

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 17 January 2021, 10 am CET

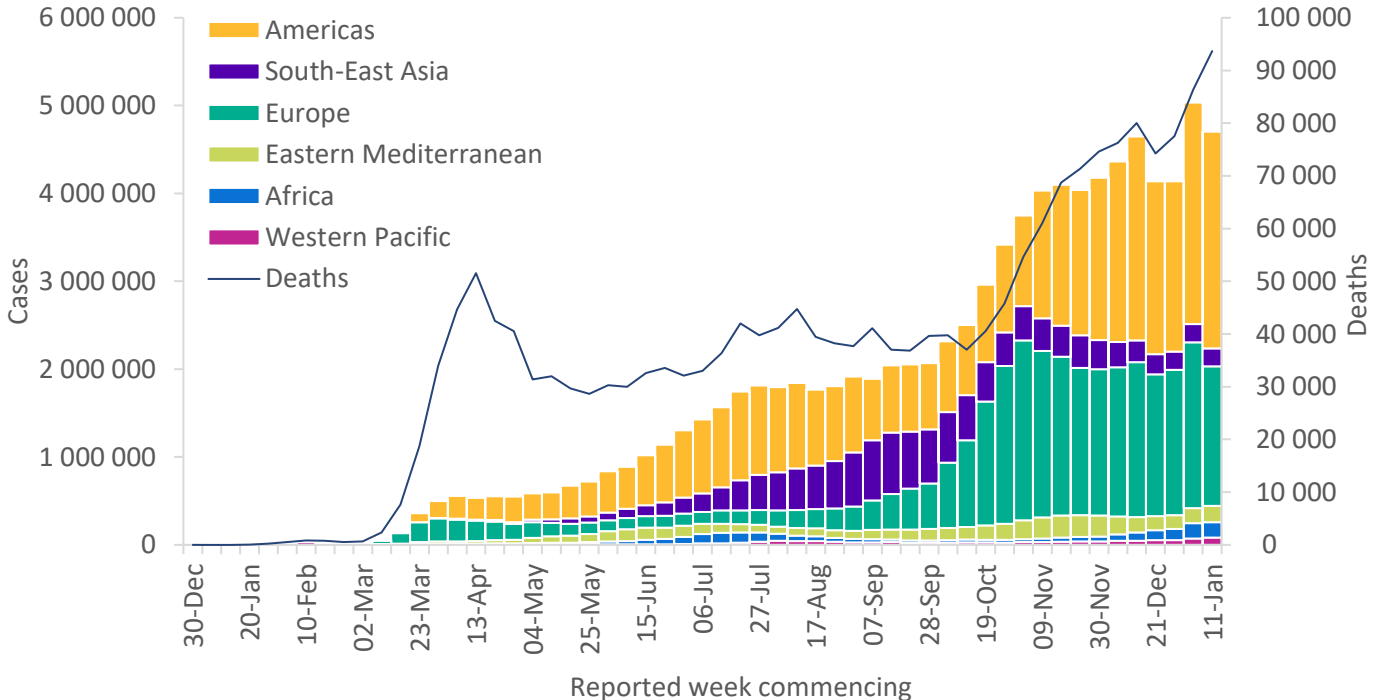
For the latest data and information on COVID-19, please see:

- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update](#)

Global epidemiological situation

Globally, 4.7 million new cases were reported in the past week, a decline of 6% from last week (Figure 1). At the same time, the number of new deaths has climbed to a record high at 93 000, a 9% increase from last week. Over 2 million people have now lost their lives to COVID-19. The Americas, Europe, and South-East Asia regions showed declines in new cases, with Europe showing a 15% decline and the Americas and South-East Asia regions showing more moderate declines of 2% and 1% respectively (Table 1). On the other hand, the Eastern Mediterranean, African, and Western Pacific regions reported increases in new cases, with the Western Pacific showing the largest increase (14%). All regions reported increases in new deaths; case incidence continues to be one of the primary drivers of mortality – where increases in the number of COVID-19 related hospitalizations and deaths follow large numbers of cases after a short time lag.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 17 January 2021**



In the past week, the five countries reporting the highest number of cases were the United States of America (1 583 237 cases, an 11% decrease), Brazil (379 784 cases, a 21% increase), the United Kingdom of Great Britain and Northern Ireland (339 952 cases, a 19% decrease), the Russian Federation (166 255 cases, 1% increase) and France (125 279 cases, a 2% increase).

In this edition of the COVID-19 Weekly Epidemiological Update, special focus updates are provided on:

- [Children, COVID-19, and transmission in schools](#)

Note - Special Focus on Children, COVID-19, and transmission in schools: this section has been updated based on additional information received.

- [SARS-CoV-2 variants of concern](#)
- Additional Region-specific information: [African Region](#), [Region of the Americas](#), [Eastern Mediterranean Region](#), [European Region](#), [South-East Asia Region](#), and [Western Pacific Region](#)
- [Key Weekly Updates](#)

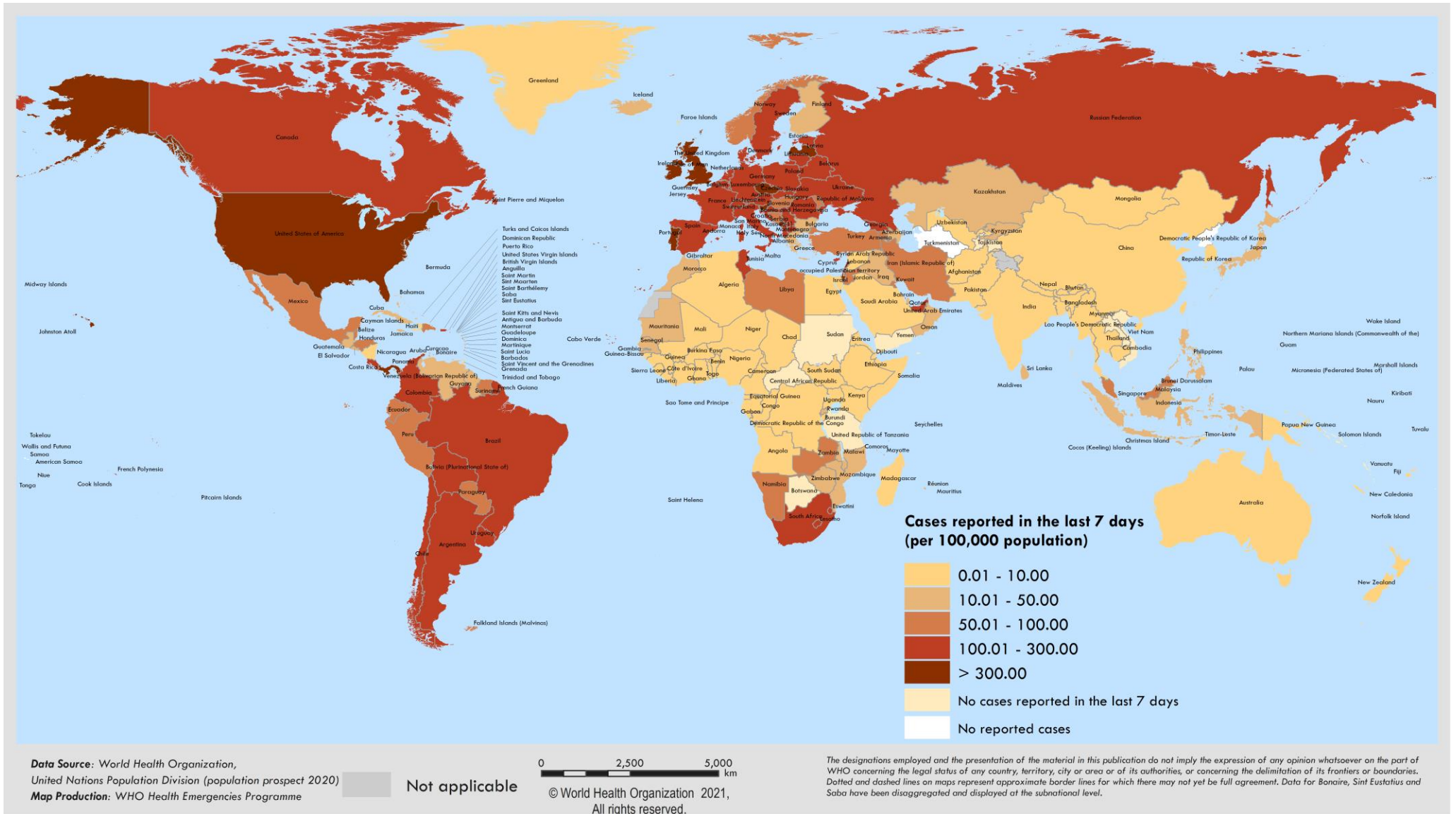
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 17 January 2021**

