Epidemiological Update Coronavirus disease (COVID-19)

15 October 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

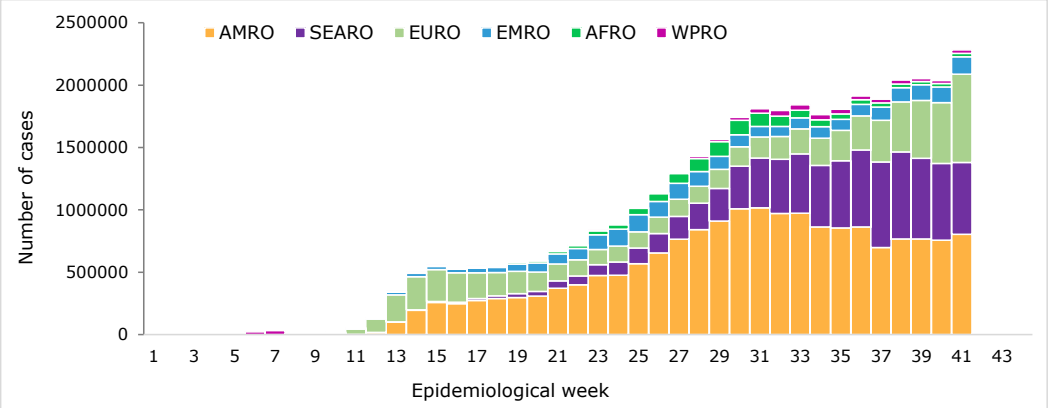
Since the 18 September 2020 PAHO/WHO Epidemiological Update on COVID-19[3] and as of 13 October 2020, an additional 8,548,572 confirmed cases of COVID-19 have been reported globally, including 152,485 deaths, bringing the cumulative number of confirmed cases reported globally to 37,704,153, including 1,079,029 deaths.

As of 13 October 2020, of the global total, the highest proportions of cases by WHO Region are as follows: the Region of the Americas, representing 48% (18,004,043) of the total confirmed cases and 55% (592,561) of the total deaths, followed by the South-East Asia Region representing 21% (8,053,218) of the total cases and 12% (128,762) of the total deaths, and the European Region representing 19% (7,108,781) of the total cases and 23% (248,498) 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). 18 September 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: https://bit.ly/32JDmU5

Suggested citation: Pan American Health Organization / World Health Organization. Epidemiological Update: Coronavirus disease (COVID-19). 15 October 2020, Washington, D.C.: PAHO/WHO; 2020

Figure 1. Distribution of COVID-19 cumulative confirmed cases by WHO Region and epidemiological week (EW). EW 1 – 41 of 2020.



AMRO: Americas Regional Office; SEARO: South East Asia Regional Office; EURO: European Regional Office; EMRO: Eastern Mediterranean Regional Office; AFRO: Africa Regional Office; WPRO: Western Pacific Regional Office

Source: WHO Coronavirus Disease (COVID-19) Dashboard. Data as of 13 October 2020. Available at: https://covid19.who.int Accessed 13 October 2020.

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 18 September 2020 PAHO/WHO Epidemiological Update on COVID-19[3] and as of 13 October 2020, 3,018,295 additional confirmed cases of COVID-19, including 77,525 deaths, have been reported in the Region of the Americas, representing a 17% increase in cases and a 13% 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 the Caribbean and the Atlantic Ocean Islands subregion[5], with a 20% increase in cases and an 18% increase in deaths, followed by the Central America subregion[6], with a 20% increase in cases and a 16% increase in deaths; the South America subregion[7], with a 17% increase in cases and a 16% increase in deaths; and the North America subregion[8], with a 16% increase in cases and a 12% increase in deaths (**Figures 2 and 3**).

