

Since April 2020, the Pan-American Health Organization/World Health Organization (PAHO/WHO) has warned of the possibility that countries could face recurrent outbreaks of COVID-19 of different magnitude based on a series of factors, including the proportion of the susceptible population. In recent weeks, there has been an increase in new outpatient cases, hospitalizations, and deaths in some countries/territories in the Region of the Americas, which, along with the increase in hospitalizations due to other causes, could impact the demand for health services. PAHO/WHO urges Member States to strengthen surveillance for respiratory diseases of viral etiology, to update the preparedness and response plans of the healthcare system across all levels in order to respond to a possible increase in outpatient cases, hospitalizations, and/or deaths, as well as to establish strategies for increasing the proportion of the vaccinated, mainly among vulnerable and high-risk populations.

### Summary of the epidemiological situation

Since confirmation of the first cases of COVID-19 and until 14 June 2022, a total of 533,816,957 cases of COVID-19 have been reported globally, including 6,309,633 deaths. In the Region of the Americas, 29.8% of the cumulative number of cases and 43.6% of the cumulative number of deaths worldwide were reported. During epidemiological week (EW) 23 of 2022, compared to the previous week, an increase in cases was observed in the WHO Regions of the Eastern Mediterranean (57.8%), South-East Asia (33.4%), the Americas (13.1%), and Europe (0.6%), while a decrease in cases was observed in the two remaining WHO Regions. The number of new COVID-19 deaths decreased across all WHO Regions except for the Region of the Americas and the Western Pacific Region, where an increase of 20.5% and 16.5%, respectively, was reported.

In EW 23 of 2022, approximately 3,334,244 new cases of COVID-19 were reported globally, an increase of 2.9% compared to the previous week. During the same period, 8,923 new deaths from COVID-19 were reported worldwide, with a relative increase of 5.5% compared to the previous week.

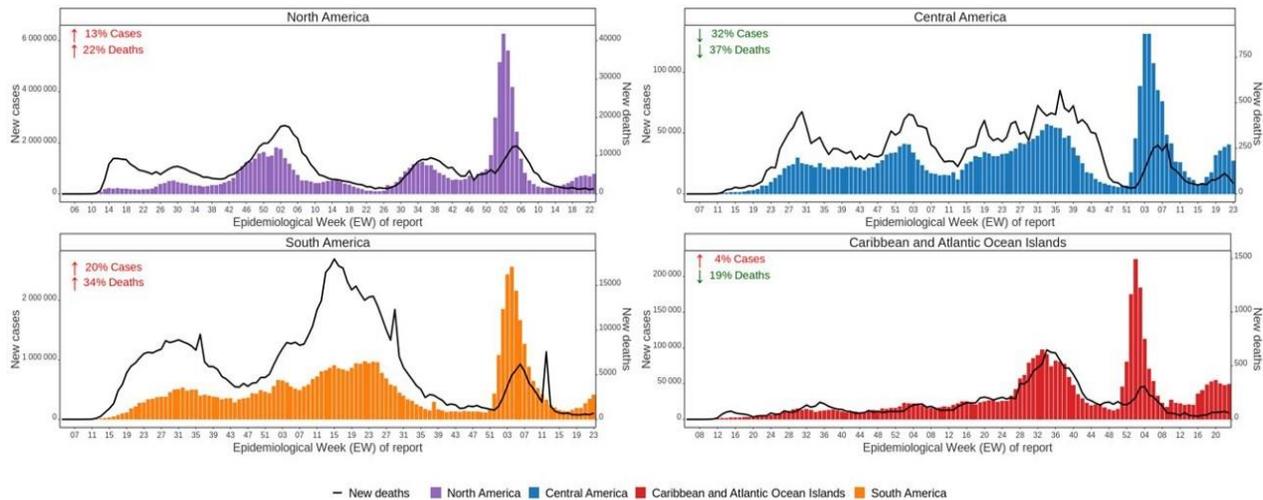
In the Region of the Americas, cases increased for the eighth consecutive week. At the subregion level, in EW 23 of 2022 compared to the previous week, there was an increase in cases in the South America (20.3%), North America (21.8%), and Caribbean and Atlantic Ocean Islands (3.8%) subregions. During the same period, an increase in deaths was reported in the North America (21.7%) and South America (33.6%) subregions. In the remaining 2 subregions, a decrease in the number of deaths was observed (**Figure 1**).

