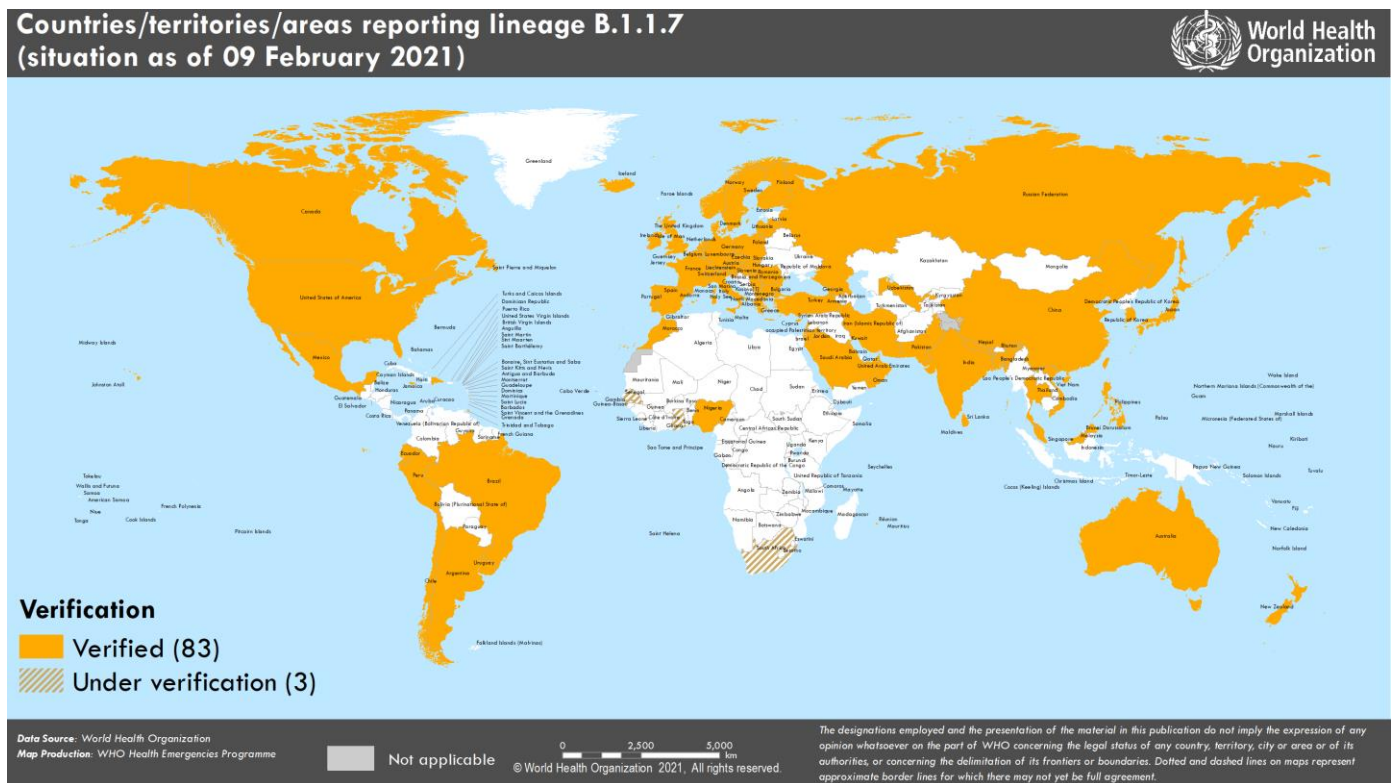
*Generalized findings as compared to non-VOC viruses. Based on emerging evidence from multiple countries, including non-peer-reviewed preprint articles and reports from public health authorities and researchers – all subject to ongoing investigation and continuous revision.

**Includes official and unofficial reports of VOCs detections in countries among either travellers (imported cases only) or community samples (local transmission).

[†]While work is ongoing to establish standardized nomenclature for key variants, these are the names by which WHO will refer to them in this publication.

Variant VOC 202012/01

Figure 3. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01 as of 9 February 2021



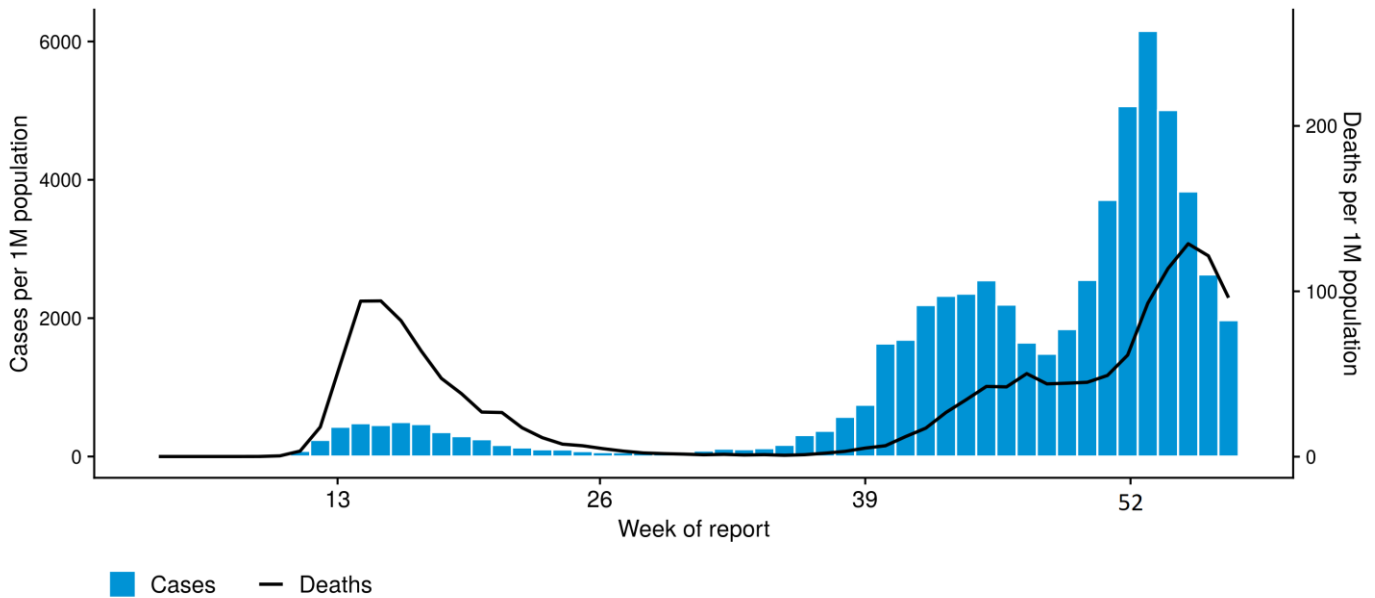
As mentioned in previous publications, the VOC 202012/01 variant has shown increased transmissibility, including increased secondary attack rates, and some evidence of increase in disease severity based on preliminary findings (1,3). More recently, results from a Phase 3 trial conducted by Novavax demonstrated an efficacy of 85.6% against this variant in the United Kingdom (14).

While previously mentioned preliminary studies showed post-vaccination sera with Pfizer-BioNTech and Moderna vaccines had limited to no significant change against the VOC202012/01 variant, recently, the E484K mutation in the spike protein has been detected in 11 sequences within the B.1.1.7 lineage in the United Kingdom (7,9-12,20,21). This mutation is also found in 501Y.V2 and P.1 variant, but the three variants have arisen separately and are not linked to each other (3). Mutation E484K has been identified as an “escape mutation,” which has shown the ability to reduce the neutralising activity by monoclonal antibodies or convalescent sera. A preliminary study has shown further reduction in neutralization activity by vaccine elicited antibodies if E484K mutation is present alongside the VOC202012/01 variant (22). The detected E484K mutation within this lineage is currently limited to a small number of cases, and these are all preliminary findings which require further investigation involving larger sample sizes.

In the United Kingdom where this variant was initially identified, the proportion of cases with VOC202012/01 among tested samples has increased from 63% in week commencing 14 December, to 90% in week beginning 18 January 2021 (1). This high rate of detection of VOC202012/01 has persisted in recent weeks while the case and death counts are showing a declining trend (1). From 11 January through 7 February, a decreasing trend has been observed, following the implementation of stringent public health and social measures (Figure 4).

