



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
AMERICAS

# Epidemiological Update Coronavirus disease (COVID-19)

11 December 2020

## Context

On 31 December 2019, the People's Republic of China notified a cluster of pneumonia cases with unknown etiology, later identified on 9 January 2020 as a novel coronavirus by the Chinese Center for Disease Control and Prevention. On 30 January 2020, the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern (PHEIC). On 11 February 2020, WHO named the disease "coronavirus disease 2019 (COVID-19)," and the International Committee on Taxonomy of Viruses (ICTV) named the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)." On 11 March 2020, COVID-19 was declared a pandemic by the WHO Director-General, and on 31 July 2020, the WHO Director-General accepted the advice of the Emergency Committee, declaring that the COVID-19 pandemic continues to constitute a PHEIC, and issuing the temporary recommendations to States Parties under the International Health Regulations (IHR) (2005).<sup>1</sup> On 9 July 2020, the WHO Director-General announced the launch of the Independent Panel for Pandemic Preparedness and Response (IPPR), which will independently and comprehensively assess the lessons learned from the international health response to COVID-19.<sup>2</sup>

## Global Situation Summary

Since the first confirmed cases of COVID-19 until 10 December 2020, a cumulative total of 68,165,877 confirmed cases of COVID-19 have been reported globally, including 1,557,385 deaths, representing a total of 18,587,287 additional confirmed cases and 311,668 additional deaths, since the last PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup> published on 9 November 2020.

As of 10 December 2020, of the global total, WHO Region of the Americas and the WHO European Region, represent 73% of the total confirmed cases and 79% of the total deaths. The Region of the Americas represents 43% (29,139,394) of the total confirmed cases and 49% (760,908) of the total deaths and the European Region represents 31% (20,869,839) of the total cases and 30% (462,615) of the total deaths.

<sup>1</sup> Statement on the fourth meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of coronavirus disease (COVID-19). Available at: <https://bit.ly/3li7iOx>

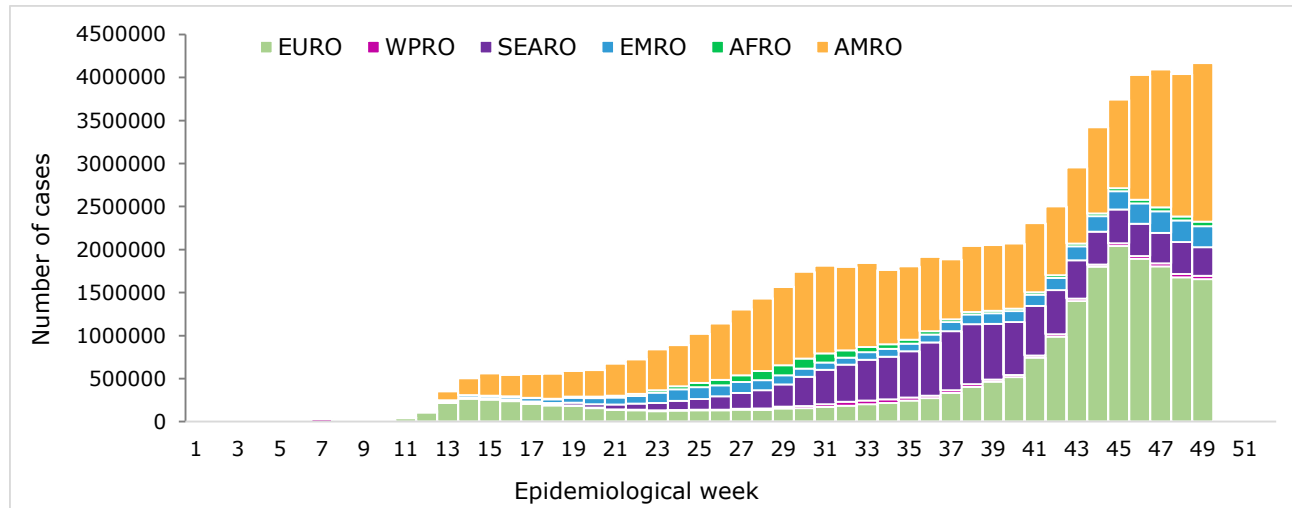
<sup>2</sup> Independent evaluation of global COVID-19 response announced. Available at: <https://bit.ly/31hLJWp>

<sup>3</sup> PAHO/WHO. Epidemiological Update: Coronavirus disease (COVID-19). 9 November 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/3m7i5uf>

**Suggested citation:** Pan American Health Organization / World Health Organization. Epidemiological Update: Coronavirus disease (COVID-19). 11 December 2020, Washington, D.C.: PAHO/WHO; 2020

Since the 9 November 2020 PAHO/WHO Epidemiological Update on COVID-19,<sup>3</sup> the European Region has the highest relative increase in cases and deaths, with 7,734,291 additional cases (37%) including 151,279 deaths (33%) (**Figure 1**).

**Figure 1.** Distribution of COVID-19 cumulative confirmed cases by WHO Region and epidemiological week (EW). EW 1 – 49 of 2020.



