

COVID-19

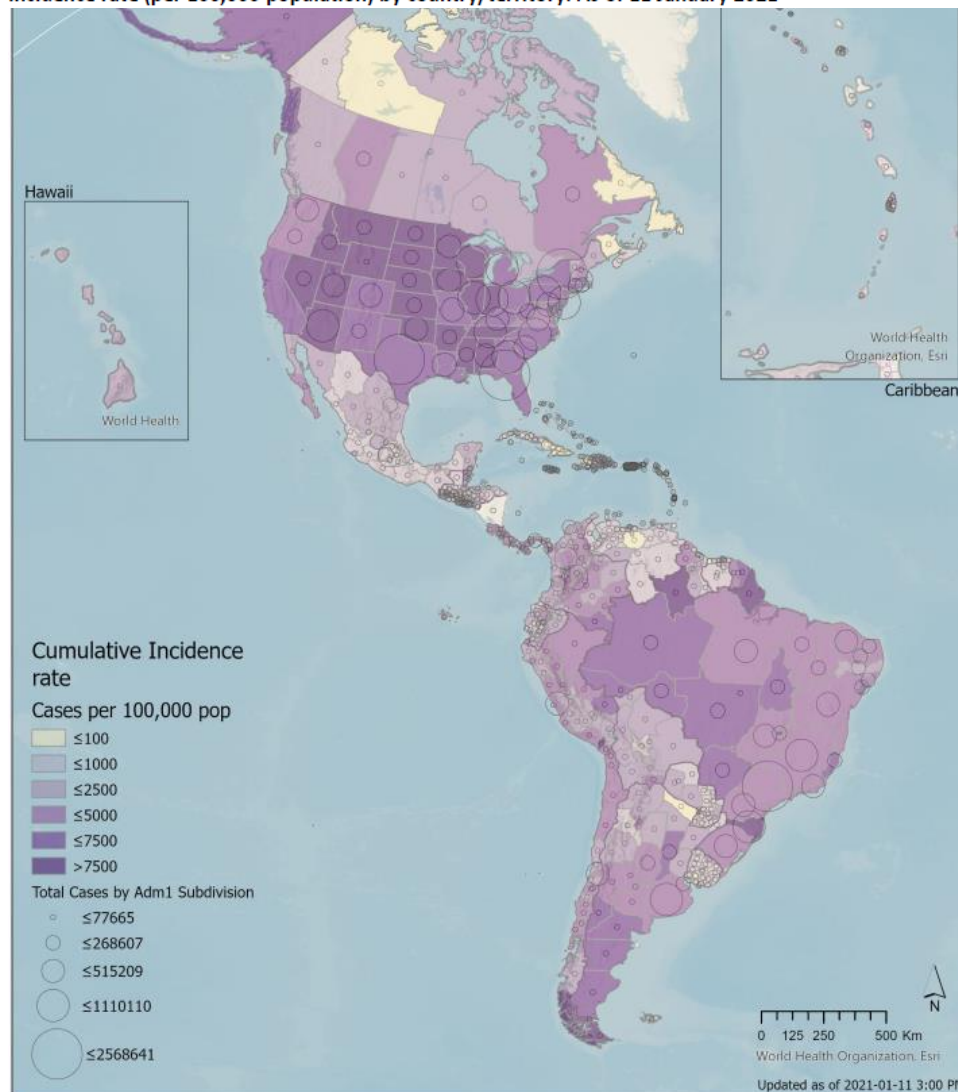
PAHO/WHO Response. 11 January 2021. Report ° 40

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 population) by country/territory. As of 11 January 2021



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SITUATION IN NUMBERS IN THE AMERICAS

as of 11 January 2021 (15:00)

39,552,693

Confirmed cases

921,256

 Deaths

56

Affected countries / areas /
territories

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	 114 Technical guidelines and recommendations developed or adapted from WHO	 18.3M COVID-19 PCR tests 4.36M Ag-RDTs sent* to 36 countries and territories	 >226 Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 116 PPE shipments to 34 countries and territories	
				 6M Gloves	 2.12M Gowns
				 37.4M Surgical & Respirator Masks	 371k Goggles
Regional Readiness	 32/35 # Countries with national COVID-19 Preparation and Response Plans	 38/51 # Countries and territories with molecular detection capacity to diagnose COVID-19	 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 (22 December 2020 to 11 January 2021)

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.

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 285 reports available in its COVID-19 section.



