COVID-19

Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE **Americas**

PAHO

PAHO/WHO Response. 5 October 2020. Report ° 28

CONTEXT

Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread has 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 54 countries and territories in the Americas**.

PAHO/WHO activated regional and country incident management system teams to provide direct emergency response to Ministries of Health and other national authorities for surveillance, laboratory capacity, support health care services, infection prevention control, clinical management and risk communication; all aligning with priority lines of action. The Organization has developed, published, and disseminated evidence-based technical documents to help guide countries' strategies and policies to manage this pandemic.

SITUATION IN NUMBERS IN THE AMERICAS
as of 5 October (15:00)

17,176,705
Confirmed cases*

572,374
Deaths*

54
Countries / areas / territories counted for epidemiological purposes
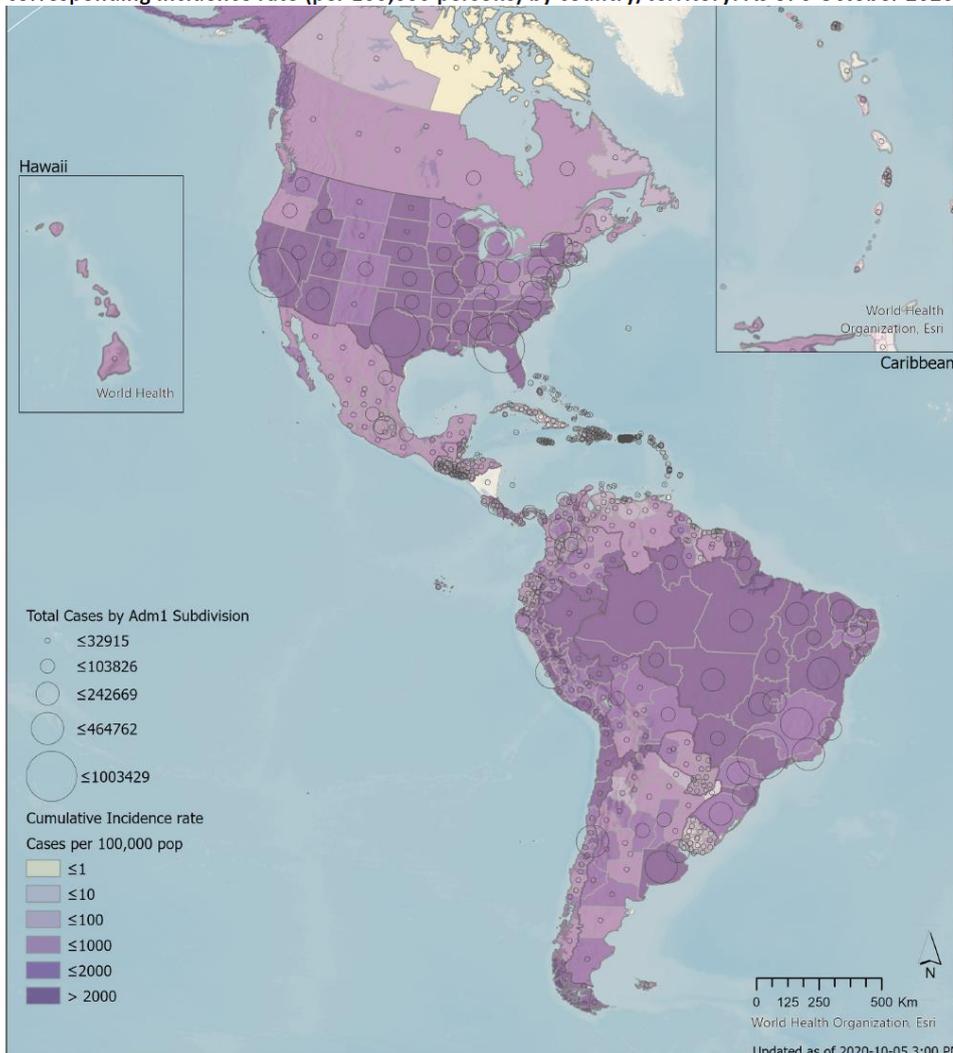
RESPONSE PILLARS

- Coordination, Planning, and Monitoring
- Risk Communication and Community Engagement
- Surveillance, Rapid Response Teams, and Case Investigation
- Points of Entry, International Travel, and Transport
- National Laboratories
- Infection Prevention and Control
- Case Management
- Operational Support and Logistics
- Maintaining Essential Health Services during the Pandemic

Map 1. Reported number of cumulative COVID-19 cases in the Region of the Americas and corresponding incidence rate (per 100,000 persons) by country/territory. As of 5 October 2020.

