

# COVID-19

PAHO/WHO Response. 11 February 2022. Report n. 70

## HIGHLIGHTS

On 11 February 2022, PAHO released “**Good Practices in the Rational and Effective Use of Oxygen**”. In the face of rapid increases in the number of hospitalizations due to COVID-19 in Latin America and the Caribbean, coupled with shortages of human and material resources, including medical equipment and gases, there is a need to redesign models of care in the Region to optimize available resources and ensure that more patients receive the quantity and quality of oxygen they need. Oxygen is included in the World Health Organization’s list of essential medicines and is used to care for patients at all levels of integrated health services networks. The efficacy of oxygen use in the treatment of patients with respiratory conditions caused by COVID-19 has been demonstrated, but there is great opportunity to improve the effectiveness of its use if it is used in a rational, sustainable, and safe way. By providing instruction on the rational use of oxygen and promoting it, negative repercussions can be avoided, such as loss of efficacy as a result of activities related to oxygen storage, distribution, and administration. For these reasons, a set of guidelines was put together for the development of an efficient management system to deal with current and future situations of oxygen scarcity. The document is also available in [French](#), [Portuguese](#) and [Spanish](#).



Results from the third round of the **Global pulse survey on continuity of essential health services during the COVID-19 pandemic** carried out by the World Health Organization show that **two years after the beginning of the pandemic, health systems still face important challenges to essential health services delivery**. Findings are based on preliminary results from a study carried out in November and December 2021 with 129 countries, territories and areas, including 28 from the Americas. Published on 7 February 2022, the document reports disruptions on essential health services in more than 90% of participating countries. Results suggest that health systems in all regions and in countries of all levels of income continue to be severely impacted, with none or little progress observed since the previous survey, carried out at the beginning of 2021. These findings offer critical insight from country key informants into the impact of the COVID-19 pandemic on essential health services, the challenges health systems are facing to ensure access to essential COVID-19 tools and how countries are responding to mitigate disruptions, recover services, and strengthen health service resilience over the long-term.

## SITUATION NUMBERS IN THE AMERICAS

as of 11 February 2022 (15:00)

