COVID-19

Pan American Health Organization
World Health Organization
Americas

PAHO

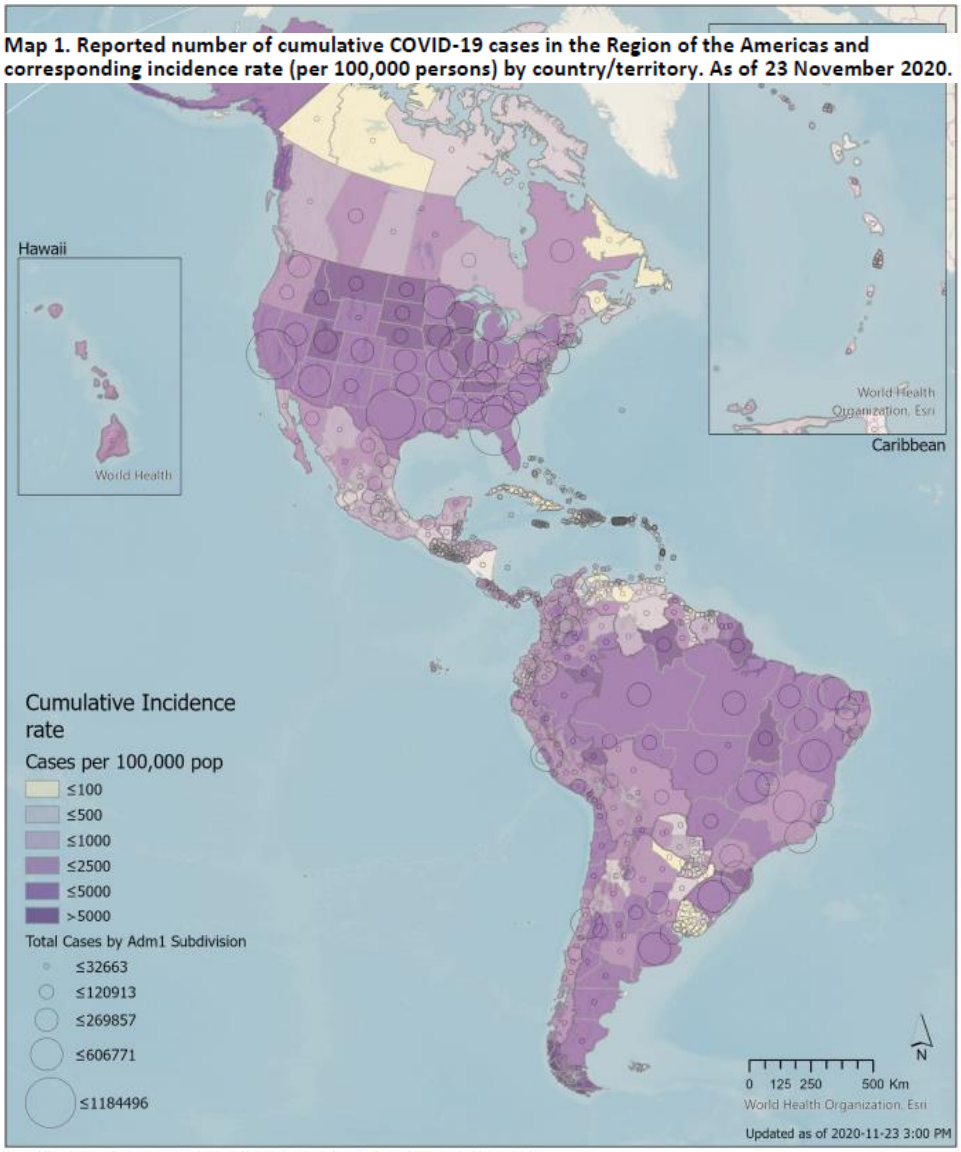
PAHO/WHO Response. 23 November 2020. Report º 35

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 56 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 23 November 2020.



