

COVID-19 Weekly Epidemiological Update

Edition 53, published 17 August 2021

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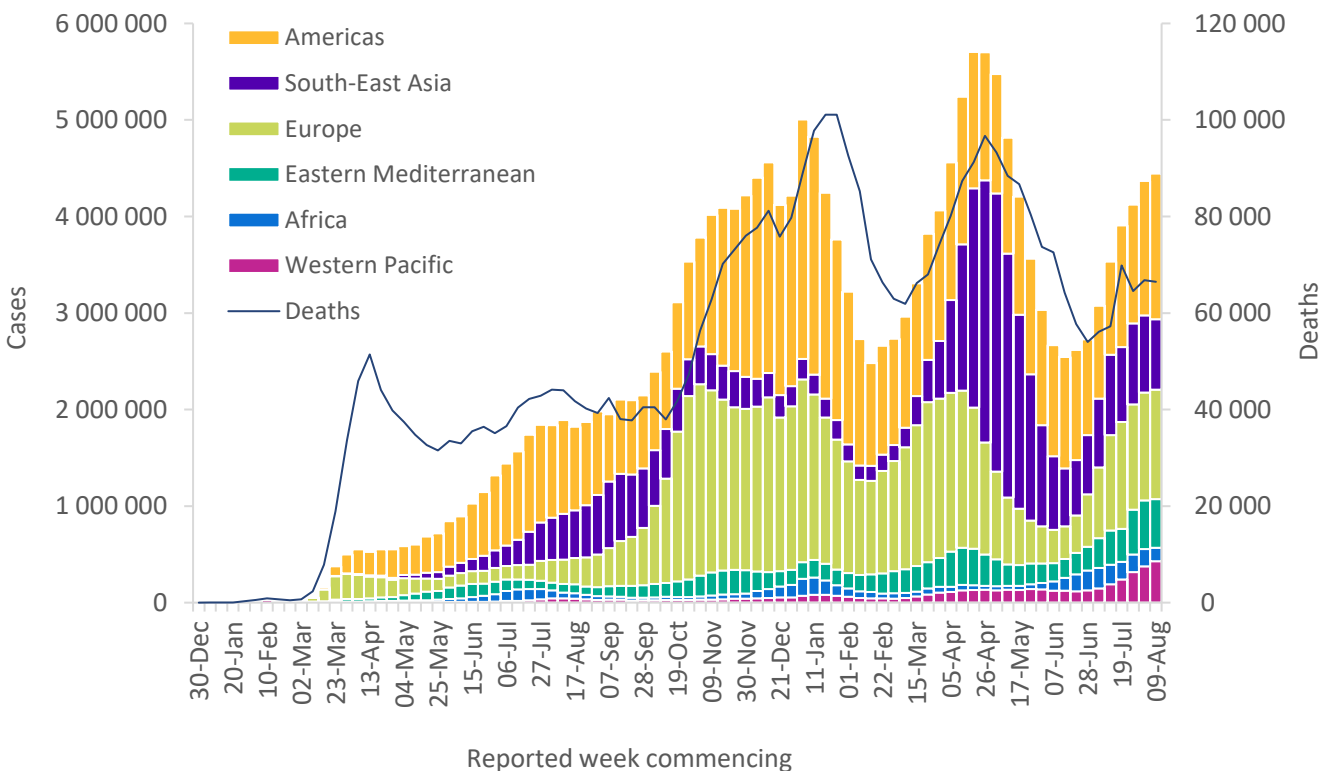
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Global overview

Data as of 15 August 2021

The global number of new cases has been increasing for the last two months, with over 4.4 million cases reported in the past week (9 – 15 August 2021) (Figure 1). This increasing trend is largely attributed to increases in the Western Pacific Region and the Region of the Americas which reported 14% and 8% increases respectively as compared to the previous week; the other four regions reported similar or a decrease in new weekly cases as compared to the previous week. The cumulative number of cases reported globally is now over 206 million and the cumulative number of deaths is almost 4.4 million. All regions except the Western Pacific and the Eastern Mediterranean Regions reported similar or a decrease in the number of deaths this week as compared to the previous week. While the African Region reported the largest decline in cases and deaths, with 23% and 18% decreases in incidence respectively, data from the weekend is incomplete which may overestimate differences as compared to the previous week.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 15 August 2021**



**See Annex 2: Data, table and figure notes

The regions with the highest weekly incidence rates of cases and deaths per 100 000 population remain the same as last week: the Region of the Americas and the European Region reported the highest weekly case (147.4 and 121.6 new cases per 100 000 population, respectively) and death incidence (2.0 and 1.1 new deaths per 100 000 population, respectively).

At the country level, the highest numbers of new cases in the past week were reported by the United States of America (883 996 new cases; 9% increase), the Islamic Republic of Iran (26 9975 new cases, 9% increase), and India (258 121 new cases; 7% decrease). However, the highest numbers of new deaths in the past week were reported by Indonesia (10 492 new cases; 8% decrease), Brazil (6100 new cases, 3% decrease) and the Russian Federation (5618 new cases; a 2% increase).

Globally, cases of the Alpha variant have been reported in 190 countries, territories or areas (hereafter countries), while 138 countries (one new country) have reported cases of the Beta variant; 82 countries (one new country) have reported cases of the Gamma variant; and 148 countries (three new countries) have reported cases of the Delta variant.

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 15 August 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	1 507 234 (34%)	8%	80 121 215 (39%)	19 956 (30%)	1%	2 050 072 (47%)
Europe	1 134 516 (26%)	1%	62 474 616 (30%)	10 495 (16%)	-3%	1 242 204 (29%)
South-East Asia	731 279 (16%)	-9%	39 908 781 (19%)	19 401 (29%)	-6%	610 389 (14%)
Eastern Mediterranean	502 683 (11%)	0%	13 601 389 (7%)	7 034 (11%)	15%	249 389 (6%)
Western Pacific	429 153 (10%)	14%	5 330 671 (3%)	5 711 (9%)	23%	75 433 (2%)
Africa	139 767 (3%)	-23%	5 276 855 (3%)	3 909 (6%)	-18%	125 934 (3%)
Global	4 444 632 (100%)	2%	206 714 291 (100%)	66 506 (100%)	0%	4 353 434 (100%)