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	2 467 817 (52%)	-2%	41 329 493 (44%)	43 804 (47%)	15%	954 545 (47%)
Europe	1 610 353 (34%)	-15%	30 509 880 (33%)	37 698 (40%)	2%	666 237 (33%)
South-East Asia	204 654 (4%)	-1%	12 462 338 (13%)	3 410 (4%)	4%	191 196 (9%)
Eastern Mediterranean	183 178 (4%)	7%	5 335 273 (6%)	2 846 (3%)	2%	127 817 (6%)
Africa	177 252 (4%)	1%	2 313 130 (2%)	5 000 (5%)	16%	52 905 (3%)
Western Pacific	81 775 (2%)	14%	1 266 428 (1%)	1 124 (1%)	35%	22 244 (1%)
Global	4 725 029 (100%)	-6%	93 217 287 (100%)	93 882 (100%)	9%	2 014 957 (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%.

**For all figures included in this report please see [data, table and figure notes](#)

Figure 2. COVID-19 cases per 100 000 population reported in the last seven days by countries, territories and areas, 11 January through 17 January 2021**



**See data, table and figure notes

Special Focus: Children, COVID-19, and transmission in schools

One of the most concerning questions has been the extent to which COVID-19 affects children and adolescents and the role of schools in community transmission. As WHO Director-General Dr Tedros said in a press conference, “understanding how COVID-19 affects children has been a priority issue. We all want to see children back at school and we all want to make sure schools are the safe and supportive learning environments they should be.”¹ Research is ongoing into the factors that may put children and adolescents at risk, long-term health effects in those who have been infected, and importantly the impact of new variants of SARS-CoV-2. Here we present a number of research findings learned in 2020.

- Of all COVID-19 cases reported by countries, children and adolescents under 18 have represented around 8% of cases in 2020, despite comprising 29% of the global population. This may be due to the under reporting of mild and asymptomatic infections, which are more likely among children and adolescents.
- Children are also much less likely than adults to be hospitalized or have fatal outcomes.² Approximately 0.2% of deaths were reported in people under the age of 20 years.³
- Evidence suggests that adolescents appear to transmit the virus as often as adults, whereas children under 10 years seem to be less susceptible and less infectious than older children and adolescents⁴. This is supported by the higher frequency of outbreaks reported in secondary/high schools compared to in primary/elementary schools⁵
- Large-scale community-based studies in the UK have showed higher levels of acute infection among adolescents and young adults compared to other age groups, further supporting differences in transmission patterns and susceptibility between primary and secondary-school aged children^{6,7}.
- A study⁸ in Norway from August to November 2020 found low levels of child-to-child and child-to-adult transmission in primary schools (children aged 5-13 years) that had infection prevention and control measures in place. Viral load studies suggest that children with symptoms carry as much virus in the nose, mouth and throat as adults, but for shorter periods with peak respiratory viral load early after symptom onset, followed by a rapid decline after the first week of illness.
- National surveillance data from the United Kingdom found that school staff are at lower risk of infection in school settings when compared to the general adult population. Another study among 57 000 caregivers at childcare facilities in the United States of America, found that there was no increased risk of infection for the caregivers.⁹
- Several studies and reviews have shown that school re-openings have not been associated with significant increases in community transmission.^{10,11,12,13} The return to school of many children in mid-August, following periods of lower community transmission in many countries, does not appear to have contributed toward the

¹ World Health Organization, 2020 (https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-15sep2020.pdf?sfvrsn=580fa5f0_2)

² European centre for disease control, 2020 (<https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>)

³ World Health Organization, 2020 (https://www.who.int/docs/default-source/coronaviruse/transcripts/who-audio-emergencies-coronavirus-press-conference-15sep2020.pdf?sfvrsn=580fa5f0_2)

⁴ Goldstein, et al., 2020 (<https://www.medrxiv.org/content/10.1101/2020.07.19.20157362v2>)

⁵ European centre for disease control, 2020 (<https://www.ecdc.europa.eu/en/publications-data/children-and-school-settings-covid-19-transmission>)

⁶ Riley et al, 2020 (<https://www.medrxiv.org/content/10.1101/2020.10.30.20223123v1>)

⁷ United Kingdom government, 2020

(<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey/pilot/13november2020>)

⁸ Brandal, et al., 2021 (<https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2020.26.1.2002011>)

⁹ Gilliam et al., 2020 (<https://pediatrics.aappublications.org/content/early/2020/10/16/peds.2020-031971>)

¹⁰ Von Bismarck-Osten, et al., 2020 (https://www.cream-migration.org/publ_uploads/CDP_22_20.pdf)

¹¹ European centre for disease control, 2020 (<https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-schools-transmission-August%202020.pdf>)

¹² Ludvigsson, 2020 (<https://pubmed.ncbi.nlm.nih.gov/32202343/>)

¹³ Yoon et al., 2020 (<https://www.medrxiv.org/content/10.1101/2020.08.03.20165589v1>)

risers seen in October. A United Kingdom government report¹⁴ found that when schools reopened in England and Wales in the summer, the infection rates among students did not increase over the existing population rate. A study in the Republic of Korea¹² found that there was not an increase in COVID-19 cases in the two months following the resumption of classes in May, and that in most COVID-19 cases in children, the infection had been acquired from family members outside of school.

- Following the detection of new SARS-CoV-2 variants of concern (VOC), further investigations are underway to fully assess each variant and potential impacts on COVID-19 age and sex distributions. Investigations in the United Kingdom suggest that the age and sex profile of VOC 202012/01 cases are similar to other SARS-CoV-2 viruses.¹⁵
- Impacts of school closures on children and adolescents:
 - The longer vulnerable children are out of school, the less likely they are to return.
 - Children from the poorest households are almost five times more likely to be out of primary school than those from the richest. Being out of school increases the risk of teenage pregnancy, sexual exploitation, child marriage, violence and other threats.¹⁶
 - Prolonged closures disrupt essential school-based services such as immunization, school feeding, and mental health and psychosocial support, and disrupt the important roles school play in child protection.¹⁷
 - Closures also cause stress and anxiety due to the loss of peer interaction and disrupted routines. These negative impacts are significantly higher for vulnerable children, such as those living in countries affected by conflict and other protracted crises, migrants, refugees and the forcibly displaced, minorities, children living with disabilities, and children in institutions.¹⁸
 - School closures affect children negatively in many ways besides their education, including equity, child health (both physical and mental health) and development and can affect the ability of parents to work, introducing other risks.^{19,20}

Audrey Azoulay, UNESCO Director-General, has warned that “The longer schools remain closed, the more damaging the consequences, especially for children from more disadvantaged backgrounds ... therefore, supporting safe schools must be a priority for us all”.²¹ Henrietta Fore, the United Nations Children’s Fund (UNICEF) Executive Director stated, “As we enter the second year of the COVID-19 pandemic, and as cases continue to soar around the world, no effort should be spared to keep schools open or prioritize them in reopening plans....closing schools must be a measure of last resort, after all other options have been considered.”²²

Based on available information, a number of preliminary conclusions and recommendations have been made:

- Transmission occurring in communities can be reflected in school settings: when community transmission is low and when appropriate mitigation measures are applied, schools are unlikely to be the main drivers of COVID-19

¹⁴ United Kingdom Scientific Advisory Group for Emergencies (SAGE), 2020

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/935125/tfc-covid-19-children-transmission-s0860-041120.pdf)

¹⁵ Public Health England, 2021

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/952490/Variant_of_Concern_VOC_202012_01_Technical_Briefing_4_England.pdf)

¹⁶ United Nations Children’s Fund (UNICEF), 2020 (<https://www.unicef.org/media/67506/file/TechnicalNote-COVID-19-and-HarmfulPractices-April%202020.pdf>)