SITUATION IN NUMBERS IN THE AMERICAS

as of 23 November (15:00)

25,015,372
Confirmed cases

702,584 **Deaths**

56
Countries / areas / territories*
counted for epidemiological purposes

*** Bonaire, Saba, and Sint Eustatius are now counted as three distinct entities for epidemiological purposes, bringing the number from 54 to 56.**

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**

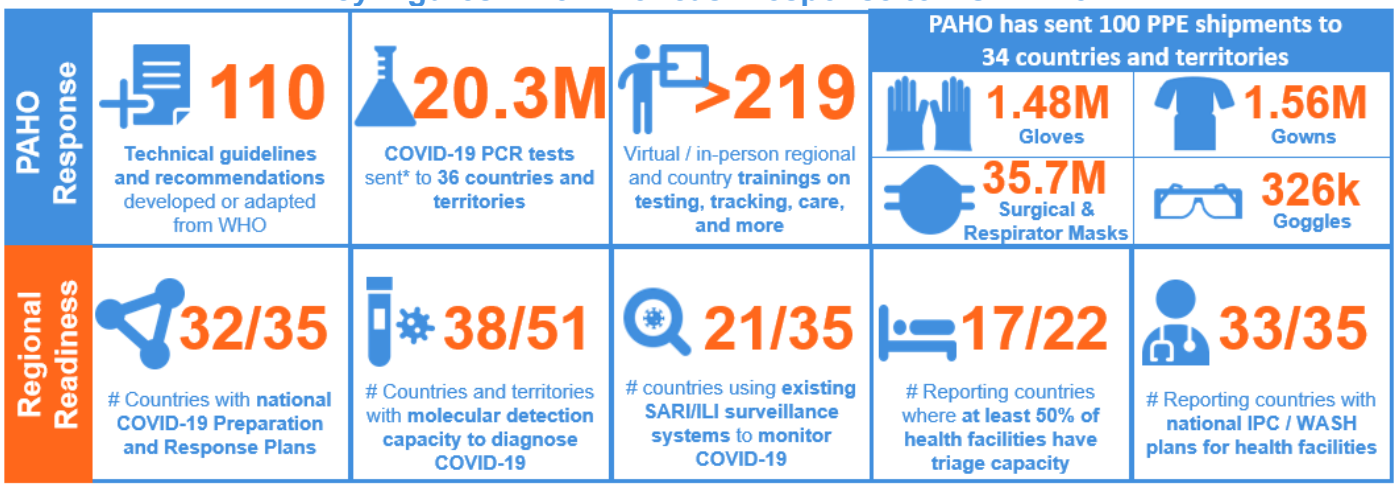
Link to PAHO's technical and epidemiological reports, guidance, and recommendations

Link to global operational situation reports

World Health Organization

Citation: Pan American Health Organization / World Health Organization. Washington, D.C.: PAHO/WHO; 2020 © PAHO/WHO, 2020

Key Figures: The Americas' Response to COVID-19



PAHO/WHO Response (17 to 23 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 coordinated and monitored 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 continued to convene joint information meetings with its Member States regarding COVAX.

Regulatory aspects for COVID-19

Health technology assessments (HTAs) are invaluable guidance for health authorities on the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas (**BRISA**) now has 276 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**).

**This figure includes tests procured by Member States through PAHO's Strategic Fund for the pooled procurement of essential medicines and strategic public health supplies.

PAHO conducted the **16th regulatory update meeting with the NRAs of the Americas on 10 November** with 170 participants. **Twenty-four countries and the Caribbean Regulatory System participated:** Argentina, The Bahamas, Brazil, Bolivia, Canada, Colombia, Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Jamaica, Mexico, Peru, Paraguay, Trinidad and Tobago, Suriname, Uruguay, the United States, Venezuela, and the Caribbean Public Health Agency (CARPHA). This meeting included discussions on **regulatory pathways for authorization, importation and post marketing surveillance of COVID-19 vaccines in Canada and USA.**

PAHO provided technical support on the quality assurance of patient monitors to be sent to **Costa Rica** and on nasal oxygen cannula, Venturi oxygen masks, and items for use with oxygen concentrators to be shipped to **El Salvador**.