# 56

Countries and territories affected

# 142,031,533

Confirmed cases

# 2,560,306

Deaths

# 1,646,595,238

Vaccine doses administered

## RESPONSE PILLARS



1. Coordination, Planning, Financing, and Monitoring



3. Surveillance, Epidemiological Investigation, Contact Tracing; Adjustment of Public Health/Social Measures



5. Laboratories & Diagnostics



7. Case Management, Clinical Operations, & Therapeutics



9. Strengthening Essential Health Services & Systems



10. Vaccination

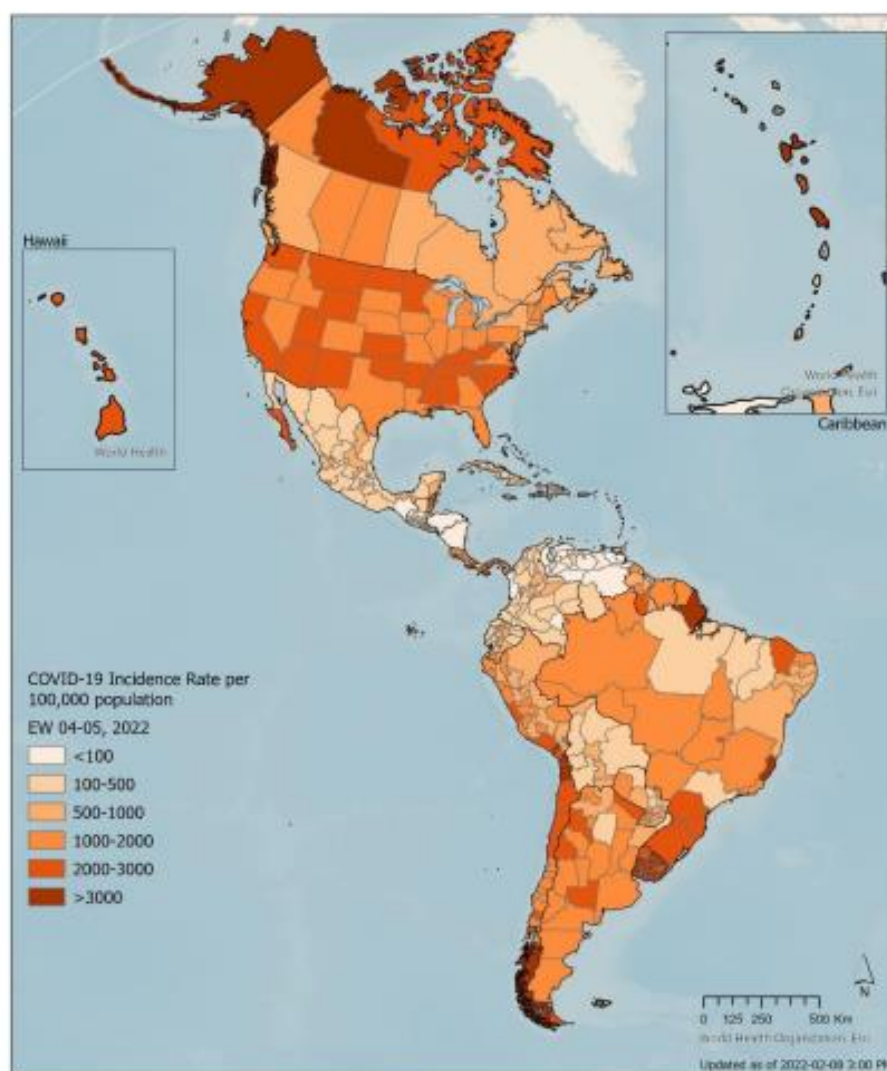
[Link to PAHO's technical and epidemiological reports, guidance, and recommendations](#)

[Link to global operational situation reports](#)



World Health  
Organization

**Map 1: COVID-19 incidence per 100,000 population in the Region of the Americas reported in EW 04 and EW 05 (2022).**















The maps represent the incidence rate of COVID-19 cases per 100,000 population in the Region of the Americas reported in EW 04 and EW 05, 2022. Countries reporting highest COVID-19 incidence for the past two weeks include Canada, Brazil, Uruguay, Chile, Panama, as well as several Caribbean Islands listed below.

In **North America**, a decrease in incidence was observed compared to the previous two weeks in the United States and Mexico. Most U.S. states reported below 3000 cases per 100,000 population, and in Mexico most states reported below 1000 cases per 100,000 except for Baja California Sur (reported between 2000-3000 cases per 100,000). In Canada, incidence rates remained stable compared to the previous two weeks.

In **South America**, a decrease in incidence was noted in Colombia, Bolivia, Argentina, Peru, and Uruguay compared to the previous two weeks, while incidence rates in many Brazilian states continue to be on the rise. Highest rates in Brazil were found in Amapa and Espirito Santo (>3000 cases per 100,000 people).

## PAHO Regional Response Summary

Technical Support		PPE Shipments	
 <b>310</b> Technical guidelines and recommendations developed or adapted from WHO	 <b>&gt;353</b> Virtual / in-person regional and country trainings on testing, tracking, care, and more	<i>208 shipments to 35 countries and territories</i>	
		 <b>8.4M</b> Gloves	 <b>2.78M</b> Gowns
		 <b>46M</b> Surgical & Respirator Masks	 <b>367k</b> Goggles
Testing & Genomic Surveillance Materials		Vaccinations	
 <b>21.79M</b> COVID-19 PCR Tests	 <b>694k</b> Genomic Surveillance Tests	 <b>97.3M</b> Cumulative vaccine doses delivered to Member States through COVAX	 <b>51</b> Number of countries and territories that have initiated vaccine distribution
 <b>20.4M</b> Rapid Antigen Diagnostic Tests (Ag-RDTs)	 <b>62</b> PCR Primers to Test for Variants		

*Cumulative regional response data as of 11 February 2022.*

### PAHO/WHO Response (29 January to 11 February 2022)

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 align with the ten pillars of the 2021 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.



