COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 24 January 2021, 10 am CET

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

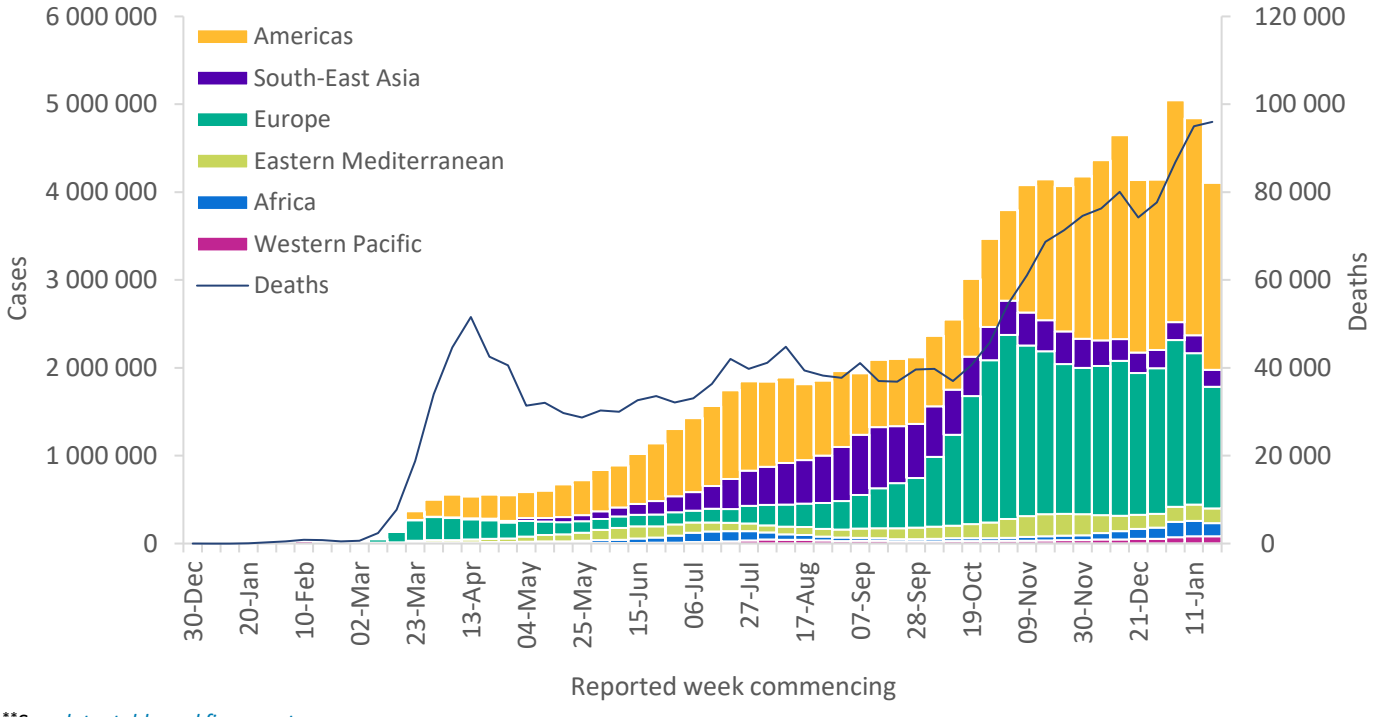
- WHO COVID-19 Dashboard
- WHO COVID-19 Weekly Operational Update

Global epidemiological situation

Globally, 4.1 million new cases were reported in the past week, a decline of 15% from the previous week and the second week of decline after global case incidence peaked in the first week of January 2021 (Figure 1). This downward trend is largely attributed to relative reductions in case incidence in several countries that have contributed the highest numbers in recent months, but hides continued upward trends in other countries in the same regions. The ongoing and prolonged high rates of new infections continues to strain health systems in many countries around the world. All regions reported a decline in new cases except the Western Pacific Region which reported a similar incidence to last week (Table 1). The largest decrease in new cases was reported in the European Region (by 20%) followed by the African Region (decrease of 16%). The Americas and Europe reported 86% of all new cases globally in the past week.

During the same period, around 96 000 deaths have been reported – a similar number reported as last week. The Americas and Eastern Mediterranean region reported an increase in new deaths by 4% and 3% respectively, whereas Europe, South-East Asia and Western Pacific regions showed a decrease in new deaths compared to last week. No change in new deaths was seen for the African region.

Figure 1: COVID-19 cases reported weekly by WHO Region, and global deaths, as of 24 January 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 (1 259 902 cases, a 20% decrease), Brazil (360 428 cases, a 5% decrease), the United Kingdom of Great Britain and Northern Ireland (260 098 cases, a 24% decrease), the Russian Federation (151 191 cases, a 9% decrease) and France (138 288 cases, a 10% increase).

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

- Solidarity II forum and use of international standards for sero-epidemiology surveys
- 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

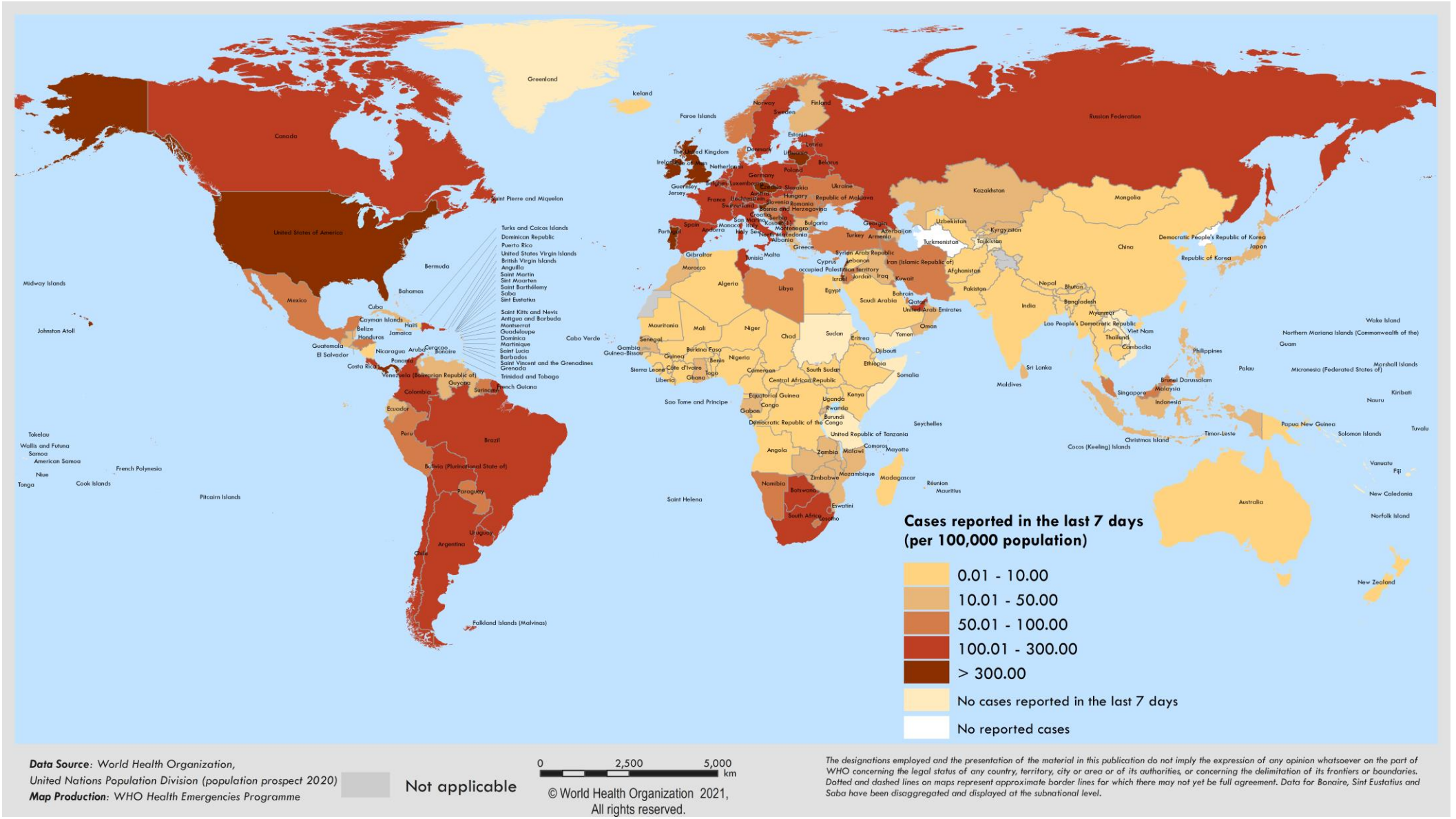
Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 24 January 2021**

