

PAHO



Pan American
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Organization



World Health
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REGIONAL OFFICE FOR THE
AMERICAS

Epidemiological Update Coronavirus disease (COVID-19)

20 April 2020

Context

On 31 December 2019, Wuhan Municipality in Hubei Province, People's Republic of China, reported a cluster of pneumonia cases with unknown etiology. On 9 January 2020, the Chinese Center for Disease Control and Prevention (China CDC) reported a novel coronavirus as the causative agent of this outbreak. On 30 January 2020, the Director-General of the World Health Organization (WHO) declared the outbreak as a public health emergency of international concern (PHEIC) upon the advice of the International Health Regulations (2005) Emergency Committee. On 11 February, WHO named the disease COVID-19, short for "coronavirus disease 2019". The same day, the International Committee on Taxonomy of Viruses (ICTV) announced "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)" as the name of the new virus which causes COVID-19. On 11 March 2020, COVID-19 was declared a pandemic by the WHO Director-General.

Global Situation Summary

As of 19 April 2020, 2,241,778 confirmed cases of COVID-19 have been reported globally from 212 countries, areas, or territories. Of the total reported cases, the number of deaths has surpassed 100,000, with a total of 152,551 deaths reported¹. There has been a decrease in the number of new COVID-19 cases and deaths reported from China since February, but an accelerated increase in the number of cases and deaths reported from countries outside of China, primarily driven by some European countries and the United States of America.

As of 19 April 2020, the United States of America (32,427 deaths), Italy (23,227 deaths), Spain (20,043 deaths), France (19,294 deaths), and United Kingdom (15,464 deaths) contribute 72% of the total number of deaths reported globally.

The WHO risk assessment for COVID-19 at the global level is considered **Very High**.

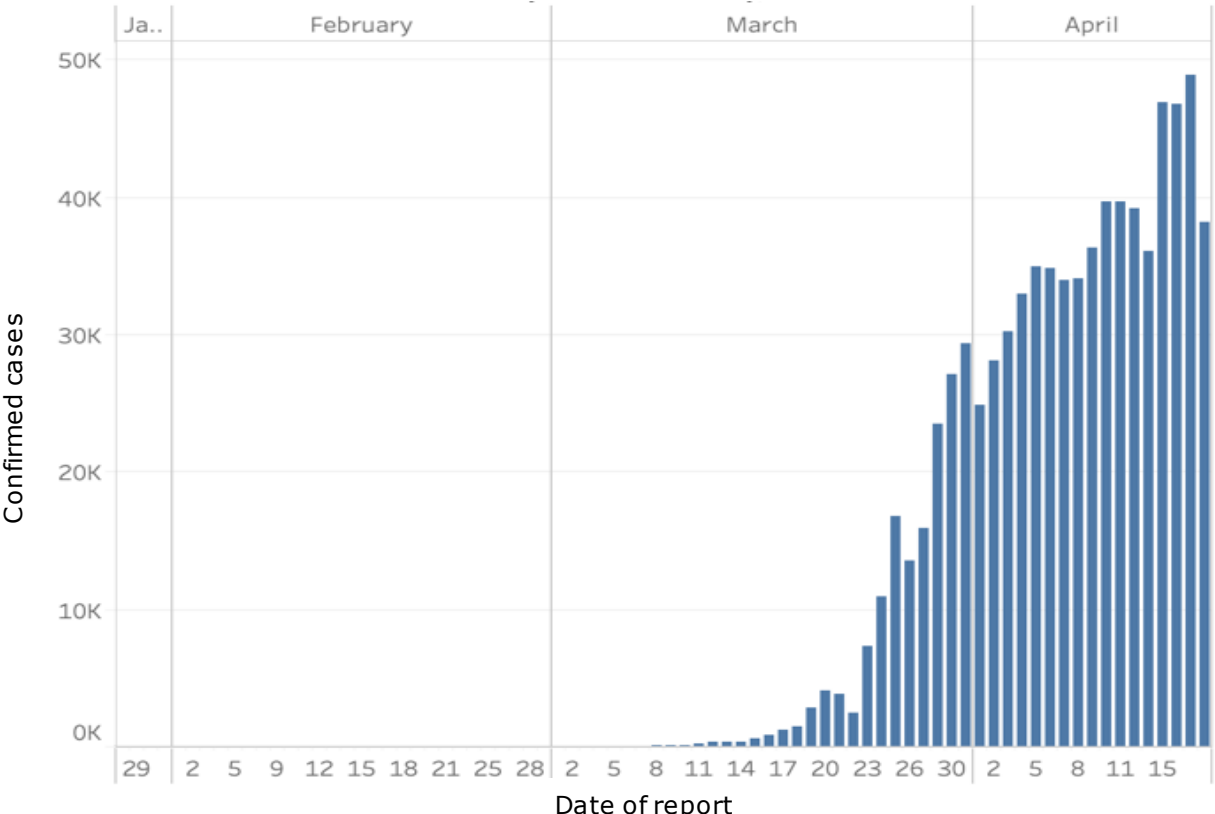
¹ WHO Coronavirus disease 2019 (COVID-19) Situation Report – 90. Available at <https://bit.ly/2XRvNsG>

