

COVID-19 Epidemiological Update

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Key highlights

- SARS-CoV-2 PCR percent positivity, as detected in integrated sentinel surveillance as part of the Global Influenza Surveillance and Response System (GISRS) and reported to FluNet was around 10% as of 4 February 2024.
- Globally, JN.1 is the most reported VOI (now reported by 99 countries), accounting for 88.2% of sequences in week 5 of 2024 compared to 77.1% in week 2 of 2024 (Figure 10, Table 6). Its parent lineage, BA.2.86, is declining and accounted for 3.7% of sequences in week 5 of 2024 compared to 5.4% in week 2 of 2024 (Figure 10, Table 6). [The updated risk evaluation for JN.1](#) was published on 9 January 2024, with an overall evaluation of low public health risk at the global level based on available evidence. WHO is currently tracking several SARS-CoV-2 variants: five VOIs – XBB.1.5, XBB.1.16, EG.5 BA.2.86 and JN.1; and three VUMs: XBB, XBB.1.9.1, and XBB.2.3.
- Globally, during the 28-day period from 8 January to 4 February 2024, 75 countries reported COVID-19 cases and 43 countries reported COVID-19 deaths. Note that this does not reflect the actual number of countries where cases or deaths occur, as many countries have stopped or changed the frequency of reporting.
- From the available data, the number of reported cases and deaths have decreased during the 28-day period, with over 503 000 new cases and 10 000 new deaths, a decrease of 58% and 31%, respectively, compared to the previous 28 days (11 December 2023 to 7 January 2024). Trends in the number of reported new cases and deaths should be interpreted with caution due to decreased testing and sequencing, alongside reporting delays in many countries. According to estimates obtained from wastewater surveillance, clinical detection of cases underestimates the real burden from 2 to 19-fold.
- During the 28-day period from 8 January to 4 February 2024, 51 and 39 countries provided data at least once on COVID-19 hospitalizations and admissions to an intensive care unit (ICU), respectively. From the available data, over 119 000 new hospitalizations and over 1500 new ICU admissions were reported during the 28-day period. Amongst the countries reporting these data consistently over the current and past reporting period, there was an overall decrease of 32% and 38% in new hospitalizations and new ICU admissions, respectively.
- The [Global WHO Coronavirus \(COVID-19\) Dashboard](#) has been updated and adapted with a new interface on 22 December 2023 to support WHO and Member States' work to transition from COVID-19 as an emergency to longer-term disease management, as outlined in WHO's 3 May 2023 COVID-19 [2023-2025 Updated Strategic Preparedness and Response Plan](#). The new dashboard will progressively incorporate more components throughout 2024. The previous link of the Global WHO Coronavirus (COVID-19) Dashboard will still be active and redirect users to the new one from 22 December onward.

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

- [WHO Monthly Operational Update and past editions of the Weekly Epidemiological Update on COVID-19](#)
- [WHO COVID-19 detailed surveillance data dashboard](#)
- [WHO COVID-19 policy briefs](#)
- [COVID-19 surveillance reporting requirements update for Member States](#)
- [Summary Tables of COVID-19 vaccine effectiveness \(VE\) studies and results \(last updated 8 February 2024\)](#)
- [Forest Plots displaying results of COVID-19 VE studies \(last updated 12 February 2024\)](#)
- [Special focus WEU on interpreting relative VE \(29 June 2022, pages 6-8\)](#)
- [Neutralization plots \(last updated 12 February 2024\)](#)
- [WHO COVID-19 VE Resources](#)

Global overview

Data as of 4 February 2024

Globally, the number of reported cases is an unreliable indicator of SARS-CoV-2 circulation. Among countries reporting (n=75), the number of new weekly cases decreased by 58% during the 28-day period of 8 January to 4 February 2024 as compared to the previous 28-day period, with over 0.5 million new cases reported (Figure 1, Table 1). The number of new weekly deaths decreased by 31% as compared to the previous 28-day period, with over 10 000 new fatalities reported. As of 4 February 2024, over 774 million confirmed cases and over 7 million deaths have been reported globally. According to estimates obtained from viral loads in wastewater surveillance, clinical detection of cases underestimated the real burden 2 to 19-fold.^{1,2,3}

Reported cases do not accurately represent infection rates due to the reduction in testing and reporting globally. During this 28-day period, only 32% (75 of 234) of countries reported at least one case to WHO. It is important to note that this statistic does not reflect the actual number of countries where cases exist. Additionally, data from the previous 28-day period are continuously being updated to incorporate retrospective changes made by countries regarding reported COVID-19 cases and deaths. Data presented in this report are therefore incomplete and should be interpreted considering these limitations. Some countries continue to report high burdens of COVID-19, including increases in newly reported cases and, more importantly, increases in hospitalizations and deaths – the latter of which are considered more reliable indicators given reductions in testing. Global and national data on SARS-CoV-2 PCR percent positivity are available on [WHO's integrated influenza and other respiratory viruses surveillance dashboard](#). Recent data (epidemiological week five, 29 January to 4 February 2024) from sentinel sites show that the SARS-CoV-2 PCR percent positivity from reporting countries averages approximately 10% (Figure 2).

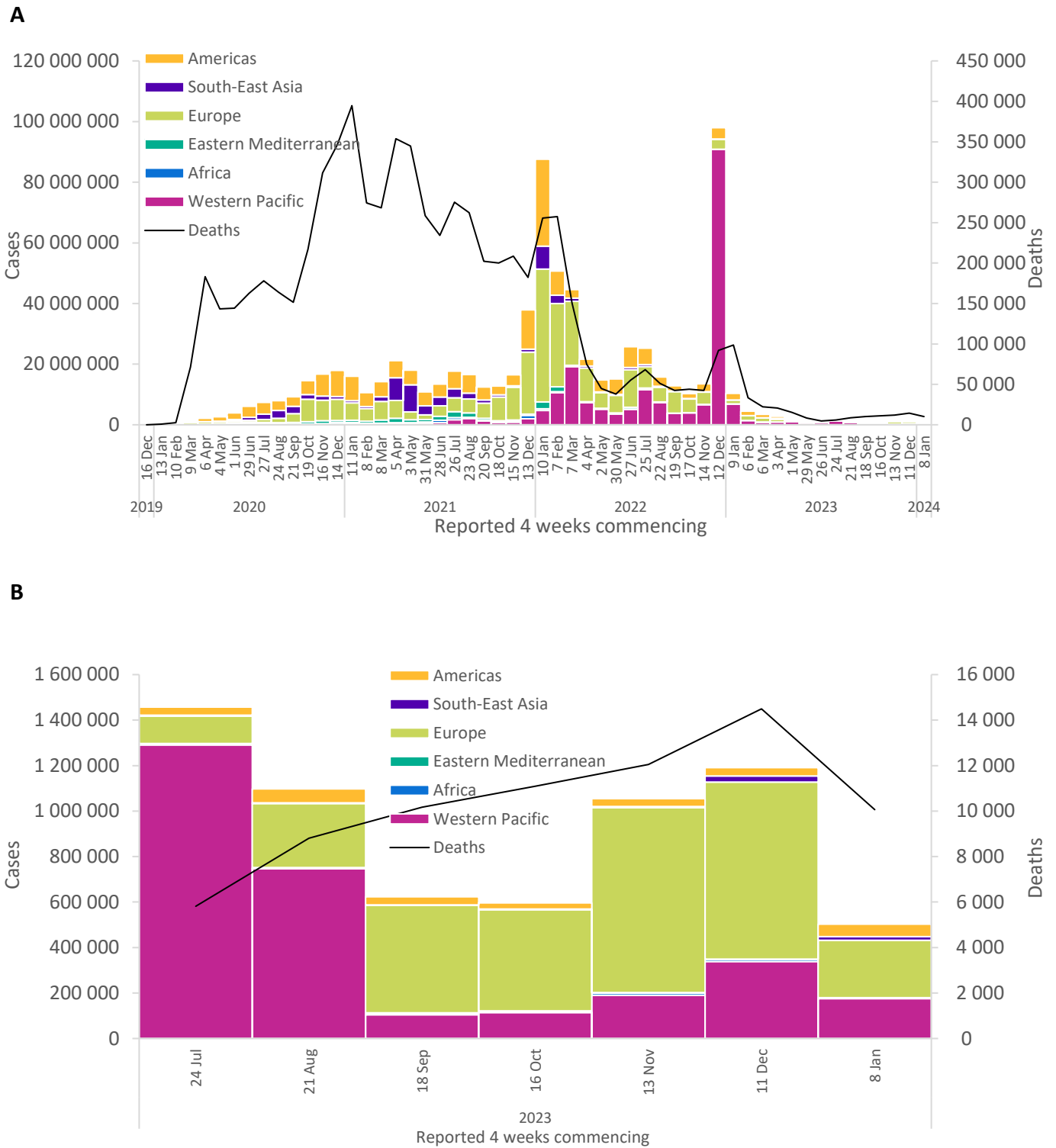
As many countries discontinue COVID-19-specific reporting and integrate it into respiratory disease surveillance, WHO will use all available sources to continue monitoring the COVID-19 epidemiological situation, especially data on illness and impact on health systems. COVID-19 remains a major threat, and WHO urges Member States to maintain, not dismantle, their established COVID-19 infrastructure. It is crucial to sustain early warning, surveillance and reporting, variant tracking, early clinical care provision, administration of vaccine to high-risk groups, improvements in ventilation, and regular communication.

1 Show us the data: global COVID-19 wastewater monitoring effectors, equity, and gaps

2. Capturing the SARS-CoV-2 infection pyramid within the municipality of Rotterdam using longitudinal sewage surveillance

3. Omicron COVID-19 Case Estimates Based on Previous SARS-CoV-2 Wastewater Load, Regional Municipality of Peel, Ontario, Canada

Figure 1. COVID-19 cases and global deaths by 28-day intervals reported by WHO Region, as of 4 February 2024 (A); 24 July 2023 to 4 February 2024 (B)**



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

At the regional level, the number of newly reported 28-day cases decreased or stayed stable across five of the six WHO regions: the European Region (-68%), the African Region (-73%), the Western Pacific Region (-48%), the South-East Asia Region (-38%), and the Eastern Mediterranean Region (+5%); while case numbers increased in one WHO region: the Region of the Americas (+51%). The number of newly reported 28-day deaths decreased across five regions: the European Region (-51%), the Region of the Americas (-20%), the African Region (-18%), the South-East Asia Region (-12%), and the Western Pacific region (-9%); while death numbers increased in the Eastern Mediterranean Region (+24%).