**WHO Regional Offices:** AMRO: Americas Regional Office; SEARO: South East Asia Regional Office; EURO: European Regional Office; EMRO: Eastern Mediterranean Regional Office; AFRO: Africa Regional Office; WPRO: Western Pacific Regional Office

**Source:** WHO Coronavirus Disease (COVID-19) Dashboard. Data as of 10 December 2020. Available at: <https://covid19.who.int>. Accessed 10 December 2020.

## Situation Summary in the Region of the Americas

All 56 countries and territories in the Region of the Americas have reported COVID-19 cases and deaths.<sup>4</sup> Since the 9 November 2020 PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup> and as of 9 December 2020, 592,561 additional confirmed cases of COVID-19, including 54,832 deaths, have been reported in the Region of the Americas, representing a 14.3% increase in cases and a 8.5% increase in deaths.

In the last 7 weeks (between 29 October and 9 December), a relative increase was observed, both in the number of cases and number of deaths across all subregions (**Figures 2 and 3**). The highest increase was observed in the North America subregion<sup>5</sup>, with 6,698,515 additional cases, including 81,262 additional deaths, representing a relative increase of 40% and 20%, respectively. The relative increases reported for the remaining subregions are a 23% increase in cases and a 17% increase in deaths in the Central America subregion<sup>6</sup>, an 18% increase in cases and a 13% increase in deaths in the South America subregion<sup>7</sup>, and a 12% increase in cases and

<sup>4</sup> Updated information on COVID-19, including situation reports, weekly press briefings, and the COVID-19 information system for the Region of the Americas is available at: <https://bit.ly/3kviqPD>. Note, as of 11 November 2020, the previously aggregated Bonaire, Saba and Sint Eustatius are presented separately in the table, increasing the number of countries and territories from 54 to 56.

<sup>5</sup> Canada, Mexico, and the United States of America

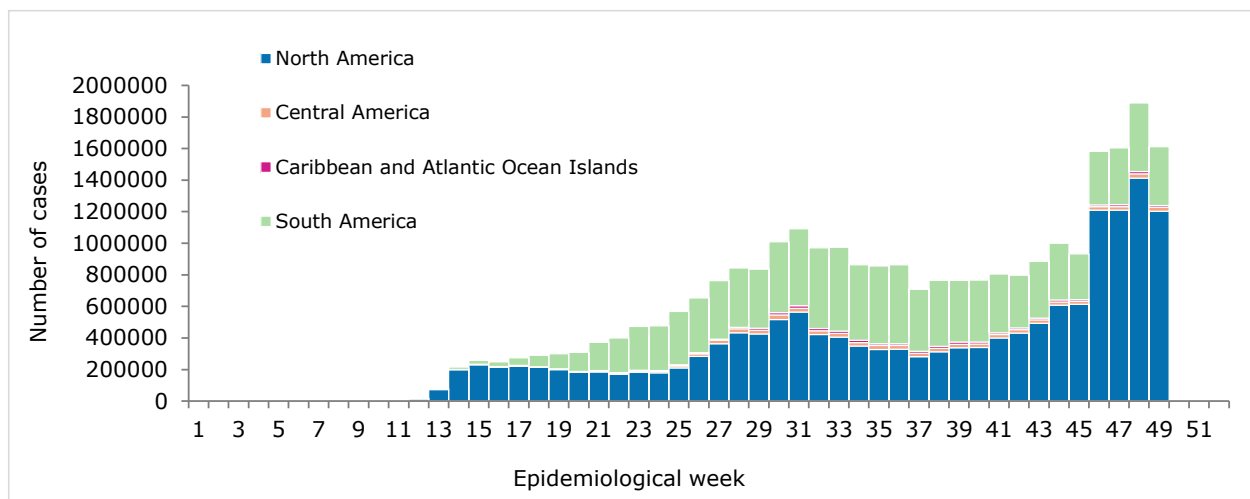
<sup>6</sup> Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama

<sup>7</sup> Argentina, the Plurinational State of Bolivia, Brazil, Colombia, Ecuador, Paraguay, Peru, and the Bolivarian Republic of Venezuela

a 14% increase in deaths in the Caribbean and the Atlantic Ocean Islands subregion<sup>8</sup>.

