

COVID-19



PAHO

PAHO/WHO Response. 25 January 2021. Report ° 42

HIGHLIGHTS

National Vaccine Deployment Plans (NVDPs) designed to protect at-risk populations

Bolivia, El Salvador, Grenada, Guyana, Honduras, and Saint Vincent and the Grenadines received PAHO support to review their NVDPs, while ensuring that frontline health workers, older persons, and those with underlying conditions were targeted for the first wave. This is a key step to access vaccines through the COVAX Facility.

Working alongside Brazil to combat COVID-19 in Manaus

PAHO provided surge support to Amazonas State to ramp up laboratory diagnostics, surveillance, clinical management, and planning for COVID-19 vaccine rollout (news story in Portuguese [here](#)).

Update on SARS-CoV-2 variants circulating in the Americas



An [epidemiological update](#) was published on 20 January 2021, with an analysis on the occurrence of variants of SARS-CoV-2 in the Americas. This report recognized that the Region of the Americas had contributed to the generation of genomic sequencing data through the [Regional Network for Genomic Surveillance of COVID-19](#).

SITUATION IN NUMBERS IN THE AMERICAS

as of 25 January 2021 (15:00)

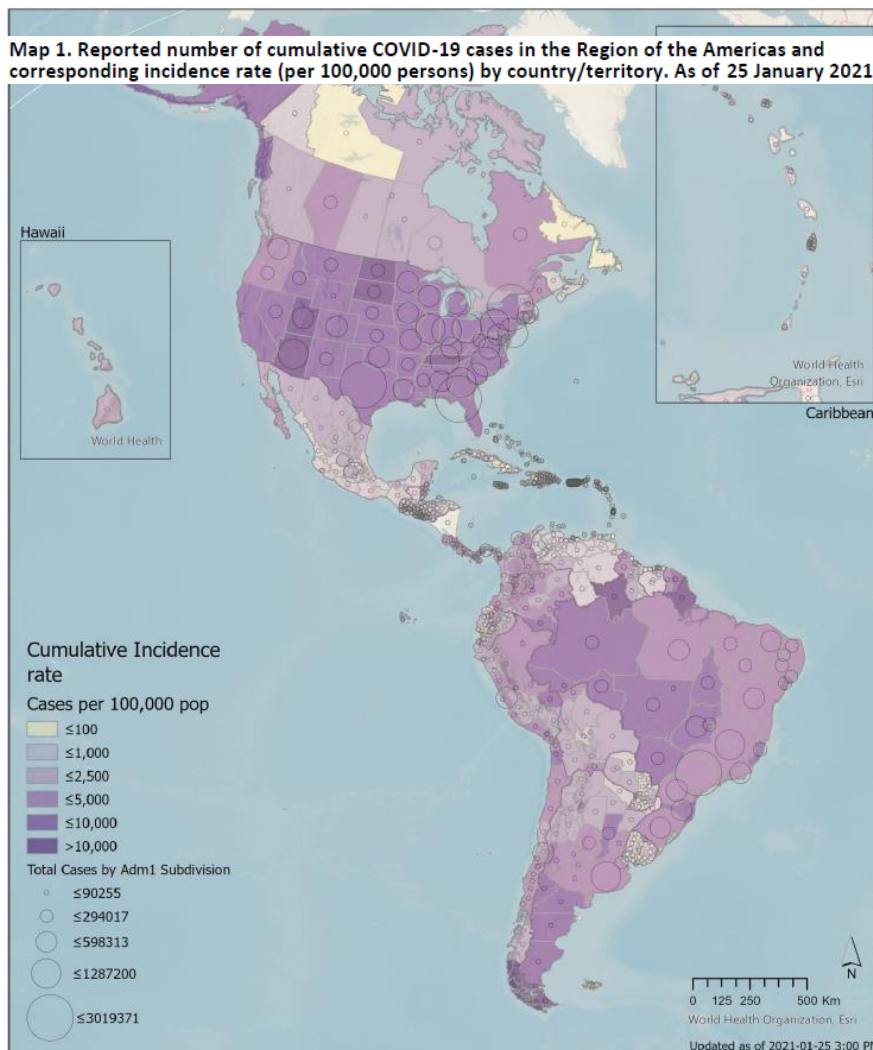
43,843,324
Confirmed cases

1,009,286 Deaths

56 Affected countries / areas / territories

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

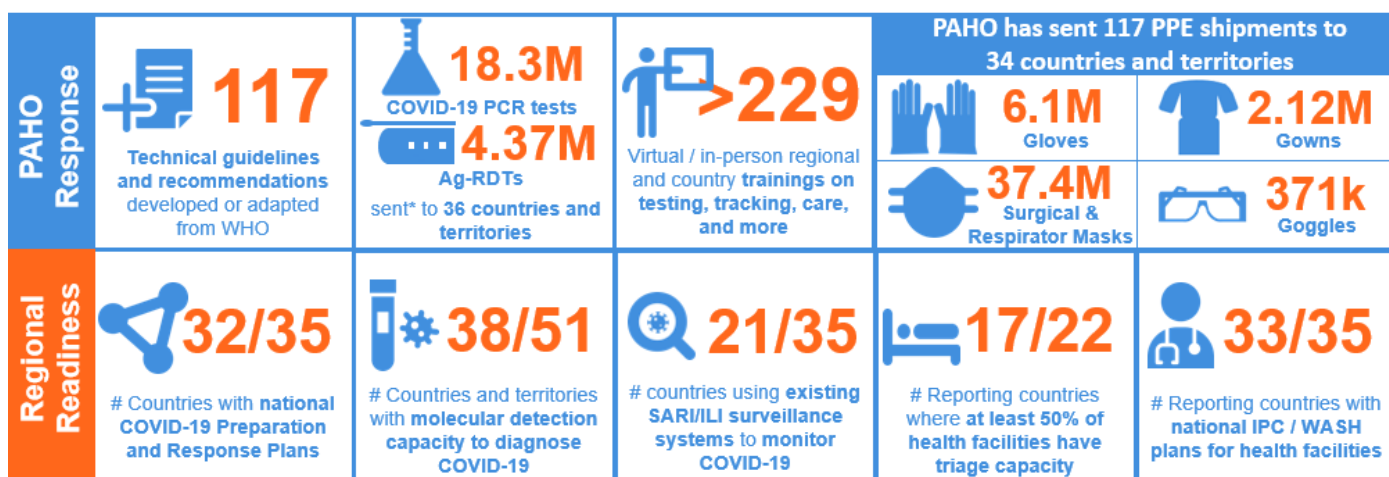


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[Link to PAHO's technical and epidemiological reports, guidance, and recommendations](#)

[Link to global operational situation reports](#)





PAHO/WHO Response (19 to 25 January 2021)

Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread 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**.

