

## Executive Summary

- Since the first confirmed cases of COVID-19 until epidemiological week (EW) 47 (ending 27 November 2021), 260,547,965 confirmed cumulative cases of COVID-19 have been reported globally, including 5,195,833 deaths, of which the Region of the Americas has contributed 37.1% of cases and 45.2% of deaths.
- The North America subregion continues accounting for the highest proportions of cases (77.8%) and deaths (72.0%) between EW 43 and EW 47. However, in comparison with the previous 4-week period (EW 38-EW 42), the number of reported cases decreased across all subregions. Additionally, comparing the same periods, the number of reported deaths also decreased across all subregions, with the largest decreases observed in the Caribbean and Atlantic Ocean Islands (a 59.2% decrease) and Central America (a 43.9% decrease) subregions.
- The SARS-CoV-2 variant of concern (VOC) Delta continues to be the predominant VOC in the Region of the Americas. Furthermore, the recently recognized VOC, Omicron, has been detected in the Region of the Americas.
- As of 30 November 2021, there have been a total of 342,513 SARS-CoV-2 infections among pregnant women, including 3,309 deaths (case-fatality rate 1.0%), reported in 35 countries and territories in the Region.
- Among indigenous populations in 18 countries of the Americas, a cumulative total of 710,027 cases have been reported, including 16,860 deaths.
- A total of 27 countries and territories have reported 8,686 cumulative confirmed cases of multisystem inflammatory syndrome in children and adolescents (MIS-C) temporally related to COVID-19, including 165 deaths.
- Among health workers, 41 countries and territories have reported 2,379,335 cumulative cases, including 12,898 deaths.

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## Global Situation Summary

Since the first confirmed cases of COVID-19 until the end of epidemiological week (EW) 47 of 2021, a cumulative total of 260,547,965 cases of COVID-19 have been reported globally, including 5,195,833 deaths. During the previous 5 epidemiological weeks;<sup>1</sup> an additional 17,193,564 confirmed cases and 246,534 additional deaths have been reported globally.

When comparing trends between EW 38-EW42 and EW 43-EW 47 of 2021,<sup>1</sup> an increase in the number of new cases (12.5%) and a decrease in new deaths (1.3%) has been observed globally. When looking at specific WHO Regions<sup>2</sup>, declines in the number of new reported cases have been noted in the WHO Africa Region (AFRO) (42.3%), the Eastern Mediterranean Region (EMRO) (34.5%), the South-East Asia Region (SEARO) (41.8%), the Western Pacific Region (WPRO) (32.7%) and the Region of the Americas (AMRO) (25.0%). Conversely, the WHO Region for Europe (EURO) has presented with an increase in newly reported cases (67.6%). Regarding deaths, a downward trend has been observed across most of the WHO Regions (as reported by AFRO, EMRO, SEARO, WPRO, and AMRO). Following a similar pattern as the increase in newly reported cases, the WHO Region for Europe has presented with an increase in the number of newly reported deaths, by 57.1%, during the same comparison period (**Figure 1**).

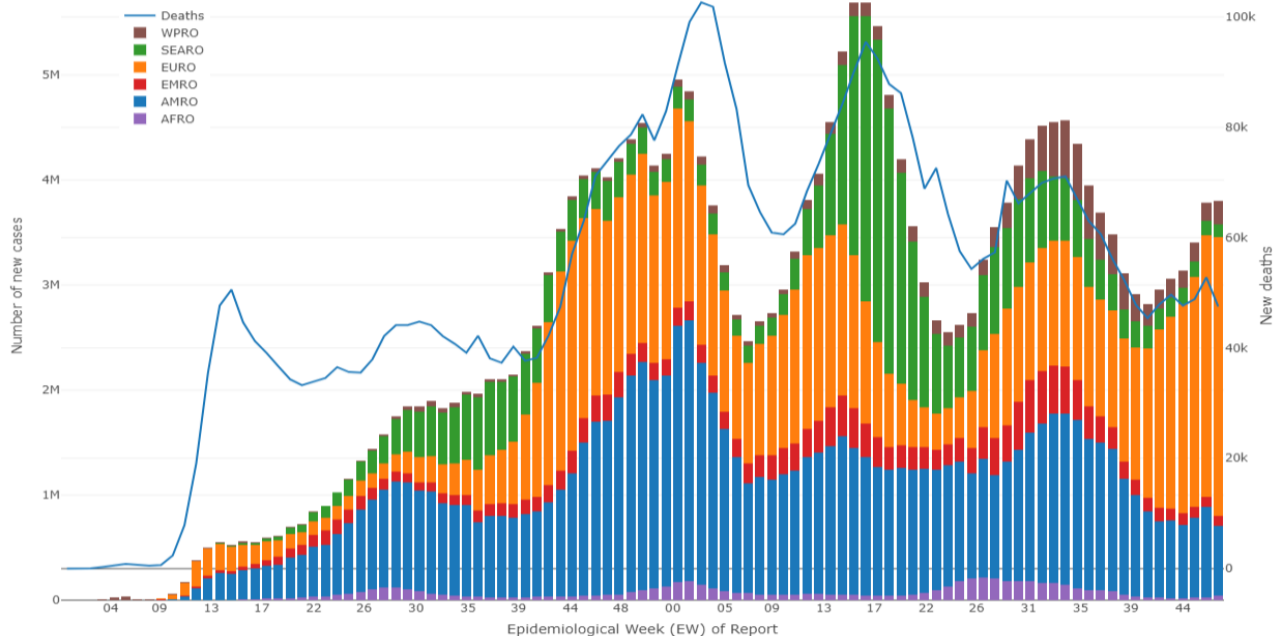
The increasing global trend in cases and deaths can be observed since EW 42. In EW 46 (14-20 November 2021), an increase in both cases (11.3%) and deaths (8%) compared to the previous week has been observed. While this increase was primarily driven by the WHO Region of Europe, the WHO Region of the Americas and Western Pacific Region also experienced increases, though to a lesser extent, during that period. Although the number of new cases reported at the global level in EW 47 (21-27 November 2021) remained like the previous week (a 0.3% increase), the number of new cases accelerated in the WHO Africa Region (93.2%) and continued increasing in the WHO Western Pacific Region (24.4%).

**Figure 1.** Distribution of global COVID-19 confirmed cases and deaths, by epidemiological week (EW) of report and WHO Region, as of EW 47 of 2021.

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<sup>1</sup> The most recent PAHO/WHO Epidemiological Update on COVID-19, published on 30 October 2021, available at: <https://bit.ly/3jU0asx> included data from approximately EW 38 (19-25 September 2021) to EW 42 (17-23 October 2021) of 2021; thus, it covered the period from 19 September to 23 October 2021. The current report includes data from EW 43 (24-30 October 2021) to EW 47 (21-27 November 2021); thus, it covers the period from 24 October to 27 November 2021 (approximately one month of data), unless otherwise stated. The following tables and figures may include retrospective adjustments and relative increases may be a result of delayed notification.

<sup>2</sup> Data is reported by the respective WHO Regional Offices: AFRO: WHO Regional Office for Africa; AMRO: WHO Regional Office for the Americas; EMRO: WHO Regional Office for the Eastern Mediterranean; EURO: WHO Regional Office for Europe; SEARO: WHO Regional Office for South-East Asia; WPRO: WHO Regional Office for the Western Pacific



**Note:**

AFRO: WHO Regional Office for Africa; AMRO: WHO Regional Office for the Americas; EMRO: WHO Regional Office for the Eastern Mediterranean; EURO: WHO Regional Office for Europe; SEARO: WHO Regional Office for South-East Asia; WPRO: WHO Regional Office for the Western Pacific

**Source:** WHO Coronavirus (COVID-19) data reproduced by PAHO/WHO. Available at: <https://covid19.who.int/info/>. Accessed on 29 November 2021.

