

COVID-19 Weekly Epidemiological Update

Edition 57, published 14 September 2021

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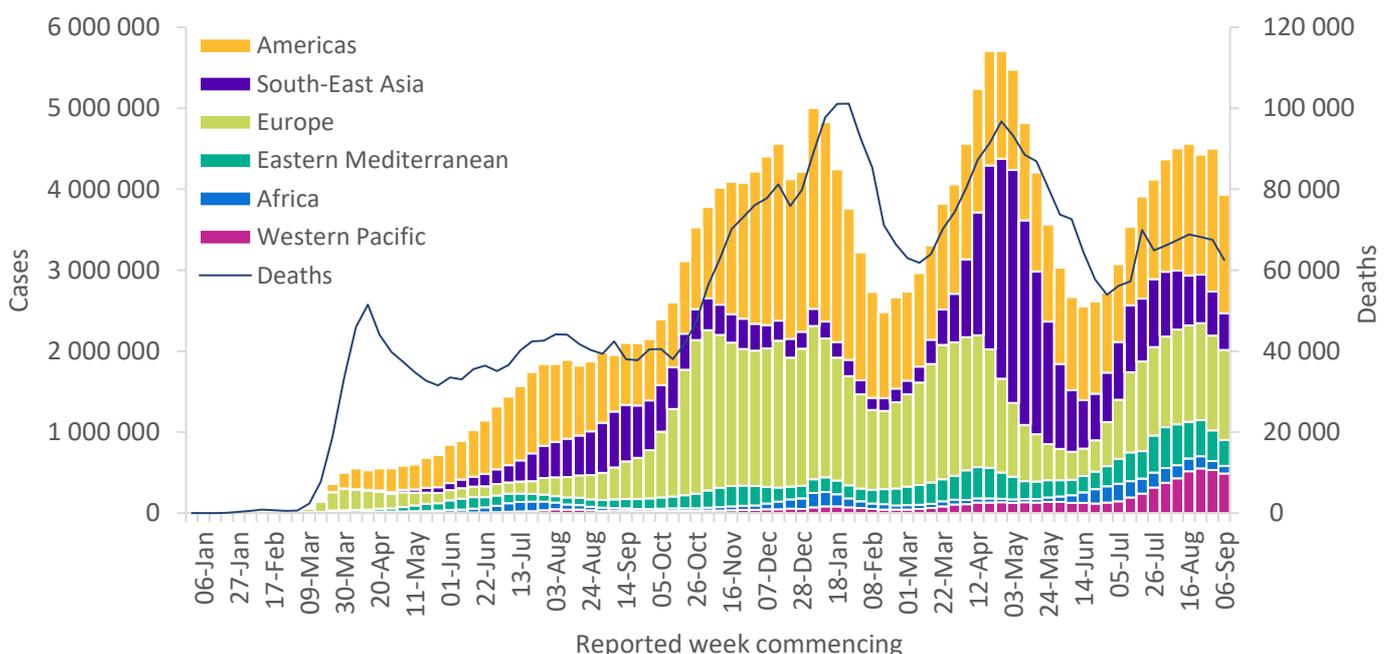
Global overview

Data as of 12 September 2021

With nearly 4 million new cases reported globally in the past week (6-12 September), this represents the first substantial decline in weekly cases in more than two months (Figure 1). All regions reported declines in new cases as compared to the previous week.

The number of deaths reported globally in the past week also decreased as compared to previous week, with just over 62 000 new deaths. The African Region reported an increase in the number of weekly deaths (7%), while the South-East Asia Region reported the largest decrease (20%). The American and Eastern Mediterranean Regions reported slightly smaller decreases, 9% and 6% respectively, while the numbers of deaths reported in the European and the Western Pacific Regions were similar to last week. The cumulative number of cases reported globally is now over 224 million and the cumulative number of deaths is just over 4.6 million.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 12 September 2021**



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

The regions reporting the highest weekly incidence rates per 100 000 population of cases and of deaths remain the same as in the previous week: the Region of the Americas (143 new cases per 100 000 population; 2.3 deaths per 100 000 population) and European Region (119.4 new cases per 100 000 population; 1.5 deaths per 100 000 population).

The highest numbers of new cases were reported from the United States of America (1 034 836 new cases; 20% decrease), the United Kingdom (256 051 new cases; 5% increase), India (248 248 new cases; 15% decrease), the Islamic Republic of Iran (172 030 new cases; 17% decrease), and Turkey (158 236 new cases; 6% increase).

Globally, cases of the Alpha variant have been reported in 193 countries, territories or areas (hereafter countries; no new country added since last week), while 142 countries (one new country since last week) have reported cases of the Beta variant; and 96 countries (four new countries since last week) have reported cases of the Gamma variant. For the Delta variant, since it was first reported in October 2020, it has been reported in 180 (six new countries since last week) countries across all six WHO regions as of 14 September.

Table 1. Newly reported and cumulative COVID-19 cases and deaths, by WHO Region, as of 12 September 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	1 462 450 (37%)	-17%	86 462 003 (39%)	23 689 (38%)	-9%	2 144 336 (46%)
Europe	1 113 722 (28%)	-5%	67 170 804 (30%)	14 117 (23%)	-2%	1 296 421 (28%)
South-East Asia	453 539 (12%)	-16%	42 115 869 (19%)	8 938 (14%)	-20%	661 928 (14%)
Eastern Mediterranean	319 572 (8%)	-15%	15 199 196 (7%)	6 358 (10%)	-6%	277 637 (6%)
Western Pacific	487 586 (12%)	-8%	7 418 755 (3%)	6 410 (10%)	2%	100 860 (2%)
Africa	94 352 (2%)	-15%	5 813 020 (3%)	3 034 (5%)	7%	140 010 (3%)
Global	3 931 221 (100%)	-13%	224 180 411 (100%)	62 546 (100%)	-7%	4 621 205 (100%)