During EW 23 of 2022 compared to the previous epidemiological week, **27 of the 54 countries and territories in the Region reported an increase in cases and 22<sup>1</sup> reported an increase in deaths.**

<sup>1</sup> Countries/territories that reported an increase in deaths: Antigua and Barbuda, Aruba, Bahamas, Bolivia, Brazil, British Virgin Islands, Colombia, Chile, Dominican Republic, El Salvador, French Guiana, Haiti, Honduras, Martinique, Panama, Paraguay, Peru, Saba, Trinidad and Tobago, United States of America, United States Virgin Islands, and Uruguay.

Among 34 countries/territories of the Region with available data<sup>2</sup>, **hospitalizations for COVID-19 increased in 15<sup>3</sup> countries and territories** during EW 23 compared to the previous week. Among 26 countries and territories with available data<sup>2</sup>, **intensive care unit (ICU) admissions for COVID-19 increased in 10<sup>4</sup> countries and territories.**

**Figure 1.** Distribution of COVID-19 cases and deaths by subregion and epidemiological week (EW) of report. Region of the Americas. EW 1 of 2020 to EW 23 of 2022.



**Source:** WHO Coronavirus (COVID-19) data reproduced by PAHO/WHO. Accessed 14 June 2022. Available at: <https://covid19.who.int/info/>

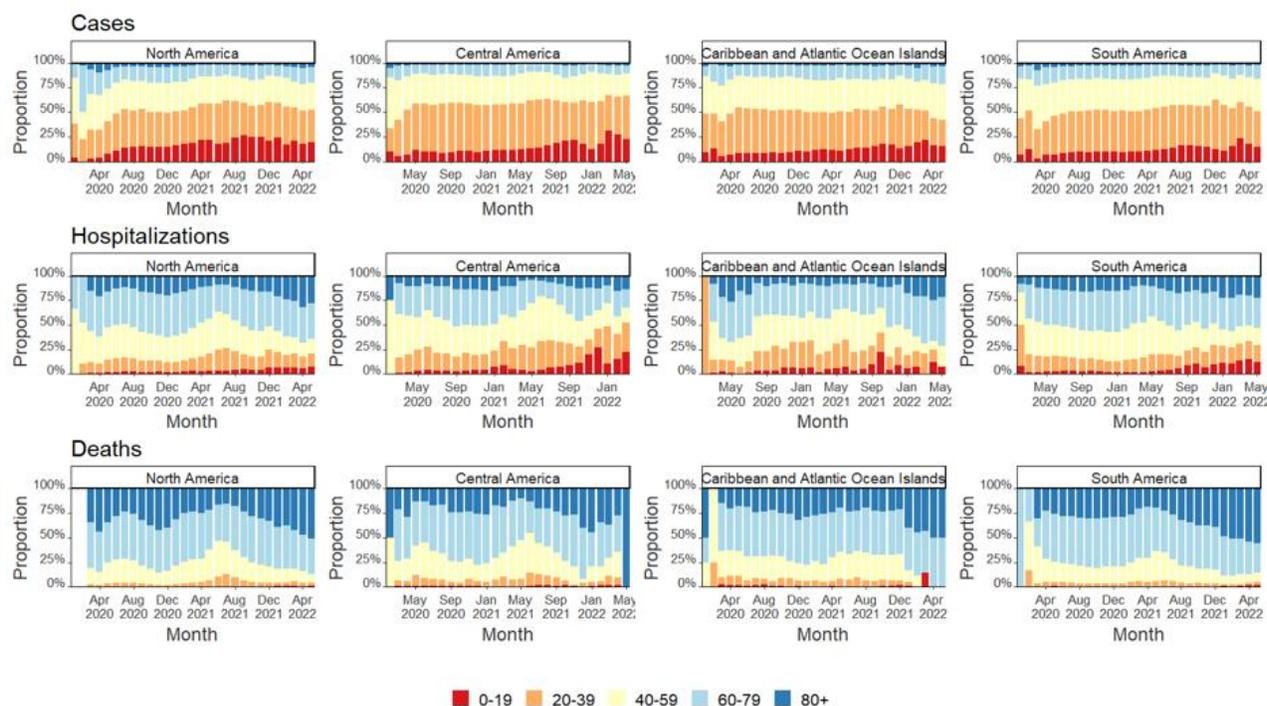
**Figure 2** shows the proportion of COVID-19 cases, hospitalizations, and deaths by age group in the subregions of the Region of the Americas, stratified by month of symptom onset. Since the emergence of the variant of concern (VOC) Omicron in December 2021, a change in the pattern of the affected age groups has been observed compared to previous periods during which the circulation of other VOCs predominated. In all 4 subregions, a higher proportion of hospitalizations and deaths is observed among adults aged 60 to 79 years and older than 80 years. Regarding hospitalizations for COVID-19, an initial increase in hospitalizations among the age group of 0 to 19-year-olds is also observed.

