

COVID-19 situational update

Epidemic and Pandemic Threat Management
Global COVID-19 and Other Coronaviruses
Programme

Ayşe Açma

WHO EPI-WIN WEBINAR



Update on influenza, COVID-19 and other respiratory viruses: focus on the winter season in the Northern hemisphere



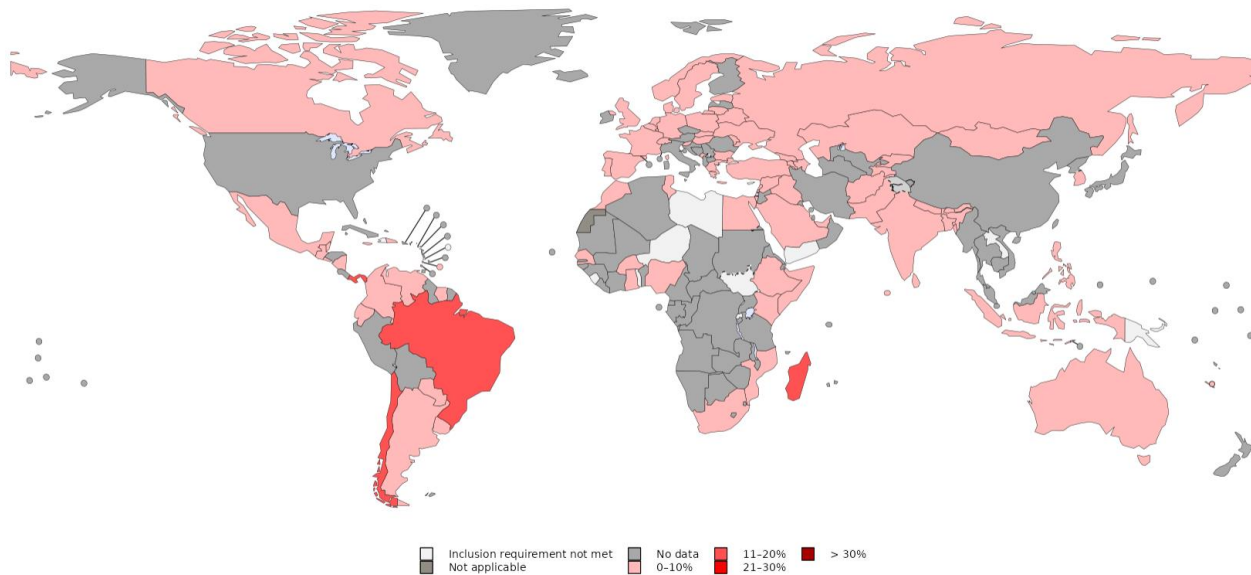
13:00–14:00 CET (Geneva)
Wednesday, 19 Feb 2025



REGISTER HERE

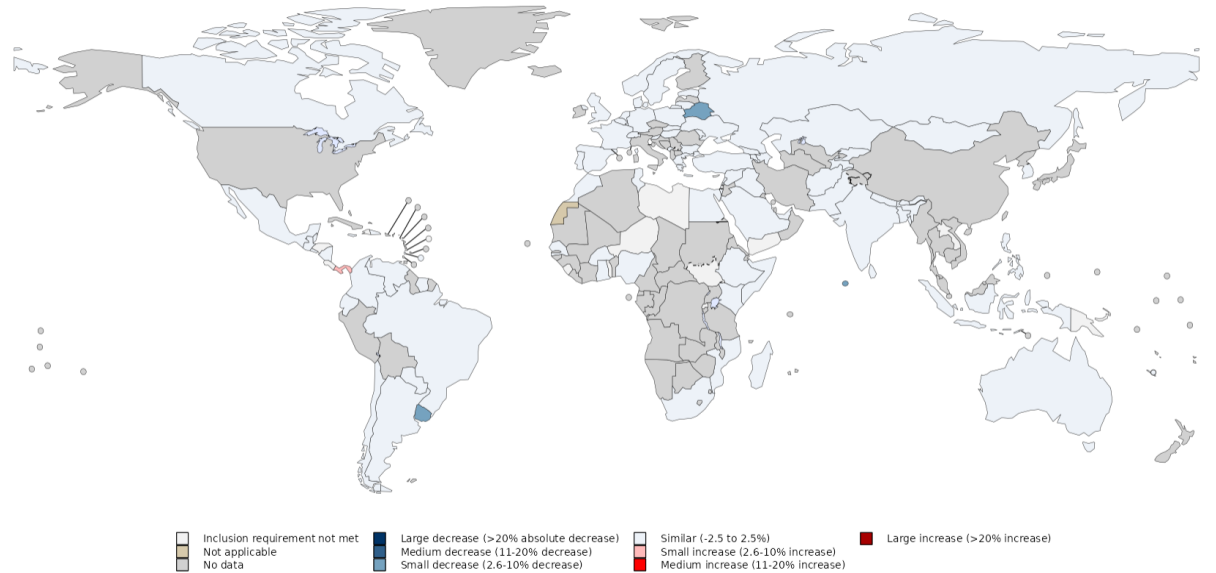
SARS-CoV-2 continuous to circulate with other respiratory viruses