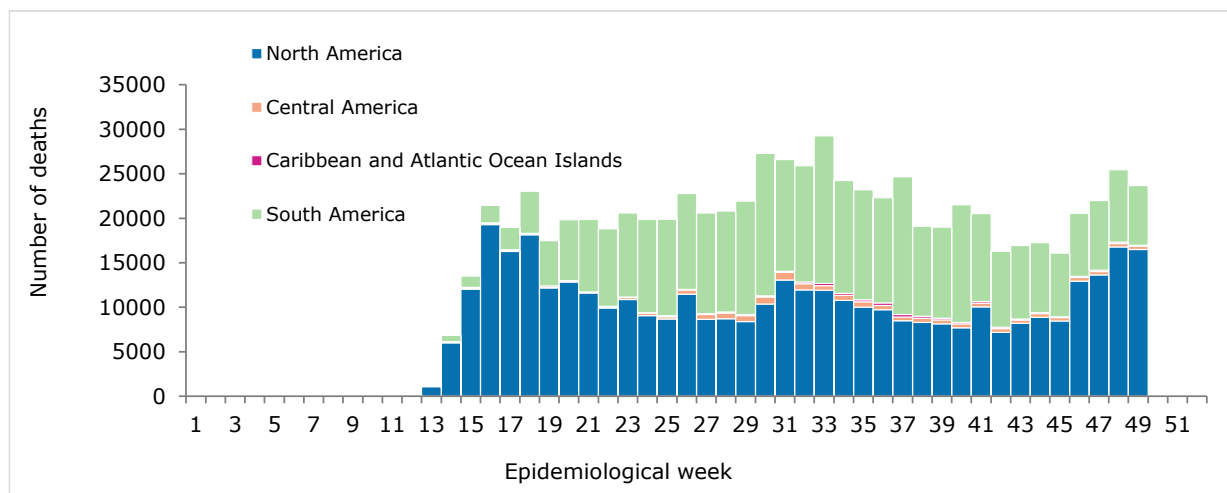
Over the same 7 weeks (between 29 October and 9 December), a relative increase in confirmed cases greater than 50% (range 51.0% to 72%) was observed in Anguilla, Belize, Curacao, Dominica, and Saint Lucia. With respect to deaths, a relative increase of  $\geq 50\%$  (range 50.0% to 100%) was observed in Belize, the Cayman Islands, and Saint Lucia.

**Figure 2.** Distribution of confirmed cases of COVID-19, by epidemiological week (EW) and subregion. Region of the Americas. EW 1 to EW 49 of 2020.



**Source:** Information shared by the International Health Regulations (IHR) National Focal Points (NFP) or published on the websites of the Ministries of Health, Health Agencies or similar and reproduced by PAHO/WHO.

**Figure 3.** Distribution of confirmed COVID-19 deaths, by epidemiological week (EW) and subregion. Region of the Americas. EW 1 to EW 49 of 2020.



**Source:** Information shared by the International Health Regulations (IHR) National Focal Points (NFP) or published on the websites of the Ministries of Health, Health Agencies or similar and reproduced by PAHO/WHO.

<sup>8</sup> Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Bermuda, Bonaire, the British Virgin Islands, the Cayman Islands, Cuba, Curacao, Dominica, the Dominican Republic, the Falkland Islands, French Guiana, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saba, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Pierre and Miquelon, Saint Vincent and the Grenadines, Sint Eustatius, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, and the U.S. Virgin Islands

## Epidemiological Highlights

### I. COVID-19 among older adults (≥ 60 years of age)

The demographic transition observed in 1995 in the Region of the Americas continues, from a young population to an aging population, with differences in each subregion.<sup>9</sup>

In a study published by PAHO/WHO in 2017, the population aged ≥ 60 years was projected to reach 18.6% of the total population of the Americas in 2025 and in at least ten countries/territories (Suriname, Barbados, Canada, Chile, Cuba, the United States of America, Guadeloupe, Martinique, Puerto Rico, and Uruguay), the population > 60-years will be higher than the population < 15-years. In Cuba, for example, there would be almost two adults for every child under the age of 15 (183 adults for every 100 children).<sup>10</sup>

A preliminary analysis of the number of cases and deaths of COVID-19 among the population ≥ 60-years shows that, in this age group, regardless of the percentage contribution it represents in each country, the mortality rates are above the mortality rates for the ≤ 59-years group; accordingly, if this trend continues, it could impact the composition of the population in the region in the coming years.

Data are presented below for countries for which information was available. **(Table 1).**

**Table 1.** Proportion of population, cases, deaths, and specific mortality rates in older adults (≥60 years of age). Region of the Americas. 1 January to 10 December\* 2020

Indicator	Age group	Canada	Chile	Colombia	Cuba	Mexico	Peru
% General population	≤ 59 años	75	83	86	79	89	87
	≥60 años	25	17	14	21	11	13
% Cases	≤ 59 años	76	84	85	83	81	82
	≥60 años	24	16	15	17	19	18
% Deaths	≤ 59 años	3	16	23	20	38	30
	≥60 años	97	84	77	80	62	70
Age-specific mortality rate per 1 million pop.	≤ 59 años	15.5	147.6	199.5	3.0	373.0	364.2
	≥60 años	1,317.9	3,777.7	4,303.8	45.3	4,689.0	5,924.8

**Table Notes:**

\*10 December corresponds to the date of the most recent report; there may be differences in the dates that each country provided the last report to PAHO/WHO or published the report. Preliminary data subject to change based on retrospective investigation.

The population data used was obtained from the United Nations population projections for the year 2020. Available at: <https://bit.ly/2K3RaC2>.

**Source:** Data provided by the International Health Regulations National Focal Points or published by the Ministries of Health, Institutes of Health, Agencies of Health<sup>11</sup>, or similar and reproduced by PAHO/WHO.

Among the six countries analyzed, Canada and Cuba had the highest proportions of elderly population with 25% and 21% respectively. In all six countries, the proportion of COVID-19 cases

<sup>9</sup> Core Indicators 2019: Health Trends in the Americas. Available at: <https://bit.ly/2ZNU1nD>

<sup>10</sup> PAHO/WHO Health Status of the Population. Health of the elderly. Available at: <https://bit.ly/394Pov9>

<sup>11</sup> Number of cases and deaths in Canada available at: <https://bit.ly/378LTV>

in older adults is similar, close to 20%: in contrast, older adults account for > 70% of deaths, except for Mexico and Peru. In reviewing the specific mortality rates, in all six countries the ≥ 60-years age group had rates that were between 13 and 85 times higher than the ≤ 59-years age group.