### PILLAR 1: Coordination, Planning, Financing, and Monitoring

Support activation and operation of national public health emergency management mechanisms, as well as COVID-19 planning and response, based on a whole-of-government and inclusive whole-of-society approach

### 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 country-level IMSTs as they coordinated and monitored their national response activities.



PAHO continued to review new and emerging information to build the evidence base to combat the virus. The public has access to PAHO's **COVID-19 Technical Database** for technical guidelines, scientific publications, and ongoing research protocols from the Region. This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and others.

## Country

In **Cuba**, **PAHO participated in a meeting to assess the Epidemiology and Environmental Health Center (CESA)** on 9 February 2022. The meeting analyzed the accomplishment of the goals established for 2021 in the context of the COVID-19 pandemic. Other topics addressed, were the results of the work developed throughout the year, which include the participation of a team of experts from CESA in activities related to COVID-19, the collaboration with PAHO, as well as the challenges and projections for the current year.



## PILLAR 2: Risk Communication, Community Engagement (RCCE)

Support participatory development and implementation of RCCE plans and dissemination of risk communication information to all populations and to travelers

### COVID-19 Courses Available on PAHO's Virtual Campus for Public Health (SPA-POR)

Introduction to the COVID-19 Vaccine: Guidance for Identifying Priority Groups and Developing Microplanning (SPA)

COVID-19 Vaccination Training for Healthcare Personnel – 2021 (SPA, POR)

Vaccination for COVID-19: technical protocols and procedures – Brazil 2021 (POR)

Occupational Health and Safety for Healthcare Professionals in the Context of COVID-19 – 2020 (SPA, POR)

*The full list of courses is available on the [PAHO website](#).*

PAHO's Director Dr. Carissa F. Etienne delivered two press briefings during this period. On **2 February 2022**, PAHO Director remarked that, while 63% of people in Latin America and the Caribbean have been vaccinated against COVID-19, coverage remains uneven, with 14 countries and territories immunizing 70% of their populations and the same number failing to reach even 40% coverage. The Director highlighted "worrisome gaps" in the vaccination of at-risk populations – with some countries reporting lower coverage among the elderly compared to younger groups who are less at risk for severe disease. Looking towards upcoming COVID-19 vaccination campaigns, the director announced that vaccine supplies are expected to pick up in 2022. Thanking previous and current donors, Dr. Etienne said donations total some 26 million doses and that PAHO's Revolving Fund – which has so far purchased almost 100 million doses – is also on track to obtain a further 200 million doses on behalf of the Region this year. As doses arrive, Dr. Etienne urged countries to start making the necessary preparations for vaccine rollout, including investing in vaccination programs, collecting, and reporting detailed data, and prioritizing high-risk groups. Turning to the COVID-19 situation in the Region, the Director reported that the rise in infections appears to be slowing down in places hit earliest by the Omicron variant. Most new cases were reported in North America, but surges continue across Central and South America, as a result, deaths have increased by nearly one-third in all sub-regions. In the Caribbean, deaths have more than doubled in Cuba, the Bahamas, and Antigua and Barbuda and other islands, including Martinique and Guadeloupe are seeing the virus spread rapidly among young and unvaccinated populations. "These trends show that we must

continue to sustain every part of our COVID response,” Dr. Etienne said. “Vaccinations, testing, and continuing public health measures like mask wearing and social distancing remain crucial.”

During the press briefing of **9 February 2022**, Dr. Carissa F. Etienne observed that, while cases of COVID-19 fell by a third in the Americas in the week, health care workers continue to face challenging conditions due to systems that are unprepared to support them. With infections reaching 4.8 million (a 31% drop from the previous week) but 33,000 new deaths, the PAHO Director said that the Region remains in the grip of the latest COVID-19 wave and urged countries to harness the lessons learned from the pandemic so far, as clinics and hospitals once again become full. “Years of underinvestment in our health services, aging information systems and poor labor conditions made our health workers’ jobs challenging,” the Director said, highlighting that these were only exacerbated by COVID-19. Dr. Etienne mentioned the HEROES study in Latin America, launched recently by PAHO, which shows that over the course of the pandemic, frontline health workers saw more patients, worked longer hours, and suffered higher rates of COVID-19 infection. This has led to “elevated rates of depressive symptoms, suicidal thinking, and psychological distress,” the Director said. Ensuring access to PPE and prioritizing health care workers for vaccination are critical to addressing these issues and enabling them to do their jobs safely. Regarding the COVID-19 situation in the region, the PAHO Director said one trend stands out: “Countries with higher vaccination coverage are seeing lower ICU admissions and deaths.” She also reported that in North America, new infections and deaths decreased in all three countries. Infections are also slowing down in Central and South America, but deaths continue to rise in these areas. Hospitalizations are also rising in most Southern Cone countries. In the Caribbean, with the exceptions of St. Vincent and the Grenadines and Dominica, which has seen a spike in new infections, cases have begun to slow down. Deaths, however, continue to climb.

