



Epidemiological Update Coronavirus disease (COVID-19)

18 September 2020

Context

On 31 December 2019, the People's Republic of China notified a cluster of pneumonia cases with unknown etiology, later identified on 9 January 2020 as a novel coronavirus by the Chinese Center for Disease Control and Prevention. On 30 January 2020, the World Health Organization (WHO) declared the outbreak a Public Health Emergency of International Concern (PHEIC). On 11 February 2020, WHO named the disease "coronavirus disease 2019 (COVID-19)," and the International Committee on Taxonomy of Viruses (ICTV) named the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)." On 11 March 2020, COVID-19 was declared a pandemic by the WHO Director-General, and on 31 July 2020, the WHO Director-General accepted the advice of the Emergency Committee, declaring that the COVID-19 pandemic continues to constitute a PHEIC, and issuing the temporary recommendations to States Parties under the International Health Regulations (IHR) (2005).¹ On 9 July 2020, the WHO Director-General announced the launch of the Independent Panel for Pandemic Preparedness and Response (IPPR), which will independently and comprehensively assess the lessons learned from the international health response to COVID-19.²

Global Situation Summary

Since the 26 August 2020 PAHO/WHO Epidemiological Update on COVID-19³ and as of 15 September 2020, a total of 6,343,090 additional confirmed cases of COVID-19 have been reported globally, including 131,412 deaths.

As of 15 September 2020, the cumulative number of confirmed cases reported globally reached 29,155,581, including 926,544 deaths. The highest proportions of cases by WHO Regions are as follows: the Region of the Americas, representing 51% (14,903,891) of the total confirmed cases and 55% (513,246) of the total deaths, followed by the South-East Asia Region representing 19% (5,565,977) of the total cases and 10% (94,871) of the total deaths, and the European Region representing 17% (4,873,346) of the total cases and 25% (226,363) of the total deaths (**Figure 1**).

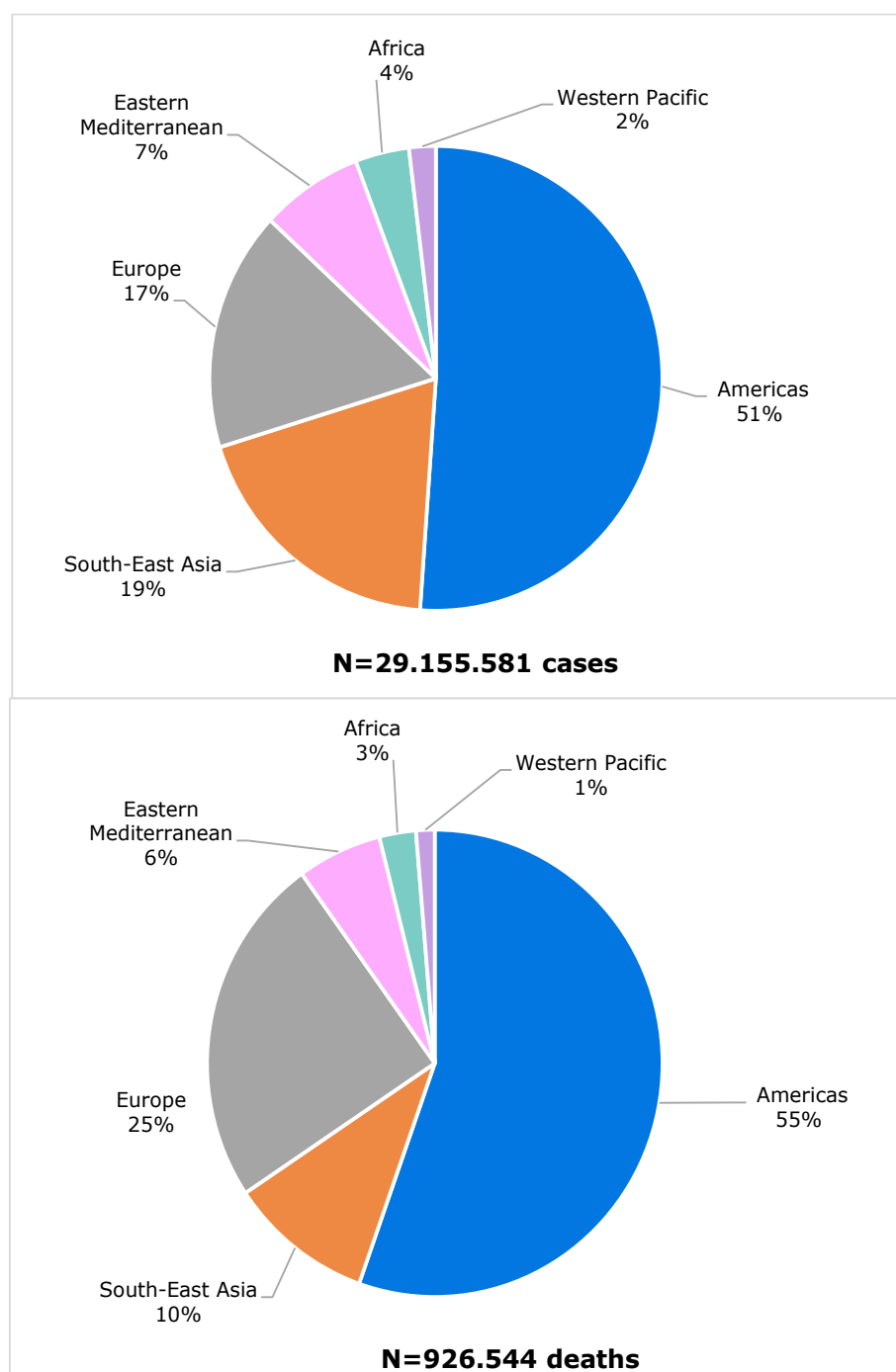
¹ Statement on the fourth meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of coronavirus disease (COVID-19). Available at: <https://bit.ly/3li7iOx>