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. These efforts were aligned with the nine pillars of the [WHO Strategic Preparedness and Response Plan for COVID-19](#), [PAHO's Response Strategy and Donor Appeal](#), and [PAHO Resolution CD58.R9 approved by its Member States](#). Since then, the Organization has developed, published, and disseminated evidence-based technical documents to help guide countries' strategies and policies to manage this pandemic.

Response in Manaus, Brazil

Considering the ongoing challenges with COVID-19 cases in Amazonas State, Brazil, PAHO rapidly deployed a team to Manaus, capital of the state of Amazonas, to support the COVID-19 response in coordination with municipal, state, and national health authorities. PAHO's overall support encompassed:

- Laboratory:** PAHO supported in the hiring of forty-six laboratory technicians and workers to ramp up diagnostic capacities, while the Organization supported the development of technical guidelines and capacity building to use Antigen-based rapid diagnostic tests (Ag-RDT).
- Health systems and Clinical Management:** PAHO provided field support to local authorities in affected areas, with a focus on technical guidance on the use of oxygen concentrators and distribution to field hospitals.
- Vaccination:** Work continued in support of the state's central crisis management committee to plan for the deployment of COVID-19 vaccines.
- Surveillance:** The Organization provided technical cooperation to analyze COVID-19 data, as well as deaths that occurred in private homes, and to ensure that relevant information systems could capture the data necessary to monitor vaccination efforts.



