



**World Health
Organization**

COVID-19 Global Update

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23 October 2023

Public Health Emergency of International Concern: COVID-19

30 January 2020



5 May 2023

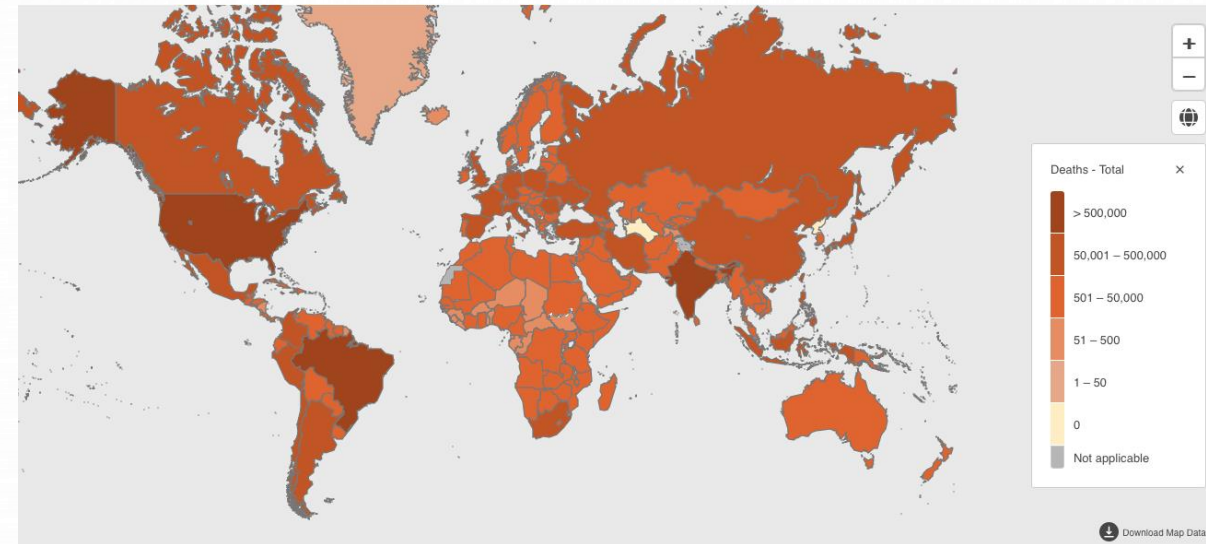
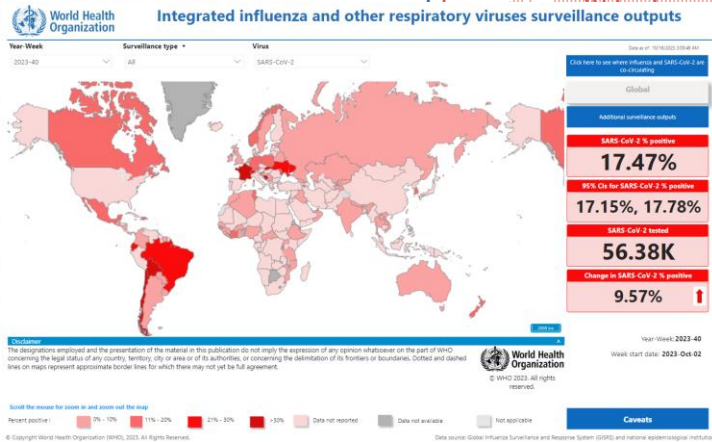
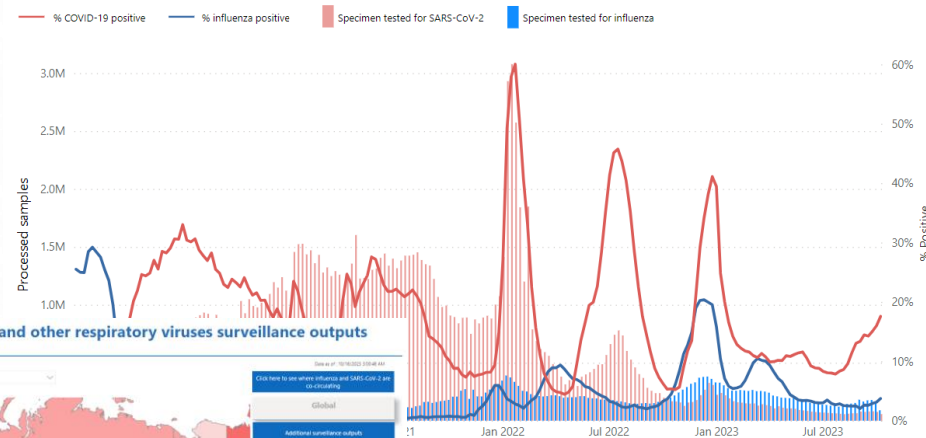


