

### 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 15 January 2021, a cumulative total of 91,492,398 confirmed cases of COVID-19 have been reported globally, including 1,979,507 deaths, representing a total of 23,326,521 additional confirmed cases and 422,122 additional deaths, since the last PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup> published on 11 December 2020.

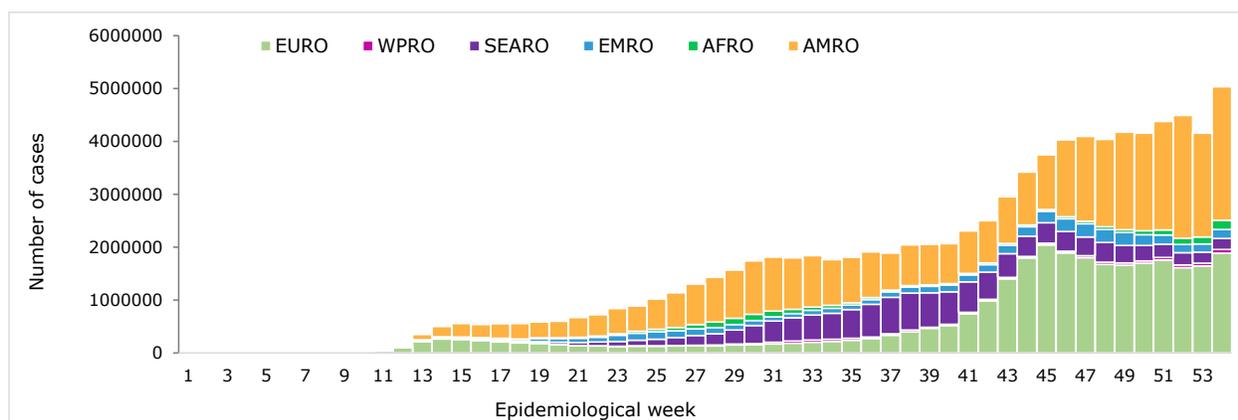
As of 15 January 2021, of the global total, WHO Region of the Americas and the WHO European Region, represent 77% of the total confirmed cases and 80% of the total deaths. The Region of the Americas represents 44% (40,548,449) of the total confirmed cases and 48% (940,455) of the total deaths and the European Region represents 33% (29,748,909) of the total cases and 33% (649,106) of the total deaths (**Figure 1**).

<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). 11 December 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/3nzYWBO>

**Figure 1.** Distribution of COVID-19 cumulative confirmed cases by WHO Region and epidemiological week (EW). EW 1 of 2020 to EW 1 of 2021.



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 15 January 2021. Available at: <https://covid19.who.int>. Accessed 15 January 2021.

## 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 11 December 2020 PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup> and as of 14 January 2021, 11,409,052 additional confirmed cases of COVID-19, including 179,547 deaths, have been reported in the Region of the Americas, representing a 28% increase in cases and a 19% increase in deaths.

During the same period, a relative increase in cases and deaths was observed in all subregions, with the North America<sup>5</sup> having the largest increase, with 8,529,913 additional cases, including 128,087 additional deaths, which represents a relative increase of 34% and 24%, respectively. The relative increases reported for the remaining subregions are as follows, in decreasing order: Central America<sup>6</sup> with a 24% increase in cases and a 20% increase in deaths, the Caribbean and the Atlantic Ocean Islands<sup>7</sup> with a 22% increase in cases and 12% increase in deaths and South America<sup>8</sup> with 18% increase in cases and 12% increase in deaths.

The increase in cases in all the Americas is also reflected in the intensity of transmission, until 14 January 2021, community transmission was observed in 35 of the 56 countries 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>.

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

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

<sup>7</sup> Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, Bonaire, British Virgin Islands, Cayman Islands, Cuba, Curacao, Dominica, Dominican Republic, Falkland Islands, Grenada, Guadeloupe, French Guiana, Guyana, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saba, Saint Barthelemy, Saint Kitts and Nevis, Sint Eustatius, Saint Lucia, Saint Martin, Saint Pierre and Miquelon, Sint Marteen, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos and the United States Virgin Islands.

<sup>8</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela.

territories. Of the total confirmed cases in 2020, 43% occurred between November and December, with December being the month with the highest number of reported cases.