This built on [prior PAHO technical cooperation](#) to the city of Manaus to improve the organization of Amazonas State's urgent and emergency care network, strengthening surveillance and laboratory capacities and other key response areas. More details can be found in this Portuguese-language [press release](#).

Laying the Groundwork to Roll out Vaccines in the Americas

Regional

Preparing to successfully deploy vaccines for COVID-19 requires countries to have detailed plans which factor in considerations ranging from regulatory and logistical issues to staff needs and ensuring equitable distribution, while targeting persons most at risk of infection (e.g., frontline health workers, older persons, and those with underlying conditions).

PAHO is helping countries throughout this planning process. To date, 18 countries have shared their **national vaccine deployment plans (NVDPs)** with PAHO for feedback, and 23 countries have completed the Vaccine Readiness Assessment tool.

This support included work with countries interested in gaining access to possible vaccine candidates through the [COVAX facility](#). The [PAHO Revolving Fund](#), which has four decades of experience procuring and distributing vaccines, will play a key role in this process, supporting countries along the way. In addition to vaccines, this Fund helps Member States with the acquisition of syringes, safety boxes, cold chain equipment and other supplies that allow vaccines to be safely delivered to every corner of our region. The Organization continued to convene joint information meetings with its Member States regarding COVAX.

PAHO provided technical cooperation to **Bolivia, El Salvador, Grenada, Guyana, Honduras, and Saint Vincent and the Grenadines** to prepare these countries for accessing the COVID-19 vaccine through the COVAX Facility given their eligibility for [advance market classification \(AMC\)](#) funds to cover their doses.

Country

In **Mexico**, PAHO met with the COVID-19 Vaccine Technical Advisory Group to share materials and recommendations for formulating the NVDP.

Among other countries, PAHO worked closely with health authorities from **Jamaica, Saint Vincent and the Grenadines, and Suriname** to finalize their NVDP, in addition to support for accessing the vaccine through the COVAX Facility.



Country-level Coordination, Planning, and Monitoring

Regional

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

Regulatory aspects for COVID-19

Health technology assessments (HTAs) are invaluable guidance for health authorities in the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas ([BRISA](#)) now has 286 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 national regulatory authorities (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

In **Mexico**, PAHO joined the Secretariat of Health and the Expanded Interagency Group for Health and Migration (which includes the Ministry of Health and the national agency for the integrated protection of children and adolescents) to exchange information and establish coordination and joint actions in relation to migrant populations. This coordination sought to establish mechanisms for the prevention, timely detection, and proper management of COVID-19 in migrants.