While the emergency of COVID is over, COVID is not

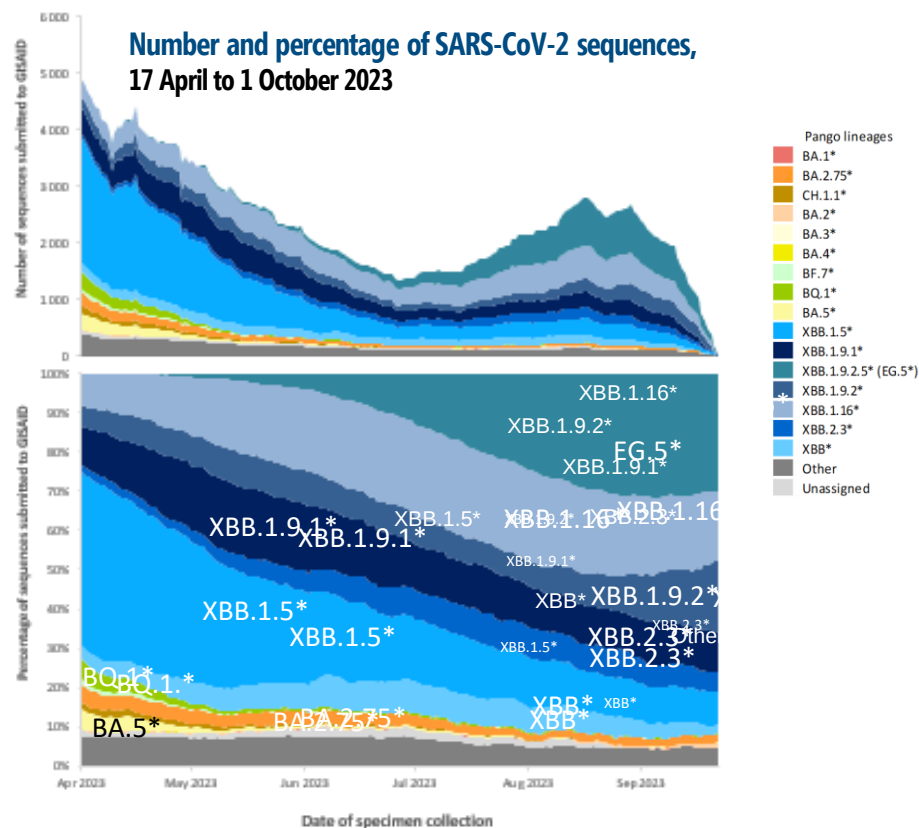
Cases reported to WHO as of 8 October 2023

- New cases : > 410 000 reported by 113/234 countries
- New deaths: > 1600 reported by 43/234 countries
- Cumulative reported cases: > 771 Million
- Cumulative reported deaths: > 6.9 Million

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



as of 16 October 2023



- ## Genomic sequencing of circulating SARS-CoV-2

Globally, from 18 September to 15 October 2023 (28 days), **27 461** SARS-CoV-2 sequences were shared through GISAID.