² Independent evaluation of global COVID-19 response announced. Available at: <https://bit.ly/31hLJWp>

³ PAHO/WHO. Epidemiological Update: Coronavirus disease (COVID-19). 26 August 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/2H7zKDb>

Suggested citation: Pan American Health Organization / World Health Organization. Epidemiological Update: Coronavirus disease (COVID-19). 18 September 2020, Washington, D.C.: PAHO/WHO; 2020

Figure 1. Percent distribution of COVID-19 confirmed cases and deaths by WHO Region. 31 December 2019 to 17 September 2020.



Source: WHO Coronavirus Disease (COVID-19) Dashboard. Data as of 15 September 2020 (3:57PM CEST). Available at: <https://covid19.who.int>

Situation Summary in the Region of the Americas

All 54 countries and territories in the Region of the Americas have reported COVID-19 cases and deaths.⁴ Since the 26 August 2020 PAHO/WHO Epidemiological Update on COVID-19⁵ and as of 15 September 2020, 2,619,938 additional confirmed cases of COVID-19, including 74,670 deaths, have been reported in the Region of the Americas, representing a 21% increase in cases and a 17% increase in deaths. Across all subregions, a relative increase was observed, both in the number of cases and number of deaths. The highest increase in cases was observed in Central America⁶, with a 28% increase in cases and a 22% increase in deaths, followed by South America⁷, with a 26% increase in cases and a 23% increase in deaths; the Caribbean and the Atlantic Ocean Islands⁸, with a 24% increase in cases and a 34% increase in deaths; and North America⁹, with a 16% increase in cases and a 12% increase in deaths (**Figure 2**).

Since the 26 August PAHO/WHO Epidemiological Update on COVID-19 and as of 15 September 2020, the five countries/territories in the Americas for which there was a $\geq 200\%$ relative increase in the number of cases are: Curacao (357%), Guadeloupe (299%), Trinidad and Tobago (254%), the British Virgin Islands (214%), and Jamaica (200%). Those with the greatest relative increase in the number of deaths were Trinidad and Tobago (331%), Belize (280%), and Aruba (233%).

Between 22 August and 15 September 2020, the countries/territories that modified their COVID-19 transmission classifications based on increased intensity of COVID-19 transmission were: Curacao and Saint Martin (changing from sporadic cases to community transmission) and Guadeloupe, Jamaica, and Martinique (changing from clusters of cases to community transmission).

In contrast, decreases in the intensity of transmission were observed in Antigua and Barbuda (changing from clusters of cases to sporadic cases) and Grenada (from clusters of cases to no new cases) since 6 September 2020.

Of note, transmission scenarios continue to fluctuate within the countries and territories in the Region; therefore, the transmission classifications reported as of 15 September are subject to change.

⁴ Updated information on COVID-19, including situation reports, weekly press briefings, and the COVID-19 information system for the Region of the Americas is available at: <https://bit.ly/3kviqPD>

⁵ PAHO/WHO. Epidemiological Update: Coronavirus disease (COVID-19). 26 August 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/2H7zKDb>