Hawaii
World Health
Caribbean
World Health Organization, Esri

Total Cases by Adm1 Subdivision
- ≤32915
- ≤103826
- ≤242669
- ≤464762
- ≤1003429

Cumulative Incidence rate
Cases per 100,000 pop
- ≤1
- ≤10
- ≤100
- ≤1000
- ≤2000
- > 2000

0 125 250 500 Km
World Health Organization, Esri
Updated as of 2020-10-05 3:00 PM

Link to PAHO's technical and epidemiological reports, guidance, and recommendations

Link to global operational situation reports

World Health Organization

Key Figures: The Americas' Response to COVID-19

PAHO Response

105 — Technical guidelines and recommendations developed or adapted from WHO

17M — COVID-19 PCR tests sent to 36 countries and territories

>169 — Virtual / in-person regional and country trainings on testing, tracking, care, and more

PAHO has sent 107 PPE shipments to 34 countries and territories

1.42M Gloves

1.49M Gowns

35.2M Surgical & Respirator Masks

320k Goggles

Regional Readiness

32/35 — # Countries with national COVID-19 Preparation and Response Plans

38/51 — # Countries and territories with molecular detection capacity to diagnose COVID-19

20/35 — # countries using existing SARI/ILI surveillance systems to monitor COVID-19

17/22 — # Reporting countries where at least 50% of health facilities have triage capacity

33/35 — # Reporting countries with national IPC / WASH plans for health facilities

PAHO/WHO Response (29 September to 5 October 2020)

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. The Organization's work to date falls under the nine pillars of the global Strategic Preparedness and Response Plan for COVID-19.

Country-level Coordination, Planning, and Monitoring

Regional

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

This week marked the **58th Directing Council** of the Pan American Health Organization (PAHO). Health authorities from the Americas met virtually to discuss challenges and strategies for a way forward as the pandemic continued. PAHO's Director **urged countries** to cooperate to fight against the COVID-19 pandemic and adapt, innovate and reorient public health work. The opening ceremony of the Directing Council included leaders of national governments, representatives from

Figure 1: PAHO held its 58th Directing Council meeting to discuss the Region's approach to combatting COVID-19. **Source**: PAHO, 28 September 2020

the Organization of American States, the Inter-American Development Bank, stakeholders, and partners, as well as the Director-General of the World Health Organization, Tedros Adhanom Ghebreyesus.

Regulatory aspects for COVID-19

Health technology assessments (HTAs) are invaluable guidance for health authorities in the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas (**BRISA**) now has 277 reports available in its COVID-19 section.

PAHO continued to work with its Member States to provide guidance on the use of in vitro diagnostics (IVDs) and other regulatory aspects, considering authorizations from WHO's Emergency Use Listing (EUL) procedure and recommendations from eight national regulatory authorities (NRAs) from around the globe.

PAHO continued to maintain a list of 73 prioritized IVDs for proprietary and open platforms. The Organization additionally monitored alerts and updates as part of its post-market surveillance on IVDs, ventilators, PPE, and other items to provide the most updated, timely information to regulatory authorities.

The Organization collaborated with NRAs from across the Americas to share recommendations, considerations, and evaluations on products that would be used to manage COVID-19 during the pandemic. Additionally, PAHO maintained a repository of websites and relevant information, including regulatory response on COVID-19, at the Regional Platform on Access and Innovation for Health Technologies (**PRAIS**).

PAHO supported regulatory authorities from **Bolivia**, **Dominica**, and the **Dominican Republic** with aspects related to PPE and medical equipment needed to combat the COVID-19 pandemic in these countries.

Country

In **Costa Rica,** PAHO worked with the country's crisis committee to coordinate the national response to the pandemic.

Figure 2: PAHO joined health authorities in Suriname to conduct a risk communication mission to the country's interior. **Source**: PAHO, September 2020

PAHO's country teams worked closely with the UN system across the Americas. In **Belize**, PAHO delivered a presentation on health system readiness to health authorities, while in **Argentina** the team focused on human rights aspects related to addressing the pandemic. In **Guatemala,** PAHO worked with national health authorities and the UN system to formulate strategies to ensure access to health, food, and nutritional safety during the pandemic.