Situation summary in the Region of the Americas

Since the previous Pan American Health Organization / World Health Organization (PAHO/WHO) Epidemiological Update on COVID-19 published on 28 February 2020, 50 new countries and territories have reported confirmed cases of COVID-19 for the first time. Between 21 January 2020 and 19 April 2020, a total of 858,646 confirmed and probable cases of COVID-19, including 45,741 deaths, have been reported in the Americas².

The United States of America accounts for the most cases (86%) and deaths (86%) distributed across all 50 states.

Figure 1. Number of confirmed and probable cases of COVID-19 in the Americas Region by date of report. 21 January – 18 April 2020

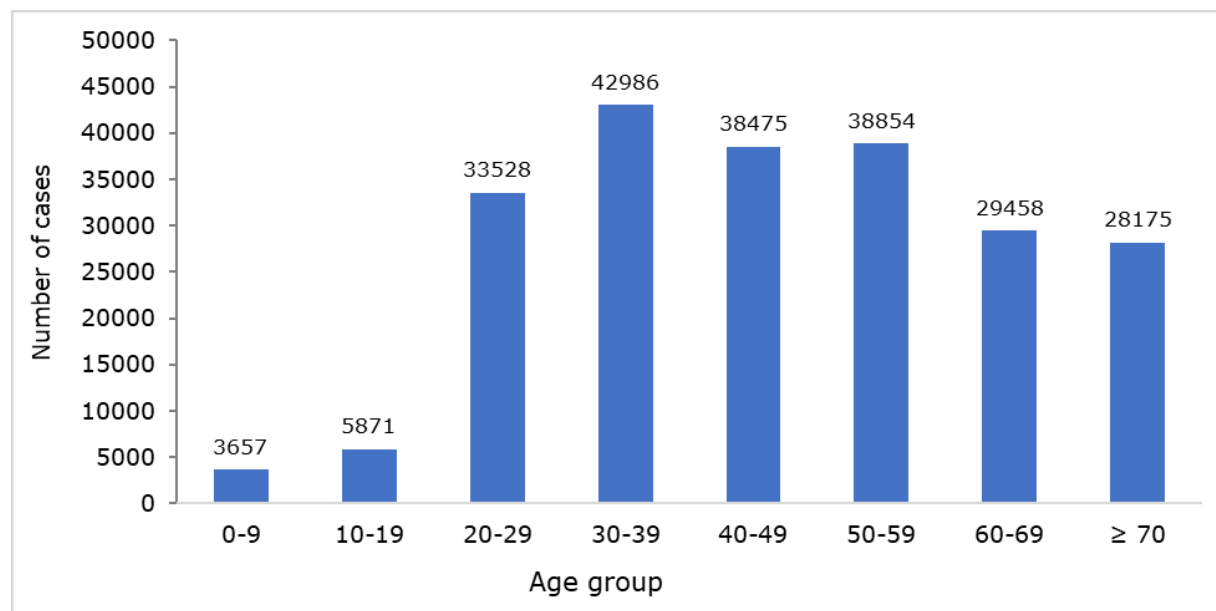


Source: Data provided by the Ministries of Health, Health Agencies, or similar, to PAHO/WHO

Among confirmed cases for which age and sex data were available (231,231 cases with available sex data and 220,734 cases with available age data), 51% are male and 4.3% are under 20 years old (**Figure 2**). Occupation data was available for 19,795 cases, of which 8.7% are healthcare workers and 33.2% of them are male.

