

COVID-19

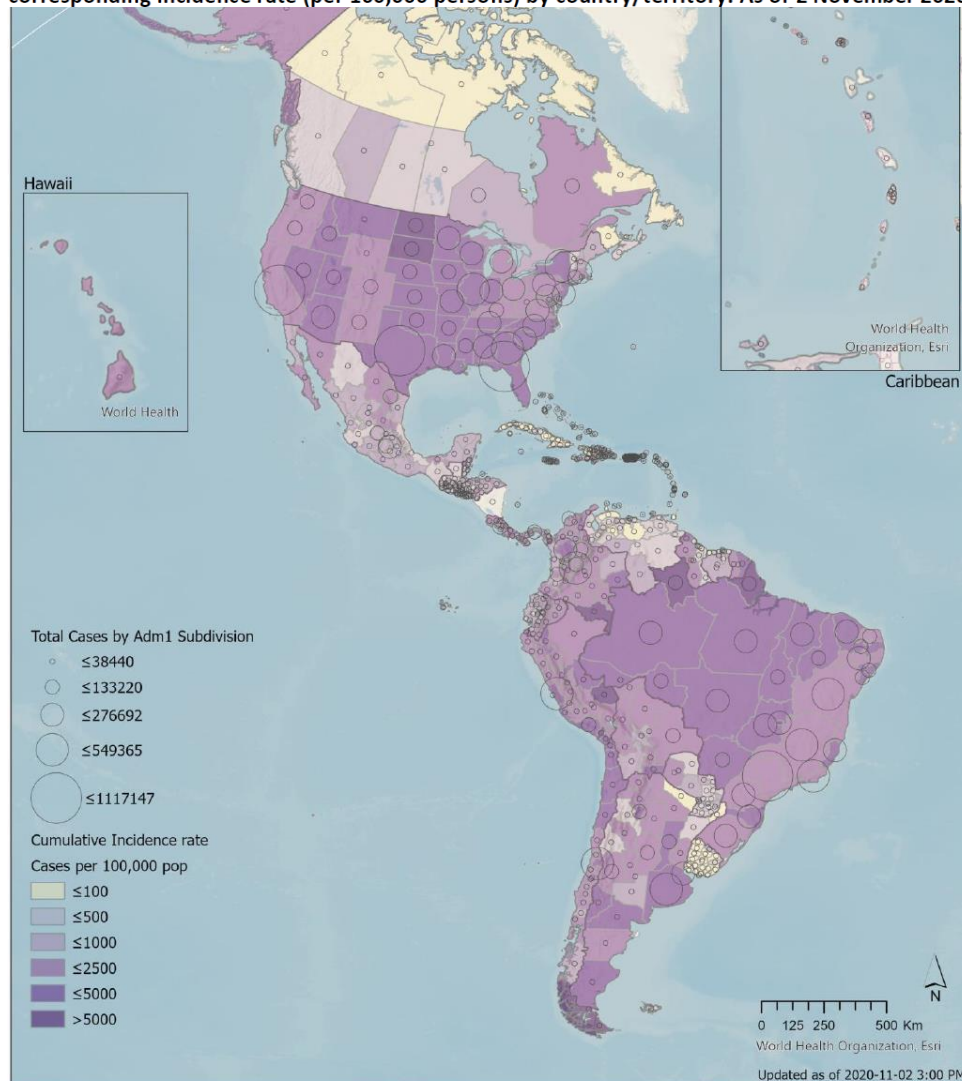
PAHO/WHO Response. 2 November 2020. Report ° 32

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 (IMST) to provide direct emergency response to Ministries of Health and other national authorities for surveillance, laboratory capacity, support to 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.