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	2 127 479 (52%)	-14%	43 456 972 (44%)	45 349 (47%)	4%	999 894 (47%)
Europe	1 382 460 (34%)	-20%	32 848 998 (33%)	38 349 (40%)	-1%	706 293 (33%)
South-East Asia	194 166 (5%)	-5%	12 656 504 (13%)	3 253 (3%)	-5%	194 449 (9%)
Eastern Mediterranean	170 422 (4%)	-7%	5 507 649 (6%)	2 980 (3%)	3%	130 901 (6%)
Africa	148 953 (4%)	-16%	2 462 083 (3%)	4 997 (5%)	0%	57 902 (3%)
Western Pacific	81 467 (2%)	0%	1 347 893 (1%)	1 063 (1%)	-5%	23 307 (1%)
Global	**4 104 947 (100%)**	**-15%**	**98 280 844 (100%)**	**95 991 (100%)**	**1%**	**2 112 759 (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.*

Figure 2. COVID-19 cases per 100 000 population reported in the last seven days by countries, territories and areas, 18 January through 24 January 2021**



**See *data, table and figure notes*

Special Focus: Solidarity II forum and use of international standards for sero-epidemiology surveys

Solidarity II is a sero-epidemiological international forum

Solidarity II is a global collaborative forum that promotes the implementation of serological surveys for estimating the exposure to SARS-CoV-2 in the population. The Solidarity II network facilitates discussions between public health agencies and academic institutions with three main objectives: 1) sharing cutting edge scientific findings, 2) identifying and bridging research gaps, and 3) creating collaborations to progress the research of serological epidemiology of SARS-CoV-2.

Why use a common language across serological assays?

Serology is the study of serum and other fluids in the body, which is used to ascertain if antibodies are present. Serological assays are also used to determine the level of antibody response to SARS-CoV-2. A WHO Q&A on serology is available here. The availability of an International Standard for antibodies facilitates the standardization of SARS-CoV-2 serological methods, and allows for comparison and harmonisation of data sets across laboratories. The readout from serology assays can be expressed in different and non-comparable units, including unit/mL, titer or ng/ml, and should be calibrated to international units to allow comparisons.

WHO Working Assay Group meeting on the calibration of serological assays with the WHO IS

On 20 January 2021, 90 participants from the Solidarity II forum, from 34 countries, joined SARS-CoV-2 vaccine developers at the Working Assay Group meeting on the calibration of serological assays with the WHO International Standard anti-SARS-CoV-2 Immunoglobulin (WHO IS). Participants included national research institutes, academic research groups as well as clinical laboratories. This meeting was the first webinar aimed at standardizing the practice of SARS-CoV-2 serological assays. During this meeting, WHO presented the outcome from the 73rd meeting of the WHO Expert Committee on Biological Standardization (ECBS). More information can be found in the WHO guidance on Calibration to WHO International Standards.

How to order the WHO International Standard anti-SARS-CoV-2 Immunoglobulin (WHO IS)

The WHO IS is now available and can be ordered directly from the NIBSC website. The Solidarity II forum is offering financial support to low and middle income country (LMIC) research groups to acquire this material as well as technical support for the implementation of the calibration protocol. Working/secondary serological reagents will also be soon available through the Solidarity II network.

For more information about WHO's work on SARS-CoV-2 serology, please see the website on Serology and Early Investigation Protocols or contact solidarity2@who.int.

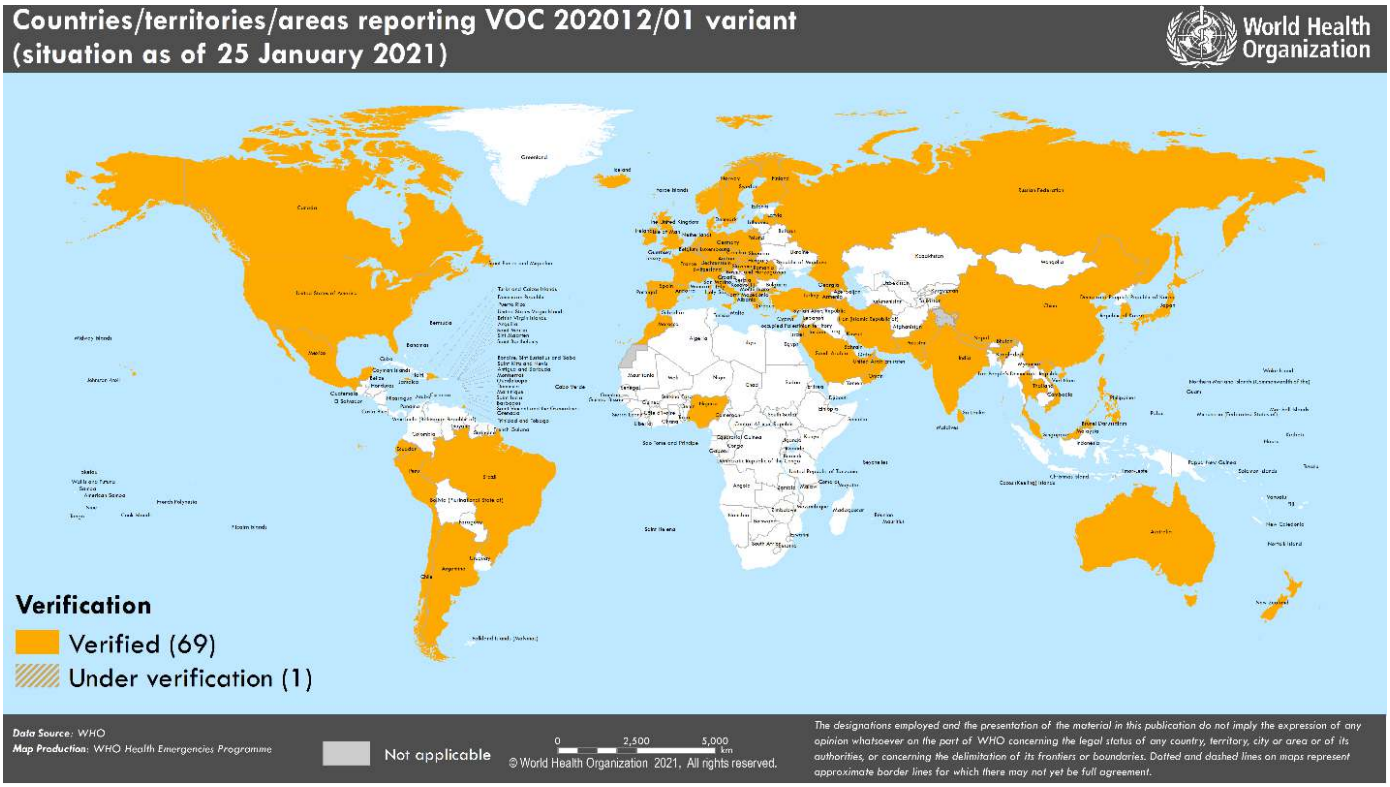
Special Focus: Update on SARS-CoV-2 variants of concern

WHO, in collaboration with national authorities, institutions and researchers, continues to monitor the public health events associated with SARS-CoV-2 variants and provides updates as new information becomes available. Further information on the background of the variants of concern (VOC) is available from previously published Disease Outbreak News and in the last three publications of the Weekly Epidemiological Updates.

