

COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 21 March 2021, 10 am CET

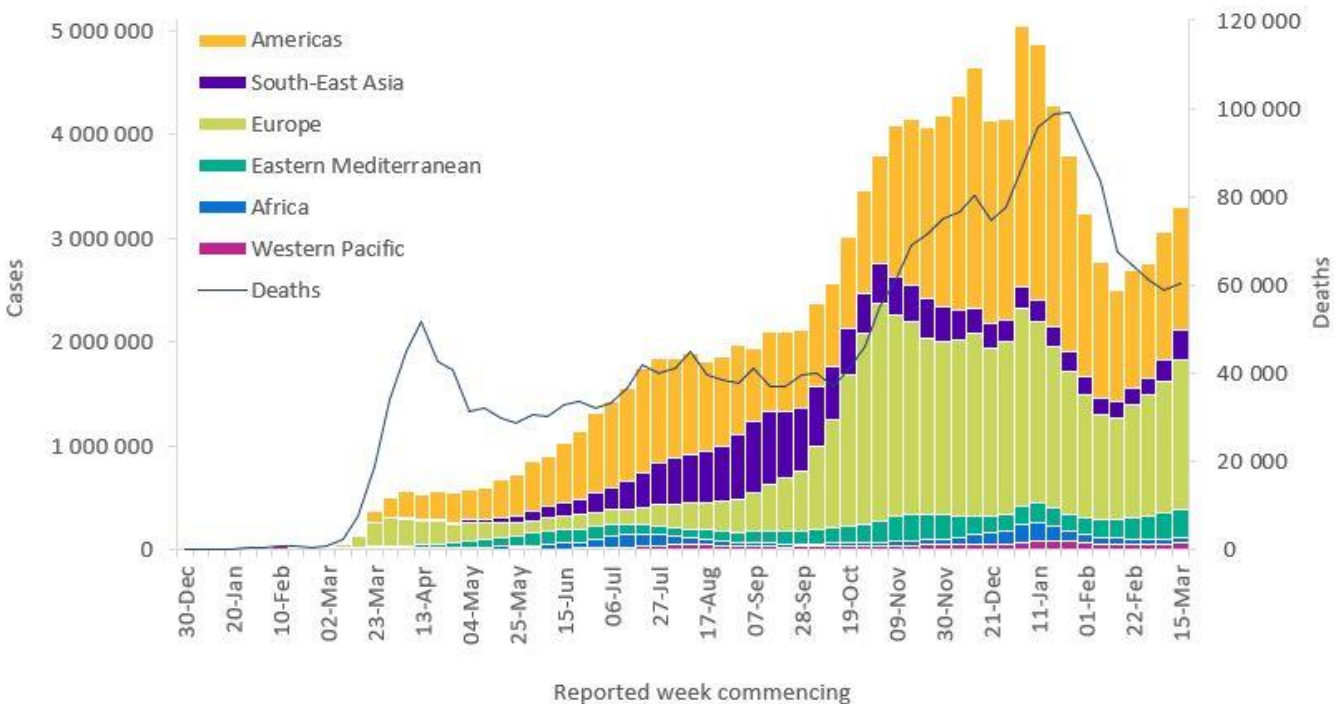
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Global overview

Globally, COVID-19 confirmed cases continued to rise for a fourth consecutive week, with just under 3.3 million new cases reported in the last week (Figure 1). At the same time, the number of new deaths reported plateaued after a six week decrease, with just over 60 000 new deaths reported. Marked increases in the number of new cases were reported from the South-East Asia, Western Pacific, European and Eastern Mediterranean regions, all of which have been on an upward trajectory in recent weeks. Case incidence in the African Region and the Region of the Americas has remained stable in recent weeks, notwithstanding concerning trends observed in some countries within these regions. The European Region and the Region of the Americas continue to account for nearly 80% of all the cases and deaths. The only WHO region to report a decline in new deaths this week was the Western Pacific where deaths fell by nearly a third, compared to the previous week.

Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 21 March 2021**



**See Annex: Data, table and figure notes

The highest numbers of new cases were reported from Brazil (508 010 new cases; 3% increase), the United States of America (374 369 new cases; 19% decrease), India (240 082 new cases; 62% increase), France (204 840 new cases; 27% increase), and Italy (154 493 new cases; similar to previous week).

Table 1. Newly reported and cumulative COVID-19 confirmed cases and deaths, by WHO Region, as of 21 March 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	1 173 561 (36%)	-5%	53 937 714 (44%)	31 040 (51%)	2%	1 299 243 (48%)
Europe	1 441 065 (44%)	13%	42 516 762 (35%)	21 772 (36%)	1%	929 332 (34%)
South-East Asia	298 438 (9%)	49%	14 182 826 (12%)	2 435 (4%)	14%	214 790 (8%)
Eastern Mediterranean	263 650 (8%)	8%	7 124 121 (6%)	3 253 (5%)	12%	153 446 (6%)
Africa	50 916 (2%)	-3%	2 999 152 (2%)	1 428 (2%)	10%	76 113 (3%)
Western Pacific	63 730 (2%)	29%	1 775 560 (1%)	486 (1%)	-33%	30 843 (1%)
Global	3 291 360 (100%)	8%	122 536 880 (100%)	60 414 (100%)	3%	2 703 780 (100%)

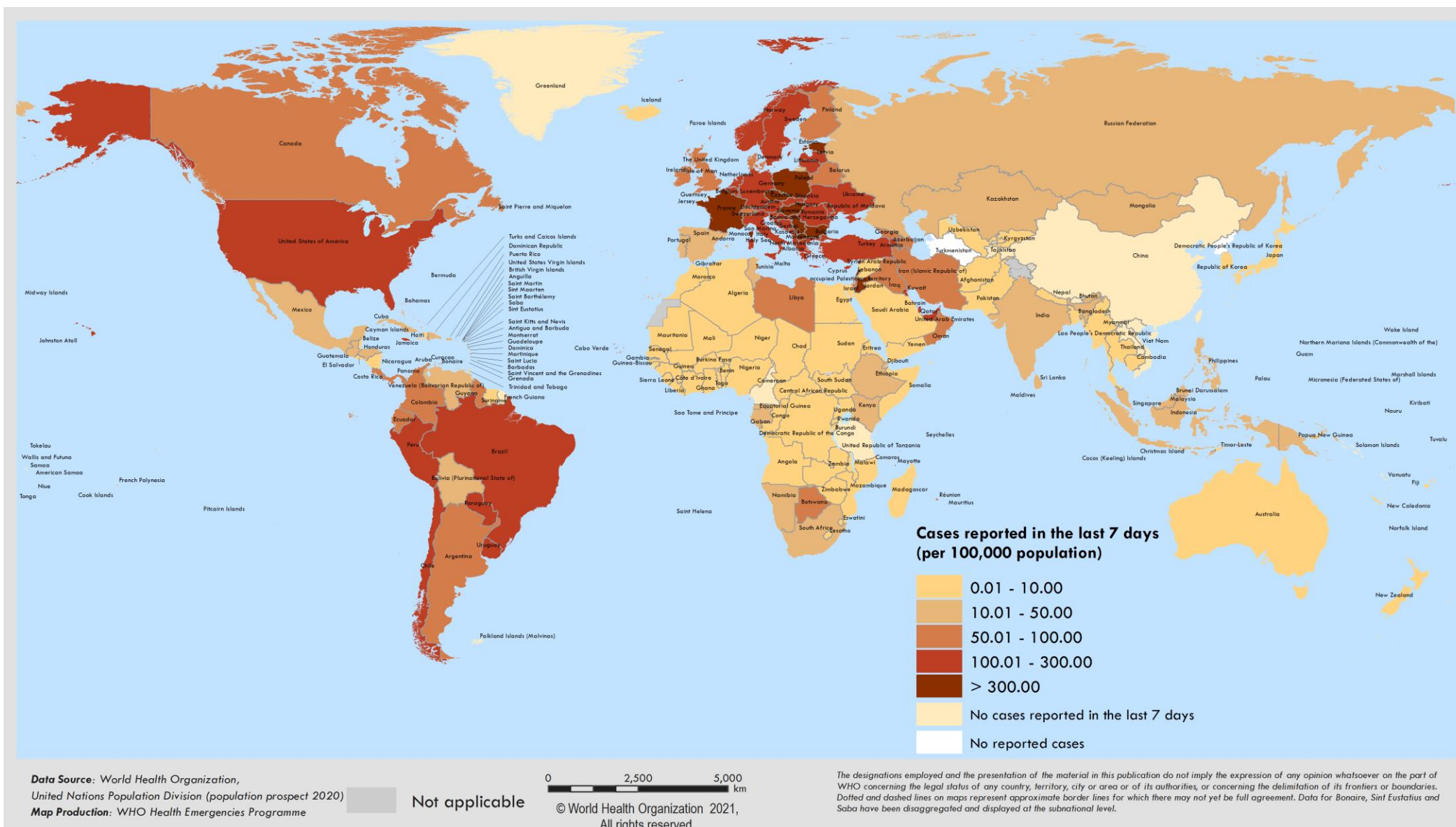
*Percent change in the number of newly confirmed cases/deaths in past seven days, compared to seven days prior. Regional percentages rounded to the nearest whole number; global totals may not equal 100%.