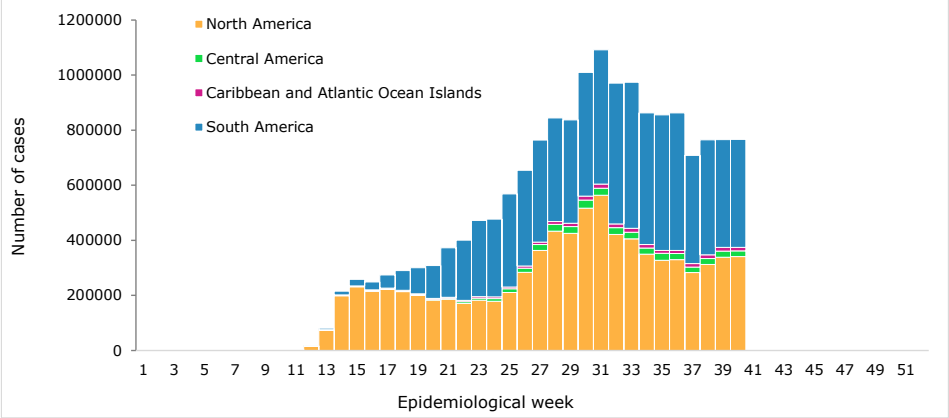
In the last 60 days[9], 10 of the 54 countries/territories in the Region reported increased intensity of COVID-19 transmission and modified their COVID-19 transmission classifications accordingly: Aruba, Belize, the British Virgin Islands, Curacao, Guadeloupe, Jamaica, Martinique, Saint

[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/3kvigPD
[5] Anguilla, Antigua and Barbuda, Aruba, the Bahamas, Barbados, Bermuda, Bonaire, Sint Eustatius and Saba, the British Virgin Islands, the Cayman Islands, Cuba, Curacao, Dominica, the Dominican Republic, the Falkland Islands, 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
[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] Canada, Mexico, and the United States of America
[9] Between 5 August and 5 October 2020.

Barthelemy, Saint Martin, and Trinidad and Tobago. Five of these had a relative increase in confirmed cases of greater than 90% (range 94% to 97%): Aruba, Belize, Curacao, Guadeloupe, and Trinidad and Tobago. During the same period, 7 of these 10 countries/territories also presented with a relative increase in deaths, ranging from 29% to 93%: Aruba, Belize, Guadeloupe, Jamaica, Martinique, Saint Martin, and Trinidad and Tobago.

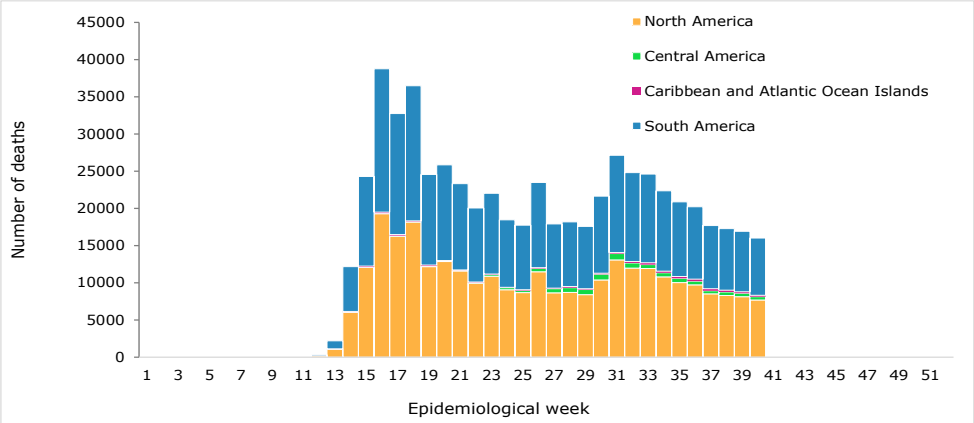
When comparing the change in the number of cases from the recent 7-day period (6 to 12 October) with the preceding 7-day period (29 September to 5 October), there were 7 countries/territories in the Region with a relative increase greater than 50% (range 58% to 167%), as follows: Barbados, Bermuda, the Cayman Islands, Curaçao, Mexico, Saint Martin, and Saint Lucia. Meanwhile, there were 6 countries/territories in the Region with a relative increase in deaths greater than 50% (range 55% to 100%), as follows: Aruba; Bonaire, Sint Eustatius, and Saba[10]; Cuba; Guyana; Mexico; and Uruguay.

