Weekly COVID-19 Epidemiological Update - Region of the Americas

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Executive Summary

- **Since the onset of the pandemic** in 2020 and up to 21 March 2023, a cumulative total of 760,613,435 COVID-19 cases including 6,876,007 deaths were reported from all six WHO regions. During epidemiological week (EW) 11, cases and deaths decreased in all regions.

- **Globally**, approximately 399,682 new COVID-19 cases were reported in EW 11 (12 March 2023 – 18 March 2023) - a -53.9% decrease compared to EW 10 (05 March 2023 - 11 March 2023) (**Figure 1**). For the same period, 2,978 new COVID-19 deaths were reported globally – a -44.5% relative decrease compared the previous week.

- **In the region of the Americas**, 191,466 cases and 2,150 deaths were reported in EW 11 – a -34.8% decrease in cases and -19.3% decrease in deaths compared to the previous week.

- The overall weekly case notification rate for the region of the Americas was 18.7 cases per 100,000 population during EW 11 (28.7 the previous week). Between EW 11 and 10, the 14-day COVID-19 death rate was 4.7 deaths per 1 million population (5.6 the previous two weeks).

- Among 17 countries/territories in the region with available data, **COVID-19 hospitalizations** increased in 4 countries and territories (range: 1.1% - 100%) during EW 11 compared to the previous week. Among 14 countries and territories with available data, **COVID-19 ICU admissions** increased in 7 countries and territories (range: 6.7% - 200%).

**Figure 1:** COVID-19 cases and deaths by epidemiological week (EW) of report and WHO region. EW 4 2020 - EW 11 2023.

Data are retro-adjusted every week and the numbers and percent changes of COVID-19 cumulative cases and deaths may not match with the previous COVID-19 weekly situational reports.

During EW 11, 191,466 new COVID-19 cases were reported in the region of the Americas - a relative decrease of -34.8% compared to previous week (Figure 2). The highest number of COVID-19 cases in the last week was reported from North America (150,715 cases, -24% decrease) compared to the previous week. (Table 1). During EW 11, the highest proportion of weekly COVID-19 cases at the national level were reported by the United States of America (126,613 new cases, -25.8% decrease), Chile (27,654 new cases, 25.6% increase), Mexico (15,592 new cases, -17.4% decrease).

For the same period, 2,150 COVID-19 deaths were reported in the region of the Americas - a relative decrease of -19.3% compared to previous week (Figure 2). The highest number of COVID-19 deaths in the last week was reported from North America (1,926 deaths, -9% decrease) (Table 1). At the national level, the highest proportion of weekly COVID-19 deaths were reported by the United States of America (1,741 new deaths, -7.7% decrease), Canada (148 new deaths, 2.8% increase), and Chile (78 new deaths, -1.3% decrease).
A summary of the COVID-19 trends for EW 11 by subregion is presented below.

**North America**

The overall trends for COVID-19 cases continues to decrease in EW 11 when the largest decline in cases were reported by the United States of America (126,613 cases, -25.8% decrease), followed by Mexico (15,592 cases, -17.4% decrease), and Canada (8,510 cases, -5.1% decrease).

**Figure 3:** COVID-19 cases and deaths by epidemiological week (EW). North America. Region of the Americas. EW 3 2020 - EW 11 2023.

For the same period, **weekly COVID-19 deaths** decreased by -9.1% in North America during EW 11 relative to the previous week. The largest decline in deaths were reported by Mexico (37 new deaths, -58% decrease), followed by the United States of America (1741 new deaths, -7.7% decrease), and Canada (148 new deaths, 2.8% increase).

United States of America and Canada reported decrease in **COVID-19 weekly hospitalizations and ICU admissions**. The United States of America reported a 9.2% decrease in its weekly COVID-19 hospitalizations (n=22,085) and a 8.6% decrease in its weekly ICU admissions (n=2,820). In Canada, weekly hospitalizations decreased, and weekly ICU admissions decreased during EW 11 compared to the previous week - (3,478 hospitalizations, -3.9% & 173 ICU admissions, -9.4%).

The Omicron lineages BA.5 and XBB are circulating in all three countries in the subregion. In the United States of America, the proportions of BA.5 subvariant and its sub-lineages, BQ.1 and BQ.1.1 continue to decrease over the past three months, replaced by circulation of XBB sublineages that have been rapidly increasing since mid-December 2022. XBB.1.5 sub-lineages account for 90.2% for the week ending on 18 March 2023\(^1\). In Canada, the sublineages of BA.5 and XBB.1.5 made up about 33.9% and about 57.2% respectively, in EW 9\(^2\).

**Central America**

In Central America, the overall **COVID-19 incidence** for the sub-region is on an upward trend with 6,963 new cases being reported during EW 11 – a 2.8% increase compared to the previous week (**Figure 4**).

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The countries with the largest proportion of reported cases this week included Costa Rica (4,423 new cases, -10.2% decrease), Guatemala (1,791 new cases, 42.8% increase), and Panama (702 new cases, 38.7% increase).

During EW 11, weekly deaths decreased by approximately -3.6% relative to the previous week (Figure 4) with only Costa Rica reporting an increase.