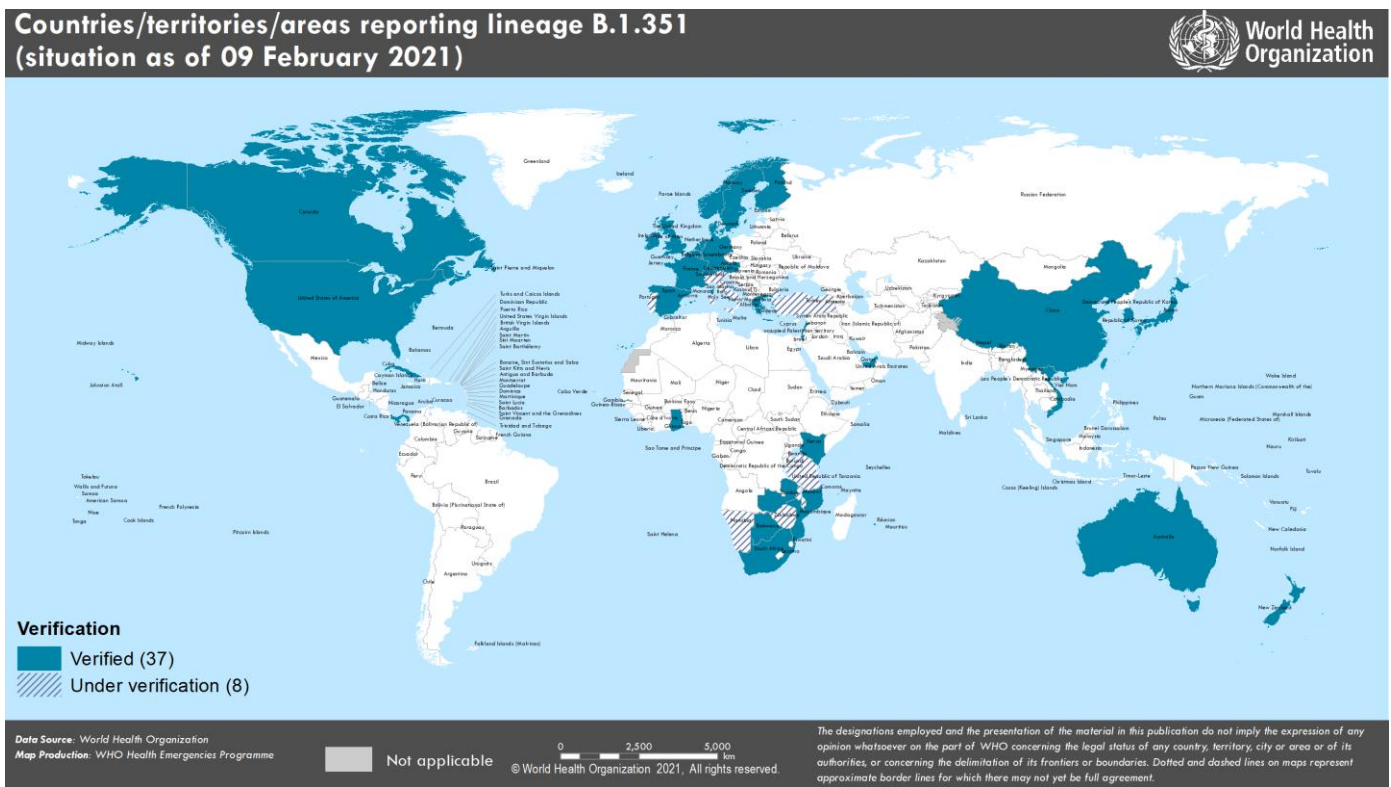
Similarly, in other European countries such as Ireland and Denmark, a marked increasing trend in the number of new COVID-19 cases was detected in late December 2020 as the countries were reporting local transmission of VOC202012/01. In Ireland, local authorities have reported the proportion of cases with VOC202012/01 among tested samples reached over 63% in the week starting on the 25 January and over 7% in Denmark the week starting the 11 January 2021. Implementation of more intensive public health and social measures at the end of December and beginning of January led to marked declines in COVID-19 case and death incidence in both countries.

Figure 4: Weekly COVID-19 cases per 1 million population in the United Kingdom, as of 7 February 2021



Variant 501Y.V2

Figure 5: Countries, territories and areas reporting SARS-CoV-2 501Y.V2 as of 9 February 2021



As mentioned in previous publications, the 501Y.V2 variant has shown increased transmissibility (4,6), and laboratory-based studies noted a small reduction in the neutralizing activity against SARS-CoV-2 501Y.V2 variants in individuals vaccinated with the Moderna or Pfizer-BioNTech vaccines, although the neutralizing titers still remained above the levels expected to confer protection (4,8-12).

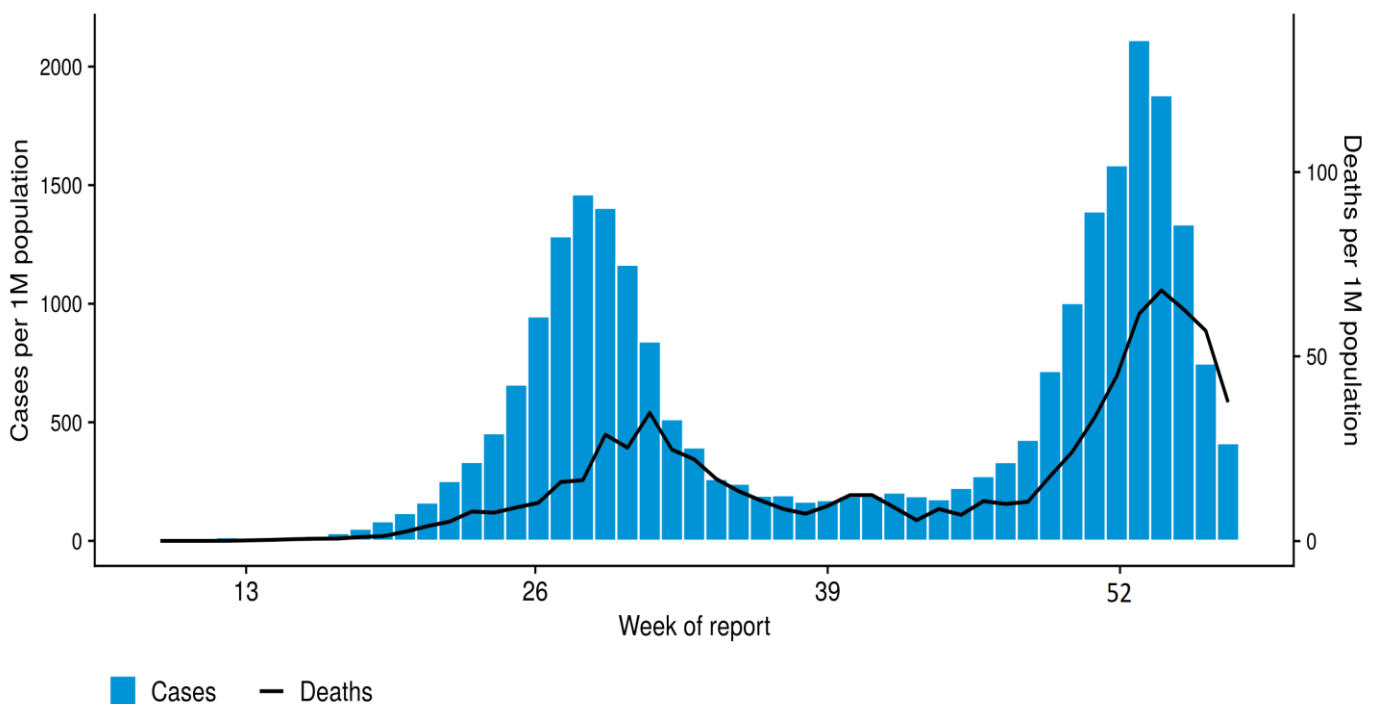
New preliminary results of Novavax, Johnson & Johnson, and Oxford/AstraZeneca vaccines have shown potential reduced effectiveness against 501Y.V2. Phase 3 trials of the Johnson& Johnson vaccine found 66% effectiveness in preventing moderate to severe infections, 28 days after vaccination; however, the efficacy varied across the three trial locations: the South Africa efficacy (57%) was lowest, and reflects 95% of the disease causing strains were the variant (13). Similar preliminary results from Novavax have shown 60%

efficacy against 501Y.V2 (14). In a small trial of approximately 2200 subjects in South Africa, a two-dose regimen of the Oxford/AstraZeneca vaccine resulted in a non-significant efficacy of 21.9% against mild-moderate COVID-19 which included a period when the majority of cases were caused by 501Y.V2; however, efficacy against severe COVID-19, hospitalizations and deaths was not studied (15,16). Serologic neutralization was substantially reduced compared with original strains, based on small number of samples analysed. Notably, primary analysis of data from Phase III trials in the context of viral settings without this variant have shown that the AstraZeneca/Oxford vaccine offers protection against severe disease, hospitalisation and death; therefore, it remains vitally important to determine the vaccine’s effectiveness for preventing more severe illness caused by the 501Y.V2 variant (22).