<sup>2</sup> Information available on the websites of the countries/territories in the Region of the Americas.

<sup>3</sup> *Countries/territories that reported an increase in hospitalizations:* Anguilla, Antigua and Barbuda, Bahamas, Belize, Chile, the Dominican Republic, French Guiana, Guadeloupe, Guyana, Jamaica, Panama, Peru, Puerto Rico, Saint Pierre and Miquelon, and the United States of America.

<sup>4</sup> *Countries/territories that reported an increase in ICU admissions:* Chile, Colombia, the Dominican Republic, Ecuador, Guadeloupe, Martinique, Saint Lucia, Suriname, the United States of America, and Uruguay.

**Figure 2.** Distribution of COVID-19 hospitalizations and deaths by age group and subregion. Region of the Americas. January 2020 to May 2022.



**Source:** WHO Coronavirus (COVID-19) data reproduced by PAHO/WHO. Accessed 10 June 2022. Available at: <https://covid19.who.int/info/>

## Variants of Concern

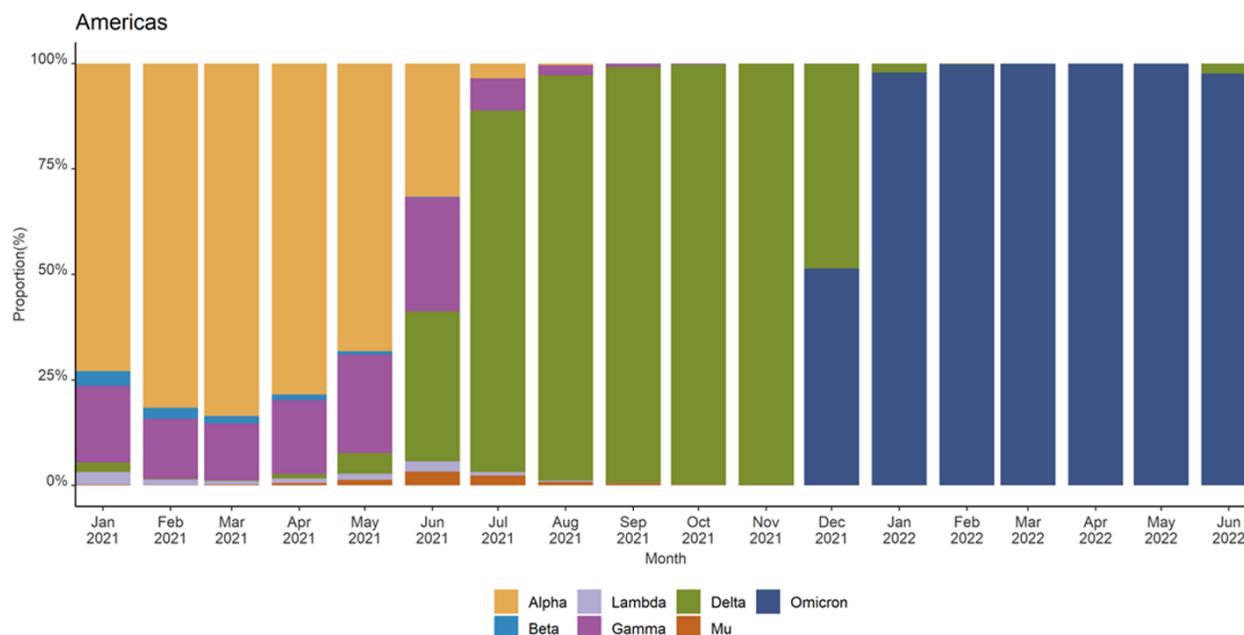
WHO, in collaboration with authorities, institutions, and researchers from the Member States, systematically analyzes and evaluates whether SARS-CoV-2 variants alter transmission or characteristics of the disease, or affect the efficacy of vaccines, treatments, or the diagnostic values of laboratory tests.

