

COVID-19

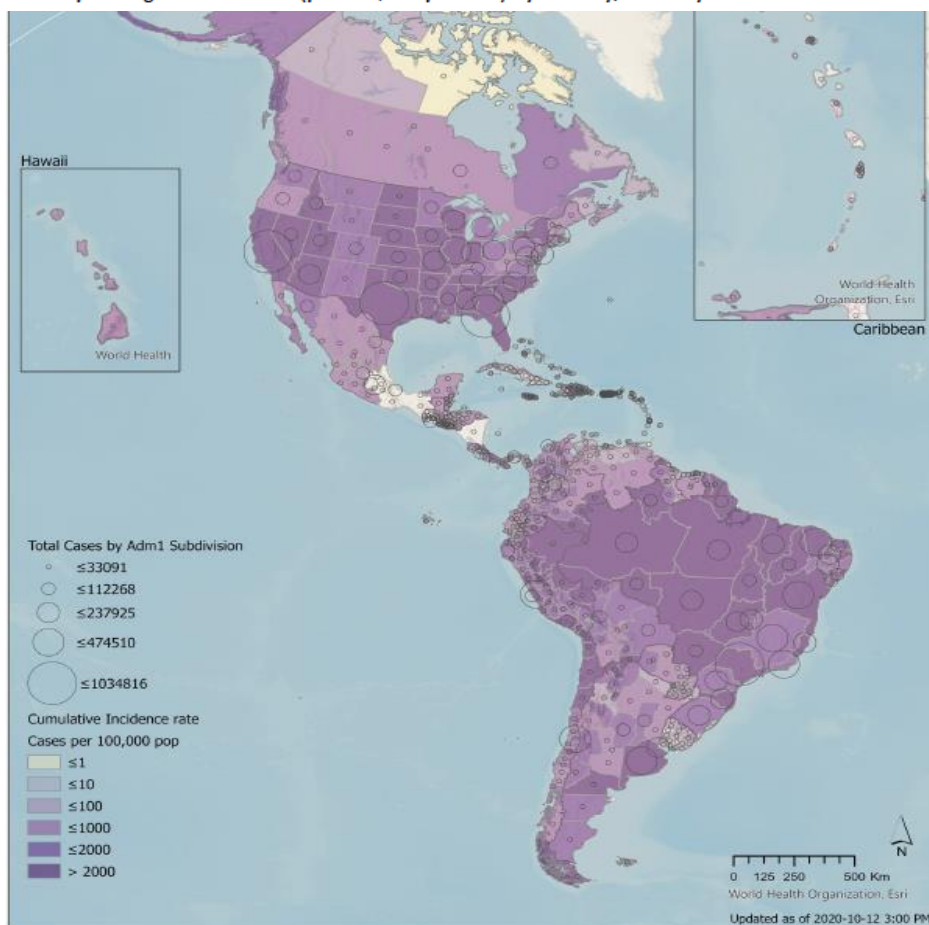
PAHO/WHO Response. 12 October 2020. Report ° 29

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.

Map 1. Reported number of cumulative COVID-19 cases in the Region of the Americas and corresponding incidence rate (per 100,000 persons) by country/territory. As of 12 October 2020



SITUATION IN NUMBERS IN THE AMERICAS

as of 12 October (15:00)

18,004,043

Confirmed cases*

592,561

Deaths*

54

Countries / areas / territories counted for epidemiological purposes

RESPONSE PILLARS



Coordination, Planning, and Monitoring



Risk Communication and Community Engagement



Surveillance, Rapid Response Teams, and Case Investigation



Points of Entry, International Travel, and Transport



National Laboratories



Infection Prevention and Control



Case Management



Operational Support and Logistics



Maintaining Essential Health Services during the Pandemic

[Link to PAHO's technical and epidemiological reports, guidance, and recommendations](#)

[Link to global operational situation reports](#)



World Health Organization

Key Figures: The Americas' Response to COVID-19

PAHO Response	106 Technical guidelines and recommendations developed or adapted from WHO	17.8M COVID-19 PCR tests sent to 36 countries and territories	>179 Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 108 PPE shipments to 34 countries and territories	
				1.42M Gloves	1.49M Gowns
				35.4M Surgical & Respirator Masks	321k Goggles
Regional Readiness	32/35 # Countries with national COVID-19 Preparation and Response Plans	38/51 # Countries and territories with molecular detection capacity to diagnose COVID-19	20/35 # countries using existing SARI/ILI surveillance systems to monitor COVID-19	17/22 # Reporting countries where at least 50% of health facilities have triage capacity	33/35 # Reporting countries with national IPC / WASH plans for health facilities

PAHO/WHO Response (6 October to 12 October 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.