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 2 November 2020



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The designations employed and the presentation of the material in these maps do not imply the expression of any opinion whatsoever on the part of the Secretariat of the Pan American Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

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SITUATION IN NUMBERS IN THE AMERICAS

as of 2 November (15:00)

20,733,940

Confirmed cases

642,995

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













[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	 109 Technical guidelines and recommendations developed or adapted from WHO	 18.1M COVID-19 PCR tests sent* to 36 countries and territories	 >202 Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 103 PPE shipments to 34 countries and territories	
				 1.45M Gloves	 1.6M Gowns
Regional Readiness				 39.8M Surgical & Respirator Masks	 352k Goggles
	 32/35 # Countries with national COVID-19 Preparation and Response Plans	 38/51 # Countries and territories with molecular detection capacity to diagnose COVID-19	 21/35 # 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 (27 October to 2 November 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

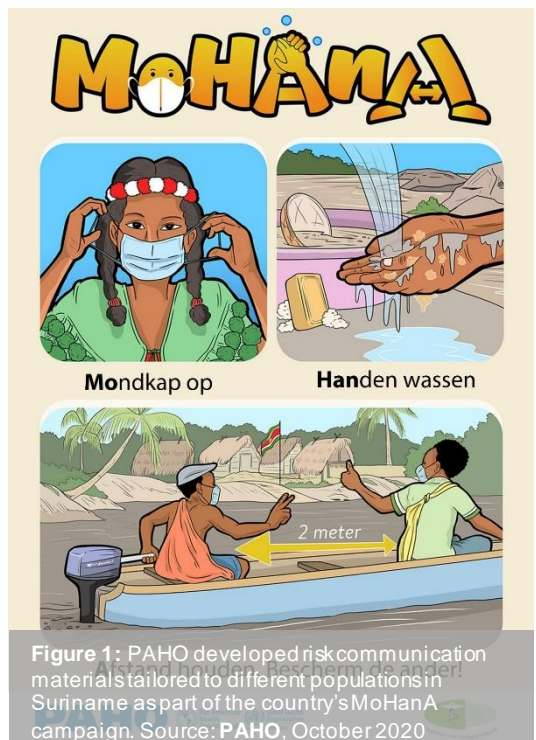
PAHO continued to collaborate with its partners within the Region and across the globe to deliver technical cooperation, evidence-based guidance, and recommendations, and to advocate for the Americas on the global stage. PAHO's regional IMST also provided support and strategic guidance to countries'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

PAHO worked closely with national health authorities as countries prepared for the eventual deployment of **potential vaccines for COVID-19**. This support included work with countries interested in gaining access to possible vaccine candidates through the **COVAX facility**. The Organization held a joint information meeting with its Member States regarding COVAX.

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 279 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. Further, 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 provided technical support to Saint Vincent and the Grenadines on the evaluation of a multipurpose ultrasound and to Suriname on recommendations on training for ICU ventilators.

Country

The team in **Mexico** maintained close collaboration with senior health authorities through high-level consultations, support to the country's Situation Room, and in the preparation and review of technical guidelines for the pandemic response.

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 worked with **Suriname** to support the ongoing MoHanA risk communication campaign, which allowed the continued dissemination of preventive measures for COVID-19.

In **Belize**, PAHO developed key messages targeting men, children, diabetic and hypertensive patients and persons diagnosed with COVID-19 to promote their well-being during the pandemic.

Considering the demands on journalists during the pandemic, PAHO **Ecuador** convened a technical session to review questionnaires and training topics on risk communications and other current issues. Meanwhile, at the 8th Congress of the **Mexican** Network of Health-Promoting Universities, PAHO disseminated a presentation on "Monitoring and Challenges of the Health System and Impact of COVID-19".



Surveillance, Rapid Response Teams, and Case Investigation

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.

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, **21**

countries have integrated COVID-19 surveillance into their SARI/ILI systems. Recent PAHO technical cooperation focused on using influenza sentinel surveillance to monitor 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](#)). Meanwhile, PAHO continued to analyze trends in the Region, particularly through the collection of COVID-19 line list of nominal data of cases. For the reporting week, PAHO has analyzed data on 84% of reported cases and 58% of reported deaths.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and **23** are already or working towards implementing it. The Go.Data app is a tool that supports 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.