Variants of Interest (VOIs)*, as of 30 August 2023

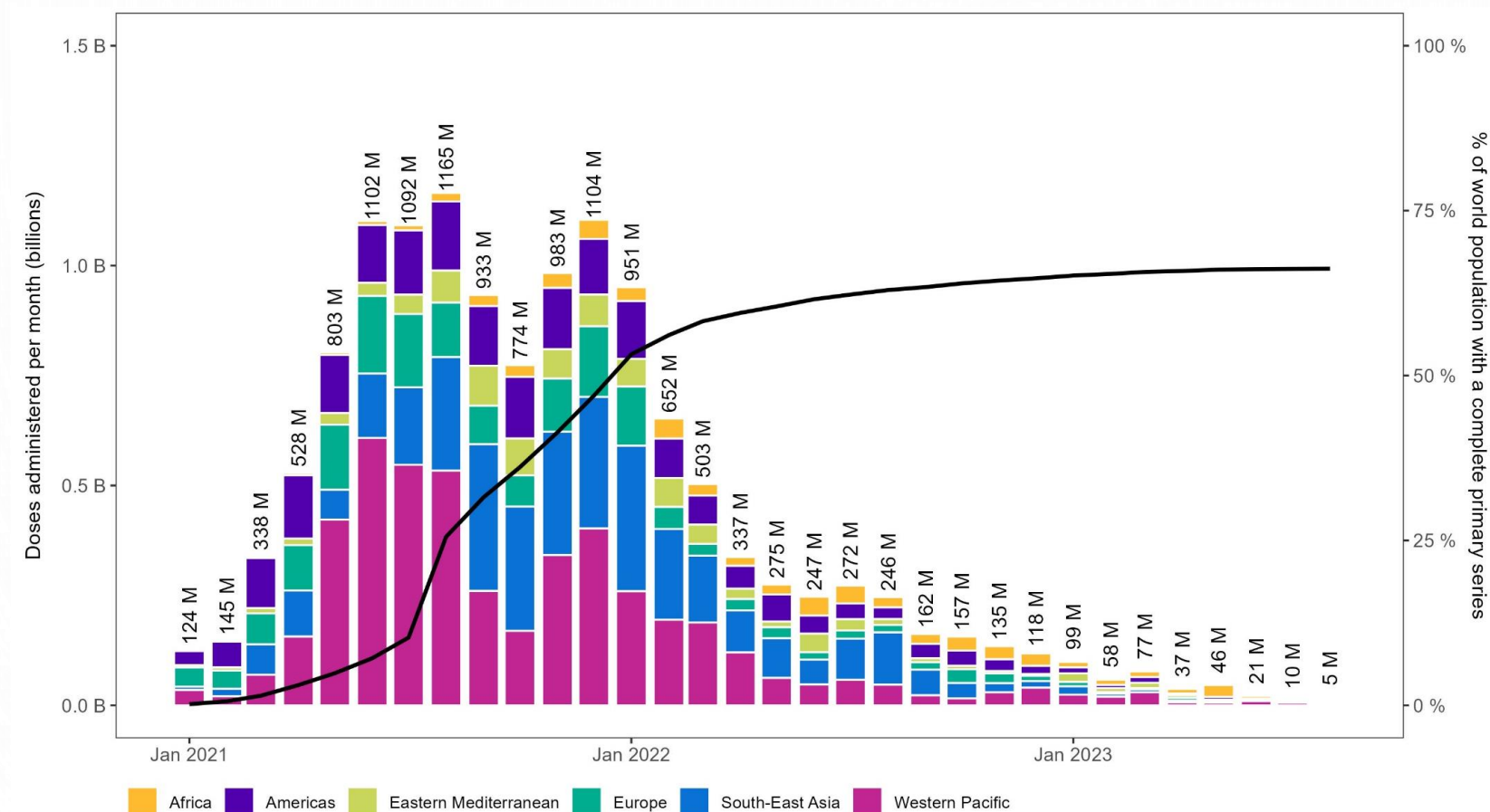
- XBB.1.5 ; XBB.1.16 ; EG.5

Variants Under Monitoring (VUMs)*, as of 30 August 2023

- BA.2.75
- CH.1.1
- XBB
- XBB.1.9.1
- XBB.1.9.2
- XBB.2.3
- BA.2.86

pango_lineage_aggregated	2023-W34	2023-W35	2023-W36	2023-W37	2023-W38	2023-W39	2023-W40
XBB.1.5	10.89	10.43	9.67	8.77	8.31	8.16	8.16
XBB.1.16	22.03	21.58	20.20	18.90	18.66	17.94	13.85
EG.5	33.00	35.12	38.44	41.17	42.89	44.94	48.22
BA.2.75	0.10	0.06	0.07	0.04	0.01	0.00	0.00
CH.1.1	1.76	1.99	1.90	1.99	1.82	1.98	2.88
BA.2.86	0.37	0.28	0.46	0.49	0.86	1.20	1.61
XBB	6.12	5.61	5.06	4.45	4.05	3.11	3.56
XBB.1.9.1	9.55	9.68	9.79	10.46	9.74	9.95	8.69
XBB.1.9.2	4.65	4.07	3.78	3.58	3.19	2.87	2.85
XBB.2.3	10.07	9.66	9.12	8.64	8.84	8.32	8.27

COVID-19 vaccination coverage across WHO Member States



Data source: WHO COVID-19 vaccination data reporting mechanism
Visual: WHO Immunization Analysis & Insights Unit

13.5 billion

doses have been administered

66%

of the global population has received a complete primary series

32%

of the global population has received a booster dose

Data as of 23 September 2023

COVID-19 Vaccination Coverage Among High Risk Groups

Health Care Workers

WHO region	Primary series coverage	Booster coverage