Variants of concern (VOC), variants of interest (VOI), and variants under monitoring (VUM) are regularly assessed for the risk for global public health. These established classifications of SARS-CoV-2 variants are reviewed and adjusted as necessary, to make timely visible changes in the evolution of the SARS-CoV-2 virus that could have public health implications. The classification criteria and the list of circulating variants are available at: <https://bit.ly/3xHyBKO>. **PAHO/WHO urges Member States to investigate and report emerging variants and their impact.**

VOC Omicron remains the dominant variant circulating globally, accounting for almost all sequences registered in GISAID in the last 30 days. Due to minimal circulation of VOC Delta among the sequences submitted to GISAID in the past three months, VOC Delta was categorized by the WHO as a "Previously Circulating VOC", as were previously circulating VOC Alpha, Beta, and Gamma. However, it is important to note that this does not imply that previously circulating VOCs may not re-emerge in the future; therefore, WHO will continue to monitor the available data (1).

In the Region of the Americas, since January 2022, VOC Omicron became the predominant VOC in the Region, as well as in all the other WHO Regions (**Figure 3**).

**Figure 3.** Distribution of SARS-CoV-2 variants of concern and variants of interest. Region of the Americas. January 2021 to June 2022.



**Source:** GISAID. Available at: <https://bit.ly/3qA9nXI>. Accessed 14 June 2022.

### VOC Omicron Sublineages

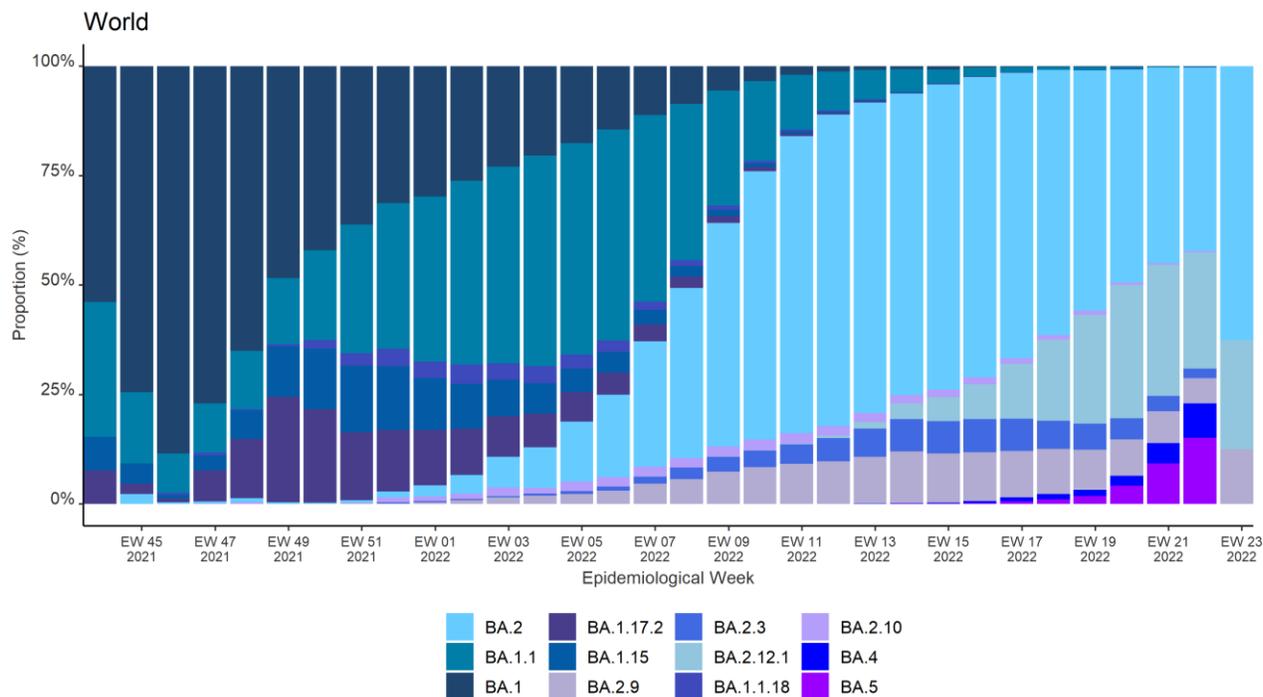
As of EW 20 of 2022, the BA.2 sublineage of VOC Omicron and its descendant lineages are declining but remain dominant (**Figure 4**). Globally, the prevalence of the BA.2.12.1, BA.5, and BA.4 sublineages are increasing.

