

COVID-19

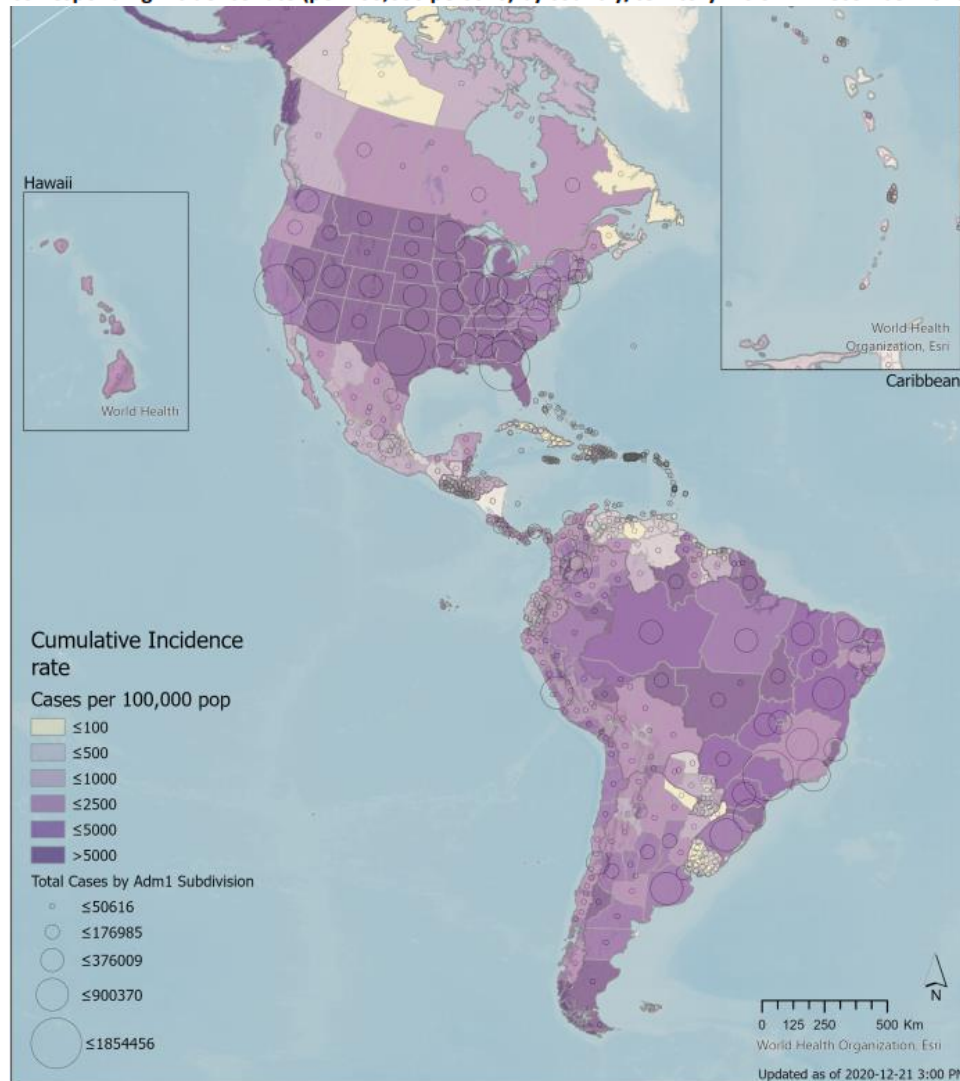
PAHO/WHO Response. 21 December 2020. Report ° 39

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 56 countries and territories in the Americas**.

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

Map 1. Reported number of cumulative COVID-19 cases in the Region of the Americas and corresponding incidence rate (per 100,000 persons) by country/territory. As of 21 December 2020.



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SITUATION IN NUMBERS IN THE AMERICAS

as of 21 December (15:00)

33,002,132

Confirmed cases

816,611

 Deaths

56

Countries / areas / territories* counted for epidemiological purposes

* Bonaire, Saba, and Sint Eustatius are now counted as three distinct entities for epidemiological purposes, bringing the number from 54 to 56.