## Situation Summary in the Region of the Americas

Since January 2020 – when the first COVID-19 cases were detected in the Region – and until EW 47 of 2021, a cumulative total of 96,674,045 confirmed cases of COVID-19, including 2,346,096 deaths, have been reported from all 56 countries and territories in the Region of the Americas, accounting for 37.1% of the globally reported cases and 45.2% of the globally reported deaths.

Since the previous PAHO/WHO Epidemiological Update on COVID-19, published on 30 October 2021<sup>3</sup> (end of EW 42), and as of the end of EW 47, 3,717,640 additional confirmed cases of COVID-19, including 61,566 additional deaths, have been reported in the Region of the Americas.

Compared with the previous 5-week period (EW 38-EW 42), the number of reported cases and deaths has decreased across all subregions. The highest decrease in cases was observed in the Central America subregion<sup>4</sup> (65.5%), and the highest decrease in deaths was observed in the Caribbean and Atlantic Ocean Islands subregion<sup>5</sup> (59.1%).

The North America subregion<sup>6</sup> remains as the major contributor for the number of new cases during this period (2,895,530, or 77.8% of the cases reported in the Region), followed by the South America<sup>7</sup> (665,416; 17.9%), Caribbean and Atlantic Ocean Islands (103,014; 2.8%), and Central America (55,461; 1.5%) subregions (**Figure 2a**).

The North America subregion also accounted for the highest proportion of reported deaths (72.0%) during EW 43–EW 47, with a total of 44,377 deaths reported, which represents a decrease of 21.5% compared to the previous period (**Figure 2b**).

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<sup>3</sup> PAHO/WHO. Epidemiological Update: Coronavirus disease (COVID-19). 30 October 2021, Washington, D.C.: PAHO/WHO; 2021. Available at: <https://bit.ly/3iU0asx>

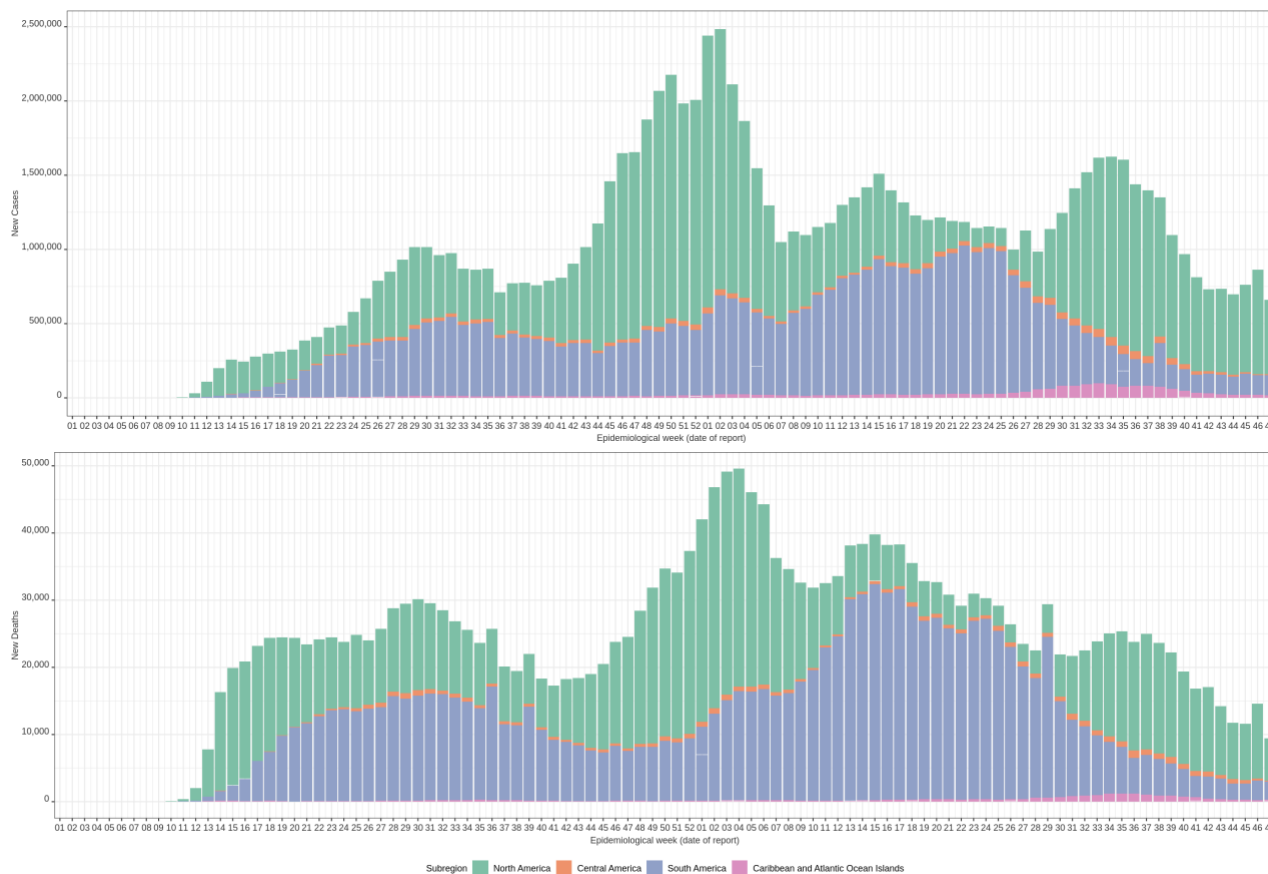
<sup>4</sup> Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.

<sup>5</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 Maarten, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos, and the United States Virgin Islands.

<sup>6</sup> Canada, Mexico, and United States of America.

<sup>7</sup> Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela.

**Figure 2a-b.** Distribution of confirmed COVID-19 cases and deaths, by subregion and epidemiological week (EW) of report. Region of the Americas. As of EW 47 of 2021.



