Executive Summary

• **Since the onset of the pandemic** in 2020 and up to 29 April 2023, a cumulative total of 765 million COVID-19 cases including 6.9 million deaths were reported from all six WHO regions. During epidemiological week (EW) 16 & 17, cases and deaths decreased in all WHO Regions except for in SEARO.

• **Globally,** approximately 1,370,509 new COVID-19 cases were reported in EW 16 & 17 (16 April 2023 – 29 April 2023) - a -2.7% decrease compared to EW 14 & 15 (2 April 2023 - 15 April 2023) (**Figure 1**). For the same period, 8,138 new COVID-19 deaths were reported globally – a -11.9% relative decrease compared to the previous week.

• **In the Region of the Americas,** 330,034 cases and 3,570 deaths were reported in EW 16 & 17 – a -10.3% decrease in cases and -20.8% decrease in deaths compared to the previous 2 weeks.

• At the subregional level, COVID-19 cases increased in Central America and Caribbean and Atlantic Ocean Islands. Deaths increased in Central America.

• The overall biweekly case notification rate for the region of the Americas was 32.3 cases per 100,000 population during EW 16 & 17 compared to 36 cases per 100,00 in the previous 2 weeks.

• Among 27 countries/territories in the region with available data, COVID-19 hospitalizations increased in 3 countries and territories (range: 11.4% - 83.3%) during EW 16 & 17 compared to the previous 2 weeks. Among 16 countries and territories with available data, COVID-19 ICU admissions increased in 2 countries and territories (range: 42.9% - 85.6%).

**Figure 1:** COVID-19 cases and deaths by epidemiological week (EW) of report and WHO region. EW 4 2020 - EW 16 & 17 2023.
During EW 16 & 17, 330,034 new COVID-19 cases were reported in the region of the Americas - a relative decrease of -10.3% compared to previous 2 weeks (Figure 2). The highest number of COVID-19 cases in the last 2 weeks was reported from North America (213,744 cases, -10% decrease) compared to the previous 2 weeks. (Table 1). During EW 16 & 17, the highest proportion of biweekly COVID-19 cases at the national level were reported by United States of America (184,951 new cases, -10.9% decrease), Brazil (91,326 new cases, -8.1% decrease), Mexico (17,015 new cases, -4.6% decrease).

Table 1: Biweekly change (%) in cases and deaths between EW 14 & 15 and EW 16 & 17 by subregion. Region of the Americas

<table>
<thead>
<tr>
<th>Subregion</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Cases EW 14 &amp; 15</th>
<th>Deaths EW 14 &amp; 15</th>
<th>Cases EW 16 &amp; 17</th>
<th>Deaths EW 16 &amp; 17</th>
<th>% Change Cases</th>
<th>% Change Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean and Atlantic Ocean Islands</td>
<td>4,424,331</td>
<td>36,517</td>
<td>4,747</td>
<td>57</td>
<td>6,421</td>
<td>29</td>
<td>35.3%</td>
<td>-49.1%</td>
</tr>
<tr>
<td>Central America</td>
<td>4,274,360</td>
<td>54,436</td>
<td>3,518</td>
<td>7</td>
<td>5,218</td>
<td>30</td>
<td>48.3%</td>
<td>328.6%</td>
</tr>
<tr>
<td>North America</td>
<td>115,513,799</td>
<td>1,510,008</td>
<td>238,798</td>
<td>3,444</td>
<td>213,744</td>
<td>2,538</td>
<td>-10.5%</td>
<td>-26.3%</td>
</tr>
<tr>
<td>South America</td>
<td>68,228,618</td>
<td>1,347,942</td>
<td>121,089</td>
<td>1,000</td>
<td>104,651</td>
<td>973</td>
<td>-13.6%</td>
<td>-2.7%</td>
</tr>
</tbody>
</table>

For the same period, 3,570 COVID-19 deaths were reported in the region of the Americas - a relative decrease of -20.8% compared to previous 2 weeks (Figure 2). The highest number of COVID-19 deaths in the last 2 weeks was reported from North America (2,538 deaths, -26% decrease) (Table 1). At the national level, the highest proportion of biweekly COVID-19 deaths were reported by United States of America (2,244 new deaths, -25.7% decrease), Brazil (683 new deaths, 19.4% increase), and Canada (194 new deaths, -31.7% decrease).

A summary of the COVID-19 trends for EW 16 & 17 by subregion is presented below.
North America

The overall trends for COVID-19 cases have been decreasing in North America as of EW 16 & 17. During EW 16 & 17, the largest decline in cases were reported by Canada (11,778 cases, -11.9% decrease), followed by United States of America (184,951 cases, -10.9% decrease), and Mexico (17,015 cases, -4.6% decrease).