**See [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, 15-21 March 2021**



**See Annex: Data, table and figure notes

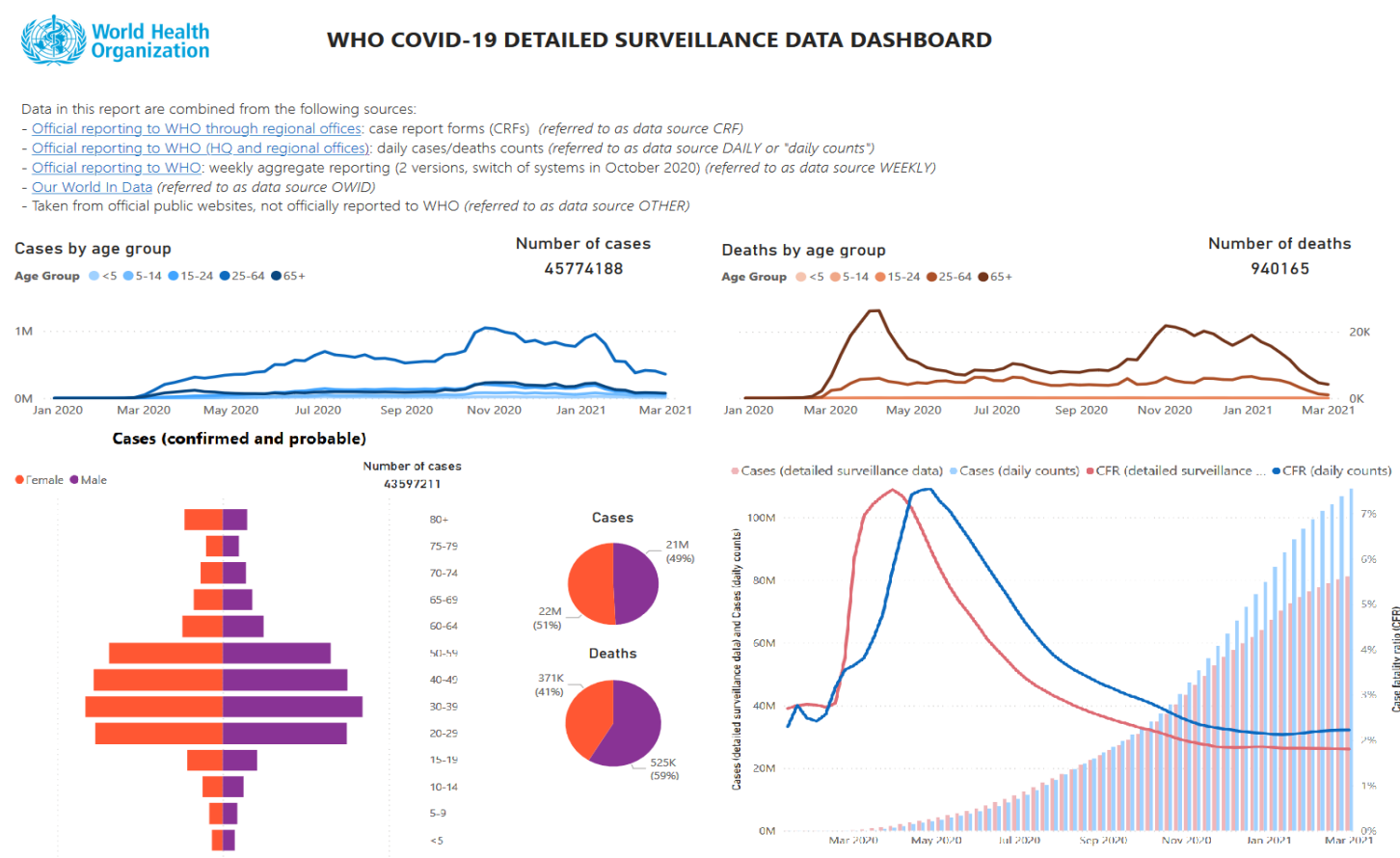
Special Focus: Release of the WHO COVID-19 Detailed Surveillance Dashboard

Over one year into the pandemic, WHO continues to conduct [global surveillance of COVID-19](#) as part of activities on [preparedness, readiness and response activities](#). The need for global surveillance of COVID-19 is greater than ever, as the implementation of vaccination campaigns and the appearance of variants are prone to impact the course of the epidemic, as transmission patterns evolve. Timely and complete surveillance data are key to monitoring these changes.

In addition to the daily count of confirmed cases and deaths of COVID-19, WHO requested all Member States to report a minimal set of information using a [case report form](#) or via the [weekly aggregated surveillance system](#) as specified in the [Public Health Surveillance for COVID-19 interim guidance](#). Member States report primarily via one of the systems; some have switched from case report forms to weekly reporting.

The data reported are now publicly available through the [WHO COVID-19 detailed surveillance data dashboard](#) (Figure 3), without editing or filtering by WHO. Features include stratification by age and sex, trends over time, case fatality ratios by age, testing, hospitalization, and data on health workers – all visible at country and regional levels. The dashboard provides the ability for users to conduct further analyses by country and selected time period.

Figure 3: Snapshot of the COVID-19 Surveillance dashboard



As of 14 March 2021, a total of 186 countries, territories and areas had shared detailed data, via case report forms or weekly aggregate surveillance with WHO. Of the 119 million cases reported globally at this time, WHO has received information for 86.4 million cases (73%). Sex was reported for over 59 million cases (50%), age reported for 45 million cases (38%), and age and sex combined was reported for 42 million cases (36%). There are also data on COVID-19 cases among health workers, with just over 1.6 million cases, and 25 000 deaths, recorded in the system.

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

WHO, in collaboration with national authorities, institutions and researchers, continues to monitor the public health events associated with SARS-CoV-2 variants and provides updates as new information becomes available. Further information on the background of the variants of interest (VOIs) and variants of concern (VOCs) is available from previously published editions of the [Weekly Epidemiological Update](#). Here we provide an update on the geographical distribution, and emerging evidence surrounding transmissibility and severity, and potential impacts on vaccines and diagnostics. We also update on emerging VOIs, and a recent workshop on enhancing sequencing for SARS-CoV-2.

Table 2: Overview of emerging information on key variants of concern, as of 23 March 2021*

Nextstrain clade	20I/501Y.V1	20H/501Y.V2 [†]	20J/501Y.V3
PANGO lineage	B.1.1.7	B.1.351	B.1.1.28.1, alias P.1 [†]
GISAID clade	GR	GH	GR
Alternate names	VOC 202012/01 [†]	VOC 202012/02	-
First detected by	United Kingdom	South Africa	Brazil / Japan
First appearance	20 September 2020	Early August 2020	December 2020
Key spike mutations	H69/V70 deletion; Y144 deletion; N501Y; A570D; and P681H	L242/A243/L244 deletion; K417N E484K, N501Y	K417T, E484K; N501Y
Key mutation in common	S106/G107/F108 deletion in Non-Structural Protein 6 (NSP6)		
Transmissibility*	Increased ^{1, 2} (36%-75%) ³ , increased secondary attack rate ⁴ (10% to 13%)	Increased [1.50 (95% CI: 1.20-2.13) times more transmissible than previously circulating variant ^{5, 6}	Increased, more transmissible than previous circulating variants ⁷
Severity*	Possible increased risk of hospitalization ⁸ , severity and mortality ⁴	Possible increased risk of in-hospital mortality by 20% ^{6, 9}	Under investigation, limited impact ⁷
Neutralization capacity*	Slight reduction but overall neutralizing titers still remained above the levels expected to confer protection ¹⁰	Decreased, suggesting potential increased risk of reinfection ^{5, 11, 12}	Decreased, reinfections reported ^{13, 14}
Potential impacts on vaccines*	<ul style="list-style-type: none"> No significant impact on post-vaccine neutralization by Moderna, Pfizer-BioNTech, Oxford-AstraZeneca, Novavax and Bharat vaccines 15-18 No significant change in prevention of disease by Oxford-AstraZeneca, Novavax, and Pfizer¹⁵⁻¹⁷ Evidence for prevention of infection evidence limited. Reduced effect reported for Oxford-AstraZeneca.^{15, 18} 	<ul style="list-style-type: none"> Post-vaccine neutralization reductions range from minimal to moderate for Moderna and Pfizer, however there is also some evidence of more substantial reductions.¹⁹ A single study has evaluated Sinopharm.²⁰ Substantial reductions have been found for the Oxford-AstraZeneca product.^{21, 22} Results for Novavax and Janssen are pending. Efficacy against disease was retained, but somewhat lower, in South Africa when 501Y.V2 was dominant compared to settings without this variant.^{23, 24} In a small study, AstraZeneca did not demonstrate vaccine efficacy against mild-moderate COVID-19 disease, with wide confidence intervals, while efficacy against severe disease was not assessed and is undetermined.^{25, 26} There is no evidence to inform vaccine impact on asymptomatic infection by 501Y.V2. 	<ul style="list-style-type: none"> Limited to modest reduction in post-vaccine neutralization by Oxford-AstraZeneca, Moderna and Pfizer vaccines.^{19, 21, 27-31} Preliminary suggestion of loss of neutralization following vaccination with Sinovac³²
Potential impacts on diagnostics*	S gene target failure (SGTF). ²⁵ No impact on Ag RDTs observed ²³	None reported to date	None reported to date
Countries reporting cases (newly reported in last week)**	125 (7)	75 (11)	41(3)

[†]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.