It is important to note that these are preliminary findings which require further investigation including the need for assessment of vaccine performance against severe disease, assessment of neutralizing activity in a larger number of samples and for other vaccines against this strain, an evaluation of changes in neutralization on clinical efficacy and eventually, an estimate of the effectiveness of these vaccines on the current emerging variants. Manufacturers are concurrently exploring potential ways to improve protection against emerging VOCs, such as augmenting dosages and dosage intervals, introducing booster doses or booster vaccines, and beginning work to adapt vaccines and optimize production pipelines to allow for rapid strain changes, should this become necessary.

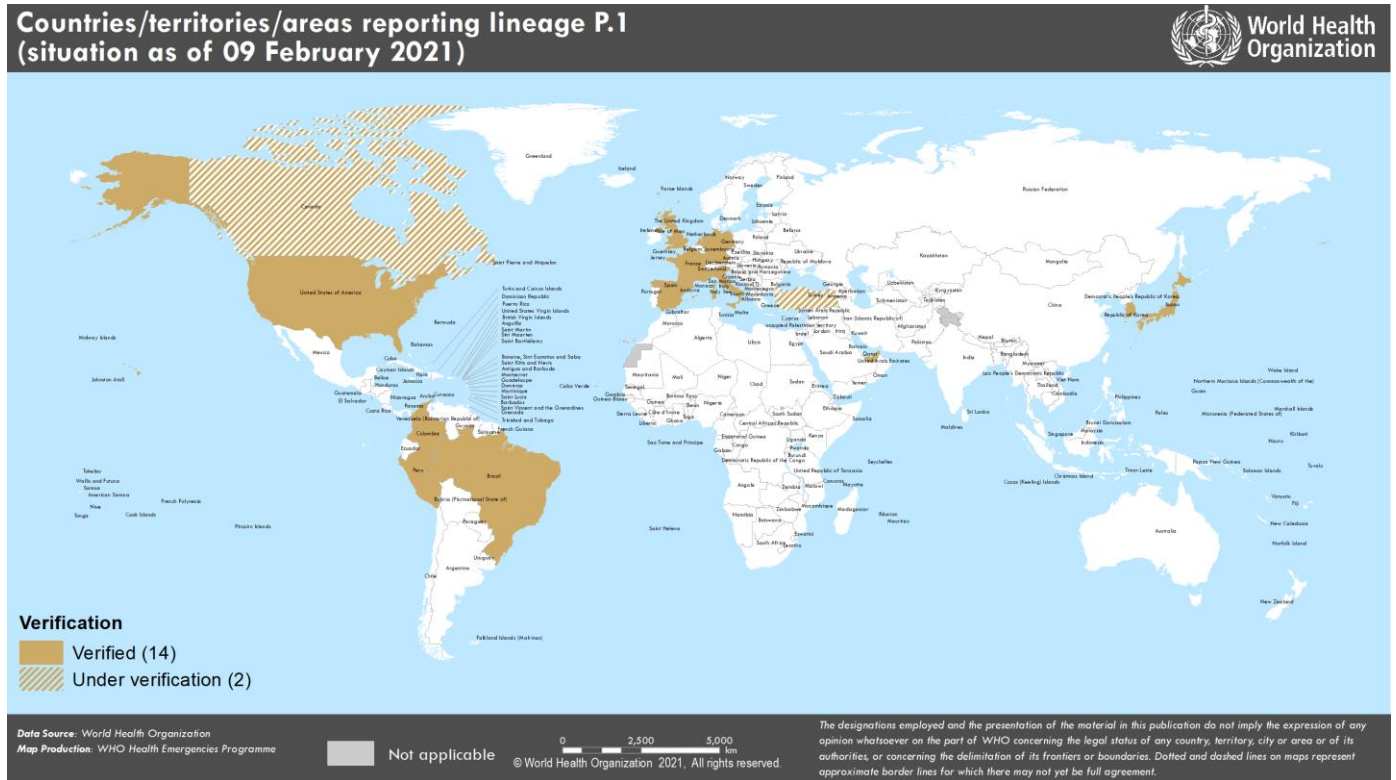
In South Africa, where this variant was initially identified, a progressive decreasing trend in case and death incidence (Figure 6), has been observed following the implementation of stringent PHSM. Here, studies have shown that the second wave (predominated by 501Y.V2 circulation) was associated with a higher incidence, faster increases in cases and hospitalizations, and increased mortality risk in weeks with high rates of hospital admission reflecting increased pressure on the health system. However, it was not associated with increased in-hospital mortality (17) – suggesting disease severity may be similar to previously circulating variants.

Figure 6. Weekly COVID-19 cases per 1 million population in South Africa, as of 7 February 2021



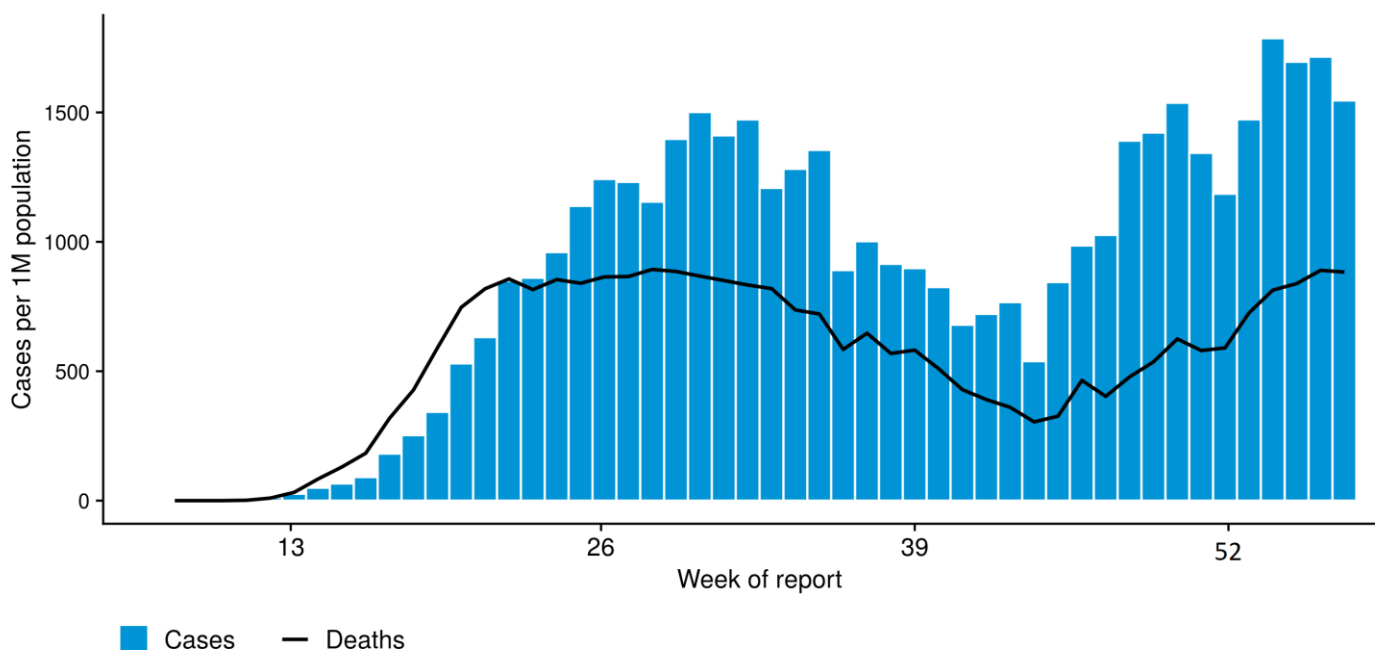
Variant P.1

Figure 7. Countries, territories and areas reporting SARS-CoV-2 P.1 variant as of 9 February 2021



In Brazil, where the P.1 variant was initially identified in addition to detection in a group of travellers from Brazil to Japan, a second wave of cases and corresponding deaths was observed with increasing trends beginning late November 2020, but has shown early signs of waning this week (Figure 8). In Manaus, Brazil, the proportion of cases with P.1 among tested samples have increased from 52% in December 2020 to 85% in January 2021 (23). Based on preliminary investigations, the mutations detected in P.1 variant could potentially reduce antibody neutralization (18); however, additional studies are required to assess if there are changes in transmissibility, severity or antibody neutralizing activity as a result of this new variants.

