COVID-19 Weekly Epidemiological Update

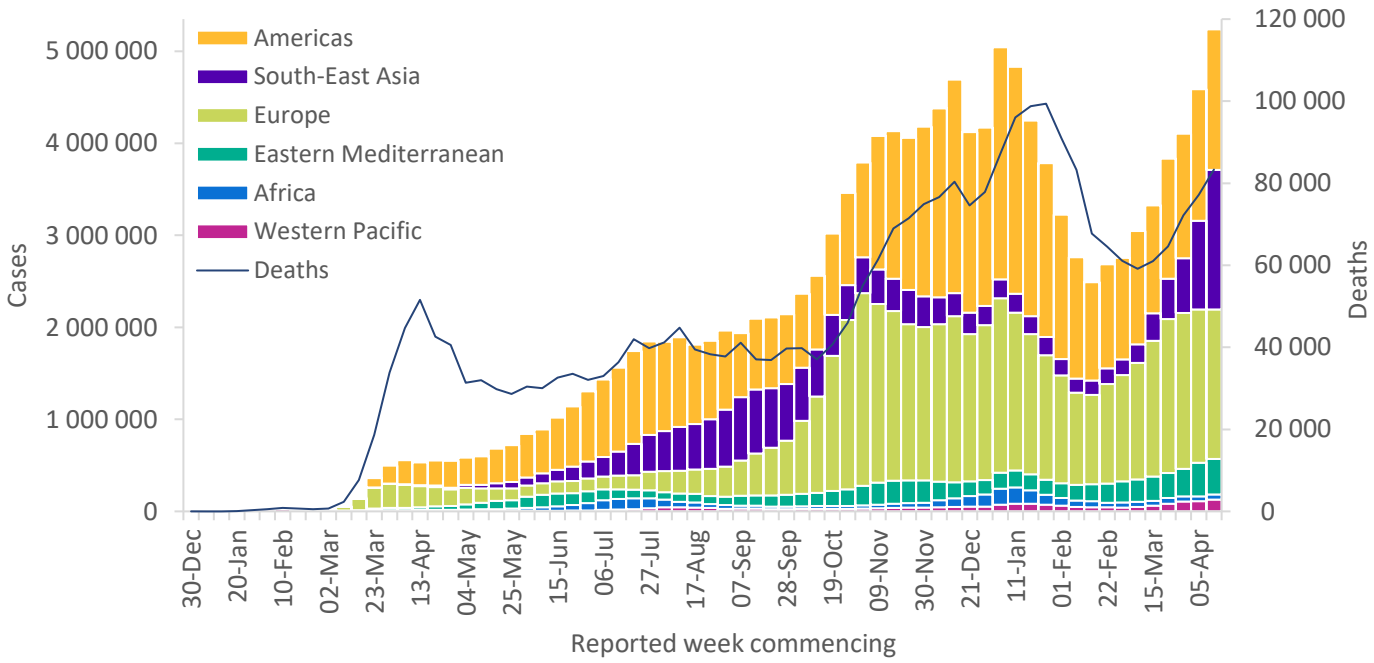
Data as received by WHO from national authorities, as of 18 April 2021, 10 am CET

In this edition:

Global overview

Globally, new COVID-19 cases increased for the eighth consecutive week, with more than 5.2 million new cases reported in the last week – surpassing the previous peak in early January 2021 (Figure 1). The number of new deaths increased for the fifth consecutive week, an 8% increase as compared to the previous with over 83 000 new deaths reported. Last week the reported cumulative COVID-19 death toll surpassed 3 million lives; the pace of deaths is accelerating, it took nine months to reach 1 million deaths, another four to surpass 2 million, and just three to reach 3 million deaths.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 18 April 2021**



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

While all regions except the European Region reported an increase in incident cases in the last week, the largest increase continues to be reported by the South-East Asia Region, largely driven by India, followed by the Western Pacific Region (Table 1). All regions except the European and Western Pacific regions reported an increase in the number of weekly deaths, with the largest increase in the South-East Asia Region due to an

increase in deaths in India, followed by the Eastern Mediterranean Region, largely due to an increase in new deaths in the Islamic Republic of Iran.

The countries reporting the highest number of new cases represent three of the six WHO regions: India (1 429 304 new cases; 64% increase), the United States of America (477 778 new cases; 2% increase), Brazil (459 281 new cases; 1% decrease), Turkey (414 312 new cases; 17% increase), and France (233 275 new cases; 12% decrease).

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 18 April 2021**

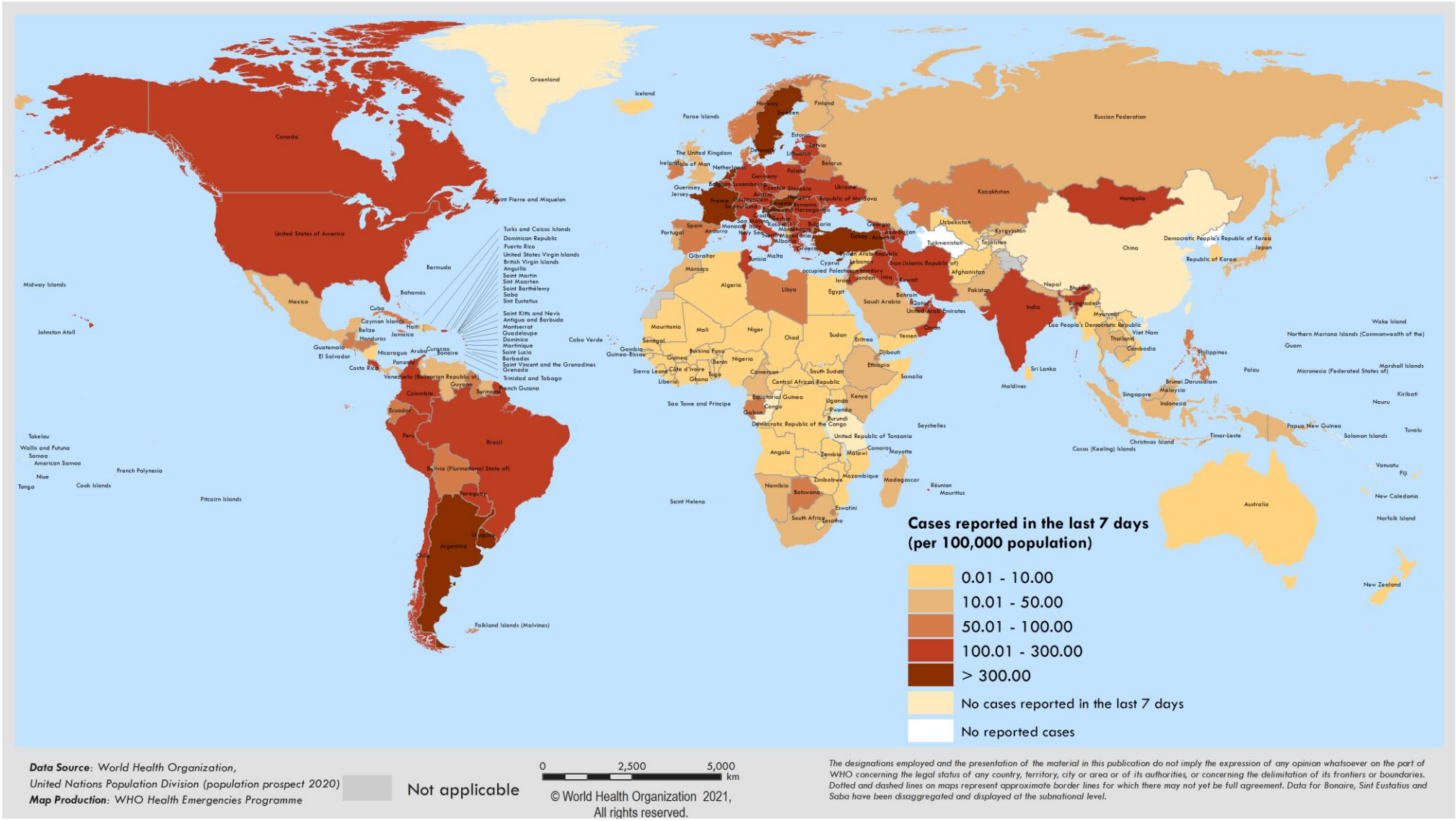
WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	1 525 505 (29%)	7%	59 551 000 (42%)	39 482 (47%)	8%	1 444 736 (48%)
Europe	1 624 060 (31%)	-3%	49 208 464 (35%)	26 302 (32%)	-3%	1 035 294 (34%)
South-East Asia	1 518 708 (29%)	57%	17 696 534 (13%)	9 447 (11%)	49%	237 832 (8%)
Eastern Mediterranean	386 176 (7%)	6%	8 444 694 (6%)	5 460 (7%)	23%	170 580 (6%)
Africa	54 297 (1%)	7%	3 225 261 (2%)	1 170 (1%)	14%	80 715 (3%)
Western Pacific	128 176 (2%)	15%	2 205 688 (2%)	1 444 (2%)	-8%	34 918 (1%)
Global	**5 236 922 (100%)**	**14%**	**140 332 386 (100%)**	**83 305 (100%)**	**8%**	**3 004 088 (100%)**

**Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior*
**See *Annex: Data, table and figure notes*

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

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

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 12-18 April 2021**



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

Special Focus: Update on WHO COVID-19 global rapid risk assessment, 13 April 2021

As the COVID-19 pandemic, response and our understanding of the SARS-CoV-2 virus continue to evolve, WHO's most recent assessment is that the global public health risk remains very high. Under the Emergency Response Framework, WHO undertakes risk assessments and situation analyses on a regular basis to inform our response to emerging issues. In addition, WHO periodically formally reviews the current risk status of risks through an in-depth hazard, exposure and context assessment; as well as a review of the vulnerabilities and capacities to respond and to investigate the current risk to human health, risks of ongoing spread globally, and risk of insufficient control capacities. Such assessments are used as an internal-WHO decision- making tool, but they also additionally to support independent deliberations, including (but not limited to) meetings of the IHR Emergency Committee. Ten COVID-19 rapid risk assessments have been undertaken to date, and additional assessments have been completed for specific events surrounding the emergence of SARS-CoV-2 variants of concern (VOCs). Here, we provide a synopsis of the most recent in-depth global rapid risk assessment.