Regarding deaths, 35% occurred between October and December and 25% between July and August; August being the month with the highest number of deaths.

When the period of observation of the trend decreases to the last 7 days, 16 of the 56 countries and territories of the Americas show increases of  $\geq 50.0\%$  in the number of confirmed cases, with a range between 50% and 3,200%; while 11 of them show an increase between 68% and 500% in confirmed deaths (**Table 1**).

**Table 1.** Cumulative cases and deaths of COVID-19 in countries and territories of the Americas, and the seven-day trend showing an increase of  $\geq 50.0\%$ , as of 14 January 2021.

Country/Territory	Sub-Region	Cases			Deaths			Recovered	Transmission Type
		7 Day MA* Trend	Cummulative	7day % change	7 Day MA* Trend	Cummulative	7day % change		
Guatemala	Central America		146,937	91%		5,151	94%	133,082	Community transmission
Honduras			131,009	99%		3,320	106%	59,647	Community transmission
Brazil	South America		8,256,536	50%		205,964	37%	7,277,195	Community transmission
Peru			1,043,640	63%		38,473	30%	973,374	Community transmission
Venezuela (Bolivarian Republic of)			117,811	62%		1,084	68%	111,616	Community transmission
Antigua and Barbuda	Caribbean and Atlantic Ocean Islands		184	425%		6	0%	156	Sporadic cases
Aruba			6,228	13%		52	100%	5,552	Community transmission
Cuba			16,549	90%		160	500%	12,699	Clusters of cases
Guadeloupe			8,834	61%		156	0%	2,242	Community transmission
Guyana			6,696	228%		170	100%	6,063	Clusters of cases
Haiti			10,569	95%		238	0%	8,888	Community transmission
Jamaica			13,915	1%		322	300%	11,592	Community transmission
Martinique			6,227	323%		43	0%	98	Community transmission
Saint Barthelemy			224	3200%				94	Sporadic cases
Saint Lucia			502	314%		6	0%	319	Clusters of cases
Saint Martin			1,046	529%		12	0%	598	Community transmission
Saint Vincent and the Grenadines			340	537%				106	Sporadic cases
Suriname			7,247	20%		139	160%	6,477	Cluster of cases
Trinidad and Tobago			7,305	70%		129	100%	6,891	Community transmission

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

# Epidemiological Highlights

## I. SARS-CoV-2 Variants

As PAHO/WHO communicated in the “**Occurrence of variants of SARS-CoV-2 in the Americas. Preliminary information**,” publication of 11 January 2021<sup>9</sup>, the appearance of mutations is a natural and expected event within the evolutionary process of viruses. Since the initial genomic characterization of SARS-CoV-2, this virus has been divided into different genetic groups or clades. In fact, some specific mutations define the viral genetic groups (also called lineages) that are currently circulating globally. Due to several microevolution processes and selection pressures, some additional mutations may appear, generating differences within each genetic group (called variants). It is worth mentioning that the names of the clade, lineage, variant, etc., are arbitrary and do not correspond to an official taxonomic hierarchy.

With the information available to date, most of the changes in SARS-CoV-2 have had little or no impact on how it is transmitted or on the severity of the disease it causes.

In recent months, two different variants of SARS-CoV-2 have been reported to WHO as unusual public health events: in **the United Kingdom and Northern Ireland**, named VOC 202012/01, belonging to the B.1.1.7 lineage, and in **South Africa**, named 501Y.V2, belonging to the B.1.351 lineage.

Findings and preliminary data, epidemiological, modeling, phylogenetic as well as clinical suggest that SARS-CoV-2 VOC 202012/01 has higher transmissibility. However, to date, the preliminary analysis does not indicate that there are changes in the severity of the disease (measured by the duration of hospitalization and the 28-day case fatality rate), or the occurrence of reinfection among cases positive for this variant compared to cases infected by other SARS-CoV-2 lineages circulating in the United Kingdom (UK). The increase in transmissibility is of concern; because even though positive cases by other SARS-CoV-2 lineages do not seem to show a higher severity of disease, the increased transmissibility is associated with an important public health impact, due to the increase in cases in a limited period.

As of 12 January 2021, outside the UK, 50 countries and territories in five of the six WHO regions have reported VOC 202012/01 cases.