Figure 1: PAHO trained 69 Ecuadorian health promoters in risk communication.
Source: PAHO, December 2020

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

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

PAHO supported **Belize** and **Ecuador** to assess technical documentation needed to procure PPE and medical equipment for managing COVID-19 cases.

Country

In **Costa Rica**, PAHO worked with the focal point of Risk Management of the Ministry of Health to review and analyze response actions carried out during 2020 to address COVID-19 and other emergencies such as Hurricane Eta. The lessons learned in 2020 were used to develop priority lines of work for 2021, which include prioritizing the preparation of the health sector's multi-hazard response plan to emergencies and disasters.

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](#) covered 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.

Country

In **Belize** and **Suriname**, PAHO continued supporting public awareness campaigns on radio and television stations, sharing key messages on use of masks, handwashing, and physical distancing in different languages.

PAHO also provided resources for health workers, donating audiovisual equipment, routers and servers to enhance distance education to the Institute for Nursing Education and Related Fields, COVAB (Centrale Opleiding voor Verpleegkundigen en aanverwante beroepen), in **Suriname**. Meanwhile in **Belize**, English and Spanish versions of the COVID-19 Quick Facts and Resources booklet were completed to support community health workers.

A workshop focusing on risk communication and COVID-19 prevention was held in the Morona Santiago and Pastaza provinces in **Ecuador**. Sixty-nine health promoters of the Achuar and Shuar nationalities were trained on how to avoid outbreaks of the virus spreading in the Amazonian territories and how to protect vulnerable populations including children, pregnant women, and the elderly.



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.

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.



Figure 2: PAHO supported Ecuador to expand health services to difficult-to-reach locations in the provinces of Cotopaxi, Manabí, Morona Santiago, Napo, Pastaza, and Orellana. Source: PAHO, December 2020

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. During the reporting week approximately 89% of cases and 58% of deaths were captured for analysis.

Seroprevalence studies have provided the Region with invaluable data on how the virus has spread since the onset of the pandemic to date. PAHO maintains a **dashboard that shows 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 held a **webinar with over 100 surveillance, laboratory, and other public health participants from 29 countries and territories on 23 December 2020** to discuss and disseminate updated **interim WHO guidelines on COVID-19 surveillance**, that included specifically new case definitions for investigation and reporting to PAHO. The webinar also touched upon laboratory aspects of the COVID-19 response, which would contribute to standardized reporting and data collection for the Americas.



Figure 3: In Barbados, PAHO delivered equipment for medical care and other COVID-19 needs to the Glebe Polyclinic in St. George, Barbados. Source: PAHO, 22 December 2020

Country

PAHO continued to provide technical assistance to Ministries of Health in epidemiological analysis methodologies and tools, information management and reporting, as well the adoption of new case definitions. In **Chile**, this assistance included provided key epidemiological recommendations to the Ministry of Health and contracting a professional to support the Ministry's epidemiology team. In **Belize**, PAHO supported the Ministry of Health in the application of WHO guidelines on primary epidemiological indicators and proposed ranges to assess the level of COVID-19 transmission in the country.

In **Bolivia** and **Brazil**, COVID-19 dashboards were updated to facilitate analysis and daily reporting of COVID-19 cases in an interactive format. Dashboards for all subregions and countries in the Region are available [here](#). In **Argentina**, PAHO presented the COVID-19 Risk Assessment dashboard to the Ministry of Health in Córdoba Province to support decision-making processes to control the epidemic.

PAHO supported Ministries of Health in strengthening surveillance in the field. In **Haiti**, 66 sampling sites had been set up throughout the 10 departments in the country to strengthen surveillance. In **Suriname**, PAHO delivered Antigen-based rapid diagnostic tests (Ag-RDTs) to the national government and health authorities to aid in the rapid detection of COVID-19 cases. These have been used across the country, including during missions to the interior to conduct active case detection amongst indigenous populations and gold miners.



Points of Entry, International Travel, and Transport

In **Costa Rica**, PAHO conducted a field mission to the northern border region, with the aim of visiting the areas enabled for managing migrants and refugee applicants in vulnerable conditions. These locations have triage areas, shelter and an alternative medical care site (AMCS) for COVID-19 positive and symptomatic persons. Following a needs assessment, PAHO met with UN partners, national health authorities and the Regional Secretariat of EMTs and jointly prepared health-related SOPs.



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. To date, PAHO provided approximately 417,950 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material. Additionally, Member States have procured **ten million reactions/tests** through **PAHO's Strategic Fund**. PAHO provided technical cooperation and troubleshooting for laboratory diagnostics to **Barbados, Grenada, Dominica, Jamaica, and Saint Lucia**.