The COVID-19 pandemic shows no signs of easing, with global case and death incidence increasing at a concerning rate since mid-February 2021; a third of the global cumulative COVID-19 cases and deaths has been reported in the last three months alone, with weekly cases reaching similar levels as the previous peak in January 2021. Marked geographical variation in the pandemic trajectory continues to be observed at regional and country levels, with sharp rises observed in the South-East Asia, Eastern Mediterranean and Western Pacific regions in recent weeks. The global infection fatality ratio (IFR) was estimated between 0.1% to 1.0%, an increase from January largely driven by an increase in the Region of the Americas. Globally mortality rates continue to be higher for those over 40 years as well as for males as compared to females.

The resurgences in the last four months have likely been driven in part by both the emergence of SARS-CoV-2 VOCs and inconsistent use/early easing of public health and social measures (PHSM). As surveillance and sequencing activities to detect SARS-CoV-2 variant cases are strengthened, the number of countries reporting the three variants designated as global VOCs has increased. All three VOCs are associated with increased transmission. Additionally, some have been associated with increased disease severity (VOC 202012/01 and 501Y.V2), increased risk of immune escape (501Y.V2 and P.1), and/or significant reductions in neutralization (501Y.V2 and P.1) by convalescent or post-vaccine sera compared to wild-type/non-VOC variants, suggesting increased risk of vaccine failure or reinfection. In addition to the VOCs, six variants have thus far been designated as SARS-CoV-2 variants of interest (VOIs), and a further 19 variants are currently under investigation, highlighting that especially as global incidence remains high, there is continued risk of emergence of more variants with phenotypic implications and global importance in the coming months.

The high burden of COVID-19 globally has continued to challenge surveillance systems, leading to a large gap in the completeness of demographic information shared for reported cases. In line with the WHO surveillance guidelines, efforts are being made to strengthen surveillance and reporting, however, many challenges persist especially for low-income countries. The ongoing pandemic also continues to challenge public health and healthcare capacities in most countries, as often the same human resources are spread across clinical management and outbreak response activities including vaccine rollout. The recent increase in cases reported in most regions has added to the healthcare workload and aggravated shortages of resources and the capacity to care for both those with COVID-19 and patients with other illnesses; over 90% of countries have reported some level of service disruptions and almost 40% have reported disruptions to essential primary health care services.

Infection prevention and control (IPC) and PHSM have proven to be critical in mitigating and limiting transmission and deaths due to COVID-19. The use of PHSM must be continuously monitored and adjusted, especially in the context of VOCs, to account for the intensity of transmission as well as the capacity of the health system at both national and sub-national levels. While reports confirm that most people continue to support PHSM as part of national COVID-19 response strategies, pandemic fatigue is occurring, undermining the impact of PHSM on transmission. In some countries, a lack of trust in government responses and increasing

frustration and uncertainty about the duration of the pandemic, coupled with the economic impacts of the response to COVID-19, have led to protests against PHSM.

The cornerstone of treatment for COVID-19 remains early detection and clinical assessment along with the use of oxygen and systemic corticosteroid therapy for those with severe or critical COVID-19. Markets for personal protective equipment (PPE), PCR tests, and medical oxygen equipment have begun to adjust to the higher demand, and the Biomedical Consortium (part of the UN Supply Chain) continues to support the scale-up of oxygen supply in under-resourced settings, where supply chains remain vulnerable to manufacturing and transport shutdowns/restrictions. The supply chain network, however, continues to face constraints in the availability of containers and ships, adding challenges in maintaining the cold-chain requirements of COVID-19 vaccines from production to administration.

As of 12 April 2021, four vaccines have received Emergency Use Listing by WHO. A total of 781 million doses of COVID-19 vaccines have been administered in 196 economies. However, 24 economies (including 12 from the African Region and seven from the Western Pacific Region) have not yet started vaccination. The current uneven and inequitable access and distribution of COVID-19 vaccines is exacerbating global inequalities, which coupled with the emergence of VOCs, risks prolonging the pandemic.

With a COVAX target of 20-30% population coverage with a single vaccine dose by the end of the year, and considering that the proportion of the population with immunity acquired through infection is likely less than 25%, much of the global population is still susceptible to infection. Additionally, the degree and duration of immunity conferred by natural infection, COVID-19 vaccination or the combination of both are still being investigated, and some studies suggest that those who receive vaccines may still transmit SARS-CoV2 infection to susceptible contacts. While global vaccine acceptance generally remains high, country variations have been observed due to a multitude of reasons, including exposure to misinformation as well as the attitudes of local healthcare professionals, who can play an important role in building or undermining vaccine confidence.

While our understanding of the SARS-CoV-2 virus and the complex immune response triggered by it continues to grow, much still remains unknown including the effectiveness of vaccination in reducing transmission; the duration of immunity; the role of children in transmission; and the frequency and nature of post-COVID-19 condition (“long COVID”). The emergence of VOCs introduces further unknowns such as the potential for immune escape and as to how these changes in the virus affect the global epidemiology.

Additional resources

- Further information about WHO risk assessment process

Special Focus: Pandemic influenza surveillance – drawing a parallel with the COVID-19 pandemic

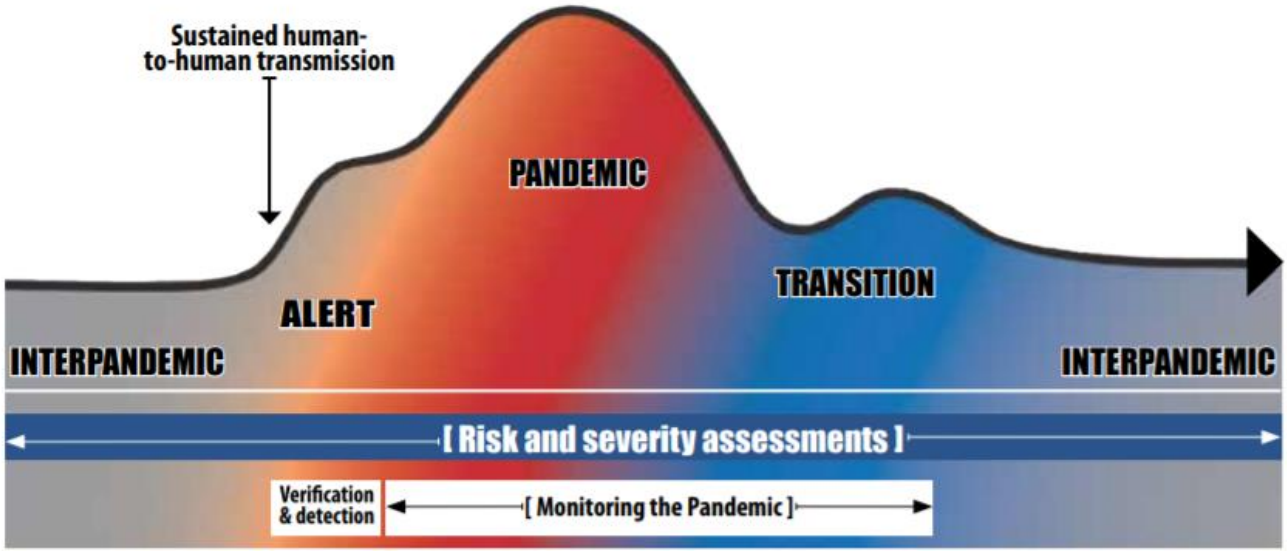
Surveillance approaches for the COVID-19 pandemic have combined the use and adaptation of existing systems as well as the establishment of new systems to meet the surveillance objectives. The Global Influenza Surveillance and Response System (GISRS) is an example of this, and has been leveraged to support the critical need to monitor trends in concurrent community circulation of both SARS-CoV-2 and seasonal influenza (see 9 March 2021 Special Focus for background information). Here, we look at parallels between surveillance approaches to influenza and the COVID-19 pandemic.

Critically, under both influenza and COVID-19 pandemic scenarios, surveillance relies upon multiple systems to:

- Verify and detect emergence and transmission,
- Monitor the geographic spread and related morbidity and mortality, and
- Assess the severity and inform development and update of vaccines and other control measures.

The WHO guidance on public health surveillance during an influenza pandemic highlight the different surveillance objectives and components needed at different phases before, during and after a pandemic (Figure 3).

Figure 3: The continuum of pandemic influenza phases (Source: WHO, 2017)



Alert Phase

In the alert phase, surveillance objectives are focused on the detection of all cases and the verification of human-to-human transmission, with an aim to interrupt virus transmission and its geographic spread and understand the virus. Event-based surveillance, active case finding and routine influenza and other respiratory virus surveillance systems (e.g., GISRS), are useful in this phase.

Event-based surveillance (EBS) is undertaken routinely by public health authorities globally to support the rapid detection and early response to signals of outbreaks of influenza and other respiratory viruses with the potential to spread from animals to humans or cause human-to-human transmission. EBS can be used for example to detect signals of clusters/outbreaks of severe respiratory disease, infections among healthcare workers, unexpected changes in routine surveillance data trends, unusually high sales of pharmaceuticals used for respiratory disease treatment, illnesses in humans linked to animal outbreaks, etc. EBS is used routinely to support COVID-19 surveillance – supporting epidemic intelligence activities for the detection and investigation of unusual epidemiological trends or changes, which combined with surveillance from other formal and informal sources, support ongoing COVID-19 situation awareness, risk assessment and an evidence-based response.

Active case finding through contact tracing and cluster/outbreak investigation are recommended for interrupting SARS-CoV-2 transmission and are similarly recommended for finding new suspected cases, documenting potential human-to-human transmission, and providing targeted interventions to decrease the risk of illness and interrupt further transmission of pandemic influenza viruses.

Pandemic Phase

Once it is clear community transmission is occurring, monitoring the situation remains critical to inform risk assessments and adjust public health interventions. During this phase, it is important to understand the virus evolution and its geographic spread, severity of disease and groups at high risk for severe disease. Surveillance activities would focus on obtaining high quality data and favour specificity over sensitivity (i.e., would not necessarily attempt to identify all cases). Wherever possible, the use and strengthening of existing surveillance systems should be favoured. Often different systems capture information for mild illness, severe illness requiring hospitalization, and mortality, which collectively provide a foundation for surveillance during the pandemic phase.

A healthcare-based surveillance approach serves as the primary approach for year-round influenza surveillance and is considered an essential surveillance approach for COVID-19 as well. During periods of heightened surveillance, other community-based case investigation and surveillance activities serve to provide additional epidemiological information.