Since EW 15 of 2022, the BA.2.12.1 sublineage presented with an upward trend, reaching a prevalence of 27.3% during EW 20, mainly attributed to a rapid increase in the Region of the Americas and specifically related to records from the United States of America, which represent 94.2% of the records of the BA.2.12.1 sublineage in the Region of the Americas.

As of EW 20 of 2022, the **BA.5 and BA.4 sublineages** also showed an increase in records and, during EW 22, they represented 14% and 7.3% of the circulating variants, respectively. The evidence that has been obtained with information from several countries indicates that, currently, there is no greater severity of the disease associated with the BA.5 and BA.4 sublineages compared to the other circulating lineages. So far, no evidence is available on the severity of disease associated with the BA.2.12.1 sublineage (1).

During EW 22 of 2022, the countries that registered the highest proportion of genomic sequences on the GISAID platform were: the United States of America (28.6%), Denmark (26.7%), the United Kingdom (24%), and Belgium (5.5%).

**Figure 4.** Global distribution of the SARS-CoV-2 variant of concern (VOC) Omicron sublineages by epidemiological week (EW) of the date of sample collection. EW 44 of 2021 to EW 23 of 2022.



**Source:** GISAID. Available at: <https://bit.ly/3qA9nXI>. Accessed 8 June 2022.

### SARS-CoV-2 Recombinant variants

Some of the recombinant SARS-CoV-2 variants detected in early 2022, including known VOC recombinants, had characteristics indicative of a potential for increased transmissibility; however, this did not translate into their widespread dissemination.

The number of recombinant SARS-CoV-2 sequences registered in GISAID that were being monitored by WHO or that showed an initial increase in the number of reported sequences (XE, XD, and XF) continues to decrease on a weekly basis; during EW 22, it represented <0.4% of the recorded sequences.

## COVID-19 Vaccination

In the Region of the Americas, the North America and South America subregions reported a higher proportion of people vaccinated with the first dose (72%-75%), second dose (>60%), and third dose (37%-40%) compared to the Central America and the Caribbean and Atlantic Ocean Islands subregions (**Figure 5**).