¹⁷ Viner R et al., Impacts of school closures on physical and mental health of children and young people: a systematic review, Pre-print 20 January 2021, submitted to JAMA Pediatrics

¹⁸ United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Children’s Fund (UNICEF), World Food Programme, World Bank & United Nations High Commissioner for Refugees. Framework for Reopening Schools, June 2020 (<https://www.unicef.org/sites/default/files/2020-06/Framework-for-reopening-schools-2020.pdf>)

¹⁹ United Nations, 2020 (https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf)

²⁰ Public Health Ontario, 2020, (<https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/06/covid-19-negative-impacts-public-health-pandemic-families.pdf>)

²¹ United Nations, 2020 (<https://news.un.org/en/story/2020/09/1072472>)

²² United Nations Children’s Fund (UNICEF), 2021 (<https://www.unicef.org/press-releases/children-cannot-afford-another-year-school-disruption>)

transmission. However, where there is community transmission and/or the number of new cases is rising, schools, and particularly secondary schools, may play a substantial role in community transmission. As such, WHO continues to advise a comprehensive approach to reduce transmission, including early detection and isolation of cases as well as contact tracing and supported quarantine, along with other risk mitigation public health measures to reduce exposure and spread.

- WHO and partners have issued guidance on the safe operation of schools during the COVID-19 pandemic (see key resources below). Schools should have outbreak prevention and management plans ready, including control measures to protect staff and individuals at high risk. Measures include the need for adequate ventilation, hygiene practices (such as hand cleaning, cleaning of surfaces and items), mask use (12 years and older should wear a mask under the same conditions as adults and teacher and support staff should wear masks when they cannot guarantee at least a 1-metre distance from others where there is widespread transmission in the area), physical distancing (such as by limiting the number of students per class, alternating shifts, limiting mixing of classes), and frequent communication with parents, students, teachers and staff (such as asking parents to report any cases of COVID-19 in the household, posting signs in visible locations).
- Strong infection prevention and control measures are necessary in all schools and may need to be applied differently based on the age of the students (e.g. secondary/high schools and older students compared to primary/elementary schools and younger students). In particular, all students should be reminded to limit their risk of exposure outside educational settings by avoiding high risk environments, including crowded, close-contact and poorly ventilated spaces.
- School teachers and staff need to remain vigilant to prevent exposure outside the school, where they can be infected.
- Where a student or staff tests positive for SARS-CoV-2, appropriate actions must be taken, including notifying health officials, staff and families, cooperating closely with local health authorities, quarantine, identifying and notifying close contacts and advising them to stay home for 14 days, and disinfecting school areas.
- Considerations to decide to close, partially close or reopen schools should be guided by a risk-based approach to maximize the educational and health benefit for students, teachers, staff, and the wider community, and help prevent transmission of SARS-CoV-2 in the community. School closure should be implemented as a last resort, be temporary and only at a local level in areas with intense transmission.
- Where schools are fully or partially closed, opportunities for remote learning should be instituted, school-based health services, immunization, meals and support services should be maintained, and opportunities for psychosocial and mental health support enhanced.
- The time during which schools are physically closed should be used to put in place measures to prevent and respond to transmission when schools reopen.
- Health and education authorities should continue to monitor guidance based on new information and research, particularly with respect to the appearance of new and possibly more transmissible variants of SARS-CoV-2.

WHO thanks the participation of UNICEF in this special focus.

Key Resources:

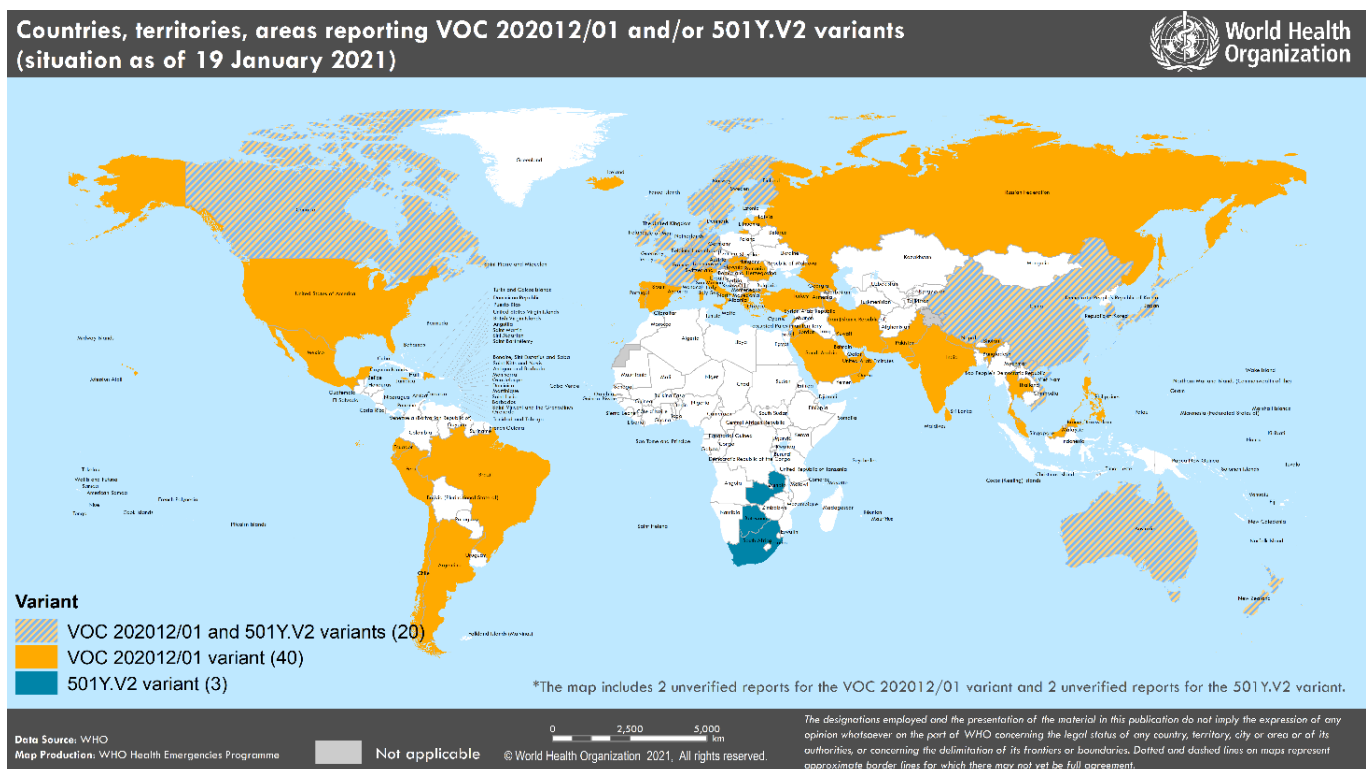
- [Coronavirus disease \(COVID-19\): Schools](#)
- [Checklist to support schools re-opening and preparation for COVID-19 resurgences or similar public health crises](#)
- [Considerations for implementing and adjusting public health and social measures in the context of COVID-19](#)
- [What we know about COVID-19 transmission in schools](#)
- [Framework for reopening schools](#)
- [Advice on the use of masks for children in the community in the context of COVID-19](#)
- [Coronavirus disease \(COVID-19\): Ventilation and air conditioning in public spaces and buildings](#)
- [Contact tracing in the context of COVID-19](#)
- [Criteria for releasing COVID-19 patients from isolation](#)
- [In-person schooling and COVID-19 transmission: a review of the evidence](#)
- [COVID-19 in children and the role of school settings in transmission - first update](#)

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

WHO, in collaboration with national authorities, institutions and researchers, is closely monitoring the public health events associated with SARS-CoV-2 variants and will continue providing updates as new information becomes available. This includes routine assessment of SARS-CoV-2 variants to establish if they have altered transmissibility, clinical presentation and severity, or if they may respond differently to countermeasures, including diagnostics, therapeutics and vaccines. Further information on the background of variants of concern (VOC) is available in [Disease Outbreak News](#) and the Weekly Epidemiological Updates published on [5 January 2021](#) and [11 January 2021](#).