## II. COVID-19 during pregnancy

Almost a year since the notification of the first COVID-19 cases in the world, the complete impact of the SARS-CoV-2 infection on pregnancy remains unknown. However, some studies conducted in the United States of America offer information worth considering:

- It has been observed that pregnant women have a higher risk of developing severe forms of COVID-19, compared to non-pregnant women.<sup>12</sup>
- Among 3,912 infants with known gestational age born to women with SARS-CoV-2 infection, 12.9% were preterm (<37 weeks), higher than a national estimate of 10.2%. Among 610 (21.3%) infants with testing results, 2.6% had positive SARS-CoV-2 results, primarily those born to women with infection at delivery<sup>13</sup>

Since the first reported cases of COVID-19 in the Americas and until 10 December 2020, 120,951 pregnant women positive for SARS-CoV-2 were reported, including 697 deaths (1%), in 18 countries/territories for which information was available (**Table 2**). This represents an increase of 22,184 new cases and 148 new deaths compared to the data in the 9 November 2020 PAHO/WHO Epidemiological Update<sup>3</sup>; a relative increase in confirmed cases greater than 50% (range 56% to 62%) was observed in Belize, Bolivia, and Uruguay.

---

<sup>12</sup> Zambrano LD, Ellington S, Strid P, et al. Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–October 3, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1641–1647. DOI: <http://dx.doi.org/10.15585/mmwr.mm6944e3>

<sup>13</sup> Woodworth KR, Olsen EO, Neelam V, Lewis EL, Galang RR, Oduyebo T, Aveni K, Yazdy MM, Harvey E, Longcore ND, Barton J, Fussman C, Siebman S, Lush M, Patrick PH, Halai UA, Valencia-Prado M, Orkis L, Sowunmi S, Schlosser L, Khuwaja S, Read JS, Hall AJ, Meaney-Delman D, Ellington SR, Gilboa SM, Tong VT; CDC COVID-19 Response Pregnancy and Infant Linked Outcomes Team; COVID-19 Pregnancy and Infant Linked Outcomes Team (PILOT). Birth and Infant Outcomes Following Laboratory-Confirmed SARS-CoV-2 Infection in Pregnancy - SET-NET, 16 Jurisdictions, March 29-October 14, 2020. *MMWR Morb Mortal Wkly Rep.* 2020 Nov 6;69(44):1635-1640. doi: 10.15585/mmwr.mm6944e2. PMID: 33151917; PMCID: PMC7643898.

**Table 2.** Number of pregnant women positives for SARS-CoV-2 and deaths, and the maternal mortality ratio (MMR), by country. Region of the Americas. 1 January to 10 December\* 2020.

Country	Number of pregnant women positives for SARS-CoV-2	Number of deaths among pregnant women positives for SARS-CoV-2	Maternal Mortality Ratio‡
Argentina	6,837	31	4.1
Bolivia	891	25	10.1
Belize	103	2	25.0
Brazil	4,384	231	8.0
Chile	7,434	1	0.4
Colombia	5,138	47	6.4
Costa Rica	286	3	7.8
Dominican Republic	295	19	9.2
Ecuador	1,437	24	6.8
Guatemala**	501	5	1.0
Haiti	76	4	1.5
Mexico&	8,742	180	9.6
Panama&**	903	4	5.5
Paraguay	501	1	0.7
Perú&	39,046	59	10.3
United States of America	44,183	57	N/A
Uruguay	45	0	0.0
Venezuela**	149	4	0.8
<b>Total</b>	<b>120,951</b>	<b>697</b>	

**Table Notes:**

N/A = Data not available

\*10 December corresponds to the date of the most recent report; there may be differences in the dates that each country provided the last report to PAHO/WHO or published the report. Preliminary data subject to change based on retrospective investigation.

\*\* No update since the 9 November 2020 PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup>

& Corresponds to pregnant and postpartum women

‡ Corresponds to the maternal mortality ratio for COVID-19 among this group of women, per 100,000 live births. The number of live births was obtained from the 2019 PAHO/WHO Core Indicators: Health Trends in the Americas, available at: <https://bit.ly/2RvaMzD>

**Sources:** Latin American Center for Perinatology/Women's Health and Reproductive Health (CLAP/SMR) and information shared with PAHO/WHO by International Health Regulations National Focal Points or published on the websites of the Ministries of Health, health agencies, or similar and reproduced by PAHO/WHO.

The following is a summary of the epidemiological situation of COVID-19 among pregnant women in select countries for which updated information is available.

In **Brazil**, between 16 February and 28 November 2020, 9,411 pregnant women were hospitalized with severe acute respiratory infection (SARI), of which 4,384 were confirmed for COVID-19, including 231 deaths.

Regarding the distribution by age group of pregnant women with COVID-19, the age groups 20 to 29 years old and 30 to 39 years old accounted for most of the cases (82%), contributing 1,831 cases in pregnant women and 1,748 cases in pregnant women, respectively.