Figure 8. Weekly COVID-19 cases per 1 million population in Brazil, as of 7 February 2021



Resources

- [COVAX Statement on New Variants of SARS-CoV-2](#)
- [SARS-CoV-2 genomic sequencing for public health goals: Interim guidance, 8 January 2021](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health Q&A on virus evolution](#)

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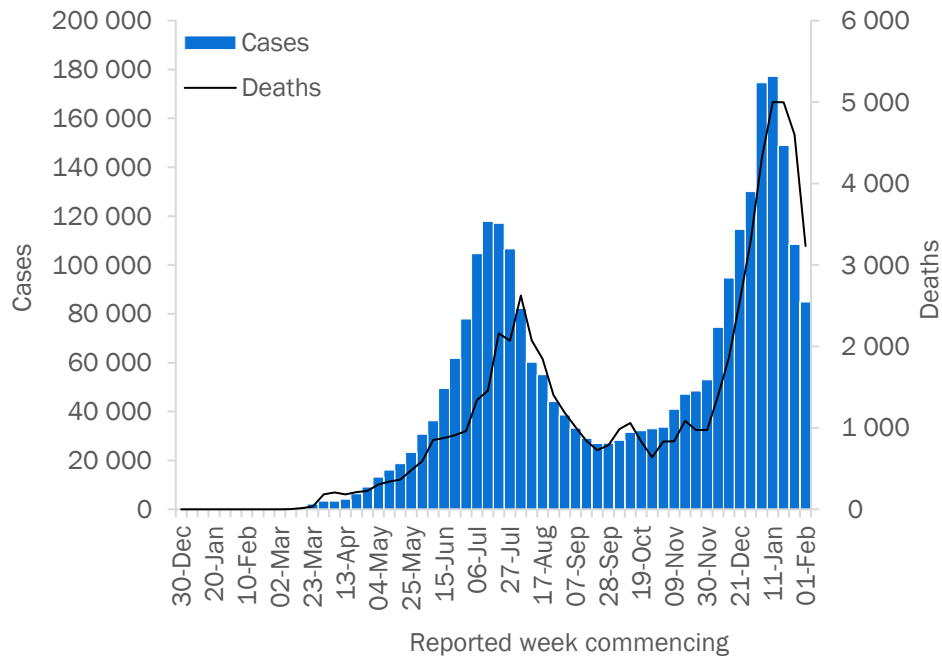
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Situation by WHO Region

African Region

In the past week, the African Region reported over 84 800 cases and just over 3200 deaths, a 22% decrease in cases and a 30% decrease in deaths respectively compared to the previous week. This is the third consecutive week the region reported decreases in both new cases and deaths. The highest numbers of new cases were reported in South Africa (24 464 new cases; 41.2 new cases per 100 000 population; a 45% decrease), Nigeria (8685 new cases; 4.2 new cases per 100 000; a 13% decrease) and Zambia (8075 new cases; 43.9 new cases per 100 000; an 8% decrease).

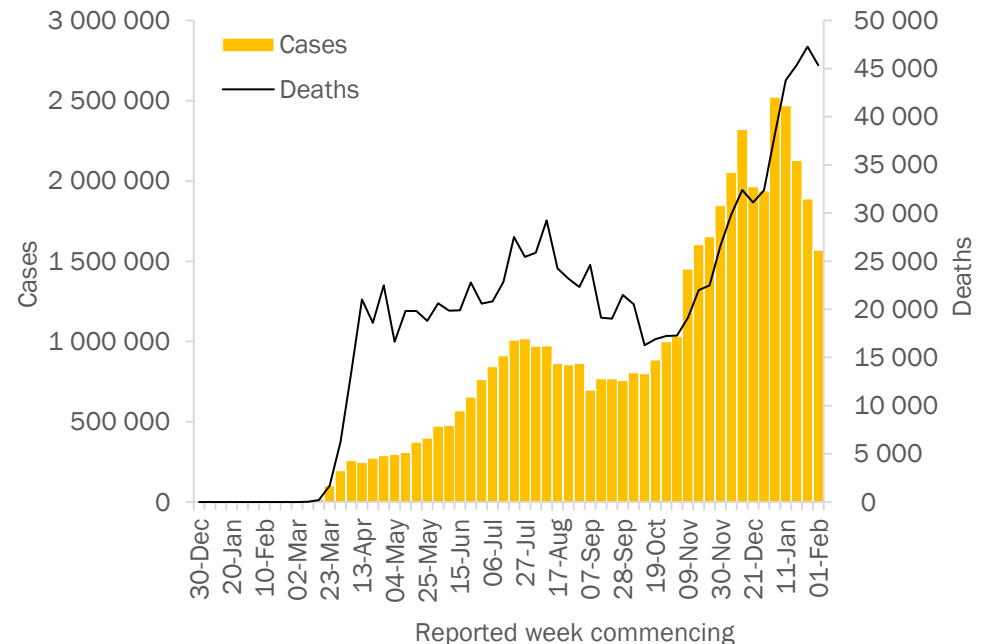
The countries reporting the highest number of new deaths in the past week were South Africa (2229 new deaths; 3.8 new deaths per 100 000; a 34% decrease), Malawi (150 new deaths; 0.8 new deaths per 100 000; a 31% decrease) and Zimbabwe (123 new deaths; 0.8 new deaths per 100 000; a 44% decrease).



Region of the Americas

Over 1.5 million new cases and over 45 000 new deaths were reported in the Region of the Americas this week, a decrease of 17% in cases and a decrease of 4% in deaths compared to the previous week. The highest numbers of new cases were reported from the United States of America (871 365 new cases; 263.3 new cases per 100 000 population; a 19% decrease), Brazil (328 652 new cases; 154.6 new cases per 100 000; a 10% decrease) and Mexico (70 978 new cases; 55.1 new cases per 100 000; a 35% decrease).

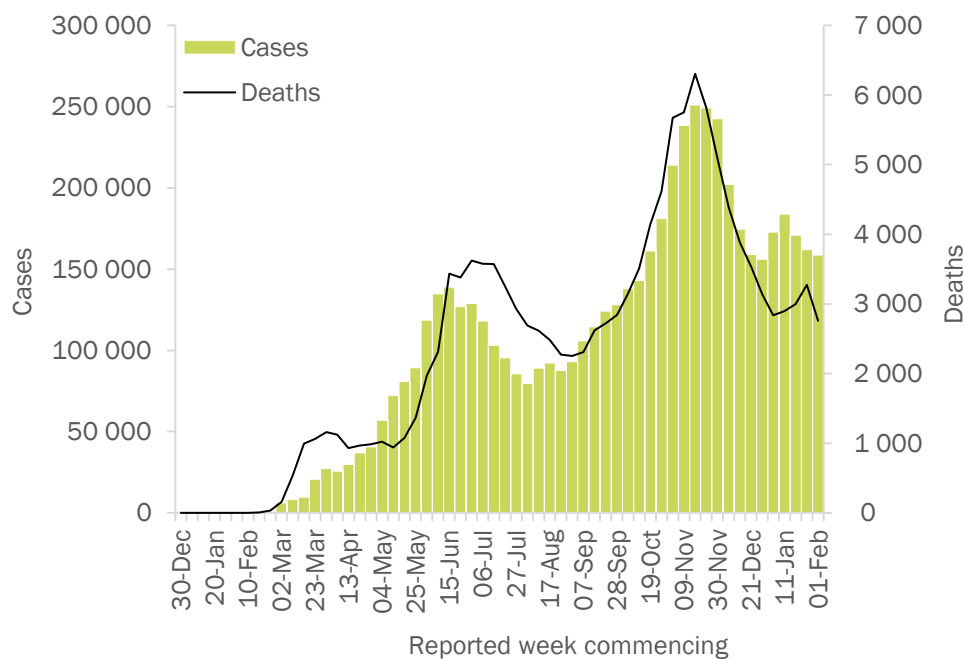
The highest numbers of deaths were reported from the same countries, the United States of America (22 562 new deaths; 6.8 new deaths per 100 000; a 0.2% increase), Mexico (7711 new deaths; 6.0 new deaths per 100 000; a 14% decrease) and Brazil (7368 new deaths; 3.5 new deaths per 100 000; a 1% decrease).



Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 158 600 new cases, a decrease of 2% compared to last week. The region reported 2761 new deaths, a 16% decrease. The three countries reporting the highest numbers of new cases continue to be the Islamic Republic of Iran (47 639 new cases, 56.7 new cases per 100 000 population, a 7% increase), United Arab Emirates (22 741 new cases, 229.9 new cases per 100 000, 13% decrease) and Lebanon (18 923 new cases, 277.2 new cases per 100 000, a 15% decrease).

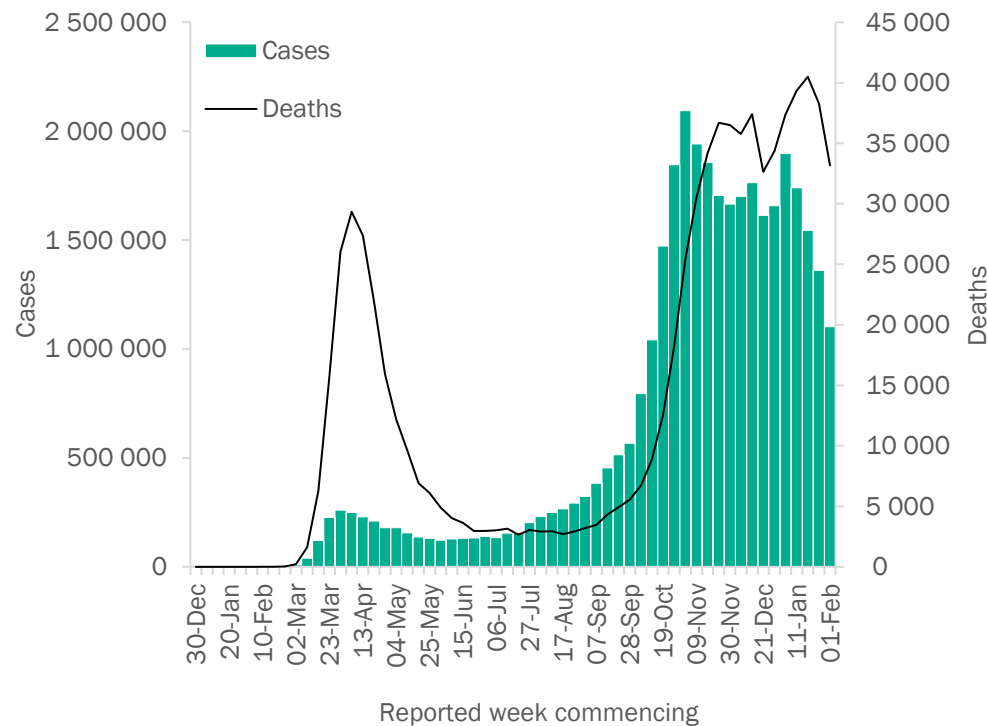
The highest numbers of new deaths continue to be reported in Lebanon (531 new deaths, 7.8 new death per 100 000, an 29% decrease), Islamic Republic of Iran (523 new deaths, 0.6 new death per 100 000 population, a 12% decrease), and Tunisia (482 new deaths, 4.1 new death per 100 000, a 8% decrease).



European Region

The European Region reported over 1.1 million new cases and over 33 000 new deaths, a decrease of 19% and 13% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were France (136 154 new cases; 208.6 new cases per 100 000, a 3% decrease), the United Kingdom (133 747 new cases, 197 new cases per 100 000, a 25% decrease), and the Russian Federation (116 842 new cases, 80.1 new cases per 100 000, an 11% decrease).

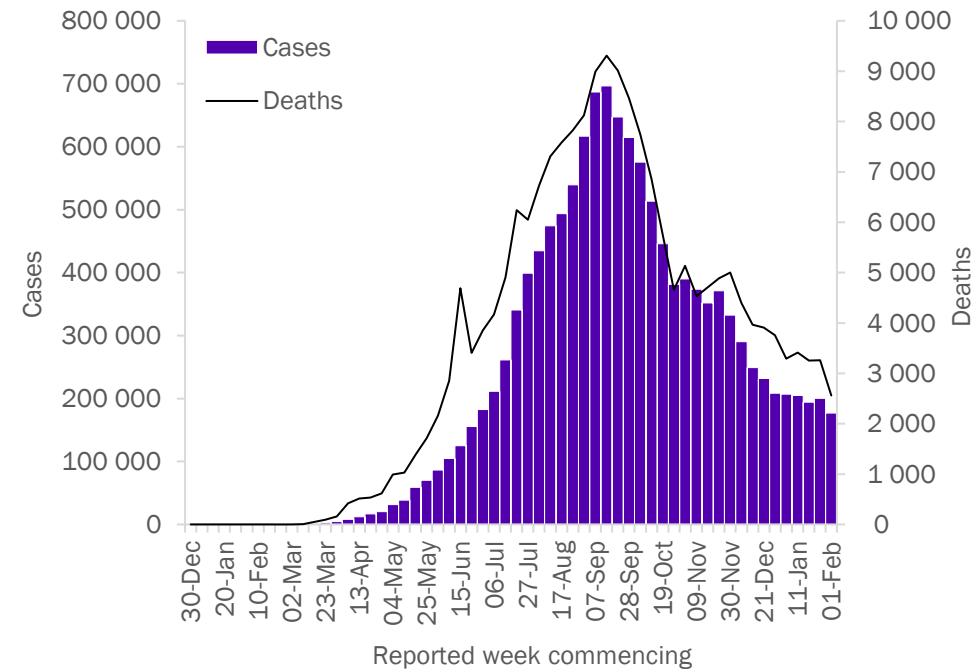
The highest numbers of deaths were reported from the United Kingdom (6521 new deaths; 9.6 new deaths per 100 000, a 21% decrease), Germany (4572 new deaths; 5.5 new deaths per 100 000, a 10% decrease) and the Russian Federation (3479 new deaths; 2.4 new deaths per 100 000, a 6% decrease).



South-East Asia Region

In the past week, the South-East Asia region reported over 177 000 new cases, a decrease of 12% compared to last week. The region reported 2560 new deaths, a 21% decrease. The three countries reporting the highest numbers of new cases and new deaths were Indonesia (80 697 new cases; 29.5 new cases per 100 000; a 9% decrease), India (80 180 new cases; 5.8 new cases per 100 000, a 12% decrease), and Sri Lanka (5283 new cases; 24.7 new cases per 100 000; a 7% decrease).

The three countries reporting the highest numbers of new deaths this week remain Indonesia (1665 new deaths; 0.6 new deaths per 100 000, a 19% decrease), India (722 new deaths; 0.1 new deaths per 100 000, a 23% decrease)

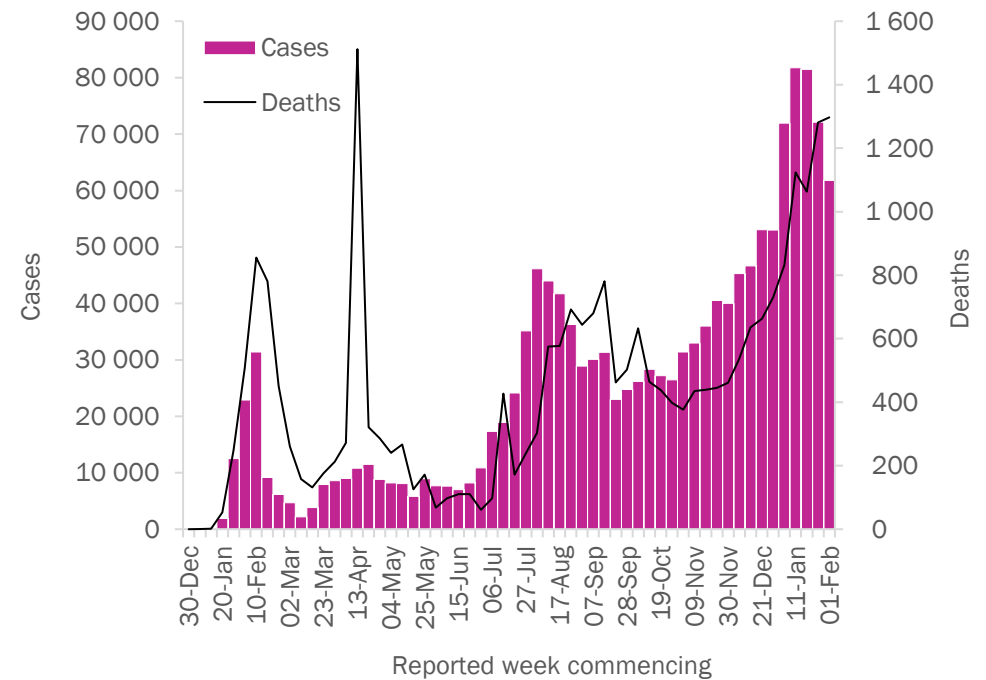


and Bangladesh (79 new deaths; <0.1 new deaths per 100 000; a 27% decrease).