**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.

## Spotlight on the Central America subregion

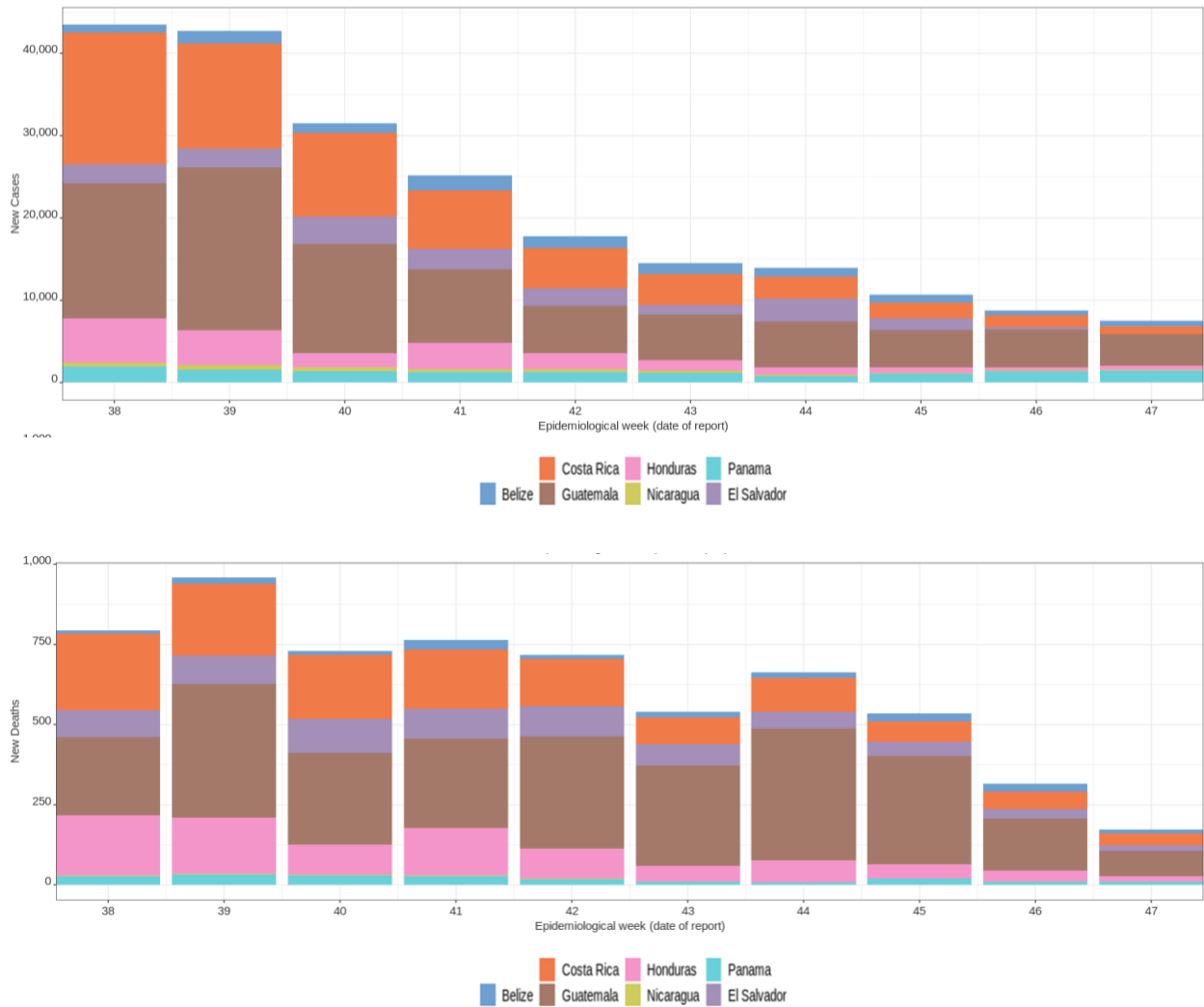
The following is a brief description of the COVID-19 trends in the Central America subregion.

Among all the subregions in the Americas, the Central America subregion has presented with the largest decrease in the number of reported COVID-19 cases, with a downward trend (ranging from 21.8% to 79.2%) observed in all the countries within this subregion during EW 43–EW 47 compared to EW 38–EW 42 of 2021. With regards to deaths, while nearly all the countries in this subregion reported a relative decrease in deaths, Belize reported an increase of 15.5% compared to the previous period.

During EW 43 to EW 47 of 2021, the following countries in this subregion were the main contributors in newly reported cases: Guatemala (24,036 new cases, representing 43.3% of cases reported in this subregion), followed by Costa Rica (10,590 new cases, representing 19.1% of cases), and Panama (5,843 new cases, representing 10.5% of cases) (**Figure 3a**). With regards to deaths, Guatemala accounted for more than half the deaths of the subregion reported during this period (1,302 new deaths, representing 58.5% of deaths reported in this subregion), followed

by Costa Rica (341 deaths, representing 9.7%), and El Salvador (215 deaths, representing 9.7%) (Figure 3b).

**Figure 3a-b.** Distribution of confirmed COVID-19 cases and deaths by country and epidemiological week (EW) of report. The Central America subregion. EW 38 - EW 47 of 2021.



**Source:** Information shared by 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

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 various microevolution processes and selection pressures, some additional mutations may appear, generating differences within each genetic group (called variants). It is important to mention that the names of the clade, lineage, variant, etc., are arbitrary and do not correspond to an official taxonomic hierarchy.

Since the initial identification of SARS-CoV-2 until 29 November 2021, more than 5,563,687 genomic sequences have been shared globally through publicly accessible databases.

As of 29 November 2021, 55 countries and territories in the Americas have reported a total of 2,140,700 SARS-CoV-2 sequences on the GISAID platform, from samples collected between February 2020 and November 2021. A total of 55 countries and territories have reported variants of concern (VOC)<sup>8</sup> and contributed genome data to GISAID. To note, the Falkland Islands (Malvinas) has reported VOCs but not contributed genome data to GISAID, while Sint Eustatius has contributed to GISAID but has not detected a VOC in the territory.

The list of SARS-CoV-2 variants, according to the WHO classification as of 29 November 2021,<sup>9</sup> is available in **Table 1**.

**Table 1.** SARS-CoV-2 variants of concern (VOC) and variants of interest (VOI), according to WHO classifications as of 29 November 2021.

SARS-CoV-2 Variants WHO classification	WHO Label	Pango lineage*
Variants of concern (VOC)	Alpha	B.1.1.7 †
	Beta	B.1.351
	Gamma	P.1
	Delta	B.1.617.2 ‡
	Omicron ‡	B.1.1.529
Variants of interest (VOI)	Lambda	C.37
	Mu	B.1.621

**Notes:**

\*Includes all descendent lineages. The full list of Pango lineages can be found at <https://bit.ly/3lAhser>; for FAQ, visit: <https://bit.ly/2VQQYMJ>

† includes all Q.\* lineages (in the Pango nomenclature system, Q is an alias for B.1.1.7)

‡ includes all AY.\* lineages (in the Pango nomenclature system, AY is an alias for B.1.617.2); for more information on AY.\* lineages, please visit: <https://bit.ly/3lFf99V>

‡ See Technical Advisory Group on SARS-CoV-2 Virus Evolution (TAG-VE) statement), please visit: <https://bit.ly/313npd6>

**Source:** WHO. Tracking SARS-CoV-2 variants.<sup>5</sup> Accessed on 29 November 2021.

<sup>8</sup> PAHO/WHO. PAHO Daily COVID-19 Update: 29 November 2021. Available at: <https://bit.ly/3xzsvtG>

<sup>9</sup> WHO. Tracking SARS-CoV-2 variants. Available at: <https://bit.ly/36FXgQY>



Globally, an increase in the number of countries and territories reporting VOC and VOI continues to be observed (**Table 2**). On 28 November 2021, following the classification of Omicron as a VOC, WHO published a technical brief with priority actions for Member States.<sup>10</sup> Cases of Omicron have already been identified in several countries, with a high likelihood of further spread. As of 29 November 2021, the detection of all five VOC has been reported in the Region of the Americas.

**Table 2.** Summary of the countries/territories reporting cases of SARS-CoV-2 variants of concern (VOC), as of 1 December 2021.

	WHO Label				
	Alpha	Beta	Gamma	Delta	Omicron
Number of countries/territories reporting cases globally	197	147	104	201	25
Number of countries/territories reporting cases in the Americas	50	26	42	54	3

**Note:**

\*Some countries have reported more than one VOC.

**Source:** WHO. COVID-19 Weekly Epidemiological Update. Published on 30 November 2021.<sup>6</sup>

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.