Since the last update on 12 January, VOC 202012/01 has been detected in 10 additional countries, territories and areas (hereafter countries). To date, 60 countries across all six WHO regions have reported either imported cases or community transmission of this variant (Figure 3). Several reports of ongoing [studies evaluating transmission and severity have been made available by Public Health England](#). Concurrently, variant 501Y.V2 has been reported from three additional countries – now totaling 23 countries across four of the six WHO regions.

Figure 3. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01 and SARS-CoV-2 501Y.V2 variant as of 19 January 2021



Since our last update, a new variant (named the P.1 variant) has been reported from Brazil (Manaus, Amazonas State), which belongs to Nextstrain clade 20B, GISAID clade GR, and Pangolin lineage B.1.1.28. This variant includes mutations N501Y, E484K, K417T, and deletion in ORF1b (del11288-11296) in the spike protein. In addition to the P.1 variant, another variant within the lineage B.1.1.28 with the E484K mutation (but none of the other mutations) has been reported from Brazil. There is currently little available information to assess if there are changes in transmissibility or severity as a result of these new variants; however, given similar amino acid changes observed in VOC 202012/01 and 501Y.V2, which have shown increased transmissibility and potential impacts on antibody neutralization, further investigations are needed and are underway.

On 14 January, WHO Director-General convened the sixth meeting of the [Emergency Committee on COVID-19](#), which included discussions on the impact of the emerging variants of SARS-CoV-2 and additional travel restrictions that many countries are imposing. The WHO secretariat presented a Risk Monitoring Framework to identify, monitor and assess SARS-CoV-2 mutations, variants of interest and variants of concern. The Emergency Committee supported the [call for a global effort](#) to sequence and share data to monitor the virus evolution and collaborate scientifically to increase global understanding of variants and their effects on vaccine, therapeutics and diagnostic efficacy. The Committee advised WHO to develop a standardized nomenclature and definitions of SARS-CoV-2 virus variants that are geographically neutral, an area WHO has already begun work in.

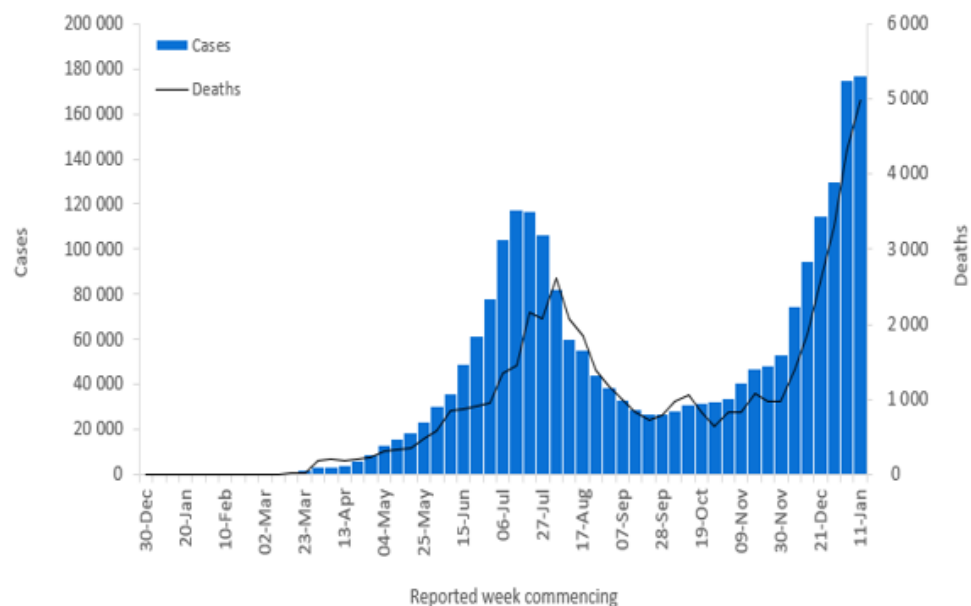
On 12 January and 15 January, WHO convened two global virtual meetings of scientific experts and partners, to identify and discuss critical knowledge gaps and research priorities for [emerging variants of SARS-CoV-2](#), and [vaccines developed for SARS-CoV-2](#). The participants of both meetings emphasized the importance of coordinated research to detect and understand early the potential impact of emerging variants on diagnostics, treatments, the efficacy of vaccines, the impact of vaccines on transmission of infection, and the need to develop the next generation of vaccine platforms. WHO will work to ensure that critical research is coordinated across all partners. The meeting concluded with agreement to establish a WHO-hosted platform for global sharing and coordination of emerging vaccine research information on efficacy and safety. The forum would enable scientists to share and discuss unpublished and published data and research protocols to further our collective understanding of SARS-CoV-2 vaccines.

Situation by WHO Region

African Region

In the past week, the African Region reported over 177 000 cases and 5000 deaths, a 1% increase in cases and 16% increase in deaths compared to the previous week. Cases in the Region continue to increase since mid-September 2020; however, the increase this week has been slight when compared to steeper increases in recent months. The highest numbers of new cases were reported in South Africa (111 483 new cases; 188 new cases per 100 000 population; a 11% decrease), Nigeria (11 465 new cases; 5.6 new cases per 100 000; a 38% increase) and Zambia (9507 new cases; 51.7 new cases per 100 000; a 78% increase).

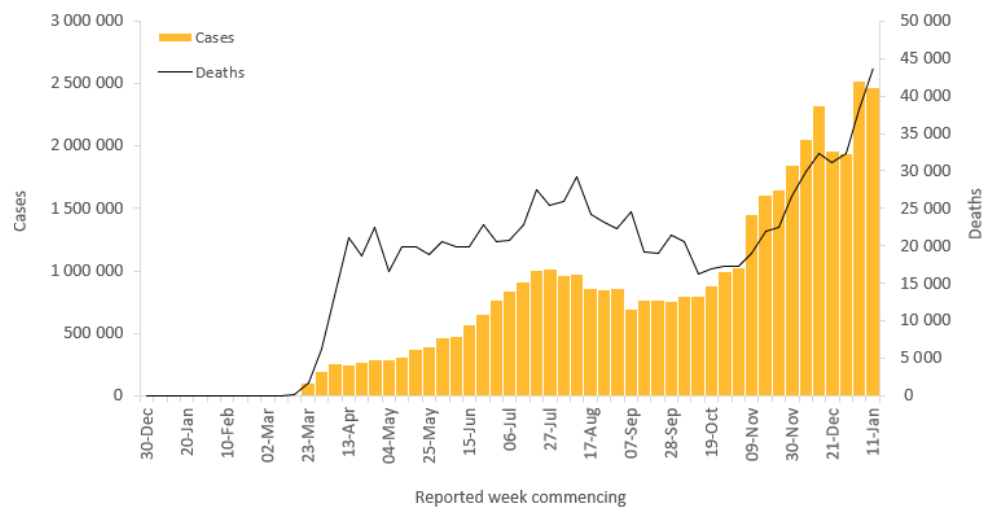
The countries reporting the highest number of new deaths in the past week were South Africa (4027 new deaths; 6.8 new deaths per 100 000; a 10% increase), Zimbabwe (200 new deaths; 1.3 new deaths per 100 000; an 89% increase) and Malawi (80 new deaths; 0.4 new deaths per 100 000; a 186% increase).



Region of the Americas

Over 2.4 million new cases and over 43 000 new deaths were reported in the Region of the Americas this week, a decrease of 2% and an increase of 15% respectively compared to the previous week. For the past four weeks, the highest numbers of new cases continue to be reported from the United States of America (1 583 237 new cases; 478.3 new cases per 100 000 population; a 11% decrease), Brazil (379 784 new cases; 178.7 new cases per 100 000; a 21% increase) and Colombia (114 611 new cases; 225.2 new cases per 100 000; a 14% increase).