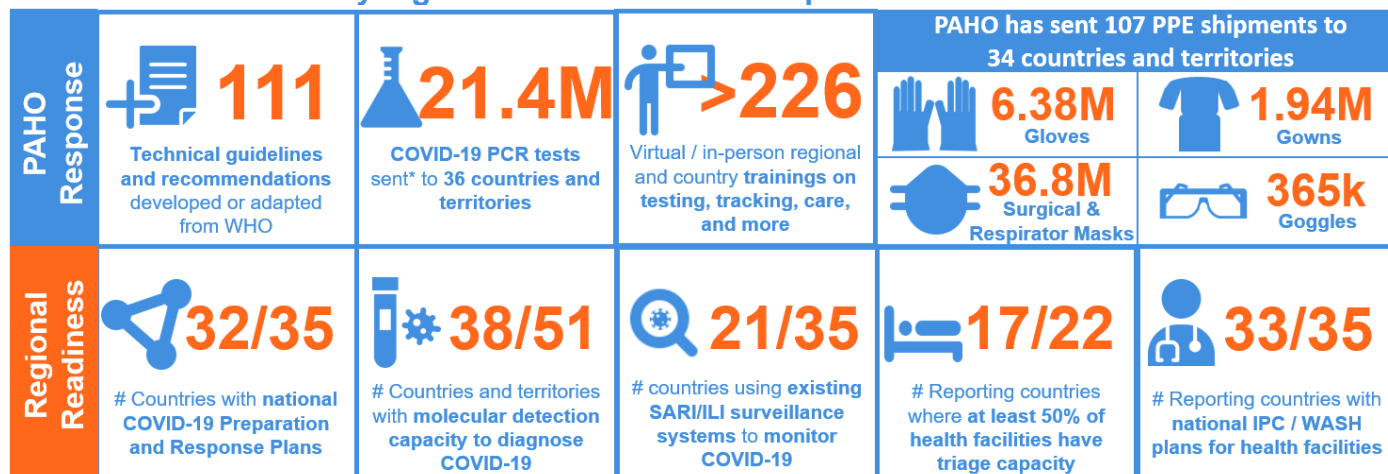
RESPONSE PILLARS

- Coordination, Planning, and Monitoring
- Risk Communication and Community Engagement
- Surveillance, Rapid Response Teams, and Case Investigation
- Points of Entry, International Travel, and Transport
- National Laboratories
- Infection Prevention and Control
- Case Management
- Operational Support and Logistics
- Maintaining Essential Health Services during the Pandemic

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

[Link to global operational situation reports](#)

Key Figures: The Americas' Response to COVID-19



PAHO/WHO Response (15 to 21 December 2020)

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



Country-level Coordination, Planning, and Monitoring

Regional

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

Regulatory aspects for COVID-19

Health technology assessments (HTAs) are invaluable guidance for health authorities on the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas (**BRISA**) now has 276 reports available in its COVID-19 section.

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**).

Country

PAHO's team in **Belize** met with the UN Emergency Technical Team (UNETT) and other external stakeholders to discuss the impact of Hurricane Iota on the country, considering the effects of the ongoing COVID-19 pandemic.



Figure 1: PAHO produced web videos encouraging families to safely celebrate the holidays together. Source: December 2020

**This figure includes tests procured by Member States through PAHO's Strategic Fund for the pooled procurement of essential medicines and strategic public health supplies.

In **Costa Rica**, PAHO facilitated a meeting between indigenous communities involved in the Integrated Development Association from the La Casona, Salitre, and Alto Chirripó communities and health workers in the field. This meeting sought to facilitate the exchange of experiences and formulate strategies for tackling the pandemic.

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, PAHO continued to disseminate key messages across multiple platforms, and to respond to media enquiries. The **infographics** covered a range of issues related to COVID-19, from steps for preventing infection to tips for staying healthy and protecting mental health during this pandemic.

With end-of-year celebrations approaching, PAHO produced **videos** and **infographics** to disseminate measures that families and friends can take to safely celebrate.

During this week's press briefing, the PAHO Director recognized the damage that the pandemic has inflicted on the Americas while focusing on how inequalities and underinvestment in health systems have exacerbated this situation. Moving forward, countries were **urged** to adopt measures to tackle these underlying challenges while continuing to rely on data for decision making, to continue to respond swiftly, and to work together to combat the spread of the virus.

Country

PAHO worked with the Medical Mission of **Suriname** and the country's malaria program to implement a system on communication and community engagement in the community of Pelele Tepoe. This workshop on COVID-19 prevention and malaria reached 25 leaders of the Amerindian community.