Country

The team in **Bolivia** supported the roll-out of the Active Community Surveillance Strategy in the Departments of La Paz, Oruro, Cochabamba, Beni and Chuquisaca.



Figure 2: PAHO supported Ecuador to launch risk communication campaigns to slow the infection of COVID-19 in the country. Source: PAHO, October 2020.



Points of Entry, International Travel, and Transport

Regional and country

As international travel resumes, PAHO **Belize** facilitated the exchange of information between different government entities on the development of a multi-agency "Belize Travel Health App: Using Technology within the COVID-19 Response".



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 **6.93 million** reactions/tests. PAHO also provided approximately 312,000 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material. Additionally, Member States have procured **11.25 million reactions/tests** through **PAHO's Strategic Fund**.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to laboratories in **Bermuda, Dominica, Grenada, Guyana, Honduras, and Saint Lucia**. Meanwhile, molecular detection materials (extraction kits and reagents) were delivered to **Bahamas, Dominica, Ecuador, Grenada, and Honduras**.

As part of efforts to enhance the surveillance of respiratory viruses, PAHO convened the SARInet laboratory meeting from 28 to 30 October. Each day reached approximately 110 participants, which were familiarized with techniques to integrate SARS-CoV-2 into existing activities for influenza.

PAHO co-organized and participated in the *Expert Consultation on Therapies and Diagnosis of COVID-19 within the Regional Response Framework*. During the session, experts from **Brazil** and **Colombia** discussed a smart pooling strategy for testing and genomic characterization of possible cases of SARS-CoV-2 reinfection. On the matter of reinfection, PAHO published the *Interim Guidelines for the Detection of SARS-CoV-2 Reinfection Cases*.

The team presented on *COVID-19 Diagnosis and Laboratory Response in the Americas* at a meeting organized by the Inter-American Development Bank for 60 of its personnel. Further, PAHO contributed to the virtual forum on *Developing a Collaborative Research Agenda for SARS-CoV-2 Antigen Rapid Diagnostic Tests* convened by WHO's Access to COVID-19 Tools (ACT-A) Diagnostics Pillar.

Country

With the arrival of the rapid antigen test kits in **Suriname**, PAHO worked with the national authorities to organize training for laboratory personnel, based on the protocol developed for the pilot program using these kits. In **Trinidad and Tobago**, the team procured the antigen kits and held consultations with stakeholders about the introduction of these rapid tests. Meanwhile, PAHO **Ecuador** convened technical sessions to review the use of the antigen tests based on its guides and disseminated technical documents.

The teams in **Belize** and **Ecuador** provided extraction kits, enzyme kits, and other laboratory supplies to the central laboratory and NIC respectively, to maintain critical diagnosis of COVID-19 in the countries.



Infection Prevention and Control (IPC)

Regional

PAHO's regional team continued to deliver additional rounds of basic IPC training program targeting Caribbean countries. Two cohorts of 500 participants each underwent the second session of capacity building in a bid to ensure that more health workers and public officials at risk of infection understood recommended protocols and considerations.

Country

The team in **Trinidad and Tobago** worked with national authorities to develop a policy to guide the immunization of health care workers, including for influenza and COVID-19.



Figure 3: PAHO trained 362 cleaning personnel from schools in Suriname on IPC practices to reduce the risk of infection as schools reopen. Source: PAHO, October 2020

PAHO **Jamaica** and partner UNAIDS handed over a 6-month supply of PPE and posters on IPC to civil society organizations supporting disadvantaged children and adolescents, persons living with HIV, and those requiring legal assistance.