In relation to the 501Y.V2 variant, outside of South Africa, 20 countries and territories, in the six WHO regions, have reported cases of this variant.

In South Africa, the new variant of SARS-CoV-2 has been observed to be spreading rapidly in the Eastern Cape, Western Cape, and KwaZulu-Natal provinces and has largely replaced other circulating SARS-CoV-2 viruses in those provinces.

While genomic data highlighted that the 501.V2 variant rapidly displaced other circulating lineages in South Africa, and preliminary studies suggest that the variant is associated with a higher viral load, which may suggest a potential for increased transmissibility, this, as well as other factors that influence transmissibility, are subject to further investigation. Also, at this

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<sup>9</sup> PAHO/WHO. Occurrence of variants of SARS-CoV-2 in the Americas. Preliminary information. 11 January 2021, Washington, D.C.: PAHO/WHO; 2021. Available at: <https://bit.ly/3bxptaJ>

stage, there is no clear evidence that the new variant is associated with higher severity of disease or worse outcomes. More research is needed to understand the impact on transmission, clinical severity of infection, laboratory diagnostics, therapeutics, vaccines, or preventive public health measures.<sup>10</sup> While this new variant does not appear to cause more severe illness, the observed rapid increases in case numbers has placed health systems under additional pressure.<sup>11</sup>

On 9 January, **Japan** notified WHO of a new SARS-CoV-2 variant B.1.1.28 (initially reported as B.1.1.248) detected in four travelers arriving from **Brazil**. This variant has 12 mutations to the spike protein, including three mutations of concern in common with 501Y.V2, i.e.: K417N/T, E484K and N501Y, which may impact transmissibility and host immune response. Researchers in Brazil have additionally reported the emergence of a similar variant also with a E484K mutation, which has likely evolved independently of the variant detected among the travelers. The extent and public health significance of these new variants require further epidemiological and laboratory investigation.<sup>11</sup>

Regarding the situation in the Americas, as of 14 January 2021, 8 countries have reported the detection of the VOC 202012/01 variant, one country the detection of the 501Y.V2 variant, and one country the detection of mutations of potential interest for public health (**Table 2**).

**Table 2.** Detection of the SARS-CoV-2 VOC 202012/01 variant, the 501Y.V2 variant, and other mutations of interest to public health in the Region of the Americas, as of 14 January 2021.

Country	Variant SARS-CoV-2 VOC 202012/01	Variant 501Y.V2	Other mutations of potential interest to public health
Brazil	Yes	Yes	Yes (Mutations of SARS-CoV-2 (E484K))
Canada	Yes	Yes	No
Chile	Yes	No	No
Ecuador	Yes	No	No
Jamaica	Yes	No	No
Mexico	Yes	No	No
Peru	Yes	No	No
United States of America	Yes	No	No

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

<sup>10</sup> WHO. COVID-19 weekly epidemiological update. Published on 5 January 2021. Available at: <https://bit.ly/3oGtAeg>

<sup>11</sup> WHO. COVID-19 weekly epidemiological update. Published on 12 January 2021. Available at: <https://bit.ly/2Knzxm>

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

Aging is characterized by a progressive and heterogeneous decrease in the physiological reserve of all organ systems, although these take place at different rates, that will vary among individuals. There is a reduction in function and repair capacity. The increased risk of loss of functional reserve is exacerbated by the higher prevalence of coexisting diseases<sup>12</sup>, conditions that increase as age advances, leading to a greater acquisition of infections, leaving older adults as one of the groups most vulnerable to losing their lives due to COVID-19. This explains the trend, observed in most countries, of people aged over 60 years old presenting age-specific mortality rates much higher than those of 59 years old and below. It is expected that, by prioritizing this age group for receipt of the COVID-19 vaccines the corresponding mortality rate will decline.

One way to measure the impact of the COVID-19 pandemic on people aged 60 and over (older adults) is through age-specific mortality rates. Data are presented below for countries for which information was available (**Table 3**).

**Table 3.** Proportion of population, cumulative cases, deaths, and age-specific mortality rates in older adults (≥60 years of age). Region of the Americas. As of 14 January, \* 2021.