At the country level, the highest numbers of new 28-day cases were reported from Russia (103 302 new cases; -60%), Singapore (48 580 new cases; -72%), Malaysia (45 195 new cases; -33%), Australia (38 698 new cases; -8%), Greece (27 110 new cases; -61%). The highest numbers of new 28-day deaths were reported from the United States of America (6 534 new deaths; -19%), Italy (517 new deaths; -67%), the Russian Federation (509 new deaths; -25%), Greece (310 new deaths; -14%), Sweden (306 new deaths; -54%).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 4 February 2024**

WHO Region	New cases in last 28 days (%)	Change in new cases in last 28 days *	Cumulative cases (%)	New deaths in last 28 days (%)	Change in new deaths in last 28 days *	Cumulative deaths (%)	Countries reporting cases in the last 28 days	Countries reporting deaths in the last 28 days
Europe	252 189 (50%)	-68%	278 949 710 (36%)	2 585 (26%)	-51%	2 269 504 (32%)	33/61 (54%)	22/61 (36%)
Western Pacific	174 963 (35%)	-48%	208 190 048 (27%)	472 (5%)	-9%	419 909 (6%)	10/35 (29%)	6/35 (17%)
Americas	54 721 (11%)	51%	193 206 261 (25%)	6 793 (67%)	-20%	3 003 602 (43%)	15/56 (27%)	5/56 (9%)
South-East Asia	16 332 (3%)	-38%	61 258 198 (8%)	163 (2%)	-12%	808 441 (12%)	6/10 (60%)	5/10 (50%)
Eastern Mediterranean	2 602 (1%)	5%	23 412 370 (3%)	46 (0%)	24%	351 916 (5%)	4/22 (18%)	3/22 (14%)
Africa	2 293 (0%)	-73%	9 575 715 (1%)	9 (0%)	-18%	175 496 (2%)	7/50 (14%)	2/50 (4%)
Global	503 100 (100%)	-58%	774 593 066 (100%)	10 068 (100%)	-31%	7 028 881 (100%)	75/234 (32%)	43/234 (18%)

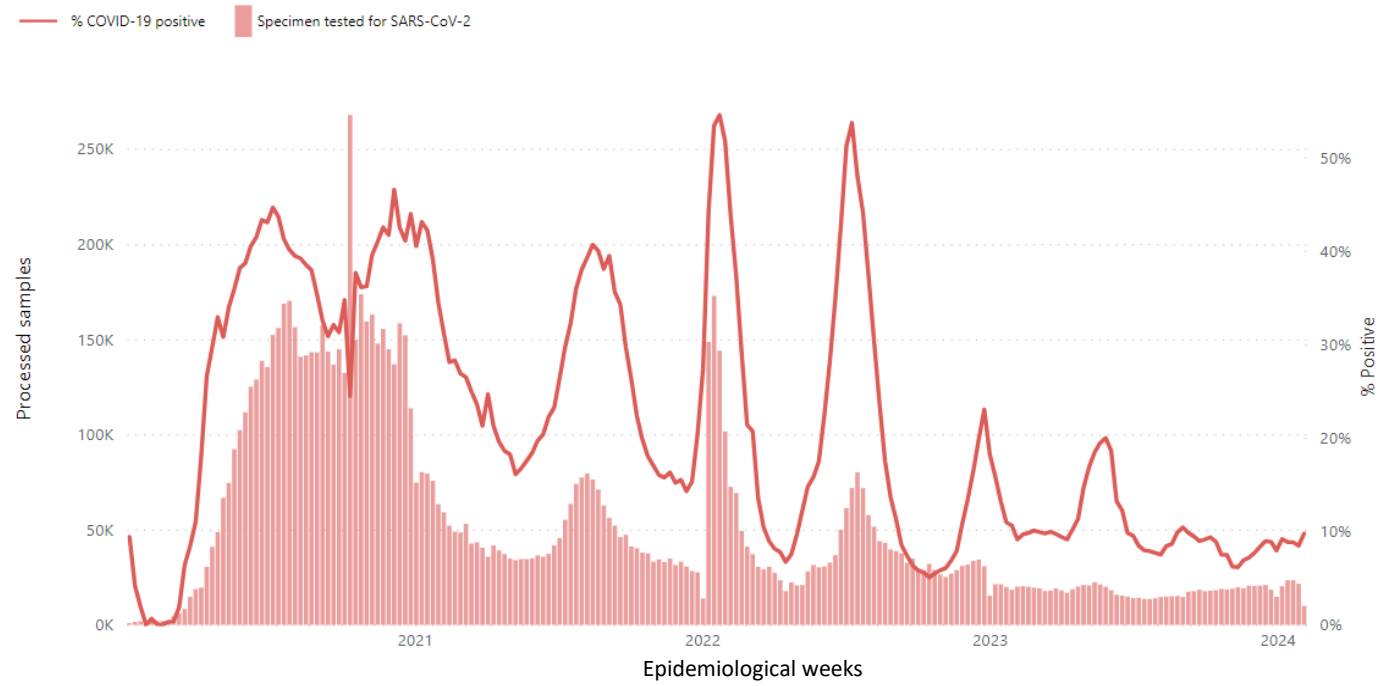
*Percent change in the number of newly confirmed cases/deaths in the past 28 days, compared to 28 days prior. Data from previous weeks are updated continuously with adjustments received from countries.

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

Figure 2. SARS-CoV-2 specimens tested, and test positivity rates reported to FluNet from sentinel sites; 5 January

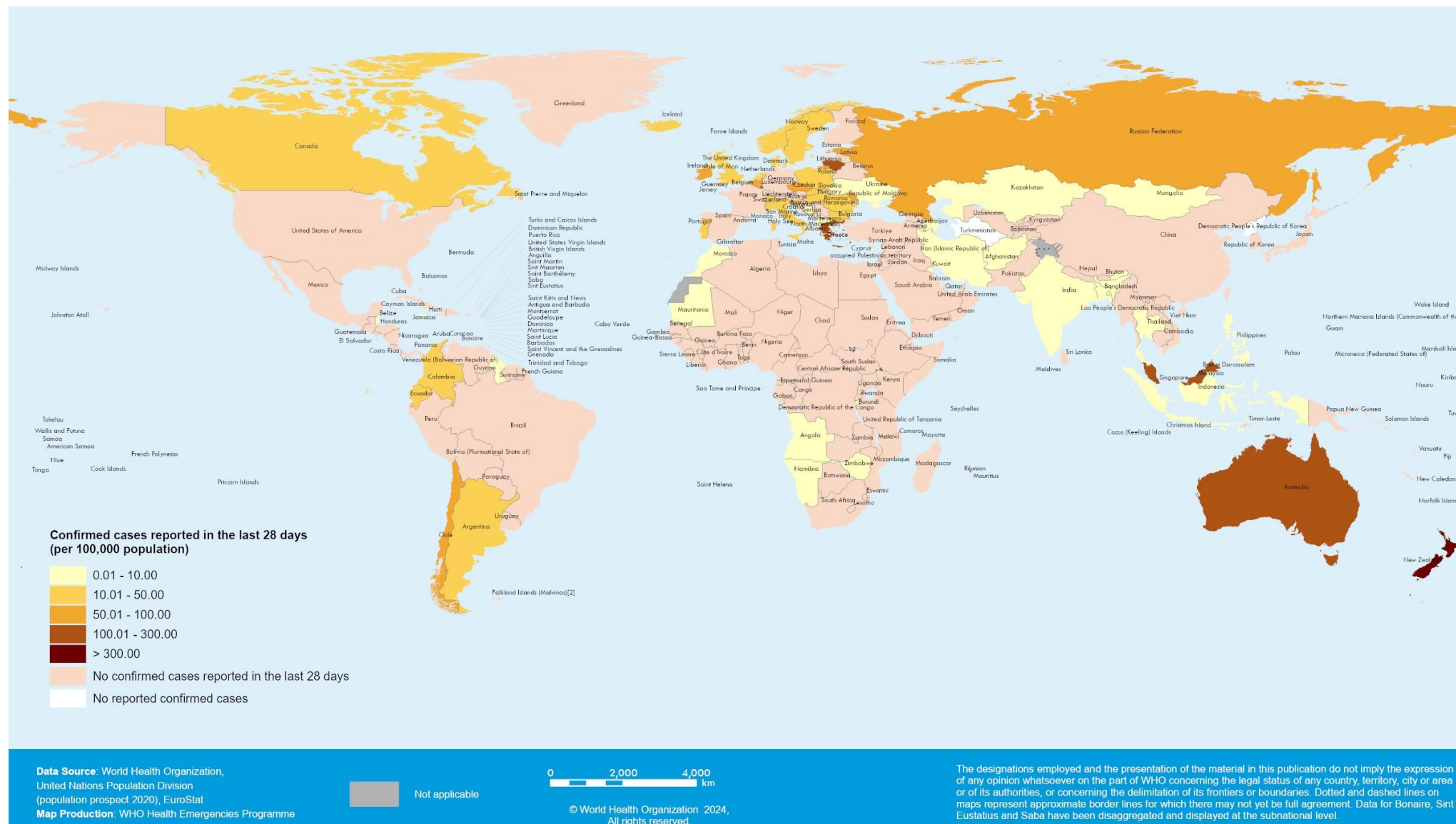
2020 to 4 February 2024

SARS-CoV-2 tested specimens reported to FluNet from countries, areas and territories



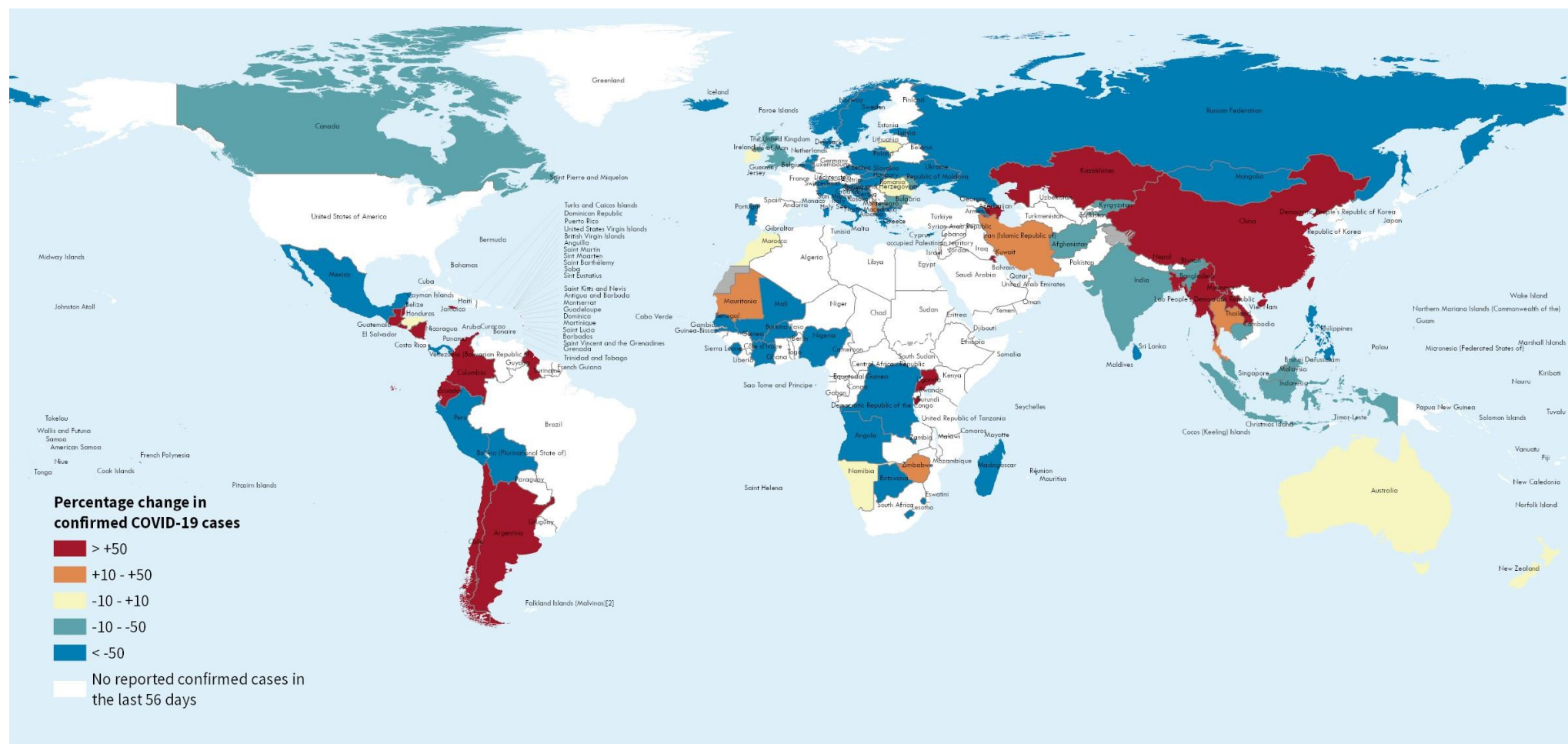
Source: *Influenza and SARS-CoV-2 surveillance data from GISRS reported to FluNet; WHO Global Influenza Programme*