² PAHO/WHO Number of COVID-19 cases in the Region of the Americas as of 19 April 2020 at 14:00 EST. Available at: <https://bit.ly/3cuPRVN>

Figure 2: Distribution of reported confirmed cases of COVID-19 by age group in the Americas Region



Source: Data provided by the Ministries of Health, Health Agencies, or similar, to PAHO/WHO

The following is a summary of the epidemiological situation of COVID-19 by sub-region in the Region of the Americas.

North America³

All three countries have reported confirmed COVID-19 cases (765,011) and deaths (36,359). Due to the particularly high number of cases in the United States of America, the North American sub-region contributes 89% of all cases and 90% of all deaths in the Region of the Americas. The reported case-fatality rate in North America is 4.75%.

In the United States of America, after an initial intense acceleration of transmission in March, a decrease in the growth rate of the epidemic has been observed since early April, with different levels of COVID-19 activity across the country. With 723,605 confirmed cases, including 34,203 deaths, reported between 21 January and 19 April, the United States is implementing such measures as extending the physical distancing advisory until the end of April and issuing a domestic travel advisory for the states of New York, New Jersey, and Connecticut due to extensive community transmission in those states. While the highest proportion of cases are being reported from New York and New Jersey states, a high level of transmission is now being observed in the southern states of Florida, Georgia, Louisiana, and Texas.

In Canada, confirmed cases have been reported in 12 of the 13 provinces and territories; only the northern Nunavut Territory in has yet to report cases. As of 19 April, 33,909 confirmed cases and 13 probable cases, including 1,506 confirmed deaths, have been reported.

³ Canada, Mexico, and the United States of America.

Quebec and Ontario provinces reported the highest burden and together account for 83% and 91% of total cases and deaths.

In Mexico, while new confirmed cases continue to be reported daily, there has been no exponential growth observed in the incidence of reported COVID-19 cases as observed in other countries in the Region. As of 19 April, a total of 7,497 confirmed cases, including 650 deaths, have been reported. Most cases have been reported in the states of Mexico, Baja California, and Puebla.

Central America⁴

As of 12 April, a total of 5,885 confirmed cases, including 187 deaths, have been reported by the 7 countries in the Central American sub-region. Of the total number of confirmed cases, Panama has reported the highest number (4,273 cases, including 120 deaths), followed by Costa Rica (655 cases, including 4 deaths) and Honduras (472 cases, including 46 deaths). The reported case-fatality rate in Central America is 3.17%.

Caribbean and Atlantic Ocean Islands⁵

Most of the 34 countries/territories in this sub-region have reported sporadic cases or small clusters of COVID-19 cases, with only the Dominican Republic reporting community transmission. As of 19 April, a total of 8,428 confirmed cases, including 411 deaths, have been reported from the Caribbean; of this, the Dominican Republic has reported 56% (4,680 cases) of cases and 55% (226) of deaths. The reported case-fatality rate in the Caribbean is the highest in the Americas, at 4.87%.

South America⁶

After North America, the sub-region with the highest number of confirmed cases and deaths reported to date is South America. As of 19 April, the 10 countries in the sub-region have reported a total of 78,506 confirmed cases, included 3,658 deaths, which represents 9.2% of the total cases and 9.0% of the total of deaths in the Americas Region.

Among the countries in South America, Brazil has reported the highest number of cases (36,599 cases, including 2,347 deaths), followed by Peru (14,420 cases, including 348 deaths), Chile (10,088 cases, including 133 deaths), and Ecuador (9,468 confirmed and probable cases, including 1,291 confirmed and probable deaths). The reported case-fatality rate in South America is the third highest in the Americas, at 4.61%.

⁴ Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.

⁵ Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Bermuda, Bonaire, Sint Eustatius and Saba, the British Virgin Islands, the Cayman Islands, Cuba, Curacao, Dominica, the Dominican Republic, the Falkland Islands, Grenada, Guadeloupe, French Guiana, Guyana, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Pierre and Miquelon, Sint Maarten, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos, and the U.S. Virgin Islands.