Indicator	Age group	Costa Rica	Guatemala	Jamaica	Trinidad & Tobago	Paraguay
% General population	≤ 59 years old	86	92	87	83	90
	≥60 years old	14	8	13	17	10
% Cases	≤ 59 years old	88	87	84	86	88
	≥60 years old	13	13	16	14	12
% Deaths	≤ 59 years old	20	43	28	32	26
	≥60 years old	80	57	72	68	74
Age-specific mortality rate per 100,000 pop.	≤ 59 years old	0.2	18.3	3.3	3.4	9.7
	≥60 years old	5.6	163.4	55.7	36.3	252.2

### Notes:

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

\*14 January 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.

**Source:** Data provided by the International Health Regulations (IHR) National Focal Points (NFPs) or published by the Ministries of Health, Institutes of Health, Agencies of Health, or similar and reproduced by PAHO/WHO.

The data presented in Table 3 is not comparable between the 5 countries<sup>13</sup>; however, the following aspects can be observed:

- The proportion of the elderly population varies in a range of 8% to 17%.
- The proportion of COVID-19 cases in older adults is in a range of 12% to 16%.
- The proportion of deaths from COVID-19 in older adults is greater than 50% in (range 57% to 80%)
- Specific death rates for people over 60 years old exceed specific death rates for people under 60 years of age by a range of 11 to 28 times.

<sup>12</sup> Navaratnarajah A, Jackson S. The physiology of ageing. DOI: <https://doi.org/10.1016/j.impmmed.2012.10.009>

<sup>13</sup> Due to the sources on the general population are different, the rates were not adjusted, and the time periods analyzed are not the same.

### III. COVID-19 during pregnancy

Accurate information, provided by reliable sources, recognized as such by the population, helps to reduce fear and anxiety caused by the COVID-19 pandemic. During this pandemic, social networks have played an important role, not only in facilitating communications between people, but also in serving as platforms through which people express their feelings and share information, including erroneous information.

In a study aiming to characterize the content of an international sample of tweets related to pregnancy and mental health during the first wave of COVID-19. From March to June 2020, 192 tweets were analyzed: 51 from individuals, 37 from businesses, 56 from non-profit organizations, and 48 from health professionals/researchers. The results showed discrepancies between individual and non-individual tweets. The women expressed anxiety, depressive symptoms, trouble sleeping, and distress related to isolation.<sup>14</sup>

Since the first reported cases of COVID-19 in the Americas until 14 January 2021, there were 139,016 SARS-CoV-2 positive cases among pregnant women reported, including 802 deaths (1%), in 19 countries/territories for which information was available (**Table 4**). Compared to the data in the 11 December 2020 PAHO/WHO Epidemiological Update<sup>3</sup>, this represents an increase of 18.065 new cases and 105 new deaths. During the same period, the highest relative increases in confirmed cases and deaths were observed in Venezuela.

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<sup>14</sup> Talbot, J.; Charron, V.; Konkle, A.T. Feeling the Void: Lack of Support for Isolation and Sleep Difficulties in Pregnant Women during the COVID-19 Pandemic Revealed by Twitter Data Analysis. *Int. J. Environ. Res. Public Health* 2021, 18, 393.

**Table 4.** Cumulative number of pregnant women positives for SARS-CoV-2 and deaths, and the maternal mortality ratio (MMR), by country. Region of the Americas. As of 14 January, \* 2021.

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	8,222	38	5.0
Bolivia*	891	25	10.1
Belize*	103	2	25.0
Brazil	4,880	252	8.7
Chile*	7,998	1	0.4
Colombia*	6,245	54	7.4
Costa Rica*	286	3	7.8
Cuba	11	0	0.0
Dominican Republic	295	19	9.2
Ecuador	1,595	24	6.8
Guatemala	501	5	1.0
Haiti**	76	4	1.5
Mexico <sup>&amp;</sup>	10,188	221	10.1
Panama <sup>&amp;**</sup>	903	4	5.5
Paraguay	599	1	0.7
Peru <sup>&amp;</sup>	40,648	76	13.2
United States of America	55,154	66	N/A
Uruguay	82	0	0.0
Venezuela	339	7	1.2
<b>Total</b>	<b>139,016</b>	<b>802</b>	

**Notes:**

N/A = Data not available

\*14 January 2021 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 11 December 2020 PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup>

<sup>&</sup> Corresponds to pregnant and postpartum women

<sup>‡</sup> 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 (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, health agencies, or similar and reproduced by PAHO/WHO.