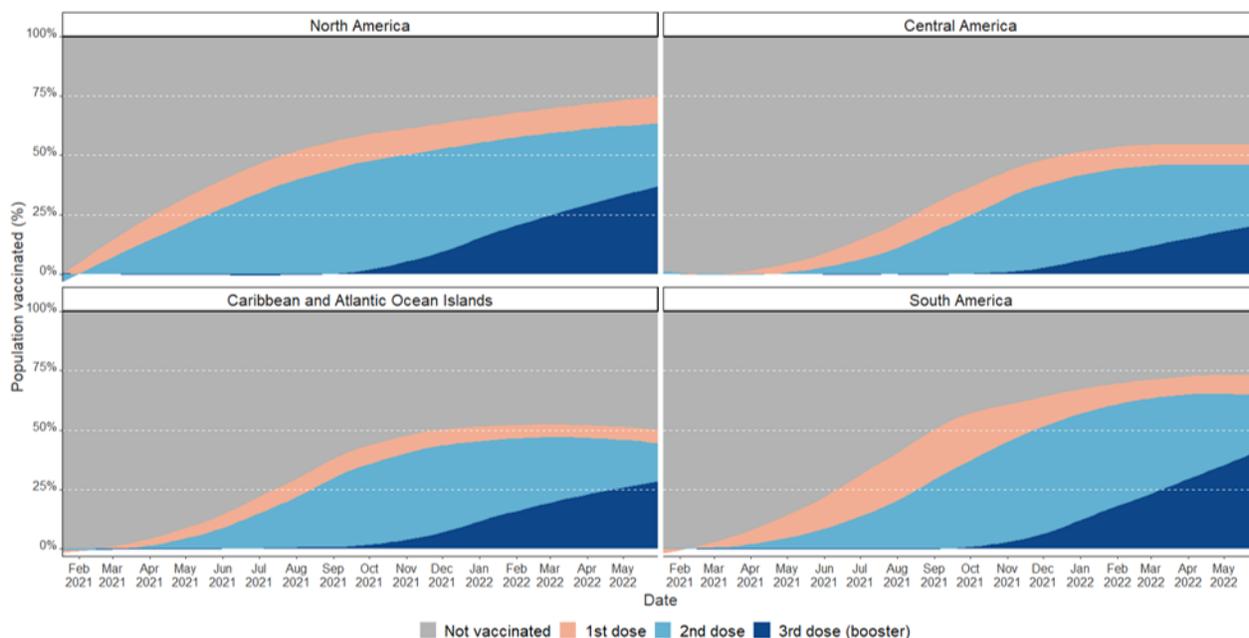
PAHO/WHO recommends that Member States continue efforts to increase the proportion of people vaccinated for COVID-19, especially in the countries/territories in the Central America and the Caribbean and Atlantic Ocean Islands subregions that have a lower proportion of persons vaccinated (**Figure 5**) and prioritizing vulnerable and high-risk populations.

To date, 22 studies have been conducted in 10 countries (Brazil, Canada, the Czech Republic, Denmark, Finland, Israel, Qatar, South Africa, the United Kingdom, and the United States of America), which have evaluated the duration of protection of five VOC Omicron vaccines (six studies evaluated the vaccine effectiveness (VE) of the primary vaccination series only, four evaluated the VE of the booster vaccine only, and 12 evaluated both). The findings of these studies show a reduced VE of the primary series of COVID-19 vaccines for the VOC Omicron (*severe disease, symptomatic disease, and infection*). The same was observed for the other VOCs. However, it is important to note that the VE estimates for VOC Omicron remain higher for avoiding *severe disease* in most studies (1).

In the Region of the Americas, since the beginning of the COVID-19 pandemic, periodic analyses of VE for COVID-19 have been carried out, including evaluations by types of SARS-CoV-2 variants in selected countries, as part of the collaboration activities through the Severe Acute Respiratory Infections Network (SARInet) and the Network for the Evaluation of the Effectiveness of the Vaccine in Latin America and the Caribbean-influenza (REVELAC-i), based on sentinel surveillance of severe acute respiratory infections (8).

Booster vaccination substantially improves VE for all outcomes and for all scheduled combinations with estimates available for both the primary series and booster vaccination. After booster vaccination, VE declines over time, to a greater extent for *symptomatic disease and infection* than for *severe disease*. Studies evaluating the EV of booster vaccination after six months are needed in order to assess prolonged protection (1).

**Figure 5.** Proportion of the population vaccinated for COVID-19 by dose, month, and subregion. Region of the Americas. January 2021 to May 2022.



**Source:** COVID-19 vaccination data. PAHO/WHO. Available at: <https://bit.ly/3xs98mZ>. Accessed 10 June 2022.

## Guidance for national authorities

The countries and territories in the Region of the Americas, with the support of the Pan American Health Organization / World Health Organization (PAHO / WHO), are making efforts to increase the proportion of the population immunized; however, there is still a latent risk of recurrent outbreaks, including subsequent hospitalizations and deaths, occurring in different areas within the same country, simultaneously or at different times. This could again lead to an increase in hospitalizations and deaths, mainly in those areas with a high proportion of the population not immunized or partially immunized.

