COVID-19


CONTEXT
Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread has occurred with exponential growth in cases and deaths. On 30 January 2020, the Director-General (DG) of the WHO declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR) (2005). The first case in the Americas was confirmed in the USA on 20 January 2020, followed by Brazil on 26 February 2020. Since then, COVID-19 has spread to all 54 countries and territories in the Americas.

PAHO/WHO activated regional and country incident management system teams to provide direct emergency response to Ministries of Health and other national authorities for surveillance, laboratory capacity, support health care services, infection prevention control, clinical management and risk communication; all aligning with priority lines of action. The Organization has developed, published, and disseminated evidence-based technical documents to help guide countries’ strategies and policies to manage this pandemic.

SITUATION IN NUMBERS IN THE AMERICAS as of 10 August (15:00)

10,697,832 Confirmed cases*
390,850 Deaths*
54 Countries / areas / territories counted for epidemiological purposes

*Total includes both confirmed and probable for Ecuador (deaths), Puerto Rico (deaths) and the US (probable deaths in NYC)

RESPONSE PILLARS

- Coordination, Planning, and Monitoring
- Risk Communication and Community Engagement
- Surveillance, Rapid Response Teams, and Case Investigation
- Points of Entry
- National Laboratories
- Infection Prevention and Control
- Case Management
- Operational Support and Logistics
- Maintaining Essential Health Services during the Pandemic
**PAHO/WHO Response (04 to 10 August 2020)**

On 17 January 2020, the Pan American Sanitary Bureau activated an organization-wide Incident Management Support Team (IMST) to provide its countries and territories with technical cooperation to address and mitigate the impact of the COVID-19 pandemic. The Organization’s work to date falls under the nine pillars of the global Strategic Preparedness and Response Plan for COVID-19.

**Regional**

PAHO continued to collaborate with its partners within the Region and across the globe to deliver technical cooperation, evidence-based guidance, and recommendations, and to advocate for the Americas on the global stage. PAHO’s regional IMST also provided support and strategic guidance to countries’ IMSTs as they coordinate and monitor their national response activities.

**Country**

PAHO supported the emergency operations committee in Beni, Bolivia to enable the country to provide a more coordinated response to the impact of COVID-19 in that department.

PAHO Suriname collaborated with the Ministry of Health, development partners, UN agencies, and embassies to identify gaps and challenges in the country’s pandemic response, with the aim of enhancing national coordination in the supply chain of supplies, goods, and equipment for the COVID-19 response.

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**Country-level Coordination, Planning, and Monitoring**

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**Regional Readiness**

<table>
<thead>
<tr>
<th>32/35</th>
<th># Countries with national COVID-19 Preparation and Response Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>38/51</td>
<td># Countries and territories with molecular detection capacity to diagnose COVID-19</td>
</tr>
<tr>
<td>20/35</td>
<td># Countries using existing SAR/ILI surveillance systems to monitor COVID-19</td>
</tr>
<tr>
<td>17/22</td>
<td># Reporting countries where at least 50% of health facilities have triage capacity</td>
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<tr>
<td>29/31</td>
<td># Reporting countries with national IPC / WASH plans for health facilities</td>
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</tbody>
</table>

**PAHO Response**

| 93 | Technical guidelines and recommendations developed or adapted from WHO |
| 5.8M | COVID-19 PCR tests sent to 36 countries and territories |
| >113 | Virtual / in-person regional and country trainings on testing, tracking, care, and more |

**PAHO has sent 84 PPE shipments to 29 countries and territories**

- 1.41M Gloves
- 1.37M Gowns
- 31M Surgical & Respirator Masks
- 216k Goggles
Regional

As the communication needs of the Region evolve during the pandemic, PAHO continued to disseminate key messages across multiple platforms, and to respond to media enquiries. The infographics cover a range of issues related to COVID-19 including masks, hand washing, domestic violence, and hepatitis.

During the weekly press briefing, the Director of PAHO urged Member States to implement measures to prevent disruptions to routine health services because of the pandemic. Services at risk include those for routine vaccination, care for diabetes, hypertension and HIV, maternal health, and others.