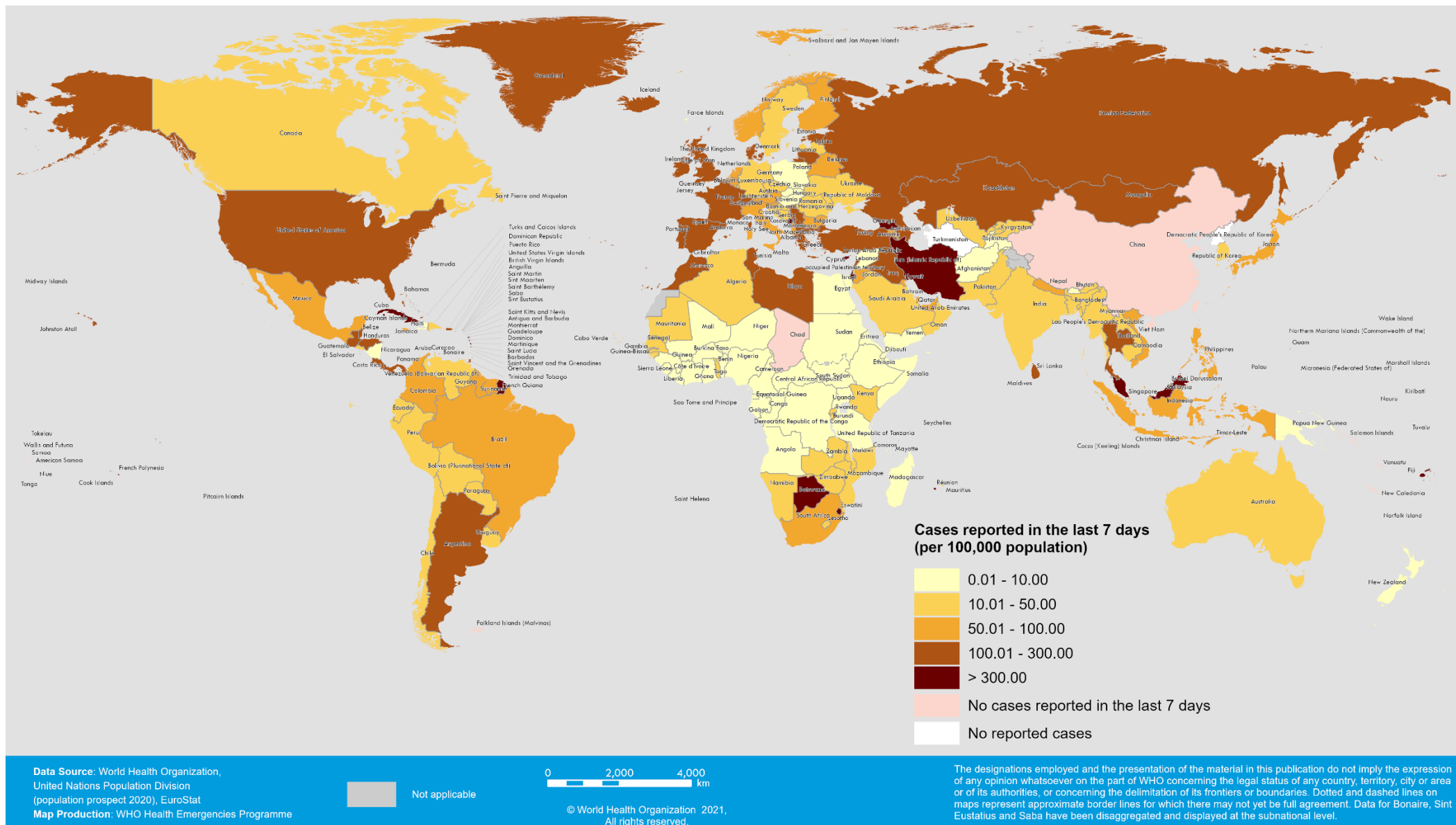
*Percent change in the number of newly confirmed cases/deaths in the past seven days, compared to the seven days prior

**See [Annex 2: Data, table and figure notes](#)

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

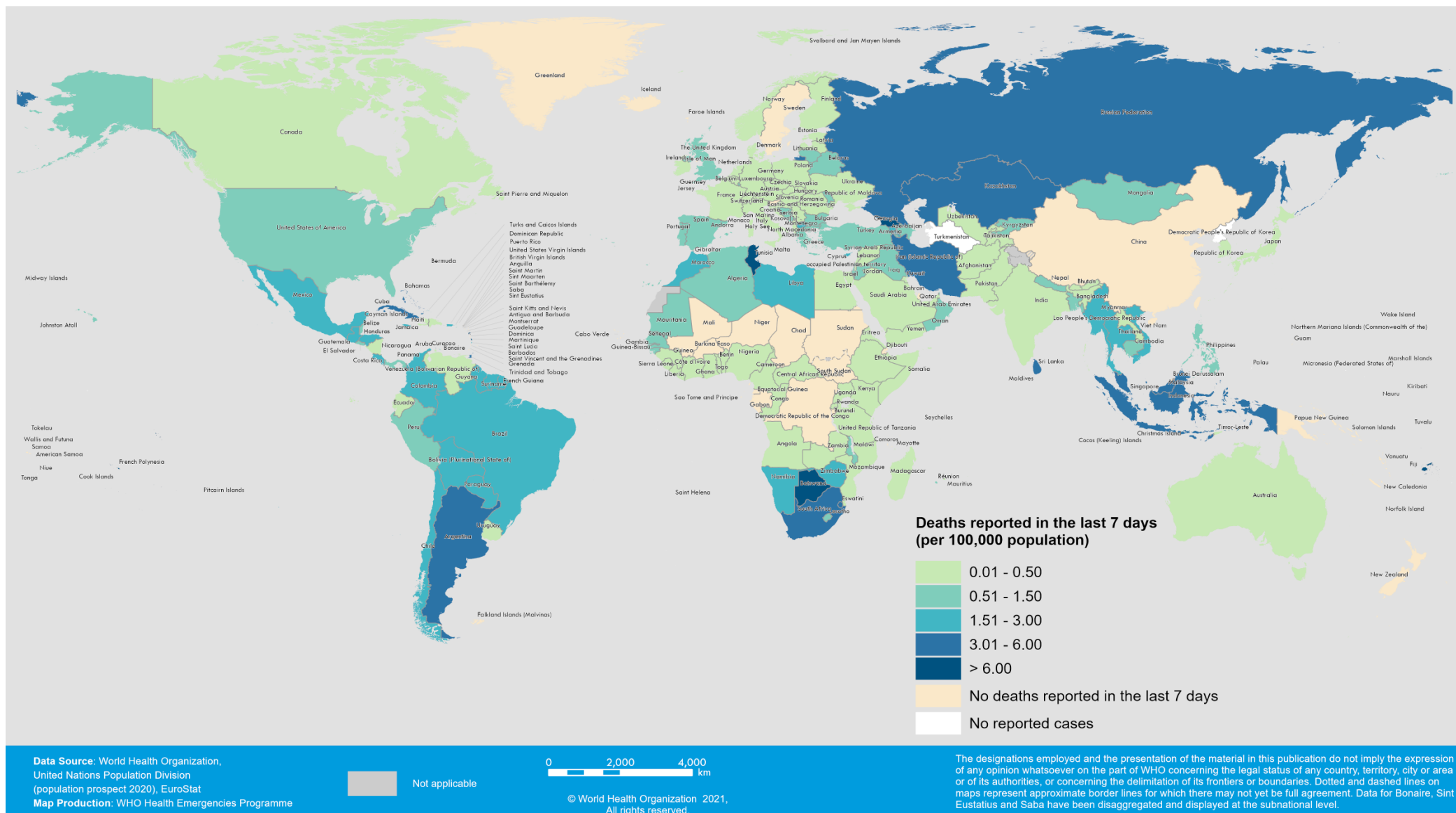
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 9 - 15 August 2021**