AFR	65 %	12 %
AMR	98 %	81 %
EMR	79 %	50 %
EUR	71 %	24 %
SEAR	100 %	99 %
WPR	96 %	2 %
Total	88 %	29 %

Income group	Primary series coverage	Booster coverage
1) LIC	65 %	8 %
2) LMIC	89 %	68 %
3) UMIC	92 %	25 %
4) HIC	88 %	13 %
Total	88 %	29 %

142

WHO MS have reported at least once on healthcare worker vaccination coverage

88 %

of total healthcare workers with a complete primary series across reporting WHO MS

29 %

of total healthcare workers with booster dose across reporting WHO MS

142
vaccination coverage

Older Adults

WHO region	Primary series coverage	Booster coverage
AFR	61 %	8 %
AMR	90 %	67 %
EMR	64 %	27 %
EUR	80 %	68 %
SEAR	77 %	30 %
WPR	91 %	75 %
Total	83 %	55 %

Income group	Primary series coverage	Booster coverage
1) LIC	39 %	4 %
2) LMIC	78 %	28 %
3) UMIC	86 %	66 %
4) HIC	91 %	82 %
Total	83 %	55 %

158

WHO MS have reported at least once on older adult vaccination coverage

83 %

of total older adults with a complete primary series across reporting WHO MS

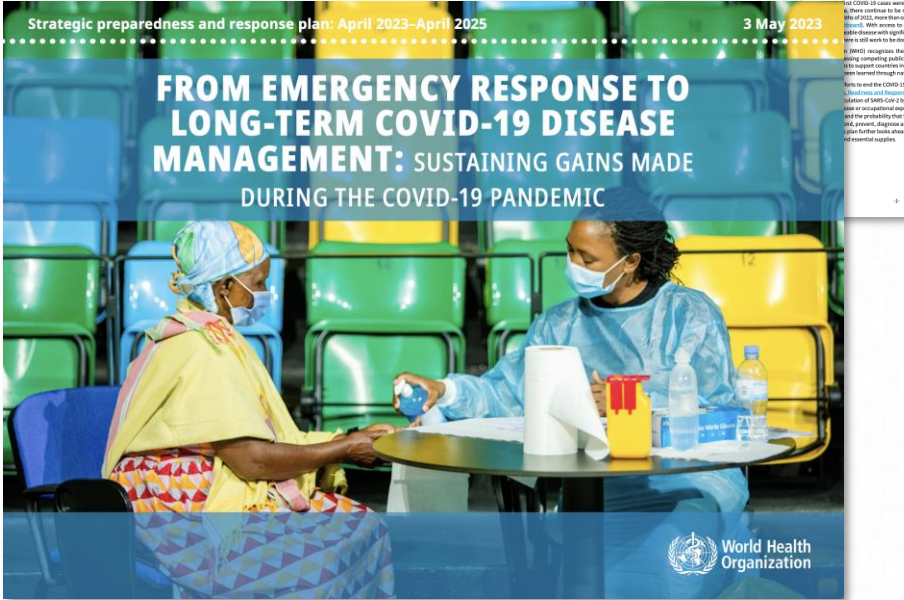
55 %

of total older adults with a booster dose across reporting WHO MS

158
vaccination coverage

Data as of 23 September 2023

Calibrating the response. Maintaining the investments. Planning long term.