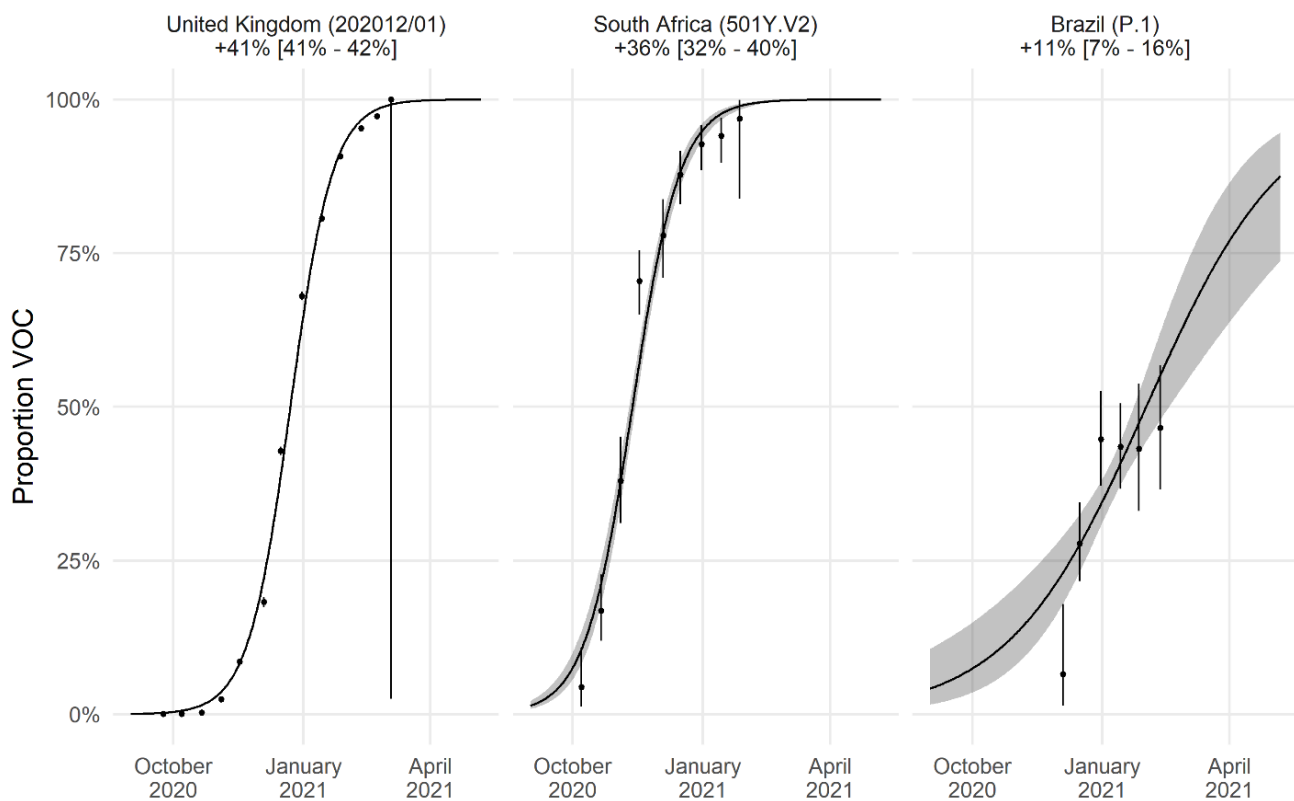
*Generalized findings as compared to non-VOC viruses. Based on emerging evidence from multiple countries, including non-peer-reviewed preprint articles and reports from public health authorities and researchers – all subject to ongoing investigation and continuous revision.

**Includes official and unofficial reports of VOCs detections in countries among either travellers (imported cases only) or community samples (local transmission).

The number of countries reporting VOCs has continued to increase (Table 2, Figures 5, 6 and 7, Annex 2). This information should be interpreted with due consideration of limitations of ongoing surveillance, including but not limited to differences between countries in sequencing capacity and which samples are prioritized for sequencing. WHO continues to advocate for strengthening surveillance and sequencing capacity, and a systematic approach to provide a representative indication of the extent of transmission of SARS-CoV-2 variants; based on the local epidemiological situation and capacity, and the detection of unusual events.

VOC 202012/01, 501Y.V2 and P.1 have commonly demonstrated an increase in transmissibility compared to wild-type (non-VOC) variants, and a veracity to rapidly replace other circulating strains. We analysed sequence data submitted to GISAID to determine the change in proportion of VOCs over time and calculate the associated change in transmissibility. Variants 202012/01, 501Y.V2 and P.1 rapidly replaced the wild-type variant in the United Kingdom, South Africa and Brazil, respectively (Figure 4). Using a logistic model of competitive growth, the additive increase in the effective reproduction number (R_t) relative to the wild-type variant was estimated at 41% (95% CI: 41–42%) for 202012/01, 36% (95% CI: 32–40%) for 501Y.V2, and 11% (95% CI: 7–16%) for P.1. The transmissibility of P.1 was higher when estimated only for the Amazonas region of Brazil (data not shown), suggesting more rapid replacement of the wild-type variant at a local level. However, the number of sequences was too low to meaningfully quantify the change in R_t . These analyses assume that sequence data submitted to GISAID is representative of the variants circulating in the region under consideration; if sequencing efforts are targeted at suspected VOCs, the rate of replacement and associated increased transmissibility of VOCs may be overestimated.

Figure 4. Proportion of SARS-CoV-2 202012/01, 501Y.V2 and P.1 variants over time in the United Kingdom, South Africa and Brazil, respectively. The estimated increase in R_t and associated 95% confidence interval is indicated below the country name.



Variant VOC 202012/01

Since our last update on 16 March, VOC 202012/01 has been detected in seven additional countries. As of 23 March, a total of 125 countries across all six WHO regions have reported cases of this variant (Figure 5).

Previous studies have shown VOC 202012/01 may be associated with an increased risk of hospitalization, severity and mortality.^{4, 8} A recently published matched cohort study provides additional evidence, highlighting that there is a higher risk of mortality when infected by VOC 202012/01. The study involved nearly 55 000 matched pairs of participants who tested positive for SARS-CoV-2 between 1 October 2020 and 29 January 2021 and were followed-up until 12 February 2021. Results showed an increased mortality hazard ratio of 1.64 (95% confidence interval 1.32 to 2.04). This ratio was associated with infection with VOC 202012/01 compared with infection with previously circulating variants, in patients who tested positive for COVID-19 in the community. Although this constitutes a comparatively low risk group overall, it represents an increase in deaths from 2.5 to 4.1 per 1000 detected cases.

Vaccine updates

There is a growing body of evidence on vaccine-induced neutralizing antibody activity against VOC202012/01, including for AstraZeneca, Moderna, Pfizer, Novavax, and Bharat vaccines. The findings support that neutralizing activity is largely sustained against this variant.^{10, 33} Additional evidence is available on the ability of vaccines to protect against disease from VOC 202012/01 are available for the AstraZeneca and Pfizer vaccines, from a randomized controlled trial (RCT) in the UK (AstraZeneca) and observational evidence (Pfizer and AstraZeneca) from the UK during the period when VOC 202012/01 was prevalent.¹⁷ Results from a test-negative case control study conducted in England from December 2020 to February 2021 when VOC202012/01 was very prevalent, showed the early real-world effectiveness of the Pfizer/BioNTech - BNT162b2 vaccine and AstraZeneca - ChAdOx1 vaccine against confirmed COVID-19, hospitalizations and deaths.¹⁷ This study also estimated effectiveness on the VOC202012/01. Both vaccines show that vaccination with either a single dose of BNT162b2 or ChAdOx1 was associated with a significant reduction in symptomatic COVID-19 cases in older adults (>70 years old) with even greater protection against severe disease.

Evidence for vaccines to protect against asymptomatic infection, which would influence community transmission, is limited to the RCT in the UK of the AstraZeneca product.¹⁵ Although effectiveness against disease was largely sustained against VOC202012/01, preliminary evidence suggests that the efficacy against asymptomatic infection is reduced in the face of this variant.

Figure 5. Countries, territories and areas reporting SARS-CoV-2 VOC 202012/01 as of 23 March 2021



Variant 501Y.V2

Since the last update on 16 March, 501Y.V2 has been reported from 11 additional countries – totaling 75 countries across all six WHO regions (Figure 6). In several areas within the African Region, variant 501Y.V2 has been reported to comprise a high proportion of sequenced samples, including over 90% of sequenced specimens in some settings.^{34, 35}

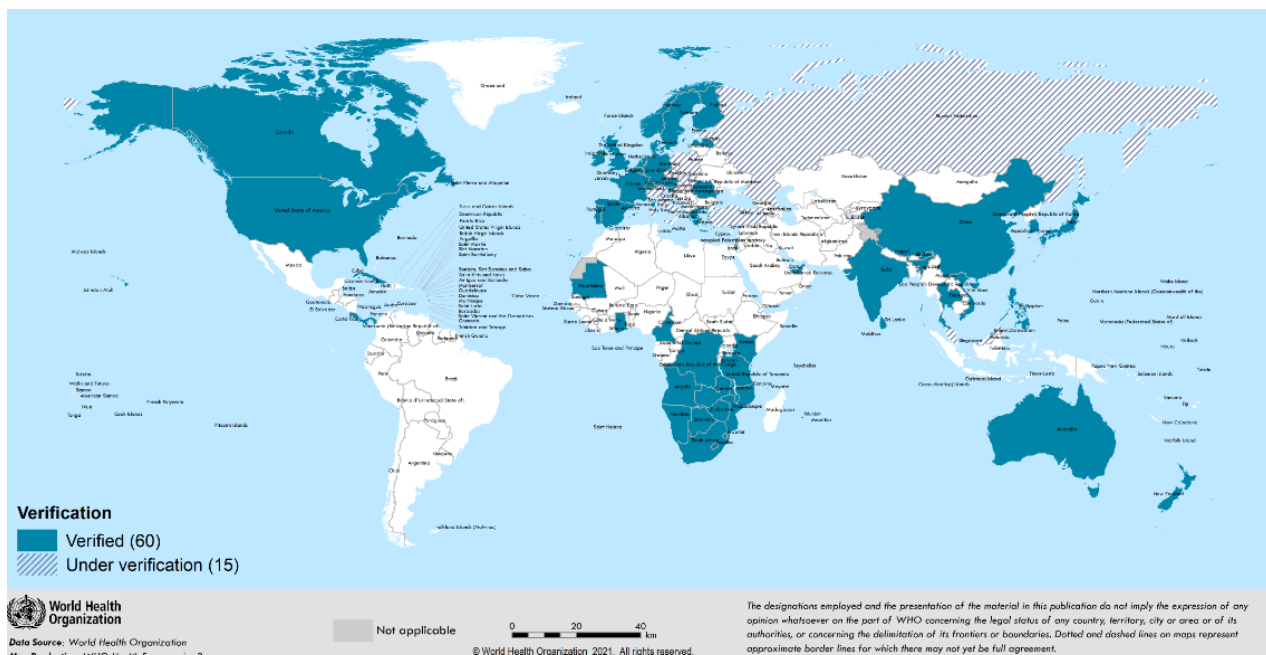
A newly released population-based study in South Africa, available in preprint, compared in-hospital mortality during its first wave peaking in mid-July 2020 to the second wave peaking in January 2021 when variant 501Y.V2 was the predominant variant. After adjusting for weekly hospital admissions, the risk of in-hospital mortality increased by 20% (adjusted odds ratio of 1.2, 95%CI 1.2-1.3).⁹

Vaccine updates

Reductions in neutralizing antibody activity against 501Y.V2 induced by vaccines or natural infection compared with wild-type (non-VOC) variants, have been documented in a substantial number of studies.^{5, 30} Findings from a recent study that analyzed convalescent plasma from 20 patients and sera from 22 participants of vaccine trials [Moderna SARS-CoV-2 mRNA-1273 vaccine (12 participants); Pfizer BNT162b2 COVID-19 vaccine (10 participants)] indicated that relative to wild-type variants, there was a substantial decrease in the neutralizing activity of convalescent plasma (9.4-fold) and sera from vaccinated participants (10.3 to 12.4-fold) against 501Y.V2.³¹ In addition, T-cell analyses suggest this component of the vaccine induced immune response is less influenced by the variants than the impact on the neutralization activity.³⁶

Evidence of vaccine efficacy against clinical disease from B.1.351 is available for AstraZeneca, Janssen and the Novavax vaccines.^{24, 37, 38} Comparisons are hampered by different case definitions, and trials sizes. Although there appears to be some reduction in efficacy compared with non-B.1.351 strains, both the Novavax and the Janssen product retain significant efficacy. The AstraZeneca trial found no statistically significant efficacy; however, this trial was of a small sample size, had only mild and moderate cases and used a dosing interval of 4 weeks.³⁷ Separate evidence indicates a longer dosing interval improves both immunogenicity and efficacy, which along with other evidence leave open the plausibility that efficacy against severe disease may be partially retained.