At a seminar organized by the United Kingdom Embassy and national health authorities, PAHO shared recommendations and considerations on the legal and regulatory framework for expanding the role of nursing as a strategy for tackling the pandemic in **Mexico.**

PAHO prioritized the health and wellbeing of populations living in situations of vulnerability as the team worked with health authorities to reduce infections and optimize care. In **Ecuador,** PAHO partnered with UNICEF and UNODC to strengthen essential health services to reach the country's populations in situations of vulnerability. The **Chile** team participated alongside national authorities in a subregional technical consultation on the impact of COVID-19, with a focus on indigenous and Afro-descendant peoples. In **Costa Rica,** PAHO joined national authorities to share lessons learned and recommendations with **Argentina**. The Organization also facilitated the delivery of a donation of PPE and hygiene supplies for families living at greater risk of infection in Salitre, **Costa Rica**, an indigenous territory.

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

Emerging respiratory viruses, including COVID-19: detection methods, prevention, response, and control (**SPA, POR**)

COVID-19 operational planning guidelines: for UNCT systems and other partners (**SPA**)

Standard precautions: Hand hygiene (COVID-19) (**SPA**)

Infection prevention and control (IPC) caused by COVID-19 (**SPA, POR**)

ePROTECT Respiratory Infections: Health and occupational health (**SPA**)

Course on the clinical management of Severe Acute Respiratory Infections (SARI) (**SPA**)

Severe Acute Respiratory Infection (SARI) Treatment Facility Design (**POR**)

Risk Communication and Community Engagement

Regional
As the communication needs of the Region evolve during the pandemic, PAHO continued to disseminate key messages across multiple platforms, and to respond to media enquiries. The **infographics** cover a range of issues related to COVID-19, ranging from steps for preventing infection to tips for staying healthy and protecting mental health during this pandemic.

Country
PAHO provided health and education authorities in **Suriname** with continued support for the MoHanA campaign, which aimed to raise awareness on the wearing of a mask, regular handwashing, and keeping a safe distance. A key part of the campaign has been the production of risk communication materials accompanied by songs and dance routines to raise awareness and engage students in schools. PAHO also worked alongside the Medical Mission and the country's epidemiology team to understand risk communication needs from indigenous communities to tailor messages to their contexts.

In **Argentina,** PAHO partnered with UNFPA to prepare a series of messages on the prevention of adolescent pregnancy in the context of COVID-19 for dissemination during the **Week for the Prevention of Adolescent Pregnancy**. On national television and social media, PAHO also shared key messages on protecting mental health during the pandemic.

PAHO worked with the wider UN system in **Chile** to develop a plan for communications and behavior change that was tailored to the ongoing COVID-19 response.

In **Guatemala**, PAHO partnered with international organizations, NGOs, and the Guatemalan Institute of Social Security to coordinate risk communications to prevent infections and promote safe behavior to stem the spread of COVID-19.

PAHO launched a competition for **Paraguay's** youth to **submit videos showcasing measures** that young persons could take to improve personal care for themselves and their families. The aim was to slow the spread of the virus and help protect those most vulnerable in the country's population.

In **Costa Rica,** PAHO partnered with national authorities to develop videos that promote self-protection and risk assessments for social and health workers to prevent COVID-19 infection.

PAHO joined health authorities from **Belize** to raise awareness on World Patient Safety Day during a morning television talk show.

Regional

PAHO has developed a **Geo-Hub** for the Region which includes a series of dashboards and epidemiological data updated daily. It has four sub-regional and 54 country and territory geo-hubs for the Americas. In addition, the public can consult PAHO's **interactive dashboard** showing cumulative cases, deaths, cumulative incidence rate, new cases and deaths, as well as several other epidemiological indicators reported by countries and territories.

Figure 3: PAHO donated equipment and supplies to the government of Belize to protect health workers and others from COVID-19. **Source**: PAHO, 23 September 2020

PAHO continued its **Event-Based Surveillance** (EBS) while also supporting countries to boost their **Indicator-Based Surveillance** (IBS). Efforts continued to ensure that countries **integrate COVID-19** into their routine severe acute respiratory illness / influenza-like illness (**SARI/ILI) surveillance systems**. To date, **20 countries** have integrated COVID-19 surveillance into their SARI/ILI systems. Recent PAHO technical cooperation focused on using influenza sentinel surveillance to monitor for COVID-19 cases, boost contact tracing, and coordinate COVID-19 Unity studies.