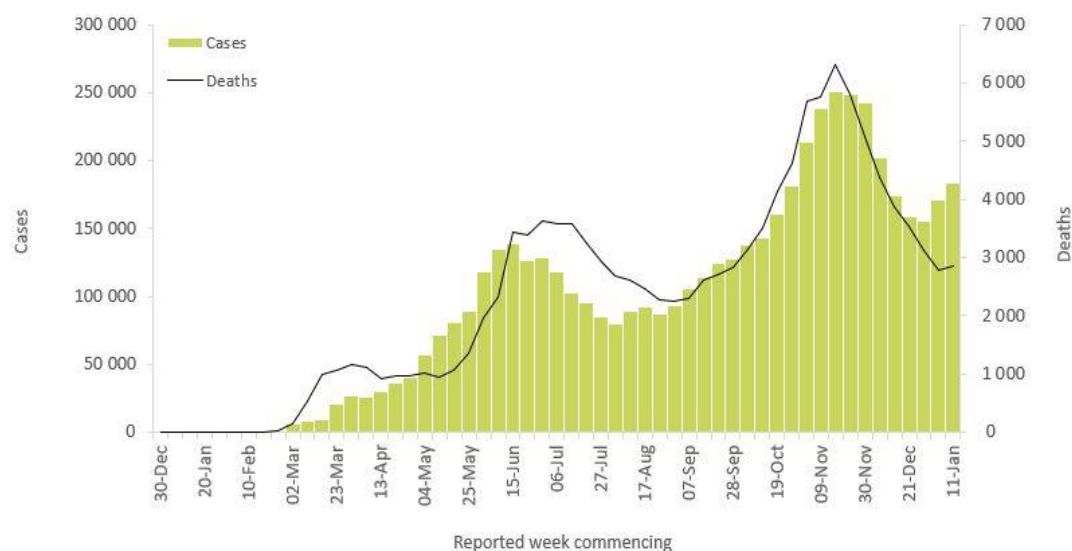
The highest numbers of deaths were reported from the United States of America (23 198 new deaths; 7.0 new deaths per 100 000; a 12% increase), Mexico (6953 new deaths; 5.4 new deaths per 100 000; a 25% increase) and Brazil (6786 new deaths; 3.2 new deaths per 100 000; a 12% increase).



Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 183 000 new cases, an increase of 7% compared to last week. The region reported 2846 new deaths, an increase of 2% after a sustained decrease in deaths from 23 November 2020 through the week of 11 January 2021. The three countries reporting the highest numbers of new cases continue to be Iran (43 957 new cases, 52.3 new cases per 100 000 population, a 2% increase), Lebanon (33 605 new cases, 492.3 new cases per 100 000, 15% increase) and United Arab Emirates (22 106 new cases, 223.5 new cases per 100 000, 38 % increase). These three countries accounted for almost half (54%) of the new weekly cases in the Region.

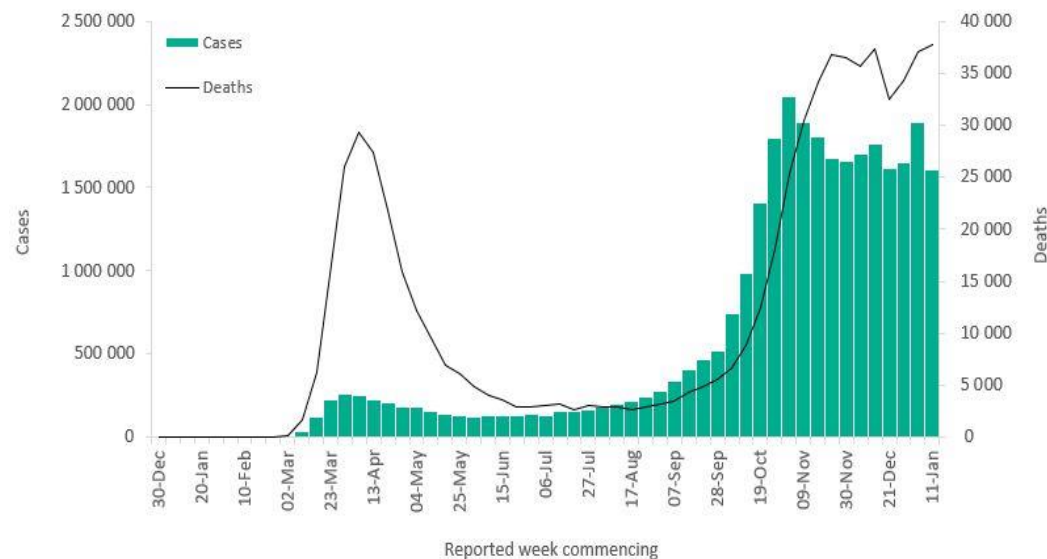
The highest numbers of new deaths were reported in Iran (617 new deaths, 0.7 new death per 100 000 population, 7% decrease) followed by Tunisia (463 new deaths, 3.9 new death per 100 000, 19% increase) and Egypt (385 new deaths, 0.4 new death per 100 000, a 4 % decrease). These countries accounted for almost 52% of deaths reported in the Region.



European Region

The European Region continues to report a substantial number of cases with over 1.6 million new cases and over 37 000 new deaths, a decrease of 15% and an increase of 2% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were the United Kingdom (339 952 new cases; 500.8 new cases per 100 000, 19% decrease), the Russian Federation (166 255 new cases, 113.9 new cases per 100 000, 1% increase) and France (125 279 new cases, 191.9 new cases per 100 000, 2% increase). These three countries accounted for almost 40% of all cases reported in the region with the United Kingdom accounting for 21% of all new cases.

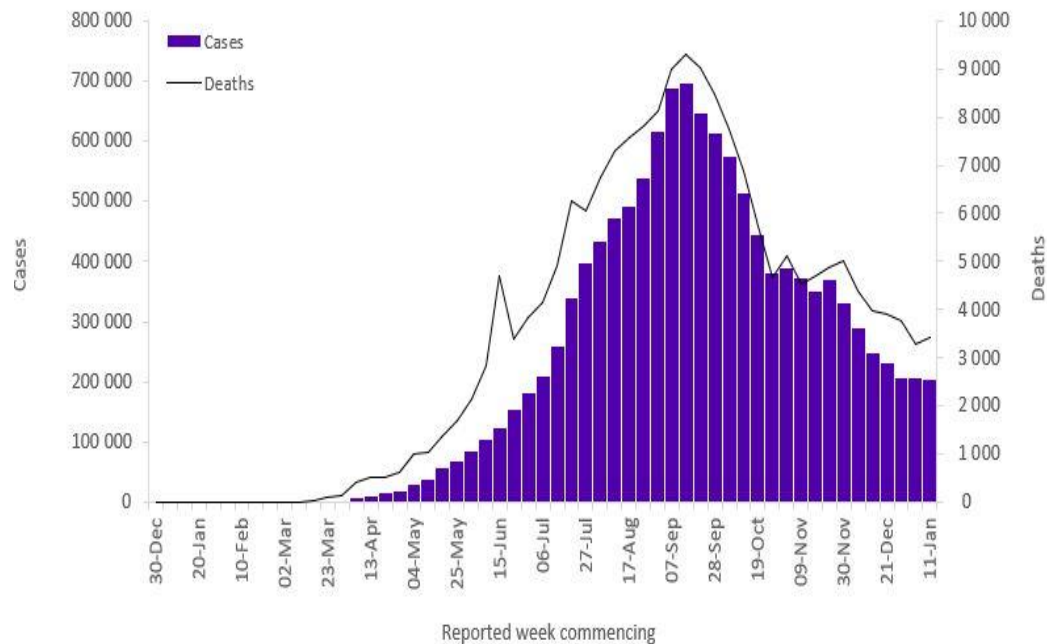
The highest numbers of deaths were reported from the United Kingdom (7722 new deaths; 11.4 new deaths per 100 000, 23% increase), Germany (6076 new deaths; 7.3 new deaths per 100 000, similar to the previous week) and the Russian Federation (3729 new deaths; 2.6 new deaths per 100 000, a 12% increase).



South-East Asia Region

The South-East Asia Region continues to report falling numbers of new cases and deaths, a decline observed since September 2020. Just over 200 000 new cases and over 3400 new deaths were reported in the past week, a 1% decrease and 4% increase respectively, compared to the previous week. The three countries reporting the highest numbers of new cases and new deaths were India (107 701 new cases; 7.8 new cases per 100 000, a 15% decrease), Indonesia (78 256 new cases; 28.6 new cases per 100 000; a 31% increase) and Bangladesh (5681 new cases; 3.4 new cases per 100 000; an 8% decrease).

The three countries reporting the highest numbers of new deaths this week were India (1275 new deaths; 0.1 new death per 100 000, a 18% decrease), Indonesia (1820 new deaths; 0.7 new death per 100 000, a 31% decrease) and Bangladesh (127 new deaths; 0.1 new death per 100 000; a 19% decrease).