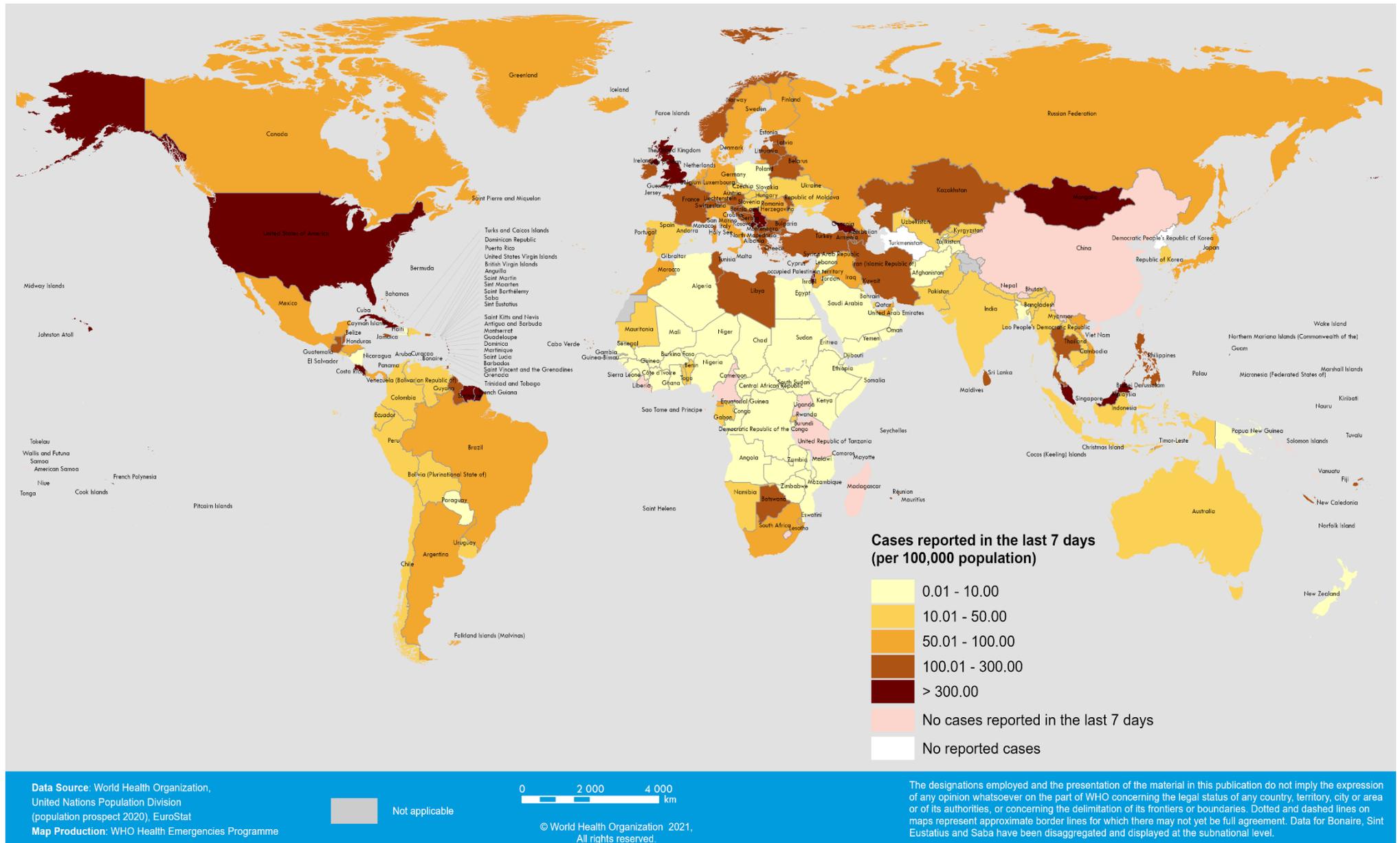
*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior

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

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

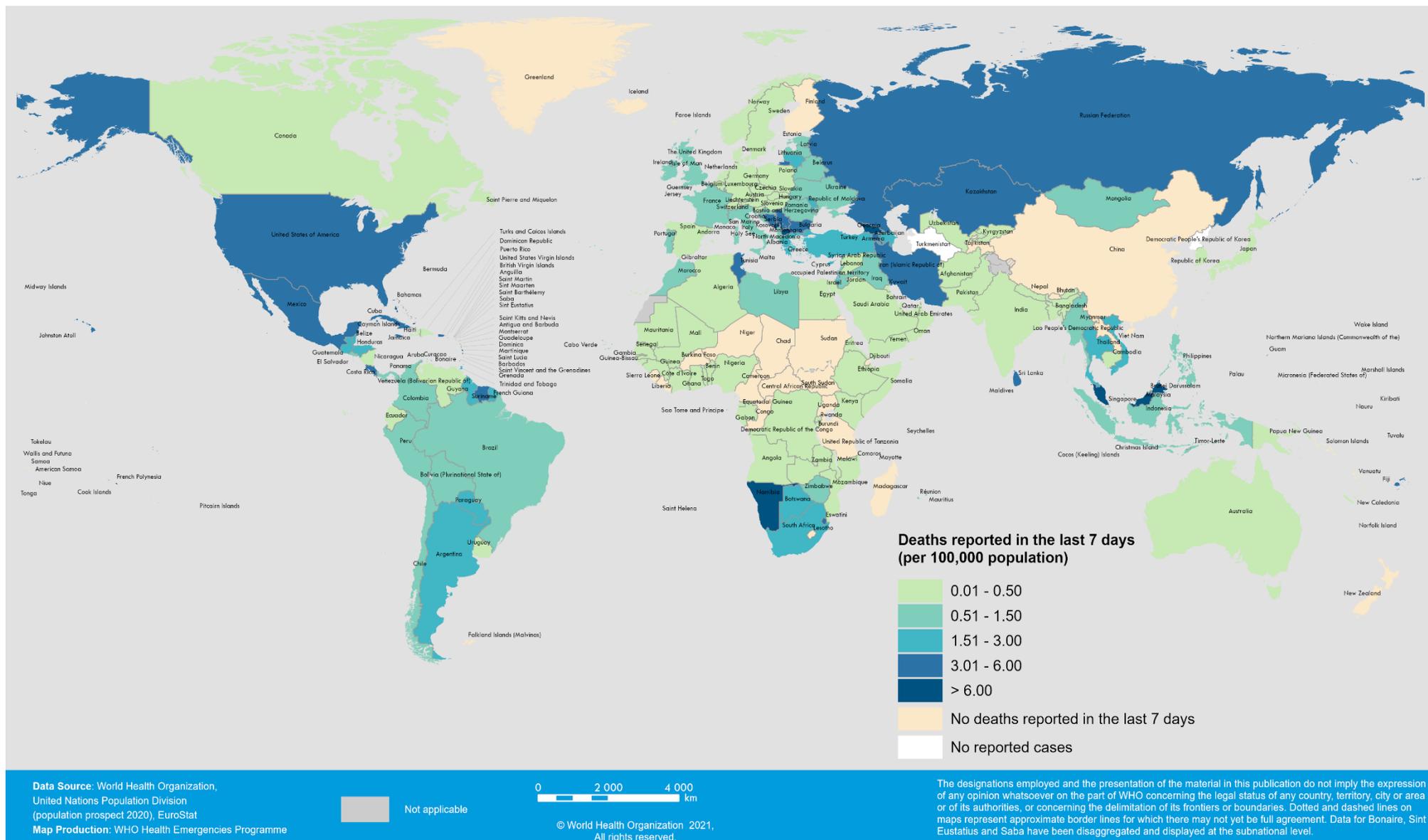
- [WHO COVID-19 Dashboard](#)
- [WHO COVID-19 Weekly Operational Update and previous editions of the Weekly Epidemiological Update](#)