PAHO also published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators (**available here**).

The regional team managed data of the line list of nominal cases reported by Member States. To date, 38 of the 54 countries, territories, and areas in the Americas have reported this data. This represented approximately 60% of all reported cases and 52% of reported deaths in the Americas.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and **23 countries and territories** are already or working towards implementing it. The Go.Data app is a tool that support suspect case investigation and management, display of transmission chains, and contact tracing. PAHO continued to provide technical cooperation for further Go.Data implementation in the region.

Argentina's department of Cordoba and **Haiti** received PAHO's support to apply a risk assessment tool to identify at-risk populations that should be considered by health authorities as they seek to reduce infections from COVID-19. PAHO supported **Bolivia** to use existing data to assess the excess mortality that could be attributed to COVID-19. **Argentina** received additional support to apply a tool on non-communicable diseases (NCDs) and COVID-19.

Country

PAHO supported health authorities from **Belize** to optimize the integration of malaria surveillance into COVID-19 surveillance efforts as feasible.

In **Suriname,** PAHO trained personnel from the public health hotline in their role in managing the epidemic by supporting contact tracing and overall surveillance efforts. The hotline personnel received a refresher training with focus on the reopening of schools and what to anticipate.

Points of Entry, International Travel, and Transport

Regional and country

PAHO issued guidance on **Resuming non-essential international travel in the context of the COVID-19 pandemic**, with an emphasis on the relevance of requiring testing before or after international travel as a measure to reduce the risk of importing COVID-19 cases.

PAHO worked with the IOM to formulate joint activities to reduce the risk of the introduction of cases across **Mexico's** border, and with UNHCR to provide recommendations on procuring face masks and respirators.

National Laboratory

Regional

Since the beginning of PAHO's response up to the date of this report, the Organization has provided primers, probes and/or PCR kits for approximately **6.73 million** reactions/tests. PAHO also provided approximately 312,000 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to **Colombia, Chile, Dominica, Grenada,** and **Peru**.

Costa Rica, **Honduras**, and **Mexico** received PAHO guidance and considerations as they considered implementing antigen-based platforms for detecting COVID-19 cases. PAHO worked with the Foundation for Innovative New Diagnostics (**FIND**) to assess how antigen-based tests could be rolled out in the Americas.

PAHO attended technical sessions at the CABANA and International Potato Center (CIP) to discuss the genome of SARS-CoV-2 and its evolution and epidemiology in Latin America (the recording is available at CIP's website **here**).

Infection Prevention and Control (IPC)

Regional

The regional team provided **The Bahamas** with training on IPC (25 trained). This marked the tenth training out of a 12-session program to reinforce national capacities.

Country

PAHO coordinated with **Argentina's** Ministry of Social Development to provide a training session on water and sanitation in rural areas for populations living in remote locations.

In **Paraguay,** PAHO conducted a joint mission with the Ministry of Health to the Chaco to identify and troubleshoot challenges for the first-level service network, the public and private hospital network, and

Figure 4: PAHO donated portable lavatories to ensure the continuity of essential vaccination services in spaces free from COVID-19. **Source**: PAHO, September 2020

the Out-of-Hospital Emergency system. The recommendations encompassed ambulances, statistical data quality, and other aspects.

Case Management

Regional

The sheer breadth of evidence on therapeutics can be daunting for health authorities seeking to formulate the best recommendations on case management. PAHO continued to maintain an updated document on **46 potential COVID-19 therapeutics**, the product of a series of rapid systematic reviews. Considering the breadth of knowledge and evidence related to COVID-19, PAHO produced 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.

PAHO conducted three webinars on clinical management for national health authorities from **Belize**.

Emergency medical teams (EMTs) are invaluable when a country's health system is stretched beyond its regular capacity.

Peru continued to receive PAHO support to integrate an ambulance model into the SISMED911, a free software that facilitates the timely delivery of services to people affected by an adverse situation, monitors resources and their availability, and coordinates the various participating components and entities, for integration into the country's national prehospital EMS.