⁶ Argentina, Bolivia, Brazil, Colombia, Ecuador, Paraguay, Peru, and Venezuela.

Guidance and recommendations for national authorities

Given the continued report of cases of COVID-19 in countries and territories of the Region of the Americas, PAHO/WHO reinforces and update the recommendations made since 28 February 2020 to all Member States, to:

1. Surveillance and reporting

The WHO updated the interim guidance for Global Surveillance for COVID-19 on **20 March 2020** and it is available at: <https://bit.ly/3b4RHwy>

The following topics are highlighted in this update:

- Case definition of a **probable case**:
 - a) A suspect case for whom the testing result for COVID-19 is inconclusive.

OR

 - b) A suspect case for whom, for any reason, testing for COVID-19 could not be performed.

- Case definition of a **confirmed case**:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

- Revision of the definition of a **contact**:

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

 1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes
 2. Direct physical contact with a probable or confirmed case
 3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment, OR
 4. Other situations as indicated by local risk assessments.

Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.

Recommendations for the reporting of cases

PAHO/WHO requests that national authorities report **probable and confirmed** cases of COVID-19 infection within 48 hours of identification, by providing the data set outlined in the "Line-listing for 2019 Novel Coronavirus of confirmed and probable cases" and available at: <https://www.paho.org/en/documents/template-line-listing>

PAHO / WHO requests the submission on a daily basis (minimum four times in a week) of the entire list of variables completed, according to the variables obtained regularly in the established respiratory disease surveillance system. The variables used for monitoring the completeness of the report are the name of the reporting country, the date of report, the case ID, the date of onset of symptoms, the age and the age unit (month, years old), the gender, the case definition [probable/confirmed], and the outcome [recovered-healthy / not recovered / decease].

The specific email to send the Line-listing for 2019 Novel Coronavirus of confirmed and probable cases is: covid@paho.org

2. Laboratory

Laboratories should continue to use the influenza laboratory algorithm recommended by PAHO for both routine surveillance of acute respiratory infection (ARI) and severe acute respiratory infection (SARI) as well as unusual cases. If influenza is detected, the routine influenza testing should be performed (including subtyping or genotyping) and report must be continued. If the sample is negative for Influenza, testing for SARS-CoV-2 should be considered.

Although the co-detection of influenza (or other respiratory viruses) with SARS-CoV-2 is biologically possible, this is an unlikely event. Therefore, if a positive test result is obtained for another virus that explains the clinical picture, it is not necessary to continue to test the sample for SARS-CoV-2.

Patients fitting the COVID-19 case definition detected outside the routine influenza surveillance, should be tested initially for SARS-CoV-2. If negative, testing for influenza and other respiratory viruses may be considered.

Samples should be collected by trained personnel and applying all biosafety instructions including the use of personal protective equipment appropriate for respiratory viruses.

On 30 March 2020, PAHO/WHO updated the Laboratory Guidelines for Detection and Diagnosis of the Novel Coronavirus (COVID-19). Information on specimen collection and proper shipment; laboratory testing including a testing algorithm; and reporting of cases and test results can be found in this interim guidance. The guidance is available at <https://bit.ly/2VCpWom>

3. Infection Prevention and Control

Sustained human-to-human transmission of COVID-19 along with nosocomial transmission has been reported in most of the countries. Routes of transmission of COVID-19 include direct contact and droplet. Aerosol generating procedures (AGP) might play also a role in the transmission of COVID-19.

The following guidance on infection prevention and control are available:

- Presentation: Infection Prevention and Control and novel coronavirus (COVID-19): standard precautions and use of personal protective equipment. PAHO/WHO, 20 February 2020, available at <https://bit.ly/32zz004>
- Advice on the use of masks in the context of COVID-19. WHO, 6 April 2020, available at: <https://bit.ly/2T6KDZw>
- Infection prevention and control during health care when novel coronavirus (COVID-19) infection is suspected. WHO Interim guidance, 19 March 2020, available at: <https://bit.ly/31syVuw>
- Infection Prevention and Control for the safe management of a dead body in the context of COVID-19, WHO Interim guidance, 24 March 2020, available at <https://bit.ly/2RDEiDy>

4. Clinical management

To date, there is no specific drug or vaccine recommended to prevent or treat the novel coronavirus. Some specific treatments such as antivirals are under investigation and are being tested through clinical trials. The use of antivirals has also been reported in published case series of hospitalized patients with COVID-19. Those infected with COVID-2019 should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care.