Regarding gestational age, the majority (62%, 2,735 pregnant women) were in the third trimester. When analyzing the deaths among pregnant women, the majority (57%, 131 deaths) occurred during the third trimester and 46% (106 deaths) were between 30 and 39 years old.<sup>14</sup>

In **Uruguay**, since the confirmation of the first cases of COVID-19 in the country<sup>15</sup> until 30 November 2020, 45 positive cases for SARS-CoV-2 were reported among pregnant women. During the same period, no deaths were reported among this population group, and one of the pregnant women was hospitalized with a moderate care. As of 30 November, of the 45 pregnant women, 32 had recovered and 13 were active cases.

### **Pregnancy among adolescents**

According to estimates from the United Nations Population Fund (UNFPA) on the magnitude of the impact of the COVID-19 pandemic in low- and middle-income countries, between 13 and 51 million women would have access difficulties to modern contraceptives due to social distancing measures.<sup>16</sup>

Another estimate, made by the Guttmacher Institute, indicates 218 million women in low- and middle-income countries (LMICs) have an unmet need for modern contraception. In the 132 countries studied, the need is disproportionately higher in adolescents aged 15-19 years who want to avoid pregnancy (43% compared to 24% in all women aged 15-49 years). We know the ability to fully meet the needs for sexual and reproductive health services would result in immense benefits, including a nearly two-thirds reduction in unintended pregnancies, unsafe abortions, and maternal deaths. The commitment of governments to the provision of these essential services for all women is critical to preserve sexual and reproductive rights during and after the COVID-19 pandemic.<sup>17</sup>

Another analysis carried out by UNFPA indicates that COVID-19 represents a setback of at least five years in terms of the achievements of the Specific Adolescent Fertility Rate in Latin America and the Caribbean, increasing from 61 to 65 live births per thousand adolescents between the ages of 15 to 19 years old. In the most conservative scenario, the impact would be equivalent to a four-year setback and, in the most extreme scenario, an eight-year setback.<sup>18</sup>

When considering the impact of COVID-19 on unplanned teenage pregnancy, it is also important to bear in mind that:

---

<sup>14</sup> Brazil Ministry of Health. Special epidemiological bulletin. COVID-19 coronavirus disease. Epidemiological week 48. Available at: <https://bit.ly/39QJNsq>

<sup>15</sup> 13 March 2020

<sup>16</sup> United Nations Population Fund. The impact of covid-19 on access to contraceptives in Latin America and the Caribbean. Available at: <https://bit.ly/36Uluq2>

<sup>17</sup> Guttmacher Institute. Provision of essential sexual and reproductive health services would reduce unintended pregnancies, unsafe abortions and maternal deaths by about two-thirds. Available at: <https://bit.ly/2KfJ1dJ>

<sup>18</sup> United Nations Population Fund. Socioeconomic consequences of adolescent pregnancy in six Latin American countries. Available at: <https://bit.ly/33Ya2JM>

- Each year, some 16 million adolescents aged 15-19 years and approximately 1 million girls under the age of 15 years give birth, the majority in low and middle-income countries.<sup>19</sup>
- The estimated number of unintentional pregnancies in adolescents aged 15-19 years in Latin America and the Caribbean (LAC) in 2019 was 2,115,000.<sup>20</sup>
- An estimated 1,958,000 adolescent women aged 15-19 years in LAC had unmet needs for modern contraceptives in 2019.<sup>21</sup>
- Surveys carried out in several countries show disproportionate early pregnancy burdens among girls with lower educational levels, households in the lowest wealth quintiles, and indigenous and Afro-descendant populations.<sup>22</sup>
- Complications during pregnancy and childbirth are the second leading cause of death among adolescent girls aged 15-19 years worldwide.<sup>19</sup>
- Children of adolescent mothers face a considerably higher risk of dying than those born to women between the ages of 20 and 24 years.<sup>19</sup>

It is necessary to continue monitoring this vulnerable population, to:

- detect any unusual presentation of COVID-19 in a timely manner, either in adolescent mothers or in their newborns, and
- the impact caused by the disruption of health services.

### III. COVID-19 among indigenous populations

Since the first confirmed cases of COVID-19 in the Region of the Americas and as of 10 December 2020, there have been 237,363 confirmed cases of COVID-19, including 3,948 deaths, reported among indigenous populations in 14 countries in the Region of the Americas for which information was available (**Table 3**). Compared to the data in the 9 November 2020 PAHO/WHO Epidemiological Update<sup>3</sup> this represents an increase of 50,268 confirmed cases including 376 deaths. The largest relative increase<sup>23</sup> in cases and deaths occurred in Canada.

---

<sup>19</sup> WHO. Pregnancy in adolescence. Available at: <https://bit.ly/37Gefmw>

<sup>20</sup> Sully EA et al. Adding it up: investing in sexual and reproductive health. Guttmacher Institute; 2020. Available at: <https://doi.org/10.1363/2020.31593>

<sup>21</sup> <sup>21</sup> Liang M. et al. The state of adolescent sexual and reproductive health. Journal of Adolescent Health 2019;65(6): S3-S15. Available at: <https://bit.ly/3oD9r8j>

<sup>22</sup> PAHO/WHO. The health of adolescents and youth in the region of the Americas. Available at: <https://bit.ly/2W0NFPB>

<sup>23</sup> Considering countries for which information was available.