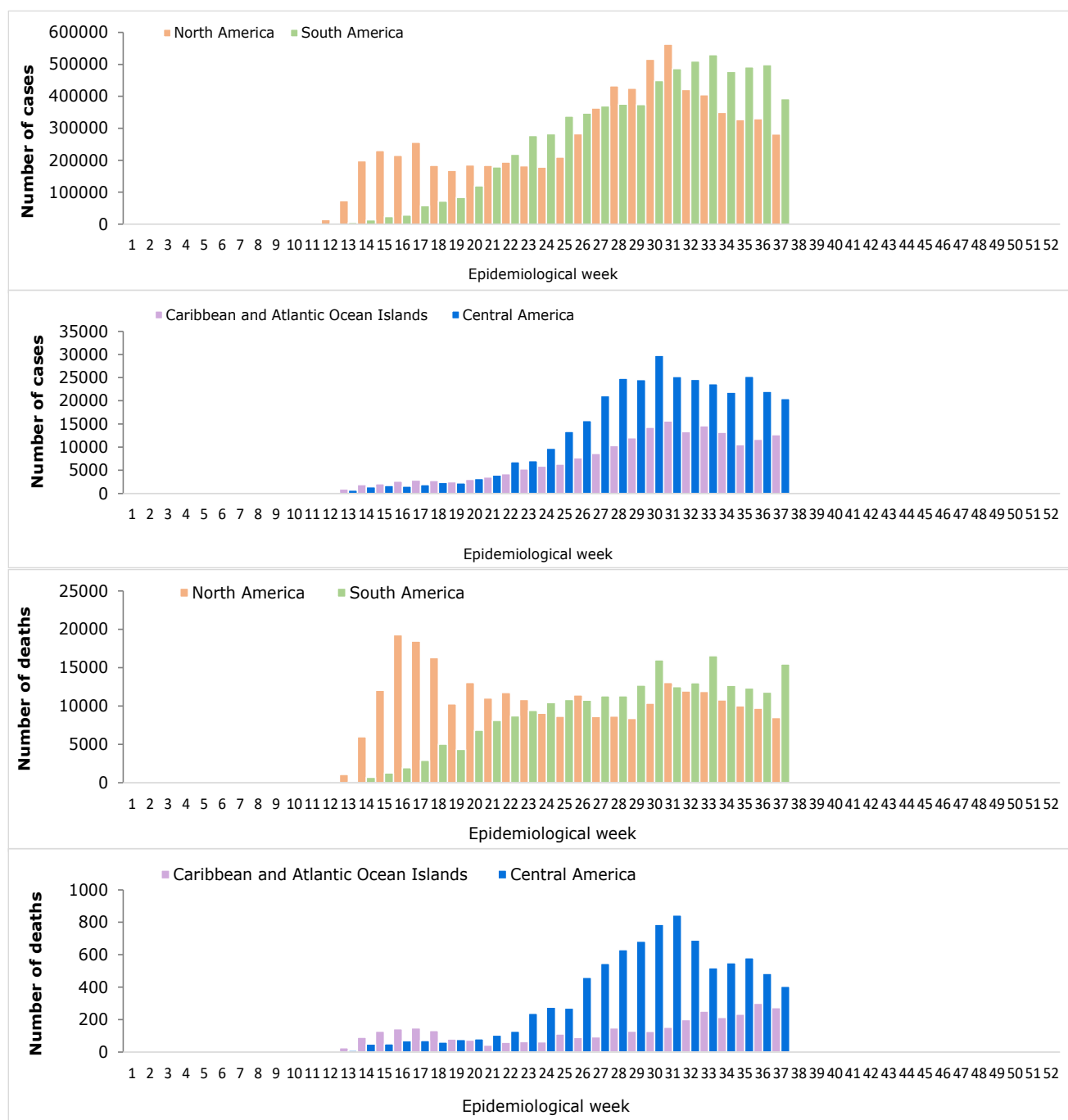
⁶ Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama

⁷ Argentina, the Plurinational State of Bolivia, Brazil, Colombia, Ecuador, Paraguay, Peru, and the Bolivarian Republic of Venezuela

⁸ 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, French Guiana, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saint Barthélemy, Saint Kitts and Nevis, Saint Lucia, Saint Martin, Saint Pierre and Miquelon, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, and the U.S. Virgin Islands

⁹ Canada, Mexico, and the United States of America

Figure 2. Distribution of confirmed cases of COVID-19 and deaths, by epidemiological week (EW) and subregion of the Americas. EW 1 to EW 37 of 2020.



Source: PAHO/WHO COVID-19 Daily Update. Available at: <https://bit.ly/38LzGmj>, accessed 15 September 2020.

Epidemiological Highlights

I. COVID-19 during pregnancy

Since the first reported cases of COVID-19 in the Americas and until 14 September 2020, 60,458 confirmed cases of COVID-19 were reported among pregnant women, including 458 deaths (1%), in 14 countries/territories for which information was available (**Table 1**).

Table 1. Distribution of confirmed cases of COVID-19 and deaths during pregnancy and the maternal mortality ratio (MMR), by country. Region of the Americas. 1 January to 14 September 2020¹⁰.