The Organization has delivered over one million **antigen-based rapid diagnostic tests (ag-RDTs)** to sixteen countries, while ten Member States have used the Strategic Fund to procure 3.2 million of these ag-RDTs. This week, ag-RDTs were shipped to **Belize, Bolivia, Cuba, Grenada, Jamaica, and Uruguay**. Additionally, a remote training on the use of these ag-RDTs was provided to health workers in **El Salvador** and **Uruguay** (approximately 50 and 100 participants respectively).

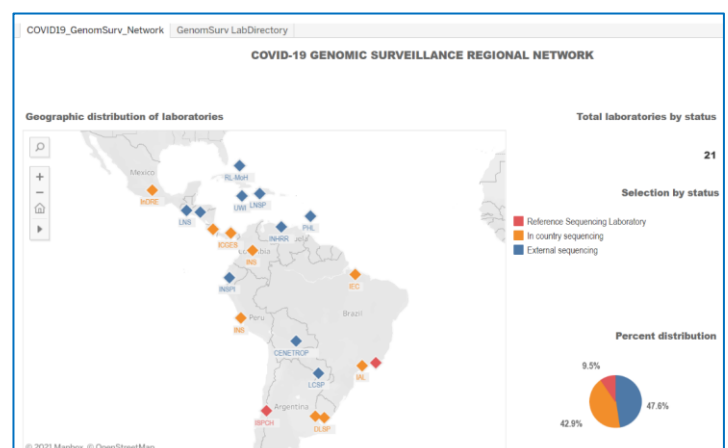


Figure 4: PAHO maintains a dashboard of countries currently with measures in place to sequence COVID-19 strains in their territories. Source: PAHO, January 2021

SARS-CoV-2 Variants of Concern

Various SARS-CoV-2 variants have been identified thanks to global genomic sequencing, such as the variants that were first detected in the United Kingdom and in South Africa. Given the heavy resource requirements needed to sequence all samples in the region to identify variants, PAHO continued to work closely with the laboratories of the countries of the Americas to help identify samples which could be prioritized for genomic sequencing. To date, nineteen countries are participating in the COVID-19 Genomic Surveillance Network, with reference sequencing laboratories in Brazil and Chile (dashboard available [here](#)).

PAHO published [Occurrence of variants of SARS-CoV-2 in the Americas](#), a preliminary technical document with information on the detection in the Americas of two variants of interest of SARS-CoV-2 that have been associated with increased transmission in the United Kingdom and in the Republic of South Africa. This document includes PAHO's recommendations that Member States continue with the sequencing of samples according to the guidelines of the regional genomic surveillance network and monitor sudden changes in the incidence of COVID-19, which occur in light of public health measures and of social distancing implemented and fulfilled by the population.

Country

To support detection of COVID-19, PAHO donated laboratory consumable and reagents to the Central Medical Laboratory in **Belize**.

In **Bolivia**, PAHO supported the national government in developing protocols and flowcharts to map out appropriate use of the new antigenic test.

In **Haiti**, there are currently 10 laboratories across the country with the capacity to test for COVID-19. However, remote areas still lack the capacity to perform PCR testing. PAHO launched an effort to provide the country with support to decentralize and scale up COVID-19 testing capacity by reinforcing seven additional laboratories. In the meantime, PAHO donated 52,000 COVID-19 Ag-RDTs for remote areas in Haiti to support detection of the disease in these zones.



Figure 5: In Cuba, PAHO worked with national health authorities and international partners to devise strategies for reducing the impact of COVID-19 on women and school-age children. **Source:** PAHO, December 2020



Infection Prevention and Control (IPC)

Regional

Conclusion of the Caribbean IPC Training Program

Health care workers (HCWs) are one of the most at-risk populations from COVID-19 infection. For this reason, on 10 November 2020 PAHO launched a **virtual IPC training course to reach Caribbean HCWs and personnel involved in other high-risk professions** to ensure that they had the knowledge of best practices and recommendations to reduce their risk of infection from the virus. By the training's conclusion on 15 December 2020, **three cohorts totaling 808 persons from 20 Caribbean countries and territories had completed the program.**

Targeted countries and territories included Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos.



Figure 6: With support from international partners, PAHO donated oximeters to the Ministry of Health and Wellness in Belize. Source: PAHO, 14 December 2020

Country

PAHO provided technical cooperation to **Panama's** Ministry of Social Development as the staff assessed safety measures for reopening public and private early childhood care centers while reducing the risk of infection.