Western Pacific Region

The Western Pacific Region reported over 61 700 new cases the past week, a 14% decrease compared to the previous week. The region reported 1297 new deaths, a 1% increase. The three countries reporting the highest numbers of new cases in the region this week were Malaysia (29 060 new cases; 89.8 new cases per 100 000, a 0.5% decrease), Japan (16 693 new cases; 13.2 new cases per 100 000, a 36% decrease), and the Philippines (12 005 new cases; 11 new cases per 100 000, a 1.4% increase).

The three countries reporting the highest numbers of new deaths this week were Japan (684 new deaths; 0.5 new deaths per 100 000, an 8% increase), the Philippines (441 new deaths; 0.4 new deaths per 100 000, an 8% decrease) and Malaysia (111 new deaths; 0.3 new deaths per 100 000, a 40%



increase).

Table 4. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 7 February 2021**

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Africa	84 842	2 655 316	236.7	3 232	65 736	5.9	
South Africa	24 464	1 473 700	2 484.8	2 229	46 180	77.9	Community transmission
Nigeria	8 685	139 242	67.5	69	1 647	0.8	Community transmission
Zambia	8 075	61 427	334.1	94	839	4.6	Community transmission
Mozambique	6 407	44 112	141.1	88	451	1.4	Community transmission
Ghana	4 619	70 046	225.4	44	449	1.4	Community transmission
Ethiopia	4 432	141 453	123.0	54	2 145	1.9	Community transmission
Malawi	3 378	26 875	140.5	150	837	4.4	Community transmission
Senegal	2 276	28 489	170.1	54	675	4.0	Community transmission
Botswana	2 210	23 503	999.4	29	163	6.9	Community transmission
Algeria	1 730	108 852	248.2	23	2 911	6.6	Community transmission
Côte d'Ivoire	1 389	29 567	112.1	10	162	0.6	Community transmission
Rwanda	1 219	16 337	126.1	24	217	1.7	Community transmission
Zimbabwe	1 216	34 487	232.0	123	1 316	8.9	Community transmission
Lesotho	1 102	9 380	437.9	23	183	8.5	Community transmission
Namibia	1 017	34 845	1 371.4	21	371	14.6	Community transmission
Kenya	1 015	101 690	189.1	21	1 776	3.3	Community transmission
Democratic Republic of the Congo	881	23 484	26.2	8	679	0.8	Community transmission
Gabon	709	11 457	514.8	3	71	3.2	Community transmission
Cameroon	696	30 313	114.2	12	474	1.8	Community transmission
Burkina Faso	647	11 227	53.7	14	134	0.6	Community transmission
Eswatini	515	16 181	1 394.7	42	604	52.1	Community transmission
Benin	407	4 193	34.6	7	55	0.5	Community transmission
Cabo Verde	399	14 380	2 586.4	2	135	24.3	Community transmission
Togo	395	5 436	65.7	2	79	1.0	Community transmission
South Sudan	394	4 355	38.9	1	65	0.6	Community transmission
Comoros	368	3 086	354.9	18	108	12.4	Community transmission
Madagascar	322	19 065	68.8	2	281	1.0	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Seychelles	318	1 504	1 529.3	3	6	6.1	Clusters of cases
Mauritania	317	16 777	360.8	7	425	9.1	Community transmission
Uganda	288	39 821	87.1	3	327	0.7	Community transmission
Angola	280	20 062	61.0	11	475	1.4	Community transmission
Sierra Leone	231	3 759	47.1	0	79	1.0	Community transmission
Eritrea	191	2 326	65.6	0	7	0.2	Community transmission
Guinea	190	14 665	111.7	2	84	0.6	Community transmission
Congo	173	8 060	146.1	5	122	2.2	Community transmission
Guinea-Bissau	149	2 772	140.9	1	46	2.3	Community transmission
Gambia	147	4 237	175.3	6	134	5.5	Community transmission
Chad	126	3 473	21.1	7	125	0.8	Community transmission
Burundi	91	1 723	14.5	1	3	0.0	Community transmission
Mali	91	8 160	40.3	8	338	1.7	Community transmission
Sao Tome and Principe	83	1 339	611.0	1	18	8.2	Community transmission
Niger	82	4 598	19.0	6	165	0.7	Community transmission
Equatorial Guinea	62	5 578	397.6	0	86	6.1	Community transmission
Liberia	17	1 956	38.7	0	84	1.7	Community transmission
Mauritius	16	584	45.9	0	10	0.8	Sporadic cases
Central African Republic	8	4 989	103.3	0	63	1.3	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territoriesⁱⁱⁱ							
Mayotte	2 524	10 755	3 942.2	3	64	23.5	Clusters of cases
Réunion	491	10 487	1 171.3	1	47	5.2	Clusters of cases
Americas	1 568 167	46 913 218	4 586.9	45 350	1 092 521	106.8	
United States of America	871 365	26 547 977	8 020.5	22 562	455 735	137.7	Community transmission
Brazil	328 652	9 447 165	4 444.5	7 368	230 034	108.2	Community transmission
Mexico	70 978	1 912 871	1 483.6	7 711	164 290	127.4	Community transmission
Colombia	65 027	2 142 660	4 211.0	2 119	55 403	108.9	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Argentina	54 647	1 970 009	4 358.8	1 210	48 985	108.4	Community transmission
Peru	47 170	1 173 045	3 557.7	1 247	41 933	127.2	Community transmission
Canada	26 963	797 756	2 113.7	808	20 609	54.6	Community transmission
Chile	25 182	748 082	3 913.3	556	18 895	98.8	Community transmission
Bolivia (Plurinational State of)	12 518	225 910	1 935.3	461	10 687	91.6	Community transmission
Dominican Republic	9 595	222 148	2 047.8	155	2 801	25.8	Community transmission
Ecuador	7 336	257 115	1 457.3	153	15 004	85.0	Community transmission
Panama	7 234	325 487	7 543.6	205	5 426	125.8	Community transmission
Honduras	7 143	153 253	1 547.3	119	3 694	37.3	Community transmission
Cuba	6 337	32 011	282.6	20	233	2.1	Community transmission
Paraguay	5 004	136 890	1 919.2	98	2 791	39.1	Community transmission
Guatemala	3 819	162 937	909.5	236	5 854	32.7	Community transmission
Uruguay	3 774	44 303	1 275.4	53	478	13.8	Community transmission
Venezuela (Bolivarian Republic of)	3 455	129 231	454.5	46	1 223	4.3	Community transmission
Costa Rica	3 162	196 438	3 856.2	68	2 672	52.5	Community transmission
El Salvador	2 248	56 237	867.0	59	1 673	25.8	Community transmission
Jamaica	1 314	16 841	568.7	9	357	12.1	Community transmission
Saint Lucia	618	1 813	987.3	5	18	9.8	Sporadic cases
Guyana	359	7 887	1 002.7	4	179	22.8	Clusters of cases
Saint Vincent and the Grenadines	274	1 170	1 054.6	1	3	2.7	Clusters of cases
Haiti	273	11 806	103.5	1	246	2.2	Community transmission
Suriname	255	8 619	1 469.2	4	158	26.9	Community transmission
Barbados	178	1 676	583.2	6	18	6.3	Community transmission
Belize	136	12 013	3 021.2	5	306	77.0	Community transmission
Bahamas	82	8 256	2 099.5	0	176	44.8	Clusters of cases
Trinidad and Tobago	74	7 607	543.6	1	135	9.6	Community transmission
Antigua and Barbuda	59	277	282.9	0	7	7.1	Sporadic cases
Nicaragua	35	5 027	75.9	1	170	2.6	Community transmission
Dominica	4	121	168.1	0	0	0.0	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Saint Kitts and Nevis	3	40	75.2	0	0	0.0	Sporadic cases
Grenada	0	148	131.5	0	1	0.9	Sporadic cases
Territoriesⁱⁱⁱ							
Puerto Rico	1 949	95 355	3 333.1	49	1 872	65.4	Community transmission
Aruba	276	7 134	6 681.9	3	61	57.1	Community transmission
French Guiana	213	16 296	5 456.0	3	79	26.4	Community transmission
Turks and Caicos Islands	195	1 654	4 271.9	1	9	23.2	Clusters of cases
Sint Maarten	89	1 911	4 456.4	0	27	63.0	Community transmission
Martinique	72	6 442	1 716.7	1	45	12.0	Community transmission
United States Virgin Islands	51	2 449	2 345.2	0	24	23.0	Community transmission
Curaçao	23	4 597	2 801.5	1	21	12.8	Community transmission
Cayman Islands	15	405	616.3	0	2	3.0	Sporadic cases
Bonaire	4	366	1 749.9	0	3	14.3	Community transmission
Falkland Islands (Malvinas)	4	44	1 263.3	0	0	0.0	No cases
Montserrat	2	15	300.1	0	1	20.0	No cases
Bermuda	1	692	1 111.2	0	12	19.3	Sporadic cases
Anguilla	0	17	113.3	0	0	0.0	Sporadic cases
British Virgin Islands	0	141	466.3	0	1	3.3	Clusters of cases
Guadeloupe	0	9 156	2 288.3	1	158	39.5	Community transmission
Saba	0	6	310.4	0	0	0.0	Sporadic cases
Saint Barthélemy	0	379	3 834.1	0	0	0.0	Sporadic cases
Saint Martin	0	1 289	3 334.3	0	12	31.0	Community transmission
Saint Pierre and Miquelon	0	24	414.2	0	0	0.0	Clusters of cases
Sint Eustatius	0	20	637.1	0	0	0.0	Sporadic cases
Eastern Mediterranean	158 625	5 828 565	797.5	2 761	136 950	18.7	