Country	COVID-19 during pregnancy		
	Number of pregnant women	Number of deaths	Maternal Mortality Ratio¥
Argentina	2,381	6	0.8
Bolivia	150	9	3.6
Brazil	2,256	135	4.7
Chile	4,817	1	0.4
Colombia	2,726	40	5.4
Costa Rica	47	1	1.4
Dominican Republic	236	16	7.7
Ecuador	992	21	6.2
Haiti*	39	2	0.7
Mexico**	5,574	140	9.6
Panama**	525	8	10.1
Perú**	19,909	35	6.1
United States of America	20,798	44	
Uruguay	8	0	0.0
Total	60,458	446	

Table Notes:

* No update since the PAHO/WHO Epidemiological Update on COVID-19 during pregnancy. 13 August 2020. Available at: <https://bit.ly/2RCE3Zi>

** Corresponds to pregnant and postpartum women

¥ Corresponds to the maternal mortality ratio for COVID-19 among this group of women, per 100,000 live births. The number of live births was obtained from the 2019 PAHO/WHO Core Indicators: Health Trends in the Americas, available at: <https://bit.ly/2RvaMzD>

Sources: Latin American Center for Perinatology/Women's Health and Reproductive Health (CLAP/SMR) and information shared with PAHO/WHO by International Health Regulations National Focal Points or published on the websites of the Ministries of Health, health agencies, or similar and reproduced by PAHO/WHO.

¹⁰ 14 September corresponds to the date of the most recent report; there may be differences in the dates that each country provided the last report to PAHO/WHO or published the report.

The following is a summary of the epidemiological situation of COVID-19 among pregnant women in Colombia and Mexico.

In **Colombia**, since the confirmation of the first COVID-19 case¹¹ in the country and until 14 September 2020¹², there were 2,726 confirmed cases of COVID-19 among pregnant women reported, including 40 deaths (2%, including 32 early maternal deaths and 8 late maternal deaths).

The territorial entities with the highest numbers of COVID-19 cases among pregnant women are (in descending order): Bogotá District (737 cases), Antioquia (364 cases), Valle de Cauca (207 cases), Barranquilla District (137 cases), Cundinamarca (115 cases), Santander (115 cases), and Atlántico (100 cases).

Among pregnant women with COVID-19, 54% of the total cases were 20 to 29 years old (634 cases among 20 to 24-year-olds and 833 cases among 25 to 29-year-olds). In regards to the gestational age for when the disease was detected, 1,364 cases were in the third trimester, 818 in the second trimester, 262 in the first trimester, and no information was available for 282 cases. Of the total cases, 94% were asymptomatic, 12% were hospitalized, and 1% were admitted to an intensive care unit.

As of 14 September 2020, 455 SARS-CoV-2 positive newborns were reported, including 3 deaths due to non-COVID-19 causes.

In **Mexico**, since the confirmation of the first COVID-19 cases¹³ in the country and until 14 September 2020¹⁴, there were 5,574 confirmed cases of COVID-19 among pregnant and postpartum women reported, including 140 deaths (2.5%).

The maternal mortality ratio (MMR) for COVID-19 in Mexico as of epidemiological week (EW) 36 of 2020 is 9.6 maternal deaths per 100,000 live births.

The federal entities with the highest numbers of COVID-19 cases among pregnant and postpartum women are (in descending order): Mexico City (657 cases, 14 deaths) and the states of Mexico (390 cases, 15 deaths), Tabasco (370 cases, 13 deaths), Nuevo León (319 cases, 5 deaths), Guanajuato (324 cases, 5 deaths), Veracruz (258 cases, 7 deaths), and Sonora (241 cases, 5 deaths).

Regarding the characteristics of deaths among pregnant and postpartum women with COVID-19, the median age was 30 years (range 19 to 42 years), 40% died in the third trimester of pregnancy, 29% in the postpartum period, 14% in the second trimester, and 11% in the first trimester.

Of the total deaths among pregnant and postpartum women, 40 (29%) were intubated and 46 (33%) had been in the intensive care unit.

¹¹ 6 March 2020

¹² Information regarding COVID-19 among pregnant women in Colombia is published periodically at: <https://bit.ly/2ZHJhap>

¹³ 27 February 2020

¹⁴ Information regarding COVID-19 among pregnant and postpartum women in Mexico is published periodically at: <https://bit.ly/2ZAeEUn>

The most frequent comorbidities among the deceased were obesity (19%), diabetes (9%), hypertension (9%), and asthma (4%).

As of 13 September 2020, 155 confirmed cases of COVID-19 were reported among pregnant and postpartum women in the indigenous populations, including 3 deaths (2% case-fatality rate). Twenty-three percent (23%) of these cases were reported in the state of Yucatán, and 5% of these cases are hospitalized in serious clinical condition.

As of 13 September 2020, there were 6,124 newborns reported in the SISVER platform¹⁵, of which 1,141 (19%) were positive for SARS-CoV-2. Of these, 179 were born to SARS-CoV-2 positive mothers, 6 were born to mothers with suspected COVID-19, 84 were born to mothers that tested negative for COVID-19, and no information was available in SISVER for the remaining 872.