Panama and other PAHO country teams worked closely with other UN agencies to disseminate materials designed to guide the public on measures to reduce infections during the end-of-year celebrations.

In **Chile**, PAHO worked with the Ministry of Health to devise strategies to tailor risk communication campaigns to sanitary workers.



Figure 2: PAHO produced infographics encouraging families to safely celebrate the holidays together. Source: December 2020



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 56 country/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, **21 countries** have integrated COVID-19 surveillance into their SARI/ILI systems.

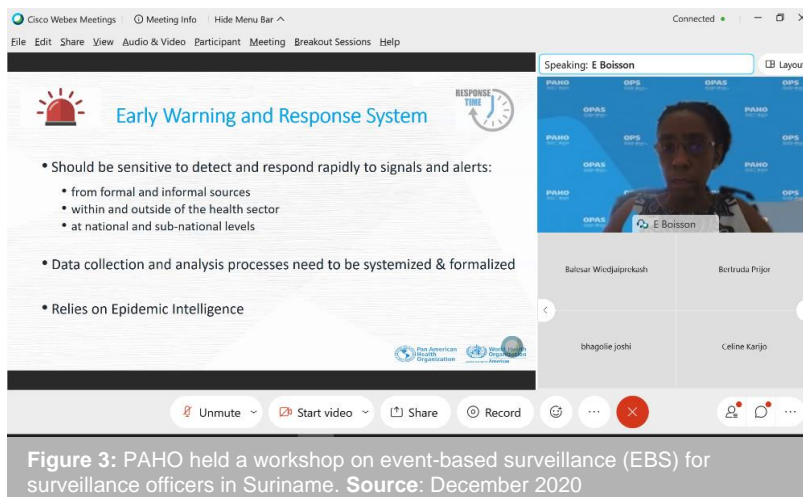


Figure 3: PAHO held a workshop on event-based surveillance (EBS) for surveillance officers in Suriname. **Source:** December 2020

PAHO also published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators ([available here](#)). Meanwhile, PAHO continued to analyze trends in the Region, particularly through the collection of COVID-19 line list of nominal data of cases. During the reporting week approximately 71% of cases and 55% of deaths were captured for analysis.

The Organization launched a **dashboard** to show subregional and country epidemiological curves, including cases, incidence rates, and cumulative incidence rates.

Seroprevalence studies have provided the Region with invaluable data on how the virus has spread since the onset of the pandemic to date. PAHO maintains a **dashboard that shows seroprevalence studies in Latin America and the Caribbean**, including information on individual studies ranging from the study design, sampling method, sample sizes, and other relevant information.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and **23** are already implementing it. Go.Data is a tool to support 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. Efforts continued to train field teams in **Jamaica**.

In collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), PAHO developed and launched a **COVID-19 Comorbidities Tool** to help countries estimate the number of people at increased risk of severe COVID-19 disease due to underlying health conditions. **Argentina** received technical cooperation to apply this tool to its epidemiological context.

Country

In **Suriname**, PAHO hosted a three-day virtual Event Based Surveillance (EBS) workshop to reinforce capacities and knowledge within the country's surveillance system. This event additionally served to forge linkages with external stakeholders, including the Central Laboratory, veterinary services, the immunization program, Port Health, the Medical Mission, the malaria program, regional health services, and hospitals.

PAHO met with Fiocruz and **Brazil's** Ministry of Health to strengthen epidemiological surveillance along the country's borders. The Organization additionally worked with the Center for Strategic Information in Health Surveillance (CIEVS) to improve data for its dashboards to track COVID-19 and other diseases.

In **Mexico**, PAHO collaborated with GOARN to deliver an advanced training on Go.Data to over 30 health workers, with the aim of expanding the use of this tool to Mexico City and thirteen states in the country.



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 over **8 million** reactions/tests. To date, PAHO provided approximately 312,000 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material. Additionally, Member States have procured **13.4 million reactions/tests** through **PAHO's Strategic Fund**.

The Organization has delivered 370,000 **antigen-based rapid diagnostic tests (ag-RDTs)** to seven countries, while eight Member States have used the Strategic Fund to procure 2.6 million of these RDTs. This week, PAHO delivered 100,000 ag-RDTs to **Mexico** for use in the field.