Figure 3. Number of confirmed COVID-19 cases reported over the last 28 days per 100 000 population, as of 4 February 2024**



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

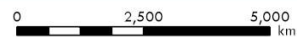
Figure 4. Percentage change in confirmed COVID-19 cases over the last 28 days relative to the previous 28 days, as of 4 February 2024**



Data Source: World Health Organization

Map Production: WHO Health Emergencies Programme

Not applicable

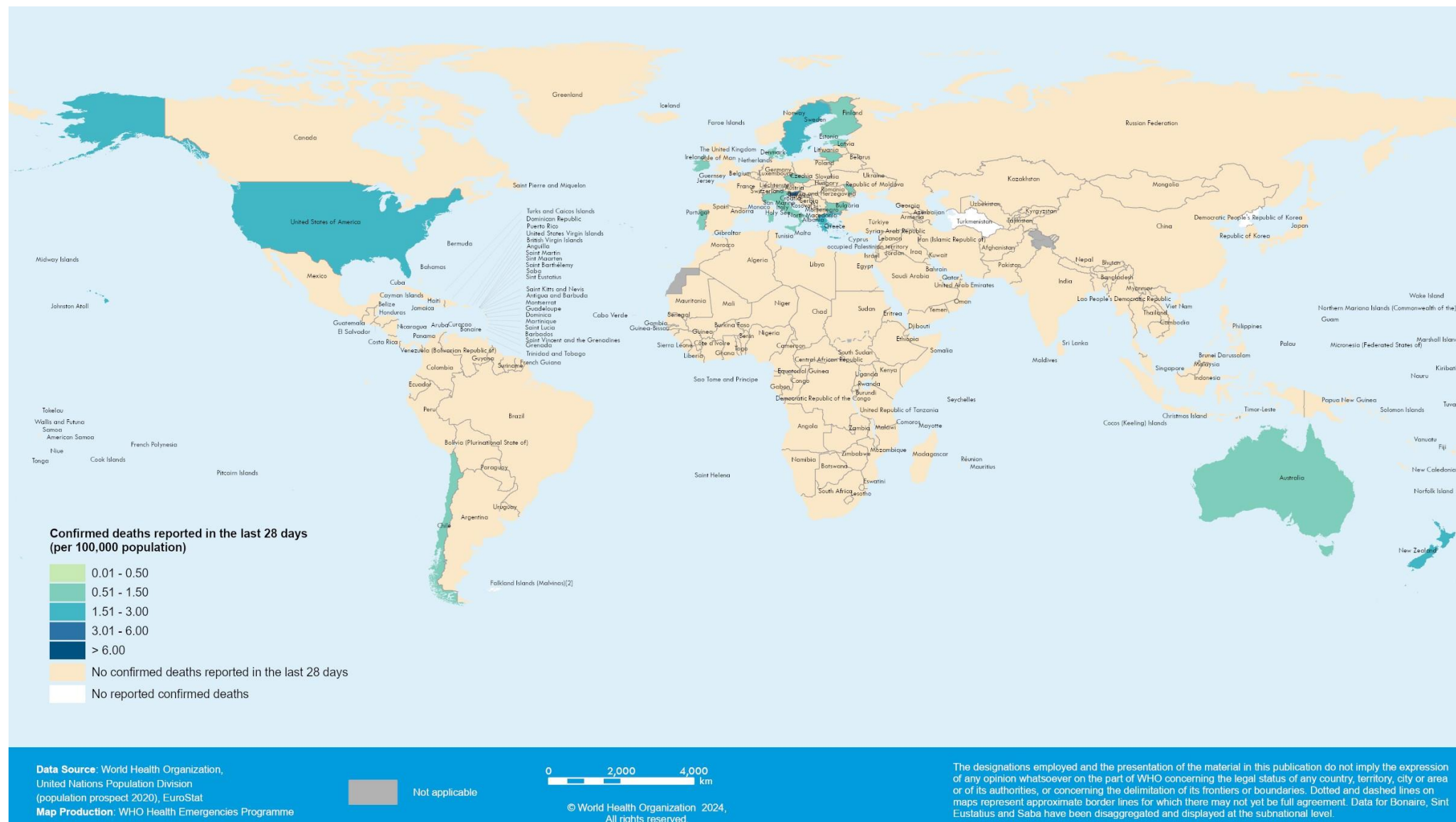


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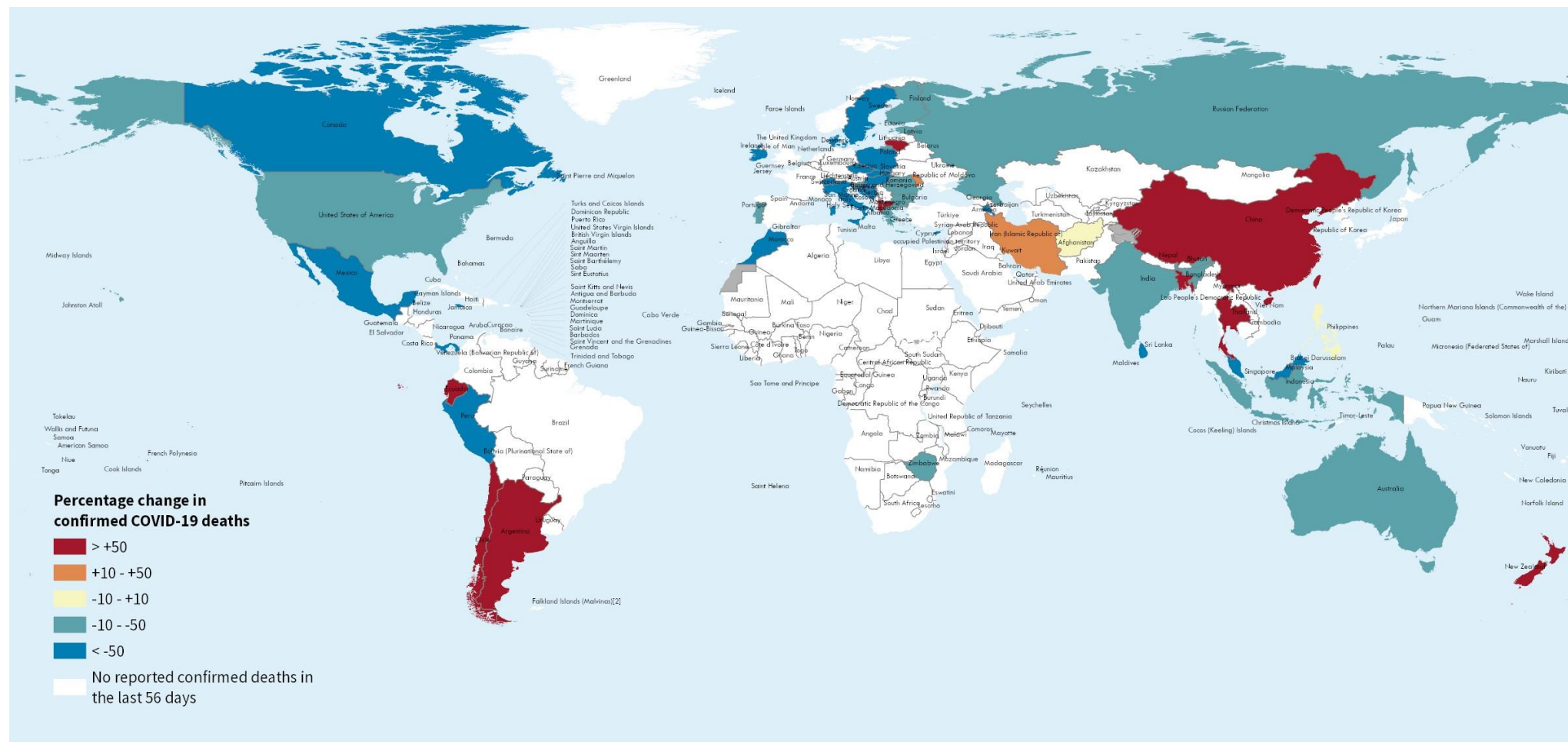
**See [Annex 1: Data, table, and figure notes](#)

Figure 5. Number of COVID-19 deaths reported over the last 28 days per 100 000 population, as of 4 February 2024 **



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

Figure 6. Percentage change in confirmed COVID-19 deaths over the last 28 days relative to the previous 28 days, as of 4 February 2024**



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**See Annex 1: Data, table, and figure notes

Hospitalizations and ICU admissions

At the global level, during the past 28 days (8 January to 4 February 2024), a total of 119 403 new hospitalizations and 1520 new intensive care unit (ICU) admissions were reported from 51 and 39 countries, respectively (Figure 7). Amongst the countries reporting these data consistently over the current and past reporting period, there was an overall decrease of 32% and 38% in new hospitalizations and new ICU admissions, respectively compared to the previous 28 days (11 December 2023 to 7 January 2024) (Table 2 and 4). Note that the absence of reported data from some countries to WHO does not imply that there are no COVID-19-related hospitalizations in those countries. The presented hospitalization data are preliminary and might change as new data become available. Furthermore, hospitalization data are subject to reporting delays. These data also likely include both hospitalizations with incidental cases of SARS-CoV-2 infection and those due to COVID-19 disease.

New hospitalizations

During the past 28 days, 51 (22%) countries reported data to WHO on new hospitalizations at least once (Table 2). The Region of the Americas had the highest proportion of countries reporting data on new hospitalizations (19 countries; 34%), followed by the European Region (18 countries; 30%), South-East Asia Region (two countries; 20%), the African Region (seven countries; 14%), and the Western Pacific Region (five countries; 14%). No country in the Eastern Mediterranean Region shared¹. The number of countries that consistently reported new hospitalizations for the period was 12% (29 countries).

Among the 29 countries consistently reporting new hospitalizations, 4 (14%) countries registered an increase of 20% or greater in hospitalizations during the past 28 days compared to the previous 28-day period: Guatemala (8 vs 1; +700%), Bangladesh (79 vs 21; +276%), Angola (10 vs 6; +67%), and Chile (353 vs 269; +31%). The highest numbers of new hospital admissions were reported from the United States of America (98 031 vs 126 289; -22%), Greece (2989 vs 6366; -53%), and Italy (2983 vs 11 919; -75%) (Table 3).