### Regional

As the communication needs of the Region evolve, PAHO continues to disseminate key messages across multiple platforms and respond to numerous media inquiries. Communications support is provided to country offices on a variety of issues, particularly regarding COVID-19 vaccines and COVAX. **Infographics** cover a range of issues related to COVID-19, from steps on how to prevent infection to tips on staying healthy and protecting one’s mental health during the pandemic.



### PILLAR 3. Surveillance, Epidemiological Investigation, Contact Tracing, and Adjustment of Public Health & Social Measures

Strengthen the capacity of surveillance systems to detect COVID-19 cases, while ensuring continued surveillance of other diseases epidemic and pandemic potential

### Regional

PAHO 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, PAHO’s **interactive dashboard** provides information for the public on cumulative cases, deaths, cumulative incidence rate, new cases and deaths, as well as several other epidemiological indicators reported by countries and territories.

PAHO also publishes weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators. PAHO continues to analyze trends in the Region, particularly through the collection of COVID-19 nominal data.

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



**PAHO's Contact Tracing Knowledge Hub** publishes multidisciplinary information on contact tracing for a variety of audiences, including policymakers, responders, researchers, educators, affected communities, and the public. Go.Data is one of the tools available through this platform. It is used to support case investigation and management, display transmission chains, and for contact tracing. In collaboration with GOARN, to date, PAHO/WHO has trained more than 35 countries and territories in the Go.Data app.

On 10 February 2022, PAHO published the **Epidemiological Alert: Post-flood public health events in the context of COVID-19 pandemic**, urging Member States to strengthen post-flood epidemiological surveillance strategies in order to timely identify and control events that could have a serious impact on public health, given the frequent occurrence of floods in various countries of the Region of the Americas and in the context of the COVID-19 pandemic. The document is also available in **Spanish**.



#### PILLAR 4. Points of Entry, International Travel, and Mass Gatherings

Support surveillance and risk communication activities at points of entry as well as implementation of appropriate public health measures

#### Regional

It is important that risk mitigation measures are always in place, including advice for travelers, particularly regarding the self-monitoring of signs and symptoms; surveillance and case management at the point of entry and across borders; capacities and procedures for international contact tracing; and environmental controls and public health and social measures at points of entry and onboard conveyances.

PAHO will continue to support countries to ensure that these capacities are in place. PAHO will also support countries' efforts to define a risk-based policy while resuming international traffic in the context of the COVID-19 pandemic, considering the provisions of the International Health Regulations (IHR), available scientific evidence, and the most cost-effective use of available resources.

#### Country

In **Chile**, on 17 January 2022, PAHO participated in a meeting of the country's COVID-19 Advisory Committee. The meeting discussed challenges regarding testing, traceability, border surveillance and other measures in the context of the increased contagious due to the Omicron Variant of Concern (VOC). PAHO presented recommendations on the rational use of testing and suggestions on risk communication for the adjustment of the National Testing, Tracing, and Isolation Strategy, and of the country's Protected Borders Plan.



## PILLAR 5: Laboratories and Diagnostics

Enhance laboratory capacity to detect COVID-19 cases as well as to manage large-scale testing for COVID-19 domestically or through arrangements with international reference laboratories

### Regional

Since the beginning of PAHO's response to the date of this report, the Organization has provided primers, probes and/or PCR kits for over 21.79 million reactions/tests. To date, PAHO has provided over 706,700 swabs and 365 sampling kits, among other critical materials.