To prepare for the roll out of ag-RDTs, PAHO conducted a train-the-trainer workshop in **Guyana**, starting with the country's National Laboratory.

Country

PAHO worked with **Brazil's** Laboratory Resources Management Committee of the Ministry of Health to formulate recommendations to develop a test protocol for new ag-RDTs.

In **Belize**, PAHO delivered enzymes, primers, and other supplies to the Central Medical Laboratory and worked with the Ministry of Health on the procurement of laboratory reagents. Following these discussions, PAHO donated four sets of E-gene for a total of 1200 reactions, two sets of positive controls, and one set of enzymes to strengthen SARS-CoV-2 PCR testing.

On 18 December, PAHO facilitated a training for private sector laboratory personnel from **Jamaica** to use ag-RDTs.

Suriname's Central Laboratory (CL) and the Medical Microbiology Laboratory (MML) at the Academic Hospital remain the only two laboratories responsible for SARS-CoV-2 testing. Previously, the laboratories had a combined testing capacity of about 500 tests per day. However during the week, PAHO delivered supplies and extraction kits which expanded testing capacity to approximately 4,500 tests for the CL alone, a boost for the country's laboratory capacity as it approaches 2021.



Figure 4: PAHO delivered supplies to Suriname's Central Laboratory and the Medical Microbiology Laboratory, both tasked with SARS-CoV-2 testing. Source: PAHO, December 2020



Infection Prevention and Control (IPC)

Regional

As part of PAHO's continued efforts to boost understanding and knowledge of IPC measures, PAHO held the fifth session of its third cohort for the **Caribbean** (190 participants trained).

Country

In **Belize**, PAHO delivered surgical masks, gowns, goggles, faceshields, and gloves to the Ministry of Health. Recipients of this donation included health workers, the Belize Defense Force, Coast Guard, prisons, the Red Cross, the Risk Disaster Management Unit, and children's homes.



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 **released an update to its document on 58 potential COVID-19 therapeutics**, the product of a series of rapid systematic reviews (including highlights in Spanish). This document synthesized evidence on 145 randomized controlled trials and observational studies.

Considering the breadth of knowledge and evidence related to COVID-19, PAHO maintains 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.

The Organization worked with countries in the Region 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. Updated information on deployed EMTs and AMCS throughout the Americas remained available at **PAHO's COVID-19 EMT Response** information hub at this [link](#).

In **Belize**, PAHO delivered two ventilators to the Karl Heusner Memorial Hospital (KMH) to expand hospital capacities.



Operational Support and Logistics

Regional and Country

The regional team continued to collaborate with regional, national, and international partners (including other UN agencies) on all matters related to procurement, shipping, freight, logistics and technical specifications for PPE, oxygen concentrators, IVDs, 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 procurement of COVID-19 response goods, supplies, and equipment. This has entailed reviewing technical specifications of procured goods, ensuring correct shipping documentation for customs clearance, and supporting countries with quality assurance issues.



Maintaining Essential Health Services during the Pandemic

The pandemic has created challenges to ensuring the continued supply of blood required by health systems. PAHO conducted a webinar to discuss challenges related to coverage, access, and availability of safe blood in the context of the pandemic (video recording available [here](#)).

In **Cuba**, PAHO worked with national counterparts to develop strategies for the epidemiological control of noncommunicable diseases as the COVID-19 pandemic continued to impact persons living with these health conditions.

PAHO provided **Jamaica** with recommendations for improving the management of its hospital beds.

PAHO coordinated a webinar as part of the Community of Practice for Primary Health Care in **Chile**, during which speakers discussed how the COVID-19 pandemic has impacted health workers, particularly their mental health. A recording of this meeting can be found [here](#).

In **Panama**, PAHO provided technical support to health authorities to collect, organize, and analyze data on human resources for health as a key step towards monitoring and defining evidence-based strategies during the pandemic.



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.

With WHO, PAHO is supporting countries' participation in the **SOLIDARITY trial**, which aims to assess the efficacy of possible therapeutics for COVID-19. PAHO also continued to collaborate with WHO on developing a seroepidemiology study, **SOLIDARITY II**, to study the prevalence of the virus across multiple countries.

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 21 December 2020, PAHO received US\$260 million in donor contributions and firm pledges.

You can donate to support PAHO's response to COVID-19 at this [link](#).

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.