

COVID-19

PAHO/WHO Response. 19 October 2020. Report ° 30

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 19 October (15:00)

18,800,094

Confirmed cases

608,727

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

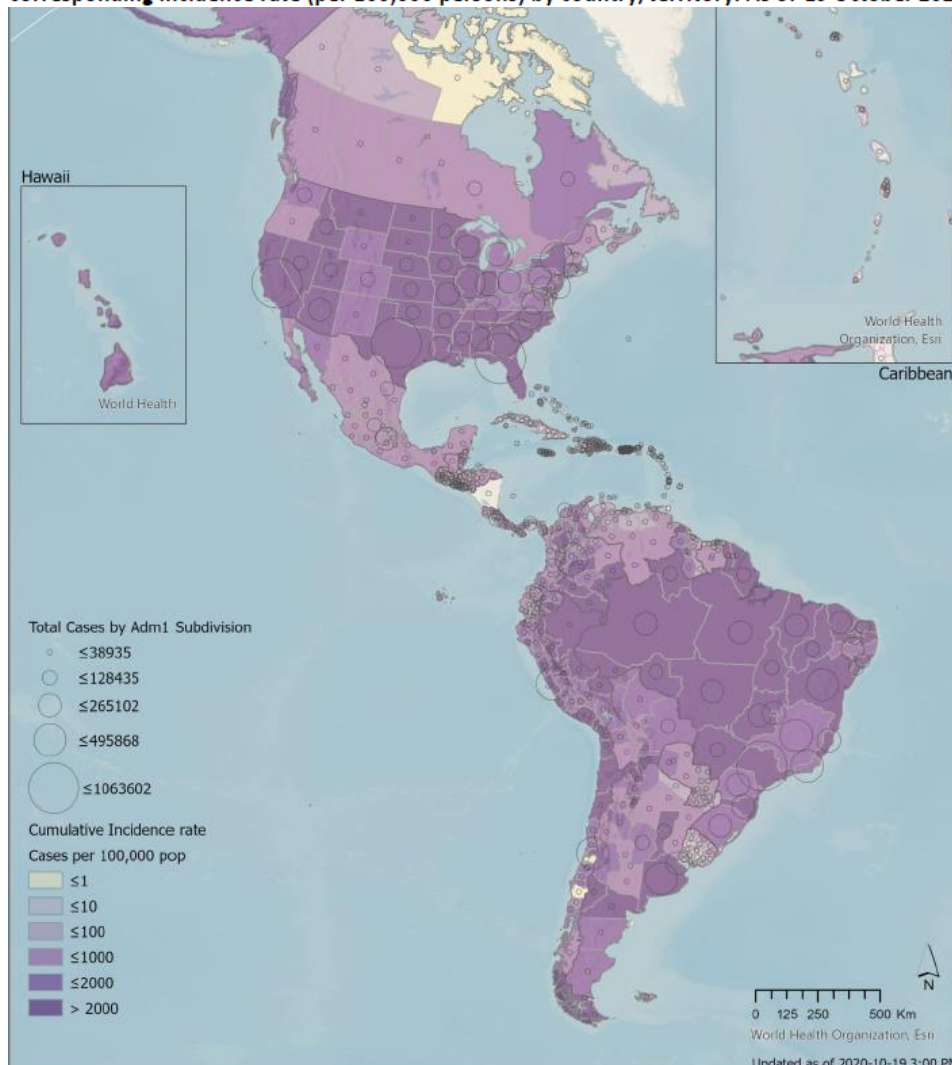


Operational Support and Logistics



Maintaining Essential Health Services during the Pandemic

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 19 October 2020

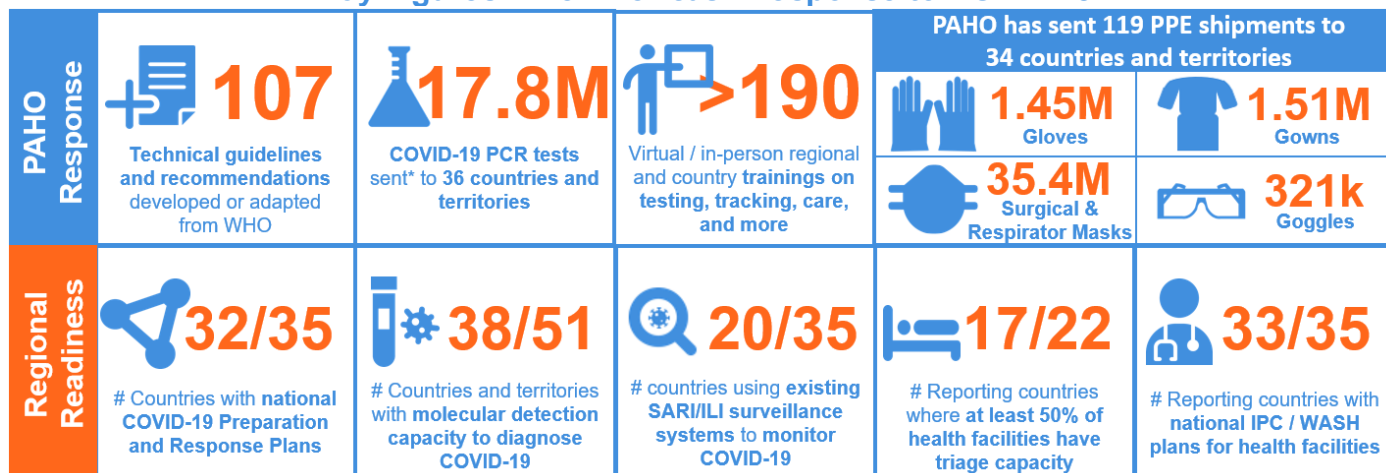


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[Link to PAHO's technical and epidemiological reports, guidance, and recommendations](#)

[Link to global operational situation reports](#)

Key Figures: The Americas' Response to COVID-19



PAHO/WHO Response (13 to 19 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 coordinate and monitor 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 278 reports available in its COVID-19 section.



Figure 1: PAHO assessed long-term care facilities in Suriname to provide recommendations on the care of older persons. Source: PAHO, 12 October 2020

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. PAHO 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, PPE, and other items to provide the most 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](#)).

PAHO developed a **Virtual Course on Assessment, Selection, Rational Use and Management of Health Technologies in the context of COVID-19** (26 October 2020 to 30 June 2021) which is tailored to Caribbean health personnel.

Dominica and **Saint Vincent and the Grenadines** received PAHO guidance on evaluating medical devices necessary to care for patients with COVID-19.

PAHO worked with **Bolivian** regulatory authorities to provide support on regulating personal protective equipment (PPE) to ensure the quality of these items for protecting health workers.

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 [remarked](#) on the complexities of the pandemic in different parts of the Americas while noting that PAHO's Strategic Supply Fund would make available a new diagnostic test that could be performed anywhere without overburdening the Region's laboratories. Countries were reminded that the Region must continue to adhere to public health measures to prevent the spread of the virus, test and isolate cases and trace their contacts to prevent new infections, and allow data to underpin actions to prevent any new cases from spreading out of control.



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 SAR/ILI systems. Recent PAHO technical cooperation focused on using influenza sentinel surveillance to monitor COVID-19 cases, boost contact tracing, and coordinate COVID-19 Unity studies.

PAHO also published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators ([available here](#)).

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and **23** are already or working towards implementing it. The Go.Data 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.

Argentina's Department of Cordoba and **CARICOM** received PAHO's support to develop profiles that compared COVID-19 cases, trends, and risks considering data on non-communicable diseases (NCDs) and COVID-19.