WHO is working with partners to evaluate available evidence around transmissibility, severity, antibody neutralization capabilities and potential impacts on vaccines of specific mutations, variants of interest and variants of concern. Here we provide an update on ongoing studies, as well as the geographical distribution of three variants of concern as reported by countries, territories and areas (hereafter countries) as of 25 January 2021:

1. Variant VOC 202012/01, lineage B.1.1.7: Since our last update on 19 January, variant VOC 202012/01 has been detected in ten additional countries. As of 25 January, a total of 70 countries across all six WHO regions have reported either imported cases or community transmission of this variant (Figure 3). Local transmission has been reported in several other European countries.

Figure 3. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01 as of 25 January 2021



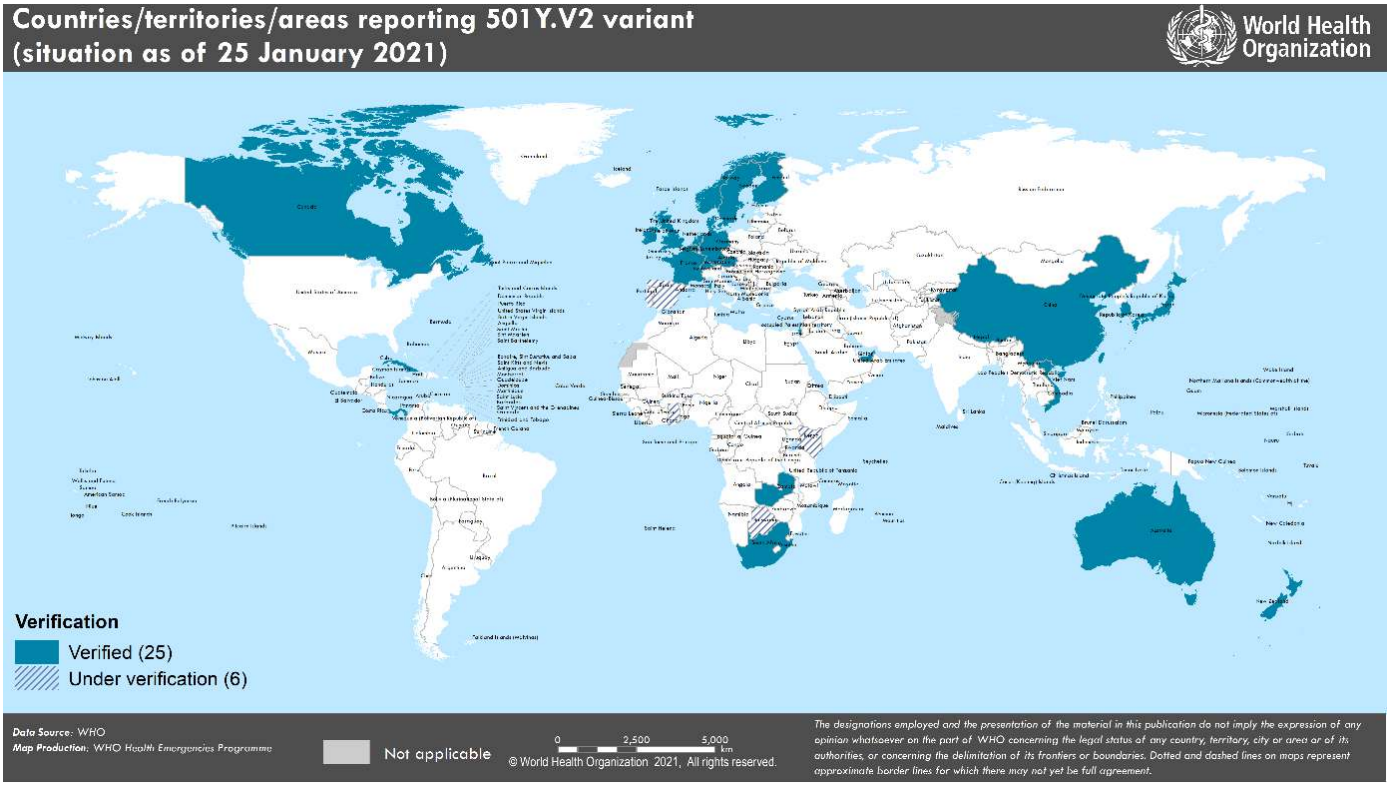
In the United Kingdom of Great Britain and Northern Ireland, where this variant was initially identified, variant VOC 202012/01 has shown to have increased transmissibility compared to previously circulating variants. The United Kingdom has also recently shared results from studies suggesting that there is some evidence of an increase in disease severity; however, results are preliminary, and more analyses are required to further corroborate these findings (1).

In the United Kingdom, COVID-19 case incidence increased week-on-week since early December 2020, peaking in early January 2021. From 11 January through 24 January, a decreasing trend has been observed, following the implementation of stringent public health and social measures. Similar declines in incidence have also been reported in Denmark, Ireland and the Netherlands, where local transmission of VOC 202012/01 has been reported.

Studies are ongoing to fully understand the effectiveness of vaccines against the B.1.1.7 lineage, however, based on preliminary in vitro studies (available as pre-prints), post-vaccination sera with Pfizer and Moderna vaccines have limited to no significant change against the VOC202012/01 variant (2-6). These are all preliminary findings which require further investigation involving larger sample sizes.

2. Variant 501Y.V2, lineage B.1.351: Since the last update on 19 January, 501Y.V2 has been reported from eight additional countries– now totalling 31 countries across five of the six WHO regions (Figure 4). In South Africa, where this variant was initially identified, new weekly cases increased from early November 2020, peaking in early January 2021. In the past two weeks, a decreasing trend has been observed.

Figure 4. Countries, territories and areas reporting SARS-CoV-2 501Y.V2 as of 25 January 2021



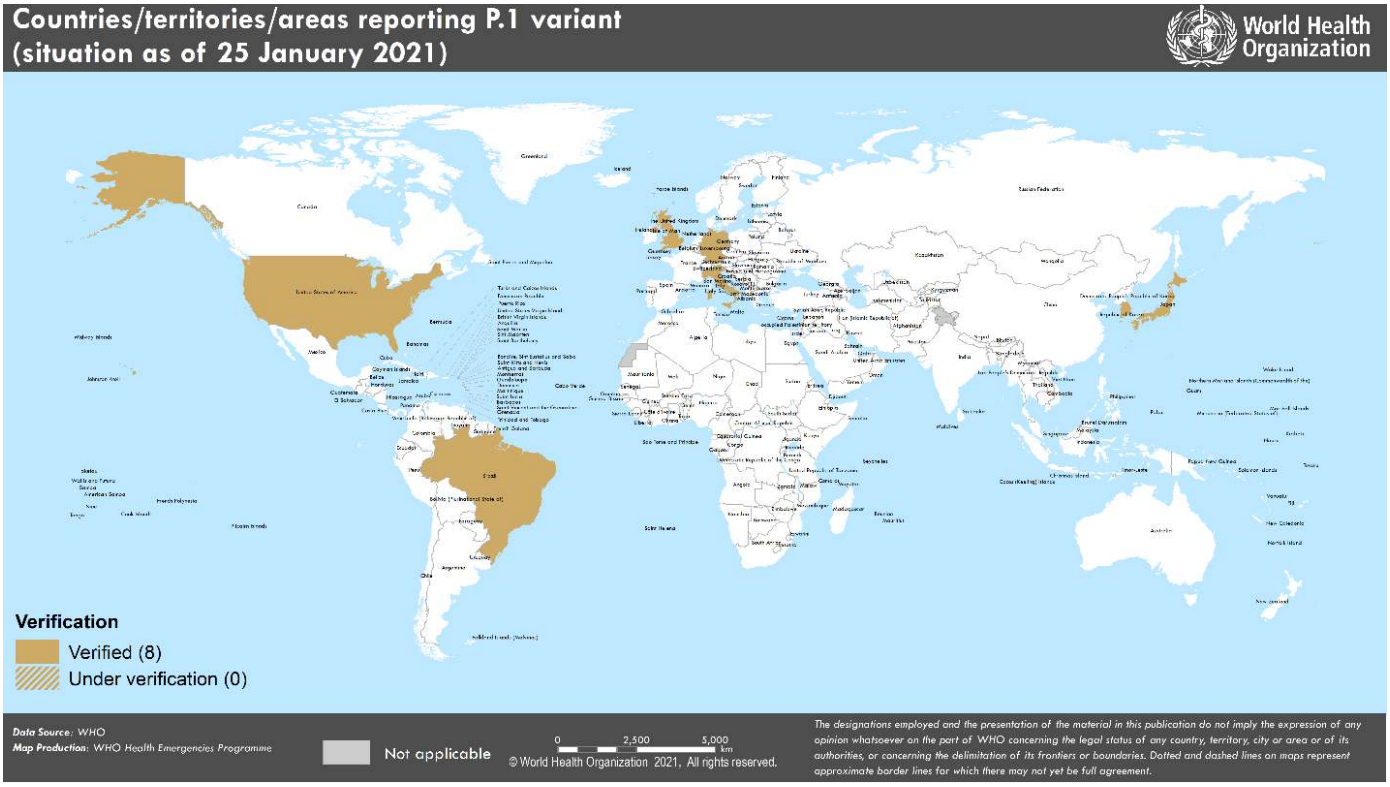
Recent laboratory studies of a limited number of patients using pseudo virus and live attenuated virus from South Africa have shown that the 501Y.V2 variant is less susceptible to antibody neutralization – where activity was either lost or reduced in blood samples of patients with natural infection with previous variants circulating earlier in the pandemic (7-8). While further investigations are needed to determine whether the 501Y.V2 variant may escape immune responses acquired from previous infection, these findings raise concerns of increased rates of SARS-CoV-2 re-infection. While the risk of reinfection remains for all SARS-CoV-2 variants, based on current information available, there is no indication that there is increased risk of re-infection in relation to 501Y.V2 based on observational studies in South Africa.