All four countries/territories with available data for weekly COVID-19 hospitalizations in the Central American subregion reported a decrease. Among three countries and territories with available data for weekly COVID-19 ICU admissions, Costa Rica and Honduras reported an increase in their weekly COVID-19 ICU admissions (range: 6.7 - 100%).

To date the Omicron lineages XBB have been reported from six countries in the subregion: Belize, Costa Rica, El Salvador, Guatemala, Nicaragua, and Panama.

**South America**

In South America, the overall COVID-19 incidence for the subregion has decreased by -63.8%, with a total of 30,849 new COVID-19 cases being reported during EW 11 compared to the previous week (Figure 5).

Bolivia, Chile and Uruguay experienced an increase in cases during EW 11. Colombia, Bolivia, and Uruguay reported an increase in deaths during EW 11.
During EW 11, weekly deaths decreased by approximately -65.6% relative to the previous week (Figure 4). Colombia, Bolivia (Plurinational State of), and Uruguay observed a relative increase (range: 30 - 100%) in their weekly deaths in EW 11 compared to the previous week.

Among the 4 countries and territories in the subregion with data available for COVID-19 weekly hospitalizations, Peru and Chile reported an increase in their weekly COVID-19 hospitalizations and Colombia, Peru, and Uruguay reported an increase in ICU admissions.

To date, eight countries in the subregion continue to report XBB sub-lineages: Argentina, Brazil, Chile, Colombia, Ecuador, Peru, Uruguay, and Venezuela.

**Caribbean and Atlantic Ocean Islands**

In the Caribbean and Atlantic Ocean Islands sub-region, COVID-19 weekly cases decreased by -12.3% (2,939 new cases) compared to the previous week (Figure 6). At the national level, cases increased in 6 out of the 34 countries and territories in the subregion (range: 25% - 300%).

**Figure 6:** COVID-19 cases and deaths by epidemiological week (EW). **Caribbean and Atlantic Ocean Islands.** Region of the Americas. EW 6 2020 - EW 11 2023.

For the same period, COVID-19 weekly deaths increased by 17.4% (27 deaths) in the Caribbean and Atlantic Ocean Islands subregion. Bermuda, Martinique, and Jamaica observed a relative increase in their weekly deaths in EW 11 compared to the previous week.

During EW 11, among the 9 countries and territories with available data for weekly COVID-19 hospitalizations, Bermuda and Guadeloupe countries and territories reported an increase in their weekly COVID-19 hospitalizations (range: 10 - 100%). Among 9 countries and territories with data available for COVID-19 ICU admissions, Puerto Rico and Guadeloupe reported an increase in their weekly COVID-19 ICU admissions.

To date, XBB sub-lineages have been reported from 18 countries and territories in the subregion. However, these trends should be interpreted with caution due to the presence of differences in sequencing capacity and sampling strategies between countries and territories.
**Immunization**

**Figure 7:** Gaps in timeliness of reporting for vaccination information for priority groups (healthcare workers and older adults) in the Region of the Americas.

Figure 7 reports the delays in timely reporting on COVID-19 vaccination coverage among high-risk priority groups in countries and territories in the Region of the Americas. Although many of the countries have reported their COVID-19 vaccination data within the last 3 months (as can be seen on the right side of the graphs), a significant number have not updated their national dashboards or provided updated figures to PAHO during the last 6 months.

More specifically:

1. 63% of the reporting countries and territories reported updated information on healthcare worker (HCW) vaccination operations against COVID-19 in the last 3 months. Another 31% of countries did not report this information over 6 months.

2. 57% of the reporting countries and territories reported updated information on older adult vaccination operations against COVID-19 in the last 3 months. Another 30% of countries did not report this information over 6 months.
Genomic surveillance

Figure 8: Proportions of VOC Omicron sublineages identified by the countries in the Region of the Americas (January 2022 - March 2023)

Genomic surveillance in the PAHO Region

Through PAHO’s Genomic Surveillance Regional Network and the work from the Member States, 552,557 full genome sequences of SARS-CoV-2 from Latin America and the Caribbean have been uploaded to the Global Initiative on Sharing All Influenza Data (GISAID) platform up to 21 March 2023.

Updates to the SARS-CoV-2 Omicron sublineage classification and nomenclature

According to the Pango Network nomenclature, Omicron comprises the BA.1 to BA.5 sublineages (or subvariants), which are in turn subdivided into diverse sublineages based on additional mutations that slightly change their genomic profile. Several sublineages arising from recombinations involving Omicron viruses have also been described. BA.1 to BA.5 sublineages as well as recombinant sublineages include those denominated as BC.x to EU.x. All Omicron sublineages were classified as part of the Omicron variant of concern by the WHO Technical Advisory Group on SARS-CoV-2 virus evolution (TAG-VE). However, since 15 March 2023, the WHO variant tracking system will consider the classification of Omicron sublineages independently as variants under monitoring (VUMs), variants of interest (VOIs), or variants of concern (VOCs) to better compare new sublineages. In addition, the definitions for VOI and VOC were updated and Greek labels will only be assigned for new VOCs.