## II. Vaccination, hospitalizations, and mortality rate

Several publications<sup>11,12,13,14</sup> regarding the impact of COVID-19 vaccination campaigns bring a sense of hope in achieving a decrease in mortality rates and intensive care unit (ICU) hospitalizations, particularly among older adults. Nevertheless, it is important to consider that COVID-19 vaccination campaigns are not sufficient in and of themselves to prevent and control the transmission of SARS-CoV-2; therefore, public health and social distancing measures should be maintained in accordance with the epidemiological situation of each country and territory.

Until EW 8 of 2021 (27 February 2021), many countries had low vaccination coverage, with the highest coverage at that time observed in the United States with 15-25% of its population fully vaccinated. With the expansion in the supply of vaccine doses, by EW 26 of 2021 (until 3 July 2021) most countries in the Americas Region had reached between 10 and 25% vaccine coverage. As of the end of EW 47 of 2021 (until 27 November 2021), high rates of fully vaccinated

<sup>10</sup> WHO. Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States. Available at: <https://bit.ly/3lo0Yqv>

<sup>11</sup> Cook TM, Roberts JV. Impact of vaccination by priority group on UK deaths, hospital admissions and intensive care admissions from COVID-19. Available at: <https://doi.org/10.1111/anae.15442>

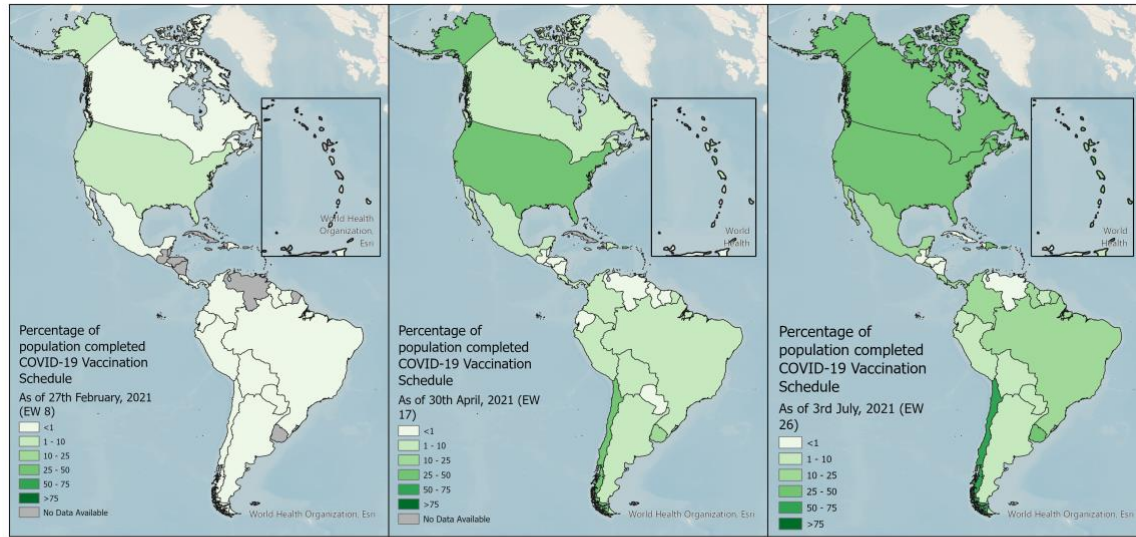
<sup>12</sup> Leshem E, Wilder-Smith A. COVID-19 vaccine impact in Israel and a way out of the pandemic. *The Lancet* 2021 May 5 doi: 10.1016/S0140-6736(21)01018-7. Available at: <https://bit.ly/3hk18xC>

<sup>13</sup> Haas E, Angulo F, et al. Impact and effectiveness of mRNA BNT162b2 vaccine against SARS-CoV-2 infections and COVID-19 cases, hospitalizations, and deaths following a nationwide vaccination campaign in Israel: an observational study using national surveillance data. *The Lancet* 2021, ISSN 0140-6736, Available at: [https://doi.org/10.1016/S0140-6736\(21\)00947-8](https://doi.org/10.1016/S0140-6736(21)00947-8)

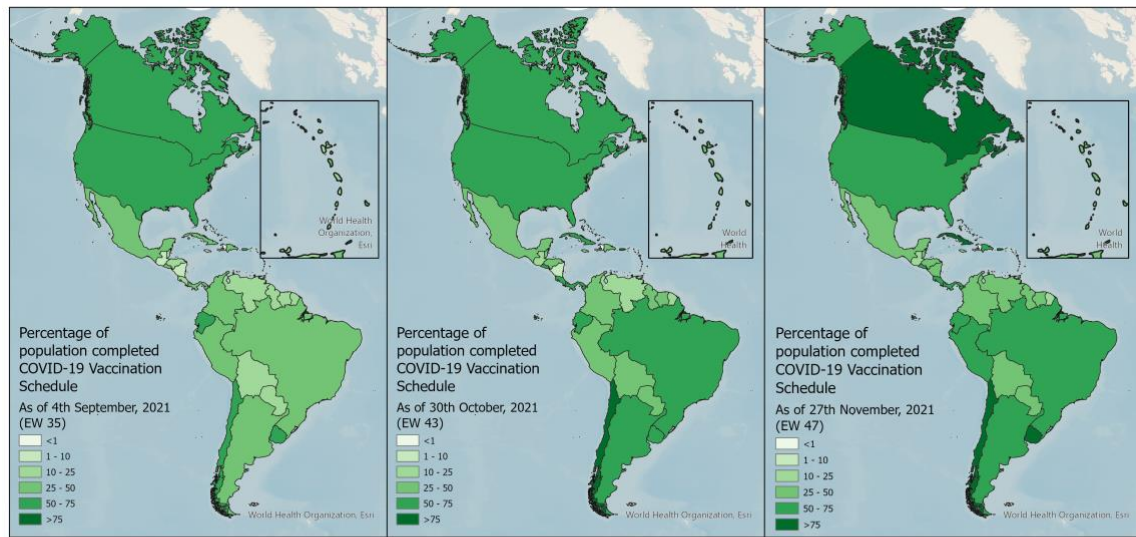
<sup>14</sup> Moghadas, SM, Vilches, TN, Zhang, et al. The impact of vaccination on COVID-19 outbreaks in the United States. *Clin Infect Dis* 2021; Available at: <http://doi.org/10.1093/cid/ciab079>

populations is being reported by few countries, such as Canada, Chile, Cuba, and Uruguay, as can be seen in **Figure 4**.

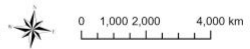
**Figure 4.** Percent of population with complete COVID-19 vaccine schedule in the Region of the Americas. Epidemiological week (EW) 8 to EW 47 of 2021.