During the reporting period, PAHO continued to provide technical cooperation, including data review, troubleshooting sessions, and follow-up calls on laboratory diagnostics with Antigua and Barbuda, Grenada, Saint Kitts and Nevis, and Uruguay.

### 5.1 SARS-CoV-2 variants of concern

A number of SARS-CoV-2 variants have been identified through global genomic sequencing. Since the initial identification of SARS-CoV-2, until 11 February 2022, more than **8,147,241** complete genomic sequences have been shared globally through publicly accessible databases.

Given the significant resource requirements needed to sequence all samples in the Region to identify variants, PAHO continues to work closely with the laboratories of the countries of the Americas to help identify samples which should be prioritized for genomic sequencing. To date, PAHO has distributed **62 unique primers** to detect genetic variants using PCR.

To date, **27 countries** are participating in the **COVID-19 Genomic Surveillance Network**, with reference sequencing laboratories in Brazil, Chile, Colombia, Costa Rica, Mexico, Panama, the United States of America and Trinidad and Tobago visible on this [dashboard](#). This mechanism will be critical to tracking the spread or appearance of new Variants of Concern (VOCs). During the reporting period, a total of 302 new SARS-CoV-2 full genome were sequenced and genomic sequencing data shared through the PAHO COVID-19 Genetic Surveillance Network (COVIGEN) Regional Sequencing Reference Laboratories for COVID-19 in support to countries using external sequencing capacity.



## PILLAR 6: Infection Prevention and Control (IPC), and Protection of the Health Workforce

Support efforts to reduce human-to-human transmission within health facilities and the community, including through development and implementation of national IPC plans

### Regional

Implementation of national IPC plans are key to reducing COVID-19 transmission at both community and health facility levels. PAHO supports countries by procuring PPE through donations, the Revolving Fund, and training healthcare personnel.

## Country

In **Mexico**, since 9 February 2022, PAHO has been delivering capacity-building workshops to strategic leaders of hospitals with COVID-19 patients in the states of Campeche, Guerrero and Baja California Sur (four hospitals in each). Sessions address the correct use of Personal Protective Equipment (PPE), prevention of hospital-acquired pneumonia and safe intravenous therapy to reduce the risk of health care associated infections, and to promote a better quality of health care as well as the safety of health professionals and patients.



### PILLAR 7: Case Management, Clinical Operations, and Therapeutics

Improve local health system capacity and protect healthcare workers to safely deliver equitable healthcare services

#### 7.1 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 the 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. The Platform has more than 400,000 cases with contributions from the following countries: **Argentina, Brazil, Chile, Colombia, Dominican Republic, Mexico, Panama, Peru, and the United States of America.**

PAHO last updated evidence for the **Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of rapid systematic reviews on 26 January 2022**. The study synthesizes evidence on 175 therapeutics from 529 randomized controlled trials and observational studies.

#### 7.2 Emergency Medical Teams (EMTs)

Emergency Medical Teams (EMTs) are invaluable when demands on a country's health system exceed regular capacity. Updated information on deployed EMTs and alternative medical care sites (AMCS) throughout the Americas remained available at **PAHO's COVID-19 EMT Response information hub**. As of 11 February 2022, there were at least 100 EMTs deployed throughout the Region, and 129 Alternative Medical Care Sites, such as military bases, sports stadiums, and fairgrounds managed by PAHO. These EMTs have added 6,899 inpatient hospital beds and 1,078 critical care beds throughout the Region.





## PILLAR 8: Operational Support and Logistics (OSL), and Supply Chain

Establish and implement expedited procedures to facilitate the Organization's support to countries and territories response to COVID-19 healthcare services

### 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, in vitro diagnostic products (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 in the procurement of goods, supplies and equipment for COVID-19 response. This involves reviewing technical specifications, ensuring correct shipping documentation for customs clearance, and supporting countries with quality assurance issues. WHO issued adapted interim guidance on the rational use of PPE for COVID-19 as well as considerations during severe shortages.