Country

In **Ecuador,** PAHO conducted a workshop in the town of Tulcán on preparedness and response to public health events. Its focus was to train rural professionals who work with persons on the move who recently integrated to the northern border area. This aimed to strengthen coordination mechanisms, alert and response, and events monitoring. Additionally, PAHO worked with district-level authorities to identify the needs of first level care professionals for PPE and supplies for laboratory testing.

PAHO joined **Mexico** in its **14th meeting of the COVID-19 Vaccine Technical Advisory Group** to share guidance and recommendations with the Ministry of Health on the deployment of COVID-19 vaccines in the country.

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, 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, from steps for preventing infection to tips for staying healthy and protecting mental health during this pandemic.

During this week's press briefing, the PAHO Assistant Director **urged countries in the Region** to help build the trust needed for these upcoming vaccines, by providing transparent, accurate information about the vaccine development process, as well as its safety and efficacy. Health authorities were also urged to stand up against misinformation as these rumors had an impact on

Figure 1: PAHO held a live session for the public to ask questions about antibiotics and COVIFD-19. Source: PAHO, 20 November 2020 (link here)

people's perceptions and attitudes toward a COVID-19 vaccine. These actions were critical as the world prepared for the time when these vaccines could be distributed across the globe.

PAHO held a Facebook Live event (streamed also on Twitter) to clarify that antibiotics were not effective for treating COVID-19 and to explain the dangers that antimicrobial resistance represents to global health. The video can be viewed at this **link**.

Country

In **Mexico,** PAHO supported health authorities to conduct a training workshop for health promoters from the indigenous Choles communities in the state of Chiapas.

PAHO handed over material to **Suriname's** Ministry of Health to support the MoHanA campaign. This included T-shirts, posters, printed masks, and alcohol hand sanitizers. This past week, the audio messages were produced in Sranan, Aucaans, Saramaccaans, Trio, Wayana, and Portuguese. PAHO worked with national counterparts to disseminate these messages in the country's interior via community radios.

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 56 country/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.

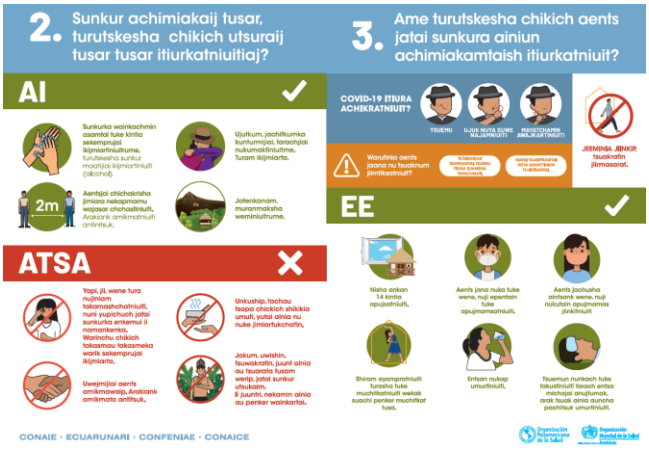


Figure 2: PAHO partnered with local authorities and partners in Ecuador to translate and disseminate risk communication materials in the indigenous languages (including the Shuar language, as pictured). **Source**: PAHO, November 2020

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, **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.

In **Guatemala,** 47 health professionals from the national and department levels received advanced training from the regional team in the use of the PAHOFlu platform to strengthen SARI and ILI surveillance.

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, the line list included data on 79% of all reported cases and 57% of all reported deaths in the Americas.

Seroprevalence studies have provided the Region with invaluable data on how the virus has spread since the onset of the pandemic to date. PAHO launched a new **dashboard showing seroprevalence studies in Latin America and the Caribbean**, including information on individual studies ranging from the study design, sampling method, sample sizes, and other relevant information.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and **23** are already implementing it. Go.Data is a tool to 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.