Figure 2: PAHO delivered a seminar on mental health during the COVID-19 pandemic to health personnel and partners in Panama. Source: PAHO, 13 October 2020

Country

The Ministry of Health (MOH) of **The Bahamas** received PAHO support with data management, specifically in the coordination of data entry for cases, contacts, and laboratory tests, as well as with the standardization of analysis and reporting.

In **Chile**, PAHO worked with the national epidemiology team to present preliminary results from a model that investigated underlying health conditions and risks for severe COVID-19.

Points of Entry, International Travel, and Transport

Regional and country

In **Mexico**, PAHO shared recommendations and considerations with national and state-level health authorities for the resumption of non-essential international air traffic considering the risks of COVID-19 infection and additional spread.

PAHO shared guidance for a risk mitigation strategy for resuming non-essential travel with health authorities in **Colombia**.

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, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to laboratories across the Americas.

Jamaica, Suriname, and Venezuela received training from PAHO on the roll-out of a COVID-19 antigen-

based rapid diagnostic test.

PAHO published the technical note “**SARS-CoV-2 genomic characterization and circulating variants in the Region of the Americas,**” which **presented** basic information regarding the SARS-CoV-2 evolution process and genetic groups distribution.

Country

In **Mexico**, PAHO shared updates on new SARS-CoV-2 diagnostic tests with UN agencies operating in the country and worked with UNICEF and UNESCO to devise strategies to support the country as it worked to reopen schools.

Multiple health stakeholders and partners in **Suriname** received information from PAHO on the future use of the antigen-based rapid diagnostic tests (RDTs). This was accompanied by updates on the epidemiological context, general considerations for the implementation, fundamentals of the assays and infection dynamics, proposed algorithms, and technical considerations for their use in the field.



Infection Prevention and Control (IPC)

Regional

The regional team provided **The Bahamas** with training on IPC (25 trained). In **Saint Kitts and Nevis**, PAHO trained 100 participants in IPC considerations at customs and borders, and 100 and 75 respectively at its first and second sessions on IPC for hospitality staff.

Country

In **Suriname**, PAHO led the meeting with the country’s Medical Mission to discuss waste management solutions in two rural communities that it supported in the country’s interior. Additionally, PAHO assessed five long-term care facilities for older persons to identify how to protect both workers and persons living in these institutions.



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 (including highlights in Spanish). 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.

PAHO conducted two webinars on the management of heart disorders secondary to COVID-19 (169 participants) and best practices in the management of obstetric patients with COVID-19 (220 participants) for national health authorities from **Belize**.