Test Positivity Rate per country from sentinel and systematic virological surveillance,
Week ending on 9 February 2025



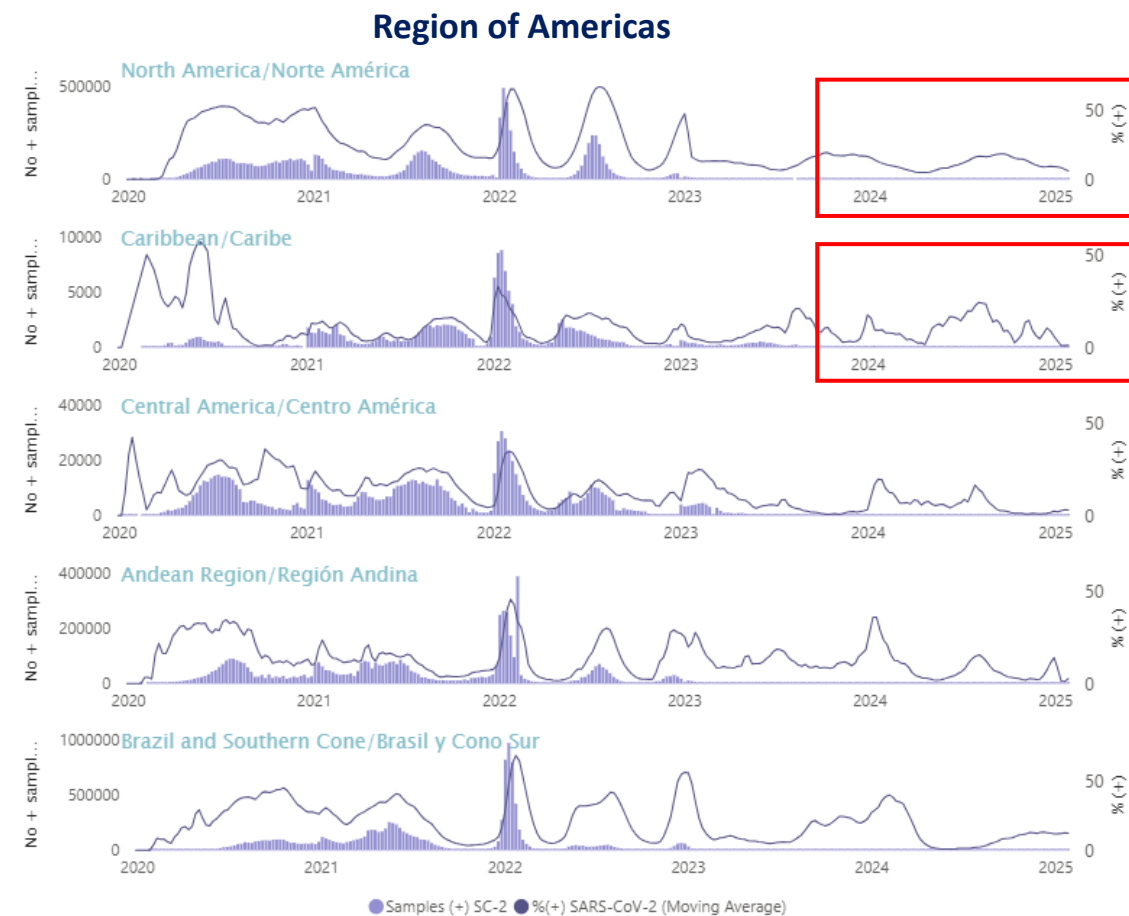
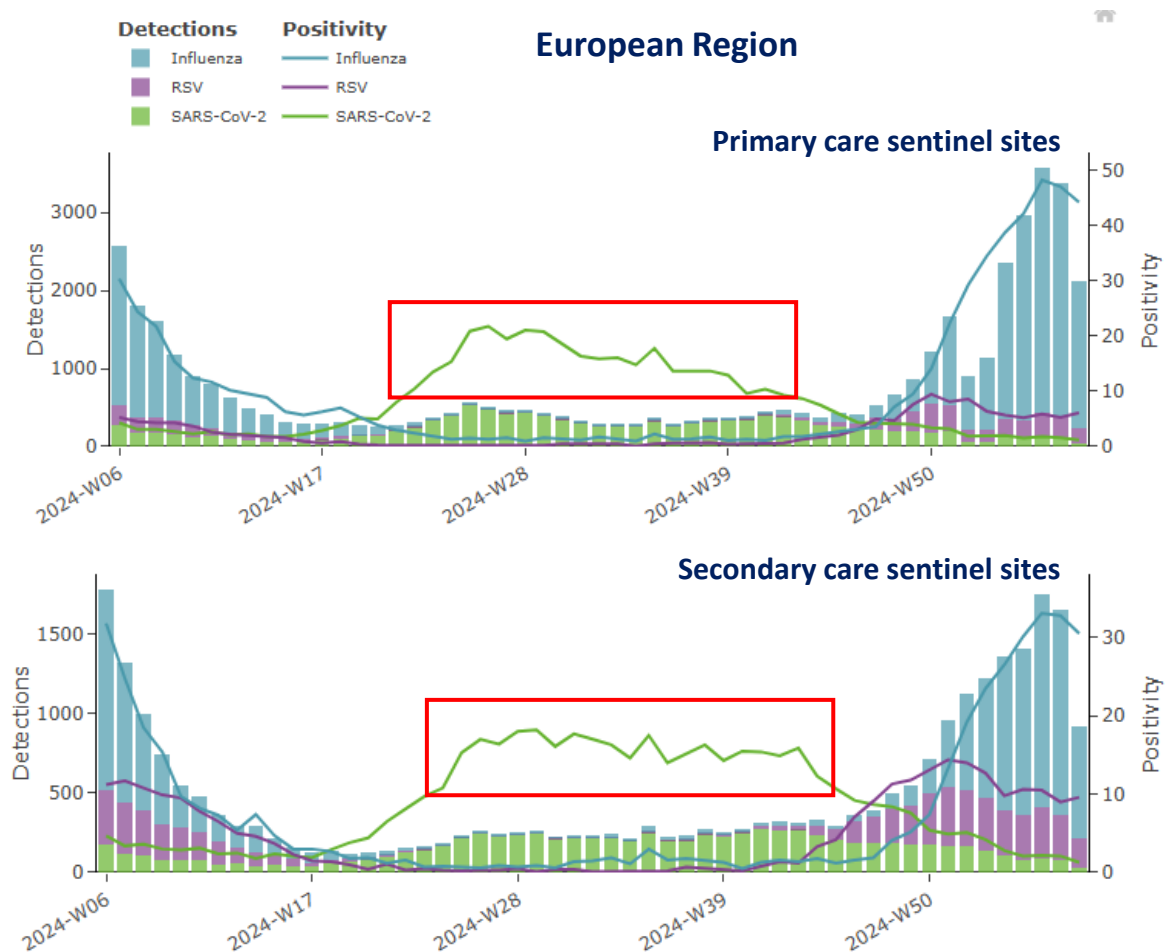
Elevated activity in some countries from Central and South America,
Southern Africa.
Low activity across reporting countries in the Northern America, Europe,
Western Pacific and South East Asia .