Several IPC training sessions were conducted during the reporting week. In the **Bahamas** PAHO trained 36 physicians and nurses from the Ministry of Health, Public Hospitals Authority and the Department of Public Health. In **Suriname**, PAHO conducted the first round of training for cleaning personnel at schools in a train-the-trainer format and covering a wide range of IPC topics. Meanwhile, PAHO **Ecuador** conducted face-to-face workshops on IPC and other subjects for 334 participants from selected provinces. The team also worked with the Ministry of Health to develop an IPC webinar, which to date, was accessed by 21,058 persons.



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 (including highlights in Spanish). 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.



Figure 4: PAHO collaborated with UNAIDS to deliver IPC posters and other materials to three civil society organizations that work support populations in situations of vulnerability. Source: PAHO, 23 October 2020

The Organization worked with eleven countries to date, particularly **Belize, Brazil, and the Dominican Republic** this week, to promote the WHO Global COVID-19 Clinical Data Platform for clinical characterization and management of hospitalized patients with suspected or confirmed COVID-19. This remained part of a global strategy to gain a clearer understanding of the severity, clinical features, and prognostic factors of COVID-19.

PAHO conducted an expert consultation on COVID-19 therapies and diagnosis within the Regional Response framework, with 130 attendees from around the Region.

Emergency medical teams (EMTs) are invaluable when a country's health system is stretched beyond its regular capacity. Updated information on deployed EMTs and AMCS throughout the Americas remained available at **PAHO's COVID-19 EMT Response** information hub at this [link](#).

Country

PAHO country teams provided targeted support to national counterparts to ensure readiness for a future COVID-19 vaccine. The PAHO team in **Chile** participated in the working group of NRAs related to the vaccines clinical trial. Technical sessions were held in **Trinidad and Tobago** to discuss matters pertinent to the introduction of a vaccine, including storage, distribution, surveillance of adverse events and prioritization.

Training in the management of COVID-19 cases was also at the forefront for PAHO's country offices. With national partners, the team in **Belize** hosted a virtual webinar on *Best Practices in the Management of Pediatric Patients with COVID-19*, which reached 70 participants. In **Suriname**, PAHO's virtual webinar on the use and maintenance of oxygen concentrators donated by PAHO reached 30 participants from 5 hospitals.



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. During the reporting week, PAHO dispatched COVID-19 rapid tests and analyzers to **Ecuador**. Other humanitarian donations were sent to **Bolivia, Guyana, Suriname, and Venezuela**.

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.

PAHO held a webinar on GDP consideration for vaccines storage and distribution and Cold Chain Management (30 October 2020), with 30 participants from UNHCR, UNFPA, UNDP, and other partners.

Country

In **Jamaica** PAHO co-hosted a multi-partner hand-over ceremony for items donated to the national authorities, including rapid diagnostic test kits, masks, oxygen concentrators, and face shields. Similarly, PAHO **Belize** donated one patient ventilator to the COVID-19 critical care unit of the Karl Heusner Memorial Hospital.



Maintaining Essential Health Services during the Pandemic

Regional and Countries

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.

In **Belize**, PAHO prepared Community Health Workers kits to allow health workers to continue providing essential services to villages at a reduced risk of infection from COVID-19.

As part of the SMART Hospitals Project, in **Jamaica** PAHO facilitated meetings at the Port Antonio Health Centre with representatives from the MOH and other partners as plans are underway to begin retrofitting the facility.

Maternal and child health remain a cornerstone of PAHO's priority focus for the Americas. PAHO worked with health authorities in **Mexico** to review evidence on implementing strategies to reduce maternal and neonatal mortality relating to COVID-19, collect data on maternal mortality cases in the state of Guerrero, and review training materials for a diploma program on sexual, reproductive, maternal and neonatal health within the framework of COVID-19.



Figure 5: PAHO's team in Panama facilitated online training on caring for older persons during and after the pandemic. Source: PAHO, October 2020

Mental health and psychosocial support (MHPSS) is critical as health workers undergo continued sustained stress from working under complex conditions. In **Belize**, PAHO formed a technical working group to support and complement the MOH in their efforts to support MHPSS. In **Trinidad and Tobago**, PAHO held a webinar on a call for action to invest in mental health, while PAHO supported health authorities in **Panama** through the delivery of a virtual seminar on "Skills for psychosocial support interventions during COVID-19." This seminar is for front-line responders, volunteers, Faith communities, and everyone involved in the response to COVID-19.