Figure 6. Countries, territories and areas reporting SARS-CoV-2 501Y.V2 as of 23 March 2021



Variant P.1

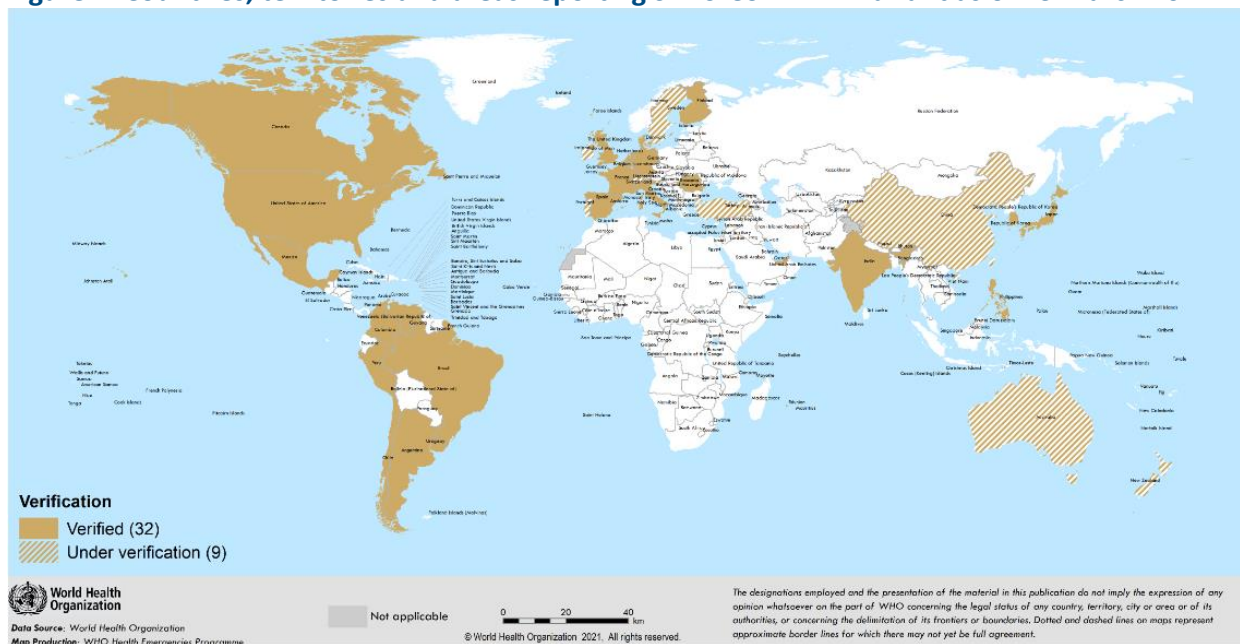
Since our last update, variant P.1 has been reported in three additional countries. As of 23 March, this variant is reported in 41 countries across all six WHO regions (Figure 7).

A recent study analyzed the national health surveillance data of hospitalizations and frequency of variant P.1 in Manaus city, in Amazonas State, Brazil where this variant was first detected and has widely spread. Based on the preliminary findings, P.1 is found to be 2.5 times more transmissible (95% CI:2.3–2.8) compared to the previously circulating variant while the reinfection probability was found to be low i.e. 6.4% (CI:5.7–7.1%).³⁹ Two additional studies analyzed the genomic data from Manaus and estimated higher transmissibility of the P.1 variant.^{7, 14} However, these are preliminary findings and more studies are required to fully understand the transmissibility and severity of P.1 variant.

Vaccine updates

Numerous studies have measured the neutralization of variant P.1 by sera from those vaccinated with Pfizer, Moderna, AstraZeneca or Sinovac against SARS-CoV-2 virus including in Manaus.^{21, 27–32} 19 Based on these findings, the neutralization activity was reduced by 2.6 to 10-fold depending on the vaccine and individuals. In particular, among people vaccinated with the Sinovac product (CoronaVac vaccine), the plasma failed to efficiently neutralize variant P.1 suggesting possibility of reinfection. One T-cell study concluded that response was largely preserved.³⁶ There are no clinical outcome data following vaccination which are needed to understand the implications of the limited to moderate loss of neutralization activity.

Figure 7. Countries, territories and areas reporting SARS-CoV-2 P.1 variant as of 23 March 2021



WHO Global workshop on enhancing sequencing for SARS-CoV-2, 19 March 2021

On 19 March 2021, WHO hosted a global workshop on enhancing sequencing to monitor SARS-CoV-2 evolution, bringing together stakeholders in a high level discussion to agree on a common vision and a global, coordinated plan to increase SARS-CoV-2 sequencing capacity, in order to strengthen detection of VOIs and VOCs. Over 800 participants joined this virtual workshop, including representatives from Ministries of Health,

academia and donors, engaging in discussions on the international sequencing landscape, available capacities and opportunities for network-driven strengthening of SARS-CoV-2 variant detection.

The workshop highlighted how we can leverage existing surveillance systems and structures, such as existing SARS-CoV-2 reference network, the Global Influenza Surveillance and Response System (GISRS), HIV, TB and Polio laboratory networks, to strengthen existing regional networks, and to build new sustainable capacity to generate and process sequencing data for SARS-CoV-2 and other infectious pathogens. Sequence and supporting meta-data sharing is critical to better understand virus evolution and to inform the COVID-19 response. The workshop outcomes were as follows:

- A situational overview of national and regional sequencing and data analysis capacities around the world and demonstration of ongoing support from Member States with capacities to support others.
- An agreement from participants on the importance of timely data sharing and a need to build capacity for sequencing, data processing leading to informed action.
- An agreement toward a global plan to enhance sequencing and analysis capacities and linking results with public health actions.

The workshop outlined the need for global coordination of sequencing capacity. WHO will provide the coordination role by providing a platform, leadership and coordination for future discussions, capacity building and network-based knowledge sharing. The workshop will inform discussions at the upcoming Global Consultation on a Decision Framework for Assessing the Impact of SARS-CoV-2 Variants of Concern on Public Health Interventions on 29 March 2021.

Emerging variants of interest (VOIs)

All viruses, including SARS-CoV-2, change over time resulting in the emergence of new variants, most without a direct benefit to the virus or other public health impacts. 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 on public health and social measures (PHSM). Systems have been established to detect “signals” of potential variants of interest or concern, as well as unusual events potentially associated with a variant, and assess these based on the risk posed to global public health (see also [working definitions](#)). A number of such signals are currently under assessment, and as new VOIs or VOCs are determined, WHO is committed to highlighting these to support prioritization for further monitoring and assessment. Table 3 summarises assessed and designated VOIs as of 23 March 2021. National authorities may choose to designate other variants of local interest/concern as every local situation is unique, with different variants circulating, requiring surveillance and response systems to adapt to their local epidemiological situation.

Table 3: Overview of variants of interest (VOIs), as of 23 March 2021*

Nextstrain clade	20C	20C/S:452R	20J
PANGO lineage	B.1.525	B.1.427/B.1.429	B.1.1.28.2, alias P.2
GISAID clade	G/484K.V3	GH/452R.V1	
Alternate names		CAL.20C/L452R	
First detected by	United Kingdom and Nigeria	United States of America	Brazil
First appearance	December 2020	June 2020	April 2020
Key spike mutations	H69-V70 deletion; Y144 deletion; Q52R; E484K; Q677H; D614G; and F888L	L452R; W152C; S13I; D614G	L18F; T20N; P26S; F157L; E484K; D614G; S929I; and V1176F

WHO recommendations

The potential for virus mutation increases with the frequency of human and animal infections. Therefore, reducing transmission of SARS-CoV-2 by using established disease control methods as well as avoiding introductions to animal populations, are critical aspects to the global strategy to reduce the occurrence of mutations that have negative public health implications. PHSM remain critically important to curb the spread of SARS-CoV-2, including newly reported variants. Evidence from multiple countries with extensive transmission of VOCs has indicated that the implementation of physical distancing and other PHSM as well as 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. Findings from new studies evaluating transmission, severity and impact on medical countermeasures will continue to help inform PHSM and IPC measures employed by Member States. National and local authorities are encouraged to continue strengthening existing PHSM, IPC and disease control activities, including epidemiological surveillance, strategic testing, and systematic sequencing of SARS-CoV-2 where feasible.

