COVID-19

Pan American Health Organization
World Health Organization
Regional Office for the Americas

PAHO

PAHO/WHO Response. 1 February 2021. Report º 43

HIGHLIGHTS

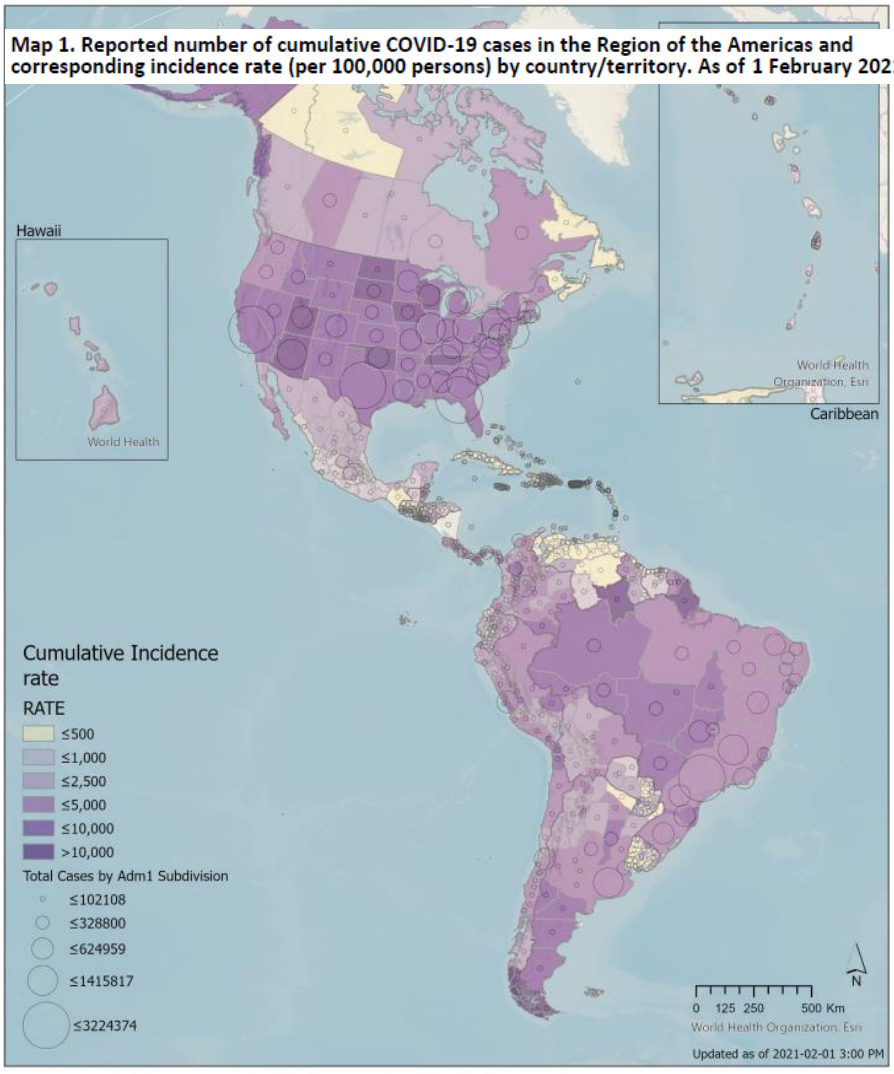
Response to COVID-19 Cases in Manaus, Brazil

PAHO delivered 4,600 pulse oximeters to Manaus for the care of persons with COVID-19, as well as technical cooperation in surveillance, expanding health systems, and other critical areas to enable Amazonas State to cope with the uptick in cases.

Update on SARS-CoV-2 variants circulating in the Americas

An **epidemiological update was published on 26 January 2021,** with an analysis on the occurrence of variants of SARS-CoV-2 in the Americas. This report noted that persons infected with the VOC 202012/01 variant had a higher risk of death compared to infections from other variants. Further it discussed preliminary studies on the 501Y.V2 variant, and presented findings on the proportion of cases to new variants in Manaus, Amazonas State, Brazil.

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 1 February 2021.