- *Sentinel surveillance*: Existing influenza surveillance systems that use a sentinel approach emphasize collecting quality data for epidemiological and virological surveillance from a limited number of surveillance sites. Sentinel healthcare facilities are chosen based on representativeness, feasibility, and sustainability**.** The use of strict case definitions and testing all or a subset of cases is for surveillance purposes and not for case management or outbreak investigation. During a pandemic, ongoing sentinel surveillance aids in tracking trends; geographical spread; impact of response measures; transmission and virus characteristics, including the evolution and emergence of variants; and vaccine effectiveness. A sentinel approach to monitoring COVID-19 is recommended as a complementary approach to comprehensive surveillance at present and many countries use existing sentinel influenza surveillance systems to monitor trends in COVID-19 activity and virus characteristics.
- *Non-sentinel surveillance:* Influenza virological surveillance also relies on non-sentinel surveillance, where specimens may be collected from non-sentinel sites and where the results are more often used for clinical management and diagnostics. Compared to sentinel surveillance, information coming from non-sentinel surveillance is often not as detailed, and the cases selected for testing may not meet standard case definitions.
- *Universal surveillance*: Many countries perform universal surveillance for influenza and other respiratory pathogens, often relying on electronic health record data to collect information on all patients seeking care for an influenza-like illnesses (ILI) or severe acute respiratory illness (SARI), or individuals with a suspected or confirmed laboratory diagnosis of a notifiable respiratory pathogen (including influenza or COVID-19), to either supplement or replace sentinel surveillance. Currently COVID-19 surveillance aims to capture data from any and all COVID-19 cases, no matter where they are diagnosed.
- *Mortality surveillance:* Many countries monitor influenza-related mortality through surveillance of influenza-related deaths (using death certificates) or through statistical analysis of excess mortality attributed to influenza. The regular counting of COVID-19 deaths on a daily or weekly basis is currently recommended as part of COVID-19 surveillance mortality monitoring, including through death certificates. While not commonly done during influenza epidemics, more frequent collection and reporting of influenza-related deaths may be warranted during the pandemic phase.

- *Other sources:*
    - It is estimated that around half of individuals infected with influenza do not seek healthcare for their illness.[1] Participatory surveillance for ILI involves the ongoing collection of self-reporting of symptoms from a voluntary cohort of participants who may not seek healthcare for their illness and complements data from healthcare-based surveillance systems. Some countries are also adapting current participatory surveillance systems or developing new ones for monitoring COVID-19.
    - Special studies and modelling can generate information on transmission dynamics, risk and severity during a pandemic. Work done since the 2009 influenza pandemic as part of pandemic influenza preparedness activities have informed the COVID 19 response.
    - Sero-epidemiological and transmission study protocols developed for use in a future influenza pandemic were immediately updated for use in the COVID-19 pandemic.

Reporting of data to WHO

Current public health guidance recommends SARS-CoV-2 infections to be nationally notifiable, with case-based reporting on a voluntary basis, and detailed aggregated data reporting requested on a weekly basis to WHO.

During further influenza pandemics, similar reporting requirements may be recommended initially. As the pandemic continues, countries would shift towards monitoring the situation, and the consistent and timely reporting of routine aggregated influenza data to regional and global WHO platforms may shift to weekly reporting of routine influenza surveillance data. It remains critical to draw lessons and sustain the momentum of the COVID-19 response to further strengthen and standardize both local and global surveillance systems to enable a robust approach to future pandemics caused by influenza and other pathogens.

Additional resources

- Global epidemiological surveillance standards for influenza
- Manual for the laboratory diagnosis and virological surveillance of influenza
- WHO Guidance for Surveillance during an Influenza Pandemic
- Protocol to investigate non-seasonal influenza and other emerging acute respiratory diseases

[1] Ma W, et al. (2018) The healthcare seeking rate of individuals with influenza like illness: a meta-analysis, Infectious Diseases, 50:10, 728-735, https://doi.org/10.1080/23744235.2018.1472805

Special Focus: Update on SARS-CoV-2 Variants

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 result in changes in transmissibility, clinical presentation and severity, or if they impact public health and social measures (PHSM). Systems have been established to detect "signals" of potential variants of concern (VOCs) or variants of interest (VOIs) and assess these based on the risk posed to global public health (see also working definitions). National authorities may choose to designate other variants of local interest/concern. Detailed information on currently circulating VOCs and VOIs is available in previously published editions of the Weekly Epidemiological Update. Here we provide a brief update on the geographical distribution of the three VOCs as of 20 April 2021, as well as an update on detected VOIs (Table 2).

As surveillance activities to detect SARS-CoV-2 variants are strengthened at local and national levels, including by strategic genomic sequencing, the number of countries/areas/territories (hereafter countries) reporting VOCs and VOIs has continued to increase. Since our last update on 13 April, VOC 202012/01 has been detected in five additional countries, variant 501Y.V2 in five additional countries, and variant P.1 has been reported in two additional countries. As of 20 April, a total 137 countries have reported VOC 202012/01 (Figure 4), 85 countries variant 501Y.V2 (Figure 5), and 52 countries variant P.1 (Figure 6) – see also Annex 2. The information presented here should be interpreted with due consideration of surveillance limitations, including differences in sequencing capacities and prioritization of samples for sequencing between countries.

Table 2: SARS-CoV-2 variants of concern (VOC) and variants of interest (VOI), as of 20 April 2021*

	Nextstrain clade	Pango lineage	GISAID clade	Alternate names	First detected in	Earliest samples	Characteristic mutations
VOC	20I/501Y.V1	B.1.1.7	GR	**VOC 202012/01**[†]	United Kingdom	Sep 2020	H69/V70 del, Y144 del, N501Y, A570D, P681H, S106/G107/F108 del
	20H/**501Y.V2**[†]	B.1.351	GH	VOC 202012/02	South Africa	Aug 2020	L242/A243/L244 del, K417N, E484K, N501Y, S106/G107/F108 del
	20J/501Y.V3	B.1.1.28.1, alias **P.1**[†]	GR	VOC 202101/02	Brazil and Japan	Dec 2020	K417T, E484K, N501Y, S106/G107/F108 del
VOI	20C	B.1.525	G/484K.V3	-	United Kingdom and Nigeria	Dec 2020	H69-V70 del, Y144 del, Q52R, E484K, Q677H, D614G, and F888L
	20C/S.452R	B.1.427/ B.1.429	GH/452R.V1	CAL.20C/L452R	United States of America	Jun 2020	L452R, W152C, S13I, D614G
	20B/S.484K	B.1.1.28.2, alias P.2	GR	-	Brazil	Apr 2020	L18F, T20N, P26S, F157L, E484K, D614G, S929I, V1176F
	Not yet assigned	B.1.1.28.3, alias P.3	Not yet assigned	PHL-B.1.1.28	Philippines and Japan	Feb 2021	141-143 del, E484K, N501Y, P681H
	20C	B.1.526 with E484K or S477N	GH	-	United States of America	Nov 2020	L5F, T95I, D253G, D614G, A701V, E484K or S477N
	20C	B.1.616	GH	-	France	Jan 2021	G142 del, D66H, Y144V, D215G, V483A, D614G, H655Y, G669S, Q949R, N1187D

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

Figure 4. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01, as of 20 April 2021

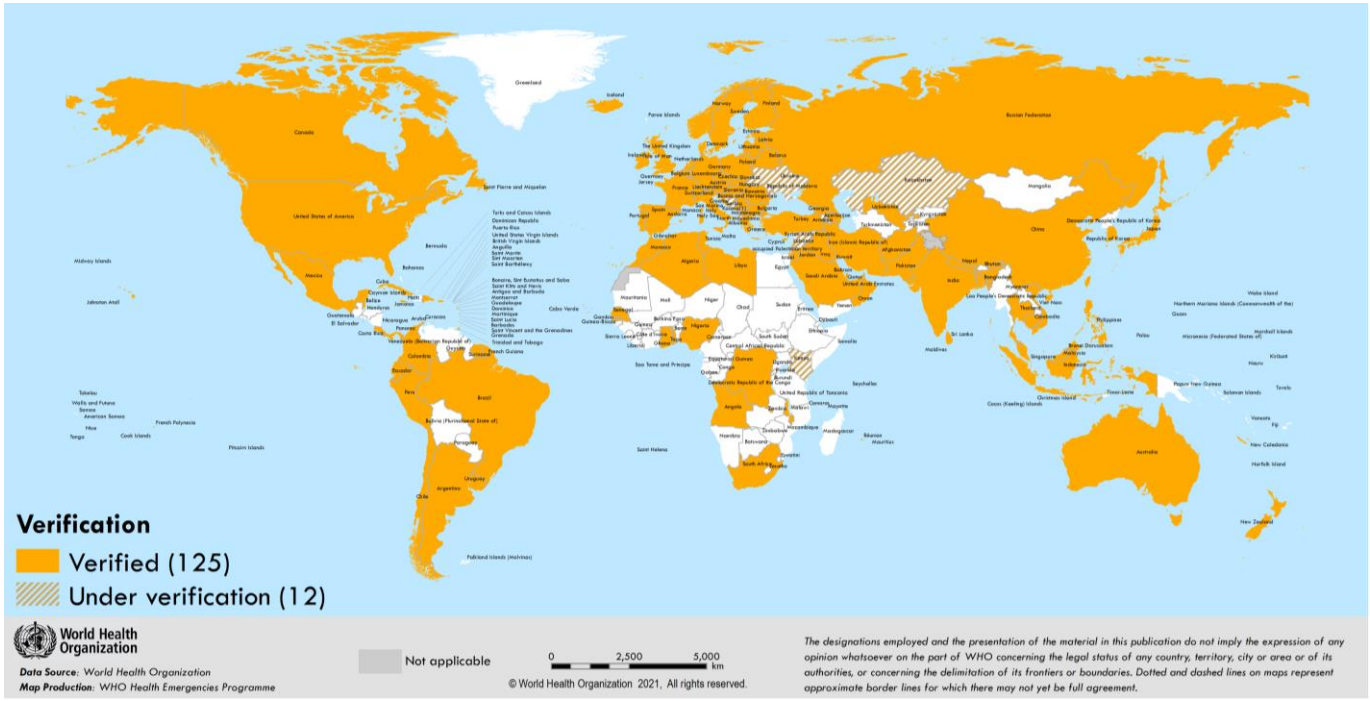


Figure 5. Countries, territories and areas reporting SARS-CoV-2 variant 501Y.V2, as of 20 April 2021