Additional resources

- [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](#)
- [Proposed working definitions of SARS-CoV-2 Variants of Interest and Variants of Concern](#)
- [Disease Outbreak News on SARS-CoV-2 Variants, 31 December 2020](#)

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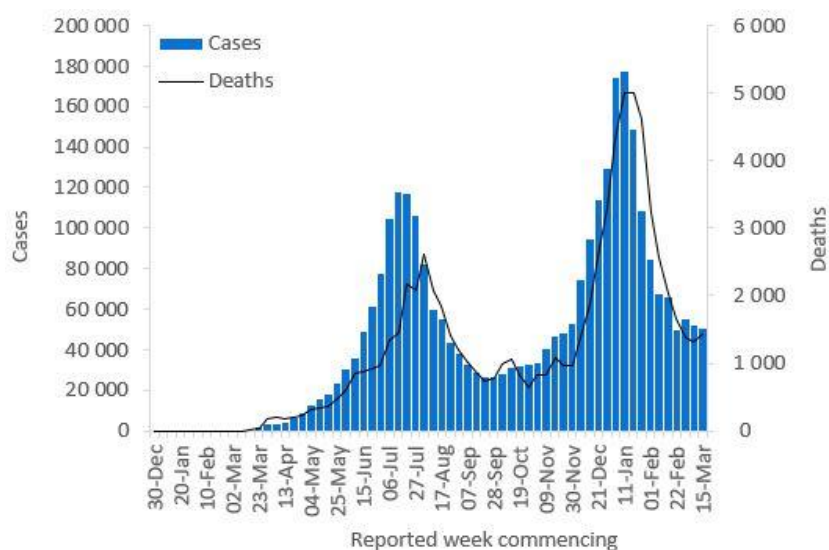
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WHO regional overviews

African Region

The African Region reported nearly 51 000 new cases and over 1400 new deaths, a 3% decrease and a 10% increase respectively compared to the previous week. This is the first time in eight weeks, that an increase in new deaths has been reported. The highest numbers of new cases were reported from Ethiopia (11 587 new cases; 10.1 new cases per 100 000 population; a 28% increase), South Africa (8387 new cases; 14.1 new cases per 100 000; a 2% increase), and Kenya (7358 new cases; 13.7 new cases per 100 000; a 66% increase).

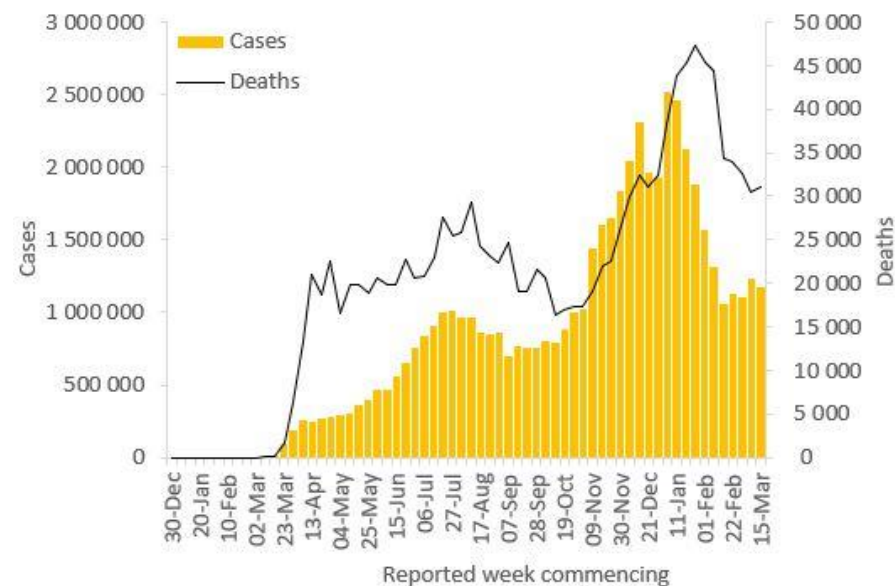
The highest numbers of new deaths were reported in the same countries, from South Africa (821 new deaths; 1.4 new deaths per 100 000 population; a 34% increase), Ethiopia (107 new deaths; 0.1 new deaths per 100 000; a 11% decrease), and Kenya (79 new deaths; 0.1 new deaths per 100 000; a 132% increase).



Region of the Americas

The Region of the Americas reported nearly 1.2 million new cases and just over 31 000 new deaths, a 5% decrease and a 2% increase respectively compared to the previous week. After six weeks of decline in deaths, this week there has been a slight increase reported. The highest numbers of new cases were reported from Brazil (508 010 new cases; 239 new cases per 100 000; a 3% increase), the United States of America (374 369 new cases; 113.1 new cases per 100 000; an 19% decrease), and Peru (49 035 new cases; 148.7 new cases per 100 000; a 11% increase).

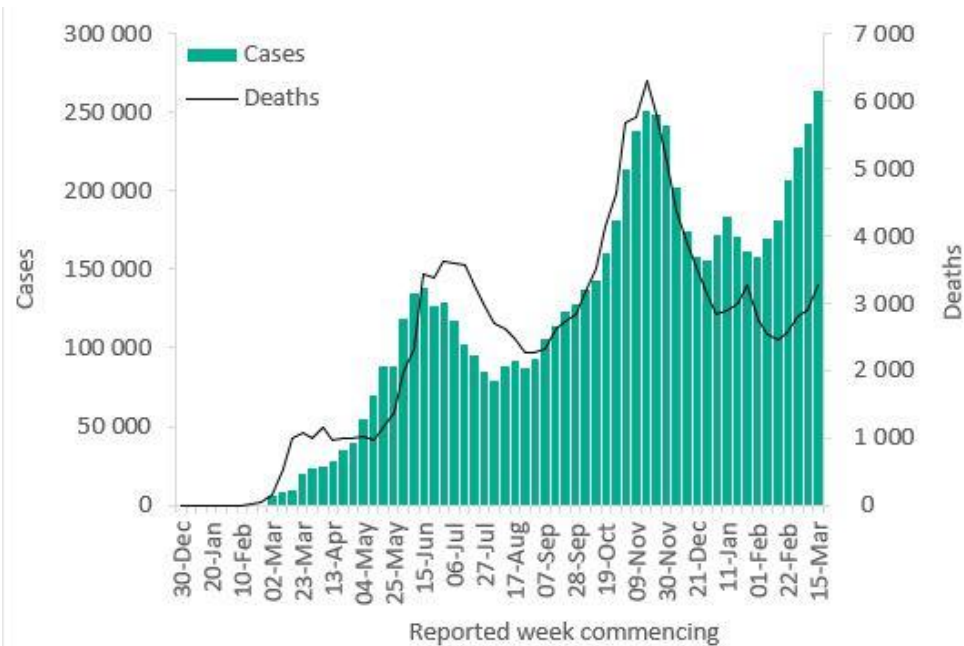
The highest numbers of new deaths were reported from Brazil (15 209 new deaths; 7.2 new deaths per 100 000; a 23% increase), the United States of America (7552 new deaths; 2.3 new deaths per 100 000; a 19% decrease), and Mexico (3368 new deaths; 2.6 new deaths per 100 000; a 21% decrease).



Eastern Mediterranean Region

The Eastern Mediterranean Region reported nearly 264 000 new cases and just over 3200 new deaths, an 8% and a 12% increase respectively compared to the previous week. New weekly cases have increased for the past six weeks and deaths have increased for the past four weeks. The highest numbers of new cases were reported from Jordan (57 666 new cases; 565.2 new cases per 100 000; a 21% increase), the Islamic Republic of Iran (54 445 new cases; 64.8 new cases per 100 000; a 6% decrease), and Iraq (35 072 new cases; 87.2 new cases per 100 000; a 13% increase).

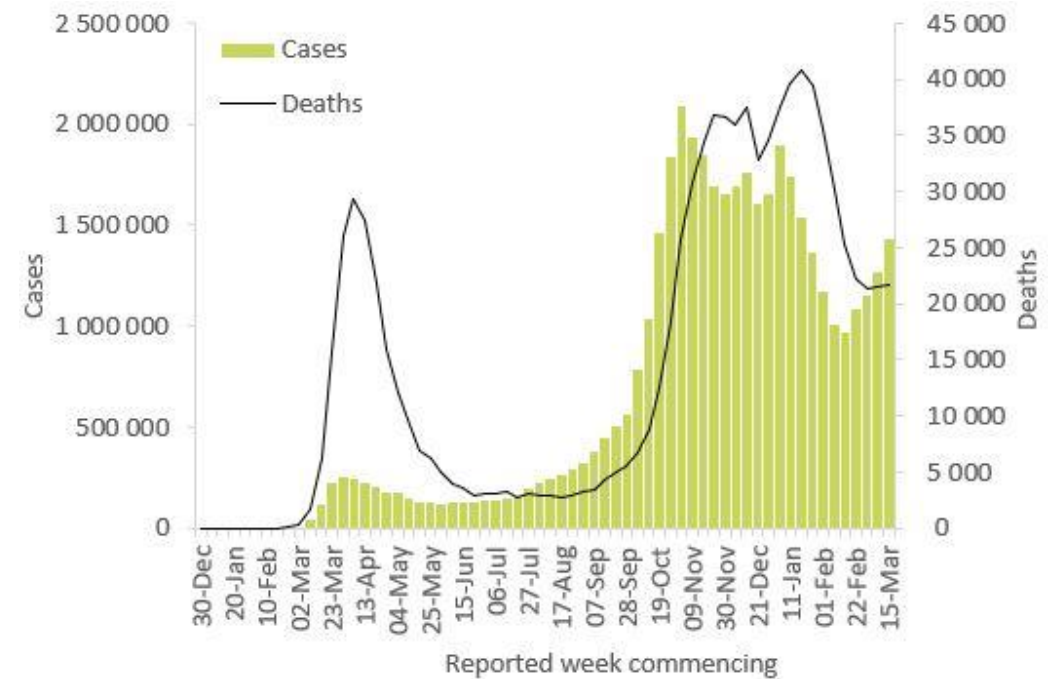
The highest numbers of new deaths were reported from the Islamic Republic of Iran (582 new deaths; 0.7 new deaths per 100 000; a 6% increase), Jordan (503 new deaths; 4.9 new deaths per 100 000; a 31% increase), and Lebanon (381 new deaths; 5.6 new deaths per 100 000; an 19% increase).



European Region

The European Region reported over 1.4 million new cases and nearly 22 000 new deaths, a 13% and a 1% increase respectively compared to the previous week. Cases in the Region have been steadily increasing over the past four weeks. The highest numbers of new cases were reported from France (204 840 new cases; 313.8 new cases per 100 000; a 27% increase), Italy (154 493 new cases; 255.5 new cases per 100 000; similar to the previous week), and Poland (151 918 new cases; 401.4 new cases per 100 000; a 36% increase).