Western Pacific Region

The Western Pacific Region reported an increase in the number of new cases by 14% (over 81 000) and new deaths by 35% (over 1100) in the past week compared to the previous week. The upward trend in new weekly cases and deaths has continued since October 2020. The three countries reporting the highest numbers of new cases this week were Japan (41 521 new cases; 32.8 new cases per 100 000, a 4% increase), Malaysia (21 536 new cases; 66.5 new cases per 100 000, a 33% increase) and the Philippines (12 894 new cases; 11.8 new cases per 100 000, a 45% increase).

The three countries reporting the highest numbers of new deaths this week were the Philippines (486 new deaths; 0.4 new deaths per 100 000, a 235% increase), Japan (450 new deaths; 0.4 new deaths per 100 000, similar to previous week) and the Republic of Korea (124 new deaths; 0.2 new deaths per 100 000, a 24% decrease).

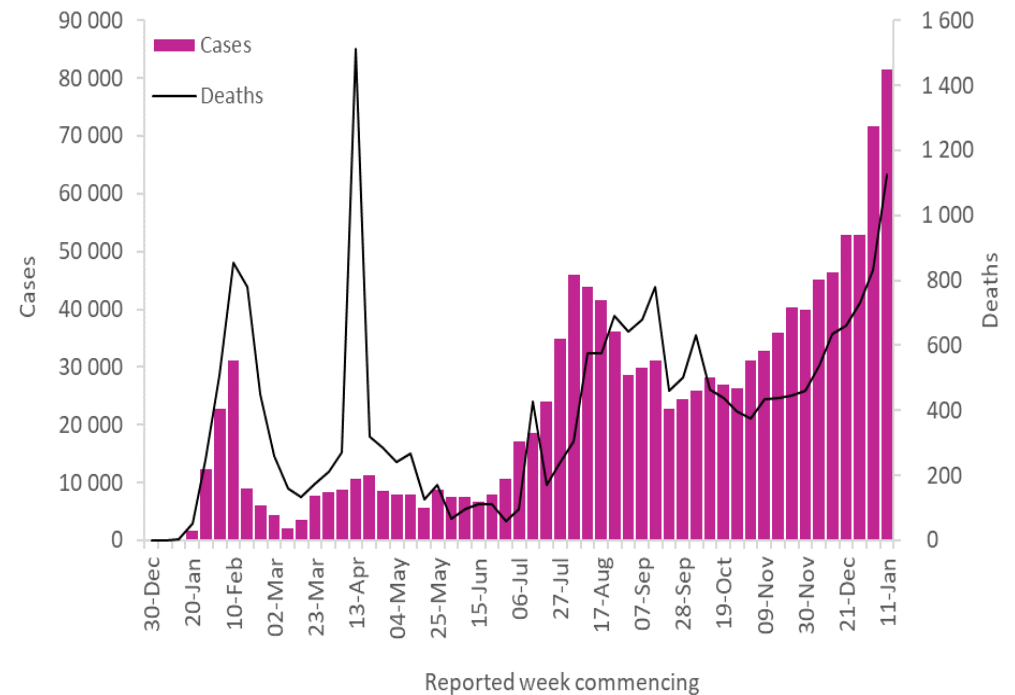


Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 17 January 2021**

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	177 252	2 313 130	206.2	5 000	52 905	4.7	
South Africa	111 483	1 325 659	2 235.2	4 027	36 851	62.1	Community transmission
Nigeria	11 465	108 943	52.8	78	1 420	0.7	Community transmission
Zambia	9 507	36 074	196.2	68	532	2.9	Community transmission
Zimbabwe	6 382	26 881	180.9	200	683	4.6	Community transmission
Mozambique	4 501	25 862	82.7	47	234	0.7	Community transmission
Lesotho	3 794	6 371	297.4	47	97	4.5	Community transmission
Malawi	3 479	11 785	61.6	80	300	1.6	Community transmission
Ethiopia	2 980	130 772	113.8	44	2 029	1.8	Community transmission
Namibia	2 475	30 198	1 188.5	29	280	11.0	Community transmission
Senegal	1 738	22 738	135.8	50	509	3.0	Community transmission
Algeria	1 698	103 611	236.3	28	2 831	6.5	Community transmission
Democratic Republic of the Congo	1 658	20 625	23.0	19	629	0.7	Community transmission
Côte d'Ivoire	1 602	24 856	94.2	3	141	0.5	Community transmission
Eswatini	1 556	12 736	1 097.8	69	360	31.0	Community transmission
Rwanda	1 389	10 850	83.8	22	140	1.1	Clusters of cases
Ghana	1 209	56 981	183.4	5	341	1.1	Community transmission
Burkina Faso	1 134	9 000	43.1	12	101	0.5	Community transmission
Kenya	898	99 082	184.3	24	1 728	3.2	Community transmission
Niger	810	4 132	17.1	34	138	0.6	Community transmission
Mauritania	679	15 893	341.8	18	396	8.5	Community transmission
Cabo Verde	664	12 901	2 320.4	5	119	21.4	Community transmission
Angola	609	18 765	57.1	15	431	1.3	Community transmission
Congo	549	7 709	139.7	14	114	2.1	Community transmission
Uganda	531	38 085	83.3	3	304	0.7	Community transmission
Cameroon	488	27 336	103.0	3	451	1.7	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
Comoros	427	1 577	181.3	23	41	4.7	Community transmission
Chad	345	2 855	17.4	4	111	0.7	Community transmission
Togo	340	4 272	51.6	1	73	0.9	Community transmission
Eritrea	321	1 877	52.9	0	6	0.2	Sporadic cases
Mali	258	7 823	38.6	13	308	1.5	Community transmission
Burundi	250	1 236	10.4	0	2	0.0	Community transmission
Madagascar	234	18 001	65.0	5	267	1.0	Community transmission
Gabon	205	9 899	444.8	0	66	3.0	Community transmission
Guinea	194	14 098	107.3	0	81	0.6	Community transmission
Seychelles	187	689	700.6	0	1	1.0	Sporadic cases
Sierra Leone	167	2 970	37.2	0	77	1.0	Community transmission
Benin	109	3 413	28.2	2	46	0.4	Community transmission
Liberia	87	1 887	37.3	1	84	1.7	Community transmission
Sao Tome and Principe	76	1 130	515.6	0	17	7.8	Community transmission
Equatorial Guinea	67	5 356	381.8	0	86	6.1	Community transmission
South Sudan	53	3 693	33.0	0	63	0.6	Community transmission
Gambia	40	3 897	161.3	2	127	5.3	Community transmission
Guinea-Bissau	31	2 478	125.9	0	45	2.3	Community transmission
Mauritius	8	547	43.0	0	10	0.8	Clusters of cases
Botswana	0	16 051	682.5	0	48	2.0	Community transmission
Central African Republic	0	4 973	103.0	0	63	1.3	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territoriesⁱⁱⁱ							
Mayotte	379	6 611	2 423.3	2	58	21.3	Clusters of cases
Réunion	196	9 443	1 054.7	3	45	5.0	Clusters of cases
Americas	2 467 817	41 329 493	4 040.9	43 804	954 545	93.3	
United States of America	1 583 237	23 344 423	7 052.6	23 198	389 084	117.5	Community transmission
Brazil	379 784	8 393 492	3 948.8	6 786	208 246	98.0	Community transmission
Colombia	114 611	1 870 179	3 675.5	2 437	47 868	94.1	Community transmission
Mexico	101 804	1 609 735	1 248.5	6 953	139 022	107.8	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	79 695	1 783 047	3 945.2	954	45 227	100.1	Community transmission
Canada	51 359	695 707	1 843.3	1 022	17 729	47.0	Community transmission
Chile	27 751	665 493	3 481.3	398	17 435	91.2	Community transmission
Peru	26 552	1 056 023	3 202.8	509	38 654	117.2	Community transmission
Panama	20 555	293 592	6 804.4	326	4 689	108.7	Community transmission
Bolivia (Plurinational State of)	12 435	183 589	1 572.8	243	9 571	82.0	Community transmission
Dominican Republic	10 695	191 339	1 763.8	8	2 432	22.4	Community transmission
Ecuador	10 459	230 808	1 308.2	139	14 316	81.1	Community transmission
Paraguay	6 795	120 789	1 693.5	107	2 479	34.8	Community transmission
Uruguay	6 607	30 946	890.9	51	291	8.4	Community transmission
Costa Rica	6 573	184 187	3 615.7	111	2 416	47.4	Community transmission
Honduras	6 016	132 412	1 336.9	78	3 344	33.8	Community transmission
Guatemala	5 471	148 598	829.4	221	5 220	29.1	Community transmission
Cuba	3 313	17 501	154.5	18	166	1.5	Clusters of cases
Venezuela (Bolivarian Republic of)	3 189	118 856	418.0	39	1 095	3.9	Community transmission
El Salvador	1 583	50 157	773.3	71	1 479	22.8	Community transmission
Jamaica	641	14 096	476.0	12	323	10.9	Community transmission
Suriname	555	7 409	1 263.0	8	139	23.7	Clusters of cases
Haiti	540	10 781	94.5	3	240	2.1	Community transmission
Guyana	336	6 805	865.2	3	170	21.6	Clusters of cases
Belize	327	11 529	2 899.4	10	281	70.7	Community transmission
Saint Vincent and the Grenadines	246	450	405.6	1	1	0.9	Community transmission
Barbados	228	1 036	360.5	0	7	2.4	Clusters of cases
Saint Lucia	181	576	313.7	1	6	3.3	Sporadic cases
Trinidad and Tobago	124	7 343	524.7	3	130	9.3	Community transmission
Bahamas	55	8 032	2 042.5	0	175	44.5	Clusters of cases
Nicaragua	49	4 916	74.2	1	167	2.5	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
Antigua and Barbuda	18	187	191.0	1	6	6.1	Sporadic cases
Dominica	4	110	152.8	0	0	0.0	Clusters of cases
Grenada	4	139	123.5	0	1	0.9	Sporadic cases
Saint Kitts and Nevis	0	34	63.9	0	0	0.0	Sporadic cases
Territoriesⁱⁱⁱ							
Puerto Rico	3 893	86 523	3 024.4	87	1 703	59.5	Community transmission
French Guiana	862	14 975	5 013.7	1	75	25.1	Community transmission
Aruba	413	6 296	5 897.0	2	52	48.7	Community transmission
Guadeloupe	132	8 834	2 207.8	1	156	39.0	Community transmission
Turks and Caicos Islands	114	1 079	2 786.8	0	6	15.5	Clusters of cases
Martinique	110	6 227	1 659.4	0	43	11.5	Community transmission
United States Virgin Islands	109	2 252	2 156.6	0	24	23.0	Community transmission
Sint Maarten	98	1 629	3 798.8	0	27	63.0	Community transmission
Curaçao	93	4 498	2 741.1	1	19	11.6	Community transmission
Bonaire	75	329	1 573.0	0	3	14.3	Community transmission
Saint Martin	44	1 046	2 705.7	0	12	31.0	Community transmission
Saint Barthélemy	33	224	2 266.1	0	0	0.0	Sporadic cases
Bermuda	24	670	1 075.9	0	12	19.3	Clusters of cases
Cayman Islands	15	374	569.1	0	2	3.0	Sporadic cases
British Virgin Islands	7	121	400.2	0	1	3.3	Clusters of cases
Falkland Islands (Malvinas)	3	32	918.7	0	0	0.0	No cases
Anguilla	0	15	100.0	0	0	0.0	Sporadic cases
Montserrat	0	13	260.1	0	1	20.0	No cases
Saba	0	5	258.7	0	0	0.0	No cases
Saint Pierre and Miquelon	0	16	276.1	0	0	0.0	Sporadic cases
Sint Eustatius	0	19	605.3	0	0	0.0	Sporadic cases
Eastern Mediterranean	183 178	5 335 273	730.0	2 846	127 817	17.5	