WHO Policy Brief: Clinical management of COVID-19

14 September 2022

Key points

- Establishing and sustaining clear pathways to clinical care is a critical element of the response to COVID-19.
- Integrate COVID-19 clinical care pathways into pre-existing pathways for SARS-CoV-2, including triage, referral, and management.
- Adapt COVID-19 clinical care pathways for women.
- Provide access to follow-up care to detect post-COVID-19 sequelae.
- Consider accessing therapeutic services through telemedicine.
- Plan for COVID-19 sequelae using existing health services.

WHO Policy Brief: Maintaining infection prevention and control measures for COVID-19 in health care facilities

14 September 2022

Key points

- Health care facilities remain a high-risk SARS-CoV-2 transmission setting, locations where patients at risk of severe COVID-19 are admitted and can be monitored and managed.
- Measures to prevent infection and control (IPC) measures remain essential to reduce the risk of COVID-19 in health care facilities.
- IPC measures should be adapted to the local context and the needs of the facility.
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WHO Policy Brief: Building trust through risk communication and community engagement

14 September 2022

Key points

- COVID-19, measles, dengue, and other communicable diseases are a major public health concern.
- Effective risk communication and community engagement (RCCE) approaches and interventions that effectively engage with affected populations have proven crucial to COVID-19 emergency response.
- Improving trust through strategic communication and co-developing solutions that take community needs and concerns into account is critical to ending the emergency of COVID-19 in all countries.
- Healthcare workers are encouraged to maintain their own health and safety.

WHO policy brief: Reaching COVID-19 vaccination targets

14 September 2022

Key points

- The World Health Organization (WHO) recognizes the challenges countries face in reaching COVID-19 vaccination targets.
- WHO continues to support countries in addressing COVID-19 vaccination challenges, including through technical assistance and capacity building.
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WHO policy brief: COVID-19 infodemic management

14 September 2022

Key points

- Trustworthy health information is essential for effective COVID-19 response.
- WHO continues to support countries in addressing COVID-19 infodemic challenges, including through technical assistance and capacity building.
- WHO continues to support countries in addressing COVID-19 infodemic challenges, including through technical assistance and capacity building.

WHO policy brief: COVID-19 testing

14 September 2022

Key points

- WHO continues to support countries in addressing COVID-19 testing challenges, including through technical assistance and capacity building.
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WHO Policy Brief: Gatherings in the context of COVID-19

19 January 2023

Key points

- Gatherings of any size – from large public events to small family gatherings – can be associated with risk of amplification of SARS-CoV-2 transmission.
- Planning for gatherings should take into account the risk of transmission, the nature of the gathering, and the needs of the community.
- WHO continues to support countries in addressing COVID-19 gathering challenges, including through technical assistance and capacity building.

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Preparedness and Resilience for Emerging Threats

Module 1: Planning for respiratory pathogen pandemics. Version 1.0

“Crafting the mosaic”:
A framework for resilient surveillance for respiratory viruses of epidemic and pandemic potential

*<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-policy-briefs>

The global genomic surveillance strategy

For pathogens with pandemic and epidemic potential

IPSN

International Pathogen Surveillance Network

Collaboration, Diverse Technical and Geographic Expertise

Figure 2 | Five core components of COVID-19 preparedness, readiness and response



Standing recommendations for COVID-19 issued by the Director-General in accordance with the IHR (2005) – 9 August 2023



A. States Parties are recommended to revise and implement, as appropriate, national COVID19 plans and policies that take into account the WHO COVID-19 Strategic Preparedness and Response Plan April 2023- April 2026 (...).