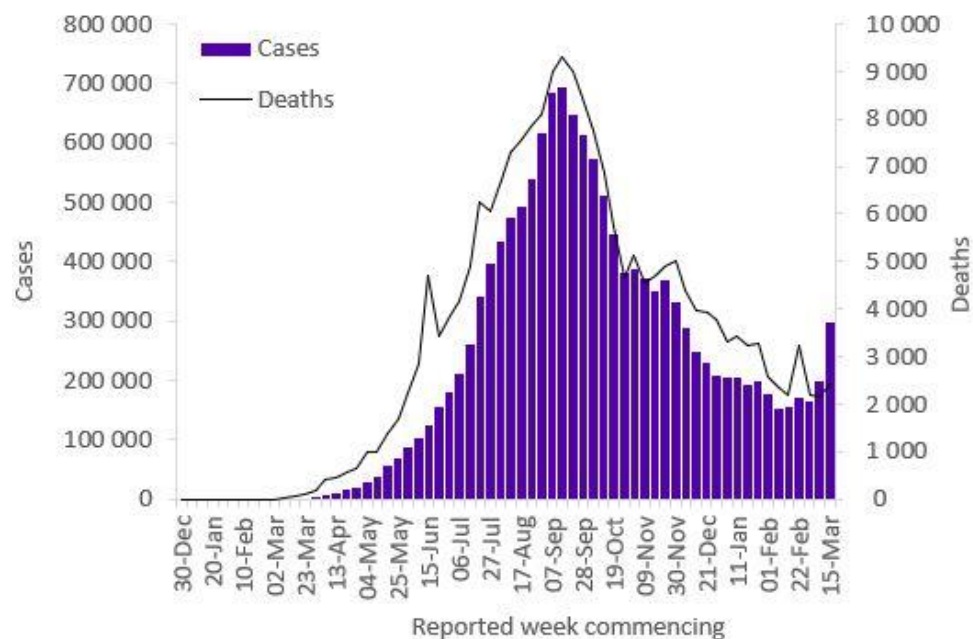
The highest numbers of new deaths were reported from Russian Federation (2940 new deaths; 2 new deaths per 100 000; a 2% decrease), Italy (2761 new deaths; 4.6 new deaths per 100 000; a 20% increase), and Poland (2122 new deaths; 5.6 new deaths per 100 000; a 12% increase).



South-East Asia Region

The South-East Asia Region reported over 298 000 new cases and over 2400 new deaths, a 49% and a 14% increase respectively compared to the previous week. Eighty per cent of all new cases were reported from India. The highest numbers of new cases were reported from India (240 082 new cases; 17.4 new cases per 100 000; a 62% increase), Indonesia (41 047 new cases; 15.0 new cases per 100 000; similar to the previous week), and Bangladesh (12 470 new cases; 7.6 new cases per 100 000; a 91% increase).

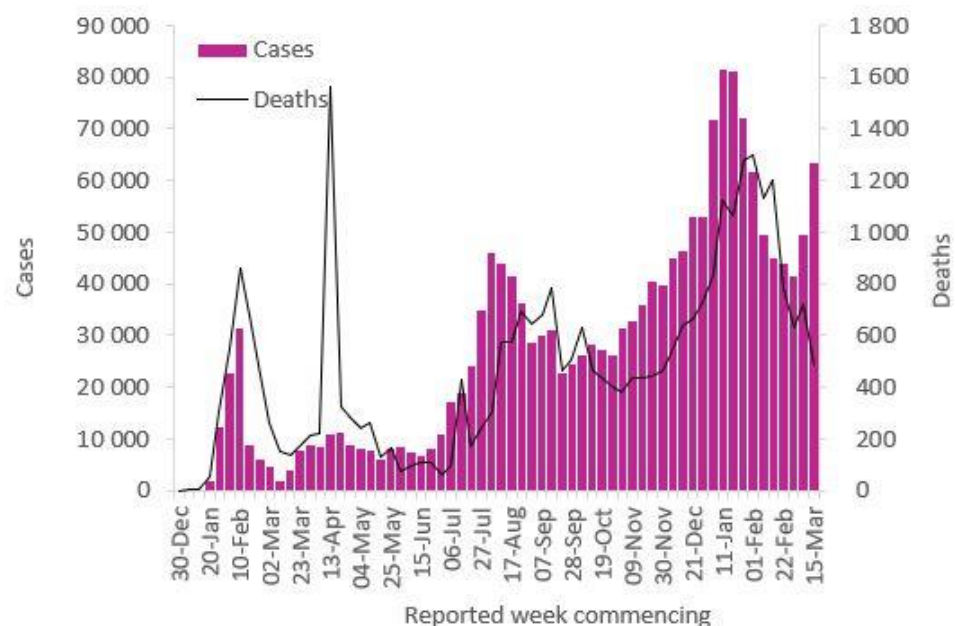
The same countries reported the highest numbers of new deaths in the region; India (1148 new deaths; 0.1 new deaths per 100 000; a 35% increase), Indonesia (1118 new deaths; 0.4 new deaths per 100 000; a 5% decrease), and Bangladesh (141 new deaths; 0.1 new deaths per 100 000; an 86% increase).



Western Pacific Region

The Western Pacific Region reported nearly 64 000 new cases and nearly 500 new deaths, a 29% increase and a 33% decrease respectively compared to the previous week. Although the number of new cases in the region has increased for the third consecutive week, the number of new weekly deaths continues to decline. The highest numbers of new cases were reported from the Philippines (39 445 new cases; 36 new cases per 100 000; a 55% increase), Malaysia (9304 new cases; 28.7 new cases per 100 000; a 12% decrease), and Japan (8765 new cases; 6.9 new cases per 100 000; a 11% increase).

The highest numbers of new deaths were reported from Japan (252 new deaths; 0.2 new deaths per 100 000; a 24% decrease), the Philippines (164 new deaths; 0.1 new deaths per 100 000; a 45% decrease), and the Republic of Korea (27 new deaths; 0.1 new deaths per 100 000; a 23% decrease). Japan and the Philippines reported 86% of new weekly deaths in the Region.



Key weekly updates

WHO Director-General's key message

[Opening remarks at the media briefing on COVID-19 – 19 March 2021](#): *'The Global Advisory Committee has recommended that the AstraZeneca vaccine's benefits outweigh its risks, with tremendous potential for preventing infections and deaths from COVID-19.'*

- [WHO statement on AstraZeneca COVID-19 vaccine safety signals](#)
- [Statement of the WHO Global Advisory Committee on Vaccine Safety \(GACVS\) COVID-19 subcommittee on safety signals related to the AstraZeneca COVID-19 vaccine](#)

Vaccine publications

- [Janssen Ad26.COVS.2 \(COVID-19\) vaccine: Background document to the WHO Interim recommendations for use of Ad26.COVS.2 \(COVID-19\) vaccine](#)
- [Interim recommendations for the use of the Janssen Ad26.COVS.2 \(COVID-19\) vaccine](#)
- [How to monitor and report COVID-19 vaccine side effects](#)

COVID-19 Solidarity Response Fund 1 year Anniversary

- [COVID-19 Solidarity Response Fund marks first anniversary and appeals for continued support](#)

Separating newborns from mothers during COVID-19

- [New research highlights risks of separating newborns from mothers during COVID-19 pandemic](#)

Down Syndrome and COVID-19

- [World Down Syndrome Day, 21 March 2021](#)
- [Down Syndrome and COVID-19](#)

Tuberculosis (TB) and COVID-19

- [World TB Day, 24 March 2021](#)
- [Tuberculosis and COVID-19](#)