Change in proportion Test Positivity Rate per country from sentinel and systematic virological surveillance,
Week ending on 9 February 2025



All countries showed a stable or declining trend except one country in
Central America.

Prolonged elevated SARS-CoV-2 activity in summer months in countries from Europe and Americas observed in 2024



Wastewater monitoring for SARS-CoV-2 viral activity

[US: COVID-19 Wastewater Data – National Trends | NWSS | CDC](#)

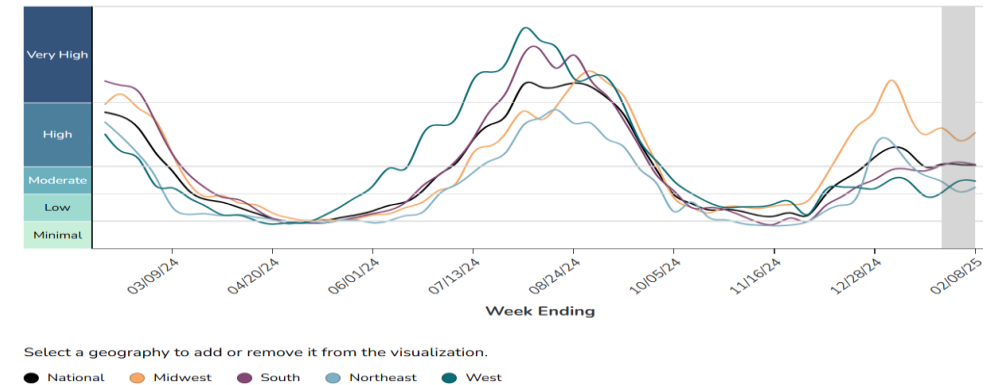
Routine wastewater monitoring available from 30 countries in 5 WHO regions

For the period between weeks 03 and 06, 20 countries across five WHO regions had updated information on wastewater surveillance.