**See Annex 2: Data, table and figure notes

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 9 – 15 August 2021**



**See Annex 2: Data, table and figure notes

Special Focus: Update on SARS-CoV-2 Variants of Interest and Variants of Concern

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact vaccine, therapeutics, diagnostics or effectiveness of public health and social measures (PHSM) applied by national authorities to control disease spread. “Signals” of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) are detected and assessed based on the risk posed to global public health. As these risks evolve, WHO will continue to update the lists of global VOIs and VOCs to support prioritization for surveillance and research, and ultimately guide response strategies (for more information, please see the [Tracking SARS-CoV-2 variants](#) website).

National authorities may choose to designate other variants of local interest/concern and are encouraged to investigate and report on the impacts of these variants.

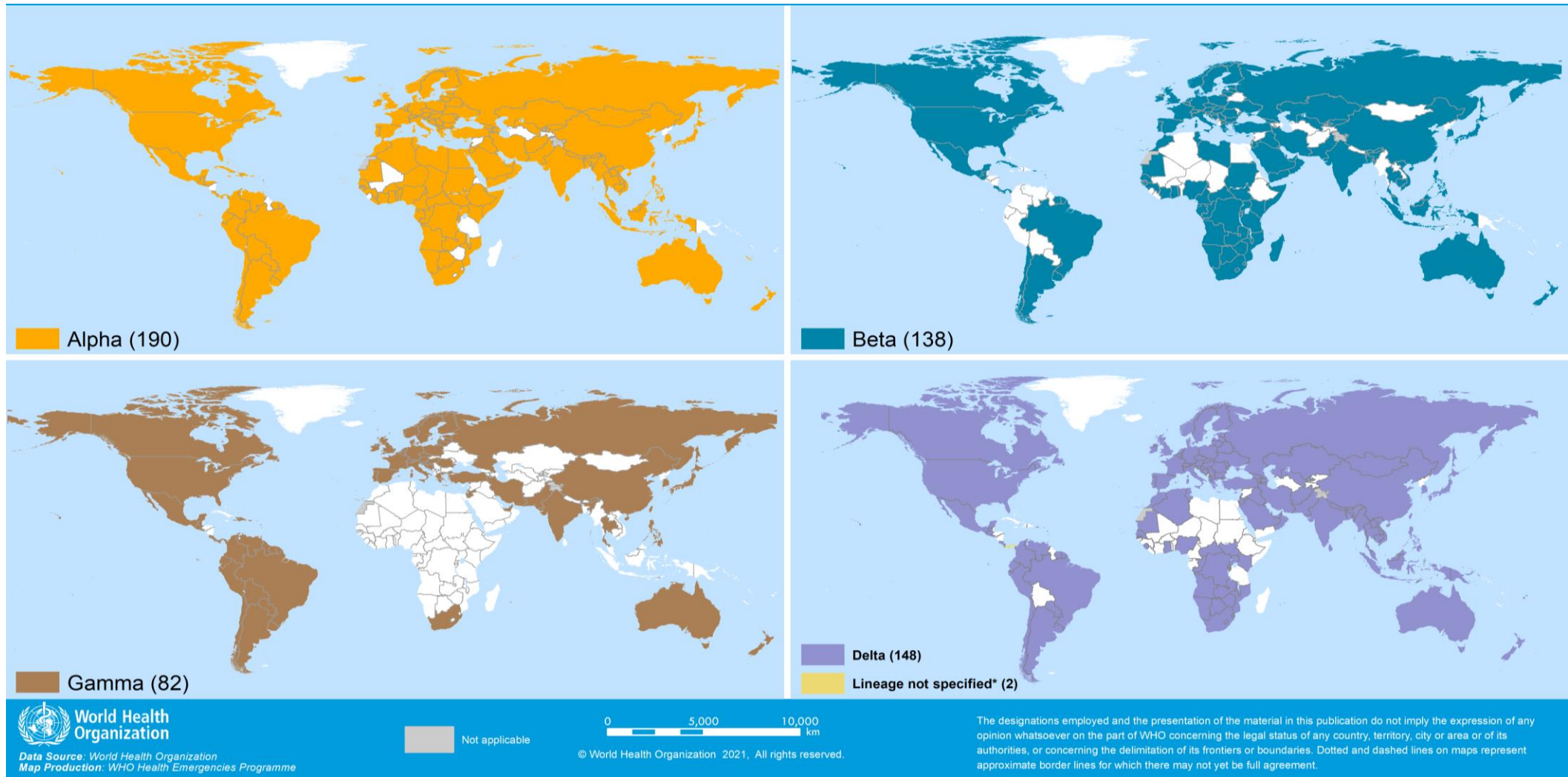
As surveillance activities to detect SARS-CoV-2 variants are strengthened at national and subnational levels, including through the expansion of genomic sequencing capacities, the number of countries/areas/territories (hereafter countries) reporting VOCs continues to increase (Figure 4, Annex 1). This distribution should nonetheless be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and sampling strategies between countries.

As countries gradually resume non-essential international travel, the introduction of risk mitigation measures aiming to reduce travel-associated exportation, importation and onward transmission of SARS-CoV-2 should be based on a thorough risk assessment conducted systematically and routinely.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [COVID-19 new variants: Knowledge gaps and research](#)
- [Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)

Figure 4. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 17 August 2021**



*Includes countries/territories/areas reporting the detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

**Countries/territories/areas highlighted include both official and unofficial reports of VOC detections, and do not presently differentiate between detections among travellers (e.g., at Points of Entry) or local community cases. Please see Annex 2 for further details.