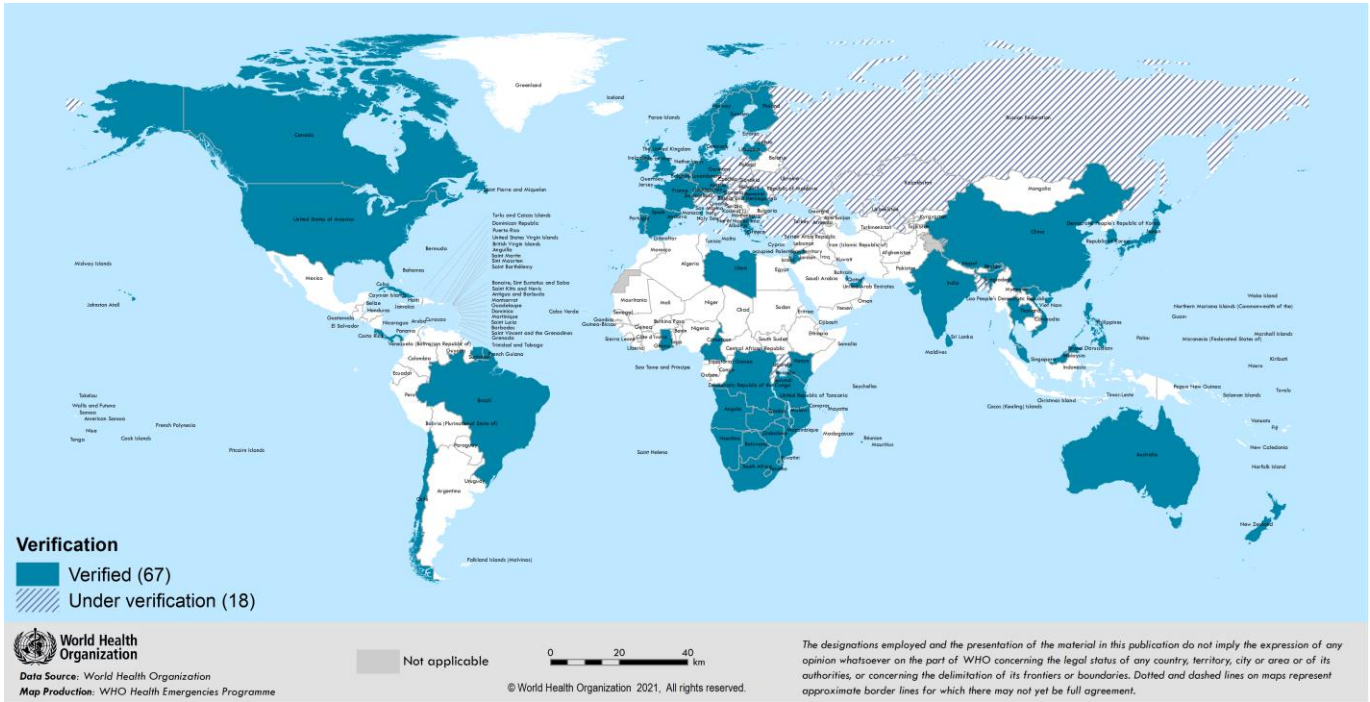
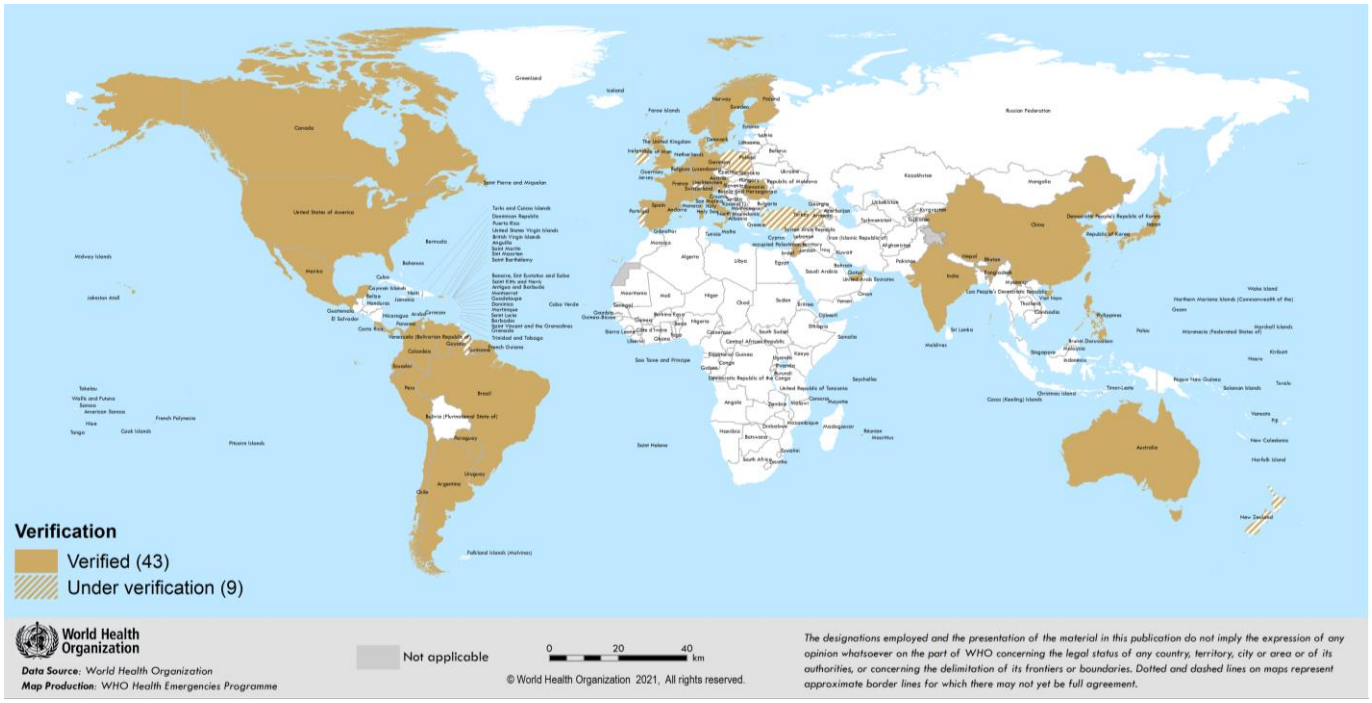


Figure 6. Countries, territories and areas reporting SARS-CoV-2 variant P.1, as of 20 April 2021



WHO recommendations

The chances of SARS-CoV-2 mutating increases with its frequency of human and animal infections. Hence, reducing transmission of SARS-CoV-2 through established disease control methods as well as avoiding introductions into animal populations are crucial aspects of the global strategy to reduce the occurrence of mutations that have negative public health implications. PHSM remain critical to curb the spread of SARS-CoV-2 and its variants. Evidence from multiple countries with extensive transmission of VOCs has indicated that the implementation of PHSM and infection prevention and control (IPC) measures in health facilities has been effective in reducing COVID-19 case incidence, which has led to a reduction in hospitalizations and deaths among COVID-19 patients. National and local authorities are encouraged to continue strengthening existing PHSM, IPC and disease control activities. Authorities are also encouraged to strengthen surveillance and sequencing capacities and apply a systematic approach to provide a representative indication of the extent of transmission of SARS-CoV-2 variants based on the local context, and the detection of unusual events.

Additional resources

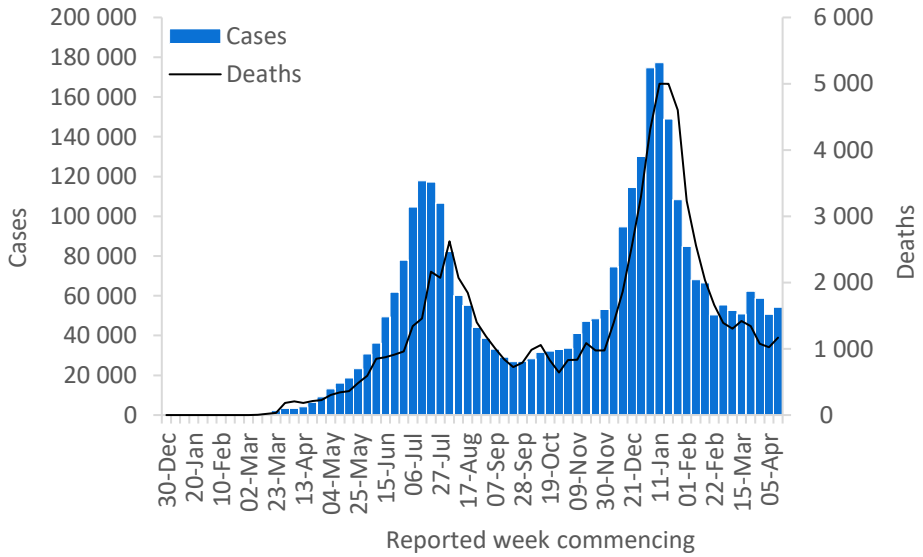
- Proposed working definitions of SARS-CoV-2 Variants of Interest and Variants of Concern
- COVID-19 new variants: Knowledge gaps and research
- PAHO Epidemiological Update: Variants of SARS-CoV-2 in the Americas - 24 March 2021
- PAHO COVID-19 Situation Reports
- WPRO COVID-19 Situation Reports
- SEARO COVID-19 Situation Reports
- EMRO COVID-19 Situation Reports
- Joint ECDC-WHO/EURO weekly surveillance report
- Genomic sequencing of SARS-CoV-2: a guide to implementation for maximum impact on public health
- Considerations for implementing and adjusting PHSM in the context of COVID-19
- Disease Outbreak News on SARS-CoV-2 Variants, 31 December 2020

WHO regional overviews

African Region

The Africa Region reported over 54 000 new cases and over 1100 new deaths, a 7% and a 14% increase respectively compared to the previous week. The number of weekly cases continues to fluctuate over the last eight weeks, with no clear trend, while weekly deaths increased last week reflecting a large increase in deaths reported by South Africa. The highest numbers of new cases were reported from Ethiopia (12 981 new cases; 11.3 new cases per 100 000 population; a 7% decrease), South Africa (8153 new cases; 13.7 new cases per 100 000; a 35% increase), and Kenya (6103 new cases; 11.3 new cases per 100 000; a 14% decrease).