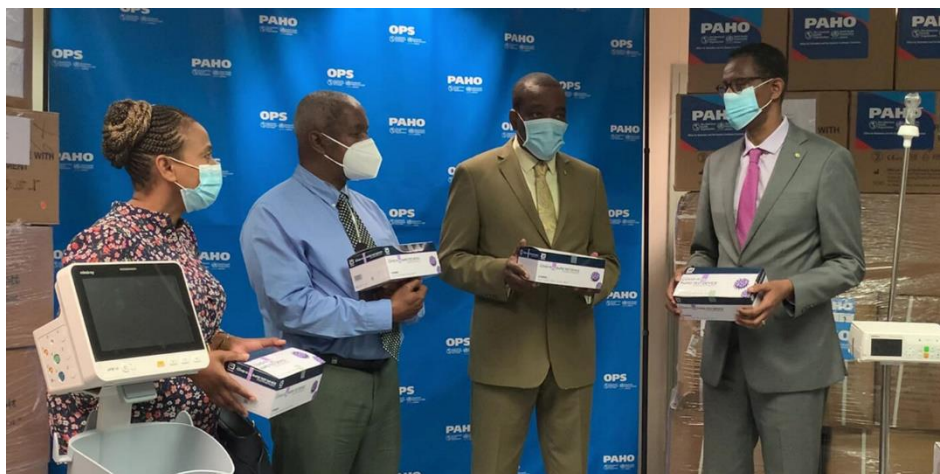


Figure 2: PAHO donated 20,000 rapid antigen based diagnostic test devices to Barbados, following a recent new government health policy that introduces a rapid antigen diagnostic test during the 14-day quarantine period to reduce the length of quarantine. Source: PAHO, 19 January 2021 [[Link](#)].

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.

During PAHO's **press briefing on 19 January** ([remarks available here](#)), the PAHO Director discussed the stress that health facilities were facing, as well as reports of oxygen-rationing from different countries in the Americas. In addition to reinforcing recommendations to sustain social distancing, to limit gatherings, and to promote mask wearing, PAHO encouraged countries to formulate national vaccine deployment plans to prioritize those at risk, such as health workers, older persons, and those with pre-existing conditions.



Surveillance, Rapid Response Teams, and Case Investigation

Publications



An **epidemiological update was published on 20 January 2021**, with an analysis on the occurrence of variants of SARS-CoV-2 in the Americas. This report recognized that the Region of the Americas had contributed to the generation of genomic sequencing data through the **Regional Network for Genomic Surveillance of COVID-19**.

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.

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. Through the collection of case-report forms of COVID-19 cases, PAHO has been able to analyze 66% of reported cases and 55% of deaths.

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 (3 new studies)**, 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.

Meanwhile, PAHO is conducting a pilot survey of contact tracing strategies in **Argentina, the Bahamas, Colombia, Costa Rica, and Chile**. This will facilitate the sharing of lessons learned and the identification of best practices.

Country

PAHO worked with **Jamaica** to support the country to update its surveillance guidance for COVID-19 considering WHO's updated case definition. In **Argentina**, PAHO worked with national counterparts to facilitate the exchange of best practices on contact tracing strategies. The Organization additionally coordinated with teams from the Salta Epidemiology Directorate and the Santa Teresita Hospital of the Cerrillos Department in order to implement the pilot protocol for evaluating the impact of Ag-RDT tests on reducing transmission.

In **Brazil**, PAHO supported national health authorities to analyze epidemiological data for COVID-19 and worked with Doctors Without Borders to consider measures that would best address the COVID-19 situation considering the country's epidemiological context.



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 417,950 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material. PAHO also delivered molecular detection material and laboratory supplies (swabs, primers, probes, plastic materials, reagents, among others) to **Bolivia, Dominican Republic, and Dominica**. Additionally, Member States have procured **ten million reactions/tests** through **PAHO's Strategic Fund**.

PAHO provided technical cooperation, including data review, troubleshooting sessions, and follow up calls, on laboratory diagnostics with teams from **Brazil, Dominica, Dominican Republic, Ecuador, Haiti, and Turks and Caicos**.



Figure 3: PAHO's Assistant Director and country Representative in Honduras accompanied the Minister of Health to update the country on the status of the upcoming roll out of the COVID-19 vaccine. Source: Ministry of Health of Honduras, 21 January 2021 [Link].

The Organization has delivered over one million **antigen-based rapid diagnostic tests (Ag-RDTs)** to sixteen countries, while ten countries have used the Strategic Fund to procure 3.2 million of these. During this reporting period, PAHO delivered 62,000 Ag-RDTs to Manaus, Brazil in support of the COVID-19 response in Amazonas State.

SARS-CoV-2 Variants of Concern

Various SARS-CoV-2 variants have been identified thanks to global genomic sequencing. These include the variants that were first detected in the United Kingdom and in South Africa. Given the heavy resource requirements needed to sequence all samples in the region to identify variants, PAHO continued to work closely with the laboratories of the countries of the Americas to help identify samples which could be prioritized for genomic sequencing.