Special Focus: COVID-19 in Prisons

Prisons are unique environments for pathogen transmission due to high population density, overcrowding, and proximity among detainees and guards. Since the beginning of the pandemic, outbreaks of COVID-19 have been reported in prisons and correctional facilities in at least 122 countries across the world.¹ COVID-19 outbreaks in detention centers have been reported in countries across all WHO regions.² Early in the pandemic, and in response to a request made by Member States, the WHO Health In Prisons Programme (WHO/HIPP; based out of the WHO Regional Office for Europe) published interim guidance on 15 March 2020 to support countries in preparedness, prevention and control of COVID-19 in prisons and other places of detention. As the pandemic progressed, further understanding of the pathophysiology of COVID-19 informed a revision, which was published on 8 February 2021. The revised guidance included updates on the signs and symptoms, transmission of the virus that causes COVID-19 and the measures to prevent infection. It also addressed issues of vaccine availability and allocation and advised on indicators for the surveillance of COVID-19 in detention settings.

To enable monitoring of the evolution of the pandemic in detention settings, WHO developed a minimum set of indicators, which Member States have been voluntarily reporting to WHO/HIPP since April 2020. The indicators requested include information on the operational capacity and on the number of individuals living in prisons (disaggregated by age categories and sex) to monitor the occupancy rate over time; the number of individuals tested and diagnosed with SARS-CoV-2 infection (also disaggregated by age category, sex and divided by staff and detainees); those being transferred to hospital and those who have died. This minimum dataset was revised in February 2021 to include vaccination in detainees, staff and health care workers. As this is a voluntary system, reporting by Member States is not consistent and only 18 Member States have submitted data to WHO/HIPP since the system was established. The submitted data are analyzed on a weekly basis to compare the epidemiology of COVID-19 in detention facilities with that observed in the general population. This comparison enables the early identification of outbreaks that could benefit from WHO's technical support.

Despite a clear positive progression in the reporting capacity of Member States, in some countries it is challenging to separate the subsection of COVID-19 data attributable to detainees or detention center staff within larger public health datasets. Disaggregating the data in prison health information systems from the general public health data would allow for a more specific and tailored evaluation of the evolving situation and burden of the COVID-19 pandemic within these settings.

Summarizing the evidence: Early analysis conducted on persons living in prisons (from January to June 2020) identified 42 107 cases of SARS-CoV-2 infection and 510 deaths among nearly 1.3 million people living in prisons, in the United States of America. This is similar to the case rate of 3251 per 100 000 population reported in the same country and 5.5 times higher than that in people of the same age and sex in the general population across the same time period.³ Among prison staff, the case rate reported up to November 2020 was 3.2 times higher than in community settings in the United States of America.⁴ Based on data between 31 March and 6 June 2020, the estimated mortality rate among people in prisons was 39 per 100 000 compared to 29 per 100 000 for the general population of the United States of America.⁵ In the WHO European region, some countries have observed a mortality rate 3.3 times higher in detention centers compared to people of the same age and sex in the general population between March 2020 and February 2021.⁶

¹ https://www.prisonstudies.org/sites/default/files/resources/downloads/keeping_covid_out_of_prisons.pdf

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7568916/>

³ <https://pubmed.ncbi.nlm.nih.gov/32639537/>

⁴ <https://pubmed.ncbi.nlm.nih.gov/33750599/>

⁵ <https://pubmed.ncbi.nlm.nih.gov/32639537/>

⁶ <https://www.thelancet.com/journals/lanres/article/PIIS2213-2600%2821%2900137-5/fulltext>

Overcrowding in prisons has negative consequences on health. For COVID-19, one study has shown that when prison capacity exceeds 85%, there is an increased risk of SARS-CoV-2 infection and death.⁷ In an effort to reduce overcrowding, the adoption of non-custodial measures, including decarceration of non-violent offenders, pardons and home confinement, are among some of the most commonly adopted measures globally. A survey conducted between March and June 2020 indicated that 109 countries took such measures, resulting in an average reduction of the prison population by 6%.⁸ These COVID-19 mitigation measures were in line with the call from the United Nations High Commission for Human Rights and the UN System common position on incarceration⁹ The mitigation measures implemented were considered crucial as overcrowding posed issues in being able to prevent and control COVID-19 outbreaks. Overcrowding also adversely affects access to health care and essential, basic hygiene practices products such water and soap. Despite these measures being implemented, overcrowding and its implications on SARS-CoV-2 transmission and other health issues continues to be a challenge in prisons.^{10, 11}

An effective measure used to control transmission of SARS-CoV-2 in detention centers has been the implementation of intensive epidemiological surveillance and contact tracing.¹² However, in many countries, due to limited resources, the capacity to routinely identify SARS-CoV-2 infections in detention centers is insufficient, making it difficult to ascertain the true burden of the disease in these settings.¹³

A potential strategy to ensure more representative COVID-19 case and mortality identification is to increase testing efforts. A study conducted in 16 facilities, in the United States of America, showed that mass testing increased the detection of cases by nearly 13-fold.¹⁴ Some countries in the European Region have intensified their testing strategy in the most recent months. While effective, this approach may not be feasible in every country and where this is the case, alternative approaches to testing in settings with limited resources have been recommended in WHO guidance.

As the availability of testing and COVID-19 vaccines has increased in a number of countries, advocacy for equitable access to vaccines among people living and working in detention centers continues.¹⁵ Many Member States have been working to increase the vaccine coverage among people living in detention centers with this coverage in the European Region, where this data is available, varying between less than 15% to above 60% coverage, and others not reporting on vaccination rollout in detention centers.

It is important to understand the impact of the pandemic in prisons, including the numbers of cases identified and the associated outcomes. Governments assume fully accountability for the health and well-being of detainees; therefore, providing detainees with protection from COVID-19 is a fundamental component of upholding their human rights. Furthermore, people living in prisons are not isolated from communities: there is constant movement of staff and visitors, and detainees are admitted, released and transferred frequently. Protecting those in detention will therefore have an impact on the surrounding communities and potentially on the capacity of the healthcare system.

Much progress has been made in the identification, detection and control of COVID-19 in some detention centers around the world. As the pandemic evolves, this progress must continue to better align health outcomes in prisons with overall public health goals.