Figure 2. Distribution of cumulative confirmed cases of COVID-19, by epidemiological week (EW) and subregion. Region of the Americas. EW 1 to EW 40 of 2020.



Source: Information shared by the International Health Regulations (IHR) National Focal Points (NFP) or published on the websites of the Ministries of Health, Health Agencies or similar and reproduced by PAHO/WHO.

Figure 3. Distribution of cumulative confirmed COVID-19 deaths, by epidemiological week (EW) and subregion. Region of the Americas. EW 1 to EW 40 of 2020.



Source: Information shared by the International Health Regulations (IHR) National Focal Points (NFP) or published on the websites of the Ministries of Health, Health Agencies or similar and reproduced by PAHO/WHO.

[10] Bonaire, Sint Eustatius and Saba reported together.

Epidemiological Highlights

I. COVID-19 during pregnancy

Since the first reported cases of COVID-19 in the Americas and until 13 October 2020, 74,925 cumulative confirmed cases of COVID-19 were reported among pregnant women, including 507 deaths (1%), in 16 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 13 October* 2020.

Country	Number of confirmed cases of COVID-19	Number of deaths among the confirmed cases	Maternal Mortality Ratio¥
Argentina	3,799	17	2.3
Bolivia	341	13	5.3
Belize	44	1	12.5
Brazil**	2,256	135	4.7
Chile	6,420	2	0.9
Colombia	3,456	40	5.5
Costa Rica**	47	1	1.4
Dominican Republic**	236	16	7.8
Ecuador	1,013	23	6.9
Guatemala	397	4	1.0
Haiti	213	3	1.1
Mexico[&]	6,534	150	9.7
Panama*[&]	525	8	10.1
Perú[&]	24,283	50	8.7
United States of America	25,351	44	
Uruguay	10	0	0.0
Total	**74,925**	**507**	

Table Notes:

*13 October 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.

** No update since the 18 September 2020 PAHO/WHO Epidemiological Update on COVID-19[3]

[&] 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.

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

In **Mexico**, since the confirmation of the first COVID-19 cases[11] in the country and until 11 October 2020, there were 6,534 confirmed cases of COVID-19 among pregnant and postpartum women reported, including 150 deaths (2.3%).[12]

The maternal mortality ratio (MMR) for COVID-19 in Mexico as of EW 40 of 2020 is 9.7 maternal deaths per 100,000 live births.

The federal entities with the highest numbers of COVID-19 cases among pregnant and postpartum women are: Mexico City (812 cases, 16 deaths) and the states of Mexico (452 cases, 16 deaths), Tabasco (390 cases, 13 deaths), Nuevo León (415 cases, 7 deaths), Guanajuato (378 cases, 5 deaths), Veracruz (280 cases, 7 deaths), and San Luis Potosi (278 cases, 4 deaths).

Regarding the characteristics of deaths among pregnant and postpartum women with COVID-19, the median age was 31 years (range 16 to 42 years), 49.6% died in the third trimester of pregnancy, 33.6% in the postpartum period, 14.1% in the second trimester, and 12.8% in the first trimester.

Of the total deaths among pregnant and postpartum women, 46 (30.9%) were intubated and 51 (34%) had been in the intensive care unit.

The most frequent comorbidities among the deceased were obesity (18.1%), diabetes (8.7%), hypertension (8.1%), and asthma (4%).

As of 11 October 2020, 177 confirmed cases of COVID-19 were reported among pregnant and postpartum women in the indigenous populations, including 3 deaths (1.7% case-fatality rate). Of these, 23.3% were reported in the state of Yucatán. Overall, 6% were hospitalized in serious clinical condition.

As of 11 October 2020, there were 7,552 newborns reported in the SISVER platform[13], of which 1,350 (17.9%) were positive for SARS-CoV-2. Of these, 200 were born to SARS-CoV-2 positive mothers, 112 were born to mothers that tested negative for COVID-19, and no information was available in SISVER for the remaining 1,038.