### Country

In **Bolivia**, **PAHO donated 50,400 rapid antigen tests and delivered donations** of 50 oxygen concentrators and 5,000 supply kits for oxygen therapy to the Ministry of Health and Sports. Donations aim to support the country's comprehensive approach to the COVID-19 pandemic, especially through the strengthening of primary health care. The shipments, worth a total of USD 294,939, will improve the country's response to the recent upsurge in cases and increased demand for rapid tests.

## 8.1 PAHO Revolving Fund for Essential Medicines and Strategic Public Health Supplies

Established in 2000, the PAHO Strategic Fund (SF) supports Member States by ensuring the quality, safety, and efficacy of medicines and other health products; improving demand planning and capacity-strengthening for supply chain systems; sustainably reducing prices of critical medications and supplies through transparent international sourcing; and a line of credit option to facilitate Member State procurement.

During the COVID-19 pandemic, the SF was rapidly mobilized to assess inventories across the Region and evaluate which medications had adequate safety stock and which needed to be prioritized, avoiding unnecessary expenses or late fees. The platform leveraged existing long-term agreements and relationships with suppliers to mitigate price inflation and better plan shipments/deliveries. The SF also coordinated alternative modes of transport (e.g., air freight versus ocean freight) to adapt to the most cost-effective and timely methods amidst continuously evolving COVID-19-related disruptions. This required direct negotiations with suppliers to absorb increases in freight costs on medicines. Finally, the SF worked with partners to support effective alternative treatment protocols to help adapt to limited supplies during COVID-19.

Since the start of the pandemic to 11 February 2022, the SF has procured more than **\$292 million** worth of COVID-19 diagnostic tests (PCR and rapid tests), PPE and medicines for critical care, supporting more

than **38 million people** throughout the Region of the Americas.<sup>1</sup> The Fund continues to support the procurement of medicines and public health supplies for individuals affected by HIV/AIDS, tuberculosis, malaria, diabetes, neglected tropical diseases, cardiovascular diseases, and hepatitis C. Learn more about the PAHO Strategic Fund's essential work on the PAHO website.



## PILLAR 9: Strengthening Essential Health Services and Systems

Support continued operation of equitable health systems based on Primary Health Care, to protect and sustain public health gains, investing in improved response capacity in the first level of care and the health service delivery networks, including the implementation of gender and culturally sensitive actions using human rights-based approaches, to overcome barriers to access, especially in populations in conditions of vulnerability.

### Regional

PAHO provides continuous assistance to its Member States on **regulatory preparedness** to expedite processes for vaccine deployment. As part of the COVAX Facility's allocation mechanism, support includes presenting information on technical documents required by Member States during bilateral and regional meetings.

**Health technology assessments** (HTAs) are invaluable guidance for health authorities in the use of technologies relevant to the COVID-19 pandemic. As of 11 February 2022, there were **386 COVID-19 related reports available** in the [Regional Database of HTA Reports of the Americas \(BRISA\)](#).

The Organization collaborates with national regulatory authorities from across the Americas to share recommendations, considerations, and evaluations on products used to support COVID-19 patients and prevent transmission during the pandemic. Additionally, PAHO maintains 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**, on 20 January 2022 PAHO held a meeting with the Mexican Social Security Institute (IMSS) to follow up on the capacity building activities of the HEARTS initiative on high blood pressure detection and control, provision of care to acute myocardial infarction and support to other noncommunicable diseases. The initiative aims to strengthen primary health care in the country as a means to improve COVID-19 response. PAHO is providing technical support to the training of 5,900 nurses and data collection for monitoring of the project. Additionally, on 20 and 21 January 2022, PAHO participated in a meeting with the team responsible for the aging care program of the National Center of Preventive Programs and Diseases Control (CENAPRECE) of Mexico, to which PAHO has been providing technical support in the review activities included in the program. The meeting aimed to identify priority actions for cooperation in 2022 that will continue to promote the comprehensive and sustained care of older persons, and measures to prevent COVID-19 infection in this population. Key issues addressed include risk communication and the strengthening of Integrated Health Services Networks.