SITUATION IN NUMBERS IN THE AMERICAS

as of 1 February 2021 (15:00)

45,785,210
Confirmed cases

1,057,894 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

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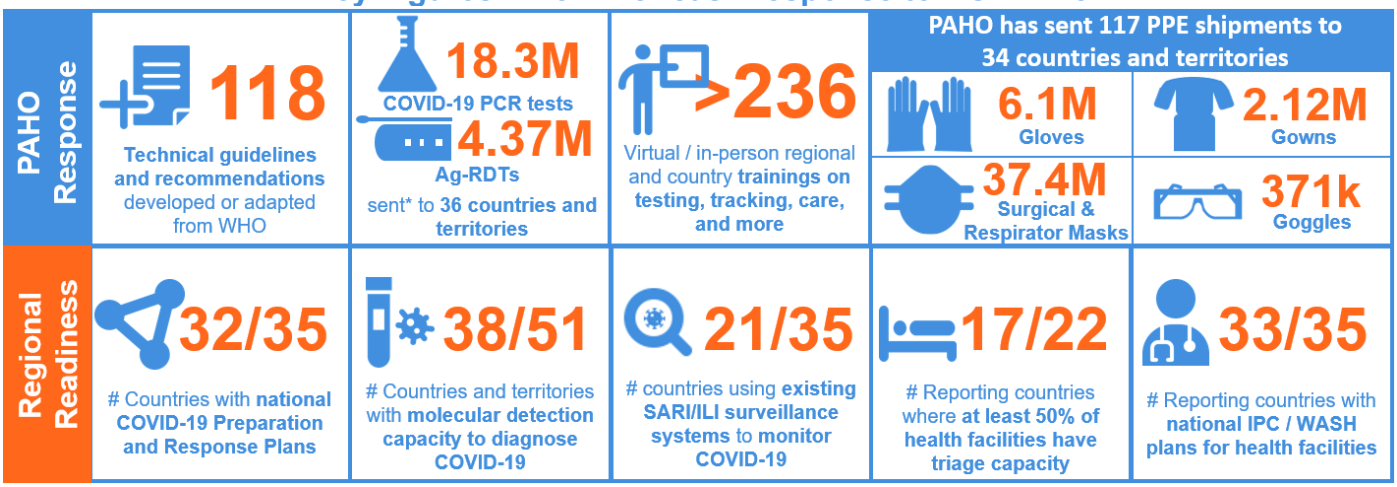
Key Figures: The Americas' Response to COVID-19



PAHO/WHO Response (26 January to 1 February 2021)

Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread 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**.

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. These efforts were aligned with the nine pillars of the **WHO Strategic Preparedness and Response Plan for COVID-19**, **PAHO's Response Strategy and Donor Appeal**, and **PAHO Resolution CD58.R9 approved by its Member States**. Since then, the Organization has developed, published, and disseminated evidence-based technical documents to help guide countries' strategies and policies to manage this pandemic.

Laying the Groundwork to Roll out Vaccines in the Americas

Regional

Preparing to successfully deploy vaccines for COVID-19 requires countries to have detailed plans which factor in considerations ranging from regulatory and logistical issues to staff needs and ensuring equitable distribution, while targeting persons most at risk of infection (e.g., frontline health workers, older persons, and those with underlying conditions).

PAHO is helping countries throughout this planning process. Eighteen countries have shared their **national vaccine deployment plans (NVDPs)** with PAHO for feedback, and **24 countries** have completed the **Vaccine Introduction Readiness tool (VIRAT)**, with a **dashboard** available **here** to gain a bird's eye view on regional readiness.

This support also included work with countries interested in gaining access to possible vaccine candidates through the **COVAX facility**. The **PAHO Revolving Fund**, which has four decades of experience procuring and distributing vaccines, will play a key role in this process, supporting countries along the way. In addition to vaccines, this Fund helps Member States with the acquisition of syringes, safety boxes, cold chain equipment and other supplies that allow vaccines to be safely delivered to every corner of our region. The Organization continued to convene joint information meetings with its Member States regarding COVAX.

PAHO provided technical cooperation to countries seeking to access the COVID-19 vaccine through the COVAX Facility, including those eligible for **advance market classification (AMC)** funds to cover their doses.

Country

PAHO continued to work closely with Ministries of Health at country level, for example in **the Bahamas**, to prepare and develop COVID-19 vaccination strategies and plan. In **Brazil,** PAHO continued to provide technical support to the Central Committee for Crisis Management (CICC) to implement the vaccination plan, particularly with regards to logistics, supply chain, and strengthening investigation of Adverse Events Following Immunization (AEFI).

Response in Manaus, Brazil

Considering the ongoing challenges with COVID-19 cases in Amazonas State, Brazil, PAHO rapidly deployed a team to Manaus, capital of the state of Amazonas, to support the COVID-19 response in coordination with municipal, state, and national health authorities. By the end of January, **4,600 pulse oximeters were sent to Manaus** at the end of January to support case management. On-going field support was provided to local health authorities, including technical guidance on the use of equipment like oxygen compressors, rational use of medical inputs like oxygen and their distribution to field hospitals. Additionally, PAHO supported the Brazilian government to reinforce testing for influenza-like illness at primary health care services.