Iran (Islamic Republic of)	43 957	1 324 395	1 576.8	617	56 717	67.5	Community transmission
Lebanon	33 605	249 158	3 650.4	276	1 866	27.3	Community transmission
United Arab Emirates	22 106	249 808	2 525.8	38	740	7.5	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
Tunisia	19 717	177 231	1 499.6	463	5 616	47.5	Community transmission
Pakistan	17 253	516 770	233.9	310	10 908	4.9	Community transmission
Jordan	7 598	313 557	3 073.1	128	4 137	40.5	Community transmission
Morocco	7 228	458 865	1 243.2	202	7 911	21.4	Clusters of cases
Egypt	6 708	155 507	152.0	385	8 527	8.3	Clusters of cases
Iraq	5 256	607 587	1 510.6	54	12 935	32.2	Community transmission
Libya	4 015	108 017	1 572.0	83	1 651	24.0	Community transmission
Kuwait	3 499	157 399	3 685.7	5	947	22.2	Community transmission
Bahrain	1 951	97 268	5 716.4	3	358	21.0	Clusters of cases
Qatar	1 417	147 089	5 105.4	0	246	8.5	Community transmission
Oman	1 194	131 264	2 570.5	4	1 509	29.5	Community transmission
Saudi Arabia	1 061	364 753	1 047.7	32	6 318	18.1	Sporadic cases
Syrian Arab Republic	668	12 942	74.0	56	824	4.7	Community transmission
Afghanistan	495	53 984	138.7	62	2 339	6.0	Clusters of cases
Djibouti	37	5 903	597.5	0	61	6.2	Clusters of cases
Somalia	18	4 744	29.8	0	130	0.8	Community transmission
Yemen	8	2 116	7.1	2	613	2.1	Sporadic cases
Sudan	0	26 279	59.9	0	1 603	3.7	Community transmission
Territoriesⁱⁱⁱ							
occupied Palestinian territory	5 387	170 637	3 344.9	126	1 861	36.5	Community transmission
Europe	1 610 353	30 509 880	3 268.6	37 698	666 237	71.4	
The United Kingdom	339 952	3 357 365	4 945.6	7 722	88 590	130.5	Community transmission
Russian Federation	166 255	3 568 209	2 445.1	3 729	65 566	44.9	Clusters of cases
France	125 279	2 846 971	4 361.6	2 536	69 753	106.9	Community transmission
Germany	124 991	2 033 518	2 427.1	6 076	46 419	55.4	Community transmission
Italy	110 867	2 368 733	3 917.7	3 406	81 800	135.3	Clusters of cases
Spain	93 971	2 211 967	4 731.0	500	53 079	113.5	Community transmission
Turkey	63 547	1 566 327	1 857.2	1 201	23 832	28.3	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
Portugal	63 229	539 416	5 290.1	1 008	8 709	85.4	Clusters of cases
Israel	58 248	539 731	6 235.7	289	3 940	45.5	Community transmission
Czechia	57 994	889 159	8 302.9	1 223	14 338	133.9	Community transmission
Poland	50 060	1 435 582	3 793.2	2 166	33 355	88.1	Community transmission
Ukraine	45 656	1 160 682	2 654.0	1 035	20 802	47.6	Community transmission
Netherlands	41 090	906 932	5 292.9	661	12 963	75.7	Community transmission
Ireland	29 053	169 780	3 438.4	259	2 595	52.6	Community transmission
Sweden	28 362	523 486	5 183.4	129	10 323	102.2	Community transmission
Romania	23 286	691 488	3 594.4	572	17 164	89.2	Community transmission
Slovakia	15 116	223 325	4 090.5	556	3 474	63.6	Clusters of cases
Switzerland	15 020	492 787	5 693.9	349	7 930	91.6	Community transmission
Serbia	13 322	371 216	5 330.7	182	3 730	53.6	Community transmission
Belgium	13 312	678 838	5 857.3	328	20 431	176.3	Community transmission
Belarus	13 169	223 537	2 365.6	66	1 573	16.6	Community transmission
Austria	11 642	389 752	4 327.5	350	6 964	77.3	Community transmission
Hungary	9 591	351 828	3 642.0	693	11 341	117.4	Community transmission
Slovenia	9 275	148 556	7 145.8	180	3 327	160.0	Clusters of cases
Georgia	8 576	247 805	6 211.9	160	2 933	73.5	Community transmission
Denmark	7 959	188 199	3 249.2	205	1 747	30.2	Community transmission
Lithuania	7 845	167 516	6 153.5	245	2 445	89.8	Community transmission
Kazakhstan	6 578	215 947	1 150.1	71	2 956	15.7	Clusters of cases
Latvia	6 145	55 097	2 921.1	143	961	50.9	Community transmission
Croatia	4 961	224 954	5 479.6	248	4 616	112.4	Community transmission
Albania	4 183	67 216	2 335.7	37	1 270	44.1	Clusters of cases
Greece	4 077	148 370	1 423.5	214	5 441	52.2	Community transmission
Norway	3 942	57 734	1 065.0	46	517	9.5	Community transmission
Estonia	3 563	37 079	2 795.2	42	325	24.5	Clusters of cases
Republic of Moldova	3 547	152 640	3 783.9	115	3 245	80.4	Community transmission
Bulgaria	3 330	211 736	3 047.2	377	8 474	122.0	Clusters of cases
Azerbaijan	2 901	226 951	2 238.4	108	2 998	29.6	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
Montenegro	2 819	55 561	8 846.4	20	745	118.6	Clusters of cases
North Macedonia	2 599	88 749	4 259.9	82	2 696	129.4	Community transmission
Armenia	2 455	164 586	5 554.3	63	2 992	101.0	Community transmission
Bosnia and Herzegovina	2 414	117 793	3 590.4	144	4 449	135.6	Community transmission
Cyprus	1 800	28 811	2 386.3	20	167	13.8	Clusters of cases
Finland	1 519	39 911	720.3	32	618	11.2	Community transmission
Malta	1 192	15 588	3 530.3	6	239	54.1	Clusters of cases
Luxembourg	881	48 757	7 788.9	22	552	88.2	Community transmission
Kyrgyzstan	836	83 109	1 273.9	15	1 384	21.2	Clusters of cases
Andorra	452	9 038	11 697.4	6	91	117.8	Community transmission
Uzbekistan	396	77 968	233.0	2	619	1.8	Clusters of cases
Monaco	141	1 194	3 042.5	3	8	20.4	Sporadic cases
San Marino	128	2 778	8 185.5	1	65	191.5	Community transmission
Iceland	76	5 956	1 745.4	0	29	8.5	Community transmission
Liechtenstein	62	2 441	6 400.6	2	40	104.9	Sporadic cases
Holy See	0	26	3 213.8	0	0	0.0	Sporadic cases
Tajikistan	0	13 705	143.7	0	91	1.0	Pending
Territoriesⁱⁱⁱ							
Kosovo	1 975	55 455	2 980.8	30	1 395	75.0	Community transmission
Gibraltar	554	3 575	10 611.1	18	30	89.0	Clusters of cases
Jersey	123	3 044	2 797.8	5	62	57.0	Community transmission
Isle of Man	26	418	491.6	0	25	29.4	No cases
Guernsey	7	309	489.0	0	13	20.6	Community transmission
Faroe Islands	3	649	1 328.1	0	1	2.0	Sporadic cases
Greenland	1	30	52.8	0	0	0.0	No cases
South-East Asia	204 654	12 462 338	616.5	3 410	191 196	9.5	
India	107 701	10 557 985	765.1	1 275	152 274	11.0	Clusters of cases
Indonesia	78 256	896 642	327.8	1 820	25 767	9.4	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
Bangladesh	5 681	527 063	320.0	127	7 883	4.8	Community transmission
Sri Lanka	4 473	52 313	244.3	27	256	1.2	Clusters of cases
Myanmar	3 820	133 869	246.0	116	2 942	5.4	Clusters of cases
Nepal	2 535	267 056	916.6	42	1 954	6.7	Clusters of cases
Thailand	1 756	12 054	17.3	3	70	0.1	Clusters of cases
Maldives	397	14 462	2 675.5	0	49	9.1	Clusters of cases
Bhutan	32	842	109.1	0	1	0.1	Clusters of cases
Timor-Leste	3	52	3.9	0	0	0.0	Sporadic cases
Western Pacific	81 775	1 266 428	64.5	1 124	22 244	1.1	
Japan	41 521	322 296	254.8	450	4 446	3.5	Clusters of cases
Malaysia	21 536	155 095	479.2	52	594	1.8	Clusters of cases
Philippines	12 894	498 691	455.1	486	9 884	9.0	Community transmission
Republic of Korea	3 685	72 340	141.1	124	1 249	2.4	Clusters of cases
China	1 107	98 625	6.7	6	4 804	0.3	Clusters of cases
Singapore	218	59 083	1 009.9	0	29	0.5	Sporadic cases
Australia	107	28 689	112.5	0	909	3.6	Clusters of cases
Mongolia	104	1 512	46.1	0	1	0.0	Clusters of cases
Cambodia	48	439	2.6	0	0	0.0	Sporadic cases
New Zealand	39	1 900	39.4	0	25	0.5	Clusters of cases
Viet Nam	24	1 537	1.6	0	35	0.0	Clusters of cases
Papua New Guinea	23	834	9.3	0	9	0.1	Community transmission
Fiji	2	55	6.1	0	2	0.2	Sporadic cases
Brunei Darussalam	1	174	39.8	0	3	0.7	Sporadic cases
Lao People's Democratic Republic	0	41	0.6	0	0	0.0	Sporadic cases
Solomon Islands	0	17	2.5	0	0	0.0	No cases
Territoriesⁱⁱⁱ							
French Polynesia	394	17 635	6 277.9	4	126	44.9	Sporadic cases
Guam	65	7 283	4 315.2	2	126	74.7	Clusters of cases
New Caledonia	4	44	15.4	0	0	0.0	Sporadic 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
Northern Mariana Islands (Commonwealth of the)	3	128	222.4	0	2	3.5	Pending
Marshall Islands	0	4	6.8	0	0	0.0	No cases
Micronesia (Federated States of)	0	1	0.9	0	0	0.0	No cases
Vanuatu	0	1	0.3	0	0	0.0	No cases
Wallis and Futuna	0	4	35.6	0	0	0.0	Sporadic cases
Global	4 725 029	93 217 287	1 195.9	93 882	2 014 957	25.8	