**Table 3.** Confirmed cases of COVID-19 and deaths among indigenous populations in the Region of the Americas. 1 January to 10 December\* 2020.

Country	Number of confirmed cases of COVID-19	Number of deaths
Bolivia	3,485	151
Brazil	35,431	496
Canada	5,200	45
Colombia	26,505	865
Ecuador	3,180	104
Guatemala**	14,316	321
Guyana**	95	6
Mexico	12,031	1,737
Panama**	2,841	53
Paraguay	251	24
Peru	19,204	100
Suriname**	424	12
United States of America	113,539	N/A
Venezuela	861	34
<b>Total</b>	<b>237,363</b>	<b>3,948</b>

**Table Notes:**

N/A: data not available

\*10 December corresponds to the date of the most recent report; there may be differences in the dates that each country provided the last report to PAHO/WHO or published the report. Preliminary data subject to change based on retrospective investigation.

\*\* No update since the 9 November 2020 PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup>.

**Sources:** Data provided by the International Health Regulations National Focal Points or published by the Ministries of Health, Institutes of Health, indigenous organizations, or similar and reproduced by PAHO/WHO.

The following is a summary of the epidemiological situation of COVID-19 among indigenous populations in Canada.

In **Canada**, from the confirmation of the first COVID-19 case<sup>24</sup> to 8 December 2020, a total of 5,200 confirmed cases of COVID-19 occurred among First Nations reserves, including 45 deaths.

In terms of the geographic distribution of the confirmed cases among First Nations, the provinces of Alberta, Manitoba and Saskatchewan account for 85% of cases (1,495, 1,597, and 1,389 cases, respectively). The rest of the cases were reported in the British Columbia (397 cases), Ontario (198 cases), Quebec (152 cases) and Atlantic (2 cases) provinces.

Females account for 52.2% of the total cases among First Nations and the age groups between 20 and 39 years and between 40 and 59 years concentrate the majority of cases (56.8%), contributing 31.7% and 25.1% of cases, respectively<sup>25</sup>.

<sup>24</sup> 25 January 2020

<sup>25</sup> Government of Canada. Coronavirus (COVID-19) and Indigenous communities. Available at: <https://bit.ly/2lhCEWq>, accessed on 10 December 2020.

## IV. Multisystem inflammatory syndrome (MIS) in children and adolescents temporally related to COVID-19<sup>26</sup>

On 15 May 2020, WHO issued a Scientific Brief<sup>27</sup> on multisystem inflammatory syndrome in children and adolescents temporally related to COVID-19 (MIS-C) in response to reports initially received from Europe and North America regarding clusters of children and adolescents requiring admission to intensive care units with a multisystem inflammatory condition with some features similar to those of Kawasaki disease and toxic shock syndrome. MIS-C has been characterized as an acute illness accompanied by a hyperinflammatory syndrome, leading to multiorgan failure and shock. While the scientific knowledge base regarding MIS-C continues to evolve, MIS-C has been observed temporally in relation to COVID-19.

As of 10 December 2020, 10:00 EST, there remain 17 countries/territories in the Region of the Americas that have officially reported to PAHO/WHO or through an official website a total of 2,273 confirmed cases, including 72 deaths of MIS-C in children and adolescents temporally related to COVID-19 (**Table 4**). This figure represents a relative increase of 11% (241 additional cases) in cases and 13% (9 additional deaths) in deaths compared to the data published in the 9 November 2020 PAHO/WHO Epidemiological Update<sup>3</sup>.

Additionally, as of 10 December 2020, there remain 23 countries/territories that have officially reported to PAHO/WHO there have been no cases of MIS detected.

---

<sup>26</sup> World Health Organization (WHO). Multisystem inflammatory syndrome in children and adolescents temporally related to COVID-19. Preliminary case definition. Available at: <https://bit.ly/2RBZzqr>. Defined as: Children and adolescents 0–19 years of age with measured or self-reported fever  $\geq 3$  days **AND at least two of the following**: a) rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet); b) hypotension or shock; c) features of myocardial dysfunction, or pericarditis, or valvulitis, or coronary abnormalities (ECHO findings or elevated Troponin/NT-proBNP); d) evidence of coagulopathy (abnormal PT, PTT, elevated d-Dimers); or e) acute gastrointestinal problems (diarrhea, vomiting, or abdominal pain); **AND** elevated markers of inflammation such as ESR, C-reactive protein or procalcitonin; **AND** no other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes; **AND** evidence of COVID-19 (RT-PCR, antigen test or serology positive) or likely contact with patients with COVID-19. Note: Consider this syndrome in children with features of typical or atypical Kawasaki disease or toxic shock syndrome.

<sup>27</sup> World Health Organization (WHO). Multisystem inflammatory syndrome in children and adolescents with COVID-19. Scientific Brief. 15 May 2020. Geneva. Available at: <https://bit.ly/3hEjaGk>

**Table 4.** Distribution of officially reported confirmed cases and deaths of multisystem inflammatory syndrome (MIS) in children and adolescents temporally related to COVID-19 in the Region of the Americas, by country/territory, as of 10 December\* 2020.