II. COVID-19 among indigenous populations

Since the 26 August PAHO/WHO Epidemiological Update on COVID-19 and as of 14 September 2020, there have been 120,593 confirmed cases of COVID-19 among indigenous populations, including 2,639 deaths, reported from 11 countries in the Americas for which information was available (**Table 2**); this represents an increase of 26,971 cases and 746 deaths since the 26 August 2020 PAHO/WHO Epidemiological Update on COVID-19.¹⁶

Compared with the data published on 26 August 2020, a relative increase in cases and deaths has been observed in all the countries with available data, with Colombia representing the largest relative increase in cases and Ecuador representing the largest relative increase in deaths (**Table 2**).

¹⁵ SISVER: Epidemiological Surveillance System for Respiratory Diseases of Mexico.

¹⁶ PAHO/WHO. Epidemiological Update: Coronavirus disease (COVID-19). 26 August 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/2H7zKDb>

Table 2. Confirmed cases of COVID-19 and deaths among indigenous populations in the Americas, 1 January to 14 September 2020¹⁷.

Country	Number of confirmed cases	Number of deaths	% Relative increase in cases‡	% Relative increase in deaths‡
Bolivia	2,834	106	51%	19%
Brazil	25,814	418	22%	19%
Canada	485	9	23%	50%
Colombia	15,537	578	140%	145%
Ecuador	2,911	92	38%	241%
Guatemala*	2,675	131	N/A	N/A
Mexico	7,905	1,167	30%	33%
Panama	2,841	53	18%	13%
Peru	14,550	82	30%	19%
United States of America	44,857	n/d	15%	n/d
Venezuela*	184	3	N/A	N/A
Total	120,593	2,639		

Table Notes:

n/a: data not available

‡ Relative increase in comparison to the data published in the 26 August 2020 PAHO/WHO Epidemiological Update on COVID-19.

* No update since the 26 August 2020 PAHO/WHO Epidemiological Update on COVID-19.

Source: Data provided by the International Health Regulations National Focal Points or published by the Ministries of Health, Institutes of Health, indigenous organizations, or similar and reproduced by PAHO/WHO.

The following is a summary of the epidemiological situation of COVID-19 among indigenous populations in Colombia and Peru.

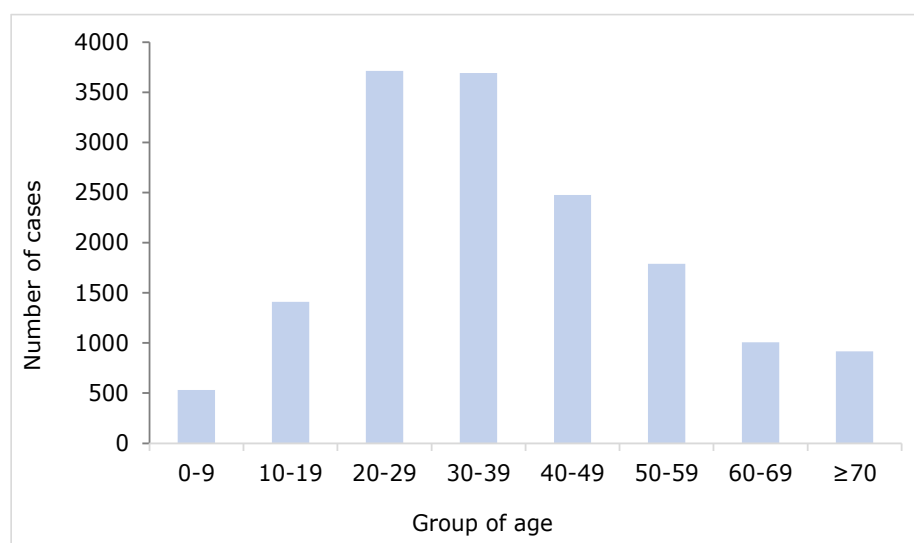
In **Colombia**, since confirmation of the first COVID-19 case¹⁸ in the country and until 13 September 2020, there were 15,537 confirmed cases of COVID-19 among persons of indigenous ethnicity, including 578 deaths (3.7%) and 13,596 recovered persons. This number of cases represents 2% of the total number of COVID-19 cases in Colombia, with an incidence rate of 815.3 cases per 100,000 population with indigenous ethnicity.

Regarding characteristics of the cases, confirmed cases have been identified among at least 63 indigenous populations. Overall, 48% of the total cases are female and 52% are male. Most of the cases (64%) are between 20 and 49-years-old (**Figure 3**).

¹⁷ 14 September corresponds to the date of the most recent report; there are differences in the date of the last report was provided to PAHO/WHO or has been published.

¹⁸ 6 March 2020

Figure 3. Distribution of confirmed COVID-19 cases among indigenous populations in Colombia. 6 March to 13 September 2020.