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 21 March 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	50 916	2 999 152	267.3	1 428	76 113	6.8	
Ethiopia	11 587	185 641	161.5	107	2 647	2.3	Community transmission
South Africa	8 387	1 536 801	2 591.2	821	52 082	87.8	Community transmission
Kenya	7 358	120 163	223.5	79	1 987	3.7	Community transmission
Côte d'Ivoire	2 609	39 913	151.3	6	217	0.8	Community transmission
Zambia	1 799	86 273	469.3	25	1 178	6.4	Community transmission
Ghana	1 514	89 276	287.3	31	716	2.3	Community transmission
Mozambique	1 503	65 799	210.5	18	740	2.4	Community transmission
Botswana	1 395	35 493	1 509.3	34	458	19.5	Community transmission
Namibia	1 178	42 203	1 660.9	34	492	19.4	Community transmission
Nigeria	1 114	161 651	78.4	17	2 030	1.0	Community transmission
Guinea	970	18 562	141.3	6	108	0.8	Community transmission
Senegal	967	37 693	225.1	52	1 007	6.0	Community transmission
Algeria	923	116 066	264.7	21	3 055	7.0	Community transmission
Togo	790	8 839	106.8	9	102	1.2	Community transmission
Madagascar	757	22 113	79.9	14	340	1.2	Community transmission
Gabon	637	17 297	777.1	9	105	4.7	Community transmission
Rwanda	618	20 761	160.3	11	287	2.2	Community transmission
Democratic Republic of the Congo	530	27 467	30.7	9	726	0.8	Community transmission
Seychelles	443	3 616	3 676.8	1	16	16.3	Community transmission
Malawi	427	33 216	173.6	11	1 093	5.7	Community transmission
South Sudan	420	9 849	88.0	2	106	0.9	Community transmission
Mali	408	9 270	45.8	7	367	1.8	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Cabo Verde	405	16 440	2 956.9	3	159	28.6	Community transmission
Angola	373	21 696	66.0	6	526	1.6	Community transmission
Benin	317	6 818	56.2	9	90	0.7	Community transmission
Gambia	316	5 255	217.4	8	161	6.7	Community transmission
Congo	235	9 564	173.3	3	134	2.4	Community transmission
Zimbabwe	191	36 662	246.7	9	1 510	10.2	Community transmission
Mauritania	177	17 587	378.2	4	446	9.6	Community transmission
Equatorial Guinea	174	6 736	480.1	2	100	7.1	Community transmission
Burundi	172	2 613	22.0	3	6	0.1	Community transmission
Burkina Faso	166	12 516	59.9	1	145	0.7	Community transmission
Chad	122	4 410	26.8	4	157	1.0	Community transmission
Guinea-Bissau	122	3 558	180.8	3	55	2.8	Community transmission
Mauritius	121	812	63.8	0	10	0.8	Clusters of cases
Uganda	107	40 651	88.9	0	334	0.7	Community transmission
Eritrea	80	3 118	87.9	0	7	0.2	Community transmission
Central African Republic	66	5 087	105.3	1	64	1.3	Community transmission
Sao Tome and Principe	64	2 142	977.4	2	34	15.5	Community transmission
Niger	61	4 918	20.3	4	185	0.8	Community transmission
Eswatini	49	17 283	1 489.7	4	665	57.3	Community transmission
Comoros	42	3 665	421.5	0	146	16.8	Community transmission
Liberia	12	2 042	40.4	0	85	1.7	Community transmission
Sierra Leone	11	3 948	49.5	0	79	1.0	Community transmission
Lesotho	5	10 535	491.8	0	309	14.4	Community transmission
Cameroon	0	38 988	146.9	0	588	2.2	Community transmission
United Republic of Tanzania	0	509	0.9	0	21	0.0	Pending
Territoriesⁱⁱⁱ							
Réunion	830	14 631	1 634.2	16	87	9.7	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Mayotte	364	19 006	6 966.6	22	151	55.3	Community transmission
Americas	1 173 561	53 937 714	5 273.7	31 040	1 299 243	127.0	
Brazil	508 010	11 871 390	5 585.0	15 209	290 314	136.6	Community transmission
United States of America	374 369	29 437 770	8 893.5	7 552	536 008	161.9	Community transmission
Peru	49 035	1 451 645	4 402.7	1 233	49 897	151.3	Community transmission
Argentina	42 888	2 234 913	4 945.0	830	54 476	120.5	Community transmission
Chile	39 710	925 089	4 839.3	606	22 180	116.0	Community transmission
Mexico	30 139	2 187 910	1 696.9	3 368	197 219	153.0	Community transmission
Colombia	29 809	2 324 426	4 568.2	821	61 771	121.4	Community transmission
Canada	23 836	927 069	2 456.3	213	22 617	59.9	Community transmission
Paraguay	12 906	190 499	2 670.8	226	3 662	51.3	Community transmission
Ecuador	10 202	310 868	1 762.0	220	16 435	93.2	Community transmission
Uruguay	9 327	78 401	2 257.0	71	760	21.9	Community transmission
Bolivia (Plurinational State of)	5 484	263 808	2 260.0	138	12 041	103.2	Community transmission
Cuba	5 404	65 962	582.4	26	392	3.5	Community transmission
Guatemala	4 980	187 659	1 047.5	122	6 685	37.3	Community transmission
Jamaica	4 753	34 665	1 170.7	40	524	17.7	Community transmission
Venezuela (Bolivarian Republic of)	4 359	149 145	524.5	53	1 475	5.2	Community transmission
Honduras	4 189	181 357	1 831.0	97	4 422	44.6	Community transmission
Dominican Republic	3 373	248 989	2 295.3	56	3 269	30.1	Community transmission
Panama	2 994	350 220	8 116.8	54	6 035	139.9	Community transmission
Costa Rica	2 810	211 903	4 159.8	34	2 896	56.8	Community transmission
El Salvador	445	62 531	964.1	30	1 975	30.4	Community transmission
Guyana	417	9 486	1 206.0	6	212	27.0	Clusters of cases
Saint Lucia	124	4 113	2 239.9	7	55	30.0	Community transmission
Barbados	121	3 512	1 222.1	2	39	13.6	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
Bahamas	117	8 839	2 247.7	1	186	47.3	Clusters of cases
Haiti	82	12 714	111.5	1	251	2.2	Community transmission
Antigua and Barbuda	71	1 033	1 054.8	1	28	28.6	Clusters of cases
Trinidad and Tobago	52	7 821	558.8	0	140	10.0	Community transmission
Suriname	43	9 055	1 543.6	0	176	30.0	Clusters of cases
Nicaragua	35	5 251	79.3	1	176	2.7	Community transmission
Belize	30	12 400	3 118.5	0	316	79.5	Community transmission
Saint Vincent and the Grenadines	14	1 694	1 527.0	1	9	8.1	Community transmission
Grenada	3	154	136.9	0	1	0.9	Sporadic cases
Dominica	1	157	218.1	0	0	0.0	Clusters of cases
Saint Kitts and Nevis	1	44	82.7	0	0	0.0	Sporadic cases
Territoriesⁱⁱⁱ							
Puerto Rico	1 324	103 891	3 631.5	15	2 092	73.1	Community transmission
Curaçao	605	5 520	3 363.9	1	23	14.0	Community transmission
Guadeloupe	370	11 095	2 772.9	1	169	42.2	Community transmission
Aruba	352	8 624	8 077.5	4	81	75.9	Community transmission
Bonaire	286	919	4 394.0	0	6	28.7	Community transmission
Martinique	227	7 264	1 935.7	0	47	12.5	Community transmission
Turks and Caicos Islands	90	2 290	5 914.6	0	15	38.7	Clusters of cases
Saint Barthélemy	51	776	7 850.3	0	1	10.1	Clusters of cases
United States Virgin Islands	47	2 814	2 694.8	0	25	23.9	Community transmission
Bermuda	32	767	1 231.7	0	12	19.3	Sporadic cases
Saint Martin	21	1 633	4 224.1	0	12	31.0	Community transmission
Sint Maarten	15	2 093	4 880.8	0	27	63.0	Community transmission
Cayman Islands	7	475	722.8	0	2	3.0	Sporadic cases
Anguilla	1	22	146.6	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
British Virgin Islands	0	154	509.3	0	1	3.3	Clusters of cases
Falkland Islands (Malvinas)	0	51	1 464.3	0	0	0.0	No cases
French Guiana	0	16 764	5 612.7	0	87	29.1	Community transmission
Montserrat	0	20	400.1	0	1	20.0	Sporadic cases
Saba	0	6	310.4	0	0	0.0	No cases
Saint Pierre and Miquelon	0	24	414.2	0	0	0.0	No cases
Sint Eustatius	0	20	637.1	0	0	0.0	No cases
Eastern Mediterranean	263 650	7 124 121	974.8	3 253	153 446	21.0	
Jordan	57 666	526 666	5 161.8	503	5 788	56.7	Community transmission
Iran (Islamic Republic of)	54 445	1 793 805	2 135.7	582	61 724	73.5	Community transmission
Iraq	35 072	789 390	1 962.6	250	13 969	34.7	Community transmission
Lebanon	21 213	436 575	6 396.3	381	5 715	83.7	Community transmission
Pakistan	20 599	623 135	282.1	323	13 799	6.2	Community transmission
United Arab Emirates	14 233	438 638	4 435.0	45	1 433	14.5	Community transmission
Kuwait	9 473	217 933	5 103.1	50	1 215	28.5	Community transmission
Libya	6 698	150 341	2 188.0	139	2 487	36.2	Community transmission
Bahrain	4 922	135 326	7 953.0	17	498	29.3	Clusters of cases
Egypt	4 491	194 771	190.3	301	11 557	11.3	Clusters of cases
Tunisia	4 148	245 405	2 076.4	167	8 526	72.1	Community transmission
Oman	3 878	149 135	2 920.4	20	1 620	31.7	Community transmission
Qatar	3 439	173 206	6 011.9	7	272	9.4	Community transmission
Morocco	2 831	491 463	1 331.5	45	8 763	23.7	Clusters of cases
Saudi Arabia	2 594	384 653	1 104.9	39	6 602	19.0	Sporadic cases
Somalia	1 022	9 968	62.7	70	419	2.6	Community transmission
Syrian Arab Republic	839	17 240	98.5	59	1 153	6.6	Community transmission
Yemen	507	3 282	11.0	54	738	2.5	Community transmission
Djibouti	266	6 518	659.7	0	63	6.4	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
Sudan	224	31 147	71.0	33	1 986	4.5	Community transmission
Afghanistan	118	56 103	144.1	6	2 463	6.3	Clusters of cases
Territoriesⁱⁱⁱ							
occupied Palestinian territory	14 972	249 421	4 889.3	162	2 656	52.1	Community transmission
Europe	1 441 065	42 516 762	4 555.0	21 772	929 332	99.6	
France	204 840	4 180 829	6 405.1	1 813	91 613	140.4	Community transmission
Italy	154 493	3 356 331	5 551.2	2 761	104 642	173.1	Clusters of cases
Poland	151 918	2 058 550	5 439.2	2 122	49 300	130.3	Community transmission
Turkey	126 682	2 992 694	3 548.4	538	29 959	35.5	Community transmission
Germany	90 271	2 659 516	3 174.3	1 293	74 664	89.1	Community transmission
Ukraine	85 607	1 546 363	3 535.9	1 638	29 941	68.5	Community transmission
Czechia	70 469	1 469 547	13 722.6	1 441	24 667	230.3	Community transmission
Russian Federation	66 261	4 456 869	3 054.0	2 940	95 030	65.1	Clusters of cases
Hungary	55 106	571 596	5 916.9	1 310	18 262	189.0	Community transmission
Netherlands	43 547	1 194 520	6 971.3	217	16 260	94.9	Community transmission
Romania	37 522	892 848	4 641.1	693	22 132	115.0	Community transmission
The United Kingdom	37 451	4 291 275	6 321.3	658	126 122	185.8	Community transmission
Serbia	34 845	546 896	7 853.5	206	4 900	70.4	Community transmission
Belgium	27 278	837 006	7 222.0	175	22 707	195.9	Community transmission
Sweden	26 700	744 272	7 369.6	28	13 262	131.3	Community transmission
Bulgaria	24 602	302 480	4 353.2	732	11 966	172.2	Clusters of cases
Austria	20 737	508 744	5 648.7	165	8 817	97.9	Community transmission
Greece	16 090	235 611	2 260.5	383	7 421	71.2	Community transmission
Spain	12 381	3 206 116	6 857.3	185	72 793	155.7	Community transmission
Slovakia	11 366	348 869	6 390.0	516	9 044	165.7	Clusters of cases
Estonia	10 594	95 401	7 191.7	68	787	59.3	Clusters of cases
Republic of Moldova	10 493	214 203	5 310.0	237	4 531	112.3	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Bosnia and Herzegovina	9 536	152 754	4 656.0	329	5 817	177.3	Community transmission
Kazakhstan	8 486	283 027	1 507.3	75	3 586	19.1	Clusters of cases
Belarus	7 965	309 293	3 273.2	61	2 148	22.7	Community transmission
Israel	7 381	824 716	9 528.2	80	6 064	70.1	Community transmission
Switzerland	7 216	577 905	6 677.4	43	9 455	109.2	Community transmission
North Macedonia	6 629	118 736	5 699.2	148	3 448	165.5	Community transmission
Croatia	6 594	257 639	6 275.8	96	5 773	140.6	Community transmission
Norway	6 513	84 553	1 559.7	9	648	12.0	Community transmission
Azerbaijan	5 798	245 490	2 421.2	63	3 339	32.9	Clusters of cases
Slovenia	5 656	205 511	9 885.4	25	4 259	204.9	Clusters of cases
Armenia	5 328	183 713	6 199.7	93	3 348	113.0	Community transmission
Finland	5 117	71 123	1 283.6	19	805	14.5	Community transmission
Denmark	4 930	224 848	3 881.9	9	2 399	41.4	Community transmission
Albania	3 728	120 541	4 188.7	103	2 133	74.1	Clusters of cases
Latvia	3 665	97 149	5 150.5	64	1 821	96.5	Community transmission
Lithuania	3 626	209 011	7 677.8	80	3 476	127.7	Community transmission
Ireland	3 473	229 831	4 654.5	51	4 585	92.9	Community transmission
Portugal	3 364	817 080	8 013.2	93	16 762	164.4	Clusters of cases
Cyprus	2 605	41 882	3 468.9	4	242	20.0	Clusters of cases
Georgia	2 491	277 480	6 955.8	52	3 700	92.8	Community transmission
Malta	1 637	27 904	6 319.7	19	369	83.6	Clusters of cases
Montenegro	1 610	85 763	13 655.1	40	1 169	186.1	Clusters of cases
Luxembourg	1 510	59 210	9 458.8	27	715	114.2	Community transmission
Uzbekistan	772	81 339	243.0	0	622	1.9	Clusters of cases
Kyrgyzstan	539	87 389	1 339.5	9	1 490	22.8	Clusters of cases
Andorra	253	11 481	14 859.3	1	113	146.2	Community transmission
San Marino	230	4 356	12 835.2	2	79	232.8	Community transmission