Table 2. Number of new hospitalization admissions reported by WHO regions, 8 January to 4 February 2024 compared to 11 December 2023 to 7 January 2024

Region	Countries reported at least once in the past 28 days		Countries reported consistently in the past and previous 28 days*		
	Number of countries (percentage)**	Number of new hospitalizations	Number of countries (percentage)**	Number of new hospitalizations	Percent change in new hospitalizations
Africa	7/50 (14%)	52	3/50 (6%)	10	+67%
Americas	19/56 (34%)	103 351	10/56 (18%)	100 465	-23%
Eastern Mediterranean	0/22 (<1%)	N/A ⁺	0/22 (<1%)	N/A	N/A
Europe	18/61 (30%)	10 283	10/61 (16%)	9467	-63%
South-East Asia	2/10 (20%)	837	1/10 (10%)	79	+276%
Western Pacific	5/35 (14%)	4880	5/35 (14%)	4880	-63%
Global	51/234 (22%)	119 403	29/234 (12%)	114 901	-32%

*Percent change is calculated for countries reporting consistently both in the past 28 days and the previous 28 days (comparison period).

**Number of countries reported / total number of countries in the region (percentage of reporting).

⁺ N/A represents not available or applicable.

Table 3. Countries that consistently reported new hospitalizations by WHO region, 8 January to 4 February 2024 compared to 11 December 2023 to 7 January 2024.

WHO Region	Country	New Hospitalization in past 28 days	New Hospitalization in previous 28 days	% Change from previous 28-day period
Africa	Burundi	0 [#]	0 [#]	N/A ⁺
	Mauritania	0	0	N/A
	Angola	10	6	67%
Americas	Turks and Caicos Islands	0	0	N/A
	Honduras	3	0	N/A
	Guyana	0	0	N/A
	Saint Lucia	0	0	N/A
	Suriname	0	0	N/A
	Guatemala	8	1	700%
	Chile	353	269	31%
	Ecuador	936	1072	-13%
	United States of America	98 031	126 289	-22%
	Canada	1134	2463	-54%
	Malaysia	2878	8491	-66%
Europe	Ireland	1212	1458	-17%
	Malta	51	79	-35%
	North Macedonia	15	26	-42%
	Netherlands	1176	2474	-52%
	Greece	2989	6366	-53%
	Slovakia	414	1010	-59%
	Estonia	128	420	-70%
	Italy	2983	11 919	-75%
	Czechia	495	2113	-77%
Portugal	4	38	-89%	
South-East Asia	Bangladesh	79	21	276%
Western Pacific	New Zealand	1323	1502	-12%
	Mongolia	14	55	-75%
	Brunei Darussalam	136	588	-77%
	Singapore	529	2619	-80%

⁺N/A represents not applicable.

[#]WHO emphasizes the importance of maintaining reporting and encourages countries to report the absence of new admissions (“zero reporting”) if there are no new hospital or ICU admissions during the week.

New ICU admissions

Across the six WHO regions, in the past 28 days, a total of 39 (17%) countries reported data to WHO on new ICU admissions at least once (Table 4). The European Region had the highest proportion of countries reporting data on new ICU admissions (15 countries; 25%), followed by the African Region (nine countries; 18%), the Western Pacific Region (six countries; 17%), the Region of the Americas (eight countries, 14%), and the South-East Asia Region (one country; 10%). No country in the Eastern Mediterranean Region reported ICU data during the period. The proportion of countries that consistently reported new ICU admissions for the period was 11% (25 countries).

Among the 25 countries consistently reporting new ICU admissions, two (8%) countries showed an increase of 20% or greater in new ICU admissions during the past 28 days compared to the previous 28-day period: Ecuador (491 vs 332; +48%) and Chile (19 vs 15; +27%). The highest numbers of new ICU admissions were reported from Ecuador (491 vs 332; +48%), Italy (183 vs 593; -69%), and Australia (179 vs 232; -23%) (Table 5).

Table 4. Number of new ICU admissions reported by WHO regions, 8 January to 4 February 2024 compared to 11 December 2023 to 7 January 2024

WHO Region	Countries reported at least once in the past 28 days		Countries reported consistently in the past and previous 28 days*		
	Number of countries (percentage)**	Number of new ICU admissions	Number of countries (percentage)**	Number of new ICU admissions	Percent change in new ICU admissions
Africa	9/50 (18%)	5	4/50 (8%)	0 [#]	N/A ⁺
Americas	8/56 (14%)	608	6/56 (11%)	606	+13%
Eastern Mediterranean	0/22 (<1%)	N/A ⁺	0/22 (<1%)	N/A	N/A
Europe	15/61 (25%)	491	9/61 (13%)	432	-63%
South-East Asia	1/10 (10%)	99	0/10 (<1%)	N/A	N/A
Western Pacific	6/35 (17%)	317	6/35 (17%)	317	-34%
Global	39/234 (17%)	1520	25/234 (11%)	1356	-38%

*Percent change is calculated for countries reporting consistently both in the past 28 days and the previous 28 days (comparison period).

**Number of countries reported / total number of countries in the region (percentage of reporting).

⁺ N/A represents data not available or applicable.

[#] WHO emphasizes the importance of maintaining reporting and encourages countries to report the absence of new admissions (“zero reporting”) if there are no new hospital or ICU admissions during the week.

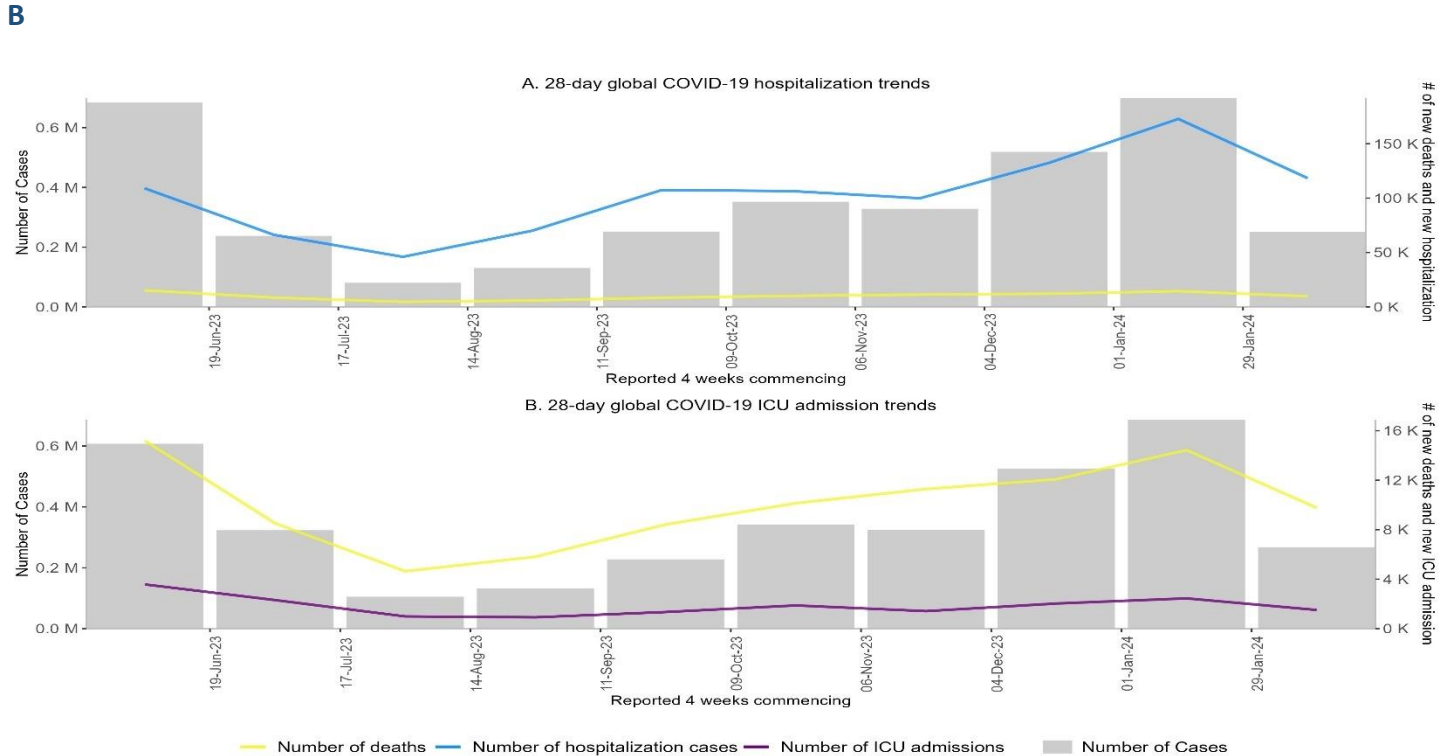
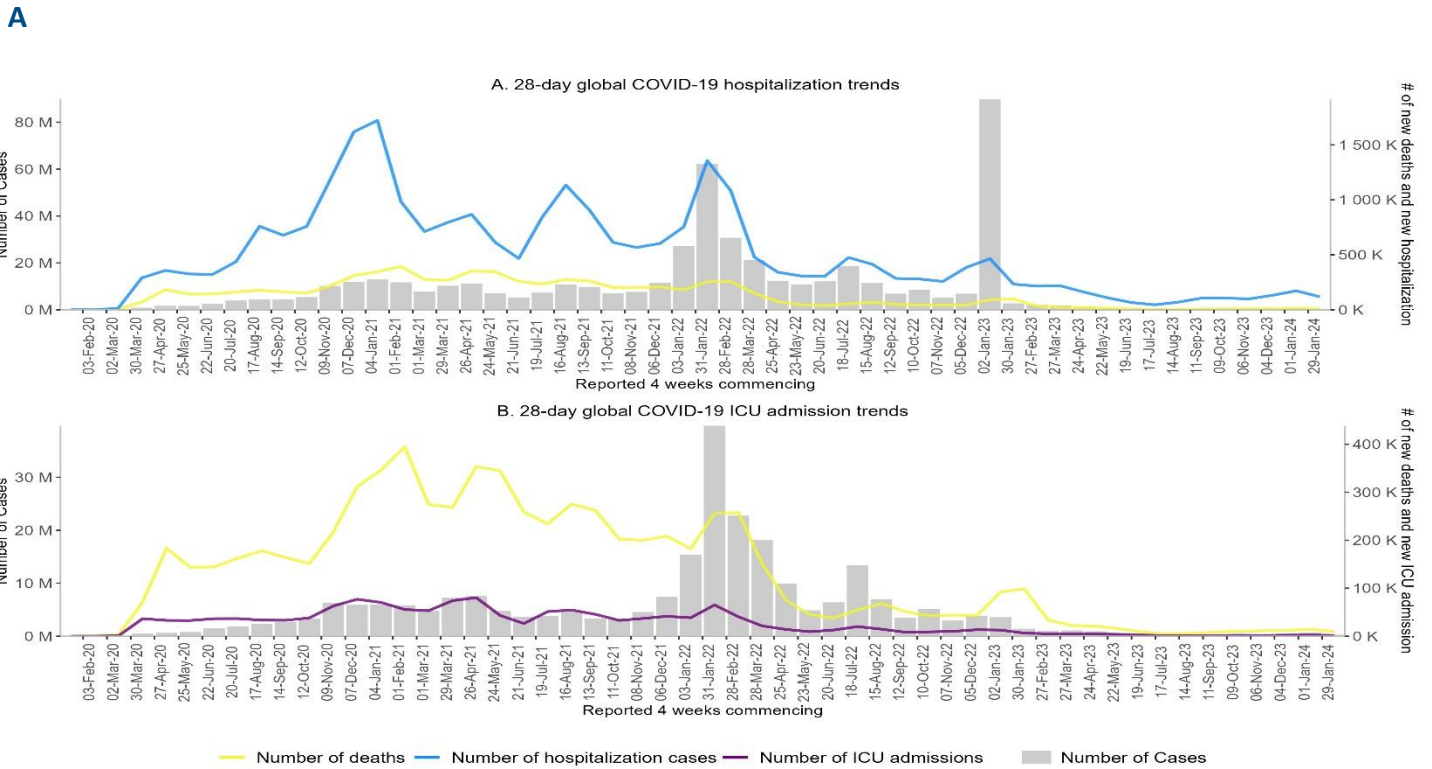
Table 5. Countries that consistently reported new ICU admissions by WHO regions, 8 January to 4 February 2024 compared to 11 December 2023 to 7 January 2024.