Country/Territory	Number of confirmed cases	Number of confirmed deaths
Argentina	63	1
Brazil	566	40
Canada	5	0
Chile	147	1
Costa Rica	20	0
Colombia	3	0
Cuba	2	0
Dominican Republic	100	3
Ecuador	8	0
El Salvador	17	0
French Guiana	1	0
Guadeloupe	4	0
Guatemala	2	0
Honduras	2	0
Panama	5	1
Paraguay	40	3
United States of America	1,288	23
<b>Total</b>	<b>2,273</b>	<b>72</b>

**Table Note:**

\*10 December corresponds to the date of the most recent report; there may be differences in the dates that each country provided the last report to PAHO/WHO or published the report. Preliminary data subject to change based on retrospective investigation.

**Sources:** Data provided by the International Health Regulations National Focal Points or published by the Ministries of Health, Institutes of Health, or similar health agencies and reproduced by PAHO/WHO.

The following is a brief description of the MIS epidemiological situation in the United States of America.

In the **United States of America**,<sup>28</sup> since mid-May 2020 and as of 4 December 2020, 1,288 cases of MIS-C, including 23 deaths that meet the case definition<sup>29</sup> were reported. Cases have occurred in children and adolescents from <1 year old to 20 years old. Cases were reported in 44 states, New York City, and Washington, DC. Additional cases are under investigation.

Most cases (85%) were in children and adolescents between the ages of 1 and 14 years, with an average age of 8 years. More than 75% of reported cases have occurred in children who are Hispanic or Latino (460 cases) or Black, Non-Hispanic (410 cases).

<sup>28</sup> The Information regarding the MIS-C in the United States of America is available at: <https://bit.ly/387L2Bj>, and is updated on the first Friday of each month.

<sup>29</sup> The United States of America case definition is available at: <https://bit.ly/387L2Bj>

In terms of laboratory confirmation, 99% of cases (1,269) tested positive for SARS CoV-2 and the remaining 19 cases were around someone with COVID-19. Most children developed MIS-C 2-4 weeks after infection with SARS-CoV-2. Slightly more than half (56%) of reported cases were male.

## V. COVID-19 among health care workers

While the global proportion of health care workers in most countries corresponds to less than 3% of the overall population, the proportion is almost 5 times higher, or more, if the proportion of health care workers among total COVID-19 cases is observed.

The following aspects are highlighted as important to consider in the analysis of the available data on the epidemiological situation of COVID-19 among health care workers:

- Countries/territories are using different definitions for confirmed COVID-19 cases among health care workers.
- Information on the place where infection was acquired (e.g., whether in the community or in a health care setting) has not been provided for most cases reported among health care workers.
- Differences exist by sex: females account for the majority of cases, whereas males account for the majority of deaths among health care workers.

Since the confirmation of the first COVID-19 cases in the Region of the Americas until 7 December, 1,269,420 confirmed cases were reported among health care workers, including 4,027 deaths (0.3%), in 30 countries/territories in the Americas, for which information is available.

The following is a brief description of the COVID-19 epidemiological situation among health care workers in selected countries, for which updated information is available.

In **Argentina**, since the confirmation of the first case of COVID-19<sup>30</sup> until 3 December 2020, there were 62,574 laboratory-confirmed COVID-19 cases among health care workers<sup>31</sup>, including 379 deaths (0.6%), reported to the National Epidemiological Surveillance System (SNVS 2.0). As of 3 December, the number of COVID-19 cases among health care workers represents 4.3% of the national total of COVID-19 cases. As of 3 December, 54,337 of the cases are reported as recovered.

Cases among health care workers have been reported in all territorial entities of Argentina, with most cases reported in the province of Buenos Aires and the Autonomous City of Buenos Aires.

---

<sup>30</sup> 3 March 2020

<sup>31</sup> Argentina Ministry of Health. Special Reports. Health care workers 3 December 2020 EW49. "The cases reported under the classification of "Health workers" refer to those people who perform care functions as well as health workers with non-care functions (administrative, technical, teacher, auxiliary, among others). currently, both those workers who are in the exercise of their profession and those who are not are included. The group of health workers includes both those cases that carry out health care functions, as well as those that in the epidemiological antecedent state they are health workers". Available at: <https://bit.ly/3mYSWTO>

Females account for a greater proportion of COVID-19 cases among health care workers, representing 66.3%, whereas among the total population females account for 49.7% of the total COVID-19 cases.

The median age of cases among health care workers is 39 years.

Of the 379 deaths reported among health care workers, 53.3% were < 60 years of age and males accounted for 62.3% of the deaths. Of the deaths reported among adults < 60 years, 24.3% did not present comorbidities; for deaths reported among adults ≥ 60 years, 15.5% did not present comorbidities. The most reported comorbidity was diabetes (88 deaths), followed by obesity (67 deaths).