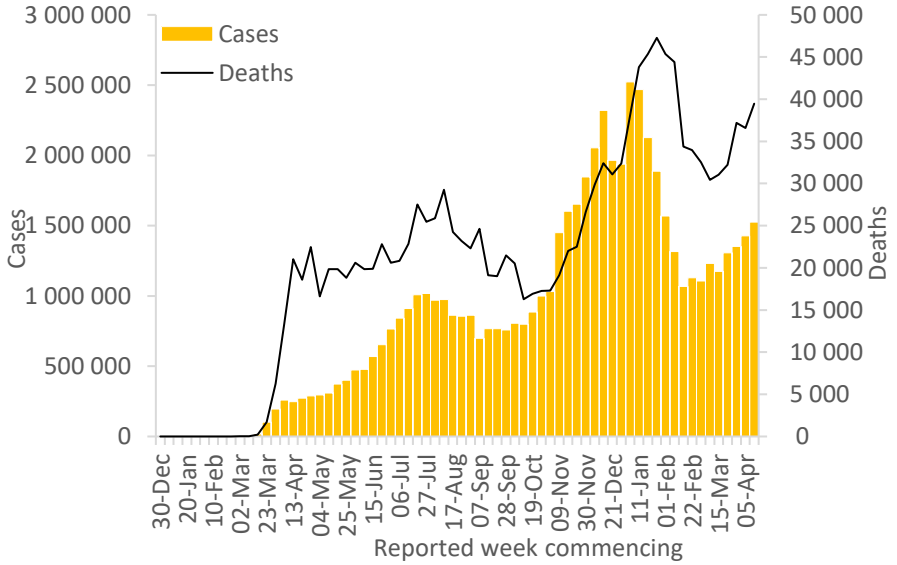
The highest numbers of new deaths were reported from South Africa (455 new deaths; 0.8 new deaths per 100 000 population; a 51% increase), Ethiopia (182 new deaths; 0.2 new deaths per 100 000; a 13% decrease), and Kenya (133 new deaths; 0.2 new deaths per 100 000; a 7% increase).



Region of the Americas

The Region of the Americas reported over 1.5 million new cases and over 39 000 new deaths, a 7% and an 8% increase respectively compared to the previous week. The region has reported an overall increasing trend in new cases for the last eight weeks and new deaths for the last five weeks. The highest numbers of new cases were reported from the United States of America (477 778 new cases; 144.3 new cases per 100 000; a 2% increase), Brazil (459 281 new cases; 216.1 new cases per 100 000; a 1% decrease), and Argentina (160 747 new cases; 355.7 new cases per 100 000; a 29% increase).

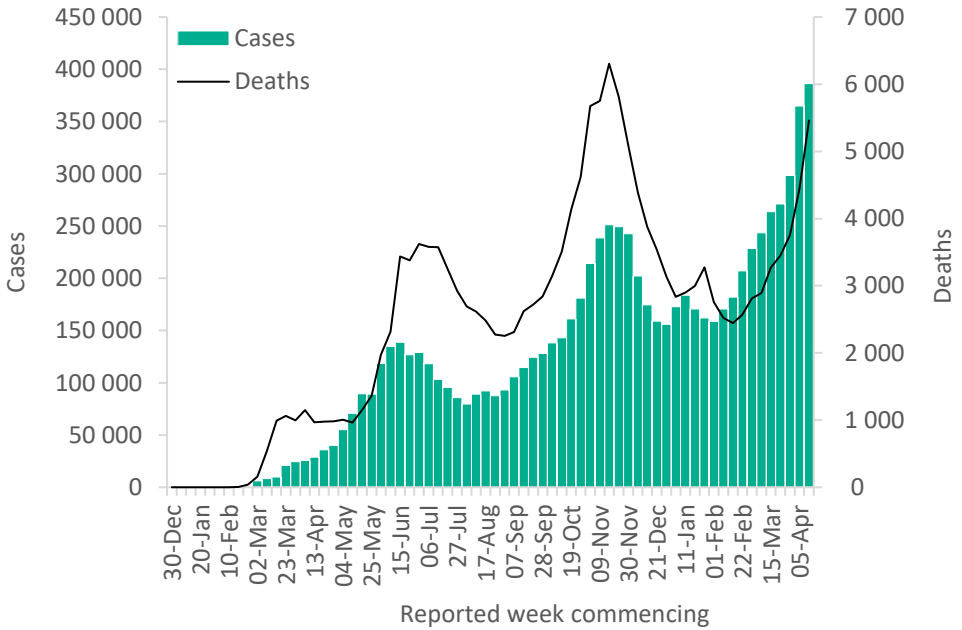
The highest numbers of new deaths were reported from Brazil (20 031 new deaths; 9.4 new deaths per 100 000; a 2% decrease), the United States of America (5146 new deaths; 1.6 new deaths per 100 000; a 1% decrease), and Mexico (4673 new deaths; 3.6 new deaths per 100 000; a 48% increase).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported over 386 000 new cases and over 5400 new deaths, a 6% and a 23% increase respectively compared to the previous week. The upward trend in cases and deaths reported since February 2021 continues, with a sharper increase in new deaths the last two weeks. The highest numbers of new cases were reported from the Islamic Republic of Iran (166 367 new cases; 198.1 new cases per 100 000; a 29% increase), Iraq (52 832 new cases; 131.3 new cases per 100 000; a 6% increase), and Pakistan (34 190 new cases; 15.5 new cases per 100 000; a 3% increase).

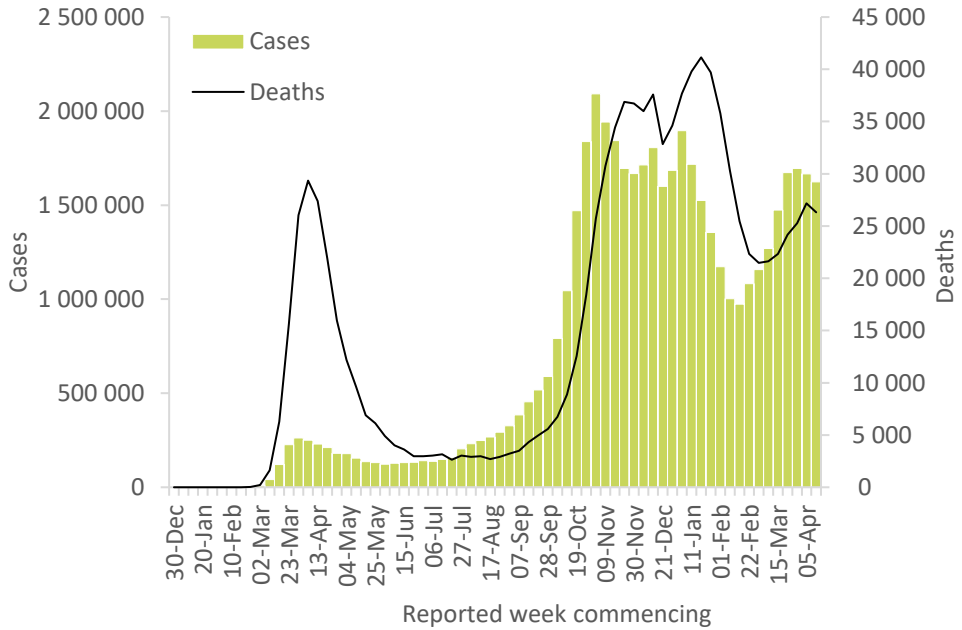
The highest numbers of new deaths were reported from the Islamic Republic of Iran (2095 new deaths; 2.5 new deaths per 100 000; a 70% increase), Pakistan (765 new deaths; 0.3 new deaths per 100 000; a 21% increase), and Tunisia (482 new deaths; 4.1 new deaths per 100 000; a 59% increase).



European Region

The European Region reported over 1.6 million new cases and over 26 000 new deaths. The region reported a slight decrease in new cases (3%) for the second week in a row, a sign that transmission in the region may be slowing as the number of new deaths also decreased (3%) for the first time following a five-week increasing trend. The highest numbers of new cases were reported from Turkey (414 312 new cases; 491.2 new cases per 100 000; a 17% increase), France (233 275 new cases; 358.7 new cases per 100 000; a 12% decrease), and Germany (143 994 new cases; 173.1 new cases per 100 000; a 28% increase).

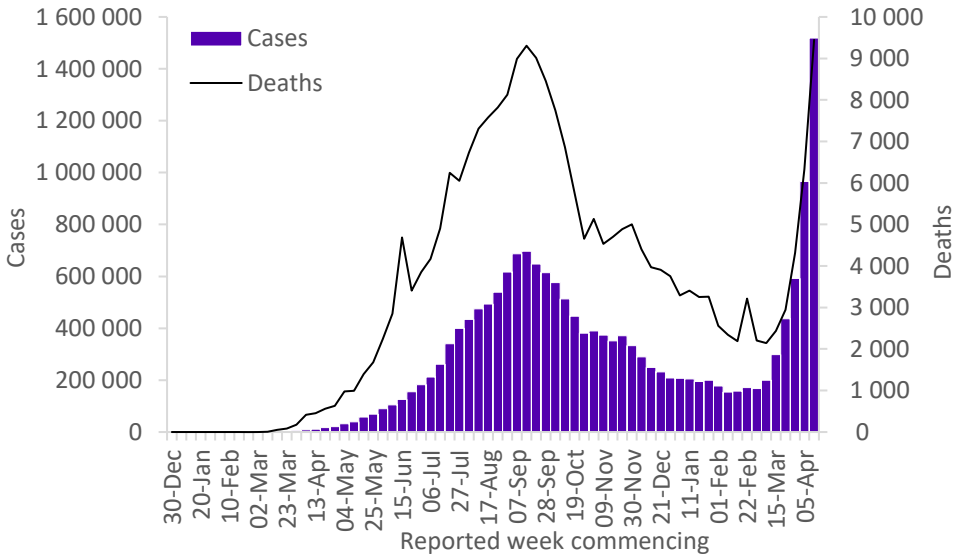
The highest numbers of new deaths were reported from Poland (3611 new deaths; 9.5 new deaths per 100 000; a 4% increase), Ukraine (2772 new deaths; 6.3 new deaths per 100 000; a 3% increase), and Italy (2753 new deaths; 4.6 new deaths per 100 000; a 14% decrease).