During the weekly “Ask the Expert” session, PAHO technical experts encouraged the public to quit smoking and noted that tobacco use can lead to greater risk of infection given that people are prone to touching their faces while smoking. Sharing water pipes or e-cigarettes with others also lead to greater risk of infection. It was noted that smoking decreases lung capacity and the affects the body’s capacity to fight off infection.

PAHO provided with two tools to help smokers quit using tobacco products.

Surveillance, Rapid Response Teams, and Case Investigation

PAHO has developed a Geo-Hub for the Region which includes a series of dashboards and epidemiological data updated daily. It has four sub-regional and 54 country and territory geo-hubs for the Americas. In addition, the public can consult PAHO’s interactive dashboard showing cumulative cases, deaths, cumulative incidence rate, new cases and deaths, as well as several other epidemiological indicators reported by countries and territories.

PAHO continued its Event-Based Surveillance (EBS) while also supporting countries to boost their Indicator-Based Surveillance (IBS). Efforts continued to ensure that all countries in the Region integrate COVID-19 into their routine severe acute respiratory illness / influenza-like illness (SARI/ILI) surveillance systems. To date, 20 countries have integrated COVID-19 surveillance into their SARI/ILI systems. PAHO also published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators (available here).

Risk Communication and Community Engagement

Regional

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PAHO managed data of the line list of nominal cases reported by Member States. To date, 38 of the 54 countries and territories in the Americas have reported this data. This represented 57% of all reported cases and 39% of reported deaths in the Americas.

The Organization produced an epidemiological update on COVID-19 among indigenous peoples in the Americas. This document includes an analysis for nine countries from the Region: Bolivia, Brazil, Canada, Colombia, Ecuador, Mexico, Peru, the USA, and Venezuela. It also has recommendations for surveillance, laboratory, infection prevention and control measures, contact tracing and quarantine, treatment, dead body management, and prevention.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the Go.Data app, and 20 of those are already implementing it. The Go.Data app is a tool that supports suspect case investigation and management, display of transmission chains, and contact tracing.

**Country**

In Haiti, PAHO trained nurses from the country’s laboratory-enhanced surveillance system (PRESEPI) on how they can contribute to the surveillance of SARI, especially for COVID-19. This opportunity allowed for the identification of challenges, successes, and the review of specimen management, data collection standards, and procedures. PAHO also conducted a field mission to the department of Sud-Est to evaluate and provide recommendations on the surveillance plan and data management.

Bolivia received support on structuring databases to enhance epidemiological surveillance for COVID-19. PAHO also provided technical support to develop guidelines for case notification and analysis.

In Ecuador, PAHO deployed seven specialists to strengthen epidemiological surveillance and support the organization of health services in the provinces of Napo, Orellana, Pastaza, Morona Santiago, Cotopaxi, Chimborazo, and Manabi. This is part of PAHO’s collaborative efforts with the Ministry of Health’s district-level officers to provide intensified support for the country’s indigenous population and those in inaccessible areas.

PAHO provided continued support to Brazil’s Office for Indigenous Health (SESAI) to conduct epidemiological analysis of the COVID-19 situation in these communities. Information from these analyses is available in the country’s bulletins (available here). Further, PAHO also partnered with health authorities, including those for indigenous populations, to implement on-site surveillance in priority areas while intensifying case monitoring.

**Regional**

Since the beginning of PAHO’s response up to the date of this report, the Organization has provided primers, probes and/or PCR kits for approximately 5.81 million reactions/tests. PAHO also provided approximately 30,000 swabs, enzymes for around 990,000 reactions and 150 extraction kits/reagents, among other critical material.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to Brazil, Costa Rica, Dominica, Dominican Republic, Ecuador, Grenada, Guyana, Haiti, and Peru. Focused support was provided to scale up COVID-19 testing at Jamaica’s National Influenza Center.
Further, the regional team continued to provide virtual capacity building on COVID-19 RT-PCR testing, this time at Grenada’s General Hospital.

In coordination with the Council of Ministers of Health of Central America (COMISCA) and CDC’s office in Central America, PAHO participated in a webinar to disseminate its methodology for molecular diagnosis, including an overview of limitations and how to interpret antibody-based tests. PAHO also hosted a webinar on laboratory guidelines for COVID-19 detection and diagnosis with the English-speaking Caribbean countries. Topics covered included the use of saliva as an alternative sample, pooling strategies, and genetic surveillance.