Country

PAHO supported **Brazil's** Center for Strategic Information and Health Surveillance Response (CIEVS, its acronym in Portuguese) to improve the standardization of COVID-19 analysis and to automate the epidemiological bulletin for data from Belem and Goiânia.

Points of Entry, International Travel, and Transport

Regional and country

In **Belize,** PAHO donated three walk-through digital temperature body scanners and other equipment to enhance existing surveillance systems for rapid case detection and boost safety measures to reduce the risk of COVID-19 at the country's points of entry.

Figure 3: PAHO facilitated a donation of critical items to fight COVID-19 at Belize's ports of entry. Source: PAHO, 8 November 2020

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 over **8 million** reactions/tests. PAHO also provided approximately 312,000 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material. This week, PAHO delivered molecular detection material and other laboratory supplies (such as swabs, primers, probes, among others) to **Antigua and Barbuda, Costa Rica, Dominica, Guatemala, Guyana, Haiti,** and **Saint Lucia.** Additionally, Member States have procured **11.25 million reactions/tests** through ***PAHO's Strategic Fund***.

Antigen-based rapid diagnostic tests (Ag-RDT) are being used across the globe to expand access to diagnostics. PAHO provided virtual training to **Saint Vincent and the Grenadines** on the rolling out of Ag-RDTs.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to laboratories in **Brazil, Costa Rica, Dominica, Guatemala,** and **Trinidad and Tobago**.

Since early in the pandemic, PAHO collaborated with Fiocruz in Brazil, one of the Regional Sequencing Reference Laboratories for COVID-19, to monitor the spread of the virus in the Americas and detect mutations and different strains. Resulting data was uploaded to the Global Initiative on Sharing All Influenza Data (GISAID) database, allowing it to be accessed and analyzed by researchers from across the globe. This week, a total of 20 new full SARS-CoV-2 genome sequences from **Guatemala** were generated to contribute towards this global initiative.

PAHO participated in the meeting **"Expansion of the timely access to COVID-19 diagnosis at the primary level of care"** organized by **Costa Rica's Social Security Fund (CCSS** its acronym in Spanish**).** During this meeting, PAHO presented on its strategy for Ag-RDT implementation and Costa Rica presented its Ag-RDT implementation plan.

Country

In **Haiti,** PAHO supported the country to conduct its seroprevalence study by providing recommendations and guidance, in addition to training laboratory technicians.

PAHO supported **Ecuador** to conduct a virtual training for 60 health personnel from the country's first and second level health services areas of the MSP and the national laboratory network.

Infection Prevention and Control (IPC)

Regional

PAHO's regional team continued to deliver **additional rounds of basic IPC training program targeting Caribbean countries**. This week, the three cohorts totaled 795 trained Caribbean health professionals.

The Organization participated at the VII Central American and Caribbean Congress (ACENCAI) and the XIII International Congress of the Guatemalan Association of Infectious Diseases, during which it presented on IPC implementation policies.

Figure 4: PAHO collaborated with the Medical Mission of Suriname to distribute risk communication materials to indigenous leaders. Source: PAHO, 17 November 2020

Country

In **Ecuador,** PAHO supported the delivery of 45 workshops for community leaders, health promoters and community members on IPC, with a focus on safe water management and nutrition. As a result, 450 people from ten cantons in the prioritized Chimborazo province were trained.

PAHO delivered 1,000 infrared thermometers and cleaning supplies to education authorities in **Cuba** as the country sought to implement measures that wwould protect school-aged children, with a focus on those with special needs.

In **Suriname,** PAHO delivered sanitary supplies to long-term care facilities for older persons. This was based on estimated needs observed both during regular inspections as well as during in-depth assessments conducted on five such facilities.

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 **released an update to its document on 46 potential COVID-19 therapeutics**, the product of a series of rapid systematic reviews (including highlights in Spanish). This document synthesized evidence on 125 randomized controlled trials and observational studies.