- **4 countries have reported increasing trends:**
 - 1 country showed moderate level with slight increasing trend: Canada.
 - 3 countries have low level with increasing trend: Belgium, Denmark, and Japan.
- **10 countries showed decreasing trends:**
 - 5 countries have low level with decreasing trends: Australia (NSW), Australia (PMA), Greece, Hungary, Netherlands, and Poland.
 - 5 countries showed moderate level with decreasing trend: Finland, Germany, Lithuania, South Africa and Switzerland.
- **6 countries showed stable trends:**
 - 1 country showed high level with stable trend: U.S.A
 - 5 countries showed low level with stable trend: Austria, France, Ireland, New Zealand, Republic of Korea and Sweden.

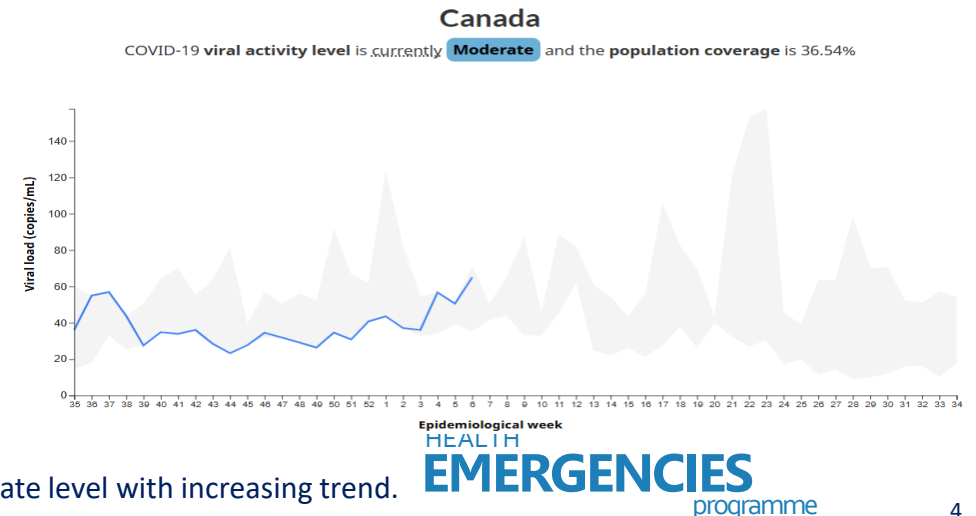
7 of the 20 countries provided updates on the SARS-CoV-2 variant distribution in wastewater.

- 6 countries with higher XEC concentration: USA, Canada, Netherlands, Switzerland, Australia (PMA), and Austria
- 1 country with high KP.3 concentration: New Zealand.



USA: High level with slight increasing trend
Variant: B.1.1.529 (75%) and KP.3.1.1 (25%)

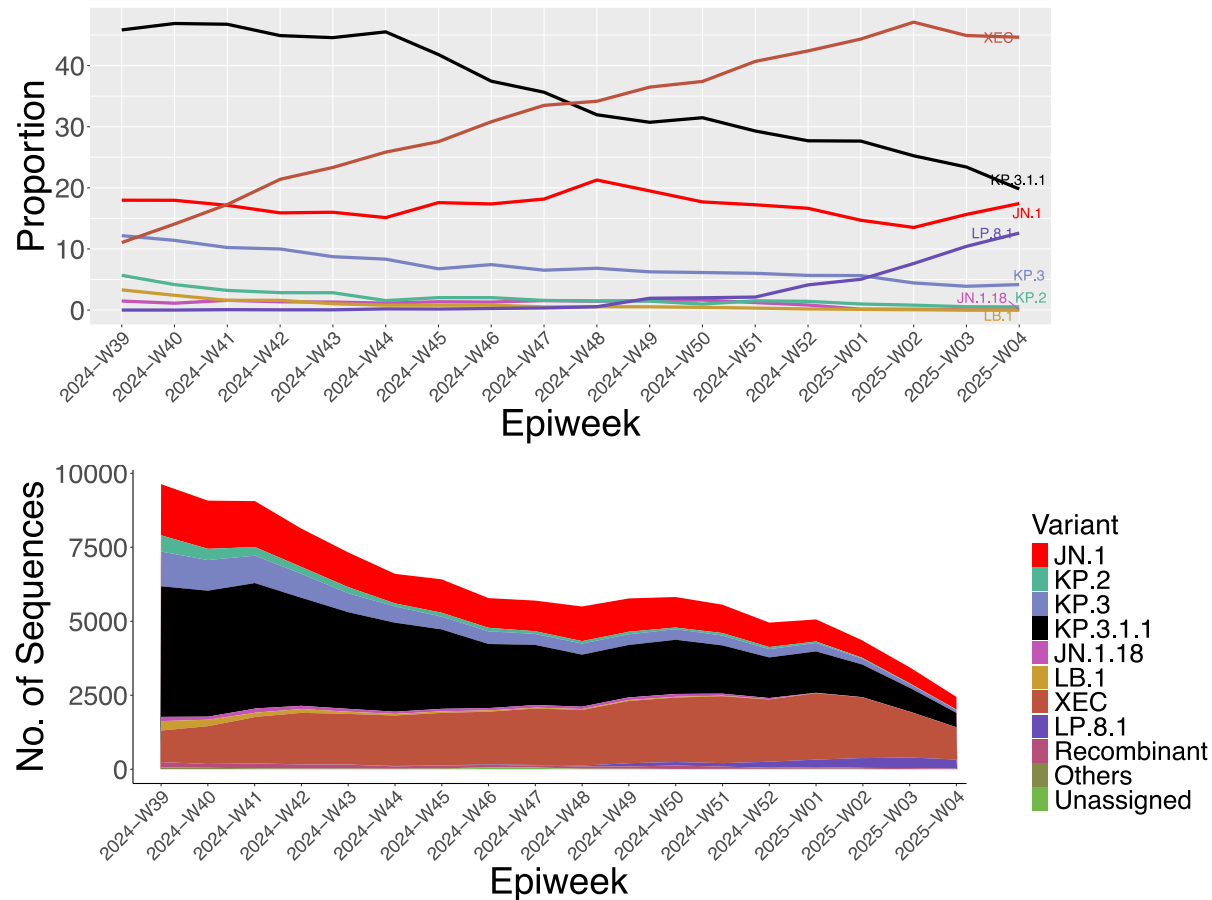
[Canada wastewater trend](#)