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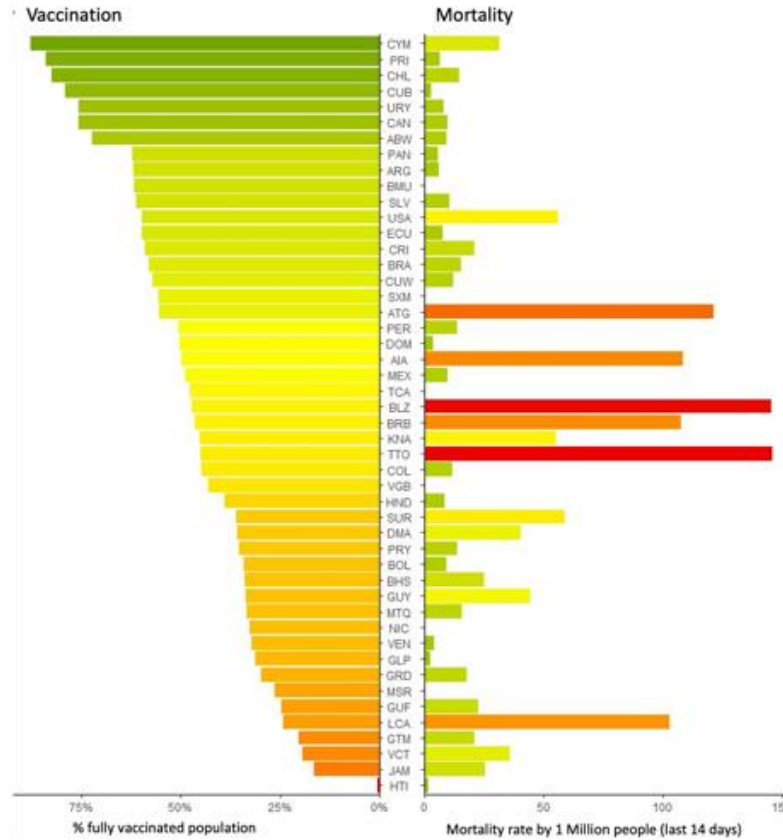


**Source:** COVID-19 Vaccination in the Americas and Covid-19 Mortality rate. Available at : [https://ais.paho.org/imm/IM\\_DosisAdmin-Vacunacion.asp](https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion.asp) and <https://covid19.who.int/>

Among the total countries and territories in the Region of the Americas, 7 countries/territories have complete COVID-19 vaccine schedule coverage of more than 70% (**Figure 5**). Notably, a

higher mortality rate is observed in the countries and territories with COVID-19 vaccine coverage under 50%.

**Figure 5.** Percent of population with complete COVID-19 vaccine schedule at the end of epidemiological week (EW) 47 of 2021 (left) versus COVID-19 mortality rate (per 1 million population) (right). Region of the Americas.



**Source:** COVID-19 Vaccination in the Americas and Covid-19 Mortality rate. Available at: [https://ais.paho.org/imm/IM\\_DosisAdmin-Vacunacion.asp](https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion.asp) and <https://covid19.who.int/>

COVID-19 vaccination activities are occurring at different rates across the subregions in the Americas, indicating that vaccine availability is not the only factor driving vaccination rates. Initially, North America<sup>15</sup> subregion had the highest vaccination rate between EW 7 and EW 17 of 2021, followed by the Southern Cone<sup>16</sup> subregion. After EW 17 of 2021, North America has maintained a consistent rate of vaccination. Conversely, the Southern Cone, Andean Region and Brazil<sup>17</sup>, and Central America<sup>18</sup> subregions have intensified the vaccination rate for COVID-19, especially between EW 29 and EW 31 of 2021, maintaining higher vaccination rate thus far (**Figure 6, left**). Nonetheless, in the last 8 weeks, the vaccination growth rate has been very low, with an increase of less than 0.25% (**Figure 6, right**). COVID-19 vaccines continue to be the greatest control tool for this pandemic.

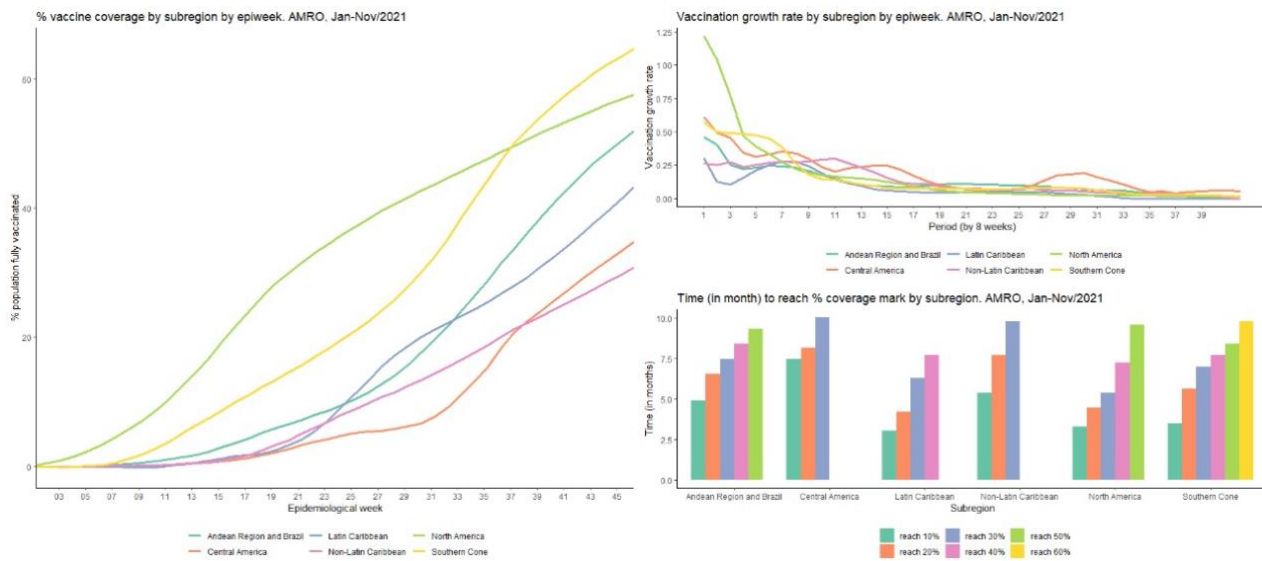
<sup>15</sup> Subregion comprising Canada, Mexico and United States of America

<sup>16</sup> Subregion comprising Argentina, Chile, Paraguay and Uruguay

<sup>17</sup> Subregion comprising Brazil, Bolivia, Colombia, Ecuador, Peru and Venezuela

<sup>18</sup> Subregion comprising Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.

**Figure 6.** Evolution of COVID-19 vaccination coverage by subregion in the Region of the Americas<sup>15,16,17,18,19,20</sup>, January to November 2021.



**Note:** Data as of 19 November 2021.

**Source:** COVID-19 Vaccination in the Americas. Available at: [https://ais.paho.org/imm/IM\\_DosisAdmin-Vacunacion.asp](https://ais.paho.org/imm/IM_DosisAdmin-Vacunacion.asp).

<sup>19</sup> non-Latin Caribbean Subregion comprising Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, Bonaire, Cayman Islands, Curaçao, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saba, Sint Eustatius, Sint Maarten, St Kitts & Nevis, St Lucia, St Vincent & The Grenadines, Suriname, Trinidad & Tobago, Turks and Caicos Islands and British Virgin Islands

<sup>20</sup> Latin Caribbean Subregion comprising Cuba, Dominican Republic, French Guiana, Guadeloupe, Haiti, Martinique, and Puerto Rico

### III. COVID-19 during pregnancy

New evidence is being generated about the importance of COVID-19 during pregnancy. And the importance of COVID-19 vaccination campaigns, together with social distancing measures, hand hygiene and the proper use of face masks, targeted to this population group are expected to impact the severity and mortality observed thus far.

A study<sup>21</sup> conducted by the United States Centers for Disease Control and Prevention (US CDC) identified that among 1,249,634 delivery hospitalizations during March 2020–September 2021, women with COVID-19 were at an increased risk for stillbirth compared with women without COVID-19 (adjusted relative risk [aRR] = 1.90; 95% CI = 1.69–2.15). The magnitude of association was higher during the period with predominant VOC Delta circulation compared to the pre-Delta period. The study found that implementing evidence-based COVID-19 prevention strategies, including vaccination before or during pregnancy, is critical to reduce the impact of COVID-19 on stillbirths. However, further studies should be implemented to understand the risk factors related to COVID-19 during pregnancy.