Country-level Coordination, Planning, and Monitoring

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 coordinated and monitored their national response activities.

Regulatory aspects for COVID-19

Health technology assessments (HTAs) are invaluable guidance for 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 277 reports available in its COVID-19 section.

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 Emergency Use Listing (EUL) procedure and recommendations from eight national regulatory authorities (NRAs) from around the globe. The team continued to maintain a list of 73 prioritized IVDs for proprietary and open platforms. The Organization additionally monitored alerts and updates as part of its post-market surveillance on IVDs, ventilators, Personal Protective Equipment (PPE), and other items to provide updated, timely information to regulatory authorities.

The Organization 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**). During the week, the regional team facilitated the third meeting with the NRA of Bolivia, providing technical advice regarding the regulation of PPE in the context of COVID-19.

Country

PAHO country teams continued to coordinate with United Nations agencies and national authorities to ensure an effective response to the pandemic. In **Panama**, the team coordinated with UNHCR and the Ministry of

Health to explore the delivery of comprehensive medical care for the migrant population and residents of host communities. Similarly, the team in **Mexico** worked with IOM, the Ministry of Health, and the National Institute of Migration on the establishment of triage posts and proper management of infected persons at two centers for migrants. Further, the team also provided technical advice to UNICEF on the revision of the protocol for resuming face-to-face activities in shelters.

The Office in **Cuba** facilitated consultations with European cooperation agencies, the Ministry of Health, and national authorities on challenges of the pandemic and opportunities for cooperation.

In **Costa Rica**, PAHO continued to work with the Ministry of Health on activities of the health services situation room. These included organizing a forum on the economy and health in the context of COVID-19, and a technical session on primary health care and health service management indicators. The team also facilitated a session to present the COVID-19 situation in Talamanca, and to identify interagency cooperation opportunities.



Figure 1: The team in **Cuba** hosted a technical session with partners to discuss challenges arising from the pandemic as well as opportunities for cooperation. Source: PAHO

In celebration of Wellness Week, PAHO **Belize**

partnered with the Ministry of Health in a virtual wellness symposium focusing on mental health, nutrition and physical activity for the prevention of noncommunicable diseases (NCDs).

Considering the extensive response activities to date, the team in **Chile** presented the work of PAHO in the region and specifically for COVID-19 during a session with students of the Raúl Silva Henríquez Catholic University.

COVID-19 Courses Available on PAHO's Virtual Campus for Public Health (SPA-POR)

Emerging respiratory viruses, including COVID-19: detection methods, prevention, response, and control (SPA, POR)

COVID-19 operational planning guidelines: for UNCT systems and other partners (SPA)

Standard precautions: Hand hygiene (COVID-19) (SPA)

Infection prevention and control (IPC) caused by COVID-19 (SPA, POR)

ePROTECT Respiratory Infections: Health and occupational health (SPA)

Course on the clinical management of Severe Acute Respiratory Infections (SARI) (SPA)

Severe Acute Respiratory Infection (SARI) Treatment Facility Design (POR)



Risk Communication and Community Engagement

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, ranging from steps for preventing infection to tips for staying healthy and protecting mental health during this pandemic.

During the **weekly press briefing**, PAHO's Director Dr. Carissa Etienne noted that rates of severe COVID-19 illness in the region have fallen. She indicated that this was due in part to growing knowledge of the virus and how to manage critically ill patients, as well as to the work of governments that acted quickly to expand national capacities.

Country

Together with the Ministry of Health, PAHO **Peru** engaged 220 students in a forum on communication and health during the pandemic organized by the University of Lima.

The team in **Paraguay** supported national authorities in launching two risk communications campaigns. The first, “Enjoy Together Safely” focused on how persons could enjoy the new normal while minimizing the risk of infection. The second, “Take Care of Your Heart” focused on reducing the risk of heart disease and taking extra precautions during the pandemic. Further, the team updated and disseminated new materials on handwashing and social distancing.