Source: Data published by the Colombia National Institute of Health¹⁹ and reproduced by PAHO/WHO.

In **Peru**, since confirmation of the first COVID-19 case²⁰ in the country and until 15 September 2020, a total of 14,550 confirmed cases of COVID-19 have been reported in Amazonian and Andean indigenous populations, including 82 confirmed deaths (0.6%). This number of cases represents 2% of the national total, with an incidence rate of 34.8 cases per 100,000 population with indigenous ethnicity.

More than 74% of the total cases are in the departments of Amazonas (38%) and Loreto (37%). Amazonas Department represents the highest proportion of deaths (42%), followed by Loreto Department (32%).

¹⁹ Colombia National Institute of Health. COVID-19 in Colombia. Available at: <https://bit.ly/2RoyAVv>

²⁰ 5 March 2020

III. Multisystem inflammatory syndrome (MIS) in children and adolescents temporally related to COVID-19²¹

On 15 May 2020, WHO issued a Scientific Brief²² on multisystem inflammatory syndrome (MIS) in children and adolescents temporally related to COVID-19 in response to reports initially received from Europe and North America regarding clusters of children and adolescents requiring admission to intensive care units with a multisystem inflammatory condition with some features similar to those of Kawasaki disease and toxic shock syndrome. MIS has been characterized as an acute illness accompanied by a hyperinflammatory syndrome, leading to multiorgan failure and shock. While the scientific knowledge base regarding MIS continues to evolve, MIS has been observed temporally in relation to COVID-19.

As of 11 September 2020, a total of 16 countries/territories in the Region of the Americas have officially reported to PAHO/WHO or published information on an official website a total of 1,503 cases of MIS temporally related to COVID-19, including 43 deaths. Of the total cases, 1,398 were classified as confirmed, 15 as probable, and 90 as suspected (**Table 3**). Additionally, as of 11 September 2020, 19 countries/territories have officially reported to PAHO/WHO there have been no cases of MIS detected.

²¹ World Health Organization (WHO). Multisystem inflammatory syndrome in children and adolescents temporally related to COVID-19. Preliminary case definition. Available at: <https://bit.ly/2RBZzqr>. Defined as: Children and adolescents 0–19 years of age with measured or self-reported fever ≥ 3 days **AND at least two of the following**: a) rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet); b) hypotension or shock; c) features of myocardial dysfunction, or pericarditis, or valvulitis, or coronary abnormalities (ECHO findings or elevated Troponin/NT-proBNP); d) evidence of coagulopathy (abnormal PT, PTT, elevated d-Dimers); or e) acute gastrointestinal problems (diarrhea, vomiting, or abdominal pain); **AND** elevated markers of inflammation such as ESR, C-reactive protein or procalcitonin; **AND** no other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes; **AND** evidence of COVID-19 (RT-PCR, antigen test or serology positive) or likely contact with patients with COVID-19. Note: Consider this syndrome in children with features of typical or atypical Kawasaki disease or toxic shock syndrome.

²² World Health Organization (WHO). Multisystem inflammatory syndrome in children and adolescents with COVID-19. Scientific Brief. 15 May 2020. Geneva. Available at: <https://bit.ly/3hEiaGk>

Table 3. Distribution of officially reported cases and deaths of multisystem inflammatory syndrome (MIS) in children and adolescents temporally related to COVID-19 in the Region of the Americas, by country/territory, as of 11 September 2020.

Country/Territory	Number of confirmed cases	Number of probable cases	Number of suspected cases	Number of confirmed deaths
Argentina	32			
Brazil	286			21
Canada	1			
Chile	74			
Costa Rica	1			
Colombia	3			
Cuba	2			
Dominican Republic	34			1
Ecuador	5	15	60	
El Salvador	17		13	
French Guiana	1			
Guatemala	2		15	
Honduras	2		1	
Paraguay	3			2
Peru			1	
United States of America*	935			19
Total	1,398	15	90	43

* United States of America data available as of 17 September 2020.

Source: Data provided by the International Health Regulations National Focal Points or published by the Ministries of Health, Institutes of Health, or similar health agencies and reproduced by PAHO/WHO.

The following is a brief description of the MIS epidemiological situation in select countries.

In **Argentina**, as of EW 37 of 2020, a total of 32 cases of MIS have been reported. No deaths have been reported. Of the total cases, 56% are male, and 34% are aged 0-4 years, 38% aged 5-9 years, and 28% aged 10-14 years. Overall, 69% tested positive for SARS-CoV-2 by PCR while the remaining 31% tested positive by serology. As of EW 37, 18 cases remained active and 14 cases were discharged.