Since the first reported cases of COVID-19 in the Americas and until 26 November 2021, there have been a total of 342,513 SARS-CoV-2 infections among pregnant women, including 3,309 deaths (case-fatality rate 1.0%), reported in 35 countries and territories for which information was available; this report includes data for two additional territories (Aruba and Sint Maarten) compared to the previous report.

Compared to the data presented in the last PAHO/WHO Epidemiological Update on COVID-19, published on 30 October 2021,<sup>3</sup> this represents 17,286 additional cases and 72 additional deaths. During the same period, the highest relative increases in confirmed cases occurred in Belize (50% increase, 311 additional cases) and Bermuda (45% increase, 9 additional cases). Among deaths, the highest relative increases were observed in Belize (80% increase, 8 additional deaths) and Costa Rica (17% increase, 2 additional deaths) (**Table 3**).

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<sup>21</sup>De Sisto, C., Wallace, B., Simeone, R., et. al.. Risk for Stillbirth Among Women With and Without COVID-19 at Delivery Hospitalization – United States, March 2020 – September 2021. US CDC. Morbidity and Mortality Weekly Report. November 26, 2021, Vol. 70, No. 4. Available at: <https://bit.ly/31fhK3V>

**Table 3.** SARS-CoV-2 infections and deaths among pregnant women, by country/territory. Region of the Americas. January 2020 to 26 November 2021\*.

Country	Number of pregnant women positive for SARS-CoV-2	Number of deaths among pregnant women positive for SARS-CoV-2	Case fatality rate (%)
Anguilla	8	0	0
Antigua and Barbuda**	4	0	0.00
Argentina	22,484	215	0.96
Aruba	38	0	0.00
Bahamas**	101	1	0.99
Belize	626	10	1.60
Bermuda	20	0	0.00
Bolivia**	3,405	51	1.50
Brazil	15,360	1,302	8.48
British Virgin Islands**	3	0	0.00
Canada**	8,552	3	0.04
Cayman Islands	11	0	0.00
Chile**	16,093	16	0.10
Colombia	18,759	193	1.03
Costa Rica	1383	12	0.80
Cuba	5,949	95	1.60
Dominican Republic	1586	45	2.84
Ecuador	2,844	57	2.00
El Salvador**	564	15	3.31
Guatemala**	1,958	15	0.77
Guyana**	13	0	0.00
Haiti**	106	4	3.77
Honduras**	818	56	6.85
Mexico	30,858	636	2.06
Panama	2,619	14	0.53
Paraguay	2,162	89	4.10
Peru	55,440	190	0.34
Saint Kitts and Nevis**	15	0	0.00
Saint Lucia	46	0	0.00
Sint Maarten	21	0	0.00
Suriname	580	22	3.79
Turks and Caicos	29	0	0.00
United States of America	147,516	240	0.16
Uruguay**	1,765	12	0.68
Venezuela**	777	16	2.06
<b>Total</b>	<b>342,513</b>	<b>3,309</b>	<b>0.97</b>

**Note:**

N/A: Data not available.

& Corresponds to pregnant and postpartum women

≠ The information presented for Brazil corresponds data extracted from the Influenza Epidemiological Surveillance Information System (SIVEP-Gripe).

\* 30 November 2021 corresponds to the date of the most recent report received by PAHO/WHO; 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 30 October 2021 PAHO/WHO Epidemiological Update on COVID-19<sup>3</sup>

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

According to data obtained from 24 countries in 2021 compared to the data reported in 2020, there has been an increase in both the number of cases and deaths among pregnant women positive for SARS-CoV-2 infection (**Table 4**). While most countries have reported a higher maternal mortality ratio (MMR) in the current year, this increase has been particularly high in some countries such as Paraguay, Suriname, and Chile where an 8785.7%, 1004.5%, and 697.7% increase in the MMR is observed, respectively, when comparing data from 2021 to 2020. Several factors may explain the variations shown below, including differences across surveillance systems, surveillance strategies as the pandemic evolves, immunization strategies, and vaccine availability for pregnant women in different countries.

**Table 4.** Select COVID-19 indicators related to pregnancy in countries of the Americas. 2020 and 2021 (January to November 2021).

Country	Year 2020			January - November 2021		
	Number of pregnant women positive for SARS-CoV-2	Number of deaths among pregnant women positive for SARS-CoV-2	MMR*	Number of pregnant women positive for SARS-CoV-2	Number of deaths among pregnant women positive for SARS-CoV-2	MMR*
Argentina &	9,001	41	5.5	13,483	174	23.2
Belize	181	2	28.4	445	8	150.6
Bolivia	963	31	12.5	2,442	20	8.1
Brazil	5,489	256	9.0	9,871	1046	37.0
Canada	2,925	1	0.26	5,627	2	0.52
Chile	6,610	2	0.9	9,220	14	6.2
Colombia	7,994	56	7.7	10,765	137	22.4
Costa Rica	335	3	0.4	1,048	9	0.1
Cuba	180	0	0.0	5,769	95	87.3
Dominican Republic	707	36	21.7	879	9	6.3
Ecuador	1,589	29	8.6	1,255	28	8.3
El Salvador	272	10	9.0	292	5	4.5
Guatemala	652	8	1.9	1,306	7	1.6
Haiti	79	4	5.1	27	0	0.0
Honduras	508	15	7.2	310	41	19.6
Mexico&	10,568	205	9.4	20,293	431	25.5
Panama &	1,697	9	11.3	922	5	6.3
Paraguay &	599	1	0.7	1,563	88	61.5
Peru	40,818	81	14.3	14,622	109	19.2
Saint Lucia	5	0	0.0	41	0	0.0
Suriname &	184	2	18.9	396	20	189.8
United States of America	68,459	80	2.0	79,057	160	4.0
Uruguay	106	0	0.0	1,659	12	25.5
Venezuela	338	9	1.5	439	7	1.1

**Note:** & Correspond to pregnant and postpartum women

\* MMR Maternal mortality ratio, calculated using deaths among pregnant women (in some instances, including postpartum deaths) positive to SARS-CoV-2. Per 100,000 live new births.

**Source:** Latin American Center for Perinatology/Women's Health and Reproductive Health (CLAP/SMR) and information shared with PAHO/WHO by 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

Since January 2020 and until 26 November 2021, there have been 710,027 confirmed cases of COVID-19, including 16,860 deaths, reported among indigenous populations in 18 countries in the Region of the Americas for which information was available (**Table 5**). Compared to the data in the last PAHO/WHO Epidemiological Update on COVID-19, published on 30 October 2021,<sup>3</sup> this represents 45,021 additional cases and 430 additional deaths. Comparing the same periods, the largest relative increases in cases were observed in Peru (33%, 14,903 additional cases) and Canada (8%, 4,010 additional cases), and the largest relative increases in deaths were observed in Canada (12%, 63 additional deaths) and Suriname (9%, 7 additional deaths).

**Table 5.** Cumulative number of confirmed cases and deaths of COVID-19 among indigenous populations in the Region of the Americas. January 2020 to 26 November 2021\*.