Studies are also ongoing to fully understand the effectiveness of COVID-19 vaccines against the 501Y.V2 variant. Preliminary in vitro studies using sera from individuals vaccinated with Moderna mRNA-1273 COVID-19 vaccine showed a reduction in neutralizing titers to the 501Y.V2 variant compared to previous variants tested; however, neutralizing titres remain above the levels expected to be protective (2,4). Other in vitro studies reported similar observations of either equivalent or a small reduction in neutralizing activity against SARS-CoV-2 variants encoding the mutations of concern in persons vaccinated with the Moderna or Pfizer-BioNTech vaccines compared to previous variants (6, 9).These are preliminary findings which require further investigation including of neutralizing activity in a larger number of samples and an assessment of changes in

neutralization on clinical efficacy. Out of an abundance of caution, Moderna is investigating the potential use of an additional booster dose to increase neutralizing titres against emerging variants and beginning to evaluate an emerging variant booster candidate vaccine (4).

3. Variant P.1, lineage B.1.1.28: Since our last update, variant P.1 has been reported in six additional countries. To date, this variant is reported in eight countries (Figure 5). In Brazil, where the variant was initially identified in addition to detection in a group of travellers from Brazil to Japan, the number of new weekly cases in the past two weeks are reported at higher levels compared to that of September to November 2020, and new weekly deaths have increased since early November 2020. The highest weekly cases since the start of the pandemic was reported in the week commencing 11 January 2021. Based on the preliminary investigations conducted in Manaus, Amazonas State, there has been an increase in the proportion of cases sequenced as variant P.1, from 52.2% (35/67) in December 2020 to 85.4% (41/48) in January 2021, highlighting ongoing local transmission of this variant and, given the mutations documented, raising similar concerns for potential increases in transmissibility or propensity for re-infection (10). Further studies are needed to assess if there are changes in transmissibility, severity or antibody neutralizing activity as a result of these new variants.

Figure 5. Countries, territories and areas reporting SARS-CoV-2 P.1 variant as of 25 January 2021



The emergence of new variants has underscored the importance for everyone, including those previously infected or vaccinated, to strictly adhere to public health and social measures. They also highlight the importance of increasing diagnostic capacity and systematic sequencing of SARS-CoV-2 where capacity allows, as well as the timely sharing of sequence data internationally. Systematic sequencing should be considered for a subset of incoming travellers, as well as community-based samples to ascertain the existence and extent of local transmission. Virus sequencing should be performed in all breakthrough disease following vaccination, in addition to population-based vaccine effectiveness studies. Global surveillance on virus evolution should continue to inform adjustments to public health and social measures.

References

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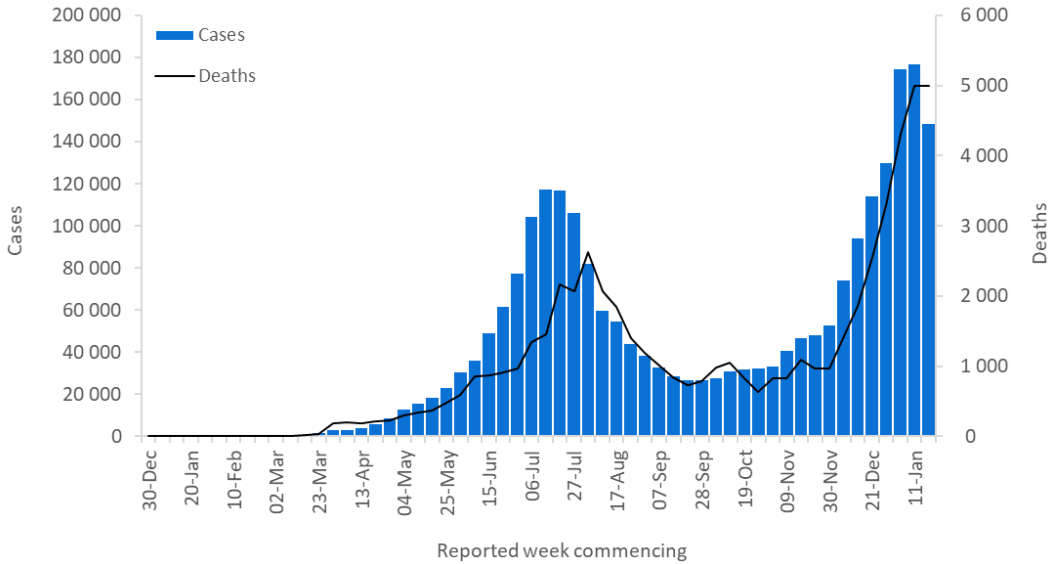
Situation by WHO Region

African Region

In the past week, the African Region reported over 148 000 cases and just under 5000 deaths, a 16% decrease in cases and similar number of deaths compared to the previous week. This was the first time since mid-September 2020 that weekly cases decreased. The highest numbers of new cases were reported in South Africa (79 180 new cases; 133.5 new cases per 100 000 population; a 29% decrease), Nigeria (11 659 new cases; 5.7 new cases per 100 000; a 2% increase) and Zambia (8518 new cases; 46.3 new cases per 100 000; a 10% decrease).

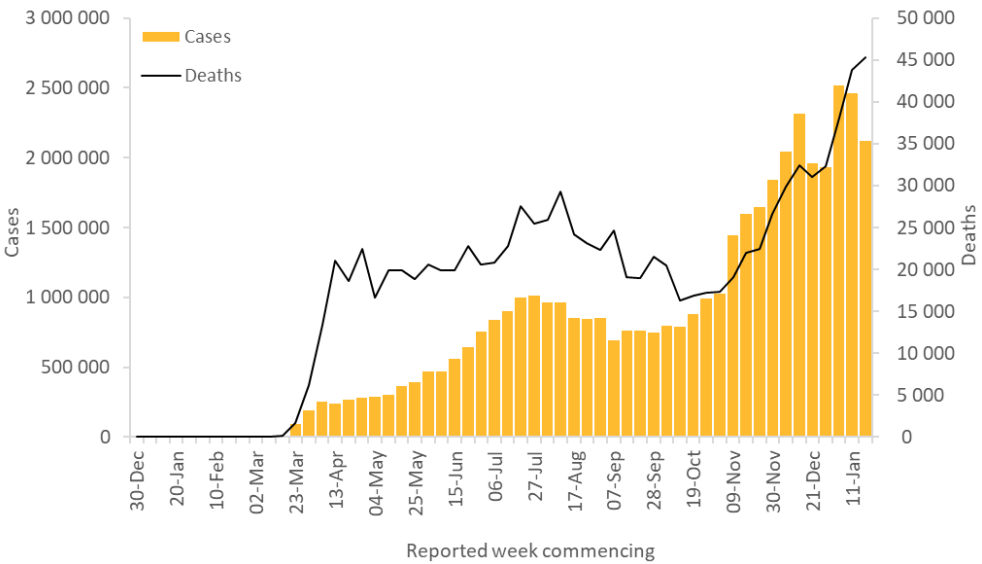
The countries reporting the highest number of new deaths in the past week were South Africa (3723 new deaths; 6.3 new deaths per 100 000; a 8% decrease), Zimbabwe (291 new deaths; 2.0 new deaths per 100 000; a 35% decrease) and Malawi (170 new deaths; 0.9 new deaths per 100 000; a 113% increase).