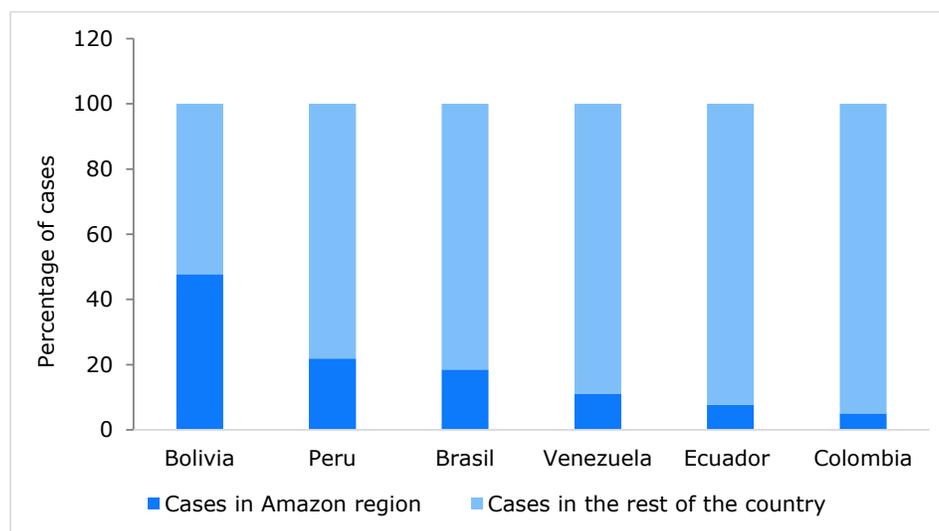
## IV. COVID-19 among indigenous populations

In a report<sup>15</sup> on the impact of the COVID-19 pandemic in the Pan-Amazon, published by the Panamazonic Ecclesiastical Network (REPAM)<sup>16</sup>, information regarding the number of COVID-19 cases and deaths in the Amazon Ecclesiastical Jurisdictions of each of the countries of the region is presented (Bolivia, Brazil, Colombia, Ecuador, Guyana, French Guiana, Peru, Suriname and Venezuela). The report covers the period between March and October 2020.

According to the report, the Amazon population is 33.6 million people and the number of COVID-19 cases among them is 1,377,609, including 34,054 deaths. Of the total number of cases, 5.3% are among the indigenous populations, as well as 6.3% of the deaths.

With respect to the geographical distribution of the cases, in **Bolivia** 48% of the total number of cases in the country are in the Amazon region; the Bolivian Amazon constitutes 65% of the national territory. In comparison with the other countries analyzed, the Amazon region of **Peru** represents 60.6% of the territory while 22% of their cases were reported there; in **Brazil** the Amazon region represents 56% of its territory and 19% of their cases were reported there; in **Ecuador** the Amazon region represents 45.7% of its territory and 8% of their cases were reported there; in **Colombia**, the Amazon is represents 42% of its territory and 4.99% of their cases were reported there; and in contrast, **Venezuela** reported 11.13% of its cases in the Amazon region though it comprises only 5.56% of its national territory (**Figure 2**).

**Figure 2.** Percent distribution of COVID-19 cases in countries of the Pan-Amazon region. March to October 2020.



**Source:** Data published by REPAM<sup>15</sup> and reproduced by PAHO/WHO

Since the first confirmed cases of COVID-19 in the Region of the Americas and as of 14 January 2021, there have been 303,734 confirmed cases of COVID-19, including 4,406 deaths, reported among indigenous populations in 14 countries in the Region of the Americas for

<sup>15</sup> Report prepared by the Panamazonic Ecclesial Network – REPAM performs an analysis based on the monitoring of the evolution of the pandemic in the Pan-Amazonian territory from March to October 2020. Available at: <https://bit.ly/2MOOzNE>

<sup>16</sup> Panamazonic Ecclesial Network <https://redamazonica.org/>

which information was available (**Table 5**). Compared to the data in the 11 December 2020 PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup>, this represents an increase of 66,371 confirmed cases including 458 additional deaths. The largest relative increase<sup>17</sup> in cases and deaths occurred in Canada.