Canada: Moderate level with increasing trend.
Variants: XEC, JN.1.11, KP.3, JN.1

JN.1 and its descendent lineages remain the most reported SARS-CoV-2 variant

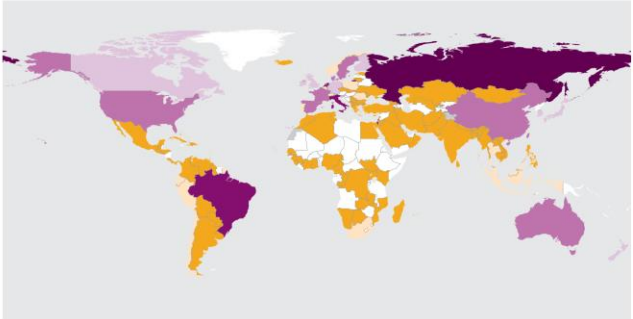
Percentage and number of SARS-CoV-2 sequences, 23 September 2024 to 26 January 2025



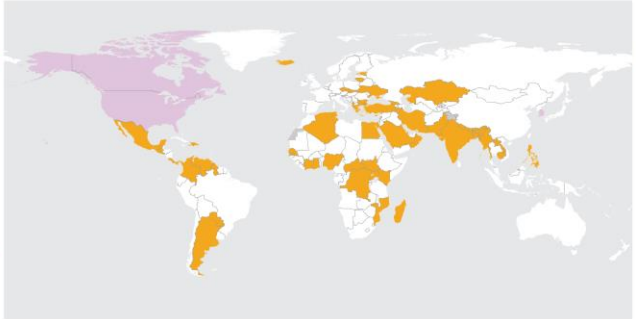
- **One Variant of Interest (VOI) is circulating: JN.1**
 - JN.1 showing a slight increase in prevalence, 16.9% in week 4 of 2025.
- **Seven Variants Under Monitoring (VUM) are circulating: JN.1.18; KP.2; KP.3; KP.3.1.1; LB.1; XEC; LP.8.1**
 - XEC stabilizing
 - LP.8.1 increasing
 - All other VUMs declining
- WHO is undertaking risk evaluation for VUMs in addition to VOIs.
- XEC and LP.8.1 Risk evaluations: No additional public health risk in comparison with other co-circulating variants.