To date, nineteen countries are participating in the COVID-19 Genomic Surveillance Network, with reference sequencing laboratories in Brazil and Chile (dashboard available [here](#)). Meanwhile, a total of **47 new SARS-CoV-2 full genome sequences** from **Bolivia** and **Guatemala** were generated at the PAHO Regional Sequencing Reference Laboratory for COVID-19 in FIOCRUZ (Brazil) and uploaded to GISAID, through the PAHO COVID-19 Genomic Surveillance Network.

Country

PAHO met with the Ministry of Health of **Brazil** and FIOCRUZ concerning the national seroprevalence survey for COVID-19.

In **Mexico**, PAHO provided technical advice to UNHCR on COVID-19 laboratory issues. Additionally, the Organization met to discuss strategies for reducing the risk of infection among humanitarian personnel as well as tertiary care hospitals.

PAHO donated 20,000 Ag-RDTs to the Ministry of Health and Wellness of **Barbados**, following a recent health policy announced by the government of Barbados which adopted the use of an Ag-RDT during the 14-day quarantine period to reduce the length of quarantine. More details about this story can be found [here](#).



Infection Prevention and Control (IPC)

Regional

Health workers are one of the most at-risk populations from COVID-19 infection. PAHO provided technical cooperation to the **Bahamas** and **Belize** to assess their national IPC programs.



Case Management

Regional

Therapeutics and Clinical Management

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. PAHO worked with **Colombia** and the **Dominican Republic** to support both countries to utilize this Platform.

Emergency Medical Teams (EMTs)

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](#).

PAHO held the **Regional Caribbean EMT Coordination course (Tier 1 - online training, 18-21 January, technical webinar 22 January)** to introduce the work with the Ministry of Health to coordinate the adoption of the **CICOM methodology** for setting up medical coordination and information cells as a key function of health emergency operations centers (EOCs). This course was made feasible with participation from experts from **Antigua and Barbuda, Grenada, and Turks and Caicos**.

The Organization worked with **Argentina** and **Colombia's** Fundación Barco San Raffaele to strengthen these countries' national EMT response. Meanwhile, Panama received PAHO recommendations to improve the set up of a SARI EMT in the country, ensuring compliance with EMT standards.

PAHO worked with national health authorities of **Peru** to monitor medical surge capacity using SISMED911, a free software to facilitate the timely delivery of services to people affected by an adverse situation, and to monitor resources and their availability. The Organization delivered a technical webinar on "**Digital Clinical Report for ambulance crew through SISMED911 platform**" with the participation of 16 professional from the SAMU Lima system for mobile urgent care.



Operational Support and Logistics

Regional

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. WHO issued interim guidance on the rational use of PPE for COVID-19 as well as considerations during severe shortages.

During this period, PAHO delivered 11,220 Ag-RDTs to **Ecuador**. This delivery will enable the country to expand COVID-19 diagnostics in the country as it works to control the spread of cases.



Maintaining Essential Health Services during the Pandemic

Regional and Country

The COVID-19 pandemic continues to create significant stressors on health systems, requiring an expansion to manage it. PAHO worked with **Ecuador** to improve the management of hospital services and ICU.

The COVID-19 pandemic has forced countries in the Americas to rapidly adapt their health services to cope with this new burden on health facilities and the wider system due to outbreaks. The Organization continued to work with health authorities to **assess the impact of the COVID-19 pandemic on essential health services**, using the WHO Pulse Survey instrument. This survey was first applied in the summer of 2020 (interim results available [here](#)), and will be applied every three months to rapidly identify which services have been most severely impacted, if not interrupted. This information gathered served to guide countries in prioritizing measures to maintain continuity in critical health services for the population.



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 worked with national authorities from **Peru** to establish a national *ad hoc* COVID-19 research ethics committee to look at issues arising from COVID-19 vaccine trials.

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

As of 26 January 2021, PAHO received US\$278 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 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.