B. States Parties are recommended to sustain collaborative surveillance for COVID-19, in order to provide a basis for situational awareness and risk assessment and the detection of significant changes in virus characteristics, virus spread, disease severity and population immunity

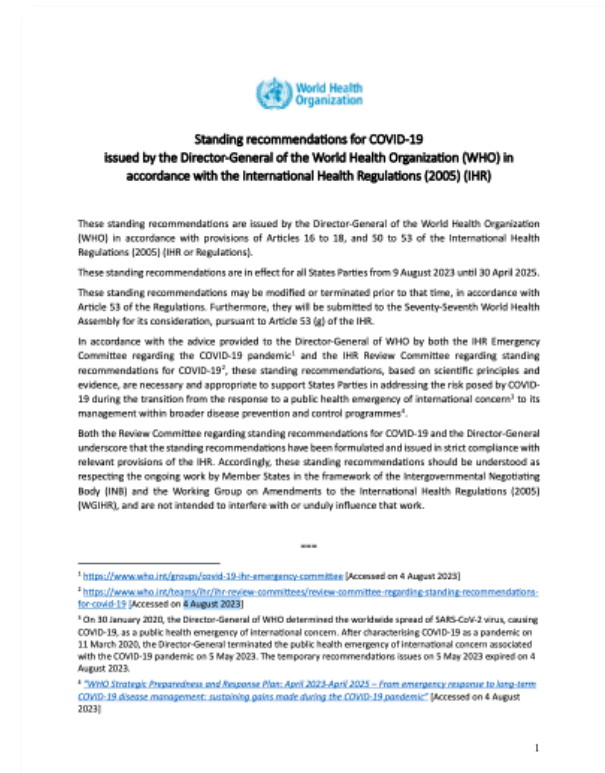
C. States Parties are recommended to continue reporting COVID-19 data (...) and vaccine effectiveness data to WHO or in open sources so that WHO can understand and describe the epidemiological situation and variant landscape, perform global risk assessments and work with expert networks and relevant WHO Advisory Groups

D. States Parties are recommended to continue to offer COVID-19 vaccination based on both, the recs of the WHO Strategic Advisory Group of Experts on Immunization (SAGE) and on national prioritization informed by cost benefit reviews. Vaccine delivery should be appropriately integrated into health services.

E. States Parties are recommended to continue to initiate, support, and collaborate on research to generate evidence for COVID-19 prevention and control, with a view to reduce the disease burden of COVID-19

F. States Parties are encouraged to continue deliver optimal clinical care for COVID-19, appropriately integrated into all levels of health services, including access to proven treatments and measures to protect health workers and caregivers as appropriate

G. States Parties are encouraged to continue to work towards ensuring equitable access to safe, effective and quality-assured medical countermeasures for COVID-19.



(some) Uncertainties and Risks: Virology and disease characteristics



Uncertainties	Challenges to WHO ability to assess ongoing risks
New SARS-CoV-2 variants	The virus's ability to mutate and create new variants with increased transmissibility, virulence, and/or immune escape limits our ability to predict the future course of the pandemic and design appropriate public health interventions.
Reinfection/ repeat infections	The likelihood, frequency, and impact of reinfection are not fully understood, which affects our ability to predict the long-term dynamics of the pandemic, alongside long-term effects on individuals and populations.
Lack of seasonality	The seasonal influence on COVID-19 transmission is not yet fully understood nor apparent, making it difficult to predict potential fluctuations in infection rates and to design appropriate public health interventions (e.g., annual vaccination campaigns).
Risk of co-infections	The interactions between SARS-CoV-2 and other pathogens (e.g., influenza viruses, RSV) remain uncertain. These (repeat) interactions could affect the severity and progression of COVID-19 and the overall burden on healthcare systems.
Animal reservoirs and transmission	The potential for reverse zoonoses, new animal reservoirs of the virus, the possibility of continued zoonotic transmission, and the overall mutation rate of the virus during cross-species transmission create uncertainties in our capacity to control the virus, complicating our ability to predict the future course of the pandemic and make adequate public health decisions.
Chronic infections	Chronically infected individuals that shed the virus for months have been pointed as the potential source of VOCs and the risk associated to these infections remain understudied.