Country	Number of COVID-19 confirmed cases	Number of deaths
Argentina	3,191	115
Belize	4,375	65
Bolivia**	30,603	575
Brazil	55,671	838
Canada	49,612	532
Chile**	68,425	1,275
Colombia	71,665	2,088
Costa Rica	2,824	37
Ecuador	6,560	226
Guatemala**	36,776	749
Guyana**	95	6
Mexico	35,108	4,410
Panama	6,972	125
Paraguay	596	77
Peru	45,850	734
Suriname	2,916	79
United States of America	287,099	4,860
Venezuela**	1,689	69
<b>Total</b>	<b>710,027</b>	<b>16,860</b>

**Note:**

\* 26 November 2021 corresponds to the date of the most recent report received by PAHO/WHO; 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 30 October 2021 PAHO/WHO Epidemiological Update on COVID-19.<sup>3</sup>

‡ No update was available for the number of deaths among Indigenous populations.

**Source:** 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.



## V. COVID-19 among populations under 20 years of age

Since the beginning of the pandemic, children and adolescents, compared to other age groups, showed a lower risk of illness and death from COVID-19. Additionally, it has been recognized that children and adolescents are being particularly affected by the measures taken to control the transmission of the virus. These indirect effects include the negative consequences of school closures, restrictions on the movement of people which limit opportunities for play and relationships with family and friends, the loss of work and income that also affect the mental health of caregivers and consequently the relationships between children and their caregivers, and the disruption of health and social protection services, among others.<sup>22</sup> In order to support Member States and decision-makers, PAHO/WHO has issued Considerations for school-related public health measures for populations in vulnerable conditions in the context of COVID-19. The full report is available at: <https://bit.ly/3EvxvIB>.

The latest WHO Scientific Brief on COVID-19 in children and adolescents summarizes current knowledge about SARS-CoV-2 acquisition and transmission in this population. The full report is available at: <https://bit.ly/3pOg4Zm>.

### **Multisystem inflammatory syndrome in children and adolescents (MIS-C) temporally related to COVID-19**

Globally, various reports and scientific publications, have described groups of children and adolescents requiring admission to intensive care units (ICU) due to a multisystem inflammatory condition with some features similar to those of Kawasaki disease and toxic shock syndrome. Based on the available evidence, WHO has provided the case definition of this syndrome, called multisystem inflammatory syndrome in children and adolescents (MIS-C) temporally related to COVID-19, available at: <https://bit.ly/3xHfcra>.

Although MIS-C is considered a rare event, these cases present important challenges for health systems, and can lead to severe clinical presentations and even death.

In the Region of the Americas, PAHO/WHO began active surveillance of MIS-C cases in June 2020, inviting Member States to share a minimum set of epidemiological variables allowing for the characterization of MIS-C in the Region.

Between mid-May 2020 and 29 November 2021, a cumulative total of 8,686 confirmed cases of MIS-C temporally related to COVID-19, including 165 deaths (case-fatality rate 1.9%), have been reported in 27 countries/territories of the Region of the Americas (**Table 6**). During this same period, 22 countries and territories have officially reported to PAHO/WHO that they have not detected cases of MIS-C. Belize officially reported no cases of MIS-C in the country for the first time.

Since the last PAHO/WHO Epidemiological Update on COVID-19, published on 30 October 2021<sup>3</sup> and until 29 November 2021, there were 464 additional confirmed cases reported and 5 additional deaths.

As the numbers of cases of MIS-C increase, it is important that each country and territory characterizes the cases<sup>23</sup> to better understand the clinical presentation and outcomes, severity, treatment.

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<sup>22</sup> UN Sustainable Development Group. Policy Brief: The Impact of COVID-19 on children. April 2020. Available at: <https://bit.ly/38r1JbH>

<sup>23</sup> WHO. Case Report Form for suspected cases of multisystem inflammatory syndrome (MIS) in children and adolescents temporally related to COVID-19. Available at: <https://bit.ly/3cTmrUF>

**Table 6.** Distribution of cumulative confirmed cases and deaths of multisystem inflammatory syndrome in children and adolescents (MIS-C) temporally related to COVID-19 in the Region of the Americas, by country/territory. May 2020 to 29 November 2021.

Country/Territory	Number of Confirmed Cases	Number of Confirmed Deaths
Argentina	217	1
Barbados	2	1
Bolivia	1	1
Brazil	1,377	84
Canada	145	0
Chile	404	5
Colombia	17	6
Costa Rica	57	1
Cuba	3	0
Dominican Republic	144	6
Ecuador	28	0
El Salvador	30	0
French Guiana	3	0
Guadeloupe	15	0
Guatemala	2	0
Honduras	3	0
Martinique	13	0
Panama	92	2
Paraguay	150	9
Peru	21	0
Puerto Rico	*	*
Saint Lucia	1	0
Saint Martin	**	**
Trinidad and Tobago	29	0
United States	5,711	49
Uruguay	22	0
Venezuela	195	0
<b>Total</b>	<b>8,686</b>	<b>165</b>

**Notes:** 29 November 2021 corresponds to the date of the most recent report received by PAHO/WHO; 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.

\*According to the United States Centers for Disease Control and Prevention (US CDC) website, the data for the United States includes 52 US jurisdictions (including 49 states, New York City, Puerto Rico, and Washington, DC). Available at: <https://bit.ly/2SrKBOj>.

\*\*Two cases of MIS-C were previously reported for Saint Martin but have since been reclassified under Guadeloupe.

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

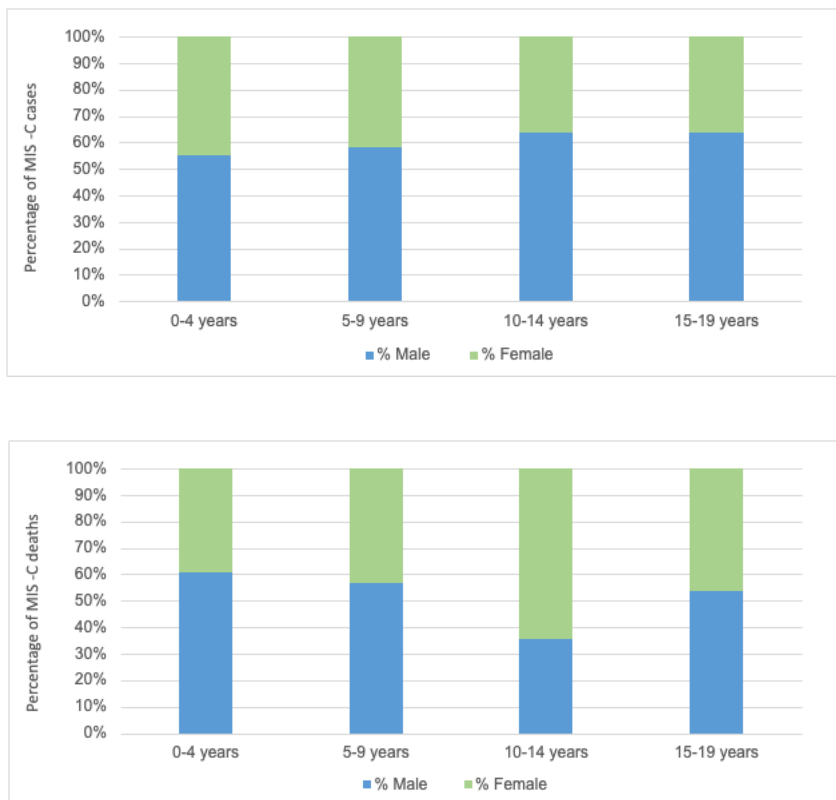
Of the total number of reported cases for which data on age and sex were available (n=8,209), the distribution of cases among age groups was 30% among 0 to 4 years of age, 33% among 5 to 9 years of age, 26% among 10 to 14 years of age, and 11% among 15 to 19 years of age (the United States of America includes 20-year-olds in this age group). Regarding the distribution by sex, 59% of the cases were male.

