
WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—26 JANUARY 2022

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Good morning to all of you and thank you for joining today's press briefing.

In the last week, more than 8 million new COVID-19 cases were reported in our region. This is the highest number of weekly cases since the pandemic started and is 32% higher than the previous week. Deaths throughout the region also increased, with 18,000 new deaths marking a 37% relative increase over the prior week.

In North America, the US continues to have the highest numbers of new infections, although cases decreased by nearly one million over the last week. By contrast, in many of Mexico's southern states we have seen new infections triple over the last seven days.

In Central America, where weekly fatalities were up 107% compared to the previous week, Belize is reporting the highest rates of new infections, and infections are accelerating in Honduras and Costa Rica.

In South America, Paraguay and some of the Guianas are seeing COVID cases double nearly every two days. And infections are especially high in Bolivia, Peru, and Ecuador. Argentina reported over 797,000 cases, while Brazil's case count of 477,000 showed a 193% increase over the prior week.

Meanwhile in the Caribbean, Haiti and Martinique continue to report significant surges as both countries also report some of the lowest vaccination coverage rates in the region.

As COVID cases are spreading more actively – and more quickly – than ever before, it is clear that Omicron has become the predominant SARS-CoV-2 strain in our region at this moment.

To better understand how this virus is progressing and to guide decisions, it is critical that countries continue to collect and use subnational and subpopulation data.

The more localized the data, the better, because what's happening in a country's urban centers might not reflect the reality of its rural regions.

Now more than ever, we need data about how this virus is affecting different ages, genders, groups, and geographies, so we can equip local municipalities and districts with the tools that they need to manage risk and guide their populations during this time.

This data are also critical to help countries identify gaps and target resources to ensure that the persons most at risk of severe COVID-19 disease and death are protected first.

As we touch on the topic of equity, I want to share an update on the pandemic's impact on our children and adolescents.

First, we should be clear: Children can get infected with COVID19 and transmit it to others. When sick, most children have mild disease that can be treated at home. Hospitalizations and severe cases are more frequent among children with preexisting diseases, and rarely seen among otherwise healthy children.

But because of the scale of the ongoing outbreaks, more people of all ages are becoming infected with SARS-CoV-2 virus. And because vaccinated adults are well protected against severe disease, most hospitalizations occur among the unvaccinated persons – including children.

Children with comorbidities, like diabetes and asthma, are especially vulnerable. And while most of these children are recovering and doing well, not all of them are.

But COVID isn't the only risk our children face.

Over the last two years, millions of kids across the Americas have missed out on their routine medical visits, leaving them behind on their routine vaccinations.

In fact, vaccination coverage has dipped so low that countries are at risk of losing two decades of immunization progress.

As a result, countries are beginning to see outbreaks of diseases that for years had been under control: Brazil, for instance, is fighting an ongoing measles outbreak while Haiti and the Dominican Republic are combating ongoing diphtheria transmission that is threatening children's growth and development.

At the same time, our children continue to face the worst educational crisis that we have ever seen in this region, with millions of children yet to return to the classroom.

And with each day that children go without in-person schooling, the greater the likelihood that they drop out and never return to school - leading to lifelong consequences.

Additionally, the mental and psychological health of children and adolescents is being significantly affected, which may result in long term consequences.

But we know what it takes to address these problems.

The first and most important thing countries can try to do for kids is to get them safely back to school to protect their social, mental, and physical wellbeing.

Ministries of health, education and social protection must work together to bring as many of our children as possible back to school safely, because virtual learning does not and cannot replace in-person schooling.

For some children, schools are safe havens to learn, to socialize, to receive mental health support and to get a nutritious meal.

So as countries in the Southern Hemisphere welcome kids, teachers, and staff back to the classroom and as countries in the Northern Hemisphere enter the flu season, we remind countries that PAHO has published detailed guidelines and considerations to facilitate the safe return to in-person learning.

By promoting mask wearing and social distancing and ensuring adequate ventilation, countries can safely reopen schools. High vaccination rates among children are not a prerequisite for school reopening.

We also urge parents and caretakers to get their children caught up on routine immunizations by bringing them in for their medical check-ups.

But first this rests on having these services open and available.

Countries must see routine immunizations for what they are: essential. These services were critical before the pandemic, and they remain central to our COVID responses, so our children don't fall further at risk.

And finally, we should talk about COVID vaccines for children.

Before considering vaccinating healthy children, countries should ensure that coverage among groups at highest risk of COVID-19 disease and death is high.

In many countries – particularly our Caribbean islands and territories – vaccine coverage among the elderly and at-risk groups like health workers remains low.

But twelve countries and territories in the Americas have already reached WHO's 70% vaccination coverage target.

In these countries, where vulnerable groups have already been protected and where additional vaccine supplies may be available, countries should consider the benefits of vaccinating children to further reduce the transmission of SARS-CoV-2.

Many countries have already authorized and are safely administering COVID vaccines to adolescents.

And last week, the WHO's expert group on immunization authorized Pfizer's COVID vaccine for children between the ages of 5 and 11, offering a roadmap for countries that may be ready to roll out COVID vaccines for them.

As countries weigh the benefits of vaccinating children, and as they work to bring back in-person learning, I want to reinforce a point I made at the top: the need for better and more granular data.

This data holds the key for how to restore or offer these services safely.

Countries must act urgently so the next generation has the health, education, and social opportunities to reach their fullest potential and so that no child or teen is left behind.