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 6 – 12 September 2021**



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

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 6-12 September 2021**



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

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

WHO, in collaboration with national authorities, institutions and researchers, routinely assesses if variants of SARS-CoV-2 alter transmission or disease characteristics, or impact vaccine, therapeutics, diagnostics or effectiveness of public health and social measures (PHSM) applied by national authorities to control disease spread. “Signals” of potential Variants of Concern (VOCs) or Variants of Interest (VOIs) are detected and assessed based on the risk posed to global public health.

As variants evolve, WHO will continue to update lists of global VOIs and VOCs to support setting priorities for surveillance and research, and ultimately guide response strategies (for more information, please see the [Tracking SARS-CoV-2 variants](#) website).

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

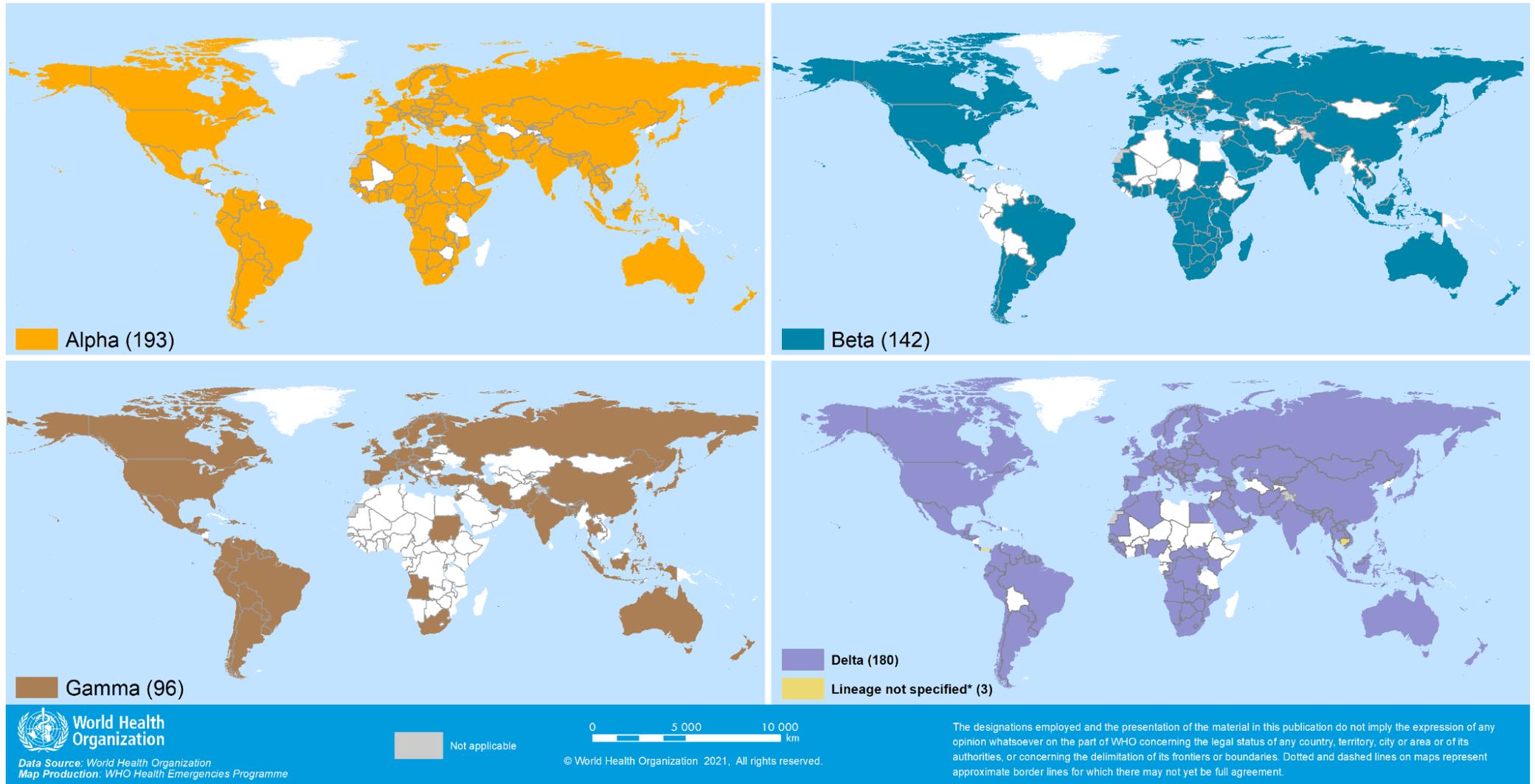
As surveillance activities to detect SARS-CoV-2 variants are strengthened at national and subnational levels, including through the expansion of genomic sequencing capacities, the number of countries, territories or areas (hereafter countries) reporting VOCs continues to increase (Figure 4, Annex 1).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

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

Additional resources

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

Figure 4. Countries, territories and areas reporting variants Alpha, Beta, Gamma and Delta, as of 14 September 2021**



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

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

Special Focus: COVID-19 in children and adolescents

SARS-CoV-2 infections among children and adolescents typically cause less severe illness and fewer deaths as compared to adults. While a less severe course of disease is a positive outcome, there are concerns that mild symptoms may have led to less testing, resulting in fewer identified cases of SARS-CoV-2 infection in children and adolescents. If children and adolescents with mild or no symptoms also transmit the disease, they may also contribute to transmission in the community. Consequently, understanding symptoms, infectivity and patterns of SARS-CoV-2 transmission in children and adolescents is essential for developing, adapting and improving control measures for COVID-19 across all ages, especially since vaccination is not currently available or authorized for those under the age of 12 years in most contexts.