This built on **prior PAHO technical cooperation** to the city of Manaus to improve the organization of Amazonas State's urgent and emergency care network, strengthening surveillance and laboratory capacities and other key response areas. More details can be found in this **press release (in Portuguese)**.

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 in the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas (**BRISA**) now has 287 reports (**one new report this period**) available in its COVID-19 section.

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 national regulatory authorities (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**).

In preparation for the deployment of COVID-19 vaccines in Central America, PAHO facilitated a **simulation exercise with NRAs** from Costa Rica, El Salvador, Guatemala, Honduras, and Panama to identify gaps and challenges in regulatory frameworks for authorizing, importing, and releasing lots of vaccines.

Country

PAHO published a case study on **Panama's** COVID-19 response, entitled "PANAMA: Intersectoral and comprehensive coordination to address the pandemic and protect health," which highlighted successful

interventions and challenges. Other issues included were the whole-of-government approach to response; health system resilience; delivery of essential health services; risk communication strategies; intersectoral collaboration, among others. This study is available in Spanish **here**.

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.

During PAHO's **press briefing on 27 January** (**remarks available here**), the PAHO Director mourned the passing of over one million persons in the Americas due to complications from the pandemic, including at least 4,000 health workers. She urged the Region to redouble efforts to reduce the number of new cases and thus deaths and encouraged countries to prioritize vaccinations for health workers and the elderly.

Country

In **Bolivia,** PAHO maintained its support to the Ministry of Health and its Expanded Program on Immunization (EPI) in implementing a communications strategy for the introduction of the COVID-19 vaccine in the country. This working group was also supported with communicators from UNICEF and from the World Bank.

Surveillance, Rapid Response Teams, and Case Investigation

Publications

An **epidemiological update was published on 26 January 2021,** with an analysis on the occurrence of variants of SARS-CoV-2 in the Americas. This report noted that persons infected with the VOC 202012/01 variant had a higher risk of death compared to infections from other variants. Further it discussed preliminary studies on the 501Y.V2 variant, and presented findings on the proportion of cases to new variants in Manaus, Amazonas State, Brazil.

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.

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. Through the collection of case-report forms of COVID-19 cases, PAHO has been able to analyze 68% of reported cases and 55% of deaths.

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** (**3 new studies**), 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 collaborated with health authorities from **Jujuy Province, Argentina**, to apply a tool to assess the risk of severe COVID-19 cases among its population considering the prevalence of underlying conditions.

Country

In **Brazil,** in partnership with the Ministry of Health / Field Epidemiology Training Program (EPISUS), the Amazonas Health Surveillance Foundation, and Fiocruz Amazônia, PAHO supported the design of three epidemiological studies to understand patterns of transmission, reinfection, and the severity of SARS-CoV-2 variant P.1.

PAHO continued to support surveillance efforts at country level. In **Brazil,** PAHO is helping the CICC, Healthcare, and Surveillance departments in implementing an online information system to record vaccination data at the individual level. This system could also support reporting of AEFIs.

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. PAHO also delivered molecular detection material and laboratory supplies (swabs, primers, probes, plastic materials, reagents, among others) to **Bolivia**, **Dominican Republic**, and **Dominica**. Additionally, Member States have procured **ten million reactions/tests** through **PAHO's Strategic Fund**.

PAHO provided technical cooperation, including data review, troubleshooting sessions, and follow up calls, on laboratory diagnostics with teams from **Brazil, Bolivia, Costa Rica,** and **Ecuador**.

The Organization has delivered over one million **antigen-based rapid diagnostic tests (Ag-RDTs)** to sixteen countries, while ten countries have used the Strategic Fund to procure 3.2 million of these.

PAHO shared recommendations on diagnostics for COVID-19 at a national refresher course organized by **Bolivia's Association of Biochemistry and Pharmacy Schools**. A technical mission to **Barbados** continued during the reporting period; so far, staff from three laboratories have been trained in polymerase chain reaction (PCR) techniques and guidance was shared on implementing Ag-RDTs. PAHO delivered a virtual training in Ag-RDT diagnosis to **Uruguay's Laboratory Network** from the 1st and 2nd level of care

(approximately 70 personnel trained).