⁷ <https://pubmed.ncbi.nlm.nih.gov/33337529/>

⁸ <https://www.hri.global/covid-19-prison-diversion-measures>

⁹ https://www.unodc.org/res/justice-and-prison-reform/nelsonmandelarules-GoF/UN_System_Common_Position_on_Incarceration.pdf

¹⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7826114/>

¹¹ <https://pubmed.ncbi.nlm.nih.gov/33211577/>

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7347475/>

¹³ <https://pubmed.ncbi.nlm.nih.gov/33564262/>

¹⁴ <https://pubmed.ncbi.nlm.nih.gov/32817597/>

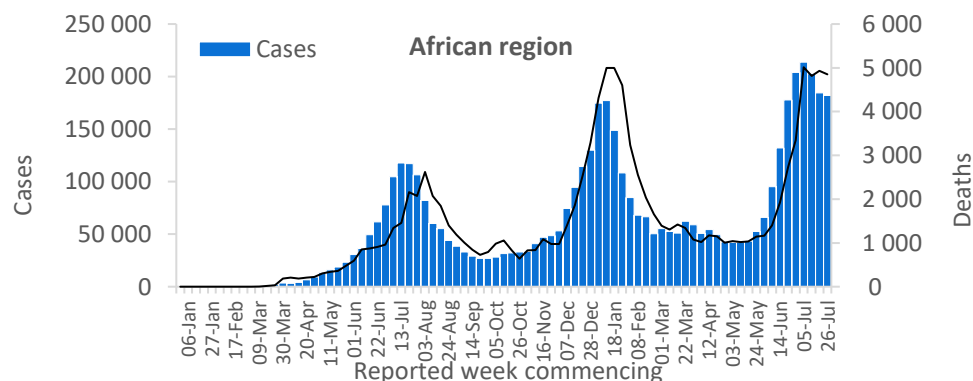
¹⁵ <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/publications/2021/why-people-living-and-working-in-detention-facilities-should-be-included-in-national-covid-19-vaccination-plans-advocacy-brief-2021>

WHO regional overviews - Epidemiological week 9 - 15 August 2021

African Region

This week, the data for the African Region is incomplete due to reporting delays and trends should be interpreted with caution until the missing data has been incorporated. The Region reported just over 139 000 new cases and over 3900 new deaths. The overall decrease in weekly cases reported in the region since the middle of July has been largely driven by declines observed in South Africa. In contrast, many other countries in the region continue to report increases in case incidence. For mortality, the trend in the region is largely driven by a decline in new weekly deaths reported by a majority of the countries in the Region, including Mozambique, South Africa, Zambia and Zimbabwe among others. This decrease in overall weekly mortality could be partly due to the lack of reporting of regional data for 15 August.

The highest numbers of new cases were reported from South Africa (58 939 new cases; 99.4 new cases per 100 000 population; 22% decrease), Botswana (14 184 new cases; 603.2 new cases per 100 000; 11% decrease), and Kenya (7685 new cases; 14.3 new cases per 100 000; 2% decrease). The highest numbers of new deaths were reported from South Africa (2008 new deaths; 3.4 new deaths per 100 000 population; 23% decrease), Botswana (269 new deaths; 11.4 new deaths per 100 000; 99% increase), and Zimbabwe (247 new deaths; 1.7 new deaths per 100 000; 16% decrease).

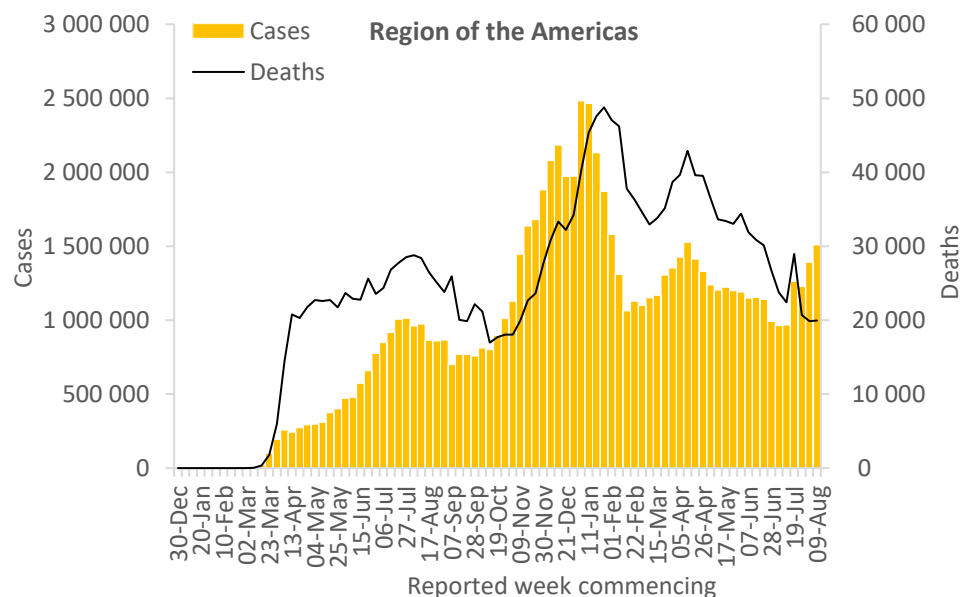


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 1.5 million new cases and nearly 20 000 new deaths in the past week. While the number of cases increased by 8% as compared to last week, the number of weekly deaths was similar to the week before. Dominica, Saint Vincent and the Grenadines and Guadeloupe reported the largest percentage increase in weekly case incidence over the past seven days.

The highest numbers of new cases were reported from the United States of America (883 996 new cases; 267.1 new cases per 100 000; 20% increase), Brazil (210 254 new cases; 98.9 new cases per 100 000; 8% decrease), and Mexico (124 103 new cases; 96.3 new cases per 100 000; 8% increase). The highest numbers of new deaths were reported from Brazil (6100 new deaths, 2.9 new deaths per 100 000 population, 3% decrease), the United States of America (4245 new deaths; 1.3 new deaths per 100 000; 25% increase), and Mexico (3681 new deaths; 2.9 new death per 100 000; 12% increase).

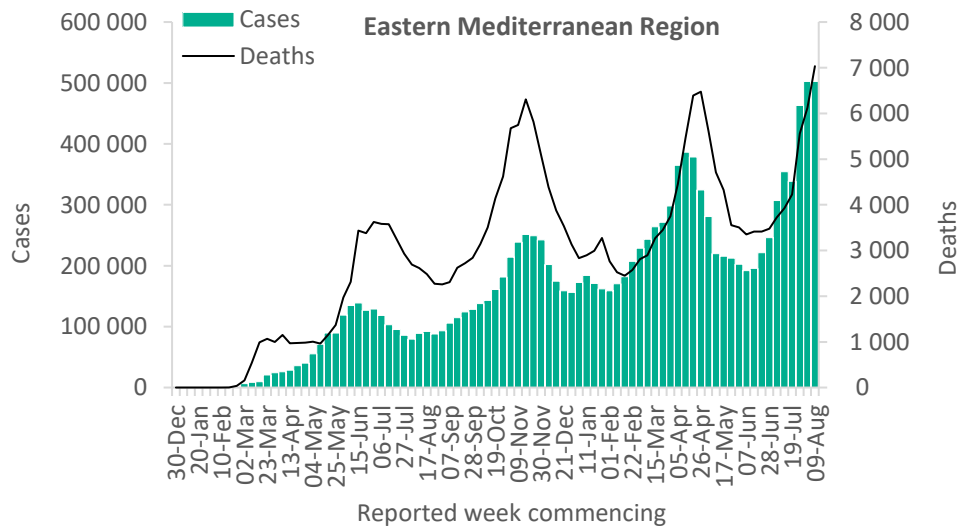


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 502 000 new cases and over 7000 new deaths this past week. While the number of cases reported were similar to those reported in the previous week, the number of weekly deaths increased by 15%. This week, the region reported the highest weekly number of deaths since the beginning of the pandemic. The increase in deaths was mainly driven by an increase in new deaths reported by several countries in the region, including the Islamic Republic of Iran, Morocco, Pakistan, Syrian Arab Republic and Yemen.