WHO Region	Country	New ICU admissions in past 28 days	New ICU admissions in previous 28 days	% Change from previous 28-day period
Africa	Angola	1	0 [#]	N/A ⁺
	Burundi	0	0	N/A
	Mauritania	0	0	N/A
	Zimbabwe	0	0	N/A
Americas	Guatemala	0	0	N/A
	Guyana	0	0	N/A
	Honduras	0	0	N/A
	Ecuador	491	332	48%
	Chile	19	15	27%
	Canada	96	187	-49%
	North Macedonia	0	0	N/A
Europe	Ireland	16	20	-20%
	Slovakia	6	8	-25%
	Greece	79	124	-36%
	Netherlands	70	120	-42%
	Italy	183	593	-69%
	Czechia	54	184	-71%
	Sweden	21	108	-81%
	Estonia	3	18	-83%
Western Pacific	Mongolia	0	0	N/A
	New Zealand	40	34	18%
	Brunei Darussalam	5	5	0%
	Australia	179	232	-23%
	Malaysia	79	131	-40%
	Singapore	14	77	-82%

⁺ N/A represents not applicable.

[#]WHO emphasizes the importance of maintaining reporting and encourages countries to report the absence of new admissions (“zero reporting”) if there are no new hospital or ICU admissions during the week.

Figure 7. 28-day global COVID-19 new hospitalizations and ICU admissions, from 03 February 2020 to 4 February 2024 (A); and from 23 May 2023 to 4 February 2024 (B)



Note: Recent weeks are subject to reporting delays and data might not be complete, thus the data should be interpreted with caution. Cases included in grey bars are only from countries reporting hospitalizations or ICU admissions, respectively.

Severity indicators

The ICU-to-hospitalization ratio and death-to-hospitalization ratio have been key indicators for understanding COVID-19 severity throughout the pandemic. The ICU-to-hospitalization ratio is used to assess the proportion of patients requiring ICU admission in relation to the total number of hospitalizations. The death-to-hospitalization ratio is used to assess the proportion of deaths in relation to hospitalized patients.

These indicators are subject to the same limitations mentioned above and their calculations are limited to the countries reporting all relevant data elements (hospitalizations, ICU admissions and deaths) in a given reporting period. It should be noted that there may be differences in reporting among countries. For instance, in some countries, hospitalization data may include ICU admissions, whereas in others, ICU admissions may be reported separately. Furthermore, it is important to consider that some deaths might have occurred outside of hospital facilities.

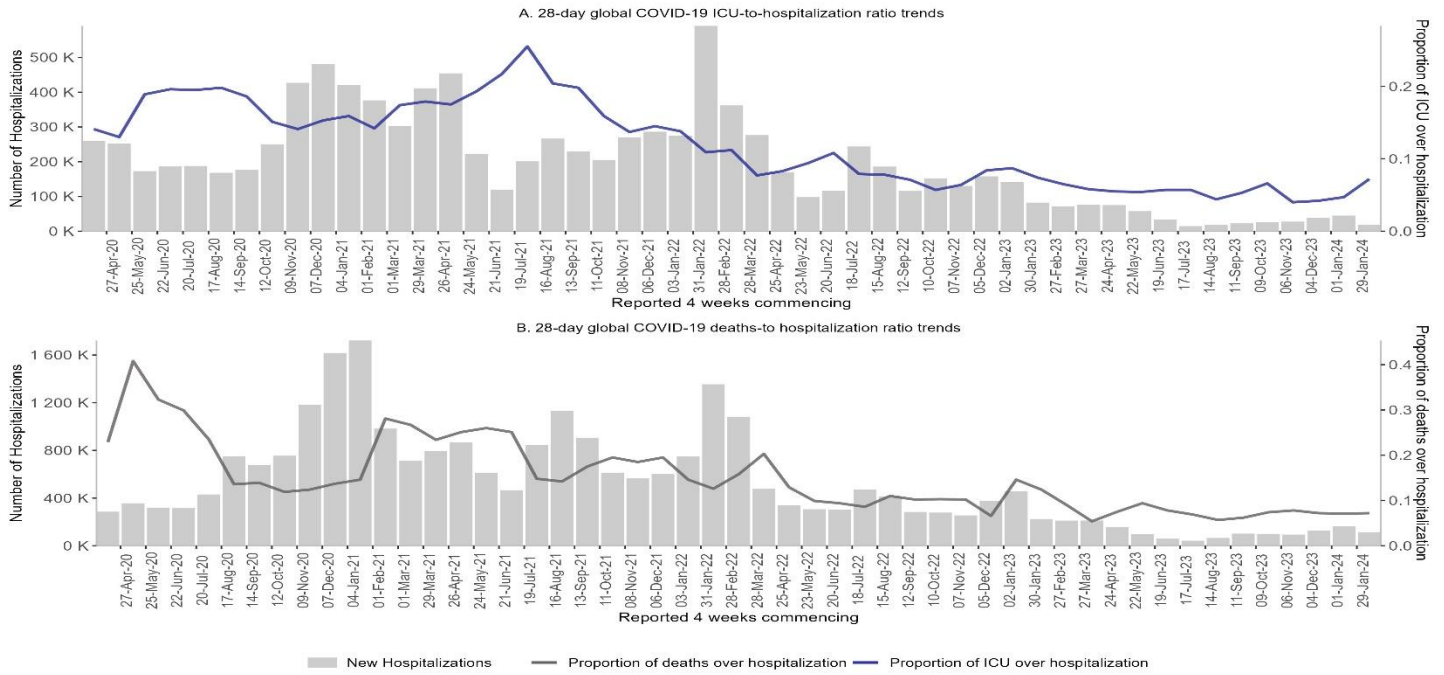
Overall, the ICU-to-hospitalization ratio has been decreasing since the peak in July 2021 when the ratio was 0.26, dropping below 0.15 since the beginning of 2022, and around 0.05 since the start of 2023 (Figure 8). The trend has been stable in recent weeks. This suggests that a decreasing proportion of new hospitalizations require intensive care.

Similarly, the death-to-hospitalization ratio has been showing a general decline since July 2021. Since January 2023, it has remained under 0.15, varying between 0.06 to 0.14. This is an encouraging trend indicating a lower mortality risk among hospitalized individuals.

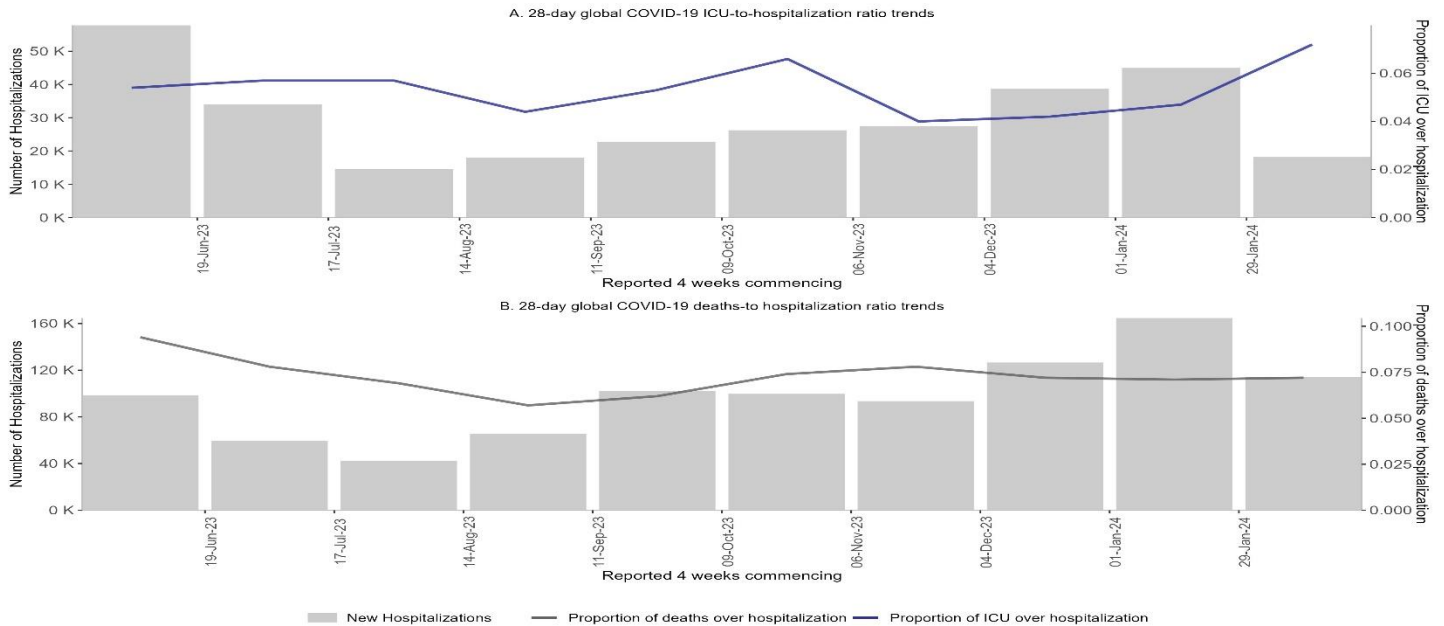
Please note that the causes for these decreases cannot be directly interpreted from these data, but likely include a combination of increases in infection-derived or vaccine-derived immunity, improvements in early diagnosis and clinical care, reduced strain on health systems, and other factors. It is not possible to infer a decreased intrinsic virulence amongst newer SARS-CoV-2 variants from these data.

Figure 8. COVID-19 ICU-to-hospitalization ratio and death-to-hospitalization ratio, from 31 March 2020 to 4 February 2024 (A), and 23 May 2023 to 4 February 2024 (B)

A



B



Note: Recent weeks are subject to reporting delays and should not be interpreted as a declining trend. The ICU ratio figure is created from the data of the countries reported both new hospitalizations and new ICU admissions. The death ratio figure is created from the data of the countries that reported both new hospitalization and new deaths.

Source: [WHO COVID-19 Detailed Surveillance Dashboard](#)

SARS-CoV-2 variants of interest and variants under monitoring

Geographic spread and prevalence

Globally, during the 28-day period from 8 January to 4 February 2024, 25 304 SARS-CoV-2 sequences were shared through GISAID. In comparison, in the two previous 28-day periods, there were 77 714 and 88 259 sequences shared, respectively. The data are periodically retrospectively updated to include sequences with earlier collection dates, so the number of submissions in a given time period may change.