PAHO/WHO calls for continued efforts to guarantee the population's access to vaccines for COVID-19, to diagnostic tests that guide clinical management, as well as to ensure the proper management of patients at all levels of the healthcare system, especially among vulnerable and high-risk populations.

Given the new increase in cases and deaths from COVID-19 in some subregions of the Americas, PAHO/WHO urges Member States to strengthen surveillance of SARS-CoV-2, influenza, and other respiratory viruses, in order to detect clinical, epidemiological, and/or virological changes, as well as changes in the trends of outpatient cases, hospitalizations, and/or deaths, mainly in areas with a higher proportion of the unvaccinated or partially vaccinated population and among populations with a higher risk<sup>5</sup> of developing severe forms of COVID-19. PAHO/WHO urges Member States to consider that the simultaneous circulation of other viruses, such as respiratory viruses in the pediatric population, is another variable that increases the demand for health services and intensive care by vulnerable and high-risk groups.

PAHO/WHO urges Member States to carry out risk communication campaigns for COVID-19 aimed at the general population, health workers, and especially vulnerable and high-risk populations.

Additional PAHO/WHO recommendations can be found in the COVID-19 Epidemiological Alerts and Updates, which are available at: <https://bit.ly/3MP3qB6>.

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<sup>5</sup> Patients with comorbidities, immunocompromised, over 60 years of age, pregnant women, displaced populations, populations living in overcrowded conditions, populations with difficulties in accessing health services, among others.

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

<p style="text-align: center;"><b>Surveillance, rapid response teams, and case investigation</b></p> <p style="text-align: center;"></p>	<p style="text-align: center;"><b>Clinical management</b></p> <p style="text-align: center;"></p>
<p>WHO resources available at: <a href="https://bit.ly/30zjmCj">https://bit.ly/30zjmCj</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36DJi3B">https://bit.ly/36DJi3B</a></p>	<p>WHO resources available at: <a href="https://bit.ly/3li6wQB">https://bit.ly/3li6wQB</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/3sadTxQ">https://bit.ly/3sadTxQ</a></p>
<p style="text-align: center;"><b>Laboratory</b></p> <p style="text-align: center;"></p>	<p style="text-align: center;"><b>Infection prevention and control</b></p> <p style="text-align: center;"></p>
<p>WHO resources available at: <a href="https://bit.ly/3d3TJ1g">https://bit.ly/3d3TJ1g</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/3oD2Gen">https://bit.ly/3oD2Gen</a></p>	<p>WHO resources available at: <a href="https://bit.ly/3d2ckuV">https://bit.ly/3d2ckuV</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/3nwyOaN">https://bit.ly/3nwyOaN</a></p>
<p style="text-align: center;"><b>Critical preparedness and response</b></p> <p style="text-align: center;"></p>	<p style="text-align: center;"><b>Travel, Points of entry, and border health</b></p> <p style="text-align: center;"></p>
<p>WHO resources available at: <a href="https://bit.ly/3ljWHBT">https://bit.ly/3ljWHBT</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36DJi3B">https://bit.ly/36DJi3B</a></p>	<p>WHO resources available at: <a href="https://bit.ly/3ivDivW">https://bit.ly/3ivDivW</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36DJi3B">https://bit.ly/36DJi3B</a></p>
<p style="text-align: center;"><b>Schools, workplaces, &amp; other institutions</b></p> <p style="text-align: center;"></p>	<p style="text-align: center;"><b>Other resources</b></p>
<p>WHO resources available at: <a href="https://bit.ly/3d66iJO">https://bit.ly/3d66iJO</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36DJi3B">https://bit.ly/36DJi3B</a></p>	<p>WHO resources available at: <a href="https://bit.ly/33zXqRQ">https://bit.ly/33zXqRQ</a></p> <p>PAHO/WHO resources available at: <a href="https://bit.ly/36DJi3B">https://bit.ly/36DJi3B</a></p>

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