PAHO convened a meeting of laboratories of the SARI network of the Americas (SARInet). During the meeting, PAHO presented the work of the COVID-19 Genomic Surveillance Network to date, and with FIOCRUZ (a national influenza centers in Brazil) presented preliminary findings on trends in the Region.

Country
PAHO provided virtual training for 170 health workers and medical brigades from the Oruro department in Bolivia, with a focus on biosafety and COVID-19 diagnostic tests.

PAHO conducted a joint mission with personnel from the National Public Health Laboratory of Haiti (LNSP) to assess eight hospitals in the Ouest department and to ensure that they adhere to adequate standards for sample collection, conservation, and transport. PAHO also provided specific recommendations to improve diagnostics for COVID-19.

Regional and Country
During the week, the regional team delivered IPC trainings to 36 health workers in the Bahamas and 30 health workers in Paraguay.

In collaboration with other UN agencies, PAHO worked with the justice authorities of Brazil to formulate measures that would reduce the risk of infection from COVID-19 among persons deprived of liberty.

PAHO worked with the Ministry of Health of Panama to train health workers and sanitation staff to implement measures to prevent and control COVID-19 infections. The aim was to reach health workers from public and private health facilities at different levels of care.

Infection Prevention and Control (IPC)
Regional
PAHO released guidance on regulatory aspects for the use of pulse oximeters for monitoring COVID-19 patients (available in Spanish only).

Country
In Honduras, PAHO developed a virtual course on providing home care for patients with mild symptoms, as well as considerations for their contacts. As of 19 July, 551 people had registered through the Honduras Node of PAHO’s Virtual Campus of Public Health (CVSP) and a video version of this course has reached 269,853 people through Facebook and 131,000 views via YouTube. PAHO coordinated with UNFPA to produce a separate course on managing suspected and confirmed COVID-19 cases in pregnant women, those in childbirth, and women in puerperium (1,480 visits to date).

PAHO facilitated the exchange of experiences between South American countries (Argentina, Brazil, Chile, Colombia, Peru, and Uruguay) with a focus on human resources for health. Peru focused on services for managing noncommunicable diseases and how they have been impacted by the pandemic.

In Haiti, PAHO trained 14 health professionals working in the medicalized call center of the MSPP on how to use tools for patient follow up. This is the last step before this call center will become activated as part of the country’s strategy to follow up on suspected or confirmed cases in home isolation.

Operational Support and Logistics
The regional team continued to collaborate with regional, national, and international partners (including other UN agencies) on all matters related to procurement, shipping, freight, logistics and technical specifications.

Considering the multitude of suppliers and concerns about the quality of procured goods, PAHO has made quality assurance a critical component of its technical support to procuring goods, supplies, and equipment for the COVID-19 response. PAHO trained country officials on key aspects related to quality assurance, regulations, and technical specifications for procuring PPE and biomedical equipment. Thirty-eight participants were trained from Belize, Barbados and the Eastern Caribbean countries, Guatemala, Guyana, Haiti, Honduras, Jamaica, Panama, Trinidad and Tobago, and Venezuela.

In Trinidad and Tobago, PAHO partnered with the Canadian Air Force and the World Food Program to transport 96 pallets of PPE to the government. These supplies are critical to protecting more health workers from infection as they work with confirmed and suspected COVID-19 cases.
Regional

The reorganization and expansion of services is critical to ensuring that health systems can adapt to needs arising from the COVID-19 pandemic while sustaining services critical for other health conditions. PAHO worked with national authorities in Suriname and Venezuela to provide recommendations on taking measures to reduce negative impacts on these countries’ health systems.

PAHO conducted a webinar on considerations for resuming elective surgeries during the COVID-19 pandemic. This forum allowed countries to share their experiences with 65 participants from across the Americas.

Emergency medical teams (EMTs) are of significant value when a country’s health system is stretched beyond its capacity. PAHO continued to share best practices and recommendations with the regional network of national EMTs. During the week, the regional team conducted a technical webinar on the interhospital transport of COVID-19 patients, with 105 participants.