Region of the Americas

Over 2.1 million new cases and over 45 000 new deaths were reported in the Region of the Americas this week, a decrease of 14% and an increase of 4% respectively compared to the previous week. The highest numbers of new cases were reported from the United States of America (1 259 902 new cases; 380.6 new cases per 100 000 population; a 20% decrease), Brazil (360 428 new cases; 169.6 new cases per 100 000; a 5% decrease) and Mexico (122 555 new cases; 95.1 new cases per 100 000; a 20% increase).

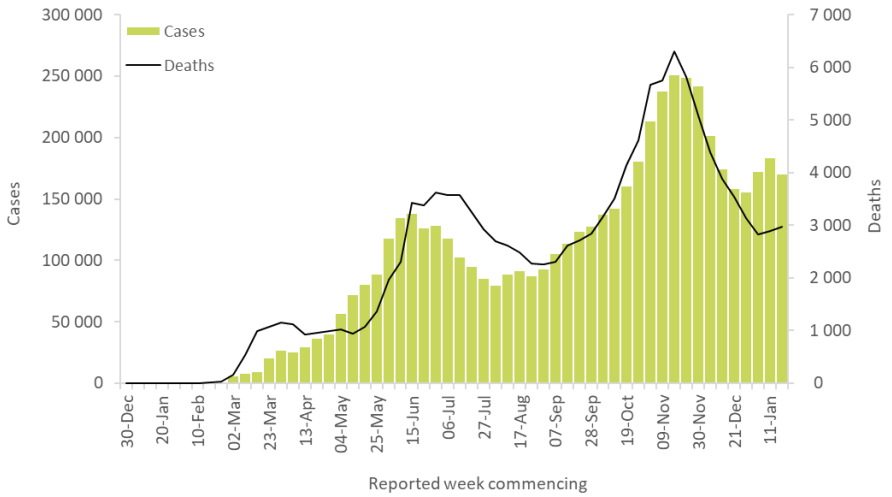
The highest numbers of deaths were reported from the same countries, the United States of America (21 583 new deaths; 6.5 new deaths per 100 000; a 7% decrease), Mexico (8592 new deaths; 6.7 new deaths per 100 000; a 24% increase) and Brazil (6997 new deaths; 3.3 new deaths per 100 000; a 3% increase).



Eastern Mediterranean Region

In the past week, the Eastern Mediterranean Region reported over 170 000 new cases, a decrease of 7% compared to last week. The region reported 2980 new deaths, an increase of 3%, the second consecutive weekly increase following 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 (42 637 new cases, 50.8 new cases per 100 000 population, a 3% decrease), Lebanon (27 429 new cases, 401.9 new cases per 100 000, 18% decrease) and United Arab Emirates (24 568 new cases, 248.4 new cases per 100 000, 11 % increase). These three countries accounted for almost half (55%) of the new weekly cases in the Region.

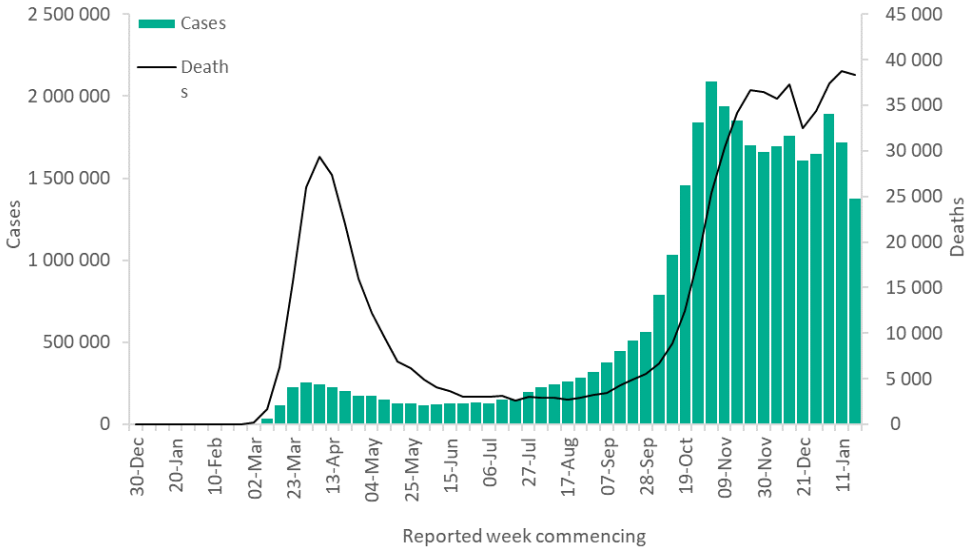
The highest numbers of new deaths were reported in Iran (577 new deaths, 0.7 new death per 100 000 population, 7% decrease) followed by Tunisia (538 new deaths, 4.6 new death per 100 000, 16% increase) and Lebanon (414 new deaths, 6.1 new death per 100 000, a 50% increase). These countries accounted for almost 51% of deaths reported in the Region.



European Region

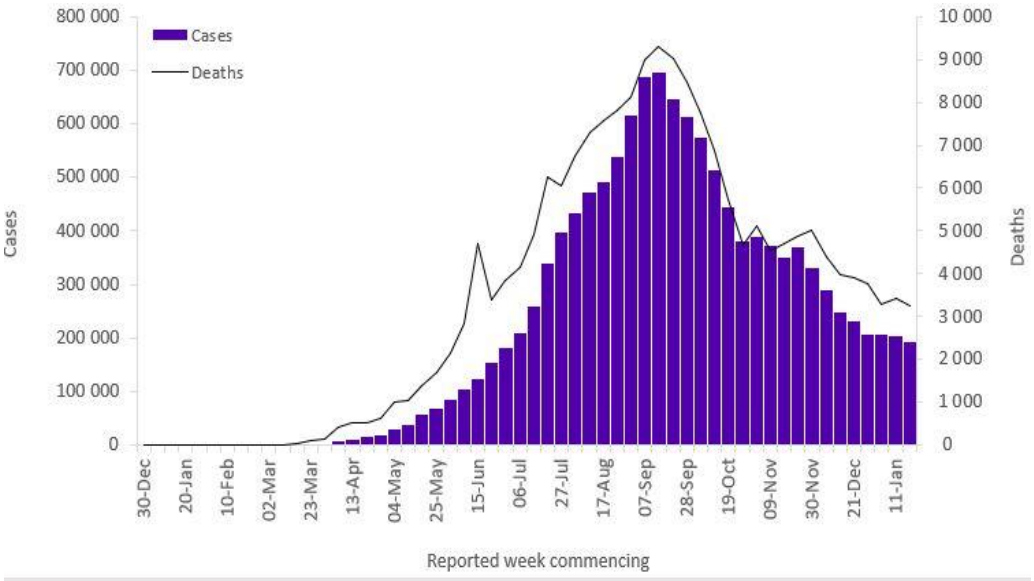
The European Region reported over 1.3 million new cases and over 38 000 new deaths, a decrease of 20% and 1% respectively when compared to the previous week. The three countries reporting the highest numbers of new cases were the United Kingdom (260 098 new cases; 383.1 new cases per 100 000, 24% decrease), the Russian Federation (151 191 new cases, 103.6 new cases per 100 000, 9% decrease) and France (138 288 new cases, 211.9 new cases per 100 000, 10% increase). These three countries accounted for almost 40% of all cases reported in the region.

The highest numbers of deaths were reported from the United Kingdom (8739 new deaths; 12.9 new deaths per 100 000, a 13% increase), Germany (5451 new deaths; 6.5 new deaths per 100 000, a 10% decrease) and the Russian Federation (3896 new deaths; 2.7 new deaths per 100 000, a 5% increase).