Surveillance, Rapid Response Teams, and Case Investigation

Regional

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 countries **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. During the week, the regional influenza team contributed to the WHO Expert Consultation to Adapt Influenza Sentinel Surveillance Systems for COVID-19. Counterparts from **Brazil, Chile, Costa Rica** and **Jamaica** also contributed. The regional team also continued to support countries in strengthening contact tracing, and in activities related to the COVID-19 Unity Studies.

PAHO published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance data and indicators ([available here](#)). On 09 October, the team also published an epidemiological alert “Recurring Waves and Outbreaks of COVID-19” ([link](#)) which urged Member States to prepare and implement actions for a rapid surge in cases while maintaining capacities at all levels of care.

The regional team managed data of the line list of nominal cases reported by Member States. To date, 38 of the 54 countries, territories, and areas in the Americas have reported this data. This represented approximately 79% of reported cases and 53% of reported deaths during the week.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and **23 countries and territories** have already implemented or are working towards full implementation. This app is a tool that supports suspect case investigation and management, display of transmission chains, and contact tracing. PAHO continued to provide technical cooperation for further Go.Data implementation in the region.

Country

The team in **Argentina** presented the Go.Data tool to hospital managers in Buenos Aires to evaluate the relevance of the tool for the follow up of contacts of health care workers.

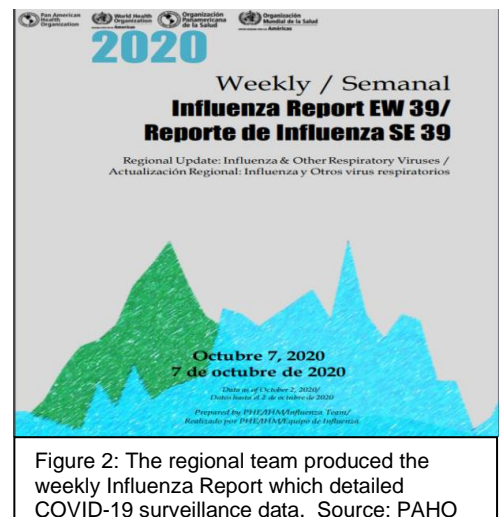


Figure 2: The regional team produced the weekly Influenza Report which detailed COVID-19 surveillance data. Source: PAHO

In **The Bahamas**, PAHO provided data management advice to the Ministry of Health to coordinate data entry of cases and contacts, and to standardize analysis and reporting. Similarly, PAHO **Brazil** supported national authorities to analyze data and prepare [epidemiological reports related to indigenous health](#). The team also trained surveillance agents in data analysis and in methods to improve the information system.



Points of Entry, International Travel, and Transport

Regional and country

PAHO collaborated with several civil aviation working groups regarding potential strategies for resuming non-essential travel. The regional team's guidance on [Resuming non-essential international travel in the context of the COVID-19 pandemic](#) continued to prove invaluable to countries in evaluating the requirement of testing before or after international travel as a measure to reduce the risk of importing COVID-19 cases.



National Laboratory

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 **6.73 million** reactions/tests. PAHO also provided approximately 312,000 swabs, sampling kits, enzymes for around 990,000 reactions, among other critical material.

PAHO delivered molecular detection material (extraction kits and reagents) to **Colombia**. Additionally, laboratory supplies (dry DNA) were sent to **Colombia, Mexico** and **Peru**.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding laboratory diagnostic to **Chile, Dominica, Grenada, Honduras, Peru, and Suriname**.

PAHO convened technical meetings with health authorities of **Ecuador** and **Venezuela** to discuss the implementation of the antigen-based platforms. In addition, PAHO trained laboratory technicians in **El Salvador** and **Jamaica** in the implementation of antigen-based rapid diagnostic tests.

The regional team published a technical note "SARS-CoV-2 genomic characterization and circulating variants in the Region of the Americas" ([link](#)), which reviewed basic information regarding the virus evolution process, and genetic groups distribution.



Infection Prevention and Control (IPC)

Regional

The regional team trained 25 health professionals of **The Bahamas** in IPC measures. This marked the penultimate session of the planned 12-session program to reinforce national capacities. PAHO also delivered a 3-part IPC training to **Saint Kitts and Nevis**. The first session targeted 100 customs and border workers; while the second and third targeted hospitality staff (100 and 75 participants respectively).