PAHO collaborated with the Red Cross from Costa Rica, Nicaragua, and Panama on the COVID-19 response along their borders, with the Red Cross of Ecuador on adopting the CICOM methodology and bolstering medical coordination for surge response and EMT response, and with Colombia’s Ministry of Health to consider mechanisms for managing local EMTs. Coordination continued with Colombia’s Hospital Universitario de Santander to establish triage points and use a medical surge to reinforce the country’s COVID-19 response.

PAHO convened its 11th regulatory update meeting with national regulatory authorities (NRAs) to discuss the WHO Emergency Use Listing (EUL) procedure and clinical trials for a COVID-19 vaccine. This meeting reached 104 participants from NRAs in Argentina, Bahamas, Canada, Colombia, Costa Rica, Chile, Cuba, Ecuador, Jamaica, Uruguay, and the United States of America.

Health technology assessments (HTAs) are invaluable in guiding health authorities in the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas (BRISA) now has 210 reports available in its COVID-19 section. PAHO held the 30th session of the Network for the Evaluation of Health Technologies in the Americas (REDETSA, by its Spanish acronym), during which it presented on the “emergency use of unproven interventions outside of research: Ethics guidance for the COVID-19 pandemic.” It was attended by 180 participants from 17 countries and a recording is available here.

PAHO continued to work with its Member States to provide guidance on the use of in vitro diagnostics (IVDs) and other regulatory aspects, considering authorizations from WHO’s EUL procedure and recommendations from eight NRAs from around the globe. PAHO maintains a list of 67 prioritized IVDs for proprietary and open platforms.

PAHO collaborated with NRAs from across the Americas to share recommendations, considerations, and evaluations on products that would be used to manage COVID-19 during the pandemic.
Additionally, PAHO maintained a repository of websites and relevant information, including regulatory response on COVID-19, at the Regional Platform on Access and Innovation for Health Technologies (PRAIS).

**Country**

In commemoration of World Breastfeeding Week, PAHO conducted a series of activities across the Americas to promote breastfeeding despite the ongoing COVID-19 pandemic. PAHO’s team in Argentina disseminated key messages in news media, while the team in Barbados, Jamaica, and Panama worked directly with their Ministry of Health counterparts to disseminate key messages on the importance of breastfeeding during these times.

Mental health remains a critical part of PAHO’s strategy to ensuring that the Region’s health workers can manage cases while protecting themselves from both infection and burnout. Panama worked with the Ministry of Health to facilitate “train-the-trainers” workshops with the aim of ensuring that there is at least one trained mental health team per health region. In Jamaica, PAHO provided training to 46 potential trainers but with a focus on school-aged adolescents.

In Ecuador, PAHO worked closely with national and province-level programs for malaria, tuberculosis, and HIV/AIDS to minimize the risk of stockouts and ensure continuity of services. As the country combats the spread of COVID-19, PAHO supported the country to improve the surveillance of Arboviruses due to the dengue epidemic in the coastal provinces of the country.

PAHO supported the Government of Mexico to evaluate its legal and regulatory frameworks which would be used once a safe and effective COVID-19 vaccine becomes available.

In Peru, PAHO supported the Ministry of Health and other agencies to facilitate the distribution of medicine and supplies for the clinical management of and testing for COVID-19.

**Research, Innovation, and Development**

Regional

PAHO continued to review new and emerging information to build an evidence base to combat the virus. The public has access to PAHO’s COVID-19 Technical Database for technical guidelines, scientific publication and ongoing research protocols from the region. This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and others. It has been visited over 360,000 times.

PAHO also continued to maintain an updated document on potential COVID-19 therapeutics, the product of a series of rapid systematic reviews. Considering the breadth of knowledge and evidence related to COVID-19, PAHO produced an interactive infographic to help external partners navigate PAHO and WHO’s technical material and compilations of evidence from the Americas and around the globe.

With WHO, PAHO coordinated to support countries in the region to participate in the SOLIDARITY trial, which aims to assess the efficacy of possible therapeutics for COVID-19. PAHO also continued to collaborate with WHO on developing a seroepidemiologic study, SOLIDARITY II, to study the prevalence of the virus.