Case Management

Regional

Therapeutics and Clinical Management

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 58 potential COVID-19 therapeutics**, the product of a series of rapid systematic reviews (including highlights in Spanish). This document synthesized evidence on 145 randomized controlled trials and observational studies.

Considering the breadth of knowledge and evidence related to COVID-19, PAHO maintains 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.

Emergency Medical Teams (EMTs)

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](#). During this period, PAHO established a **Community of Practice for Mental Health and Psychosocial Support for EMTs** as they continued to provide emergency support for the pandemic.

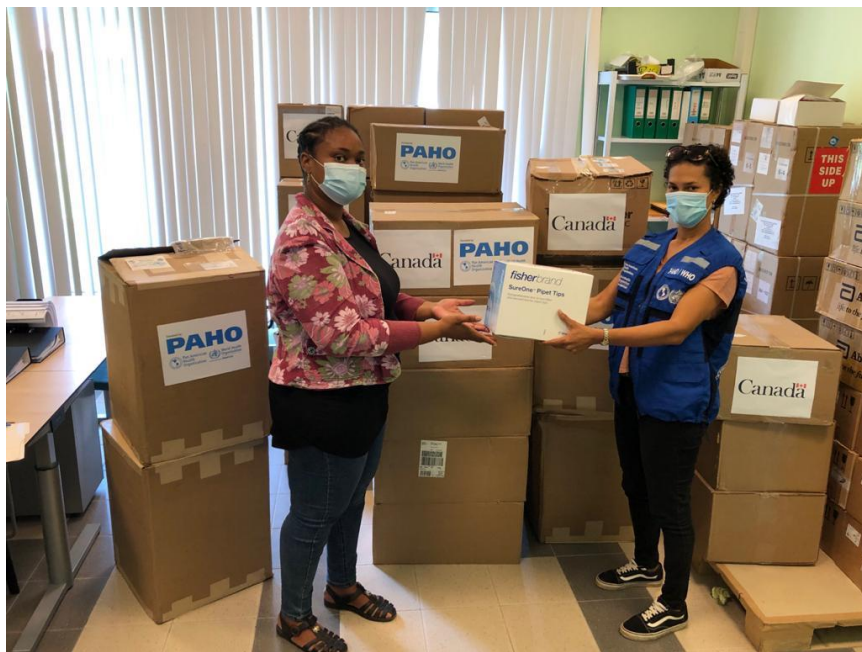


Figure 7: PAHO donated equipment for COVID-19 diagnostics to Suriname. Source: PAHO, December 2020

In **Ecuador**, PAHO worked with the Ministry of Health to coordinate the adoption of the **CICOM methodology** for setting up medical coordination and information cells as a key function of health emergency operations centers (EOCs). **Colombia** received PAHO's technical support as it assessed the implementation of the CICOM methodology at the national level. The Organization worked with **Panama** to arrange flows and set up of two deployed SARI EMTs, ensure the continuity of oxygen supplies, and ensure that identified spaces for EMTs meet required standards.

PAHO additionally delivered **two water treatment kits** to **mobile hospitals** in **Costa Rica**, **Dominican Republic**, **Jamaica**, and **Panama**.

Country

In **Belize**, PAHO delivered accessories for the oxygen concentrators that would be used by the Karl Heusner Memorial Hospital and provided pulse oximeters to the Ministry of Health and Wellness. Three days before Christmas, the Glebe Polyclinic in St. George, **Barbados** received a PAHO donation of equipment to manage COVID-19 cases and support in detecting potential cases.



Operational Support and Logistics

Regional

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. WHO issued interim guidance on the rational use of PPE for COVID-19 as well as considerations during severe shortages.



Maintaining Essential Health Services during the Pandemic

The COVID-19 pandemic continues to create significant stressors on health systems, requiring an expansion of the health system to manage. PAHO provided **Jamaica** with technical cooperation to improve bed management systems to be better prepared as the pandemic continued to unfold.

Meanwhile, PAHO worked with **Ecuador's** health authorities to mobilize 185 health care brigades to respond to COVID-19 cases in difficult-to-access communities in the provinces of Cotopaxi, Manabí, Morona Santiago, Napo, Pastaza and Orellana.



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/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

As of 11 January 2021, PAHO received US\$260 million in donor contributions and firm pledges.

You can donate to support PAHO's response to COVID-19 at this [link](#).

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.