II. COVID-19 among indigenous populations

Since the first confirmed cases of COVID-19 in the Region of the Americas and as of 13 October 2020, there have been 154,335 confirmed cases of COVID-19, including 3,405 deaths, reported among indigenous populations in 11 countries in the Region of the Americas for which information was available (**Table 2**); this represents an increase of 33,742 confirmed cases including 766 deaths.

Compared with the data published on 18 September 2020, a relative increase in cases and deaths has been observed in all 11 countries with available data, with Venezuela representing the largest relative increase in cases and deaths.

[11] 27 February 2020
[12] Information regarding COVID-19 among pregnant and postpartum women in Mexico is published periodically at: https://bit.ly/2ZAeEUn
[13] SISVER: Epidemiological Surveillance System for Respiratory Diseases of Mexico.

Table 2. Confirmed cases of COVID-19 and deaths among indigenous populations in the Region of the Americas. 1 January to 13 October* 2020.

Country	Number of confirmed cases of COVID-19	Number of deaths
Bolivia	3,438	131
Brazil	29,948	456
Canada	722	13
Colombia	21,476	735
Ecuador	3,097	93
Guatemala	5,853	284
Mexico	9,975	1,461
Panama**	2,841	53
Peru	22,727	156
United States of America	53,565	N/A
Venezuela	693	23
Total	**154,335**	**3,405**

Table Notes:

N/A: data not available

*13 October 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.

** No update since the 18 September 2020 PAHO/WHO Epidemiological Update on COVID-19.

Sources: 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.

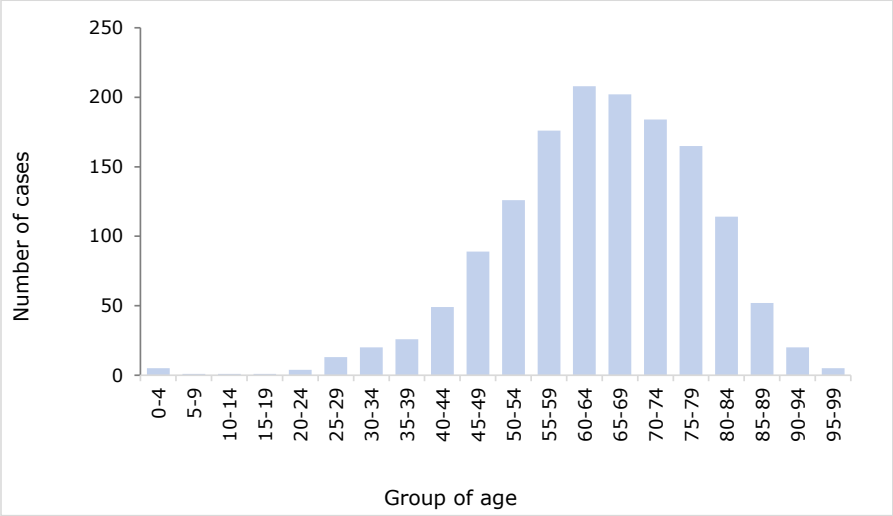
The following is a summary of the epidemiological situation of COVID-19 among indigenous populations in Mexico.

In **Mexico**, since the confirmation of the first cases of COVID-19[14] in the country and until 8 October 2020, a cumulative total of 9,975 confirmed cases were reported among persons recognizing as indigenous, including 1,461 deaths (14.6%). The federal entities reporting the majority (52.4%) of cases among indigenous persons are: Yucatán (1,898 cases), Oaxaca (922 cases), San Luis Potosí (835 cases), Mexico (793), and Mexico City (718 cases).

Regarding characteristics of the cases, 56.5% are male, and cases and deaths have occurred among all ages. Most cases (56%) are aged 45 to 54 years, while the number of deaths increases with age, with 64.8% of deaths occurring among persons aged 60 years or older, and males accounting for the highest proportion (66%) (**Figure 4**).

[14] 27 February 2020

Figure 4. Distribution of confirmed COVID-19 cases and deaths among indigenous populations in Mexico. 27 February to 8 October 2020.



Source: Data published by the Mexico Secretariat of Health[15] and reproduced by PAHO/WHO.

III. Multisystem inflammatory syndrome (MIS) in children and adolescents temporally related to COVID-19[16]

On 15 May 2020, WHO issued a Scientific Brief[17] 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.