In **Mexico**, since the confirmation of the first cases of COVID-19<sup>32</sup> until 7 December 2020, there were 164,196 cases of COVID-19 confirmed among health care workers<sup>33</sup>, including 2,179 deaths (1.3%). As of 7 December 2020, the number of confirmed cases among health care workers correspond to 13.9% of the total COVID-19 cases in the country. Of the national active COVID-19 cases reported as of 7 December, health care workers account for 9.4% (4,901 cases).

The majority (61%) of the COVID-19 cases among health care workers are among females, whereas 70% of the deaths are among males.

The median age of COVID-19 cases among health care workers is 37 years and the age group 30 to 34 years has the highest number of cases; the median age among deaths is 57 years.

The territorial entities reporting the most cases are Mexico City and the States of Mexico, Nuevo Leon, and Jalisco.

---

<sup>32</sup> 27 February 2020

<sup>33</sup> Secretary of Health of Mexico. COVID-19 Mexico. Health Personnel December 7, 2020.


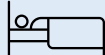





“The information presented corresponds to the analysis of the variable occupation of the Epidemiological Surveillance System for Viral Respiratory Disease (SISVER). The analysis reflects the cases that reported performing a health-related occupation (dentist, nurse, laboratory worker, doctor, or other health worker).

It is important to point out that the information collected in SISVER does not allow us to identify whether the exposure occurred in the workplace, at home or in the community; nor does it establish whether health personnel are currently working in a medical care unit”. Available at: <https://bit.ly/340LFL>

## Guidance and recommendations for national authorities

PAHO/WHO continues to reiterate and update recommendations to support all Member States on measures to manage and protect against COVID-19 and reiterates the recommendations included in the PAHO/WHO 2020 Epidemiological Alerts and Updates on COVID-19 available at: <https://www.paho.org/en/epidemiological-alerts-and-updates>.

The following are guidance, scientific reports, and other resources published by PAHO/WHO and WHO.

<p><b>Surveillance, rapid response teams, and case investigation</b></p> 	<p><b>Clinical care</b></p> 
<p>WHO resources, available at: <a href="https://bit.ly/30zjmCj">https://bit.ly/30zjmCj</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36Dji3B">https://bit.ly/36Dji3B</a></p>	<p>WHO resources, available at: <a href="https://bit.ly/3li6wQB">https://bit.ly/3li6wQB</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36Dji3B">https://bit.ly/36Dji3B</a></p>
<p><b>Laboratory</b></p> 	<p><b>Infection prevention and control</b></p> 
<p>WHO resources, available at: <a href="https://bit.ly/3d3TJ1q">https://bit.ly/3d3TJ1q</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36Dji3B">https://bit.ly/36Dji3B</a></p>	<p>WHO resources, available at: <a href="https://bit.ly/3d2ckuV">https://bit.ly/3d2ckuV</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36Dji3B">https://bit.ly/36Dji3B</a></p>
<p><b>Critical preparedness, readiness, and response actions</b></p> 	<p><b>Travel, Points of entry and border health</b></p> 
<p>WHO resources, available at: <a href="https://bit.ly/3ljWHBT">https://bit.ly/3ljWHBT</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36Dji3B">https://bit.ly/36Dji3B</a></p>	<p>WHO resources, available at: <a href="https://bit.ly/3ivDivW">https://bit.ly/3ivDivW</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36Dji3B">https://bit.ly/36Dji3B</a></p>
<p><b>Schools, workplaces, &amp; institutions</b></p> 	<p><b>Other resources</b></p>
<p>WHO resources, available at: <a href="https://bit.ly/3d66iJO">https://bit.ly/3d66iJO</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36Dji3B">https://bit.ly/36Dji3B</a></p>	<p>WHO resources, available at: <a href="https://bit.ly/33zXgRQ">https://bit.ly/33zXgRQ</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36Dji3B">https://bit.ly/36Dji3B</a></p>

## References

1. PAHO/WHO. Epidemiological Update: Coronavirus disease (COVID-19). 9 November 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/3m7i5uf>
2. Report by the **Argentina** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
3. **Brazil** Ministry of Health. Available at: <https://bit.ly/39QJNsq> and [www.saudeindigena.saude.gov.br](http://www.saudeindigena.saude.gov.br)
4. Government of **Canada**. Coronavirus (COVID-19) and Indigenous communities. Available at: <https://bit.ly/2lhCEWq>.
5. Report by the **Colombia** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
6. Report by the **Costa Rica** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
7. Report by the **Dominican Republic** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
8. Report by the **Ecuador** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
9. Report by the **Haiti** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
10. Report by the **Mexico** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
11. Pan-Amazonian Ecclesial Network (Red Eclesial Pan amazónica). 10 November Report. Available at <https://bit.ly/3eBBBeCk>.
12. Report by the **Paraguay** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
13. Report by the **Peru** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
14. **United States**. Centers for Diseases Control and Prevention. Data on COVID-19 during Pregnancy. Available at: <https://bit.ly/2SWWyYT>
15. **United States**. Centers for Diseases Control and Prevention. Multisystem Inflammatory Syndrome in Children (MIS-C). Available at: <https://www.cdc.gov/mis-c/>
16. **Uruguay** Ministry of Public Health. Epidemiological Bulletin on COVID-19 of 30 November 2020. Available at: <https://bit.ly/3a3uiNR>