With these changes, the recombinant sublineage XBB.1.5 is now classified as a currently circulating VOI. Additionally, BQ.1 (a BA.5 sublineage), BA.2.75 and CH.1.1 (two BA.2 sublineages), and XBB and XBF recombinants are classified as currently circulating VUMs. Finally, no lineage is classified as currently circulating VOC.

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4 WHO. Tracking SARS-CoV-2 variants. Available at: https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/
The inclusion of a particular subvariant in the VOI or VUM category does not necessarily mean it poses an additional public health threat. In fact, the latest risk assessment of XBB.1.5, updated on 24 February, highlights that available information does not suggest that XBB.1.5 has additional public health risks relative to the other currently circulating Omicron descendant lineages. Risk assessments for VOIs and newly emerging sublineages are updated periodically and new VUMs, VOIs or VOCs might be designated.

**Distribution of Omicron sublineages in the Americas**

The Omicron lineage was introduced in the Americas at the end of 2021 and it rapidly replaced other lineages throughout the Region. Omicron has been predominant in all PAHO countries since the beginning of 2022 and very few sequences from non-Omicron sublineages “previously circulating” VOCs have been detected in the Region in the past few months.

Since the introduction of Omicron, different sublineages have been predominant and have then progressively been replaced by new sublineages (Figure X1). BA.1 sublineages were dominant at the beginning of Omicron circulation, followed by a predominance of BA.2 sublineages from week 12 to 24 of 2022, and then by a combination of BA.4 and BA.5 from week 25 to 34. In weeks 34 to 40 of 2022, BA.5 sublineages continued their expansion and, since week 41, the proportion of recombinant lineages has been increasing. Currently, most circulating viruses are recombinant and BA5 sublineages, with some circulation of BA.2 sublineages (Figure X1). In fact, in the past eight weeks, recombinant lineages represented 59.1%, 61.7%, 76.5%, and 50.0% of the characterized samples in North America, the Caribbean, Central America, and South America, respectively. During the same period, BA.5 (and sublineages) represented 36.1%, 27.7%, 21.7% and 45.2% of the characterized samples in North America, the Caribbean, Central America, and South America, respectively.

Within these main sublineages, most viruses currently circulating in the Americas correspond to VOI XBB.15 (recombinant) and VUMs BQ.1 (BA.5 sublineage). In particular, XBB.1.5, first identified in the USA at the end of October 2022, has been detected in 28 countries and territories of the Americas. In the past eight weeks, XBB.1.5 (and sublineages) represented 52.3%, 56.3%, 60.4%, and 35.8% of the characterized samples in North America, the Caribbean, Central America, and South America, respectively. Countries reporting the highest prevalence of XBB.1.5 sequences in the past eight weeks are Saint Lucia (80.0%), French Guiana (60.0%), Puerto Rico (54.8%), and Dominican Republic (53.7%). Moreover, model-based projections estimate it accounts for 92.4% of the US sequences in week 11 of 2023.

It is important to note that the number of SARS-CoV-2 sequences deposited in GISAID by PAHO Member States has significantly decreased compared to mid-2022. This decrease, which is also observed in other regions, increases the risk of bias in the sublineage prevalence estimates reported above and reduces our collective ability to timely identify new emerging lineages or new variants. In this context, PAHO strongly encourages all countries in the Region to continue collecting representative samples for sequencing and to maintain appropriate COVID-19 genomic surveillance.

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5 WHO. XBB.1.5 Updated Rapid Risk Assessment, 24 February 2023. Available at: https://www.who.int/docs/default-source/coronaviruse/22022024xbb.1.5ra.pdf
6 US CDC. COVID Data Tracker - Variant Proportions. Available at: https://covid.cdc.gov/covid-data-tracker/#variant-proportions
Annex 1: COVID-19 incidence rate per 100,000 population and COVID-19 mortality rate per 1 million population. Region of the Americas. Between EW 9 and 10 in 2023

The maps (Annex 1) represent the COVID-19 incidence rates per 100,000 population and the mortality rates from COVID-19 per 1 million population in the Region of the Americas reported in EW 10 and 11, 2023. The highest case incidence was observed in Chile, while the highest mortality was seen in the USA, Canada, and Chile.

In North America, most states in the US observed the highest incidence rates in the subregion with over 100 cases per 100,000 population. While the highest mortality rates with over 15 deaths per 1 million population were observed in some states of the US, and some parts of Canada (Saskatchewan, Newfoundland, New Brunswick, and Prince Edward Island).

In Central America, the highest incidence and mortality rates was reported in Costa Rica, followed by Panama. In South America, most regions of Chile and Brazil reported over 100 cases and between 10-100 cases per 100,000 population, respectively. At the same time, some regions of Chile (Lagos, Rios, Araucania, Maule and Nuble), and Madre de Dios and Tacna in Peru reported the highest mortality rates in the subregion with over 10 deaths per 1M population.

In the Caribbean territories, the overall incidence rate was relatively low. Puerto Rico reported the highest incidence rates, while Trinidad and Tobago and some parts of Puerto Rico presented the highest mortality rates in the subregion.