Global 28-day prevalence of VOIs and VUMs as of 26 January, 2025

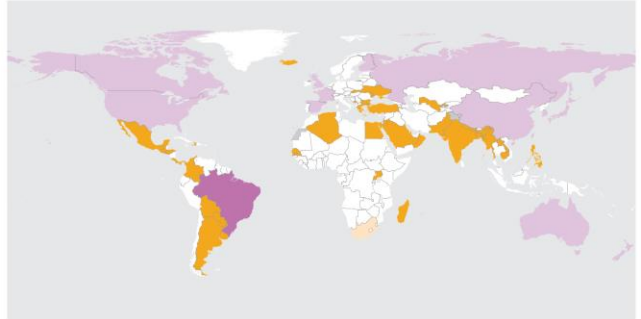
JN.1



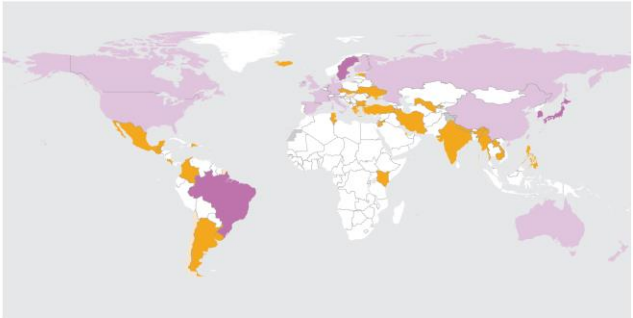
JN.1.18



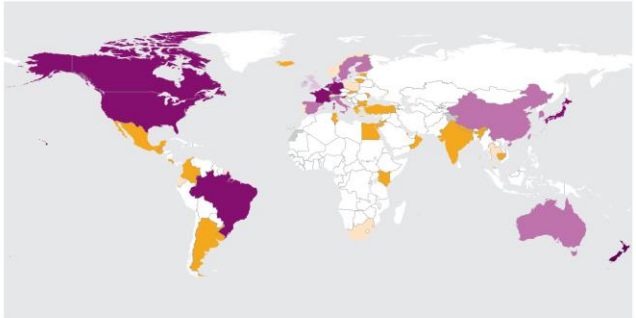
KP.2



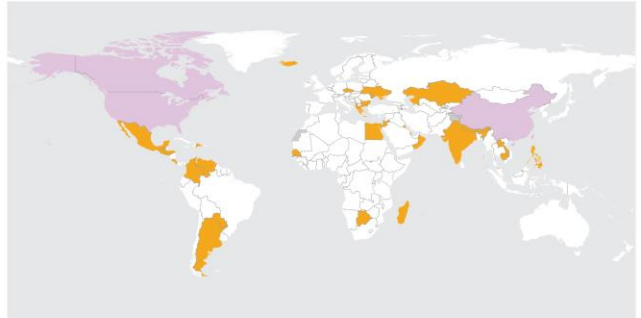
KP.3



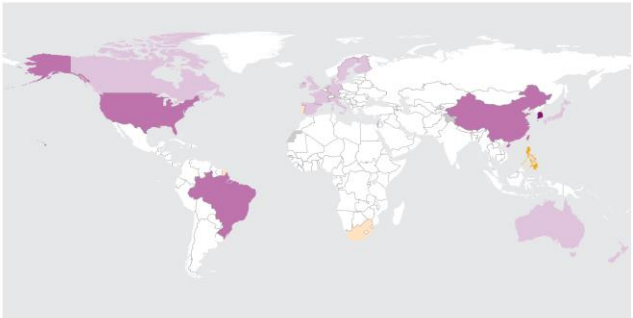
KP.3.1.1



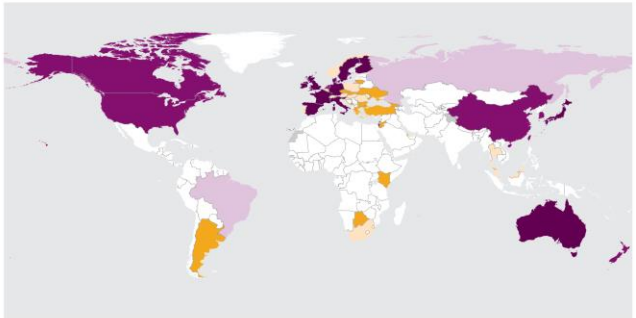
LB.1



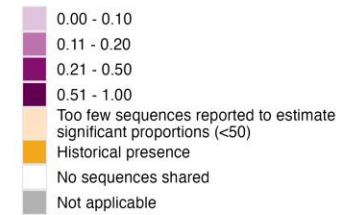
LP.8.1



XEC



28-day prevalence

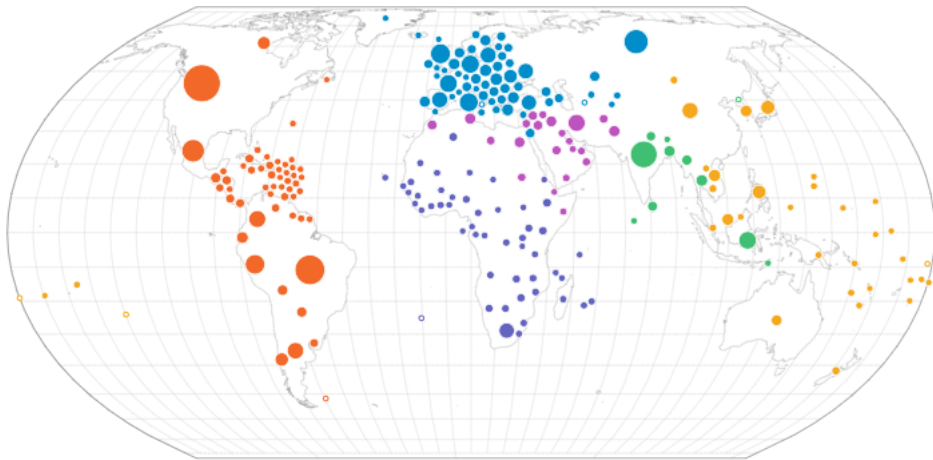


COVID-19 continue to cause deaths

7,087,731 +736 by 11 countries
increase on previous 7 days

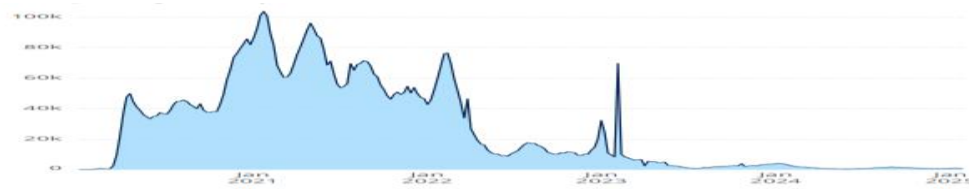
Reported COVID-19 deaths

World, 7 days to 2 February 2025



WHO Regions

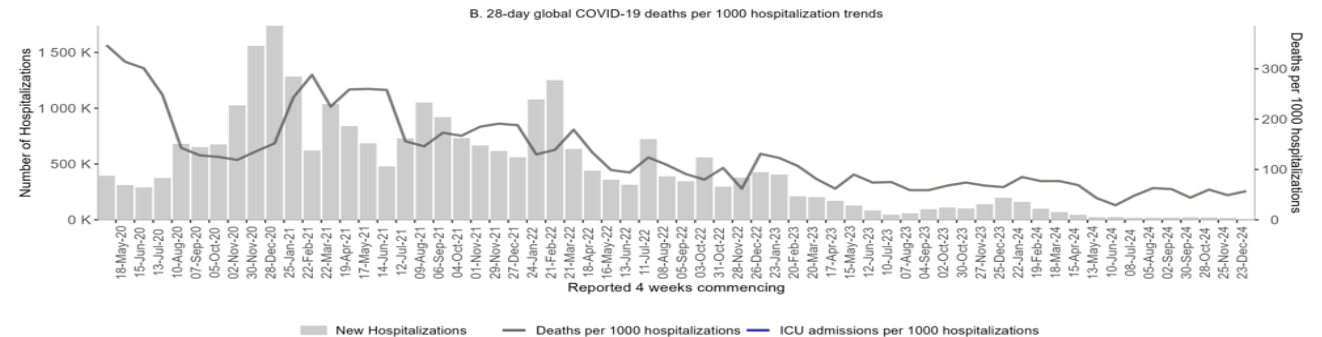
■ Africa ■ Americas ■ Eastern Mediterranean ■ Europe ■ South-East Asia
■ Western Pacific



Deaths per 1000 hospitalizations:

169 in April 2022 to 78 as of early February 2025

➤ data from 59 (25%) countries in 2024



- Data must be interpreted with caution – rates of testing and data reporting have decreased substantially.
- This report reflects the data officially reported to WHO, lack of reporting doesn't mean absence of deaths in other countries.

COVID-19 vaccine uptake has been exceedingly low so far in 2024; strengthened efforts needed to turn vaccines into vaccinations

Uptake in older adults Q1-Q3 2024

Income group	Count	Doses admin.	Q1-Q3 uptake
HIC	33	13,419,685	4.26 %