This report summarizes the current knowledge around SARS-CoV-2 infection acquisition and transmission and COVID-19 disease in children under the age of five years, older children (5 to 9 years old), younger adolescents (10 to 14 years old) and older adolescents (15 to 19 years old). Some information on incidence and mortality is also provided for young adults (20 to 24 years old). It aims to inform decisions, based on local contexts, on how best to keep schools, kindergarten and day-care facilities open and what advice to apply to intergenerational mixing.

Incidence and mortality in children, adolescents and young adults

Overall, there are proportionally fewer cases and deaths from COVID-19 among children, adolescents and young adults as compared to adults (Table 1). Based on age-disaggregated case data [reported to WHO](#) from 30 December 2019 to 6 September 2021¹, the proportion of global cases increased with age category: children under the age of five represented the smallest proportion of cases among individuals up to 24 years old, while older adolescents (15 to 19 years old) and young adults (20 to 24 years old) grouped together had the highest proportion of the global cases. Deaths for all age groups represented less than 0.5% of the proportion of global deaths.

Table 1. Global epidemiological overview on children and adolescents (information from 30 December 2019 to 06 September 2021; Data cleaning is continuous, please interpret with caution).

Age group	Number of cases	Proportion (%) to global cases*	Number of deaths	Proportion (%) to global deaths**
<5 years	1 599 073	1.8	1704	0.1
5 to 14 years	5 622 295	6.2	1218	0.1
15 to 24 years	13 071 320	14.3	6327	0.4

*Total global cases reported to WHO through case-based reporting, all ages: 90 011 040

**Total global deaths reported to WHO through case-based reporting, all ages: 1 752 008

What are the symptoms of COVID-19 in children and adolescents?

Younger children (under five years old), older children and adolescents (10 to 19 years old) usually have fewer and milder symptoms of SARS-CoV-2 infection than adults >25 years old and are less likely than adults to experience severe COVID-19¹⁻⁹. Milder symptoms and asymptomatic presentation often mean less frequent care-seeking for these groups; thus, children and adolescents tend to be tested less frequently and cases may go unreported. Early reports suggested an age-dependent risk of severe disease with those under one year experiencing more severe disease^{6,10}, although several reviews show that neonates (first 28 days of life) have mild disease as compared to other paediatric patients¹¹⁻¹⁴. However, it is important to note that children under the age of one year and within the neonatal period (first 28 days after birth) have a higher risk

¹WHO Coronavirus (COVID-19) Dashboard | WHO Coronavirus (COVID-19) Dashboard with Vaccination Data; last accessed 06 September 2021.

of diseases which have overlapping presentation with COVID-19, such as pneumonia and malaria. Additionally, age disaggregation has not been systematically provided in the current literature and the results of these studies are context-specific such as timing within the pandemic and an emphasis on hospitalized patients.

Children and adolescents can experience prolonged clinical symptoms (known as post COVID-19 condition, or post-acute sequelae of SARS-CoV-2 infection), however, the frequency and characteristics of these are still under investigation¹⁵.

Additionally, a hyperinflammatory syndrome, referred to as paediatric inflammatory multisystem syndrome, temporally associated with SARS-CoV-2 (PIMS-TS) in Europe and multisystem inflammatory syndrome in children (MIS-C) in the United States of America, although rare, can occur, and complicates recovery from COVID-19¹⁶⁻¹⁹. The severity of disease in children and adolescents caused by SARS-CoV-2 variants of concern (VOC), in comparison with non-VOC lineages, remains under investigation.

Are children and adolescents less susceptible to SARS-CoV-2 infection than adults?

The risk of becoming infected with SARS-CoV-2 depends on a combination of susceptibility (host biological factors), biological properties of the virus, environmental factors associated with exposure type (going to work, or school etc.) and exposure intensity (level of community transmission and adherence to public health and social measures (PHSM)).

Multiple population-based SARS-CoV-2 seroprevalence and viral shedding studies have investigated whether children and adolescents are infected at the same rate as adults, but the results have been mixed, possibly because of the studies being conducted at different time points in the pandemic when populations were subjected to different levels of PHSM²⁰. Even so, we do know that children of all ages can become infected and can spread the virus to others.

Data on the global incidence of COVID-19 in adolescents suggests they test positive for SARS-CoV-2 at a higher proportion than children, however, seroprevalence surveys are needed to provide more information. Additionally, more detailed epidemiological information about the factors influencing susceptibility of children and adolescents to the new SARS-CoV-2 variants is urgently needed.

What about transmission of infection? Is there a difference between young children, older children and adolescents in transmitting SARS-CoV-2?

Outbreaks of COVID-19 have been identified in secondary schools, summer camps and day care centres, particularly when neither physical distancing nor masks were used to reduce risk²¹⁻²⁴. There is some preliminary evidence that children may be less infectious, than adolescents and adults, as measured by secondary attack rates²⁵.

Children and adolescents who become infected with SARS-CoV-2 shed the virus in their respiratory tract and may also shed virus in their faeces²⁶⁻²⁹. Among individuals who were positive for SARS-CoV-2 who were tested at the same time point after symptom onset, SARS-CoV-2 viral RNA shedding in the respiratory track appeared similar in children, adolescents and adults³⁰.

The relationship between age, viral load and transmission across the full symptom spectrum of SARS-CoV-2 infection has not been comprehensively investigated because people with no, or mild, symptoms are seldom tested systematically.

Thus, the relative transmissibility of SARS-CoV-2 at different ages remains uncertain, largely due to the challenges involved in disentangling the influences of biological, host, virus and environmental factors ³¹⁻³⁵.

Conclusions

Children and adolescents infected with SARS-CoV-2 generally present with milder symptoms of COVID-19 disease; although infection with the variants of SARS CoV-2, including the Delta variant, require more investigation to determine if this will remain the case. The risk of transmission to and from children and adolescents depends on contextual factors such as the level of community transmission and the measures implemented to control the virus, host factors in the child, as well as biological factors related to the virus itself. However, children and adolescents of all ages become infected and also transmit SARS-CoV-2 to others. Younger children may be less susceptible than older children and adolescents, but the precise role of children and adolescents in the overall transmission of SARS-CoV-2 still requires further investigation.