Application of timely, effective, and safe supportive therapies is the cornerstone of therapy for patients that develop severe manifestations of COVID-19.

Guidance for clinical management of severe acute respiratory infection when COVID-19 is suspected is available at: the following documents:

- Initial care of persons with acute respiratory illness (ARI) in the context of coronavirus disease (COVID-19) in healthcare facilities: assess the risk, isolate, refer. Available at <https://bit.ly/2wU5uH3>
- Guidelines for Critical Care of Seriously Ill Adult Patients with Coronavirus (COVID-19) in the Americas (short version). Available at <https://bit.ly/2ROU4eY>
- Guidelines for Critical Care of Seriously Ill Adult Patients with Coronavirus (COVID-19) in the Americas (short version). (long version, in Spanish only). Available at: <https://bit.ly/2VCtrem>
- Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Available at <https://bit.ly/2xJyyI3>

Currently there is a lack of strong evidence with well-designed trials recommending specific drugs, such as antivirals or immune modulators that have benefits for COVID-19 patients. In a recently published randomized controlled trial (small sample size) hydroxychloroquine sulfate

did not show clinical effects in improving patient symptoms and accelerating virologic suppression⁷.

In addition, WHO published an Interim guidance (available at: <https://bit.ly/2Vzwr6>) to meet the need for recommendations on home care for patients with COVID-19 presenting with mild symptoms and management of their contacts.

5. Health services

To enhance health services preparedness at country level, the following enlistment checklist for response to COVID-19 in hospitals has been developed. The purpose of this tool is to support countries to verify in designated hospitals, the status of enlistment for the response to COVID-19 and identify immediate and priority actions to respond efficiently and in a timely manner to the emergency. The Hospital Readiness checklist and associated guidance are both available on PAHO's website.^{8,9}

Currently, more than 500 hospitals in 15 countries are using the COVID-19 Hospital Readiness checklist. Also, countries were trained in a tool for estimating the needs for beds and professional hours and a direct support in the construction and analysis of needs for hospital beds and Intensive Care Units (ICUs) has been provided to the Ministries of Health of El Salvador, Suriname and Ecuador.

Five countries have been using the centralized bed management tool: Colombia, Ecuador, Mexico, Panama and Suriname.

PAHO/WHO has published the following documents to support the response to the pandemic: "Reorganization and Progressive Expansion of Health Services for the Response to the COVID-19"¹⁰ and "Recommendations for medical surge capacity and deployment of emergency medical teams"¹¹.

⁷ COVID-19: Chloroquine and hydroxychloroquine research. Available at <https://bit.ly/3anQJKa>
Ongoing Living Update of Potential COVID-19 Therapeutics: summary of rapid systematic reviews. Available at <https://bit.ly/3cznHcm>

⁸ Excel Tool for Prehospital Emergency Medical Services Readiness Checklist for COVID-19. Available at <https://bit.ly/2VdDVBL>

⁹ Instructive - Prehospital Emergency Medical System Readiness: Checklist for COVID-19. Available at <https://bit.ly/3aabOb2>

¹⁰ PAHO/WHO Reorganization and Progressive Expansion of Health Services for the Response to the COVID-19 Pandemic. Available at <https://bit.ly/2RQYbY6>

¹¹ PAHO/WHO Recommendations for medical surge capacity and deployment of emergency medical teams. Available at <https://bit.ly/3cznHcl>

6. Non-pharmaceutical measures: Social distancing and International traffic-related measures

Non-pharmaceutical measures include personal protective measures, environmental measures, social distancing measures, and international traffic-related measures. This paragraph refers to social distancing measures, and international traffic-related measures, which are strictly intertwined.