WHO is currently tracking several SARS-CoV-2 variants, including:

- Five variants of interest (VOIs): XBB.1.5, XBB.1.16, EG.5, BA.2.86 and JN.1
- Three variants under monitoring (VUMs): XBB, XBB.1.9.1 and XBB.2.3

Table 6 shows the number of countries reporting VOIs and VUMs, and their prevalence from epidemiological week 2 of 2024 (8 to 14 January 2024) to week 5 of 2024 (29 January to 4 February 2024). The VOIs and VUMs exhibiting increasing trends are highlighted in yellow, those that have remained stable are highlighted in blue, and those with decreasing trends are highlighted in green.

Globally, JN.1 is the most reported VOI (now reported by 99 countries), accounting for 88.2% of sequences in week 5 of 2024 compared to 77.1% in week 2 of 2024 (Figure 10, Table 6). Its parent lineage, BA.2.86, is declining and accounted for 3.7% of sequences in week 5 of 2024 compared to 5.4% in week 2 of 2024 (Figure 10, Table 6). [The updated risk evaluation for JN.1](#) was published on 9 January 2024, with an overall evaluation of low public health risk at the global level based on available evidence.

The other VOIs, XBB.1.5, XBB.1.16 and EG.5, have decreased in global prevalence during the same period: XBB.1.5 accounted for 0.9% of sequences in week 5 of 2024 compared to 2.2% in week 2 of 2024; XBB.1.6 accounted for 0.4% of sequences in week 5 of 2024 compared to 0.8% in week 2 of 2024; EG.5 accounted for 5.4% of sequences in week 5 of 2024 compared to 12.1% in week 2 of 2024 (Figure 10, Table 6).

All VUMs have shown a decreasing trend over the reporting period (Table 6).

Sufficient sequencing data to calculate variant prevalence at the regional level during weeks 2 to 4 of 2024 were available from four WHO regions: the Region of the Americas, the Western Pacific Region, the South-East Asia Region, and the European Region (Table 7). Among the VOIs, JN.1 was the most reported variant and showed an increasing trend in all the four regions. The other VOIs and all the VUMs in all four regions observed decreasing trends.

The declining rates of testing and sequencing globally (Figure 10) make it increasingly challenging to estimate the severity impact of emerging SARS-CoV-2 variants. There are currently no reported laboratory or epidemiological reports indicating any association between VOIs/VUMs and increased disease severity. As shown in Figure 9 and Figure 10, low and unrepresentative levels of SARS-CoV-2 genomic surveillance continue to pose challenges in adequately assessing the variant landscape.

Table 6. Weekly prevalence of SARS-CoV-2 VOIs and VUMs, week 02 of 2024 to week 05 of 2024

Lineage	Countries [§]	Sequences [§]	2024-02	2024-03	2024-04	2024-05
VOIs						
XBB.1.5	140	373881	2.2	1.7	1.1	0.9
XBB.1.16	129	123718	0.8	0.5	0.2	0.4
EG.5	111	204378	12.1	9.1	5.3	5.4
BA.2.86	78	17709	5.4	4.4	3.5	3.7
JN.1	99	87984	77.1	82.3	88.0	88.2
VUMs						
XBB	145	107029	0.7	0.5	0.5	-
XBB.1.9.1	126	97695	0.7	0.5	0.4	0.3
XBB.2.3	120	50555	0.6	0.4	0.5	1.0
Unassigned	73	29579	0.1	0.1	0.0	-



[§] Number of countries and sequences are since the emergence of the variants.

* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.16, EG.5, XBB.1.9.1, and XBB.2.3.

Table 7. Weekly prevalence of SARS-CoV-2 VOIs and VUMs by WHO regions, week 52 of 2023 to week 5 of 2024

Lineage (week 02-2024 to 05-2024)	AMRO	AFRO [¥]	EMRO [¥]	EURO	SEARO	WPRO
VOIs						
XBB.1.5*	↓			↓	↓	↓
XBB.1.16*	↓			↓	↓	↓
EG.5*	↓			↓	↓	↓
BA.2.86*	↓			↓	↓	↓
JN.1*	↑			↑	↑	↑
VUMs						
XBB*	↓			↓	↓	↓
XBB.1.9.1*	↓			↓	↓	↓
XBB.2.3*	↓			↓	↓	↓

↑ Increasing trend
 ↓ Decreasing trend
 ↔ Stable trend

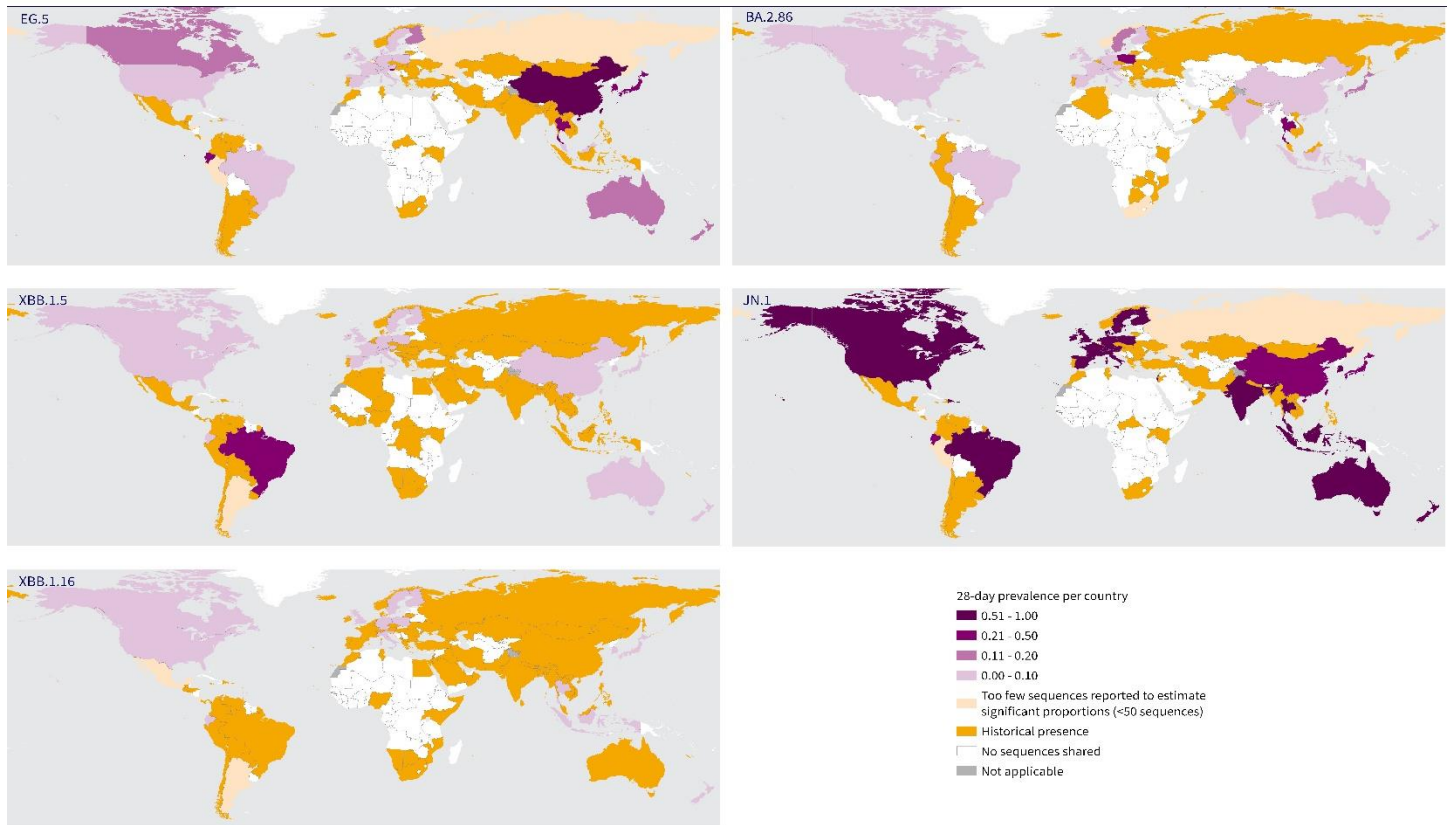
 Insufficient Data
 Most Prevalent variant(s)

* Includes descendant lineages, except those individually specified elsewhere in the table. For example, XBB* does not include XBB.1.5, XBB.1.16, EG.5, XBB.1.9.1, and XBB.2.3.

[¥] due to the small numbers of sequences submitted in these regions, it has not been possible to determine trends for the VOIs and VUMs in these regions; this is also represented by the shaded cells in the table.

Figure 9. Global 28-day prevalence of EG.5, XBB.1.5, XBB.1.16, BA.2.86, and JN.1, 8 January to 4 February 2024 **

Global 28-day prevalence of EG.5, XBB.1.5, XBB.1.16, BA.2.86 and JN.1 (08 January 2024 to 04 February 2024)



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization's Global Initiative on Sharing All Influenza Data
Map Production: WHO Health Emergencies Programme
Map Date: 14 February 2024



* Reporting period to account for delay in sequence submission to GISAID.

+ Historical presence indicates countries previously reporting sequences of VOIs but have not reported within the period from 11 December 2023 to 7 January 2024

Figure 10. The (A) number and (B) percentage of SARS-CoV-2 sequences, from 11 December 2023 to 4 February 2024