The use of public health and social measures (PHSM), including physical distancing, cleaning hands, coughing into a bent elbow or a tissue, adequate ventilation in indoor settings, and masks (for older children - see guidance below), should be consistently and appropriately implemented for all ages in schools, especially since children under the age of 12 years are generally not yet eligible for vaccination.

Resources: WHO guidance and reports on COVID-19 and children and adolescents

- [Advice on the use of masks for children in the community in the context of COVID-19 - Guidance document \(21 August 2020\)](#)
- [Breastfeeding and COVID-19 – Scientific brief \(23 June 2020\), IRIS Link](#)
- [Estimating mortality from COVID-19 disease- Scientific brief](#)
- [Severe disease and Multi-symptom COVID-19 Syndrome](#)

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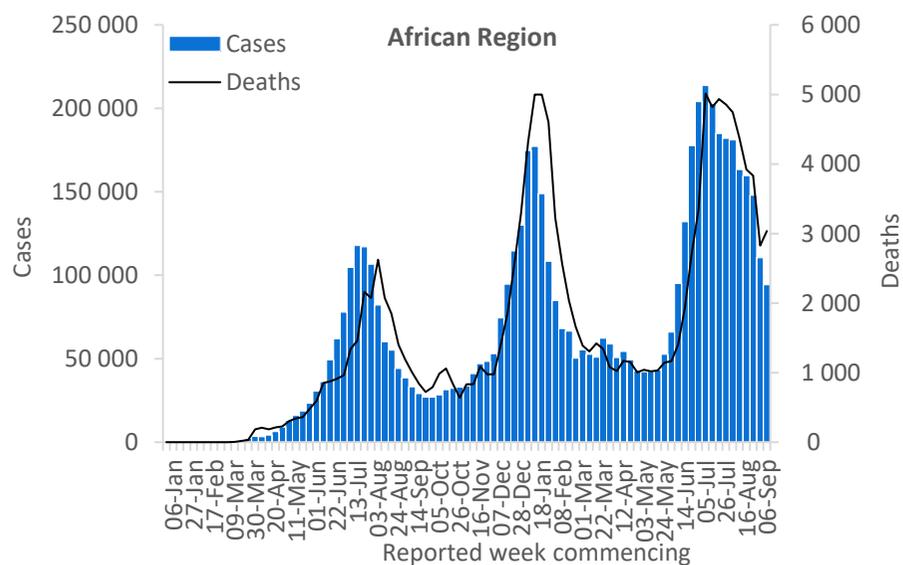
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WHO regional overviews — Epidemiological week 6 – 12 September 2021

African Region

The African Region reported over 94 000 new cases and over 3000 new deaths, a 15% decrease and a 7% increase respectively as compared to the previous week. Although the regional case incidence has continued to decline for over two months, weekly incidence increased in 18 of 49 (37%) countries in the past week, including in Ethiopia and Nigeria. The highest numbers of new cases were reported from South Africa (40 220 new cases; 67.8 new cases per 100 000 population; a 29% decrease), Ethiopia (9269 new cases; 8.1 new cases per 100 000; a 10% increase), and Nigeria (5061 new cases; 2.5 new cases per 100 000; a 90% increase).

The highest numbers of new deaths were reported from South Africa (1590 new deaths; 2.7 new deaths per 100 000 population; a 6% decrease), Namibia (187 new deaths; 7.4 new deaths per 100 000), and Algeria (185 new deaths; 0.4 new deaths per 100 000; a 5% decrease).

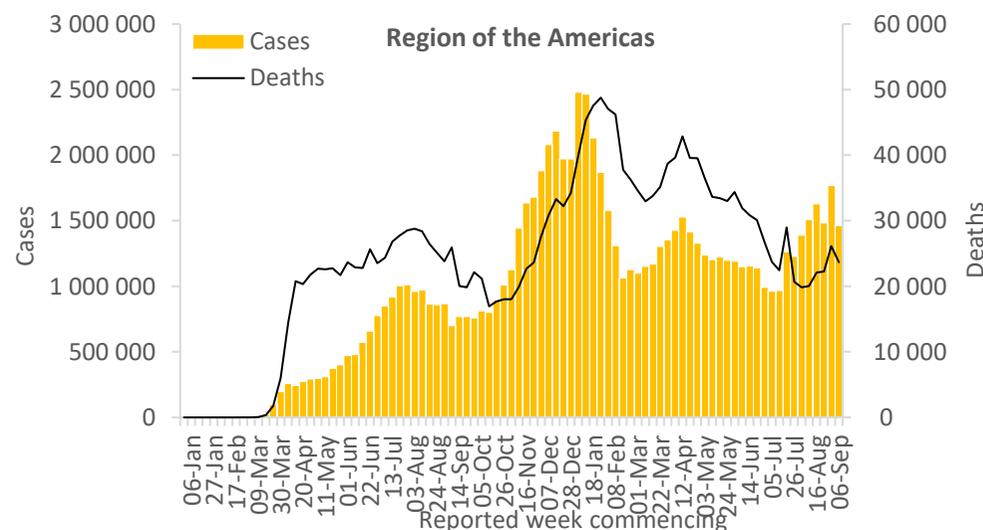


Updates from the [African Region](#)

Region of the Americas

The Region of the Americas reported the largest proportional decrease in cases and the second largest proportional decrease in deaths this week, decreases of 17% and 9%, respectively, as compared to the previous week. However, the Region also reported the highest number of weekly cases and deaths as compared to other Regions, with notable increases observed in Cuba (22% increase) and Ecuador (72% increase) for cases, and Honduras (55% increase) and Haiti (50% increase) for deaths. The highest numbers of new cases were reported from the United States of America (1 034 836 new cases; 312.6 new cases per 100 000; a 20% decrease), accounting for 70% of all new cases reported in the Region this week, Brazil (118 790 new cases; 55.9 new cases per 100 000; a 22% decrease), and Mexico (88 938 new cases; 69.0 new cases per 100 000; a 5% decrease).

Similarly, the highest numbers of new deaths were reported from the United States of America (11 371 new deaths; 3.4 new deaths per 100 000; a 5% decrease), Mexico (4628 new deaths; 3.6 new deaths per 100 000; a 9% decrease), and Brazil (3176 new deaths; 1.5 new deaths per 100 000; a 27% decrease).