***See data, table and figure notes*

Key Weekly Updates

1. WHO is encouraging all countries to fulfil their pledges to COVAX. WHO is calling on all countries to start vaccinating health workers and those at high risk of developing severe disease or death in the next 100 days.
2. 13 January 2021 marks the one-year anniversary of WHO publishing the first protocol for developing PCR assays for diagnosing the new coronavirus, less than two weeks after the first cases were reported. The rapid isolation and sequencing of the virus laid the platform for the development of vaccines, which are now being rolled out globally.
3. An international team of scientists is in China to engage in and review scientific research with their Chinese counterparts on the origins of the virus.
4. As new virus variants have been reported, WHO calls on all countries to increase the systematic sequencing of the virus to supplement ongoing surveillance, monitoring and testing efforts.

Global vaccine research and development forum

- [Scientists tackle vaccine safety, efficacy and access at global R&D forum](#)
- [Global scientists double down on SARS-CoV-2 variants research at WHO-hosted forum](#)

Emergency Committee on COVID-19

- [Emergency Committee on COVID-19 advises on variants, vaccines](#)
- [Statement on the 6th meeting of the International Health Regulations \(2005\) Emergency Committee regarding the coronavirus disease \(COVID-19\) pandemic](#)
- [5th Open meeting of the Review Committee on the Functioning of the International Health Regulations during COVID-19](#)
- [WHO Director-General's opening remarks at the 6th Meeting of the IHR Emergency Committee on COVID-19](#)

Vaccine access and allocation

- [Access and allocation: how will there be fair and equitable allocation of limited supplies?](#)

Vaccine research and development

- [The race for a COVID-19 vaccine, explained](#)
- [Standardization of vaccines for coronavirus disease \(COVID-19\)](#)

Publication: using routine data to monitor the effects of COVID-19 on essential health services

- [Analyzing and using routine data to monitor the effects of COVID-19 on essential health services: practical guide for national and subnational decision-makers](#)

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](#)
 - [Eastern Mediterranean Region](#)
 - [European Region](#)
 - [Region of the Americas](#)
 - [South-East Asia 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. See the [log of major changes and errata](#) for details. 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.