Starting on 30 January 2020, when the Director-General of WHO determined COVID-19 as a Public Health Emergency of International Concern (PHEIC), countries in the Region of the Americas initially implemented measures aiming at restricting the entry of international travelers originating from specific countries experiencing COVID-19 transmission. Coinciding with the spread of COVID-19 to Europe at the end of February 2020, and, subsequently, with the declaration of the pandemic associated with COVID-19 by the Director-General of WHO on 11 March 2020, these measures have both, progressively become more restrictive and have been adopted by an increasing number of countries. As of 10 April 2020, of the 35 countries in the Americas, all but two (Mexico and Nicaragua) are implementing measures drastically limiting the flow of incoming international travelers and conveyances, or completely prohibiting the incoming and outgoing flow. Generally, international travelers and conveyances on missions with the following purposes are exempted from the above-mentioned measures – humanitarian (e.g., repatriation, medical evacuation, transport of supplies for the response), national security, maintenance of essential services.

Social distancing measures apply to individuals (e.g. isolation of cases and quarantine of contacts), or to the community (to specific segments of the population [e.g., home confinement for the elderly]), or to the population as whole (e.g., home confinement and closure of all non-essential businesses). These measures are not mutually exclusive. Coinciding with the declaration of the COVID-19 pandemic on 11 March 2020, community-wide measures have been adopted by an increasing number of countries. As of 10 April 2020, of the 35 countries in the America, all but one (Nicaragua) are implementing measures drastically restricting the movement of the population, and involving the cancellation of routine and major mass gatherings, closure of businesses, closure of schools, and home confinement. Notwithstanding that most of the countries which have adopted community-wide measures have initially envisaged their time-limited duration, thanks to whole of government efforts, virtually all countries currently implementing community-wide measures have promulgated legal tools allowing for the provision of financial and fiscal protection to specific segments of the population; for the meeting of essential needs (e.g., food distribution schemes, maintenance of supermarkets in operations); as well as for the maintenance of essential services.

Taking into account the WHO COVID 19 Strategy Update (14 April 2020¹²) and WHO's Considerations in adjusting public health and social measures in the context of COVID-19 (16 April 2020¹³), PAHO/WHO is in the process of finalizing considerations to assist national authorities in the Americas in their decision making process related to the adaptation of social distancing measures and international traffic-related measures.

¹² WHO COVID-19 Strategy update 14 April 2020. Available at <https://bit.ly/2VjSWCs>

¹³ WHO Considerations in adjusting public health and social measures in the context of COVID-19. Interim guidance, 16 April 2020. Available at <https://bit.ly/2ROp5jd>

7. Risk Communication

Risk communication is a core public health intervention in any disease outbreak and health emergency. As such, WHO created guidance for countries to implement effective risk communication and community engagement (RCCE) strategies which will help protect the public's health in the early response to COVID-19. This document¹⁴ includes recommended RCCE goals and actions for countries preparing for COVID-19 cases and for countries that have confirmed COVID-19 cases.

In addition, a COVID-19 risk communication package for healthcare facilities that provides healthcare workers (HCWs) and healthcare facility management with the information, procedures, and tools required to safely and effectively work has also been published¹⁵. The package contains a series of simplified messages and reminders based on WHO's more in-depth technical guidance on infection prevention and control in healthcare facilities in the context of COVID-19.

PAHO/WHO has also developed Guidelines for communicating about coronavirus disease 2019 for health leaders¹⁶ on how to communicate the first announcement and subsequent scenarios of transmission. Another material that was developed has been an informative guide for journalists¹⁷, that aims to help this audience to inform accurately and timely about COVID-19. There is also a new guide with templates on Risk Communication and Community Engagement (RCCE)¹⁸.

Additionally, PAHO/WHO held virtual workshops on risk communication with the Ministries of Health authorities and has developed communication material for different audiences, such as health care workers, and vulnerable populations¹⁹.

¹⁴ WHO Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV). Available at <https://bit.ly/2VFpzJG>

¹⁵ WHO The COVID-19 risk communication package for healthcare facilities. Available at <https://bit.ly/2VmgWot>

¹⁶ PAHO/WHO COVID-19: Guidelines for communicating about coronavirus disease 2019 - A guide for leaders. Available at <https://bit.ly/3bklykr>

¹⁷ COVID-19 An informative guide. Advice for journalists. Available at <https://bit.ly/2xEzBmh>

¹⁸ PAHO/WHO COVID-19 Risk Communication and Community Engagement (RCCE). Available at <https://bit.ly/2KesAez>

¹⁹ PAHO/WHO COVID-19: Communication Materials. Available at <https://bit.ly/2KerPCh>

Sources of Information

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