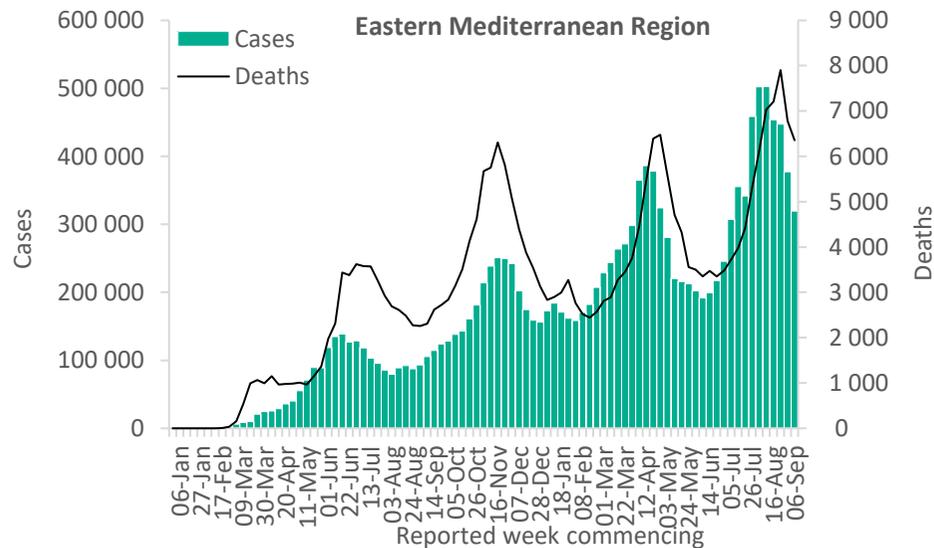


Updates from the [Region of the Americas](#)

Eastern Mediterranean Region

The Eastern Mediterranean Region reported a marked decrease (15%) in the number of new cases reported this week, with over 319 000 new cases. The Region reported a slight decrease (6%) in the number of new deaths reported, with over 6300 new deaths this week. These decreasing trends in cases and deaths reflect decreases in 13 of the 22 countries (59%) for cases and 15 out of 22 (68%) for deaths in the region this week. The highest numbers of new cases were reported from the Islamic Republic of Iran (172 030 new cases; 204.8 new cases per 100 000; a 17% decrease), Iraq (34 816 new cases; 86.6 new cases per 100 000; a 21% decrease), and Pakistan (25 819 new cases; 11.7 new cases per 100 000; a 4% decrease).

The highest numbers of new deaths were reported from the Islamic Republic of Iran (3760 new deaths; 4.5 new deaths per 100 000; a 10% decrease), Pakistan (548 new deaths; <1 new deaths per 100 000; a 5% decrease), and Tunisia (497 new deaths; 4.2 new deaths per 100 000; a 47% increase).

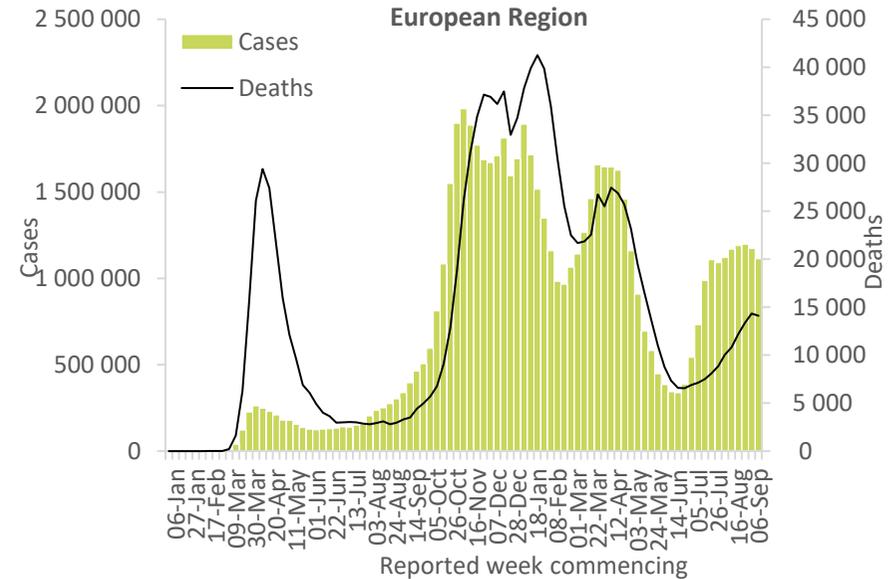


Updates from the [Eastern Mediterranean Region](#)

European Region

Case incidence in the European Region decreased by 5% with just over 1.1 million new cases, while death incidence remained similar to that of the previous week with over 14 000 deaths. The highest numbers of new cases were reported from the United Kingdom (256 051 new cases; 377.2 new cases per 100 000; a 5% increase), Turkey (158 236 new cases; 187.6 new cases per 100 000; a 6% increase), and the Russian Federation (127 471 new cases; 87.3 new cases per 100 000; similar to the previous week's figures).

Similarly, the highest numbers of new deaths were reported from the Russian Federation (5549 new deaths; 3.8 new deaths per 100 000; similar to the previous week's figures), Turkey (1806 new deaths; 2.1 new deaths per 100 000; similar to the previous week's figures), and the United Kingdom (983 new deaths; 1.4 new deaths per 100 000; a 25% increase). These three countries accounted for almost half (49%) of new weekly cases and 59% of new weekly deaths reported in the Region.

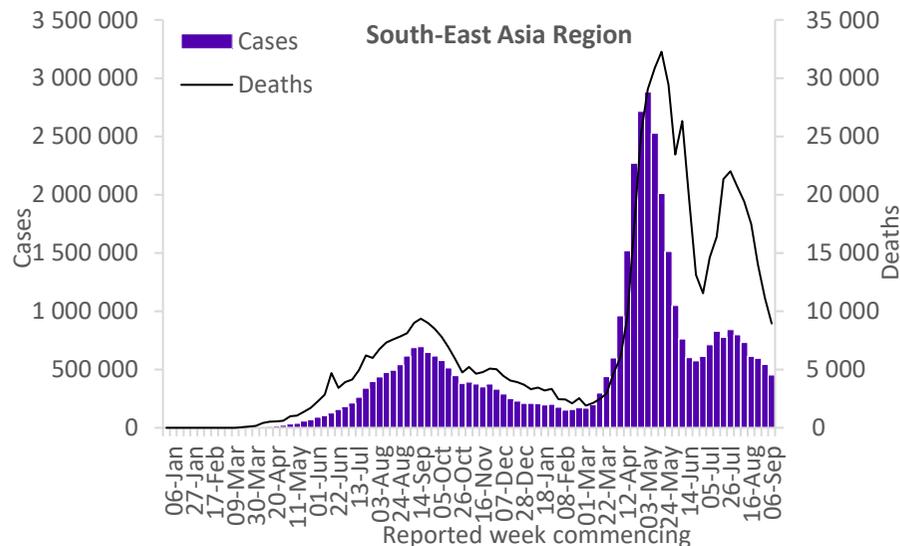


Updates from the [European Region](#)