The highest numbers of new cases were reported from the Islamic Republic of Iran (269 975 new cases; 321.4 new cases per 100 000; 9% increase), Morocco (64 784 new cases; 175.5 new cases per 100 000; 2% increase), and Iraq (64 390 new cases; 160.1 new cases per 100 000; 17% decrease). The highest numbers of new deaths were reported from the Islamic Republic of Iran (3735 new deaths; 4.4 new deaths per 100 000; 31% increase), Tunisia (896 new deaths; 7.6 new deaths per 100 000; 17% decrease), and Morocco (678 new deaths; 1.8 new deaths per 100 000; 44% increase).

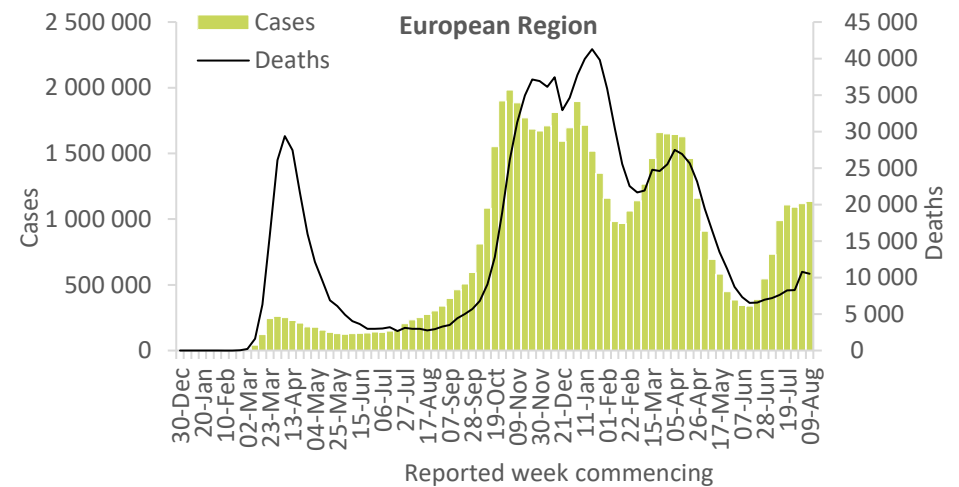


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 1.1 million new cases and over 10 000 new deaths, similar numbers to those reported the previous week. While overall, the region is starting to plateau in terms of new weekly cases and deaths, most of the countries in the region continue to see significant increases in the number of weekly cases, including Azerbaijan, Georgia, Israel, Kosovo, Montenegro and North Macedonia. Following a gradual increase in weekly death incidence for the sixth week in a row, a slight decrease in the number of new deaths was reported over the last seven days.

The highest numbers of new cases were reported from the United Kingdom (198 759 new cases; 292.8 new cases per 100 000; 7% increase), Turkey (163 965 new cases; 194.4 new cases per 100 000; 3% decrease), and the Russian Federation (153 086 new cases; 104.9 new cases per 100 000; 4% decrease). The highest numbers of new deaths were reported from the Russian Federation (5618 new deaths; 3.8 new deaths per 100 000; 2% increase), Kazakhstan (934 new deaths; 5.0 new deaths per 100 000; 46% decrease), and Turkey (917 new deaths; 1.1 new deaths per 100 000; 21% increase).

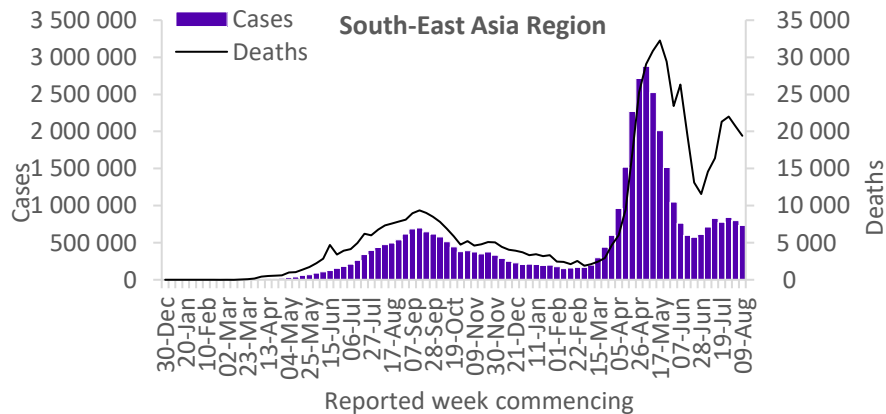


Updates from the [European Region](#)

South-East Asia Region

Cases in the South-East Asia Region continued to decline this week. The region reported just over 731 000 new cases and 19 000 new deaths, decreases of 9% and 6% respectively, as compared to the previous week. Following a spike in the regional mortality rate two weeks ago, the number of new deaths has been declining following large decreases reported in the Maldives and Myanmar. While most of the countries reported decreases or similar numbers of cases this week, Sri Lanka, Thailand, and Timor-Leste reported increases in case incidence. Similarly, not all countries follow the regional declining trend in deaths as large increases were reported in a number of countries including Sri Lanka, Thailand and Timor-Leste this week, an increase of 63%, 11% and 200% respectively. The highest numbers of new cases were reported from India (258 121 new cases; 18.7 new cases per 100 000; 7% decrease), Indonesia (188 323 new cases; 68.9 new cases per 100 000; 17% decrease), and Thailand (150 652 new cases; 215.8 new cases per 100 000; 7% increase).

The highest numbers of new deaths were reported from Indonesia (10 492 new deaths; 3.8 new deaths per 100 000; 8% decrease), India (3363 new deaths; 0.2 new deaths per 100 000; 4% decrease), and Bangladesh (1523 new deaths; 0.9 new deaths per 100 000; 12% decrease).