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.

The Organization worked with countries in the Region 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 is part of a global strategy to gain a clearer understanding of the severity, clinical features, and prognostic factors of COVID-19. PAHO supported **Brazil** and the **Dominican Republic** this week to adopt the use of this Platform.

PAHO participated in a webinar on **Cardiovascular Disease and COVID-19: Inter-relationship and opportunities for change of two global crises** (over 400 participants, link **here**).

Figure 5: PAHO partnered with health authorities in **Uruguay**, UNESCO, and UNICEF to roll out a campaign to encourage the use of masks to prevent the spread of COVID-19. **Source**: PAHO, 19 November 2020 (Link)

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

In **Panama,** PAHO delivered critical equipment and supplies to Ministry of Health facilities as part of the Organization's support for the country's COVID-19 response. During the last week, PAHO delivered more supplies and equipment to Hospital Saint Michael the Archangel, as well as to San Félix Hospital in the Ngäbe Buglé shire and José de Obaldia de Chiriquí Hospital to better equip these facilities to care for patients following Hurricane Eta.

PAHO delivered telecommunications equipment to two first level care establishments in **Costa Rica**. This was part of the country's tele-triage project to equip primary healthcare facilities to recoup health gains which had been interrupted by the pandemic. More information can be found **here**.

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 PPE, oxygen concentrators, IVDs, and other goods, supplies, and equipment critical to the COVID-19 response in the Americas.

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

Maintaining Essential Health Services during the Pandemic

Regional

The reorganization and expansion of services is critical to ensure that health systems can adapt to needs arising from the pandemic while sustaining essential services for other health conditions. PAHO worked with EMTs to deploy them to Central America in response to the passage of Hurricanes Iota and Eta.

Countries

PAHO joined health authorities from **Mexico** to conduct a training that was part of the launch of the HEARTS initiative in Tapachula, Chiapas state. This was part of a wider effort to help persons living with noncommunicable diseases keep protected from COVID-19 infection.

In **Costa Rica,** the country launched a program at the primary level of care to reduce morbidity and mortality associated with COVID-19 through smoking cessation. At this stage, prioritized areas of the country include the regions of Magallanes and Libertador Bernardo O'Higgins.

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.

With WHO, PAHO is supporting countries' participation 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 seroepidemiology study, **SOLIDARITY II**, to study the prevalence of the virus across multiple countries.

PAHO held its third session in a series of dialogues on **research ethics during the pandemic: challenges and lessons learned in Latin America and the Caribbean**. This week's session focused on scientific and social values and informed consent. It featured experiences from national authorities from Argentina, Brazil, Chile, and Trinidad and Tobago and was attended by over 140 participants.

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, Corporacion Andina de Fomento –Banco de Desarrollo de América Latina, Direct Relief, the European Union, Fundación Yamuni Tabush, the Inter-American Development Bank, the World BankGroup, 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 9 November 2020, PAHO received US$172.5 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

	**Guidance for Ethics Oversight of COVID-19 Research in Response to Emerging Evidence (now available in Spanish) [Link]** **Published:** 16 November 2020 Health-related research with human subjects is an essential component of the response to the COVID-19 pandemic. This document aims to guide the ethics analysis and procedures for the oversight of COVID-19-related research in light of the rapid production of evidence during the pandemic.
	**WHO Document: Maintaining surveillance of influenza and monitoring SARS-CoV-2 – adapting Global Influenza surveillance and Response System (GISRS) and sentinel systems during the COVID-19 pandemic [Link]** **Published**: 19 November 2020 This interim guidance is most useful for countries interested in monitoring relative circulations of influenza and SARS-CoV-2 viruses. The document provides practical information to maintain surveillance of influenza and monitor SARS-CoV-2 using existing surveillance systems. It contains updated considerations for addressing disruptions in the influenza sentinel surveillance and extending to include COVID-19 wherever possible. Updated algorithms for testing of both influenza and SARS-CoV-2 for surveillance are also included.

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.