South-East Asia Region

The South-East Asia Region reported a decrease in cases and deaths compared to the previous week following a 3- week plateau in new case and death reports. Just over 194 000 new cases and over 3000 new deaths were reported in the past week, a 5% decrease in both cases and deaths, compared to the previous week. The three countries reporting the highest numbers of new cases and new deaths were India (96 548 new cases; 7 new cases per 100 000, a 10% decrease), Indonesia (80 832 new cases; 29.6 new cases per 100 000; a 3% increase) and Sri Lanka (5274 new cases; 24.6 new cases per 100 000; an 18% increase). The three countries reporting the highest numbers of new deaths this week were Indonesia (1897 new deaths; 0.7 new deaths per 100 000, a 4% increase), India (1065 new deaths; 0.1 new deaths per 100 000, a 17% decrease) and Bangladesh (120 new deaths; 0.1 new deaths per 100 000; a 6% decrease).



Western Pacific Region

The Western Pacific Region reported a similar number of new cases (over 81 000 cases) and decrease in new deaths by 5% (over 1000) in the past week compared to the previous week. The three countries reporting the highest numbers of new cases this week were Japan (38 365 new cases; 30.3 new cases per 100 000, a 8% decrease), Malaysia (25 360 new cases; 78.4 new cases per 100 000, a 18% increase) and the Philippines (12 988 new cases; 11.9 new cases per 100 000, a 1% increase).

The three countries reporting the highest numbers of new deaths this week were Japan (573 new deaths; 0.5 new deaths per 100 000, a 27% increase), the Philippines (306 new deaths; 0.3 new deaths per 100 000, a 37% decrease) and the Republic of Korea (100 new deaths; 0.2 new deaths per 100 000, a 19% decrease).

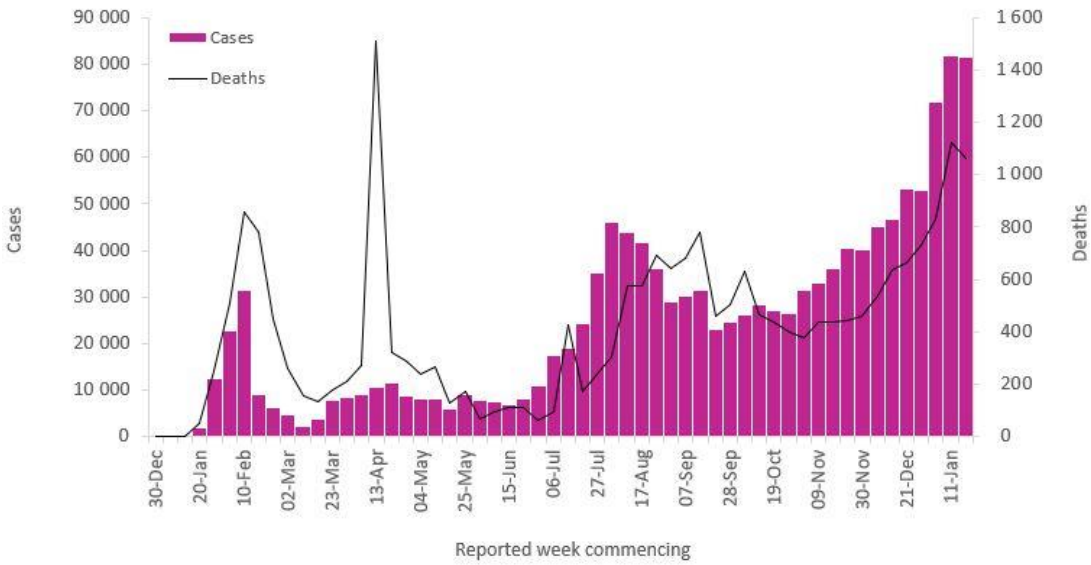


Table 2. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 24 January 2021**

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	**148 953**	**2 462 083**	**219.5**	**4 997**	**57 902**	**5.2**	
South Africa	79 180	1 404 839	2 368.7	3 723	40 574	68.4	Community transmission
Nigeria	11 659	120 602	58.5	75	1 495	0.7	Community transmission
Zambia	8 518	44 592	242.6	95	627	3.4	Community transmission
Malawi	6 654	18 439	96.4	170	470	2.5	Community transmission
Mozambique	5 766	31 628	101.2	63	297	1.0	Community transmission
Zimbabwe	4 126	31 007	208.6	291	974	6.6	Community transmission
Ghana	3 134	60 115	193.5	20	361	1.2	Community transmission
Botswana	2 579	18 630	792.2	40	88	3.7	Community transmission
Ethiopia	2 526	133 298	115.9	34	2 063	1.8	Community transmission
Cameroon	2 281	29 617	111.6	11	462	1.7	Community transmission
Namibia	2 015	32 213	1 267.8	37	317	12.5	Community transmission
Rwanda	1 797	12 647	97.6	32	172	1.3	Community transmission
Algeria	1 758	105 369	240.3	30	2 861	6.5	Community transmission
Côte d'Ivoire	1 756	26 612	100.9	4	145	0.5	Community transmission
Senegal	1 722	24 460	146.1	60	569	3.4	Community transmission
Eswatini	1 594	14 330	1 235.2	98	458	39.5	Community transmission
Lesotho	1 285	7 656	357.4	26	123	5.7	Community transmission
Democratic Republic of the Congo	1 243	21 868	24.4	31	660	0.7	Community transmission
Burkina Faso	967	9 967	47.7	8	109	0.5	Community transmission
Uganda	959	39 044	85.4	13	317	0.7	Community transmission
Kenya	816	99 898	185.8	12	1 740	3.2	Community transmission
Comoros	683	2 260	259.9	29	70	8.0	Community transmission
Angola	602	19 367	58.9	26	457	1.4	Community transmission
Cabo Verde	513	13 414	2 412.6	5	124	22.3	Community transmission
Gabon	379	10 278	461.8	1	67	3.0	Community transmission

Togo	364	4 636	56.0	1	74	0.9	Community transmission
Seychelles	344	1 033	1 050.4	2	3	3.1	Clusters of cases
Mauritania	329	16 222	348.9	14	410	8.8	Community transmission
Madagascar	300	18 301	66.1	6	273	1.0	Community transmission
Chad	282	3 137	19.1	4	115	0.7	Community transmission
Burundi	236	1 472	12.4	0	2	0.0	Community transmission
Benin	230	3 643	30.0	2	48	0.4	Community transmission
Guinea	202	14 300	108.9	0	81	0.6	Community transmission
Niger	189	4 321	17.9	13	151	0.6	Community transmission
Sierra Leone	150	3 120	39.1	0	77	1.0	Community transmission
Mali	142	7 965	39.3	15	323	1.6	Community transmission
Congo	85	7 794	141.2	3	117	2.1	Community transmission
South Sudan	80	3 773	33.7	1	64	0.6	Community transmission
Eritrea	63	1 940	54.7	0	6	0.2	Sporadic cases
Gambia	61	3 958	163.8	1	128	5.3	Community transmission
Guinea-Bissau	53	2 531	128.6	0	45	2.3	Community transmission
Sao Tome and Principe	52	1 182	539.3	0	17	7.8	Community transmission
Equatorial Guinea	45	5 401	385.0	0	86	6.1	Community transmission
Liberia	27	1 914	37.8	0	84	1.7	Community transmission
Mauritius	9	556	43.7	0	10	0.8	Sporadic cases
Central African Republic	7	4 980	103.1	0	63	1.3	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territories[iii]							
Mayotte	933	7 544	2 765.2	1	59	21.6	Clusters of cases
Réunion	258	9 701	1 083.5	0	45	5.0	Clusters of cases
Americas	**2 127 479**	**43 456 972**	**4 248.9**	**45 349**	**999 894**	**97.8**	
United States of America	1 259 902	24 604 325	7 433.3	21 583	410 667	124.1	Community transmission
Brazil	360 428	8 753 920	4 118.3	6 997	215 243	101.3	Community transmission
Mexico	122 555	1 732 290	1 343.6	8 592	147 614	114.5	Community transmission
Colombia	117 239	1 987 418	3 905.9	2 718	50 586	99.4	Community transmission
Argentina	70 783	1 853 830	4 101.8	1 348	46 575	103.1	Community transmission
Canada	41 700	737 407	1 953.8	1 099	18 828	49.9	Community transmission
Peru	32 073	1 088 096	3 300.1	773	39 427	119.6	Community transmission