In Cuba, PAHO collaborated with UNESCO to participate in a virtual panel session on "Access to scientific information and confrontation with COVID-19." It sought to highlight the role of open access to scientific information in the implementation of rapid and effective responses to health emergencies such as the one the world is experiencing today as a result of 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.

PAHO convened a workshop on ethical considerations for vaccine research; it reached over 400 participants from the Americas. Additionally, a presentation on research ethics for COVID-19 was delivered at the International Bioethics Conference organized by the Dominican Republic's National Bioethics Commission.

Meanwhile, PAHO presented on the ethical guidance for COVID at Cali's network of research ethics committees, the role of investigators at Colombia's Associations of Nursing Schools (ACOFAN) (300 participants), and research ethics and public health ethics at the Bioethics Society of the English-speaking Caribbean.

With WHO, PAHO coordinated to support countries to participate in the **SOLIDARITY trial**, which aims to assess the efficacy of possible therapeutics for COVID-19. PAHO also continued to collaborate with WHO on developing a seroepidemiologic study, **SOLIDARITY II**, to study the prevalence of the virus.




PAHO/WHO's COVID-19 response was made possible in part due to generous contributions and in-kind donations from the governments of Belize, Canada, Japan, New Zealand, South Korea, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Venezuela, as well as the Caribbean Development Bank, the Caribbean Confederation of Credit Unions, Corporación Andina de Fomento–Banco de Desarrollo de América Latina, Direct Relief, the European Union, Fundación Yamuni Tabush, the Inter-American Development Bank, the World Bank Group, World Food Program, the UN Central Emergency Response Fund, the UN Development Fund, the UN Multi-Partner Trust Fund, the United Nations Office for South-South Cooperation, the World Health Organization and its donors, other small contributions, and to the invaluable collaboration from our partners within the Americas and beyond.

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 26 October 2020, PAHO received US\$171.5 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

	<p>Implementation of COVID-19 rapid antigen detection test - Pilot [link] Published: 27 October 2020</p> <p>This document provides practical considerations for the implementation of COVID-19 rapid antigen detection test (Ag-RDTs) in the Americas. General considerations for the use of Ag-RDTs in the diagnosis of SARS-CoV-2 infection have been published and several assays have been independently evaluated and/or listed in the WHO Emergency Use Listing. Scientific and technical evidence on SARS-CoV-2 infection detection is evolving rapidly; this document will be updated as necessary.</p>
	<p>Interim guidelines for detecting cases of reinfection by SARS-CoV-2 [link] Published: 29 October 2020</p> <p>Reinfections with other coronaviruses have been documented; therefore, the occurrence of reinfection with SARS-CoV-2 cannot be ruled out. Cases of reinfection by SARS-CoV-2 have been documented worldwide and there is currently insufficient evidence that people who have recovered from SARS-CoV-2 infection generate neutralizing antibodies that can protect them from reinfection. PAHO provides these provisional case definitions and criteria for documenting cases of reinfection by SARS-CoV-2, based on current available information and subject to periodic review as new information is generated.</p>
	<p>Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews. Rapid Review [link] Published: 30 October 2020</p> <p>This is the tenth update to this summary of rapid systematic reviews, which includes the results of a rapid systematic review of currently available literature. More than 200 therapeutic options or their combinations are being investigated in more than 1,700 clinical trials. In this review, 46 therapeutic options are examined. PAHO is continually monitoring ongoing research on any possible therapeutic options. As evidence emerges, PAHO will immediately assess and update its position, and particularly as it applies to any special sub-group populations such as children, expectant mothers, those with immune conditions, etc.</p>

GAPS	CHALLENGES
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.