Among the 160 deaths for which data on age and sex were available, 32% were among the 0 to 4 years of age group, 23% were 5 to 9 years of age, 19% were 10 to 14 years of age, and 26% were 15 to 19 years of age. Regarding the distribution by sex, the gap between males and females is closer, with 53% of the deaths among males.

Among cases by age group and sex, the distribution of males versus females among the group of 0 to 4-years of age (55% male, 45% female) is lower than the overall distribution of MIS-C cases by sex (59% male, 41% female), while the distribution among the group of 10 to 14-years of age and 15 to 19-years of age (64% male, 36% female, respectively) is higher, with approximately two-thirds of MIS-C cases occurring among males for each of these two age groups. The distribution of males versus females among the 5 to 9-years age group (58% male, 42% female) is approximately the same as the overall distribution of MIS-C cases by sex. **(Figure 7a)**

Among deaths by age group and sex, the distribution of males versus females among the age group of 0 to 4-years of age (61% male, 39% female) and 5 to 9-years of age (57% male, 43% female) is higher than the overall distribution of MIS-C fatal cases by sex (53% male, 47% female) while the distribution among 15 to 19-years of age (54% male, 46% female) generally aligns with the overall distribution observed in MIS-C cases. Conversely, among the 10 to 14-years of age group, the proportion among females is greater than males (35% male, 65% female). **(Figure 7b)** The potential factors contributing to these differences warrant further investigation and should continue to be monitored.

**Figure 7a-b.** Percentage of confirmed cases and deaths of multisystem inflammatory syndrome among children and adolescents (MIS-C) temporally related to COVID-19 in the Region of the Americas, by age group and sex. May 2020 to 29 November 2021\*.



**Notes:** \*29 November 2021 corresponds to the date of the most recent report received by PAHO/WHO; 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.

## VI. COVID-19 among health workers

Since the first confirmed cases of COVID-19 were reported in the Region of the Americas and until 29 November 2021, at least 2,379,335 COVID-19 cases among health workers, including 12,898 deaths, have been reported according to the data made available by 41 countries and territories in the Americas (**Table 7**). This represents 202,822 additional cases and 1,058 additional deaths since the last PAHO/WHO Epidemiological Update on COVID-19, published on 30 October 2021.<sup>3</sup> The total number of cases represents 16% of the estimated 15 million health workers in the Americas.<sup>24</sup>

**Table 7.** Distribution of cumulative confirmed cases and deaths of COVID-19 among health

<sup>24</sup> PAHO/WHO. Weekly Press Briefing on COVID-19: Director's Opening Remarks, 12 May 2021. Available at: <https://bit.ly/3uEhbKC>

workers in the Region of the Americas. January 2020 to 30 November 2021\*.

Country	Number of confirmed cases of COVID-19	Number of deaths
Anguilla	13	0
Antigua and Barbuda**	44	2
Argentina	240,261	1,273
Aruba	301	0
Bahamas**	955	14
Belize	542	4
Bermuda	59	0
Bolivia**	28,418	456
Bonaire	123	1
Brazil	655,105	903
British Virgin Islands**	141	0
Canada**	113,105	64
Cayman Islands	36	0
Chile**	64,681	134
Colombia	68,230	337
Costa Rica	8,969	57
Curacao	138	0
Dominica**	1	0
Dominican Republic	1,645	23
Ecuador	13,332	156
El Salvador**	7,643	79
Falkland Islands**	12	0
Grenada**	14	0
Guatemala**	8,642	65
Haiti**	781	3
Honduras**	13,668	115
Jamaica**	861	4
Mexico	286,285	4,572
Panama	9,078	115
Paraguay	17,839	183
Peru	76,099	1,475
Saint Kitts and Nevis**	34	0
Saint Lucia	246	0
Saint Vincent and the Grenadines**	31	0
Sint Eustatius	8	0
Sint Maarten	73	0
Suriname	1,722	3
Turks and Caicos	110	0
United States of America	761,378	2,810
Uruguay**	9,745	28
Venezuela**	6,806	205
<b>Total</b>	<b>2,379,335</b>	<b>12,898</b>

**Notes:** \* 30 November 2021 corresponds to the date of the most recent report received by PAHO/WHO; 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.


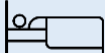





‡ The information Mexico presents corresponds to the occupation variable of the Epidemiological Surveillance System for Viral Respiratory Disease (SISVER). The analysis reflects cases reported performing a health-related occupation. It is important to clarify that the information collected in SISVER does not allow to identify if the contagion 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.

**Source:** 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 for national authorities

PAHO/WHO continues to reiterate and update recommendations to support all Member States on management and protection measures for COVID-19 and reiterates the recommendations included in the PAHO/WHO 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><b>WHO resources available at:</b> <a href="https://bit.ly/30zjmCj">https://bit.ly/30zjmCj</a></p> <p><b>PAHO/WHO resources available at:</b> <a href="https://bit.ly/36DJi3B">https://bit.ly/36DJi3B</a></p>	<p><b>WHO resources available at:</b> <a href="https://bit.ly/3li6wQB">https://bit.ly/3li6wQB</a></p> <p><b>PAHO/WHO resources available at:</b> <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><b>WHO resources available at:</b> <a href="https://bit.ly/3d3TJ1g">https://bit.ly/3d3TJ1g</a></p> <p><b>PAHO/WHO resources available at:</b> <a href="https://bit.ly/3oD2Qen">https://bit.ly/3oD2Qen</a>; <a href="https://bit.ly/3pcS7sG">https://bit.ly/3pcS7sG</a></p>	<p><b>WHO resources available at:</b> <a href="https://bit.ly/3d2ckuV">https://bit.ly/3d2ckuV</a></p> <p><b>PAHO/WHO resources available at:</b> <a href="https://bit.ly/3nwyOaN">https://bit.ly/3nwyOaN</a></p>
<p><b>Critical preparedness and response</b></p> 	<p><b>Travel, Points of entry, and border health</b></p> 
<p><b>WHO resources available at:</b> <a href="https://bit.ly/3ljWHBT">https://bit.ly/3ljWHBT</a></p> <p><b>PAHO/WHO resources available at:</b> <a href="https://bit.ly/36DJi3B">https://bit.ly/36DJi3B</a></p>	<p><b>WHO resources available at:</b> <a href="https://bit.ly/3ivDivW">https://bit.ly/3ivDivW</a></p> <p><b>PAHO/WHO resources available at:</b> <a href="https://bit.ly/36DJi3B">https://bit.ly/36DJi3B</a></p>
<p><b>Schools, workplaces, &amp; other institutions</b></p> 	<p><b>Other resources</b></p>
<p><b>WHO resources available at:</b> <a href="https://bit.ly/3d66iJO">https://bit.ly/3d66iJO</a></p> <p><b>PAHO/WHO resources available at:</b> <a href="https://bit.ly/36DJi3B">https://bit.ly/36DJi3B</a></p>	<p><b>WHO resources available at:</b> <a href="https://bit.ly/33zXgRQ">https://bit.ly/33zXgRQ</a></p> <p><b>PAHO/WHO resources available at:</b> <a href="https://bit.ly/36DJi3B">https://bit.ly/36DJi3B</a></p>

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