In **Brazil**, as of EW 36 of 2020²³, a total of 286 cases of MIS, including 21 deaths, have been reported. Of the total cases, 56% are male and the distribution by age group is as follows: 0-4 years (38%), 5-9 years (33%), 10-14 years (26%), and 15-19 years (3%). Overall, 76% tested positive for SARS-CoV-2 and 24% were confirmed by clinical-epidemiological criteria. As of EW 36, 214 cases are alive, 21 cases died, and 51 have an unknown outcome.

²³ Information regarding the epidemiological situation of MIS in Brazil is periodically updated on the Brazil Ministry of Health website, available at: <https://bit.ly/32hwRaT>.

In **Chile**, between EW 15 and EW 36 of 2020, a total of 74 cases of MIS have been reported. No deaths have been reported. Of the total cases, 46% are female, and 41% are aged 0-4 years, 36% aged 5-9 years, 22% aged 10-14 years, and 1% aged 15-19 years. Overall, 43% have tested positive for SARS-CoV-2 while the remaining 57% were confirmed by clinical-epidemiological criteria.

In the **Dominican Republic**, as of EW 36, a total of 34 cases of MIS, including one death, have been reported. Of the total cases, 53% are male, and 41% are aged 0-4 years, 38% aged 5-9 years, 18% aged 10-14 years, and 3% aged 15-19 years. Overall, 38% have tested positive for SARS-CoV-2 while the remaining 62% were confirmed by clinical-epidemiological criteria. The death occurred in a male aged 15-19 years.

In **Ecuador**, as of EW 35 of 2020²⁴, a total of 81 cases of MIS have been reported. Of these, 5 tested positive for SARS-CoV-2, 15 were classified as probable (as no samples were available for testing), and 60 were classified as suspected. Of the total cases, 57% are male, and 19% are aged 0-11 months, 25% aged 1-4 years, 33% aged 5-9 years, 20% aged 10-14 years, and 4% aged 15-19 years.

In the **United States of America**, as of 17 September 2020²⁵, there have been a total of 935 confirmed cases of MIS, including 19 deaths, reported in 44 states, Washington, DC, and New York City, since reporting began in mid-May. Overall, 55% of reported cases were male. Most cases are aged 1-14 years, with an average age of 8 years; cases have occurred among children aged <1-year-old to 20 years old. More than 70% of reported cases are Hispanic/Latino or Non-Hispanic Black. Overall, 98% of cases tested positive for SARS CoV-2, while the remaining 2% had contact with a COVID-19 case. Most children developed MIS approximately 2-4 weeks after infection with SARS-CoV-2.

IV. COVID-19 among healthcare workers

In the Region of the Americas, since confirmation of the first COVID-19 cases and until 10 September 2020, a total of 659,305 confirmed cases among healthcare workers, including 2,709 deaths (0.4%), have been reported in 25 countries/territories for which information was available.

The following is a summary of the COVID-19 situation among healthcare workers in Brazil and Colombia.

In **Brazil**, between 26 February and 5 September 2020, there were 1,178,002 cases of influenza-like illness with suspected COVID-19 reported among healthcare workers, of which 288,936 (25%) were confirmed for COVID-19.

²⁴ The Ecuador Ministry of Public Health suspected case definition is available at: <https://bit.ly/2DN7kgm>. Information regarding the epidemiological situation of MIS in Ecuador is periodically updated on the Ecuador Ministry of Public Health website, available at: <https://bit.ly/32cSQzQ>.

²⁵ The MIS case definition in the United States of America, as well as periodic updates regarding the epidemiological situation of MIS in the United States of America, is available on the United States Centers for Disease Control and Prevention (US CDC) website, at: <https://www.cdc.gov/mis-c/>.

The highest proportion of confirmed COVID-19 cases (61%) was among nurse technicians and assistants (102,788 cases), followed by nurses (43,886 cases) and doctors (30,834 cases).

Between EW 1 and EW 36 of 2020, 1,926 cases of severe acute respiratory infection (SARI) were reported among healthcare workers, of which 1,219 (63%) were confirmed for COVID-19. Of these cases, 58% are female and almost three-fourths (73%) correspond to nurse technicians and assistants (34%), doctors (21%) and nurses (18%).

Of the 1,926 SARI cases, 321 (17%) died, of which 270 (84%) were due to COVID-19. Of the total deaths due to COVID-19, 66% were among nurse technicians and assistants (89 deaths), doctors (54 deaths), and nurses (35 deaths).

The federal units that reported the highest number of deaths among SARI cases hospitalized by COVID-19 in healthcare workers were São Paulo (96 deaths) and Rio de Janeiro (24 deaths).

In **Colombia**, between 1 March and 11 September 2020, 9,607 confirmed cases of COVID-19 were reported among healthcare workers, including 65 deaths and 9,385 recovered. Of the total confirmed cases, 646 (7%) were asymptomatic. The territorial entities that reported the highest proportions of COVID-19 cases were Bogotá DC (29%), Valle de Cauca (23%), Antioquia (9%), Barranquilla District (6%), and Cartagena District (4%).