**Table 5.** Cumulative number of confirmed cases of COVID-19 and deaths among indigenous populations in the Region of the Americas. As of 14 January,\* 2021.

Country	Number of confirmed cases of COVID-19	Number of deaths
Bolivia**	3,485	151
Brazil	38,909	496
Canada	11,753	112
Colombia	30,432	970
Ecuador**	4,668	164
Guatemala**	14,316	321
Guyana**	95	6
Mexico**	13,565	1,965
Panama**	2,841	53
Paraguay	253	24
Peru	19,405	98
Suriname	432	12
United States of America	162,719	N/A
Venezuela**	861	34
<b>Total</b>	<b>303,734</b>	<b>4,406</b>

**Notes:**

N/A: data not available

\*14 January 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 11 December 2020 PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup>.

**Sources:** Data provided by the International Health Regulations (IHR) National Focal Points (NFPs) 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 Suriname.

In **Suriname**, from the confirmation of the first COVID-19 case<sup>18</sup> to 11 December 2020, a total of 432 confirmed cases of COVID-19 were reported among indigenous populations, including 12 deaths.

Of the total number of confirmed COVID-19 cases in the country, indigenous peoples contribute to 9% of cases, with an incidence rate of 2,123 per 100,000 population, the highest compared to other ethnic groups in the country and the rate fatality among indigenous people reaches 2.78%.

<sup>17</sup> Considering countries for which information was available.

<sup>18</sup> 13 March 2020.

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

On 15 May 2020, WHO issued a Scientific Brief<sup>20</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 14 January 2021, a total of 2,737 cumulative MIS confirmed cases, that temporally coincide with COVID-19, including 78 deaths have been reported by 17 countries/territories of the Region of the Americas that have officially notified PAHO/WHO or have published information through an official website (**Table 6**). This represents a relative increase of 17% in cases (462 additional cases) and 8% in deaths (6 additional deaths), since the 11 December 2020 PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup>.

As of 14 January 2021, 25 countries/territories have officially reported to PAHO/WHO that they have not detected cases of MIS.

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<sup>19</sup> 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>20</sup> WHO. Multisystem inflammatory syndrome in children and adolescents with COVID-19. Scientific Brief. 15 May 2020. Geneva. Available at: <https://bit.ly/3hEiaGk>

**Table 6.** Distribution of cumulative 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 14 January\* 2021.

Country/Territory	Number of confirmed cases	Number of confirmed deaths
Argentina	65	1
Brazil	631	40
Canada	11	0
Chile	151	2
Costa Rica	27	0
Colombia	3	0
Cuba	2	0
Dominican Republic	102	5
Ecuador	8	0
El Salvador	17	0
French Guiana	1	0
Guadeloupe	4	0
Guatemala	2	0
Honduras	2	0
Panama	5	1
Paraguay	47	3
United States of America	1,659	26
<b>Total</b>	<b>2,737</b>	<b>78</b>

**Note:**

\*14 January 2021 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.

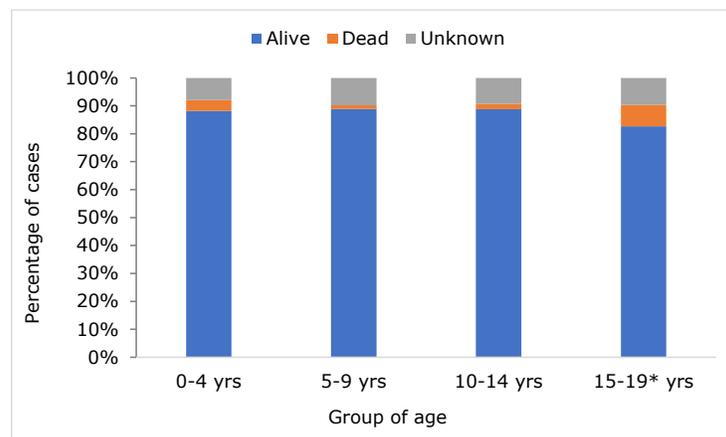
**Sources:** Data provided by the International Health Regulations National Focal Points or published by the Ministries of Health, Institutes of Health, or similar health agencies and reproduced by PAHO/WHO.