South-East Asia Region

The South-East Asia Region reported over 1.5 million new cases and over 9400 new deaths, a 57% and a 49% increase respectively compared to the previous week. The increasing trend in new cases and deaths, which appears to be accelerating, continued last week, with weekly cases rising sharply for the sixth consecutive week while weekly deaths rose for the fifth consecutive week. The trend in the region continues to be driven largely by the trajectory of the outbreak in India which reported the highest numbers of new cases (1 429 304 new cases; 103.6 new cases per 100 000; a 64% increase), followed by Indonesia (36 895 new cases; 13.5 new cases per 100 000; a 4% increase), and Bangladesh (36 315 new cases; 22.1 new cases per 100 000; a 25% decrease).

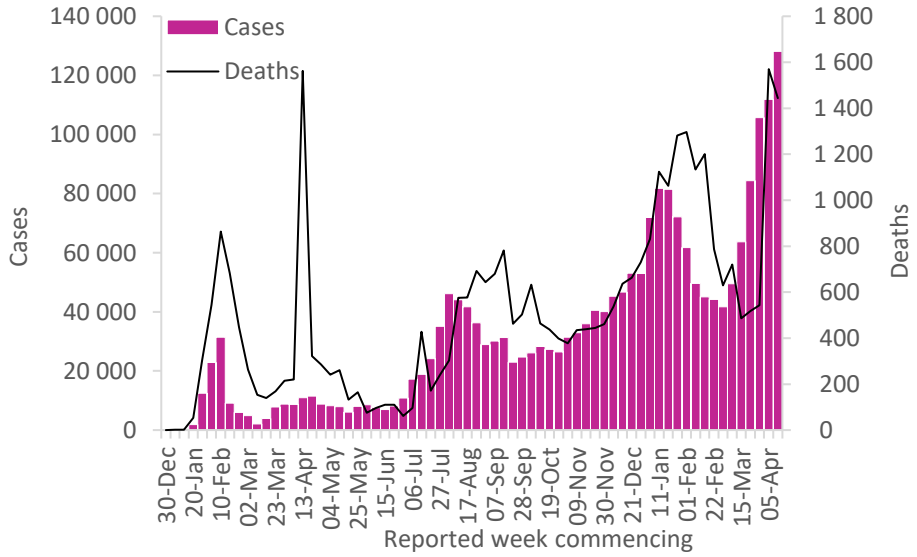
The highest numbers of new deaths were reported from India (7875 new deaths; 0.6 new deaths per 100 000; a 69% increase), Indonesia (885 new deaths; 0.3 new deaths per 100 000; a 26% decrease), and Bangladesh (622 new deaths; 0.4 new deaths per 100 000; a 39% increase).



Western Pacific Region

The Western Pacific Region reported over 128 000 new cases and over 1400 new deaths, a 15% increase and an 8% decrease respectively compared to the previous week. Cases increased for the sixth consecutive week, while deaths decreased after rising for three weeks, continuing to largely reflect the trajectory of deaths reported by the Philippines, the most affected country in the region. The highest numbers of new cases were reported from the Philippines (72 848 new cases; 66.5 new cases per 100 000; a 5% increase), Japan (26 426 new cases; 20.9 new cases per 100 000; a 29% increase), and Malaysia (13 742 new cases; 42.5 new cases per 100 000; a 45% increase).

The highest numbers of new deaths were reported from the Philippines (1066 new deaths; 1.0 new deaths per 100 000; a 19% decrease), Japan (240 new deaths; 0.2 new deaths per 100 000; a 49% increase), and Malaysia (49 new deaths; 0.2 new deaths per 100 000; a 40% increase).



Key weekly updates

WHO Director-General's key message

Opening remarks at the media briefing on COVID-19 – 19 April 2021:

- More than 3 million deaths have been reported to WHO. It took 9 months to reach 1 million deaths; 4 months to reach 2 million, and 3 months to reach 3 million. Big numbers can make us numb, but each one of these deaths is a tragedy for families, communities and nations.
- Greta Thunberg has become the powerful voice of a younger generation demanding climate action. Greta announced a donation of 100 000 Euros from the Greta Thunberg Foundation in support of COVAX to provide vaccines to people in need.
- WHO has partnered with an alliance of the six largest youth development organizations in the world to form the Global Youth Mobilization, to empower young people to respond to the challenges created by the pandemic in their local communities.

Updates and publications

- Statement on the seventh meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic
- Global Advisory Committee on Vaccine Safety (GACVS) review of latest evidence of rare adverse blood coagulation events with AstraZeneca COVID-19 Vaccine (Vaxzevria and Covishield)
- Pfizer BioNTech COVID-19 vaccine: What you need to know
- COVID-19 News updates: Latest news from WHO on COVID-19 and other breaking health stories

Technical guidance and other resources

- Technical guidance
- WHO Coronavirus Disease (COVID-19) Dashboard
- Weekly COVID-19 Operational Updates
- WHO COVID-19 case definitions
- COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update
- Research and Development
- Online courses on COVID-19 in official UN languages and in additional national languages
- The Strategic Preparedness and Response Plan (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Updates from WHO regions:
  - African Region
  - Region of the Americas
  - Eastern Mediterranean Region
  - South-East Asia Region
  - European Region
  - Western Pacific Region
- Recommendations and advice for the public:
  - Protect yourself
  - Questions and answers
  - Travel advice
- EPI-WIN: tailored information for individuals, organizations and communities
- WHO Academy COVID-19 mobile learning app

Annex

Annex 1. COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region, as of 18 April 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	**54 297**	**3 225 261**	**287.5**	**1 170**	**80 715**	**7.2**	
Ethiopia	12 981	240 236	209.0	182	3 328	2.9	Community transmission
South Africa	8 153	1 565 680	2 639.9	455	53 711	90.6	Community transmission
Kenya	6 103	151 287	281.4	133	2 463	4.6	Community transmission
Cameroon	4 394	61 731	232.5	68	919	3.5	Community transmission
Madagascar	4 069	31 617	114.2	45	538	1.9	Community transmission
Botswana	1 401	44 075	1 874.2	35	671	28.5	Community transmission
Cabo Verde	1 346	19 975	3 592.7	12	189	34.0	Community transmission
Mali	1 275	12 980	64.1	24	429	2.1	Community transmission
Gabon	1 222	21 858	982.1	6	133	6.0	Community transmission
Namibia	1 192	46 515	1 830.6	38	602	23.7	Community transmission
Algeria	1 108	119 486	272.5	26	3 152	7.2	Community transmission
Eswatini	1 042	18 415	1 587.3	2	671	57.8	Community transmission
Angola	969	24 300	73.9	11	561	1.7	Community transmission
Zambia	926	90 844	494.1	8	1 234	6.7	Community transmission
Guinea	653	21 460	163.4	5	138	1.1	Community transmission
Mozambique	556	69 134	221.2	9	798	2.6	Community transmission
Togo	549	12 496	150.9	3	119	1.4	Community transmission
Rwanda	523	23 866	184.3	8	322	2.5	Community transmission
Burundi	458	3 612	30.4	0	6	0.1	Community transmission
Nigeria	411	164 147	79.6	1	2 061	1.0	Community transmission
Ghana	403	91 663	295.0	17	771	2.5	Community transmission
Zimbabwe	396	37 669	253.4	14	1 552	10.4	Community transmission
Côte d'Ivoire	374	45 519	172.6	13	274	1.0	Community transmission
Senegal	367	39 731	237.3	13	1 090	6.5	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]
Democratic Republic of the Congo	352	28 894	32.3	0	745	0.8	Community transmission
Seychelles	344	4 834	4 915.2	1	25	25.4	Community transmission
Central African Republic	322	5 787	119.8	1	75	1.6	Community transmission
Uganda	227	41 340	90.4	1	338	0.7	Community transmission
Burkina Faso	158	13 114	62.7	2	154	0.7	Community transmission
Gambia	131	5 733	237.2	2	170	7.0	Community transmission
Malawi	129	33 934	177.4	11	1 138	5.9	Community transmission
Mauritania	116	18 121	389.7	2	452	9.7	Community transmission
Benin	96	7 611	62.8	3	96	0.8	Community transmission
South Sudan	92	10 432	93.2	0	114	1.0	Community transmission
Mauritius	91	1 203	94.6	3	15	1.2	Clusters of cases
Chad	75	4 691	28.6	1	168	1.0	Community transmission
Eritrea	44	3 491	98.4	0	10	0.3	Community transmission
Niger	42	5 114	21.1	2	190	0.8	Community transmission
Equatorial Guinea	40	7 259	517.4	0	106	7.6	Community transmission
Guinea-Bissau	32	3 710	188.5	0	66	3.4	Community transmission
Sierra Leone	27	4 020	50.4	0	79	1.0	Community transmission
Comoros	26	3 815	438.7	0	146	16.8	Community transmission
Sao Tome and Principe	12	2 275	1 038.1	0	35	16.0	Community transmission
Liberia	5	2 071	40.9	0	85	1.7	Community transmission
Lesotho	2	10 709	499.9	0	315	14.7	Community transmission
Congo	0	10 084	182.7	0	137	2.5	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territories[iii]							
Réunion	917	18 425	2 057.9	12	135	15.1	Community transmission
Mayotte	146	19 789	7 253.6	1	168	61.6	Community transmission
Americas	**1 525 505**	**59 551 000**	**5 822.5**	**39 482**	**1 444 736**	**141.3**	
United States of America	477 778	31 250 635	9 441.2	5 146	560 858	169.4	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]
Brazil	459 281	13 832 455	6 507.6	20 031	368 749	173.5	Community transmission
Argentina	160 747	2 658 628	5 882.5	1 734	59 084	130.7	Community transmission
Colombia	115 216	2 619 422	5 147.9	2 281	67 564	132.8	Community transmission
Canada	60 784	1 106 062	2 930.6	290	23 541	62.4	Community transmission
Peru	60 532	1 689 051	5 122.7	2 169	56 454	171.2	Community transmission
Chile	48 826	1 117 348	5 845.0	842	25 055	131.1	Community transmission
Mexico	27 875	2 299 939	1 783.8	4 673	211 693	164.2	Community transmission
Uruguay	21 623	159 569	4 593.6	425	1 788	51.5	Community transmission
Paraguay	14 664	246 806	3 460.3	479	5 177	72.6	Community transmission
Ecuador	13 280	358 157	2 030.0	366	17 641	100.0	Community transmission
Guatemala	9 667	212 307	1 185.0	189	7 190	40.1	Community transmission
Venezuela (Bolivarian Republic of)	8 148	180 609	635.1	131	1 870	6.6	Community transmission
Cuba	6 902	92 474	816.4	59	512	4.5	Community transmission
Bolivia (Plurinational State of)	6 711	287 360	2 461.7	197	12 625	108.2	Community transmission
Costa Rica	6 033	228 577	4 487.1	53	3 071	60.3	Community transmission
Honduras	5 134	199 682	2 016.1	168	4 934	49.8	Community transmission
Dominican Republic	3 441	260 627	2 402.6	29	3 414	31.5	Community transmission
Panama	2 151	360 249	8 349.2	29	6 185	143.3	Community transmission
El Salvador	1 913	67 404	1 039.2	24	2 072	31.9	Community transmission
Jamaica	1 565	43 684	1 475.2	52	721	24.3	Community transmission
Guyana	684	11 642	1 480.1	15	267	33.9	Clusters of cases
Trinidad and Tobago	419	8 742	624.7	5	150	10.7	Community transmission
Bahamas	279	9 696	2 465.6	5	194	49.3	Clusters of cases
Suriname	231	9 496	1 618.7	9	187	31.9	Clusters of cases
Haiti	78	12 918	113.3	0	251	2.2	Community transmission
Saint Lucia	69	4 398	2 395.1	1	65	35.4	Community transmission
Barbados	65	3 773	1 312.9	0	44	15.3	Community transmission
Belize	51	12 538	3 153.2	0	318	80.0	Community transmission