LIC	6	183,173	0.48 %
LMIC	18	478,359	0.14 %
UMIC	18	5,633,690	1.19 %
Total	75	19,714,907	1.68 %

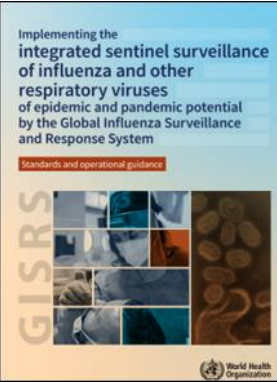
Uptake in health & care workers Q1-Q3 2024

Income group	Count	Doses admin.	Q1-Q3 uptake
HIC	19	384,490	0.55 %
LIC	6	10,826	0.33 %
LMIC	15	13,628	0.07 %
UMIC	14	873,986	2.10 %
Total	54	1,282,930	0.96 %

- Under latest [WHO SAGE recommendations](#), re-endorsed in Sept 2024, **one COVID-19 vaccine dose is recommended for those who have never received one**, for most COVID-19 vaccines, especially in groups at high risk of severe illness
 - Periodic revaccination recommended for high priority groups and population with special considerations, interval corresponding to an individual's level of risk**
- TAG-CO-VAC recommended retaining the monovalent JN.1 composition of COVID-19 vaccines.
- Available immunogenicity data suggest monovalent JN.1 vaccines do provide modestly enhanced protection; but **WHO EUL- / PQ-vaccine products maintain reasonably high vaccine effectiveness against severe disease and death**
 - Vaccination should not be postponed in anticipation of JN.1-adapted vaccines**
- COVID-19 and influenza vaccines are recommended for the same adult high-risk groups.** Where available, getting both vaccines is recommended.
- Important disparities between regions and income groups are observed in 2024 COVID-19 vaccine rollout data; LIC/LMICs lag behind other income groups