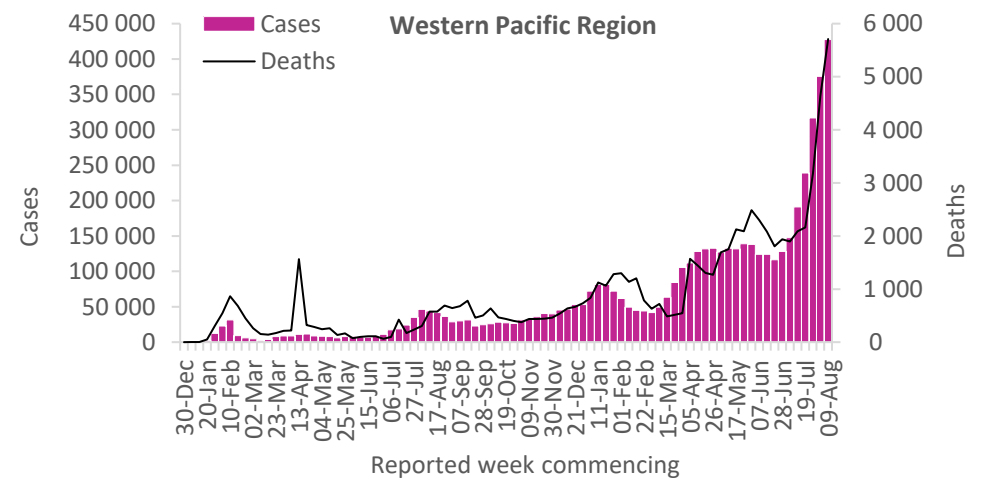


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported the largest proportionate increases in cases and deaths this week, with over 429 000 new cases and 5700 new deaths, increases of 14% and 23% respectively, as compared to the previous week. This exponential increase in cases and deaths has been ongoing for nearly two months. Over half of the countries and territories in the region that are providing regular data to WHO are reporting an increase in cases (10/18; 56%) and nearly half are reporting increases in deaths (8/18; 44%). The largest proportionate increases in cases and deaths were seen in Australia, French Polynesia, Japan, Philippines and Republic of Korea. The highest numbers of new cases were reported from Malaysia (140 501 new cases; 434.1 new cases per 100 000; 8% increase), Japan (111 601 new cases; 88.2 new cases per 100 000; 23% increase), and the Philippines (77 540 new cases; 70.8 new cases per 100 000; 28% increase).

The highest numbers of new deaths were reported from Viet Nam (2187 new deaths; 2.2 new deaths per 100 000; 13% increase), Malaysia (1839 new deaths; 5.7 new deaths per 100 000; 35% increase), and the Philippines (1235 new deaths; 1.1 new deaths per 100 000; 31% increase).



Updates from the [Western Pacific Region](#)

Key weekly updates

WHO Director-General's key messages

- In his opening remarks at the [media briefing on COVID-19 – 11 August 2021](#), the Director-General highlighted the following:
 - In October 2020, WHO shared [the results of the Solidarity Therapeutics Trial](#), which tested four treatments for COVID-19, involving almost 13,000 patients in 500 hospitals, in 30 countries
 - The next phase of the trial - Solidarity PLUS - will test three drugs: artesunate, a treatment for severe malaria; imatinib, a drug for certain cancers; and infliximab, a treatment for immune system disorders such as Crohn's disease. The trial involves thousands of researchers at more than 600 hospitals in 52 countries.

Updates and publications

- [Interim statement on heterologous priming for COVID-19 vaccines](#)
- [Interim statement on dose-sparing strategies for COVID-19 vaccines \(fractionated vaccine doses\)](#)
- [Interim statement on COVID-19 vaccine booster doses](#)
- [WHO's Solidarity clinical trial enters a new phase with three new candidate drugs](#)
- [WHO Statement on advancing the next series of studies to find the origins of SARS-CoV-2](#)
- [ACT-Accelerator launches urgent US\\$ 7.7 billion appeal to stem surge of dangerous variants and save lives everywhere](#)

Annex

- 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>.
- Erratum 19 August 2021, Indonesia: Due to a typographical error, the highest number of new deaths in the past week for Indonesia were incorrect. It has been corrected in this publication

Annex 1. List of countries/territories/areas reporting Variants of Concern as of 17 August 2021**