Reporting Country/Territory/Area[i]	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification[ii]
Nicaragua	41	5 407	81.6	1	180	2.7	Community transmission
Antigua and Barbuda	31	1 213	1 238.7	1	31	31.7	Clusters of cases
Saint Vincent and the Grenadines	29	1 819	1 639.6	0	10	9.0	Community transmission
Dominica	7	172	238.9	0	0	0.0	Clusters of cases
Grenada	2	159	141.3	0	1	0.9	Sporadic cases
Saint Kitts and Nevis	0	44	82.7	0	0	0.0	Sporadic cases
Territories[iii]							
Puerto Rico	7 371	120 571	4 214.5	42	2 194	76.7	Community transmission
Curaçao	1 042	11 674	7 114.3	20	80	48.8	Community transmission
Martinique	871	9 758	2 600.3	7	66	17.6	Community transmission
Guadeloupe	623	12 927	3 230.7	5	194	48.5	Community transmission
French Guiana	532	18 081	6 053.6	1	95	31.8	Community transmission
Aruba	323	10 219	9 571.4	0	92	86.2	Community transmission
Bermuda	287	2 060	3 308.0	3	17	27.3	Community transmission
United States Virgin Islands	57	3 028	2 899.7	0	26	24.9	Community transmission
Bonaire	36	1 511	7 224.5	0	14	66.9	Community transmission
Sint Maarten	28	2 202	5 135.0	0	27	63.0	Community transmission
Saint Barthélemy	26	954	9 651.0	0	1	10.1	Clusters of cases
Turks and Caicos Islands	25	2 369	6 118.6	0	17	43.9	Clusters of cases
British Virgin Islands	9	187	618.4	0	1	3.3	Clusters of cases
Cayman Islands	9	525	798.8	0	2	3.0	Sporadic cases
Saint Martin	7	1 710	4 423.3	0	13	33.6	Community transmission
Falkland Islands (Malvinas)	2	62	1 780.1	0	0	0.0	Sporadic cases
Anguilla	0	29	193.3	0	0	0.0	Sporadic cases
Montserrat	0	20	400.1	0	1	20.0	No cases
Saba	0	6	310.4	0	0	0.0	No cases
Saint Pierre and Miquelon	0	25	431.4	0	0	0.0	Sporadic cases
Sint Eustatius	0	20	637.1	0	0	0.0	No 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]
Eastern Mediterranean	**386 176**	**8 444 694**	**1 155.5**	**5 460**	**170 580**	**23.3**	
Iran (Islamic Republic of)	166 367	2 215 445	2 637.7	2 095	66 327	79.0	Community transmission
Iraq	52 832	970 987	2 414.0	270	14 948	37.2	Community transmission
Pakistan	34 190	750 158	339.6	765	16 094	7.3	Community transmission
Jordan	21 071	683 466	6 698.6	470	8 178	80.2	Community transmission
Lebanon	13 870	508 503	7 450.1	256	6 886	100.9	Community transmission
Tunisia	13 679	283 976	2 402.8	482	9 717	82.2	Community transmission
United Arab Emirates	13 287	495 224	5 007.1	21	1 550	15.7	Clusters of cases
Kuwait	10 156	255 860	5 991.2	37	1 440	33.7	Community transmission
Oman	8 663	176 668	3 459.6	74	1 821	35.7	Community transmission
Bahrain	7 711	163 113	9 586.0	34	588	34.6	Community transmission
Qatar	6 693	195 757	6 794.6	45	376	13.1	Community transmission
Saudi Arabia	6 418	404 054	1 160.6	63	6 810	19.6	Community transmission
Egypt	5 807	215 484	210.6	289	12 694	12.4	Community transmission
Libya	4 243	171 131	2 490.5	75	2 882	41.9	Community transmission
Morocco	3 759	505 447	1 369.4	53	8 944	24.2	Community transmission
Syrian Arab Republic	886	21 004	120.0	69	1 437	8.2	Community transmission
Djibouti	690	10 412	1 053.8	21	114	11.5	Community transmission
Afghanistan	633	57 793	148.5	18	2 539	6.5	Community transmission
Somalia	566	12 837	80.8	51	656	4.1	Community transmission
Yemen	494	5 774	19.4	88	1 120	3.8	Community transmission
Sudan	221	33 022	75.3	35	2 208	5.0	Clusters of cases
Territories[iii]							
occupied Palestinian territory	13 940	308 579	6 048.9	149	3 251	63.7	Community transmission
Europe	**1 624 060**	**49 208 464**	**5 273.8**	**26 302**	**1 035 294**	**111.0**	
Kosovo[1]	3 686	101 110		85	2 051		Community transmission
Turkey	414 312	4 212 645	4 994.9	1 906	35 608	42.2	Community transmission
France	233 275	5 178 513	7 962.1	1 965	99 921	153.6	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]
Germany	143 994	3 142 262	3 778.3	1 561	79 914	96.1	Community transmission
Poland	113 394	2 688 025	7 081.6	3 611	62 032	163.4	Community transmission
Italy	103 366	3 857 443	6 467.7	2 753	116 676	195.6	Clusters of cases
Ukraine	93 261	1 946 510	4 450.8	2 772	39 786	91.0	Community transmission
Russian Federation	60 711	4 702 101	3 222.1	2 596	105 582	72.3	Clusters of cases
Netherlands	52 986	1 395 233	8 015.1	152	16 904	97.1	Community transmission
Sweden	35 133	900 138	8 715.9	28	13 788	133.5	Community transmission
Spain	31 084	3 396 685	7 176.2	176	76 882	162.4	Community transmission
Hungary	30 344	750 508	7 682.1	1 767	25 184	257.8	Community transmission
Romania	24 174	1 027 039	5 313.5	1 066	26 072	134.9	Community transmission
Belgium	23 034	949 994	8 244.7	252	23 741	206.0	Community transmission
Serbia	20 823	660 299	9 532.7	254	5 954	86.0	Community transmission
Czechia	20 158	1 600 347	14 965.0	618	28 426	265.8	Community transmission
Greece	19 681	313 444	2 924.3	564	9 397	87.7	Community transmission
Kazakhstan	18 391	341 599	1 819.3	194	4 157	22.1	Clusters of cases
The United Kingdom	17 893	4 385 942	6 460.7	180	127 260	187.5	Community transmission
Austria	16 296	588 101	6 607.1	223	9 616	108.0	Community transmission
Croatia	15 274	307 790	7 584.5	254	6 562	161.7	Community transmission
Azerbaijan	14 943	298 522	2 944.2	228	4 107	40.5	Clusters of cases
Bulgaria	14 432	385 963	5 552.2	787	15 138	217.8	Clusters of cases
Switzerland	9 883	629 507	7 273.7	20	9 815	113.4	Community transmission
Belarus	8 060	342 923	3 629.1	69	2 413	25.5	Community transmission
Lithuania	7 458	233 631	8 361.6	73	3 760	134.6	Community transmission
Bosnia and Herzegovina	7 171	190 296	5 800.3	479	7 837	238.9	Community transmission
Georgia	6 962	295 358	7 404.0	62	3 939	98.7	Community transmission
Armenia	5 703	208 520	7 036.9	143	3 878	130.9	Community transmission
Slovenia	5 645	231 599	11 050.3	26	4 460	212.8	Clusters of cases
North Macedonia	5 576	146 733	7 043.0	237	4 419	212.1	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]
Slovakia	4 912	375 974	6 888.7	541	11 106	203.5	Clusters of cases
Denmark	4 630	241 731	4 151.5	13	2 452	42.1	Community transmission
Republic of Moldova	4 608	245 494	6 085.7	179	5 548	137.5	Community transmission
Cyprus	4 372	55 407	6 239.5	16	288	32.4	Clusters of cases
Norway	4 264	106 223	1 979.0	24	708	13.2	Community transmission
Latvia	3 757	110 997	5 818.4	62	2 048	107.4	Community transmission
Portugal	3 632	830 560	8 066.9	32	16 942	164.6	Clusters of cases
Estonia	3 380	117 554	8 845.5	72	1 092	82.2	Clusters of cases
Ireland	2 595	243 238	4 899.6	52	4 835	97.4	Community transmission
Finland	1 926	83 633	1 513.6	19	887	16.1	Community transmission
Uzbekistan	1 758	86 680	259.0	3	637	1.9	Clusters of cases
Kyrgyzstan	1 656	91 883	1 408.3	27	1 549	23.7	Clusters of cases
Albania	1 301	129 456	4 498.4	30	2 340	81.3	Clusters of cases
Montenegro	1 130	95 548	15 213.1	61	1 434	228.3	Clusters of cases
Israel	1 113	836 926	9 669.3	42	6 334	73.2	Community transmission
Luxembourg	1 096	64 746	10 341.0	17	785	125.4	Community transmission
Malta	379	29 927	5 816.0	7	409	79.5	Clusters of cases
Andorra	274	12 771	16 528.8	3	123	159.2	Community transmission
San Marino	54	5 010	14 762.2	1	86	253.4	Community transmission
Liechtenstein	51	2 892	7 463.8	0	54	139.4	Sporadic cases
Iceland	28	6 286	1 726.3	0	29	8.0	Community transmission
Monaco	22	2 395	6 102.8	0	31	79.0	Sporadic cases
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]							
Gibraltar	14	4 291	12 736.3	0	94	279.0	Clusters of cases
Jersey	2	3 232	2 998.3	0	69	64.0	Community transmission
Faroe Islands	1	662	1 354.8	0	1	2.0	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]
Guernsey	1	822	1 275.1	0	14	21.7	Community transmission
Isle of Man	1	1 575	1 852.2	0	29	34.1	No cases
Greenland	0	31	54.6	0	0	0.0	No cases
South-East Asia	**1 518 708**	**17 696 534**	**875.5**	**9 447**	**237 832**	**11.8**	
India	1 429 304	14 788 109	1 071.6	7 875	177 150	12.8	Clusters of cases
Indonesia	36 895	1 599 763	584.9	885	43 328	15.8	Community transmission
Bangladesh	36 315	715 252	434.3	622	10 283	6.2	Community transmission
Thailand	9 727	42 352	60.7	4	101	0.1	Clusters of cases
Nepal	3 933	283 658	973.5	36	3 075	10.6	Clusters of cases
Sri Lanka	1 591	96 439	450.4	22	617	2.9	Clusters of cases
Maldives	621	26 145	4 836.8	2	69	12.8	Clusters of cases
Timor-Leste	228	1 236	93.7	1	2	0.2	Clusters of cases
Myanmar	52	142 628	262.1	0	3 206	5.9	Clusters of cases
Bhutan	42	952	123.4	0	1	0.1	Sporadic cases
Western Pacific	**128 176**	**2 205 688**	**112.3**	**1 444**	**34 918**	**1.8**	
Philippines	72 848	926 035	845.1	1 066	15 810	14.4	Community transmission
Japan	26 426	529 829	418.9	240	9 622	7.6	Clusters of cases
Malaysia	13 742	372 859	1 152.0	49	1 370	4.2	Community transmission
Mongolia	6 472	20 655	630.1	21	41	1.3	Clusters of cases
Republic of Korea	4 560	114 114	222.6	29	1 797	3.5	Clusters of cases
Cambodia	2 151	6 389	38.2	14	43	0.3	Sporadic cases
Papua New Guinea	1 296	9 738	108.8	21	89	1.0	Community transmission
China	190	103 273	7.0	3	4 856	0.3	Clusters of cases
Singapore	175	60 808	1 039.4	0	30	0.5	Sporadic cases
Australia	109	29 505	115.7	1	910	3.6	Clusters of cases
Viet Nam	89	2 781	2.9	0	35	0.0	Clusters of cases
New Zealand	20	2 238	46.4	0	26	0.5	Clusters of cases
Lao People's Democratic Republic	9	58	0.8	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]
Fiji	4	72	8.0	0	2	0.2	Sporadic cases
Brunei Darussalam	2	221	50.5	0	3	0.7	Sporadic cases
Solomon Islands	0	20	2.9	0	0	0.0	No cases
Territories[iii]							
French Polynesia	44	18 696	6 655.6	0	141	50.2	Sporadic cases
Guam	29	7 654	4 535.0	0	136	80.6	Clusters of cases
Wallis and Futuna	6	447	3 974.7	0	5	44.5	Sporadic cases
New Caledonia	2	123	43.1	0	0	0.0	Sporadic cases
Northern Mariana Islands (Commonwealth of the)	2	162	281.5	0	2	3.5	Pending
Marshall Islands	0	4	6.8	0	0	0.0	No cases
Samoa	0	4	2.0	0	0	0.0	No cases
Vanuatu	0	3	1.0	0	0	0.0	No cases
Global	**5 236 922**	**140 332 386**		**83 305**	**3 004 088**		