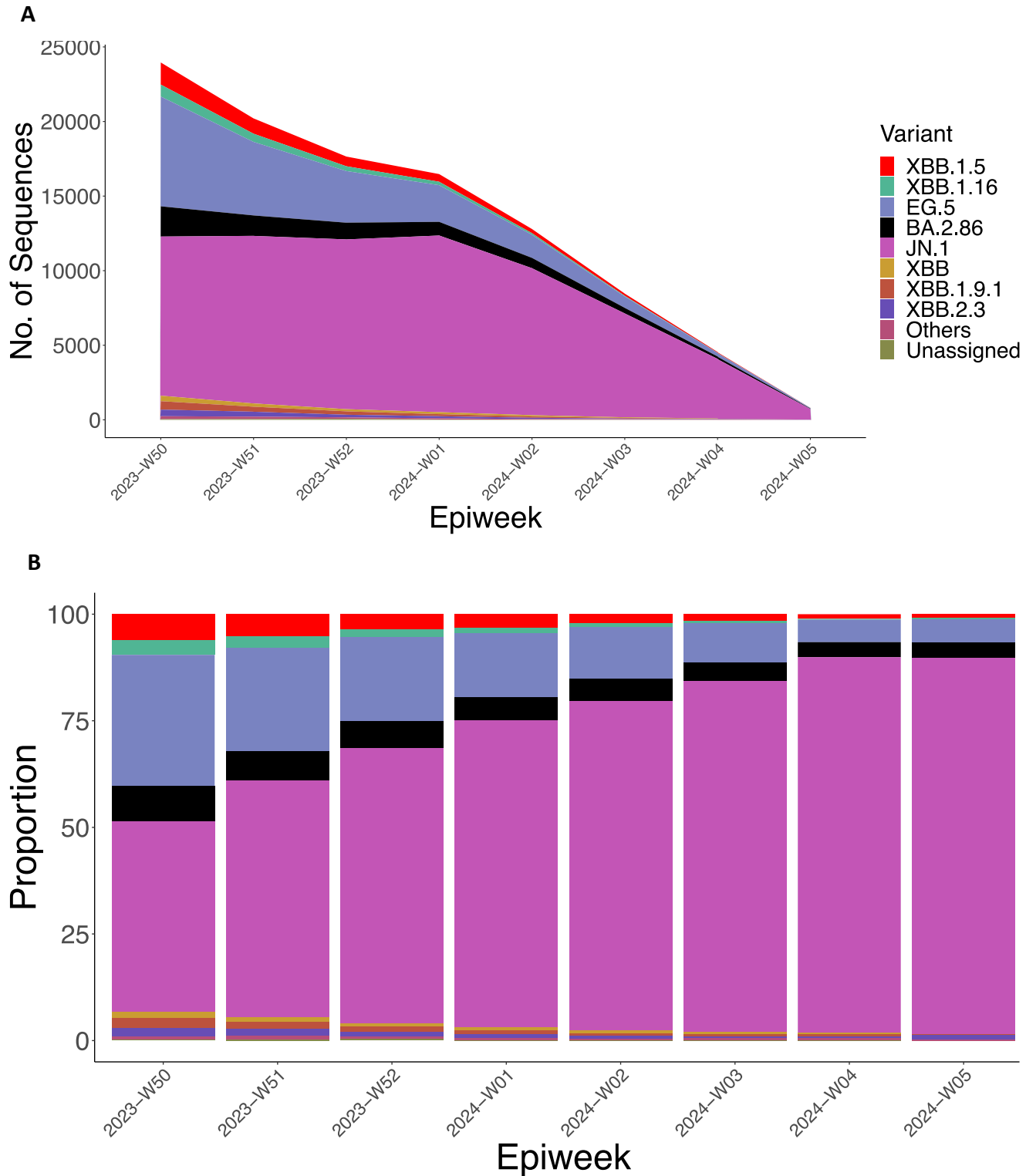


Figure 10. Panel A shows the number, and Panel B the percentage, of all circulating variants since July to December 2023. The variants shown here include descendent lineages, except for the descendent lineage(s) listed here. The *Unassigned* category includes lineages pending for a PANGO lineage name designation, whereas the *Other* category includes lineages that are assigned but not listed here. Source: SARS-CoV-2 sequence data and metadata from GISAID, from 11 December 2023 to 4 February 2024.

Additional resources

- [Tracking SARS-CoV-2 Variants](#)
- [WHO Global COVID-19 Dashboard Variants Section](#)
- [WHO statement on updated tracking system on SARS-CoV-2 variants of concern and variants of interest](#)
- [SARS-CoV-2 variant risk evaluation framework, 30 August 2023](#)
- [WHO JN.1 Updated Risk Evaluation, 9 February 2024](#)
- [WHO BA.2.86 Initial Risk Evaluation, 21 November 2023](#)
- [WHO EG.5 Updated Risk Evaluation, 21 November 2023](#)
- [WHO XBB.1.5 Updated Risk Assessment, 20 June 2023](#)
- [WHO XBB.1.16 Updated Risk Assessment, 5 June 2023](#)

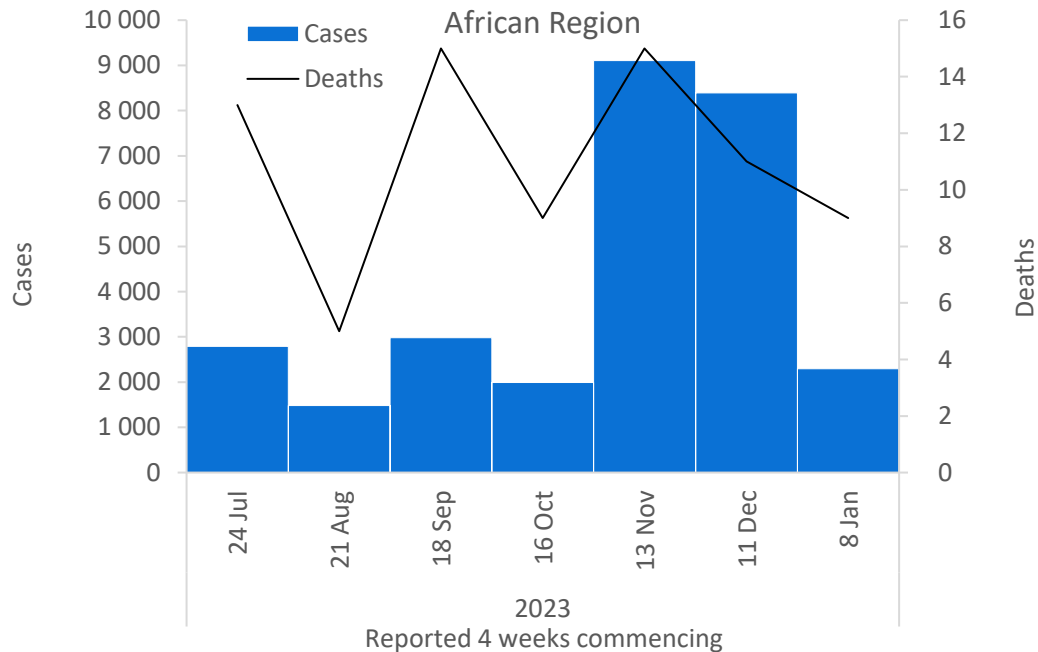
WHO regional overviews

Data for 11 December 2023 to 7 January 2024

African Region

The African Region reported just under 2293 new cases, a 73% decrease as compared to the previous 28-day period. Two (4%) of the 50 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Burundi (80 vs 53 new cases; +51%), and Zimbabwe (202 vs 142 new cases; +42%). The highest numbers of new cases were reported from Mauritius (1758 new cases; 138.2 new cases per 100 000; -76%), Zimbabwe (202 new cases; 1.4 new cases per 100 000; +42%), and Angola (189 new cases; <1 new case per 100 000; -77%).

The number of new 28-day deaths in the Region decreased by 18% as compared to the previous 28-day period, with 9 new deaths reported. The highest numbers of new deaths were reported from Mauritius (6 new deaths; <1 new death per 100 000; -14%), and Zimbabwe (3 new deaths; <1 new death per 100 000; -25%).

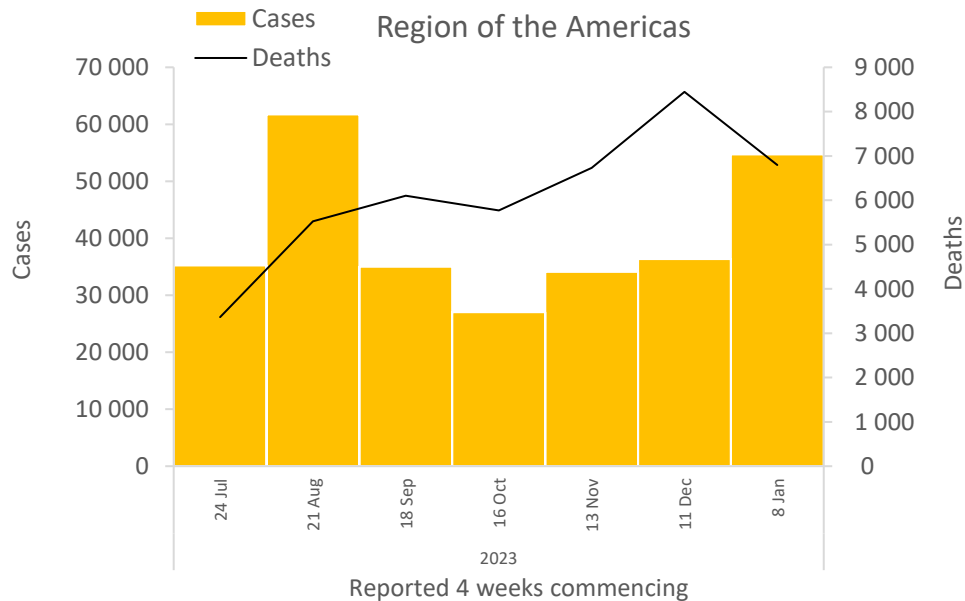


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported over 54 000 new cases, a 51% increase as compared to the previous 28-day period. 12 (21%) of the 56 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Guatemala (13 vs one new cases; +1200%), Colombia (9 305 vs 978 new cases; +851%), Guyana (66 vs nine new cases; +633%), Chile (15 092 vs 2411 new cases; +526%), Ecuador (3 048 vs 734 new cases; +315%), Nicaragua (12 vs three new cases; +300%), Argentina (15 655 vs 4213 new cases; +272%), El Salvador (16 vs five new cases; +220%), Turks and Caicos Islands (24 vs nine new cases; +167%), Barbados (169 vs 65 new cases; +160%), Jamaica (71 vs 38 new cases; +87%), and Belize (five vs three new cases; +67%). The highest numbers of new cases were reported from Argentina (15 655 new cases; 34.6 new cases per 100 000; +272%), Chile (15 092 new cases; 78.9 new cases per 100 000; +526%), and Canada (11 229 new cases; 29.8 new cases per 100 000; -46%).

The number of new 28-day deaths in the Region decreased by 20% as compared to the previous 28-day period, with 6793 new deaths reported. The highest numbers of new deaths were reported from the United States of America (6534 new deaths; 2 new deaths per 100 000; -19%), Canada (111 new deaths; <1 new death per 100 000; -63%), and Chile (103 new deaths; <1 new death per 100 000; +544%).

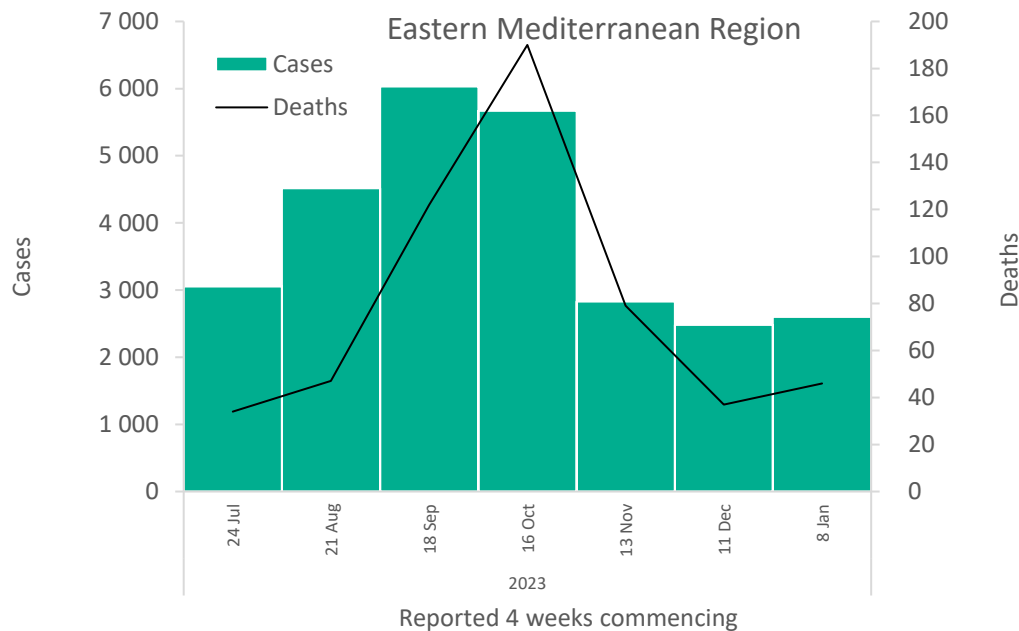


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 2602 new cases, a 5% increase as compared to the previous 28-day period. Two (9%) of the 22 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Kuwait (373 vs 102 new cases; +266%), and the Islamic Republic of Iran (882 vs 663 new cases; +33%). The highest numbers of new cases were reported from Afghanistan (902 new cases; 2.3 new cases per 100 000; -29%), the Islamic Republic of Iran (882 new cases; 1.1 new cases per 100 000; +33%), and Morocco (445 new cases; 1.2 new cases per 100 000; 0%).