**Figure 3:** COVID-19 cases and deaths by epidemiological week (EW). **North America. Region of the Americas. EW 3 2020 - EW 16 & 17 2023.**

For the same period, biweekly COVID-19 deaths decreased by -26.3% in North America during EW 16 & 17 relative to the previous 2 weeks. The largest decline in deaths were reported by Canada (194 new deaths, -31.7% decrease), followed by Mexico (100 new deaths, -29.1% decrease), and United States of America (2244 new deaths, -25.7% decrease).

During EW 16 & 17, among the two countries in North America with available data for COVID-19 hospitalizations and ICU admissions, United States of America reported an increase in their biweekly COVID-19 hospitalizations and ICU admissions. In Canada, biweekly hospitalizations decreased, and biweekly ICU admissions decreased during EW 16 & 17 compared to the previous 2 weeks - (3,181 hospitalizations, -1.3% & 165 ICU admissions, -3.5%).

Central America

In Central America, the overall COVID-19 incidence for the subregion is on an upward trend with 5,218 new cases being reported during EW 16 & 17 – a 48.3% increase compared to the previous 2 weeks (Figure 4).

**Figure 4:** COVID-19 cases and deaths by epidemiological week (EW). **Central America. Region of the Americas. EW 6 2020 - EW 16 & 17 2023.**

The countries with the largest proportion of reported cases these 2 weeks included Costa Rica (2,344 new cases, 100% increase), Guatemala (1,441 new cases, -24.9% decrease), and Panama (1,376 new cases, -12.7% decrease).
During EW 16 & 17, biweekly deaths increased by approximately 328.6% relative to the previous 2 week period (Figure 4) with Honduras and Costa Rica.

Among four countries/territories with available data for COVID-19 hospitalizations and three countries with available data for COVID-19 ICU admissions, all countries reported or decrease or no change in EW 16 & 17 compared to the previous 2 weeks.

**South America**

In South America, the overall COVID-19 incidence for the subregion has decreased by -13.6%, with a total of 104,651 new COVID-19 cases being reported during EW 16 & 17 compared to the previous 2 week period (Figure 5).

**Figure 5:** COVID-19 cases and deaths by epidemiological week (EW). South America. Region of the Americas. EW 3 2020 - EW 16 & 17 2023.

Out of the 10 countries and territories the sub-region, 3 experienced an increase in cases during EW 16 & 17 with the largest decline in cases being reported by Chile (5,656 new cases, -59.4% decrease), followed by Ecuador (573 new cases, -42.6% decrease), and Uruguay (798 new cases, -14.7% decrease). During EW 16 & 17, a total of 973 COVID-19 deaths were reported in South America – a -2.7% decrease compared to the previous 2 weeks.

Among the 5 countries and territories in the subregion with data available for COVID-19 hospitalizations, Peru and Venezuela reported an increase in their biweekly COVID-19 hospitalizations. For the same period, Uruguay reported an increase in their biweekly COVID-19 ICU admissions.

**Caribbean and Atlantic Ocean Islands**

In the Caribbean and Atlantic Ocean Islands sub-region, COVID-19 cases increased by 35.3% (6,421 new cases) compared to the previous 2 weeks (Figure 6). At the national level, cases increased in 11 out of the 34 countries and territories in the subregion (range: 15.9% - 1950%) while they declined in the remaining 8 countries and territories.
For the same period, COVID-19 deaths decreased by -49.1% (29 deaths) in the Caribbean and Atlantic Ocean Islands subregion. 3 observed a relative increase in their biweekly deaths in EW 16 & 17 compared to the previous 2 weeks.

Immunization

An overview of the Vaccination coverage for completed primary series against COVID-19*, disaggregated by sex and country in the Region of the Americas, is reported here. The median coverage rate among men is 65% among the 18 reporting countries, while it is 68% among women. Most countries report higher vaccination rates among women than among men. Some countries report a difference up to 10 percentage points between the coverage rates of men and women.

*Based on the United Nations (UN) Population Prospects for 2021 and projections from the United States (US) Census Bureau for countries with 100,000 or fewer inhabitants
Genomic surveillance in the PAHO Region

Through PAHO’s Genomic Surveillance Regional Network and the work of Member States, 563,013 full genome sequences of SARS-CoV-2 from Latin America and the Caribbean have been uploaded to the Global Initiative on Sharing All Influenza Data (GISAID) platform up to 2 May 2023.

The vast majority of SARS-CoV-2 viruses circulating globally belong to sublineages of Omicron. According to the Pango Network nomenclature, Omicron comprises the BA.1 to BA.5 sublineages, which are in turn subdivided into diverse sublineages based on additional mutations that slightly change their genomic profile. Multiple sublineages arising from recombinations involving Omicron viruses have also been described.