PAHO supported the **Dominican Republic** to develop a roadmap to apply the EMT approach to implementing medical surge capacity while ensuring its sustainability and feasibility. The regional team also worked with health authorities from the **Bahamas** on establishing alternative medical care sites (AMCS) and flow in temporary facilities.

Figure 5: The MoHaNa campaign which PAHO supports engaged children on their first day of school, with the participation of the country's First Lady. **Source**: PAHO, September 2020

Updated information on deployed EMTs and AMCS throughout the Americas is available at **PAHO's COVID-19 EMT Response** information hub at this **link**.

Country

PAHO worked with health authorities from **Guatemala's** Comprehensive Health Care System (SIAS, for its acronym in Spanish) to implement telemedicine projects in the health area directorates of Ixil and San Marcos to improve access to health services during the pandemic.

In **Suriname,** PAHO trained health care workers in case management for COVID-19, in collaboration with the Foundation for Postgraduate Education in Medicine, Suriname (Stichting Postacademisch Onderwijs Geneeskunde Suriname).

Operational Support and Logistics

Regional and Country

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 personal protection equipment (PPE), oxygen concentrators, in vitro diagnostics, and other goods, supplies, and equipment critical to the COVID-19 response in the Americas.

Considering the multitude of suppliers and concerns about the quality of procured goods, PAHO has made quality assurance a critical component of its technical support to procuring goods, supplies, and equipment for the COVID-19 response. This has entailed reviewing technical specifications of procured goods, ensuring shipping documentation is correct for clearing goods through customs, and supporting countries with quality assurance issues.

Oxygen concentrators were delivered to **Antigua and Barbuda**, **Dominica**, **Grenada**, **Guyana**, **Peru**, **Saint Kitts and Nevis**, and **Saint Lucia**.

PAHO worked alongside **Guatemala** and **Honduras** to coordinate case management protocols for migrants and to strategize on other aspects related to their health and wellbeing during the COVID-19 pandemic.

Costa Rica received PAHO support to develop an action plan to manage limited PPE availability. This included technical support to assess the specifications of respirators for delivery to the country.

Maintaining Essential Health Services during the Pandemic

Regional
The reorganization and expansion of services is critical to ensuring that health systems can adapt to needs arising from the COVID-19 pandemic while sustaining services critical for other health conditions.

Belize received guidance on the reorganization of the network of services for the COVID-19 response and to ensure the continuity of essential services, while PAHO trained 75 health personnel in **Guatemala** to strengthen its first level of care.

The Bahamas, **Bolivia**, **Guatemala**, and **Peru** received recommendations on the demands and needs for medical devices for the first level of care, as well as managing COVID-19 cases in remote areas.

PAHO issued a press release in celebration of the UN International Day of Older Persons (1 October): "**Pandemics: Do They Change How We Address Age and Ageing. Celebration on several countries in the Region**" (available **here**). The team also conducted a webinar with ORAS-CONHU (Organismo Andino de Salud-Convenio Hipólito Unanue) to discuss the impact of COVID-19 on older persons (100 participants).

Country
PAHO worked with other UN agencies and the **Mexican** government to provide recommendations on how the use of masks could be promoted without negatively impacting the environment when discarded.

Paraguay's Social Security Institute received support to assess how to digitize certain processes in the department of Boquerón, in a bid to reduce the risk of infection from COVID-19.

Partnering with the Ministry of Health of **Panama,** PAHO conducted a virtual course on managing stress during the pandemic. It was tailored to civil servants and focused on mental health and emotional wellbeing, coping with work stress, and highlighting the importance of suicide prevention in the work environment. PAHO also participated in a webinar that aimed to raise awareness on how individuals could contribute towards strengthening communities' capacities to respond to the pandemic.

In **Belize,** PAHO disseminated a webinar on strengthening the resolution capacity of the first level of care in the context of the response to the COVID-19 (available **online**) and considerations for reopening schools while navigating mental health during COVID-19.

Research, Innovation, and Development

Regional

PAHO continued to review new and emerging information to build an evidence base to combat the virus. The public has access to PAHO's **COVID-19 Technical Database** for technical guidelines, scientific publication and ongoing research protocols from the region. This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and others. The database has been visited over 360,000 times.

Argentina received PAHO technical support to map out ongoing research on COVID-19.