Country

PAHO led the development of an IPC training course which was delivered to 36 physicians and nurses in **The Bahamas**. The team also donated PPE to a local group to prevent and control possible infection.

Within the framework of **World Patient Safety Day**, PAHO **Peru** engaged in consultations to exchange experiences of stakeholders in general hospitals.



Figure 3: PAHO **Ecuador** trained operational personnel of the Ministry of Health centres in the Amazon in IPC and several other



Case Management

Regional

The sheer breadth of evidence on therapeutics can be daunting for health authorities seeking to formulate the best recommendations on case management. PAHO continued to maintain an updated document on **46 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.

Emergency medical teams (EMTs) are invaluable when a country's health system is stretched beyond its regular capacity. PAHO continued to support EMTs deployed to countries through its technical EMT Ignite webinars. This week, the webinar "Updates to the ventilation system in EMTs and alternative medical care sites (AMCS)" was delivered to 80 participants. Updated information on deployed EMTs and AMCS throughout the Americas is available at **PAHO's COVID-19 EMT Response** information hub at this [link](#).

In collaboration with the Office in **Belize**, the regional team delivered 2 webinars on clinical management. The first, "Management of heart disorders secondary to COVID 19" reached 169 participants, while the second, "Best practices in the management of obstetric patients with COVID-19" reached 220 participants.

Country

PAHO **Bolivia** trained 50 persons who worked in isolation centres in 2 Departments in measures to effectively manage COVID-19 cases. In addition, the team also trained UN personnel in biosecurity in the context of COVID-19 and the decrease in cases.

The team in **Panama** detailed to authorities the **WHO Global COVID-19 Clinical Data Platform** which hospitals in the country could utilize for clinical characterization and management of hospitalized patients.

PAHO **Belize** supported COVID-19 continuing medical education sessions of the Ministry of Health, covering topics such as: management of patients outside hospital settings, best practices in treatment of moderate, severe and critical patients, prognostic factors for severity and mortality in patients infected with COVID-19.



Figure 4: In **Ecuador**, PAHO and the Canadian Consulate donated goggles to the National Risk Management Service. Source: PAHO



Operational Support and Logistics

Regional and Country

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 for PPE, oxygen concentrators, in vitro diagnostics, and other goods, supplies, and equipment critical to the COVID-19 response in the Americas.

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. This has entailed reviewing technical specifications of procured goods, ensuring shipping documentation is correct for clearing goods through customs, and supporting countries with quality assurance issues.



Figure 5: The team in **Suriname** handed over IT equipment to the National Procurement Agency for Medicines and Medical Technologies' COVID-19 supplies team. Source: PAHO



Maintaining Essential Health Services during the Pandemic

Regional

The reorganization and expansion of services are critical to ensuring that health systems can adapt to needs arising from the COVID-19 pandemic while sustaining services critical for other health conditions.

This week, the regional team convened a technical consultation with national authorities in the region to analyze measures taken to maintain adequate blood supply during the pandemic. There were 32 participants from 17 countries in the region.

Country

During the week, PAHO country offices dedicated efforts to address the needs of pregnant women and mothers during the pandemic.

- In **Peru** PAHO and its counterparts prepared a joint document to address the prioritization of pregnant women in the reopening of primary care health services.
- PAHO **Mexico** held discussions with experts from the Latin American Centre for Perinatology to identify and review the intervention plan to contain maternal deaths and severe maternal morbidity due to COVID-19.
- The PAHO team in **Suriname** provided 2,500 brochures entitled “Informatiebrochure voor zwangeren en recent bevallen vrouwen” to the Ministry of Health. The brochures detailed relevant information on COVID-19 for women during the perinatal period, including expectations during antenatal visits and handling the baby after delivery and while breastfeeding.
- PAHO’s Office in **Argentina** participated in technical meetings with the regional team, other partners, and counterparts from Chile and Brazil to evaluate the protocol and details regarding the observational cohort study of pregnant women with COVID-19 in the country.



Figure 6: PAHO **Suriname** donated developed brochures to provide information for women needing health services during the perinatal period. Source: PAHO

development of the first version of a strategy proposal to promote health and well-being. In addition, the team participated in the presentation of a report on physical activity in the country during the pandemic.

The Office in **Belize** facilitated a webinar on strengthening the resolution capacity of the first level of care in the context of the COVID-19 response, and on navigating mental health for the reopening of schools.