Iran (Islamic Republic of)	47 639	1 459 370	1 737.5	523	58 412	69.5	Community transmission
United Arab Emirates	22 741	323 402	3 269.9	76	914	9.2	Community transmission
Lebanon	18 923	317 836	4 656.6	531	3 562	52.2	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Pakistan	9 914	553 128	250.4	291	11 914	5.4	Community transmission
Tunisia	8 708	216 176	1 829.1	482	7 162	60.6	Community transmission
Iraq	8 494	627 416	1 559.9	70	13 111	32.6	Community transmission
Jordan	8 181	333 855	3 272.1	65	4 369	42.8	Community transmission
Kuwait	5 414	170 036	3 981.6	5	964	22.6	Community transmission
Libya	5 244	122 894	1 788.5	94	1 936	28.2	Community transmission
Morocco	4 275	474 966	1 286.8	122	8 381	22.7	Clusters of cases
Bahrain	4 087	106 713	6 271.4	7	379	22.3	Clusters of cases
Egypt	3 688	169 106	165.2	341	9 604	9.4	Clusters of cases
Qatar	2 706	153 690	5 334.5	2	250	8.7	Community transmission
Saudi Arabia	2 148	369 961	1 062.7	25	6 397	18.4	Sporadic cases
Oman	1 313	135 041	2 644.4	5	1 532	30.0	Community transmission
Syrian Arab Republic	410	14 408	82.3	31	947	5.4	Community transmission
Sudan	316	29 765	67.9	28	1 835	4.2	Community transmission
Afghanistan	312	55 335	142.1	10	2 410	6.2	Clusters of cases
Somalia	70	4 854	30.5	4	134	0.8	Community transmission
Djibouti	10	5 941	601.3	1	63	6.4	Clusters of cases
Yemen	7	2 131	7.1	0	616	2.1	Community transmission
Territoriesⁱⁱⁱ							
occupied Palestinian territory	4 025	182 541	3 578.2	48	2 058	40.3	Community transmission
Europe	1 102 953	35 515 952	3 805.0	33 169	781 242	83.7	
France	136 154	3 262 505	4 998.2	2 923	78 389	120.1	Community transmission
The United Kingdom	133 747	3 929 839	5 788.9	6 521	112 092	165.1	Community transmission
Russian Federation	116 842	3 967 281	2 718.5	3 479	76 661	52.5	Clusters of cases
Italy	83 315	2 625 098	4 341.7	2 724	91 003	150.5	Clusters of cases
Spain	82 192	2 913 425	6 231.3	1 202	60 802	130.0	Community transmission
Germany	67 647	2 284 010	2 726.1	4 572	61 517	73.4	Community transmission
Turkey	53 885	2 524 786	2 993.6	820	26 685	31.6	Community transmission
Portugal	50 888	761 906	7 472.1	1 775	13 954	136.8	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Czechia	50 201	1 034 975	9 664.6	927	17 235	160.9	Community transmission
Israel	39 414	677 315	7 825.2	285	5 014	57.9	Community transmission
Poland	36 870	1 550 255	4 096.2	1 907	39 087	103.3	Community transmission
Netherlands	27 226	1 001 797	5 846.5	400	14 355	83.8	Community transmission
Ukraine	25 394	1 244 849	2 846.4	890	23 597	54.0	Community transmission
Sweden	16 892	588 062	5 822.8	69	12 115	120.0	Community transmission
Romania	16 425	743 343	3 864.0	545	18 809	97.8	Community transmission
Belgium	14 384	725 610	6 260.9	274	21 389	184.6	Community transmission
Slovakia	13 413	263 326	4 823.1	557	5 199	95.2	Clusters of cases
Serbia	12 455	406 352	5 835.2	112	4 112	59.0	Community transmission
Belarus	10 389	256 959	2 719.3	65	1 773	18.8	Community transmission
Austria	9 415	419 307	4 655.7	248	7 884	87.5	Community transmission
Hungary	8 909	376 495	3 897.3	566	13 090	135.5	Community transmission
Kazakhstan	8 584	244 428	1 301.8	59	3 185	17.0	Clusters of cases
Ireland	7 245	202 548	4 102.0	382	3 674	74.4	Community transmission
Slovenia	7 169	173 696	8 355.0	62	3 891	187.2	Clusters of cases
Switzerland	7 134	529 285	6 115.6	91	8 822	101.9	Community transmission
Albania	6 961	84 212	2 926.3	77	1 446	50.2	Clusters of cases
Greece	6 740	163 213	1 565.9	172	5 951	57.1	Community transmission
Latvia	5 612	71 320	3 781.2	147	1 327	70.4	Community transmission
Bulgaria	4 934	223 552	3 217.3	283	9 311	134.0	Clusters of cases
Republic of Moldova	4 730	164 243	4 071.5	96	3 530	87.5	Community transmission
Lithuania	4 231	186 770	6 860.8	134	2 937	107.9	Community transmission
Georgia	3 913	262 024	6 568.4	105	3 283	82.3	Community transmission
Estonia	3 720	47 928	3 613.0	42	461	34.8	Clusters of cases
Montenegro	3 229	65 227	10 385.4	31	836	133.1	Clusters of cases
Denmark	3 091	201 186	3 473.4	109	2 215	38.2	Community transmission
Croatia	2 976	235 402	5 734.1	142	5 169	125.9	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
North Macedonia	2 081	94 599	4 540.7	68	2 916	140.0	Community transmission
Finland	2 023	46 894	846.4	21	692	12.5	Community transmission
Norway	1 908	64 483	1 189.5	19	582	10.7	Clusters of cases
Bosnia and Herzegovina	1 813	123 704	3 770.5	95	4 791	146.0	Community transmission
Luxembourg	1 142	51 689	8 257.3	13	592	94.6	Community transmission
Armenia	1 062	168 088	5 672.4	37	3 117	105.2	Community transmission
Azerbaijan	956	231 022	2 278.5	30	3 156	31.1	Clusters of cases
Cyprus	874	31 644	2 620.9	14	211	17.5	Clusters of cases
Malta	773	18 676	4 229.7	15	282	63.9	Clusters of cases
Kyrgyzstan	542	85 071	1 303.9	14	1 426	21.9	Clusters of cases
Uzbekistan	387	79 098	236.3	0	621	1.9	Clusters of cases
Andorra	321	10 206	13 209.1	4	105	135.9	Community transmission
Monaco	172	1 647	4 196.8	8	20	51.0	Sporadic cases
San Marino	111	3 136	9 240.4	2	69	203.3	Community transmission
Liechtenstein	23	2 588	6 786.1	0	46	120.6	Sporadic cases
Iceland	19	6 021	1 764.4	0	29	8.5	Community transmission
Holy See	0	26	3 213.8	0	0	0.0	Sporadic cases
Tajikistan	0	13 714	143.8	0	91	1.0	Pending
Territoriesⁱⁱⁱ							
Kosovo	2 075	61 966	3 330.8	28	1 510	81.2	Community transmission
Guernsey	240	689	1 090.3	0	13	20.6	Community transmission
Gibraltar	74	4 170	12 377.2	7	80	237.5	Clusters of cases
Jersey	30	3 173	2 916.4	1	67	61.6	Community transmission
Faroe Islands	1	655	1 340.4	0	1	2.0	Sporadic cases
Greenland	0	30	52.8	0	0	0.0	No cases
Isle of Man	0	434	510.4	0	25	29.4	No cases
South-East Asia	177 074	13 033 797	644.8	2 560	200 267	9.9	
Indonesia	80 697	1 147 010	419.3	1 665	31 393	11.5	Community transmission
India	80 180	10 826 363	784.5	722	154 996	11.2	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Sri Lanka	5 283	68 576	320.3	38	351	1.6	Clusters of cases
Thailand	4 589	23 371	33.5	2	79	0.1	Clusters of cases
Bangladesh	3 000	537 770	326.5	79	8 190	5.0	Community transmission
Myanmar	1 440	141 304	259.7	43	3 168	5.8	Clusters of cases
Nepal	952	271 806	932.9	8	2 035	7.0	Clusters of cases
Maldives	920	16 656	3 081.3	3	54	10.0	Clusters of cases
Timor-Leste	10	80	6.1	0	0	0.0	Sporadic cases
Bhutan	3	861	111.6	0	1	0.1	Clusters of cases
Western Pacific	61 765	1 481 789	75.4	1 297	25 885	1.3	
Malaysia	29 060	238 721	737.6	111	857	2.6	Clusters of cases
Japan	16 693	403 435	319.0	684	6 338	5.0	Clusters of cases
Philippines	12 005	535 521	488.7	441	11 110	10.1	Community transmission
Republic of Korea	2 694	80 896	157.8	51	1 471	2.9	Clusters of cases
China	395	101 272	6.9	8	4 831	0.3	Clusters of cases
Mongolia	247	1 989	60.7	0	2	0.1	Clusters of cases
Viet Nam	204	1 985	2.0	0	35	0.0	Clusters of cases
Singapore	168	59 675	1 020.0	0	29	0.5	Sporadic cases
Papua New Guinea	43	894	10.0	0	9	0.1	Community transmission
Australia	42	28 848	113.1	0	909	3.6	Sporadic cases
New Zealand	17	1 964	40.7	0	25	0.5	Clusters of cases
Cambodia	9	474	2.8	0	0	0.0	Sporadic cases
Brunei Darussalam	1	181	41.4	0	3	0.7	Sporadic cases
Fiji	1	56	6.2	0	2	0.2	Sporadic cases
Lao People's Democratic Republic	1	45	0.6	0	0	0.0	Sporadic cases
Solomon Islands	0	17	2.5	0	0	0.0	No cases
Territoriesⁱⁱⁱ							
French Polynesia	125	18 185	6 473.6	2	133	47.3	Sporadic cases
Guam	57	7 436	4 405.9	0	129	76.4	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
New Caledonia	2	49	17.2	0	0	0.0	Sporadic cases
Northern Mariana Islands (Commonwealth of the)	1	133	231.1	0	2	3.5	Pending
Marshall Islands	0	4	6.8	0	0	0.0	No cases
Samoa	0	3	1.5	0	0	0.0	No cases
Vanuatu	0	1	0.3	0	0	0.0	No cases
Wallis and Futuna	0	5	44.5	0	0	0.0	Sporadic cases
Global	3 153 426	105 429 382	1 352.5	88 369	2 302 614	29.5	