(some) Uncertainties and Risks: Surveillance, medical, and healthcare factors



Uncertainties	Challenges to WHO ability to assess ongoing risks
Post COVID-19 condition	Estimated 6-10% of infections result in PCC, and additional acute medical events (e.g. stroke) occur at higher rates after acute infection. Pathological mechanisms are still unclear, affecting the development of specific therapeutic strategies. Uncertainty about longer-term health effects limits accurate assessment of impact on individuals and communities, healthcare system needs, and the development of management strategies.
Vaccine effectiveness and duration of immunity	Uncertainty remains about the effectiveness of current and new vaccines against new variants and the duration of protection of a 2 nd /3 rd booster, variant-containing vaccines, new vaccine platforms, as well as repeat infections. This affects our ability to estimate future risk and make informed decisions about long-term vaccination strategies.
Reduced testing and surveillance	Changes in testing and surveillance strategies by countries may affect our understanding of the true prevalence of the virus, as well as our ability to rapidly surge capacities to meet healthcare demands and quickly identify new variants.
Indirect health impacts	The pandemic continues to have indirect effects on healthcare systems, leading to disruptions in routine care; preventative services, including vaccinations for children; and the management of chronic conditions. The long-term health impacts of these disruptions are unknown and uneven around the world.
Access to therapeutics	Models for integrating therapeutics into usual care pathways are not well developed. This will affect the use of effective treatments: health economic data are needed to inform choices at national levels.
Sustainable sources of medical oxygen	Lack of equity of access for medical oxygen perpetuates poor outcomes in the most vulnerable, but optimised strategies for improving and deploying oxygen infrastructure are not well developed. We need to develop technical specification, operational guidance, and test optimal oxygen delivery strategies and devices at the patient level: WHO published key performance indicators for the medical oxygen ecosystem in Feb 2023.

(some) Uncertainties and Risks: Societal factors



Uncertainties	Challenges to WHO ability to assess ongoing risks
Reducing public trust	Pandemic fatigue, misinformation, vaccine hesitancy, and (in some countries) diminishing trust in health authorities may affect public adherence to public health guidelines, reducing our ability to control future waves. It would be extremely difficult to re-introduce interventions should, for example, a variant with increased severity emerge
Struggling global response capacities	Different countries have and will continue to have varying levels of preparedness and response capacities for COVID-19, but most countries are struggling to maintain and sustain significant gains in surveillance, clinical care, access to countermeasures, community protection and coordination capacities. This complicates our ability to predict the pandemic's trajectory, its impact and make global recommendations for mitigating risk, especially amongst those most vulnerable.
Global cooperation and coordination	Global cooperation and coordination has been declining. It is uncertain whether countries will sustain the current level of global cooperation and coordination, including information sharing, resource allocation, and research collaboration. This will influence the overall effectiveness of the current and future global response to COVID-19, disproportionately affecting those most at risk and most vulnerable.

Continued challenges

- **Significantly reduced funding for COVID-19 in Member States and across all levels of WHO** in the context of other health/non-health crises
- **Reduced testing and surveillance capacities for COVID-19** since May 2023, decline in the submission and increased delay in availability of sequences since the termination of the PHEIC
- **Hospitalization and ICU data are consistently reported by very few countries globally**, making it difficult to detect changes in disease severity rapidly
- **Many unknowns and uncertainties about SARS-CoV-2 evolution and the medium to long-term impacts**
- **Insufficient in sequence data poses difficulties of WHO, TAG-VE and partners to estimate growth advantage, transmissibility and assessment of severity and immune escape of new and emerging variants**
- **SARS-CoV-2 continues to evolve. On 17 August 2023, BA.2.86 designated a VUM by WHO, due to the large number of spike gene mutations it carries, making it divergent from both BA.2 and the circulating XBB variants.**
- **Waning immunity and low booster coverage** in at risk populations
- **Access, affordability, sustainability and use of life-saving tools**



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