Of the total confirmed cases, 66% (6,355 cases) developed infection following exposure associated with the provision of healthcare services, 15% (1,486 cases) had exposure in the community setting, 0.4% (44 cases) were imported, and for 17% (1,657 cases) the exposure was undetermined. The highest proportion of cases was observed among nursing assistants (33%), physicians (15%), and nurses (12%).

Guidance and recommendations for national authorities

PAHO/WHO continues to reiterate and update recommendations to support all Member States on measures to manage and protect against COVID-19 and reiterates the recommendations included in the 26 August 2020 Epidemiological Update on COVID-19²⁶.

The following are updated guidance, scientific reports, and other resources published by PAHO/WHO and WHO.

Surveillance

- Interim guidance for [Considerations for implementing mass treatment, active case-finding and population-based surveys for neglected tropical diseases in the context of the COVID-19 pandemic](#) (published 27 July)
- [WHO COVID-19 preparedness and response progress report - 1 February to 30 June 2020](#) (published 3 August)

²⁶ PAHO/WHO. Epidemiological Update: Coronavirus disease (COVID-19). 26 August 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/2H7zKDb>

- Scientific brief on [Estimating mortality from COVID-19](#) (published 4 August)
- Scientific brief on the [Status of environmental surveillance for SARS-CoV-2 virus](#) (published 5 August)
- Interim guidance on [Public health surveillance for COVID-19](#) (published 7 August)
- Interim guidance. [Promoting public health measures in response to COVID-19 on cargo ships and fishing vessels](#) (published 25 August).

Laboratory

- [COVAX, the act-accelerator vaccines pillar](#) (published 6 August)
- COVID-19: Essential resource planning - [Emergency Global Supply Chain System \(COVID-19\) catalogue](#) (published 22 August)
- Interim guidance. [Antigen-detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays](#) (published 11 September)
- Interim guidance. [Diagnostic testing for SARS-CoV-2](#) (published 11 September)

Infection prevention and control

- Interim guidance on [Infection prevention and control during health care when coronavirus disease \(COVID-19\) is suspected or confirmed](#) (published 29 June)
- Health advisory on [Preparedness for Cyclones, Tropical Storms, Tornadoes, Floods and Earthquakes during the COVID-19 pandemic](#) (published 29 June)
- Interim guidance for WHO Member States on [Investing in and building longer-term health emergency preparedness during the COVID-19 pandemic](#) (published 6 July)
- Scientific brief on [Transmission of SARS-CoV-2: implications for infection prevention precautions](#) (published 9 July)
- [WHO mass gathering COVID-19 risk assessment tool – Generic events](#), Guidance for authorities and event organizers planning mass gatherings during the current COVID-19 pandemic (published 10 July)

- An interim checklist for local authorities of [Practical actions in cities to strengthen preparedness for the COVID-19 pandemic and beyond](#) (published 17 July)
- [Guidance for conducting a Country Intra-Action Review](#) (published 23 July)
- [Public health considerations while resuming international travel](#) (published 30 July)
- Interim Guidance. [Home care for patients with suspected or confirmed COVID-19 and management of their contacts](#) (published 13 August)
- Interim guidance on [Considerations for quarantine of contacts of COVID-19](#) (published 19 August)
- [Advice on the use of masks for children in the community in the context of COVID-19](#) (published 21 August)
- Interim guidance. [Infection prevention and control for the safe management of a dead body in the context of COVID-19](#) (published 4 September)

Clinical Management

- Updated scientific brief on [Smoking and COVID-19](#) (published 30 June)
- Updated [Guidance on maintaining a safe and adequate blood supply during the coronavirus disease 2019 \(COVID-19\) pandemic and on the collection of COVID-19 convalescent plasma](#) (published 10 July)
- Updated [Global COVID-19 Clinical Platform: Pregnancy Case Report Form \(CRF\)](#) (published 13 July)
- Interim guidance on [Water, sanitation, hygiene, and waste management for SARS-CoV-2, the virus that causes COVID-19](#) (published 24 July)
- Living Guidance. [Corticosteroids for COVID-19](#) (published 2 September)

Health Systems and Services

- Policy brief on [Preventing and managing COVID-19 across long-term care services](#) (published 24 July)
- [Considerations for the provision of essential oral health services in the context of COVID-19](#) (published 3 August)

- Interim guidance on [Home care for patients with suspected or confirmed COVID-19 and management of their contacts](#) (published 12 August)

Preparedness, readiness, and response

- Annex to Considerations in adjusting public health and social measures in the context of COVID-19. [Considerations for school-related public health measures in the context of COVID-19](#) (published 14 September)

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2. Pan American Health Organization / World Health Organization. Epidemiological Update: COVID-19 in pregnant women. 13 August 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/2FJk9sZ>
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