[15] Mexico Secretariat of Health. COVID-19 in Mexico: Panorama in among persons identifying as indigenous. 24 September 2020. Available at: https://bit.ly/3lgZ7RE

[16] World Health Organization (WHO). Multisystem inflammatory syndrome in children and adolescents temporally related to COVID-19. Preliminary case definition. Available at: https://bit.ly/2RBZzgr. 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.

[17] 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/3hEjqGk

As of 13 October 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 1,769 cumulative confirmed cases of MIS temporally related to COVID-19, including 60 deaths. (**Table 3**). This figure represents a relative increase of 21% (371 additional cases) in cases and 28% (17 additional deaths) in deaths compared to the data published in the 18 September 2020 PAHO/WHO Epidemiological Update[3]. Since the 18 September 2020 update, Panama has been added to the list of countries/territories that have reported confirmed cases of MIS.

Additionally, as of 13 October 2020, 24 countries/territories have officially reported to PAHO/WHO there have been no cases of MIS detected.

Table 3. Distribution of officially reported confirmed 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 13 October* 2020.

Country/Territory	Number of confirmed cases	Number of confirmed deaths
Argentina	52	1
Brazil	486	33
Canada	1	
Chile	92	
Costa Rica	1	
Colombia	3	
Cuba	2	
Dominican Republic	68	3
Ecuador	7	
El Salvador	17	
French Guiana	1	
Guatemala	2	
Honduras	2	
Panama	5	1
Paraguay	3	2
United States of America	1,027	20
Total	**1,769**	**60**

Table Note:
*13 October 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.

Sources: 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 the United States of America.

In the **United States of America**, as of 1 October 2020[18], there have been a total of 1,027 confirmed cases of MIS, including 20 deaths, reported in 44 states, Washington, DC, and New York City, since reporting began in mid-May. Overall, 56% 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 (372 cases) or Non-Hispanic Black (309 cases). Overall, 98% (1,010) 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.

Moreover, since June 2020, case reports and case series have been published regarding a multisystem inflammatory syndrome in adults (MIS-A), similar to that presented in children.[19]

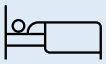
Guidance and recommendations for national authorities

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 and 18 September 2020 Epidemiological Update on COVID-19.

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

[18] 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/.

[19] Morris SB, Schwartz NG, Patel P, et al. Case Series of Multisystem Inflammatory Syndrome in Adults Associated with SARS-CoV-2 Infection — United Kingdom and United States, March–August 2020. MMWR Morb Mortal Wkly Rep 2020;69:1450–1456. DOI: http://dx.doi.org/10.15585/mmwr.mm6940e1

Surveillance, rapid response teams, and case investigation 	**Clinical care** 
WHO resources, available at: https://bit.ly/30zjmCj PAHO/WHO resources available at: https://bit.ly/36DJi3B	WHO resources, available at: https://bit.ly/3li6wQB PAHO/WHO resources available at: https://bit.ly/36DJi3B
Laboratory 	**Infection prevention and control** 
WHO resources, available at: https://bit.ly/3d3TJ1g PAHO/WHO resources available at: https://bit.ly/36DJi3B	WHO resources, available at: https://bit.ly/3d2ckuV PAHO/WHO resources available at: https://bit.ly/36DJi3B
Critical preparedness, readiness, and response actions 	**Travel, Points of entry and border health** 
WHO resources, available at: https://bit.ly/3ljWHBT PAHO/WHO resources available at: https://bit.ly/36DJi3B	WHO resources, available at: https://bit.ly/3ivDivW PAHO/WHO resources available at: https://bit.ly/36DJi3B
Schools, workplaces, & institutions 	**Other resources**
WHO resources, available at: https://bit.ly/3d66iJO PAHO/WHO resources available at: https://bit.ly/36DJi3B	WHO resources, available at: https://bit.ly/33zXgRQ PAHO/WHO resources available at: https://bit.ly/36DJi3B

References

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10. National Institute of Health of Colombia. COVID-19 in Colombia. Available at: https://bit.ly/2FAKzxa

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