CONTRIBUTE TO OUR RESPONSE

An estimated US$200 million is needed to support pandemic preparedness and response in Latin America and the Caribbean through December 2020. As of 10 August 2020, PAHO has received US$94.9 million in donor contributions and firm pledges.

You can donate to support PAHO’s response to COVID-19 at this link.
**NEW AND UPDATED**

**PAHO/WHO Technical Materials on COVID-19**

<table>
<thead>
<tr>
<th>Key criteria for the ethical acceptability of COVID-19 human challenge studies [link] (Spanish translation)</th>
<th>Updated: 3 August 2020 (originally published: 6 May 2020)</th>
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</thead>
<tbody>
<tr>
<td>This is a Spanish translation on the WHO document [original English document here] that provides guidance to scientists, research ethics committees, funders, policy-makers, and regulators in deliberations regarding SARS-CoV-2 challenge studies by outlining key criteria that would need to be satisfied in order for such studies to be ethically acceptable.</td>
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| Technical and regulatory aspects on the use of pulse oximeters for monitoring patients with COVID-19, 7 August 2020 [link] (Spanish only) Published: 7 August 2020 |
|---|---|
| This document presents technical and regulatory considerations for the use of pulse oximeters as a tool for the clinical monitoring of patients with COVID-19. It also summarizes available evidence on the efficacy, effectiveness, and safety of different types, their limitations, and recommendations on their use. |

<p>| WHO Document Interim Guidance: Water, sanitation, hygiene, and waste management for SARS-CoV-2, the virus that causes COVID-19 Interim guidance Published: 29 July 2020 |
|---|---|
| The provision of safe water, sanitation and waste management and hygienic conditions is essential for preventing and for protecting human health during all infectious disease outbreaks, including COVID-19. Ensuring evidenced-based and consistently applied WASH and waste management practices in communities, homes, schools, marketplaces, and healthcare facilities will help prevent human-to-human transmission of pathogens including SARS-CoV-2, the virus that causes COVID-19. |</p>
<table>
<thead>
<tr>
<th>GAPS</th>
<th>CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Surveillance systems: More capacity-building and equipment for analysis.</td>
<td>• Border closures: This has seriously hampered the deployment of experts, shipment of samples for testing, and procurement of supplies and equipment for testing, case management, and infection prevention and control. This has added additional pressure to countries undergoing complex political and socioeconomic transitions.</td>
</tr>
<tr>
<td>• Information systems: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality.</td>
<td>• Competitive marketplace: Countries and organizations are competing for limited supplies due to global shortages of PPE and other items.</td>
</tr>
<tr>
<td>• Strategic planning and response: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans.</td>
<td>• Managing infections in healthcare settings: Healthcare workers rely on PPE and other supplies to avoid infection. Global shortages are contributing to increasing cases and loss of life of frontline workers.</td>
</tr>
<tr>
<td>• Laboratory test kits and equipment: National laboratories need more extraction kits and other supplies to keep testing.</td>
<td>• Infected healthcare workers: Infected health workers who are sick or quarantined will strain health systems.</td>
</tr>
<tr>
<td>• IPC supplies: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE.</td>
<td>• Test availability: Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses.</td>
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<tr>
<td>• Health facility evaluations: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH).</td>
<td>• Health workforce limitations: Insufficient human resources hamper countries’ efforts to conduct contact tracing and manage patients in quarantine.</td>
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<tr>
<td>• Resources for and access to populations in situations of vulnerability: PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods.</td>
<td>• Risk Communication: The risk perception is still low in some countries/territories.</td>
</tr>
<tr>
<td>• Risk communications: Key messages must be tailored to each country’s context to resonate with intended audiences.</td>
<td>• Telephone referral systems: Some countries are reporting overwhelming call volumes.</td>
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<tr>
<td>• Subnational-level health workers: A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available.</td>
<td>• Logistics systems: Many countries are still unprepared to manage the distribution of supplies and equipment.</td>
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<td>• Intensive care units: More ICUs will be needed to manage anticipated severe cases.</td>
<td>• Continuity in other health services: The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs).</td>
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<tr>
<td>• Migrant access to health services: Countries are assessing how to serve these populations and better manage outbreaks.</td>
<td>• Stigma: Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.</td>
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</tbody>
</table>