Key Weekly Updates

WHO Director-General Dr Tedros' remarks

- *Do not rush to reopen*

Now as we begin to roll out vaccines, we must remember that vaccines alone will not control this pandemic. It is vital that governments do not rush to re-open, and that they continue public health measures to prevent the spread of the virus.

[Opening remarks at the Member States briefing on COVID-19 - 4 February 2021](#)

- *Sharing vaccines to protect the population*

Once countries with vaccines have vaccinated their own health workers and older people, the best way to protect the rest of their own population is to share vaccines so other countries can do the same. That's because the longer it takes to vaccinate those most at risk everywhere, the more opportunity we give the virus to mutate and evade vaccines.

- *Scaling-up the manufacturing process*

We need a massive scale-up in production. Manufacturers can do more: having received substantial public funding, we encourage all manufacturers to share their data and technology to ensure global equitable access to vaccines.

- *Sharing dossiers with WHO for emergency listing*

We call on companies to share their dossiers with WHO faster and more fully than they have been doing, so we can review them for emergency use listing.

[Opening remarks at the media briefing on COVID-19 – 5 February 2021](#)

Health for All film festival

[WHO receives nearly 1200 entries for the second edition of Health for All Film Festival](#)

WHO and FIFA partnership

[FIFA and WHO #ACTogether to tackle COVID-19](#)

WHO SCORE Global Report

[WHO SCORE Global Report highlights urgent need for better data to strengthen pandemic response and improve health outcomes](#)

[Score dashboard](#)

COVID-19 and Non-Communicable Diseases

[Michael R. Bloomberg and Dr Tedros Adhanom Ghebreyesus call for global focus on noncommunicable diseases to save lives from COVID-19](#)

Publications

[Background document on the mRNA-1273 vaccine \(Moderna\) against COVID-19](#)

[COVID-19: Occupational health and safety for health workers](#)

[Contact tracing in the context of COVID-19](#)

[Interim position paper: Considerations regarding proof of COVID-19 vaccination for international travellers](#)

[WHO publishes public health research agenda for managing infodemics](#)

[Course 6: Clinical management of patients with COVID-19 - Rehabilitation of patients with COVID-19](#)

Technical guidance and other resources

- [Technical guidance](#)
- [WHO Coronavirus Disease \(COVID-19\) Dashboard](#)
- [Weekly COVID-19 Operational Updates](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [Online courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Updates from WHO regions
 - [African Region](#)
 - [Region of the Americas](#)
 - [Eastern Mediterranean Region](#)
 - [South-East Asia Region](#)
 - [European Region](#)
 - [Western Pacific Region](#)

Recommendations and advice for the public

- [Protect yourself](#)
- [Questions and answers](#)
- [Travel advice](#)
- [EPI-WIN](#): tailored information for individuals, organizations and communities

Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case 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 incidence, and variable delays to reflecting these data at 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. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the country(ies) of interest, time period(s), 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. Global totals include 745 cases and 13 deaths reported from international conveyances.

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 excepted, 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, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

ⁱ Excludes countries, territories, and areas that have never reported a confirmed COVID-19 case.

ⁱⁱ Transmission classification is based on a process of country/territory/area self-reporting. Classifications are reviewed on a weekly basis and may be revised as new information becomes available. Differing degrees of transmission may be present within countries/territories/areas. For further information, please see: [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#):

- No (active) cases: No new cases detected for at least 28 days (two times the maximum incubation period), in the presence of a robust surveillance system. This implies a near-zero risk of infection for the general population.
- Imported / Sporadic cases: Cases detected in the past 14 days are all imported, sporadic (e.g., laboratory acquired or zoonotic) or are all linked to imported/sporadic cases, and there are no clear signals of further locally acquired transmission. This implies minimal risk of infection for the general population.
- Clusters of cases: Cases detected in the past 14 days are predominantly limited to well-defined clusters that are not directly linked to imported cases, but which are all linked by time, geographic location and common exposures. It is assumed that there are a number of unidentified cases in the area. This implies a low risk of infection to others in the wider community if exposure to these clusters is avoided.
- Community transmission: Which encompasses a range of levels from low to very high incidence, as described below and informed by a series of indicators described in the aforementioned guidance. As these subcategorization are not currently collated at the global level, but rather intended for use by national and sub-national public health authorities for local decision-making, community transmission has not been disaggregated in this information product.
 - CT1: Low incidence of locally acquired, widely dispersed cases detected in the past 14 days, with many of the cases not linked to specific clusters; transmission may be focused in certain population sub-groups. Low risk of infection for the general population.
 - CT2: Moderate incidence of locally acquired, widely dispersed cases detected in the past 14 days; transmission less focused in certain population sub-groups. Moderate risk of infection for the general population.
 - CT3: High incidence of locally acquired, widely dispersed cases in the past 14 days; transmission widespread and not focused in population sub-groups. High risk of infection for the general population.
 - CT4: Very high incidence of locally acquired, widely dispersed cases in the past 14 days. Very high risk of infection for the general population.
- Pending: transmission classification has not been reported to WHO.

ⁱⁱⁱ "Territories" include territories, areas, overseas dependencies and other jurisdictions of similar status.