Chile	29 154	694 647	3 633.8	419	17 854	93.4	Community transmission
Bolivia (Plurinational State of)	14 668	198 257	1 698.4	300	9 871	84.6	Community transmission
Panama	14 201	307 793	7 133.5	291	4 980	115.4	Community transmission
Dominican Republic	11 168	202 507	1 866.8	81	2 513	23.2	Community transmission
Ecuador	7 424	238 232	1 350.3	280	14 596	82.7	Community transmission
Honduras	6 770	139 182	1 405.2	95	3 439	34.7	Community transmission
Paraguay	5 581	126 370	1 771.7	106	2 585	36.2	Community transmission
Guatemala	5 292	153 890	859.0	236	5 456	30.5	Community transmission
Uruguay	5 224	36 170	1 041.2	73	364	10.5	Community transmission
Costa Rica	5 121	189 308	3 716.2	102	2 518	49.4	Community transmission
Venezuela (Bolivarian Republic of)	3 939	122 795	431.8	41	1 136	4.0	Community transmission
Cuba	3 126	20 627	182.1	25	191	1.7	Clusters of cases
El Salvador	2 515	52 672	812.1	72	1 551	23.9	Community transmission
Jamaica	676	14 772	498.9	13	336	11.3	Community transmission
Suriname	536	7 945	1 354.3	9	148	25.2	Clusters of cases
Guyana	338	7 143	908.1	0	170	21.6	Clusters of cases
Haiti	318	11 099	97.3	3	243	2.1	Community transmission
Saint Vincent and the Grenadines	270	720	649.0	1	2	1.8	Clusters of cases
Barbados	207	1 243	432.5	2	9	3.1	Clusters of cases
Saint Lucia	194	770	419.3	4	10	5.4	Sporadic cases
Belize	171	11 700	2 942.4	9	290	72.9	Community transmission
Trinidad and Tobago	113	7 456	532.8	3	133	9.5	Community transmission
Bahamas	69	8 101	2 060.0	0	175	44.5	Clusters of cases
Nicaragua	37	4 953	74.8	1	168	2.5	Community transmission
Antigua and Barbuda	8	195	199.1	0	6	6.1	Sporadic cases
Grenada	8	147	130.6	0	1	0.9	Sporadic cases
Dominica	3	113	157.0	0	0	0.0	Clusters of cases
Saint Kitts and Nevis	1	35	65.8	0	0	0.0	Sporadic cases
Territories[iii]							
Puerto Rico	3 550	90 073	3 148.5	68	1 771	61.9	Community transmission

French Guiana	689	15 664	5 244.4	1	76	25.4	Community transmission
Aruba	327	6 623	6 203.3	0	52	48.7	Community transmission
Guadeloupe	222	9 056	2 263.3	1	157	39.2	Community transmission
Turks and Caicos Islands	165	1 244	3 213.0	1	7	18.1	Clusters of cases
Saint Barthélemy	152	376	3 803.7	0	0	0.0	Sporadic cases
Saint Martin	145	1 191	3 080.8	0	12	31.0	Community transmission
Martinique	143	6 370	1 697.5	1	44	11.7	Community transmission
United States Virgin Islands	83	2 335	2 236.1	0	24	23.0	Community transmission
Sint Maarten	79	1 708	3 983.0	0	27	63.0	Community transmission
Curaçao	39	4 537	2 764.9	1	20	12.2	Community transmission
Bonaire	21	350	1 673.4	0	3	14.3	Community transmission
Bermuda	16	686	1 101.6	0	12	19.3	Sporadic cases
British Virgin Islands	16	137	453.1	0	1	3.3	Clusters of cases
Cayman Islands	9	383	582.8	0	2	3.0	Sporadic cases
Falkland Islands (Malvinas)	5	37	1 062.3	0	0	0.0	No cases
Saint Pierre and Miquelon	4	20	345.1	0	0	0.0	Sporadic cases
Saba	1	6	310.4	0	0	0.0	Sporadic cases
Sint Eustatius	1	20	637.1	0	0	0.0	Sporadic cases
Anguilla	0	15	100.0	0	0	0.0	Sporadic cases
Montserrat	0	13	260.1	0	1	20.0	No cases
Eastern Mediterranean	**170 422**	**5 507 649**	**753.6**	**2 980**	**130 901**	**17.9**	
Iran (Islamic Republic of)	42 637	1 367 032	1 627.6	577	57 294	68.2	Community transmission
Lebanon	27 429	276 587	4 052.3	414	2 280	33.4	Community transmission
United Arab Emirates	24 568	274 376	2 774.2	43	783	7.9	Community transmission
Tunisia	18 083	195 314	1 652.6	538	6 154	52.1	Community transmission
Pakistan	14 048	530 818	240.3	339	11 247	5.1	Community transmission
Morocco	6 904	465 769	1 261.9	217	8 128	22.0	Clusters of cases
Jordan	5 962	319 519	3 131.6	80	4 217	41.3	Community transmission
Egypt	5 636	161 143	157.5	375	8 902	8.7	Clusters of cases
Iraq	5 283	612 870	1 523.7	53	12 988	32.3	Community transmission
Libya	4 523	112 540	1 637.8	86	1 737	25.3	Community transmission
Kuwait	3 502	160 901	3 767.7	5	952	22.3	Community transmission
Bahrain	2 188	99 456	5 844.9	9	367	21.6	Clusters of cases

Qatar	1 683	148 772	5 163.8	2	248	8.6	Community transmission
Saudi Arabia	1 432	366 185	1 051.8	32	6 350	18.2	Sporadic cases
Oman	1 222	132 486	2 594.4	8	1 517	29.7	Community transmission
Syrian Arab Republic	615	13 557	77.5	55	879	5.0	Community transmission
Afghanistan	611	54 595	140.2	39	2 378	6.1	Clusters of cases
Sudan	289	28 522	65.0	15	1 722	3.9	Community transmission
Djibouti	15	5 918	599.0	0	61	6.2	Clusters of cases
Somalia	10	4 754	29.9	0	130	0.8	Community transmission
Yemen	6	2 122	7.1	3	616	2.1	Sporadic cases
Territories[iii]							
occupied Palestinian territory	3 776	174 413	3 418.9	90	1 951	38.2	Community transmission
Europe	**1 382 460**	**32 848 998**	**3 519.2**	**38 349**	**706 293**	**75.7**	
The United Kingdom	260 098	3 617 463	5 328.7	8 739	97 329	143.4	Community transmission
Russian Federation	151 191	3 719 400	2 548.7	3 896	69 462	47.6	Clusters of cases
France	138 288	2 985 259	4 573.5	2 731	72 484	111.0	Community transmission
Spain	109 000	2 456 675	5 254.4	854	55 041	117.7	Community transmission
Germany	101 418	2 134 936	2 548.1	5 451	51 870	61.9	Community transmission
Italy	86 452	2 455 185	4 060.7	3 362	85 162	140.9	Clusters of cases
Portugal	85 053	624 469	6 124.2	1 485	10 194	100.0	Clusters of cases
Czechia	48 458	937 617	8 755.4	1 031	15 369	143.5	Community transmission
Turkey	43 663	2 424 328	2 874.5	1 101	24 933	29.6	Community transmission
Poland	39 863	1 475 445	3 898.5	2 008	35 363	93.4	Community transmission
Netherlands	37 354	944 009	5 509.3	564	13 510	78.8	Community transmission
Ukraine	31 130	1 191 812	2 725.2	1 059	21 861	50.0	Community transmission
Israel	29 421	569 152	6 575.6	218	4 158	48.0	Community transmission
Sweden	19 437	547 166	5 417.9	105	11 005	109.0	Community transmission
Romania	17 706	709 194	3 686.5	558	17 722	92.1	Community transmission
Ireland	16 404	186 184	3 770.6	352	2 947	59.7	Community transmission
Belgium	14 153	693 666	5 985.2	348	20 779	179.3	Community transmission
Slovakia	13 151	236 476	4 331.3	594	4 068	74.5	Clusters of cases
Switzerland	12 427	506 775	5 855.5	331	8 300	95.9	Community transmission
Belarus	12 322	235 859	2 496.0	66	1 639	17.3	Community transmission