Resources

Integrated surveillance



[Implementing the integrated sentinel surveillance of influenza and other respiratory viruses of epidemic and pandemic potential by the Global Influenza Surveillance and Response System: standards and operational guidance](#)

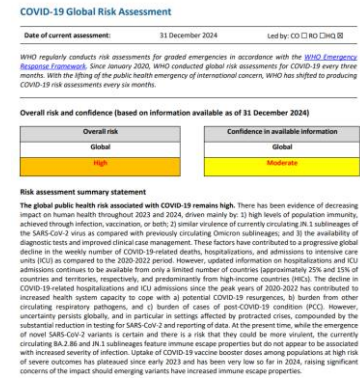
COVID-19 policy briefs



[COVID-19 policy briefs](#)

(6 Topics: Surveillance, Testing, Clinical management, Vaccination, IPC, RCCE)

COVID-19 Global Risk Assessment



[COVID-19 Global Risk Assessment](#)

SARS-CoV-2 Variant Risk Evaluations

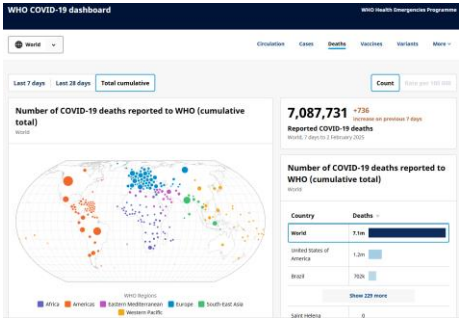


WHO TAG-VE Risk Evaluation for SARS-CoV-2 Variant Under Monitoring: LP.8.1

Overall risk evaluation:	LP.8.1 is growing rapidly compared to co-circulating variants, but possesses comparable antigenic advantage as XEC in evading previous immunity. There is no significant increase in cases attributable to LP.8.1 infections, and there are no reports to suggest that the associated disease severity is higher as compared to other circulating variants.		
Low	The available evidence on LP.8.1 does not suggest additional public health risks relative to the other currently circulating Omicron descendent lineages.		
Indicator	Evidence	Level of risk	Level of confidence

[Tracking SARS-CoV-2 variants](#)

Global COVID-19 Dashboard



[COVID-19 deaths | WHO COVID-19 dashboard](#)

COVID-19 Epidemiological Updates

[COVID-19 Epidemiological Update](#)

Edition 176 published 13 February 2025

In this edition:

- Key highlights
- Global overview
- SARS-CoV-2 test positivity
- Morbidity and Mortality trends
- Hospitalizations and ICU admissions
- SARS-CoV-2 variants circulation
- WHO Regional Overview

Key highlights

- During the four-week reporting period (9 December 2024 to 5 January 2025), weekly SARS-CoV-2 PCR positivity conducted through systematic virological surveillance changed from 8.5% in the first week of the reporting period to 6.1% in the last week, with a weekly average of over 19 000 specimens tested across 108 countries, with no region reporting an elevated percent test positivity in the last reporting week.
- WHO is monitoring eight SARS-CoV-2 variants, including one variant of interest (VOI) JN.1, and seven variants under monitoring (VUMs). JN.1, the VOI, accounted for 15.0% of sequences in week 1 of 2025. The VUMs XEC and LP.8.1 continue to increase in prevalence, accounting for 44.8% and 4.7%, respectively, of sequences in week 1 of 2025, and are the only tracked variants currently growing in prevalence. All the remaining VUMs are declining in prevalence.
- Wastewater surveillance, an important component of SARS-CoV-2 surveillance, is also important for early warning and for monitoring SARS-CoV-2 variant circulation. Around 30 countries from five WHO Regions have publicly available wastewater surveillance information and are featured on WHO's COVID-19 dashboard. According to estimates obtained from wastewater surveillance, circulation of the SARS-CoV-2 virus is approximately 2 to 19 times higher than identified and reported cases.¹⁴
- Globally, during the 28-day period from 9 December 2024 to 5 January 2025, 79 (34%) countries reported COVID-19 cases, and 24 (10%) countries reported COVID-19 deaths. Note that this does not reflect the actual number of countries where cases or deaths occur, as many countries have stopped or changed the frequency of reporting. From the available data, the number of reported cases decreased by 21% during the 28-day period, with over 161 000 new cases while new deaths increased by 14% with more than 3300 fatalities, compared to the previous 28 days (11 November to 8 December 2024). Trends in the number of new reported cases and deaths should be interpreted with caution due to decreased testing and sequencing, alongside reporting delays in many countries.

[Coronavirus Disease \(COVID-19\) Situation Reports](#)



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Thank you