Figure 3: PAHO donated oxygen concentrators in Suriname and provided guidance on their use. Source: PAHO, October 2020

The Organization worked with eleven countries to date, particularly **Brazil** and the **Dominican Republic** this week, to promote the WHO Global COVID-19 Clinical Data Platform for clinical characterization and

management of hospitalized patients with suspected or confirmed COVID-19. This is part of a global strategy to gain a clearer understanding of the severity, clinical features, and prognostic factors of COVID-19.

Emergency medical teams (EMTs) are invaluable when a country's health system is stretched beyond its regular capacity. **Peru** continued to receive PAHO support to integrate an ambulance model into the SISMED911. This free software facilitates the timely delivery of services to people affected by an adverse situation, monitors resources and their availability, and coordinates the various participating components and entities, for integration into the country's national prehospital EMS.

Updated information on deployed EMTs and AMCS throughout the Americas remained available at **PAHO's COVID-19 EMT Response** information hub at this [link](#). PAHO held a coordination meeting with WHO's EMT Global Secretariat to establish a process for initiating a new version of the "Blue Book" (Classification and Minimum Standards for EMTs) and COVID-19 recommendations for EMTs.

During the week, the regional team convened another EMT Ignite technical webinar on "Updates to the ventilation system in EMTs and AMCS", which reached 80 participants. Additionally, PAHO held a technical consultation with stakeholders in **Bolivia** to update on the raging wildfires and the COVID-19 response, and to troubleshoot an action plan to train EMT Type 1 mobile at national level.

Country

In **Panama**, PAHO organized a series of three virtual events aimed at strengthening primary care and providing resources for health professionals, which a focus on care for older persons and sensitizing health professionals about the need to acquire new skills associated with aging and providing care during the pandemic.



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 personal protection equipment (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.

Bolivia and **Trinidad and Tobago** received PAHO guidance on quality assurance considerations for procuring respirator masks and the use of cloth masks at the community level. Meanwhile, PAHO worked with **Bolivia**, **Guyana**, **Suriname**, and **Venezuela** with support to conduct post-market surveillance for IVDs.

Oxygen concentrators were delivered to **Bolivia**, **Guyana**, **Jamaica**, **Paraguay**, **Peru**, and **Suriname**, and PPE kits were sent to **Colombia**, **Grenada**, **Haiti**, **Saint Lucia**, and **Venezuela**.



Maintaining Essential Health Services during the Pandemic

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 met with heads of Latin America's **blood programs** to analyze measures taken to maintain the blood supply during the pandemic. It was attended by 32 representatives from 17 countries.

Country

PAHO supported **Panama's** Ministry of Health to conduct a virtual discussion on investing in mental health, with a focus on primary health care workers and community health workers, Ministries of Health, health regulatory agencies, professional societies, and the general public. It sought to raise awareness of mental health issues around the world and mobilize efforts in support of mental health.

In **Mexico**, PAHO met with health authorities to strengthen integrated health services networks in the country to ensure that a holistic approach was being employed to manage the effect of the pandemic.

Costa Rica received PAHO support to formulate a strategy to boost community participation towards managing the COVID-19 pandemic, with a focus on primary healthcare. The shires of Desamparados, Tibás, Goicoechea, and Corredores were selected for this effort.



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.

Argentina received continued PAHO technical support to map out ongoing research on COVID-19. PAHO provided technical support to **Guatemala** and **Honduras** on ethical considerations relevant to ongoing research related to COVID-19 as well as other areas related to its response to the pandemic.

Guatemala received PAHO recommendations on its ongoing national research ethics policy, with a focus on ensuring that it includes critical ethical consideration for emergency research. Meanwhile, PAHO presented on the Monitored Emergency Use of Unregistered Interventions (MEURI) framework at a regional bioethics training event held by the **Chilean** Universidad del Desarrollo (UDD) - Clínica Alemana (a WHO Collaborating Center on bioethics).

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. **Belize, Paraguay, and Trinidad and Tobago** received tailored support this week on the trial focused on therapeutics. 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 19 October 2020, PAHO received US\$156 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>Epidemiological Update: Coronavirus disease (COVID-19) - 15 October 2020 [link] Published: 15 October 2020</p> <p>This update includes epidemiological data from the global and regional level, with highlights on COVID-19 and pregnancy, among indigenous populations, Multisystem inflammatory syndrome (MIS) in children and adolescents temporally related to COVID-19, as well as guidance and recommendations for national authorities.</p>
	<p>Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews. Rapid Review [link] Published: 13 October 2020</p> <p>This is the ninth edition of this summary of rapid systematic reviews, which includes the results of a rapid systematic review of currently available literature. More than 200 therapeutic options or their combinations are being investigated in more than 1,700 clinical trials. In this review, 46 therapeutic options are examined. PAHO is continually monitoring ongoing research on any possible therapeutic options. As evidence emerges, PAHO will immediately assess and update its position, and particularly as it applies to any special sub-group populations such as children, expectant mothers, those with immune conditions, etc.</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.