PAHO provided technical support to **Costa Rica**, **Peru**, and **Trinidad and Tobago** on various ethical considerations relevant to ongoing research related to COVID-19 as well as other areas related to countries' responses to the pandemic.

Guatemala received PAHO recommendations on its ongoing national research ethics policy, with a focus on ensuring that it includes critical ethical consideration for emergency research. Meanwhile, PAHO presented on the Monitored Emergency Use of Unregistered Interventions (MEURI) framework at a regional bioethics training event held by the **Chilean** Universidad del Desarrollo (UDD) - Clínica Alemana (a WHO Collaborating Center on bioethics).

PAHO issued a new publication on how to promote transparency in research, with specific actions for national authorities during a pandemic. It is currently available only in Spanish [**link**].

With WHO, PAHO coordinated to support countries in the region to participate in the **SOLIDARITY trial**, which aims to assess the efficacy of possible therapeutics for COVID-19. The **Dominican Republic**, **Ecuador**, and **Trinidad and Tobago** received tailored support this week. PAHO also continued to collaborate with WHO on developing a serioepidemiologic study, **SOLIDARITY II**, to study the prevalence of the virus.

CONTRIBUTE TO OUR RESPONSE

An estimated US$200 million is needed to support pandemic preparedness and response in Latin America and the Caribbean through December 2020. As of 5 October 2020, PAHO received US$153 million in donor contributions and firm pledges.

You can donate to support PAHO's response to COVID-19 at this link.

NEW AND UPDATED
PAHO/WHO Technical Materials on COVID-19

How to promote transparency in research? Actions for health authorities during the COVID-19 pandemic [link]
Published: 29 September 2020 **(Spanish only)**

Transparency is a critical component of ethical research governance. In the COVID-19 pandemic context, it promotes public trust in research and in the response to the pandemic. If society and involved stakeholders know of ongoing research and which mechanisms is are in place to ensure it is done ethically, they may be more willing to contribute towards these efforts and trust in findings. PAHO recommends that relevant national authorities take action to strengthen the transparency of research during the pandemic.

Resuming non-essential international travel in the context of the COVID-19 pandemic [link]
Published: 5 October 2020

The document summarizes considerations for the decision-making process for resuming non-essential international travel in the context of the COVID-19 pandemic and key actions for accepting and mitigating the risk of SARS-CoV-2 virus international spread which cannot be eliminated. It expands on the potential use of COVID-19-related testing, highlighting primary biological, technical, and epidemiological challenges; as well as secondary constraints of a legal, operational, and resources-related nature.

GAPS	CHALLENGES
• **Surveillance systems:** More capacity-building and equipment for analysis. • **Information systems:** Data management systems are essential for case monitoring and contact tracing while protecting confidentiality. • **Strategic planning and response**: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans. • **Laboratory test kits and equipment**: National laboratories need more extraction kits and other supplies to keep testing. • **IPC supplies**: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE. • **Health facility evaluations**: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH). • **Resources for and access to populations in situations of vulnerability:** PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods. • **Risk communications**: Key messages must be tailored to each country's context to resonate with intended audiences. • **Subnational-level health workers:** A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available. • **Intensive care units:** More ICUs will be needed to manage anticipated severe cases. • **Migrant access to health services:** Countries are assessing how to serve these populations and better manage outbreaks. • **Private sector coordination:** This is essential to ensure national protocols are followed.	• **Border closures**: This has seriously hampered the deployment of experts, shipment of samples for testing, and procurement of supplies and equipment for testing, case management, and infection prevention and control. This has added additional pressure to countries undergoing complex political and socioeconomic transitions. • **Competitive marketplace**: Countries and organizations are competing for limited supplies due to global shortages of PPE and other items. • **Managing infections in healthcare settings**: Healthcare workers rely on PPE and other supplies to avoid infection. Global shortages are contributing to increasing cases and loss of life of frontline workers. • **Infected healthcare workers:** Infected health workers who are sick or quarantined will strain health systems. • **Test availability:** Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses. • **Health workforce limitations:** Insufficient human resources hamper countries' efforts to conduct contact tracing and manage patients in quarantine. • **Risk Communication:** The risk perception is still low in some countries/territories. • **Telephone referral systems:** Some countries are reporting overwhelming call volumes. • **Logistics systems:** Many countries are still unprepared to manage the distribution of supplies and equipment. • **Continuity in other health services:** The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs). • **Stigma:** Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.