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Afghanistan	●	-	-	●	-
Albania	●	-	-	○	-
Algeria	●	-	-	●	-
Angola	●	●	-	●	-
Anguilla	●	-	-	●	-
Antigua and Barbuda	●	●	-	-	-
Argentina	●	●	●	●	-
Armenia	●	-	-	●	-
Aruba	●	●	●	●	-
Australia	●	●	●	●	-
Austria	●	●	●	●	-
Azerbaijan	●	-	-	○	-
Bahamas	●	-	-	-	-
Bahrain	●	●	-	●	-
Bangladesh	●	●	-	●	-
Barbados	●	-	●	●	-
Belarus	●	-	-	○	-
Belgium	●	●	●	●	-
Belize	●	-	-	-	-
Benin	●*	-	-	-	-
Bermuda	●	●	-	-	-
Bhutan	●	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Bolivia (Plurinational State of)	●	-	●	-	-
Bonaire	●	-	●	●	-
Bosnia and Herzegovina	●	●	●	○	-
Botswana	○	●	-	●	-
Brazil	●	●	●	●	-
British Virgin Islands	●	-	●	-	-
Brunei Darussalam	●	●	-	-	-
Bulgaria	●	●	-	●	-
Burkina Faso	●	-	-	-	-
Burundi	●	●	-	●	-
Cabo Verde	●	-	-	●	-
Cambodia	●	●	-	●	-
Cameroon	●	●	-	-	-
Canada	●	●	●	●	-
Cayman Islands	●	-	●	-	-
Central African Republic	●	●	-	●*	-
Chad	●*	-	-	-	-
Chile	●	●	●	●	-
China	●	●	●	○	-
Colombia	●	-	●	●	-
Comoros	-	●	-	-	-
Congo	●	○	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Costa Rica	●	●	●	●	-
Croatia	●	●	●	○	-
Cuba	●	●	-	-	-
Curaçao	●	-	●	●	●
Cyprus	●	●	-	○	-
Czechia	●	●	●	●	-
Côte d'Ivoire	●	●	-	-	-
Democratic Republic of the Congo	●	●	-	●	-
Denmark	●	●	●	●	-
Djibouti	●	●	-	-	-
Dominica	●	-	-	-	-
Dominican Republic	●	-	●	-	-
Ecuador	●	-	●	●	-
Egypt	●	-	-	-	-
El Salvador	●	-	●*	●	-
Equatorial Guinea	●	●	-	-	-
Estonia	●	●	○	○	-
Eswatini	-	●	-	●*	-
Ethiopia	●	-	-	-	-
Falkland Islands (Malvinas)	●*	●*	-	-	-
Faroe Islands	●	-	●	-	-
Fiji	-	-	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Finland	●	●	●	●	-
France	●	●	●	●	-
French Guiana	●	●	●	●	-
French Polynesia	●	●	●	●	-
Gabon	●	●	-	-	-
Gambia	●	-	-	●	-
Georgia	●	○	-	●	-
Germany	●	●	●	●	-
Ghana	●	●	-	●	-
Gibraltar	●	-	-	-	-
Greece	●	●	●	●	-
Grenada	●	-	-	-	-
Guadeloupe	●	●	●	●	-
Guam	●	●	●	●	-
Guatemala	●	●	●	●	-
Guinea	●	○	-	-	-
Guinea-Bissau	●	●	-	-	-
Guyana	-	-	●	-	-
Haiti	●	-	●	-	-
Honduras	●	-	-	-	-
Hungary	●	○	●	○	-
Iceland	●	-	-	-	-
India	●	●	●	●	-
Indonesia	●	●	-	●	-
Iran (Islamic Republic of)	●	●	●*	●	-
Iraq	●	●	-	●	-
Ireland	●	●	●	●	-
Israel	●	●	●	●	-
Italy	●	●	●	●	-
Jamaica	●	-	-	-	-
Japan	●	●	●	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Jordan	●	●	●	●	-
Kazakhstan	●	○	-	●	-
Kenya	●	●	-	●	-
Kosovo[1]	●	○	-	○	-
Kuwait	●	●	-	●	-
Kyrgyzstan	●	●	-	-	-
Lao People's Democratic Republic	●	-	-	●	-
Latvia	●	●	●	○	-
Lebanon	●	-	-	●	-
Lesotho	-	●	-	●*	-
Liberia	●	-	-	-	-
Libya	●	●	-	-	-
Liechtenstein	●	-	-	-	-
Lithuania	●	●	●	○	-
Luxembourg	●	●	●	●	-
Madagascar	-	●	-	-	-
Malawi	●	●	-	●	-
Malaysia	●	●	-	●	-
Maldives	●	-	-	●	-
Malta	●	○	●	○	-
Martinique	●	●	●	●	-
Mauritania	●	●	-	●	-
Mauritius	●	●	-	●	-
Mayotte	●	●	-	-	-
Mexico	●	●	●	●	-
Monaco	●	●	-	●	-
Mongolia	●	-	-	●	-
Montenegro	●	-	-	-	-
Montserrat	●	-	-	-	-
Morocco	●	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Mozambique	●	●	-	●	-
Myanmar	●	-	-	●	-
Namibia	●	●	-	●	-
Nepal	●	-	-	●	-
Netherlands	●	●	●	●	-
New Caledonia	●	-	-	-	-
New Zealand	●	●	○	○	-
Niger	●	-	-	-	-
Nigeria	●	●	-	●	-
North Macedonia	●	●	-	○	-
Norway	●	●	●	●	-
Occupied Palestinian Territory	●	●	-	●	-
Oman	●	●	-	●	-
Pakistan	●	●	●	●	-
Panama	●	●	●	●	●
Papua New Guinea	-	-	-	●	-
Paraguay	●	-	●	●	-
Peru	●	-	●	●	-
Philippines	●	●	●	●	-
Poland	●	○	●	●	-
Portugal	●	●	●	●	-
Puerto Rico	●	●	●	●	-
Qatar	●	●	-	●	-
Republic of Korea	●	●	●	●	-
Republic of Moldova	●	-	-	●	-
Romania	●	●	●	●	-
Russian Federation	●	●	○	●	-
Rwanda	●	●	-	●	-
Réunion	●	●	●	○	-
Saba	-	-	-	●	-
Saint Barthélemy	●	-	-	-	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Saint Lucia	●	-	-	●*	-
Saint Martin	●	●	-	-	-
Sao Tome and Principe	○	-	-	-	-
Saudi Arabia	●	●	-	●	-
Senegal	●	●	-	●	-
Serbia	●	-	-	●	-
Seychelles	●*	●	-	●*	-
Sierra Leone	-	-	-	○	-
Singapore	●	●	●	●	-
Sint Maarten	●	●	-	●	-
Slovakia	●	●	-	●	-
Slovenia	●	●	●	●	-
Somalia	●	●	-	-	-
South Africa	●	●	○	●	-
South Sudan	●	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Spain	●	●	●	●	-
Sri Lanka	●	●	-	●	-
Sudan	●	●	-	-	-
Suriname	●	●	●	●	-
Sweden	●	●	●	●	-
Switzerland	●	●	●	●	-
Thailand	●	●	●	●	-
Timor-Leste	●	-	-	●	-
Togo	●	●	-	-	-
Trinidad and Tobago	●	-	●	●*	-
Tunisia	●	●	-	●	-
Turkey	●	●	●	●	-
Turks and Caicos Islands	●	-	●	-	-
Uganda	●	●	-	●	-
Ukraine	●	○	-	○	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
United Arab Emirates	●	●	●	●	-
United Kingdom	●	●	●	●	-
United Republic of Tanzania	-	●	-	-	-
United States Virgin Islands	●	●	-	●	-
United States of America	●	●	●	●	-
Uruguay	●	●	●	●	-
Uzbekistan	●	●	-	○	-
Venezuela (Bolivarian Republic of)	●	-	●	●	-
Viet Nam	●	●	-	●	-
Wallis and Futuna	●	-	-	-	-
Yemen	●*	●*	-	-	-
Zambia	●	●	-	●	-
Zimbabwe	-	●	-	●	-

*Newly reported in this update.

“Unspecified B.1.617” reflects countries/territories/areas reporting detection of B.1.617 without further specification of lineage at this time. These will be reallocated as further details become available.

“●” indicates that information for this variant was received by WHO from official sources.

“○” indicates that information for this variant was received by WHO from unofficial sources and will be reviewed as more information become available.

** Gamma was excluded for Bangladesh this week based on further information.

***Includes countries/territories/areas reporting the detection of VOCs among travelers (e.g., imported cases detected at points of entry), or local cases (detected in the community). Excludes countries, territories, and areas that have never reported the detection of a variant of concern

See also [Annex 2: Data, table and figure notes](#).

Annex 2. 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.

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

^[2] On 20 July, [Ecuador Ministry of Public Health \(MSP\)](#) revised their process of reporting on deaths. The country has now started reporting probable deaths and deaths in other facilities, as well as confirmed deaths, as part of their cumulative death count. Due to this change in reporting, an artificial inflation in last week's deaths in the Region has been observed. Thus, the decline in deaths observed this week should be interpreted carefully.

Technical guidance and other resources

- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [OpenWHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [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
- Recommendations and advice for the public:
 - [Protect yourself](#)
 - [Questions and answers](#)
 - [Travel advice](#)
- [EPI-WIN: tailored information for individuals, organizations and communities](#)