SARS-CoV-2 Variants of Concern

Various SARS-CoV-2 variants have been identified thanks to global genomic sequencing. These include 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**). This mechanism will be critical to tracking the spread or appearance of new variants of concern.

Country

The pandemic has put a huge burden on laboratories to detect and diagnose increasing numbers of cases, with limited human resources available to process the rising numbers of samples. In **Brazil,** PAHO continued to strengthen laboratory capacity by contracting 46 new health professionals to alleviate the strain on human resources. Further anticipated delivery of 60,000 Ag-RDTs will support decentralization of the COVID-19 response in Brazil. PAHO and reference laboratory Fiocruz worked to strengthen genomic surveillance in the National Center for Tropical Diseases (Cenetrop) laboratory in **Bolivia** to better evaluate circulation of new strains and identify possible re-infected cases.

Infection Prevention and Control (IPC)

Regional

Health workers are one of the most at-risk populations for COVID-19 infection. PAHO provided technical cooperation to **the Bahamas** and **Belize** to assess their national IPC programs.

Country

In **Chile**, PAHO held a panel discussion on the development and roll out of health residences as one of the strategies to boost isolation measures. These residences would allow persons diagnosed with COVID-19, close contacts, suspected or probable cases to quarantine in an alternate residence for free if they cannot carry out an effective quarantine in their homes. The session fostered discussions with experts from PAHO as well as the national team, praising the initiative for demonstrating sustainability and feasibility in isolating and quarantining contacts to interrupt the chains of transmission in homes. Further details can be found **here**.

Figure 2: Poster promoting the 2nd training on COVID-19 health measures in markets in Chile. **Source**: PAHO, 2021

PAHO continued providing training and essential resources to countries. In **Turks and Caicos,** PAHO trained 20 personnel from the Ministry of Health in an Infection Prevention Control training course. On 25 January, PAHO supported the second training in COVID-19 prevention measures for managers of open markets in **Chile**. In **Bolivia,** PAHO supported the development of departmental intervention plans by training Ministry personnel to calculate the quantity and volunes of PPE neededto inform transportation and logistics questions.

Case Management

Regional

Therapeutics and Clinical Management

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. PAHO worked with **Brazil, Colombia, Dominican Republic,** and the **Iberoamerican Federation of Intensive Care** to support these countries to utilize this Platform.

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**.

PAHO held additional rounds of the **Regional Caribbean EMT Coordination course (including three-day long online trainings and webinars)** to introduce the work 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). This course was made possible with participation of experts from **Antigua and Barbuda**, the **Bahamas, Belize, Bermuda, Cayman Islands, Grenada, Jamaica,** and **Turks and Caicos**.

The Organization worked with **Costa Rica** and **Colombia**'s Fundación Barco San Raffaele to strengthen these countries' national EMT response. Meanwhile, **Panama** received PAHO recommendations to improve the set up of a SARI EMT in the country, ensuring compliance with EMT standards.

PAHO continued to work with national health authorities of **Peru** to implement digital clinical reports for ambulance crews using SISMED911, a free software to facilitate the timely delivery of services to people affected by an adverse situation, and to monitor resources and their availability. The Organization delivered a technical webinar on "**Digital Clinical Report for ambulance crew through SISMED911 platform**" with the participation of 16 professional from SAMU, an ambulance system used in Lima. **Costa Rica** received PAHO support to discuss technical specifications of the Virtual CICOM and SISMED911 platforms and an implementation roadmap.

Meanwhile, coordination continued with the Coordination Center for the Prevention of Disasters in Central America and the Dominican Republic (CEPREDENAC) to discuss steps to introduce EMT request procedures and SIMEX exercise to strengthen the regional EMT response.

Country

In **Suriname,** PAHO worked with national counterparts to identify gaps in critical supplies and equipment to treat patients with COVID-19. PAHO already procured 12 BiPAP non-invasive ventilators and 20 patient monitors to help the Ministry of Health save more lives by deploying them in expanded COVID-19 management facilities.

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

Regional and Country

The COVID-19 pandemic continues to create significant stressors on health systems, requiring an expansion of services. PAHO worked with **Ecuador** to improve the management of hospital services and ICU.

PAHO continues to provide essential support in mental health and psychosocial support to countries. In **Panama,** with the Ministry of Health, PAHO held a **webinar for 400 persons** focusing on coping strategies related to dealing with grief at various stages of life, manifestations of pain, self-care, and how to resume daily life gradually.

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, 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

As of 1 February 2021, PAHO received US$278 million in donor contributions and firm pledges.

You can donate to support PAHO's response to COVID-19 at this link.

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 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.