
WEEKLY PRESS BRIEFING ON COVID-19: DIRECTOR'S REMARKS—18 MAY 2022

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Good morning and let me thank you for joining me for today's press briefing.

New infections and fatalities of COVID-19 have been rising steadily over the past four weeks.

Last week, our Region reported more than 918,000 cases, a 27.2% increase compared with the previous week. Over 3,500 deaths were reported. COVID-19 hospitalizations increased in 18 countries, and admissions to Intensive Care Units rose in 13 countries and territories.

More than half of the infections were reported in North America, where cases have been climbing for the past 7 weeks. This surge is driven by new infections in the United States, which recorded more than 605,000 new cases, which is a 33% increase.

Central America saw the largest rise in cases, with infections soaring by 80%.

In South America, Brazil recorded more than 120,000 new cases, a 9% increase. Argentina had almost 34,000 cases, a 92% increase over the previous week. Infections also surged in other countries of the subregion, while Venezuela, Paraguay and Brazil recorded an increase in deaths.

Across the Caribbean, COVID-19 cases have been increasing for five consecutive weeks, with a rise of 9.3 percent in cases and a jump in deaths of 49% as compared with the previous week. Fourteen countries and territories in the Caribbean reported increases in hospitalizations.

It is time to take stock of these numbers and to act. COVID is again on the rise in the Americas.

The truth is that this virus is not going away anytime soon.

After a period of lower transmission, many countries and local governments are abandoning masking and social distancing requirements and have reopened borders.

But at the same time, too many people remain at risk, unprotected by vaccines. Only 14 of the 51 countries and territories in our Region have reached the WHO target to vaccinate 70% of their population.

We know that the elderly, pregnant women, and people with preexisting conditions are at higher risk of severe disease or dying if they catch COVID. But in some countries, vaccination coverage in these groups is lower than in the general population.

And in other places, vaccination coverage is lower in socially vulnerable groups, such as Indigenous and afro-descendent communities, putting them at even greater risk.

Ultimately, each country is only as protected as the most vulnerable in their population.

The rise in cases should serve as a wake-up call. When people get sick, hospitals get overwhelmed, health systems are challenged, and the number of deaths rise.

Masking and social distancing have served us well since the start of the pandemic and are still valid measures to lower virus transmission. Governments should continue to monitor the COVID-19 trends closely, to adapt their guidance to protect the most vulnerable, and always be ready to scale up these social measures whenever there is an increase in cases or in deaths.

Each one of us can contribute to these efforts by embracing vaccines, masks and other protective measures that can slow the spread of this virus.

We must not forget the important lessons we have learned over these two years – they are key now and will continue to be for the near future.

First, we must keep our eyes on the virus.

Over the past two years, we have built incredible networks for COVID testing and genomic surveillance.

But in the past few months, we have seen testing levels drop in some countries. The highest testing levels per 1000 persons were reached around January 20 in many countries in the Americas. But since then, testing rates have been steadily declining. In South America, for example, testing rates in May varied from 0.11 to 2.34 tests per 1,000, while in January these countries were testing between 0.73 and 9.41 people of every 1,000.

In places where self-tests are available, results, whether negative or positive, are not always reported to health authorities, so we have less information on the overall trends for incidence of disease.

The testing infrastructure must be maintained and strengthened, so that we can catch signals of new variants and the first signs of a surge early.

Testing and surveillance are our eyes and ears for this pandemic and can help governments make informed decisions.

Second, countries must maintain capacities of their networks of services in case infections surge even more.

We have seen in the past how COVID waves can overwhelm our health systems and healthcare providers.

Our investments in ICU and hospital capacity must be maintained to allow us to react quickly to any changes. In addition, we need to scale up capacity to implement a primary care package for timely diagnosis, treatment, and management of COVID-19 patients and post-COVID conditions, with a special focus on the hard-to-reach populations.

Strengthening primary care services will also allow us to address peoples' health needs beyond COVID. These services will help us catch up on all the preventive care and treatments that could not be administered during the last two years.

And lastly, as countries decide what public health measures are right for them, they must ensure that the most vulnerable groups are fully protected with their primary vaccine series, and with boosters where available.

When vaccines were first rolled out a little over a year ago, we were all concerned about equity and ensuring enough doses to cover the most vulnerable.

Supply then was the most significant barrier throughout 2021.

That is no longer the case. We have sufficient doses to cover those most at risk, and we have an obligation to do so.

As cases rise again, there is no better time than now to get a vaccine.

Vaccines have the power to protect each of us individually, but also to help protect our communities against the risk of another surge or a new deadly variant.

Next week, the World Health Assembly will be convening in Geneva, Switzerland. Member States will gather as the decision-making body of the World Health Organization to determine our global priorities for public health.

Resilience to health emergencies is a key part of our agenda.

This means that we must build health systems that can quickly identify emerging health threats and rapidly sound the alarm.

It means we must be able to respond effectively to slow or stop the impact of health disasters.

And it means we must take what we learned from the past emergencies to shape a future where our health systems and leadership are better prepared to face the next challenge.

In the case of COVID, we can make that future a reality now. It is a time for us to take advantage of the lessons and investments of the past two years to face a potential new surge of infections.

The better prepared our health systems are, the less lives we lose and the stronger and more resilient our societies become.