The following is a brief description of the MIS epidemiological situation in the Americas.

Of the total number of reported cases, for which data on age are available (n= 2,648), 66% were between 0 and 9 years of age at the time of illness and only 10% were in the age group between 15 and 19 years\*. Regarding the outcome of these cases, the highest proportion of deaths is observed among the 15 to 19-year age group (**Figure 3**).

Regarding the distribution by sex, for which data are available (n=2,627), 56% of the cases are male.

**Figure 3.** Percent distribution of MIS cases in the Americas. April 2020 to January 2021.



\* The United States includes 20-year-olds in this group.

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

## VI. 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.<sup>21</sup>

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 14 January 2021, 30 countries/territories in the Americas have reported cases and deaths among health care workers.

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<sup>21</sup> PAHO/WHO. PAHO launches health worker safety campaign on World Patient Safety Day. Available at: <https://bit.ly/3ql4SAd>

According to the information available on confirmed cases and deaths, the information provided by 14 countries of the Americas indicates that as of 14 January 2021, 1,208,370 cumulative confirmed cases of COVID-19 have been reported, including 5,780 deaths in health care workers (**Table 7**).

**Table 7.** Confirmed COVID-19 cases and deaths among health care workers in the Americas. As of 14 January, \* 2021.

Country	Number of confirmed cases of COVID-19	Number of deaths
Argentina	68,156	419
Brazil	442,285	390
Chile	49,519	66
Colombia	30,045	152
Costa Rica	7,579	21
Ecuador	7,621	111
Dominican Republic	567	N/A
Guatemala	5,021	56
Jamaica	362	5
Mexico	195,558	2,580
Paraguay	6,891	38
Peru	30,675	589
United States of America	362,544	1,250
Uruguay	922	3
Venezuela	625	100
<b>Total</b>	<b>1,208,370</b>	<b>5,780</b>

**Note:**

\*14 January 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 (IHR) National Focal Points (NFPs) or published by the Ministries of Health, Institutes of Health, or similar health agencies and reproduced by PAHO/WHO.

## 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 management</b></p> 
<p>WHO resources, available at: <a href="https://bit.ly/30zjmCi">https://bit.ly/30zjmCi</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/3sadTxQ">https://bit.ly/3sadTxQ</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/3d3TJ1g">https://bit.ly/3d3TJ1g</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/3oD2Qen">https://bit.ly/3oD2Qen</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/3nwyOaN">https://bit.ly/3nwyOaN</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). 11 December 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/3nzYWBQ>
2. PAHO/WHO. Occurrence of variants of SARS-CoV-2 in the Americas. Preliminary information. 11 January 2021, Washington, D.C.: PAHO/WHO. Available at: <https://bit.ly/2MN6FQ6>
3. WHO. COVID-19 weekly epidemiological update. Published on 5 January 2021. Available at: <https://bit.ly/3oGtAeg>
4. WHO. COVID-19 weekly epidemiological update. Published on 12 January 2021. Available at: <https://bit.ly/2Knxzxm>
5. Report by the **Argentina** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
6. Report by the **Brazil** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
7. Government of **Canada**. Coronavirus (COVID-19) and Indigenous communities. Available at: <https://bit.ly/2lhCEWq>.
8. Report by the **Colombia** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
9. Report by the **Costa Rica** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
10. Report by the **Ecuador** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
11. Report by the **Guatemala** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
12. Report by the **Mexico** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
13. Report by the **Paraguay** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
14. Report by the **Peru** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
15. Pan-Amazonian Ecclesial Network (Red Eclesial Pan amazónica). 10 November Report. Available at <https://bit.ly/3eBBcK>
16. **United States**. Centers for Disease Control and Prevention. Data on COVID-19 during Pregnancy. Available at: <https://bit.ly/2SWWyYT>
17. **United States**. Centers for Disease Control and Prevention. Multisystem Inflammatory Syndrome in Children (MIS-C). Available at: <https://www.cdc.gov/mis-c/>

18. **Uruguay** Ministry of Public Health. Epidemiological Bulletin on COVID-19 of 3 January 2021. Available at: <https://bit.ly/3gqpvJl>
19. Report by the **Venezuela** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email