<sup>1</sup> Sum of all Strategic Fund purchase orders placed to date. Occasionally, countries will withdraw or cancel orders, causing the figure to fluctuate from one report to the next.



## PILLAR 10: Vaccination

Support the introduction, deployment, and evaluation of COVID-19 vaccines, ensuring their timely and equitable access, and strengthening vaccine safety surveillance.

### Regional

As of 11 February 2022, more than **1,646,595,238 billion doses of COVID-19 vaccines** have been administered in the Americas, with more than **666 million people having completed their full vaccination schedule. 51 countries and territories in the Region have begun vaccination**, 33 of these having received vaccine doses through COVAX. Overall, PAHO has **distributed more than 97,377,780 million doses** to the Americas through COVAX. Additionally, PAHO continued to provide strategic direction to countries in the Region that are pending arrival of vaccines. More details are available on [PAHO's COVID-19 Vaccination in the Americas database](#), which reports on doses administered by country.

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

PAHO is supporting countries throughout this process. **33 countries** have completed their **national deployment and vaccination plans (NDVPs)**. **35 countries** have completed the Vaccine Introduction Readiness tool (VIRAT), which includes a dashboard that provides an overview of regional readiness. Regional support also includes work with countries interested in gaining access to vaccines through the COVAX Facility.

PAHO provides technical cooperation to countries seeking to access the COVID-19 vaccine through the COVAX Facility, including those selected for Advance Market Commitment (AMC) funding to cover their doses. This includes sharing recommendations with national authorities on steps to ensure that their NDVPs meet the necessary criteria to roll out vaccines to priority populations.

In addition to written guidance, PAHO also provides training webinars to its Member States. PAHO worked with Member States to develop workshops aimed at strengthening the Events Supposedly Attributable to Vaccination or Immunization (ESAVI) surveillance in the Region of the Americas. Access the full list of past and future training sessions for all member states on PAHO's website.

PAHO maintains a [public dashboard](#) that tracks the safety of various COVID-19 vaccines during and after clinical trials.

The monthly update of safety reports on COVID-19 vaccines was published on 31 January 2022. "**The thirty-second consolidated regional and global information on adverse events following immunization (AEFI) against COVID-19 and other updates**" is available on PAHO's COVID-19 pharmacovigilance webpage, in Spanish. English version to be released in the coming weeks.

### Country

In **Bolivia**, the [nine departments of the country received donations of Moderna vaccines](#) facilitated

through COVAX during the month of January 2022. The national immunization program was responsible for the distribution of doses, with deliveries as follows: La Paz 525,000 doses; Oruro 57,300; Potosí 149,360; Cochabamba 350,000; Chuquisaca 114,500; Tarija 106,240; Pando 13,900; Beni 96,300; and Santa Cruz 553,000. PAHO has also provided technical cooperation to the elaboration of the country's vaccination plan for 2022. The plan was approved by all political levels on the last week of January 2022.

In **Chile**, on 2 February 2022, PAHO participated in a meeting with the regional immunization team and the Immunization Department of the Ministry of Health to review and update the electronic Joint Reporting Form (eJRF) system. PAHO also joined a meeting, held on 3 February 2022, with regional representatives and presented the country's experience and strategies developed to increase vaccine acceptancy.

In **Costa Rica**, PAHO delivered the first shipment of COVID-19 vaccines donated through the COVAX mechanism. The first 500,760 doses arrived on 11 February 2022 and the remaining doses are expected to come in the following days, to a total of 1,002,690 vaccines doses. The donations will support the supply of vaccines to continue vaccination campaigns in the country.

In **Guatemala**, the **Ministry of Public Health and Social Assistance** received 680,940 doses of **Pfizer vaccines** procured through the COVAX mechanism. The doses delivered will be used to continue the vaccination campaign in the country and will contribute to the success of community vaccination strategies in remote areas, since these vaccines can be stored in temperatures ranging from 2 to 8 °C for up to 30 days.



Figure 1: COVID-19 vaccines donated through the COVAX mechanism arrive in Costa Rica. Source: PAHO.