The team in **Costa Rica** participated in a technical session on the “Impact of COVID-19 on Vector Control: Challenges and Opportunities” at the Global Health Conference of the Americas.

In **Argentina**, the team participated in the Working Group on Vaccines against SARS-CoV-2 of the NITAG and the national immunization program to plan the vaccination of priority groups once the COVID-19 vaccine is achieved.



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. The database has been visited over 360,000 times.

During the week, the regional team supported **Honduras** in advancing a national research ethics policy to address the increased number of research activities during COVID-19, and in ensuring that they are conducted ethically. Similarly, the team helped **Guatemala** to revise a draft of its national research ethics policy to ensure that it addressed the need for rapid ethics review and enhanced transparency of COVID-19 research.

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 serioepidemiologic study, **SOLIDARITY II**, to study the prevalence of the virus.



PAHO/WHO's COVID-19 response was made possible in part due to generous contributions and in-kind donations from the governments of Belize, Canada, Japan, New Zealand, South Korea, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Venezuela, as well as the Caribbean Development Bank, the Caribbean Confederation of Credit Unions, Corporación Andina de Fomento – Banco de Desarrollo de América Latina, Direct Relief, the European Union, Fundación Yamuni Tabush, the Inter-American Development Bank, the World Bank Group, World Food Program, the UN Central Emergency Response Fund, the UN Development Fund, the UN Multi-Partner Trust Fund, the United Nations Office for South-South Cooperation, the World Health Organization and its donors, other small contributions, and to the invaluable collaboration from our partners within the Americas and beyond.

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 14 October 2020, PAHO received US\$165 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

 <p>PAHO Epidemiological Alert Recurring waves and outbreaks of COVID-19 9 October 2020</p>	<p>Epidemiological Alert: Recurring waves and outbreaks of COVID-19 [link] Published: 9 October 2020</p> <p>In April 2020, the World Health Organization (WHO) alerted on the occurrence of recurrent waves and outbreak, of greater or lesser magnitude, during the evolution of the COVID-19 pandemic. This situation is observing in some areas within and outside the Region of the Americas. Through this Epidemiological Alert, PAHO urges Member States to prepare and implement action plans to face a rapid resurgence in cases while maintaining efforts to detect, diagnose, and manage cases at all levels of care.</p>
 <p>PAHO Technical Note: SARS-CoV-2 genomic characterization and circulating variants in the Region of the Americas 9 October 2020</p>	<p>Technical Note: SARS-CoV-2 genomic characterization and circulating variants in the Region of the Americas [link] Published: 9 October 2020</p> <p>Key considerations. While mutations of the SARS-CoV-2 (the etiological agent of COVID-19) have been reported in the literature and media, they remain within the expected patterns for a coronavirus. Evidence indicates that the SARS-CoV-2 variants identified to date have a much lesser influence, if any at all, on the transmissibility and severity of COVID-19 than other risk factors, such as age or underlying conditions.</p>

GAPS	CHALLENGES
<ul style="list-style-type: none"> • Surveillance systems: More capacity-building and equipment for analysis. • Information systems: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality. • Strategic planning and response: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans. • Laboratory test kits and equipment: National laboratories need more extraction kits and other supplies to keep testing. • IPC supplies: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE. • Health facility evaluations: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH). • 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. • Risk communications: Key messages must be tailored to each country's context to resonate with intended audiences. • 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. • Intensive care units: More ICUs will be needed to manage anticipated severe cases. • Migrant access to health services: Countries are assessing how to serve these populations and better manage outbreaks. • Private sector coordination: This is essential to ensure national protocols are followed. 	<ul style="list-style-type: none"> • 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. • Competitive marketplace: Countries and organizations are competing for limited supplies due to global shortages of PPE and other items. • 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. • Infected healthcare workers: Infected health workers who are sick or quarantined will strain health systems. • Test availability: Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses. • Health workforce limitations: Insufficient human resources hamper countries' efforts to conduct contact tracing and manage patients in quarantine. • Risk Communication: The risk perception is still low in some countries/territories. • Telephone referral systems: Some countries are reporting overwhelming call volumes. • Logistics systems: Many countries are still unprepared to manage the distribution of supplies and equipment. • Continuity in other health services: The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs). • Stigma: Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.