Serbia	11 069	382 285	5 489.6	138	3 868	55.5	Community transmission
Austria	10 435	400 187	4 443.4	354	7 318	81.3	Community transmission
Lithuania	9 108	176 624	6 488.1	204	2 649	97.3	Community transmission
Slovenia	8 737	157 293	7 566.0	228	3 555	171.0	Clusters of cases
Kazakhstan	8 448	224 395	1 195.1	0	2 956	15.7	Clusters of cases
Hungary	7 746	359 574	3 722.2	627	11 968	123.9	Community transmission
Denmark	5 718	193 917	3 347.9	222	1 969	34.0	Community transmission
Georgia	5 713	253 518	6 355.2	122	3 055	76.6	Community transmission
Latvia	5 399	60 496	3 207.3	136	1 097	58.2	Community transmission
Albania	4 225	71 441	2 482.5	40	1 310	45.5	Clusters of cases
Croatia	3 966	228 920	5 576.3	211	4 827	117.6	Community transmission
Estonia	3 637	40 716	3 069.3	51	376	28.3	Clusters of cases
Republic of Moldova	3 297	155 937	3 865.6	102	3 347	83.0	Community transmission
Greece	3 276	151 646	1 454.9	181	5 622	53.9	Community transmission
Bulgaria	2 960	214 696	3 089.8	337	8 811	126.8	Clusters of cases
Norway	2 831	60 565	1 117.2	27	544	10.0	Community transmission
Montenegro	2 566	58 335	9 288.0	23	768	122.3	Clusters of cases
Bosnia and Herzegovina	2 047	119 840	3 652.7	120	4 569	139.3	Community transmission
Finland	1 814	41 915	756.5	26	644	11.6	Community transmission
Azerbaijan	1 737	228 688	2 255.5	74	3 072	30.3	Clusters of cases
North Macedonia	1 722	90 471	4 342.5	83	2 779	133.4	Community transmission
Armenia	1 450	166 036	5 603.2	47	3 039	102.6	Community transmission
Cyprus	1 076	29 887	2 475.4	16	183	15.2	Clusters of cases
Malta	1 070	16 658	3 772.7	12	251	56.8	Clusters of cases
Luxembourg	824	49 581	7 920.6	12	564	90.1	Community transmission
Kyrgyzstan	791	83 900	1 286.0	16	1 400	21.5	Clusters of cases
Andorra	461	9 499	12 294.1	5	96	124.2	Community transmission
Uzbekistan	407	78 375	234.2	2	621	1.9	Clusters of cases
Monaco	148	1 345	3 427.3	0	8	20.4	Sporadic cases
San Marino	96	2 874	8 468.4	0	65	191.5	Community transmission
Liechtenstein	63	2 504	6 565.8	5	45	118.0	Sporadic cases
Iceland	25	5 981	1 752.7	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
Territories[iii]							
Kosovo	2 201	57 656	3 099.2	45	1 440	77.4	Community transmission
Gibraltar	330	3 905	11 590.6	29	59	175.1	Clusters of cases
Jersey	60	3 104	2 852.9	1	63	57.9	Community transmission
Isle of Man	14	432	508.0	0	25	29.4	No cases
Faroe Islands	3	652	1 334.3	0	1	2.0	Sporadic cases
Guernsey	1	310	490.5	0	13	20.6	Community transmission
Greenland	0	30	52.8	0	0	0.0	No cases
South-East Asia	**194 166**	**12 656 504**	**626.1**	**3 253**	**194 449**	**9.6**	
India	96 548	10 654 533	772.1	1 065	153 339	11.1	Clusters of cases
Indonesia	80 832	977 474	357.4	1 897	27 664	10.1	Community transmission
Sri Lanka	5 274	57 587	268.9	24	280	1.3	Clusters of cases
Bangladesh	4 263	531 326	322.6	120	8 003	4.9	Community transmission
Myanmar	3 229	137 098	252.0	103	3 045	5.6	Clusters of cases
Nepal	2 124	269 180	923.8	40	1 994	6.8	Clusters of cases
Thailand	1 446	13 500	19.3	3	73	0.1	Clusters of cases
Maldives	423	14 885	2 753.7	1	50	9.2	Clusters of cases
Timor-Leste	15	67	5.1	0	0	0.0	Sporadic cases
Bhutan	12	854	110.7	0	1	0.1	Clusters of cases
Western Pacific	**81 467**	**1 347 893**	**68.6**	**1 063**	**23 307**	**1.2**	
Japan	38 365	360 661	285.2	573	5 019	4.0	Clusters of cases
Malaysia	25 360	180 455	557.5	73	667	2.1	Clusters of cases
Philippines	12 988	511 679	466.9	306	10 190	9.3	Community transmission
Republic of Korea	2 748	75 084	146.5	100	1 349	2.6	Clusters of cases
China	1 306	99 931	6.8	6	4 810	0.3	Clusters of cases
Singapore	177	59 260	1 012.9	0	29	0.5	Sporadic cases
Mongolia	99	1 611	49.1	1	2	0.1	Clusters of cases
Australia	72	28 761	112.8	0	909	3.6	Clusters of cases
New Zealand	26	1 926	39.9	0	25	0.5	Clusters of cases
Cambodia	19	458	2.7	0	0	0.0	Sporadic cases
Papua New Guinea	15	849	9.5	0	9	0.1	Community transmission

Viet Nam	11	1 548	1.6	0	35	0.0	Clusters of cases
Lao People's Democratic Republic	2	43	0.6	0	0	0.0	Sporadic cases
Brunei Darussalam	1	175	40.0	0	3	0.7	Sporadic cases
Fiji	0	55	6.1	0	2	0.2	Sporadic cases
Solomon Islands	0	17	2.5	0	0	0.0	No cases
Territories[iii]							
French Polynesia	217	17 852	6 355.1	2	128	45.6	Sporadic cases
Guam	57	7 340	4 349.0	2	128	75.8	Clusters of cases
Northern Mariana Islands (Commonwealth of the)	4	132	229.3	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
New Caledonia	0	44	15.4	0	0	0.0	Sporadic cases
Samoa	0	2	1.0	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	**4 104 947**	**98 280 844**	**1 260.8**	**95 991**	**2 112 759**	**27.1**	

**See *data, table and figure notes*

Key Weekly Updates

WHO Director-General Dr Tedros remarks

"Several lessons are already staring us in the face…First, <the importance of> preparedness and response, second the health of humans, animals and the planet are intimately intertwined, and third, the world needs a strong WHO." Opening remarks at 148th session of the Executive Board

"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." Opening remarks at the extraordinary meeting of the Strategic Advisory Group of Experts (SAGE) on Immunization

"Two new studies show that <if we don't deliver equitable access to vaccines> it wouldn't just be a moral failure, it would be an economic failure." Opening remarks at the media briefing on COVID-19 – 25 January 2021

COVAX on track to deliver 2 billion vaccine doses

COVAX on track to deliver at least 2 billion vaccine doses by the end of the year, including at least 1.3 billion doses to 92 lower income economies

Vaccine safety for frail, elderly patients

Vaccine Safety subcommittee reviews available information and data on deaths reported in frail, elderly individuals who had received the Pfizer BioNTech COVID-19 mRNA vaccine

IHR Review Committee

Statement to the 148th Executive Board by the Chair of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response

WHO's work around the world in support of COVID-19 response activities

How contributions support WHO's work in ongoing fight of COVID-19 pandemic around the world

Primary health care and Universal Health Coverage activities during the COVID-19 pandemic

Governments push for Universal Health Coverage as COVID-19 continues to devastate communities and economies

WHO Publications

Online global consultation on contact tracing for COVID-19, 9-11 June 2020

mRNA-1273 vaccine (Moderna) against COVID-19 Background document (draft)

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.