On 7 February 2022, **Jamaica received the first shipment of Pfizer vaccines** through the COVAX mechanism. The Government of Jamaica will receive a total of 650,000 doses from the manufacturer, divided into two tranches. The Minister of Health and Wellness, Dr. the Hon. Christopher Tufton, received the shipments on behalf of the Government, acknowledging the importance of vaccination as a key component to respond to the COVID-19 pandemic and "to reduce the severity and impact of the virus on our health, social and economic well-being – individually and as a country".



Figure 2: Delivery of Pfizer vaccines to the Government of Jamaica. Source: PAHO.



## Gaps and Challenges

GAPS	CHALLENGES
<ul style="list-style-type: none"> <li>• <b>Surveillance systems:</b> additional capacity-building and equipment for analysis.</li> <li>• <b>Information systems:</b> Data management systems are essential for case monitoring and contact tracing while protecting confidentiality.</li> <li>• <b>Strategic planning and response:</b> Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans.</li> <li>• <b>Laboratory test kits and equipment:</b> National laboratories need more extraction kits and other supplies to keep testing.</li> <li>• <b>IPC supplies:</b> PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE.</li> <li>• <b>Health facility evaluations:</b> Countries must undertake additional assessments to guide measures for infection prevention and control.</li> <li>• <b>Resources for and access to populations in situations of vulnerability:</b> PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods.</li> <li>• <b>Risk communications:</b> Key messages must be tailored to each country's context to resonate with intended audiences.</li> <li>• <b>Subnational-level health workers:</b> A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available.</li> <li>• <b>Intensive care units:</b> More ICUs will be needed to manage severe cases.</li> <li>• <b>Migrant access to health services:</b> Countries are assessing how to serve these populations and better manage outbreaks.</li> <li>• <b>Private sector coordination:</b> This is essential to ensure national protocols are followed.</li> <li>• <b>Nutritional Guidance:</b> This is vital to ensure families maintain nutritional health during and after the COVID-19 emergency.</li> <li>• <b>Health Disaster Management Programs:</b> Health Disaster Management Programs and surveillance were noted as priorities to enhance the COVID-19 and any other health emergency responses.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Equitable Vaccine Distribution:</b> The shortage of available vaccines limits the ability of the countries to protect their populations.</li> <li>• <b>Competitive marketplace:</b> Countries and organizations are competing for limited supplies due to global shortages of PPE and other items.</li> <li>• <b>Border closures:</b> 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. It has also added additional pressure to countries undergoing complex political and socio-economic transitions.</li> <li>• <b>Managing infections in healthcare settings:</b> Healthcare workers rely on PPE and other supplies to avoid infection. Global shortages are contributing to increasing cases and frontline workers losing their lives.</li> <li>• <b>Infected healthcare workers:</b> Infected health workers who are sick or quarantined will strain health systems.</li> <li>• <b>Test availability:</b> Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses.</li> <li>• <b>Health workforce limitations:</b> Insufficient human resources hamper countries' efforts to conduct contact tracing and manage patients in quarantine.</li> <li>• <b>Risk Communication:</b> The perception of risk is still low in some countries/territories and many people ignore government public health measures.</li> <li>• <b>Telephone referral systems:</b> Some countries are reporting overwhelming call volumes.</li> <li>• <b>Logistics systems:</b> Many countries are still unprepared to manage the distribution of supplies and equipment.</li> <li>• <b>Continuity in other health services:</b> The pandemic has diverted resources from other critical services for programs such as HIV, TB, and non-communicable diseases (NCDs).</li> <li>• <b>Stigma:</b> Countries must take steps to reduce stigma towards persons returning from abroad and others associated with a higher likelihood of infection.</li> <li>• <b>Public Compliance of Public Health Protocols:</b> Public reluctance to follow public health protocols has led to increased infection rates in many countries in the Americas.</li> <li>• <b>Variants:</b> New COVID-19 strains present a challenge to the control of the disease.</li> </ul>

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## Support PAHO's efforts to fight COVID-19 in the Americas

The Region of the Americas has the highest cumulative number of COVID-19 cases and deaths.

PAHO is working with health professionals on the frontlines of this fight.

Vaccines will help save lives and eventually halt the pandemic.

Support PAHO's Response at:  
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