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Monaco	67	2 173	5 537.2	0	27	68.8	Sporadic cases
Iceland	25	6 097	1 786.7	0	29	8.5	Community transmission
Liechtenstein	15	2 704	7 090.2	0	54	141.6	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
Territoriesⁱⁱⁱ							
Kosovo ^[1]	4 704	81 349	4 372.7	56	1 742	93.6	Community transmission
Isle of Man	340	1 432	1 684.1	1	26	30.6	No cases
Gibraltar	7	4 270	12 674.0	1	94	279.0	Clusters of cases
Jersey	2	3 224	2 963.2	0	69	63.4	Community transmission
Faroe Islands	0	661	1 352.7	0	1	2.0	Sporadic cases
Greenland	0	31	54.6	0	0	0.0	No cases
Guernsey	0	821	1 299.1	0	14	22.2	Community transmission
South-East Asia	298 438	14 182 826	701.6	2 435	214 790	10.6	
India	240 082	11 599 130	840.5	1 148	159 755	11.6	Clusters of cases
Indonesia	41 047	1 455 788	532.2	1 118	39 447	14.4	Community transmission
Bangladesh	12 470	568 706	345.3	141	8 668	5.3	Community transmission
Sri Lanka	2 246	89 846	419.6	18	544	2.5	Clusters of cases
Maldives	897	22 373	4 139.0	1	65	12.0	Clusters of cases
Thailand	876	27 803	39.8	4	90	0.1	Clusters of cases
Nepal	651	275 829	946.7	2	3 016	10.4	Clusters of cases
Timor-Leste	93	271	20.6	0	0	0.0	Clusters of cases
Myanmar	76	142 212	261.4	3	3 204	5.9	Clusters of cases
Bhutan	0	868	112.5	0	1	0.1	No cases
Western Pacific	63 730	1 775 560	90.4	486	30 843	1.6	
Philippines	39 445	656 056	598.7	164	12 930	11.8	Community transmission
Malaysia	9 304	331 713	1 024.9	23	1 229	3.8	Clusters of cases

Reporting Country/Territory/Area ⁱ	New cases in last 7 days	Cumulative cases	Cumulative cases per 100 thousand population	New deaths in last 7 days	Cumulative deaths	Cumulative deaths per 100 thousand population	Transmission classification ⁱⁱ
Japan	8 765	455 638	360.3	252	8 812	7.0	Clusters of cases
Republic of Korea	3 025	98 660	192.4	27	1 696	3.3	Clusters of cases
Papua New Guinea	1 186	3 359	37.5	15	36	0.4	Community transmission
Mongolia	973	4 806	146.6	1	5	0.2	Clusters of cases
Cambodia	375	1 680	10.0	2	3	0.0	Sporadic cases
China	190	102 523	7.0	0	4 849	0.3	Clusters of cases
Singapore	96	60 184	1 028.7	0	30	0.5	Sporadic cases
Australia	80	29 192	114.5	0	909	3.6	Clusters of cases
New Zealand	30	2 097	43.5	0	26	0.5	Clusters of cases
Viet Nam	19	2 572	2.6	0	35	0.0	Clusters of cases
Brunei Darussalam	13	205	46.9	0	3	0.7	Clusters of cases
Fiji	1	67	7.5	0	2	0.2	Sporadic cases
Lao People's Democratic Republic	0	49	0.7	0	0	0.0	Sporadic cases
Solomon Islands	0	18	2.6	0	0	0.0	No cases
Territoriesⁱⁱⁱ							
Wallis and Futuna	135	311	2 765.4	1	1	8.9	Sporadic cases
French Polynesia	49	18 576	6 612.8	0	141	50.2	Sporadic cases
New Caledonia	25	116	40.6	0	0	0.0	Sporadic cases
Guam	12	7 570	4 485.3	1	134	79.4	Clusters of cases
Northern Mariana Islands (Commonwealth of the)	7	157	272.8	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	3 291 360	122 536 880	1 572.0	60 414	2 703 780	34.7	

ⁱSee *Annex: Data, table and figure notes*

Annex 2. List of countries/territories/areas reporting variants of concern as of 23 March 2021**

Country/Territory/Area	501Y.v2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Albania			Not Verified
Angola	Verified		Verified
Argentina		Verified	Verified
Aruba	Verified	Verified	Verified
Australia	Verified	Not Verified	Verified
Austria	Verified		Verified
Azerbaijan			Verified
Bahrain			Verified
Bangladesh			Verified
Barbados			Verified
Belarus			Verified
Belgium	Verified	Verified	Verified
Belize			Verified
Bonaire			Verified
Bosnia and Herzegovina			Not Verified
Botswana	Verified		
Brazil		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
China	Verified	Not Verified	Verified
Colombia		Verified	

Country/Territory/Area	501Y.v2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Comoros	Verified		
Costa Rica	Verified		Verified
Croatia	Not Verified		Verified
Cuba	Verified		
Curaçao			Verified
Cyprus			Verified
Czechia	Not Verified		Verified
Democratic Republic of the Congo	Verified		Verified
Denmark	Verified	Verified	Verified
Dominican Republic			Verified
Ecuador			Verified
Estonia	Not Verified		Verified
Eswatini	Verified		
Faroe Islands		Verified	
Finland	Verified	Verified	Verified
France	Verified	Verified	Verified
French Guiana		Verified	Verified
French Polynesia			Verified
Gambia			Verified
Georgia			Verified
Germany	Verified	Verified	Verified
Ghana	Verified		Verified
Gibraltar			Not Verified
Greece	Verified		Verified
Guadeloupe	Verified	Verified	Verified
Hungary	Not Verified		Verified
Iceland			Verified

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

Country/Territory/Area	501Y.v2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Monaco	Not Verified		Verified
Montenegro			Verified
Morocco			Verified
Mozambique	Verified		
Namibia	Verified		
Nepal			Verified
Netherlands	Verified	Verified	Verified
New Caledonia			Verified
New Zealand	Verified	Not Verified	Verified
Nigeria			Verified
North Macedonia			Verified
Norway	Verified		Verified
occupied Palestinian territory	Not Verified		Verified
Oman			Verified
Pakistan			Verified
Panama	Verified		
Peru		Verified	Verified
Philippines	Verified	Verified	Verified
Poland	Not Verified		Verified
Portugal	Verified	Not Verified	Verified
Puerto Rico			Verified
Republic of Korea	Verified	Verified	Verified
Republic of Moldova			Not Verified
Réunion	Verified	Verified	Verified
Romania	Verified	Verified	Verified
Russian Federation	Not Verified		Verified
Rwanda	Not Verified		Not Verified
Saint Barthélemy			Verified

Country/Territory/Area	501Y.v2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Saint Lucia			Verified
Saint Martin	Verified	Verified	Verified
Saudi Arabia			Verified
Senegal			Verified
Serbia			Verified
Singapore	Not Verified		Verified
Sint Maarten			Verified
Slovakia	Not Verified		Verified
Slovenia	Verified	Not Verified	Verified
South Africa	Verified		Verified
Spain	Verified	Verified	Verified
Sri Lanka	Verified		Verified
Sweden	Verified	Not Verified	Verified
Switzerland	Verified	Not Verified	Verified
Thailand	Verified		Verified
The United Kingdom	Verified	Verified	Verified

Country/Territory/Area	501Y.v2 (B.1.351)	P.1 (B.1.1.28)	VOC 202012/01 (B.1.1.7)
Trinidad and Tobago			Verified
Tunisia			Verified
Turkey	Not Verified	Not Verified	Verified
Turks and Caicos Islands			Verified
Ukraine			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
Venezuela (Bolivarian Republic of)		Verified	
Viet Nam	Verified		Verified
Wallis and Futuna			Not Verified
Zambia	Verified		
Zimbabwe	Verified		

**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.