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

Annex 2. List of countries/territories/areas reporting variants of concern as of 20 April 2021**

Country/Territory/Area	VOC 202012/01 (B.1.1.7)	501Y.v2 (B.1.351)	P.1 (B.1.1.28)
Afghanistan	Verified*		
Albania	Not Verified		
Algeria	Verified		
Angola	Verified	Verified	
Argentina	Verified		Verified
Armenia	Not Verified*		
Aruba	Verified	Verified	Verified
Australia	Verified	Verified	Verified
Austria	Verified	Verified	Verified
Azerbaijan	Verified		
Bahrain	Verified		
Bangladesh	Verified	Not Verified	
Barbados	Verified		
Belarus	Verified		
Belgium	Verified	Verified	Verified
Belize	Verified		
Bonaire	Verified		
Bosnia and Herzegovina	Not Verified		
Botswana		Verified	
Brazil	Verified	Verified	Verified
Brunei Darussalam	Verified	Verified	
Bulgaria	Verified		
Cabo Verde	Verified		
Cambodia	Verified		
Cameroon		Verified	
Canada	Verified	Verified	Verified
Cayman Islands	Verified		
Chile	Verified	Verified*	Verified
China	Verified	Verified	Verified
Colombia	Verified*		Verified
Comoros		Verified	
Costa Rica	Verified	Verified	Verified
Croatia	Verified	Not Verified	
Cuba	Verified	Verified	
Curaçao	Verified		
Cyprus	Verified		
Czechia	Verified	Not Verified	
Democratic Republic of the Congo	Verified	Verified	
Denmark	Verified	Verified	Verified
Dominican Republic	Verified		
Ecuador	Verified		Verified*
Estonia	Verified	Not Verified	
Eswatini		Verified	
Faroe Islands			Verified
Finland	Verified	Verified	Verified
France	Verified	Verified	Verified
French Guiana	Verified	Verified*	Verified
French Polynesia	Verified		Verified
Gambia	Verified		
Georgia	Verified		
Germany	Verified	Verified	Verified
Ghana	Verified	Verified	
Gibraltar	Not Verified		
Greece	Verified	Verified	
Grenada	Verified		
Guadeloupe[†]	Verified		

Country/Territory/Area	VOC 202012/01 (B.1.1.7)	501Y.v2 (B.1.351)	P.1 (B.1.1.28)
Guyana			Not Verified
Hungary	Verified	Not Verified	
Iceland	Verified		
India	Verified	Verified	Verified
Indonesia	Verified		
Iran (Islamic Republic of)	Verified		
Iraq	Verified		
Ireland	Verified	Verified	Not Verified
Israel	Verified	Verified	
Italy	Verified	Not Verified	Verified
Jamaica	Verified		
Japan	Verified	Verified	Verified
Jordan	Verified	Verified*	Verified*
Kazakhstan	Not Verified	Not Verified	
Kenya	Not Verified	Verified	
Kosovo[1]	Verified		
Kuwait	Verified		
Latvia	Verified	Verified	
Lebanon	Verified		
Lesotho		Verified	
Libya	Verified	Verified	
Liechtenstein	Verified		
Lithuania	Verified	Verified	
Luxembourg	Verified	Verified	Not Verified
Malawi	Verified	Verified	
Malaysia	Verified	Verified	
Malta	Verified	Not Verified	
Martinique†	Verified		

Country/Territory/Area	VOC 202012/01 (B.1.1.7)	501Y.v2 (B.1.351)	P.1 (B.1.1.28)
Mauritius	Not Verified		
Mayotte	Verified	Verified	
Mexico	Verified		Verified
Monaco	Verified	Not Verified	
Montenegro	Verified		
Morocco	Verified		
Mozambique		Verified	
Namibia		Verified	
Nepal	Verified		
Netherlands	Verified	Verified	Verified
New Caledonia	Verified		
New Zealand	Verified	Verified	Not Verified
Nigeria	Verified		
North Macedonia	Verified		
Norway	Verified	Verified	Verified
occupied Palestinian territory	Verified	Verified	
Oman	Verified		
Pakistan	Verified		
Panama	Verified*	Verified	Verified
Paraguay			Verified
Peru	Verified		Verified
Philippines	Verified	Verified	Verified
Poland	Verified	Not Verified	Not Verified
Portugal	Verified	Verified	Not Verified
Puerto Rico	Verified		Verified
Qatar	Verified	Verified	
Republic of Korea	Verified	Verified	Verified

Country/Territory/Area	VOC 202012/01 (B.1.1.7)	501Y.v2 (B.1.351)	P.1 (B.1.1.28)
Republic of Moldova	Not Verified		
Réunion	Verified	Verified	Verified
Romania	Verified	Verified	Verified
Russian Federation	Verified	Not Verified	
Rwanda	Not Verified	Not Verified	
Saint Barthélemy	Verified		
Saint Lucia	Verified		
Saint Martin	Verified	Verified	Verified
Saudi Arabia	Verified		
Senegal	Verified		
Serbia	Verified		
Singapore	Verified	Not Verified	
Sint Maarten	Verified		
Slovakia	Verified	Not Verified	
Slovenia	Verified	Verified	Not Verified
South Africa	Verified	Verified	
Spain	Verified	Verified	Verified
Sri Lanka	Verified	Verified	
Suriname	Verified	Verified	Verified
Sweden	Verified	Verified	Verified
Switzerland	Verified	Verified	Not Verified
Syrian Arab Republic	Not Verified*		
Thailand	Verified	Verified	
The United Kingdom	Verified	Verified	Verified
Togo	Verified		
Trinidad and Tobago	Verified		
Tunisia	Verified		
Turkey	Verified	Not Verified	Not Verified
Turks and Caicos Islands	Verified		
Uganda		Not Verified	
Ukraine	Not Verified	Not Verified*	
United Arab Emirates	Verified	Verified	Verified
United Republic of Tanzania		Verified	
United States of America	Verified	Verified	Verified
Uruguay	Verified		Verified
Uzbekistan	Verified	Not Verified*	
Venezuela (Bolivarian Republic of)			Verified
Viet Nam	Verified	Verified	
Wallis and Futuna	Not Verified		
Zambia		Verified	
Zimbabwe		Verified	

*New country added in this update.

†Variants 501Y.V2 and P.1 for Guadeloupe and Martinique were removed based on further information received.

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

Annex 3. Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO case definitions and surveillance guidance. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly. A record of historic data adjustment made is available upon request by emailing epi-data-support@who.int. Please specify the country(ies) of interest, time period(s), and purpose of the request/intended usage. Prior situation reports will not be edited; see covid19.who.int for the most up-to-date data. Global totals include 745 cases and 13 deaths reported from international conveyances.

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

[1] All references to Kosovo should be understood to be in the context of the United Nations Security Council resolution 1244 (1999). In the map, number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

[i] Excludes countries, territories, and areas that have never reported a confirmed COVID-19 case (Annex 1), or the detection of a variant of concern (Annex 2).

[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.