Starting 15 March 2023, the WHO variant tracking system considers the classification of Omicron sublineages independently as variants under monitoring (VUM), variants of interest (VOIs), or variants of concern (VOCs), while Alpha, Beta, Gamma, Delta and the Omicron original lineages are classified as “previously circulating” VOCs. At present, in this classification, no lineage is classified as currently circulating VOC. The recombinant sublineage XBB.1.5 was classified as currently circulating VOI in January 2023 and, on 17 April, XBB.1.16 was added to the list of VOIs. An initial risk assessment for XBB.1.16 was also published. In summary, the risk assessment found that available information does not suggest that XBB.1.16 has additional public health risk relative to XBB.1.5 and the other currently circulating Omicron descendent lineages. Additionally, BQ.1.1 (a BA.5 sublineage), BA.2.75 and CH.1.1 (two BA.2 sublineages), and XBB, XBB.1.9.1, XBB.1.16 and XBF recombinants remain classified as currently circulating VUMs, while XBB.1.9.2 was added to the VUM list on 26 April.

Since the introduction of Omicron in the Americas, different sublineages have been predominant and have then progressively been replaced by new sublineages (Figure 8). BA.1 sublineages were dominant at the beginning of Omicron circulation, followed by a predominance of BA.2 sublineages from week 12 to 24 of 2022, and then by a combination of BA.4 and BA.5 from week 25 to 34. In weeks 34 to 40 of 2022, BA.5 sublineages continued their expansion and, since week 41, the proportion of recombinant lineages has been increasing. Currently, most circulating viruses are recombinant and, to a lesser extent, BA.5 sublineages, with some circulation of BA.2 sublineages (Figure 8). In fact, in the past eight weeks, recombinant lineages represented 84.4%, 79.7%, 98.0%, and 83.0% of the characterized samples in North America, the Caribbean, Central America, and South America, respectively. During the same period, BA.5 sublineages represented 8.2%, 2.8%, 1.2% and 5.5% of the characterized samples in North America, the Caribbean, Central America, and South America, respectively.

Within these main sublineages, most viruses currently circulating in the Americas correspond to VOI XBB.1.5 and, to a lesser extent, VUMs XBB.1.9.1 and XBB.1.9.2, and VOI XBB.1.16. In particular, XBB.1.5, first identified in the USA at the end of October 2022, has been detected in 29 countries and territories of the Americas. Since 26 March 2023, VOI XBB.1.5 (and sublineages) represented 72.9%, 63.3%, 88.5%, and 54.4% of the characterized samples in North America, the Caribbean, Central America, and South America, respectively. During the same period, VUM XBB.1.9.1 and XBB.1.9.2 (combined and including sublineages) represented 0.8%, 0.6%, 1.2%, and 0.5% of the characterized samples in North America, the Caribbean, Central America, and South America, respectively. VUM XBB.1.16 has been detected in Aruba, Brazil, Canada, Chile, French Guiana, Mexico, Puerto Rico, and the US, and has been increasing in Canada and the US during the past few weeks. Model-based projections estimate that XBB.1.16 represents 11.7% (95% CI: 9.2-14.6%) of the US sequences in week 17 of 20234.

2 WHO. Tracking SARS-CoV-2 variants. Available at: https://www.who.int/en/activities/tracking-sars-cov-2-variants/
3 WHO. XBB.1.16 Initial Risk Assessment. 17 April 2023. Available at: https://www.who.int/docs/default-source/coronaviruse/21042023xbb.1.16ra-v2.pdf
4 US CDC. COVID Data Tracker - Variant Proportions. Available at: https://covid.cdc.gov/covid-data-tracker/#variant-proportions
It is important to note that the number of SARS-CoV-2 sequences deposited in GISAID by PAHO Member States has significantly decreased compared to mid-2022 (Figure 9). This decrease, which is also observed in other regions, increases the risk of bias in the sublineage prevalence estimates reported above and reduces our collective ability to timely identify new emerging lineages or new variants. In this context, PAHO strongly encourages all countries in the Region to continue collecting representative samples for sequencing and to maintain appropriate COVID-19 genomic surveillance.

**Figure 8:** Proportions of VOC Omicron sublineages identified by the countries in the Region of the Americas (January 2022 - April 2023)

Source: GISAID

**Figure 9:** Number of weekly sequences generated in the Region of the Americas (January 2022 - April 2023)

Source: GISAID
This map (Annex 1) represents the COVID-19 case incidence per 100,000 population in the region of the Americas from February 2023 to April 2023.

In February, all subregions showed a relative decline in incidence rate compared to the previous month. South America presented the largest relative decrease in the region. Incident rates with over 250 cases per 100,000 pop were only observed in some states in the US, some regions of Puerto Rico, Chile and Brazil, and in Costa Rica.

In March, incident rates continued declining. Most countries and territories of the Americas presented incident rates under 500 cases per 100,000 pop, except Chile where some regions (Aysen, Magallanes y de la Antarctica Chilena, Rios, Nuble, and Atacama) showed incident rates between 500 and 1,000 cases per 100,000 pop.

In April, a slight increase in incident rates was observed in some countries and territories (Brazil, Venezuela, and Guyana). The highest incident rates in the region were found in Atacama in Chile, and in the State of Rio Grande so Sul in Brazil.