South-East Asia Region

The South-East Asia Region reported substantial decreases in new cases and deaths with over 453 000 new cases and over 8900 new deaths, decreases of 16% and 20%, respectively as compared to the previous week. Overall, regional cases and deaths have declined consistently over the past month and a half. This week all countries in the Region reported a decrease in weekly cases and deaths as compared to last week, with a notable decrease reported in Indonesia (30% decrease) for cases and Bangladesh (33% decrease) for deaths. The highest numbers of new cases were reported from India (248 248 new cases; 18.0 new cases per 100 000; a 15% decrease), Thailand (101 639 new cases; 145.6 new cases per 100 000; a 5% decrease), and Indonesia (38 491 new cases; 14.1 new cases per 100 000; a 30% decrease).

Similarly, the highest numbers of new deaths were reported from Indonesia (3028 new deaths; 1.1 new deaths per 100 000; a 23% decrease), India (2122 new deaths; <1 new deaths per 100 000; a 21% decrease), and Thailand (1498 new deaths; 2.1 new deaths per 100 000; a 13% decrease).

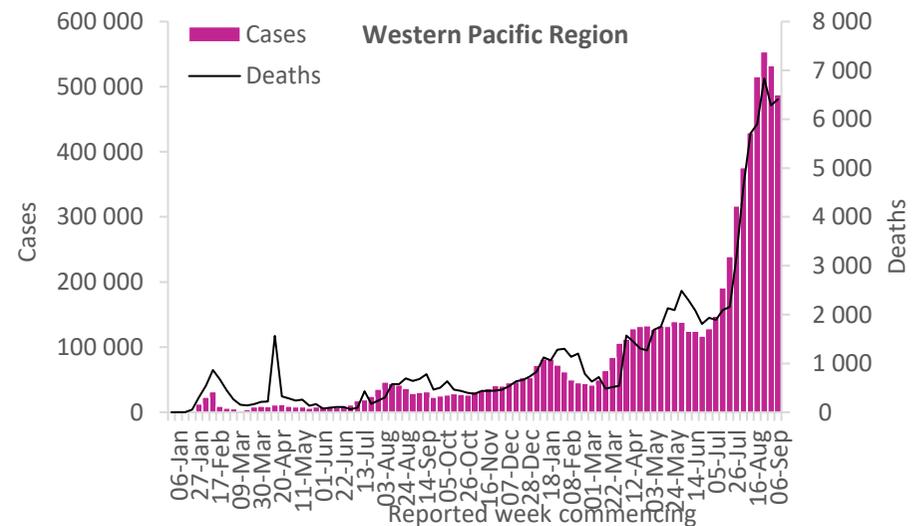


Updates from the [South-East Asia Region](#)

Western Pacific Region

Case incidence in the Western Pacific Region decreased by 8% with just over 487 000 new cases, while death incidence remained similar to that of the previous week with over 64 000 deaths. After reporting a continuous increase in cases since 21 June 2021, the Region has begun to show a declining trend in weekly cases over the past two weeks, mainly driven by declines in cases reported in Japan (46% decrease), Mongolia (46% decrease) and Fiji (45% decrease). However, the weekly deaths continue to show an increasing trend since 19 July 2021, with notable increases in weekly deaths reported for Guam (33% increase), and Malaysia (22% increase) this week.

The highest numbers of new cases were reported from the Philippines (144 991 new cases; 132.3 new cases per 100 000; a 16% increase), Malaysia (136 061 new cases; 420.4 new cases per 100 000; similar to the previous week's figures), and Viet Nam (90 179 new cases; 92.6 new cases per 100 000; similar to the previous week's figures). The highest numbers of new deaths were reported from Malaysia (2536 new deaths; 7.8 new deaths per 100 000; a 22% increase), Viet Nam (2225 new deaths; 2.3 new deaths per 100 000; a 7% decrease), and the Philippines (916 new deaths; <1 new deaths per 100 000; a 13% decrease).



Updates from the [Western Pacific Region](#)

Annex

COVID-19 confirmed cases and deaths reported in the last seven days by countries, territories and areas, and WHO Region (reported in previous issues) are now available at: <https://covid19.who.int/table>.

Annex 1. List of countries/territories/areas reporting Variants of Concern as of 14 September 2021