The number of new 28-day deaths in the Region increased by 24% as compared to the previous 28-day period, with 46 new deaths reported. The highest numbers of new deaths were reported from the Islamic Republic of Iran (37 new deaths; <1 new death per 100 000; +37%), Afghanistan (8 new deaths; <1 new death per 100 000; similar to the previous 28-day period), and Morocco (1 new death; <1 new death per 100 000; -50%).

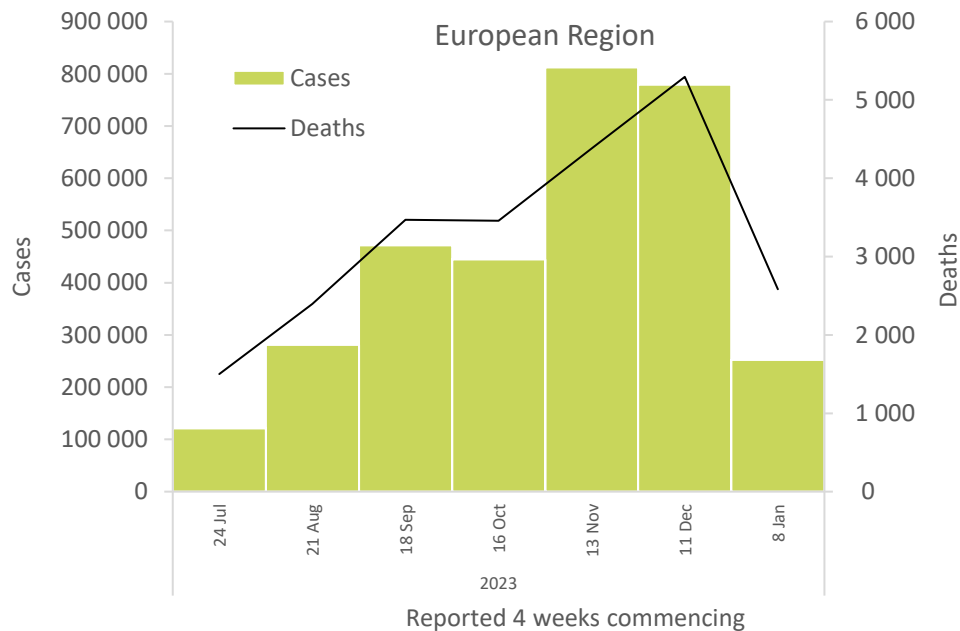


Updates from the [Eastern Mediterranean Region](#)

European Region

The European Region reported over 252 000 new cases, a 68% decrease as compared to the previous 28-day period. Three (5%) of the 62 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Kazakhstan (459 vs 116 new cases; +296%), Azerbaijan (258 vs 122 new cases; +111%), and Albania (210 vs 147 new cases; +43%). The highest numbers of new cases were reported from the Russian Federation (103 032 new cases; 70.6 new cases per 100 000; -60%), Greece (27 125 new cases; 253.1 new cases per 100 000; -61%), and Italy (26 136 new cases; 43.8 new cases per 100 000; -85%).

The number of new 28-day deaths in the Region decreased by 51% as compared to the previous 28-day period, with 2585 new deaths reported. The highest numbers of new deaths were reported from Italy (599 new deaths; 1 new death per 100 000; -62%), the Russian Federation (509 new deaths; <1 new death per 100 000; -25%), and Greece (315 new deaths; 2.9 new deaths per 100 000; -13%).

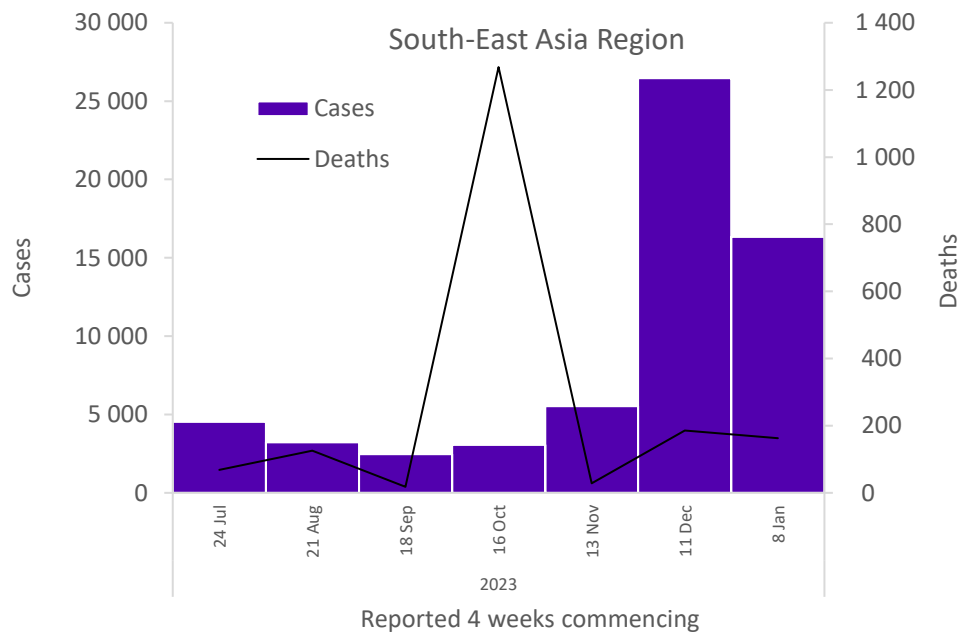


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported over 16 000 new cases, a 38% decrease as compared to the previous 28-day period. Two (18%) of the 11 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Bangladesh (888 vs 276 new cases; +222%), and Myanmar (234 vs 110 new cases; +113%). The highest numbers of new cases were reported from India (8005 new cases; <1 new case per 100 000; -47%), Indonesia (4502 new cases; 1.6 new cases per 100 000; -48%), and Thailand (2679 new cases; 3.8 new cases per 100 000; +15%).

The number of new 28-day deaths in the Region decreased by 12% as compared to the previous 28-day period, with 163 new deaths reported. The highest numbers of new deaths were reported from India (62 new deaths; <1 new death per 100 000; -28%), Indonesia (59 new deaths; <1 new death per 100 000; -18%), and Thailand (34 new deaths; <1 new death per 100 000; +62%).

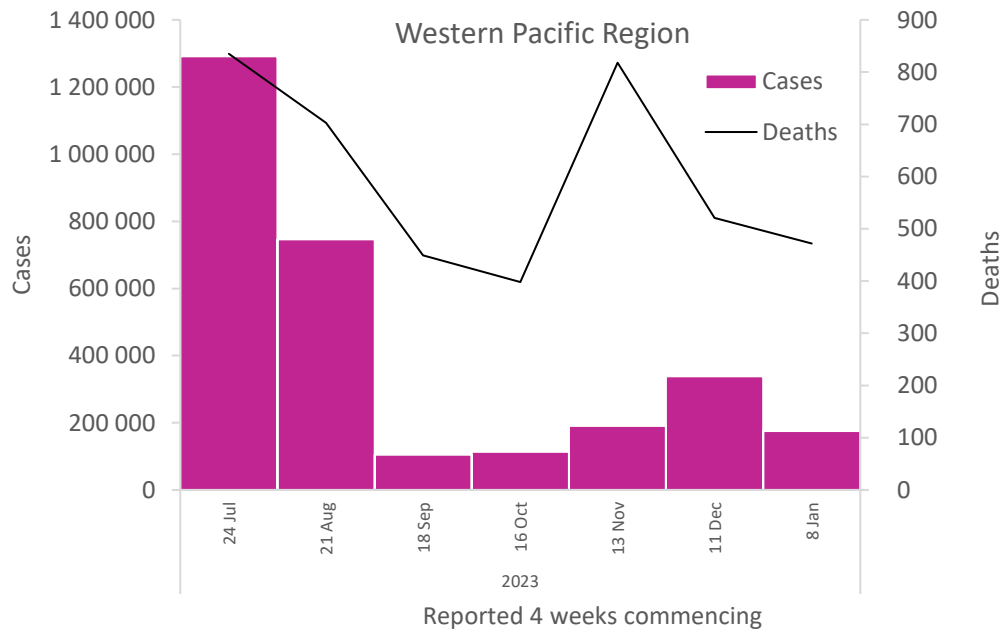


Updates from the [South-East Asia Region](#)

Western Pacific Region

The Western Pacific Region reported just under 175 000 new cases, a 48% decrease as compared to the previous 28-day period. Two (6%) of the 35 countries for which data are available reported increases in new cases of 20% or greater, with the highest proportional increases observed in Lao People's Democratic Republic (11 vs five new cases; +120%), and China (5493 vs 2514 new cases; +118%). The highest numbers of new cases were reported from Singapore (48 580 new cases; 830.4 new cases per 100 000; -72%), Malaysia (45 195 new cases; 139.6 new cases per 100 000; -33%), and Australia (38 698 new cases; 151.8 new cases per 100 000; -8%).

The number of new 28-day deaths in the Region decreased by 9% as compared to the previous 28-day period, with 472 new deaths reported. The highest numbers of new deaths were reported from Australia (204 new deaths; <1 new death per 100 000; -30%), New Zealand (145 new deaths; 3 new deaths per 100 000; +169%), and the Philippines (51 new deaths; <1 new death per 100 000; +9%).



Updates from the [Western Pacific Region](#)

Annex 1. Data, table, and figure notes

Data presented are based on official laboratory-confirmed COVID-19 cases and deaths reported to WHO by country/territories/areas, largely based upon WHO [case definitions and surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidences, and variable delays to reflecting these data at the global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. Differences are to be expected between information products published by WHO, national public health authorities, and other sources.

A record of historic data adjustment is available upon request by emailing epi-data-support@who.int. Please specify the countries of interest, time period, and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data.

'Countries' may refer to countries, territories, areas or other jurisdictions of similar status. The designations employed, and the presentation of these materials, do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. Countries, territories, and areas are arranged under the administering WHO region. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted; the names of proprietary products are distinguished by initial capital letters.

Annex 2. SARS-CoV-2 variants assessment and classification

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact the effectiveness of vaccines, therapeutics, diagnostics or public health and social measures (PHSM) applied to control disease spread. Potential variants of concern (VOCs), variants of interest (VOIs) or variants under monitoring (VUMs) are regularly assessed based on the risk posed to global public health.

The classifications of variants will be revised as needed to reflect the continuous evolution of circulating variants and their changing epidemiology. Criteria for variant classification, and the lists of currently circulating and previously circulating VOCs, VOIs and VUMs, are available on the [WHO Tracking SARS-CoV-2 variants website](#). National authorities may choose to designate other variants and are strongly encouraged to investigate and report newly emerging variants and their impact.

WHO continues to monitor SARS-CoV-2 variants, including descendent lineages of VOCs, to track changes in prevalence and viral characteristics. The current trends describing the circulation of Omicron descendent lineages should be interpreted with due consideration of the limitations of current COVID-19 surveillance. These include differences in sequencing capacity and sampling strategies between countries, changes in sampling strategies over time, reductions in tests conducted and sequences shared by countries, and delays in uploading sequence data to GISAID.