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

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Bosnia and Herzegovina	●	●	●	○	-
Botswana	○	●	-	●	-
Brazil	●	●	●	●	-
British Virgin Islands	●	-	●	●	-
Brunei Darussalam	●	●	-	○	-
Bulgaria	●	●	-	●	-
Burkina Faso	●	-	-	-	-
Burundi	●	●	-	●	-
Cabo Verde	●	-	-	●	-
Cambodia	●	●	-	●	●
Cameroon	●	●	-	-	-
Canada	●	●	●	●	-
Cayman Islands	●	●	●	●	-
Central African Republic	●	●	-	●	-
Chad	●	-	-	-	-
Chile	●	●	●	●	-
China	●	●	●	○	-
Colombia	●	-	●	●	-
Comoros	-	●	-	-	-
Congo	●	○	-	●	-
Costa Rica	●	●	●	●	-
Croatia	●	●	●	○	-
Cuba	●	●	-	●	-
Curaçao	●	●	●	●	●
Cyprus	●	●	-	○	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Czechia	●	●	●	●	-
Côte d'Ivoire	●	●	-	-	-
Democratic Republic of the Congo	●	●	-	●	-
Denmark	●	●	●	●	-
Djibouti	●	●	-	-	-
Dominica	●	-	-	●	-
Dominican Republic	●	-	●	-	-
Ecuador	●	-	●	●	-
Egypt	●	-	-	●	-
El Salvador	●	-	●	●	-
Equatorial Guinea	●	●	-	-	-
Estonia	●	●	○	○	-
Eswatini	●	●	-	●	-
Ethiopia	●	-	-	-	-
Falkland Islands (Malvinas)	●	●	-	-	-
Faroe Islands	●	-	●	-	-
Fiji	-	-	-	●	-
Finland	●	●	●	●	-
France	●	●	●	●	-
French Guiana	●	●	●	●	-
French Polynesia	●	●	●	●	-
Gabon	●	●	-	-	-
Gambia	●	-	-	●	-
Georgia	●	○	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Germany	●	●	●	●	-
Ghana	●	●	-	●	-
Gibraltar	●	-	-	○	-
Greece	●	●	●	●	-
Grenada	●	-	-	●	-
Guadeloupe	●	●	●	●	-
Guam	●	●	●	●	-
Guatemala	●	●	●	●	-
Guinea	●	○	-	●	-
Guinea-Bissau	●	●	-	●	-
Guyana	-	-	●	●*	-
Haiti	●	-	●	●*	-
Honduras	●	-	●	●	-
Hungary	●	○	●	○	-
Iceland	●	●*	●*	●*	-
India	●	●	●	●	-
Indonesia	●	●	●*	●	-
Iran (Islamic Republic of)	●	●	●	●	-
Iraq	●	●	-	●	-
Ireland	●	●	●	●	-
Israel	●	●	●	●	-
Italy	●	●	●	●	-
Jamaica	●	-	-	●	-
Japan	●	●	●	●	-
Jordan	●	●	●	●	-
Kazakhstan	●	○	-	●	-
Kenya	●	●	-	●	-
Kosovo ^[1]	●	○	-	○	-
Kuwait	●	●	-	●	-
Kyrgyzstan	●	●	-	●	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
Lao People's Democratic Republic	●	-	-	●	-
Latvia	●	●	●	○	-
Lebanon	●	-	-	●	-
Lesotho	-	●	-	●	-
Liberia	●	-	-	○	-
Libya	●	●	-	-	-
Liechtenstein	●	-	-	○	-
Lithuania	●	●	●	○	-
Luxembourg	●	●	●	●	-
Madagascar	-	●	-	-	-
Malawi	●	●	-	●	-
Malaysia	●	●	-	●	-
Maldives	●	-	-	●	-
Malta	●	○	●	○	-
Martinique	●	●	●	●	-
Mauritania	●	●	-	●	-
Mauritius	●	●	-	●	-
Mayotte	●	●	-	-	-
Mexico	●	●	●	●	-
Monaco	●	●	-	●	-
Mongolia	●	-	-	●	-
Montenegro	●	-	○	○	-
Montserrat	●	-	●	●*	-
Morocco	●	●	-	●	-
Mozambique	●	●	-	●	-
Myanmar	●	-	-	●	-
Namibia	●	●	-	●	-
Nepal	●	-	-	●	-
Netherlands	●	●	●	●	-
New Caledonia	●	-	-	●*	-

Country/Territory/Area	Alpha	Beta	Gamma	Delta	Unspecified B.1.617
New Zealand	●	●	○	○	-
Niger	●	-	-	-	-
Nigeria	●	●	-	●	-
North Macedonia	●	●	-	○	-
Northern Mariana Islands (Commonwealth of the)	○	-	-	●	-
Norway	●	●	●	●	-
Occupied Palestinian Territory	●	●	-	●	-
Oman	●	●	-	●	-
Pakistan	●	●	●	●	-
Panama	●	●	●	●	●
Papua New Guinea	-	-	-	●	-
Paraguay	●	-	●	●	-
Peru	●	-	●	●	-
Philippines	●	●	●	●	-
Poland	●	○	●	●	-
Portugal	●	●	●	●	-
Puerto Rico	●	●	●	●	-
Qatar	●	●	-	●	-
Republic of Korea	●	●	●	●	-
Republic of Moldova	●	-	-	●	-
Romania	●	●	●	●	-
Russian Federation	●	●	○	●	-
Rwanda	●	●	-	●	-
Réunion	●	●	●	○	-
Saba	-	-	-	●	-
Saint Barthélemy	●	-	-	-	-
Saint Kitts and Nevis	-	-	-	●	-
Saint Lucia	●	-	-	●	-
Saint Martin	●	●	-	-	-
Saint Pierre and Miquelon	-	-	-	●	-

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

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

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

*Newly reported in this update.

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

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

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

**Includes countries/territories/areas reporting the detection of VOCs among travelers (e.g., imported cases detected at points of entry), or local cases (detected in the community).

Excludes countries, territories, and areas that have never reported the detection of a variant of concern.

*** Alpha was excluded for Comoros this week based on further information.

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

Annex 2. Data, table and figure notes

Data presented are based on official laboratory-confirmed COVID-19 case and deaths reported to WHO by country/territories/areas, largely based upon WHO [case definitions](#) and [surveillance guidance](#). While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change, and caution must be taken when interpreting these data as several factors influence the counts presented, with variable underestimation of true case and death incidence, and variable delays to reflecting these data at global level. Case detection, inclusion criteria, testing strategies, reporting practices, and data cut-off and lag times differ between countries/territories/areas. A small number of countries/territories/areas report combined probable and laboratory-confirmed cases. Differences are to be expected between information products published by WHO, national public health authorities, and other sources. Due to public health authorities conducting data reconciliation exercises which remove large numbers of cases or deaths from their total counts, negative numbers may be displayed in the new cases/deaths columns as appropriate. When additional details become available that allow the subtractions to be suitably apportioned to previous days, graphics will be updated accordingly.

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

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

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

Technical guidance and other resources

- [WHO technical guidance](#)
- [WHO COVID-19 Dashboard](#)
- [WHO Weekly Operational Updates on COVID-19](#)
- [WHO COVID-19 case definitions](#)
- [COVID-19 Supply Chain Inter-Agency Coordination Cell Weekly Situational Update](#)
- [Research and Development](#)
- [OpenWHO courses on COVID-19](#) in official UN languages and in [additional national languages](#)
- [WHO Academy COVID-19 mobile learning app](#)
- [The Strategic Preparedness and Response Plan](#) (SPRP) outlining the support the international community can provide to all countries to prepare and respond to the virus
- Recommendations and advice for the public:
 - [Protect yourself](#)
 - [Questions and answers](#)
 - [Travel advice](#)
- [EPI-WIN: tailored information for individuals, organizations and communities](#)