
WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—5 MAY 2021

5 MAY 2021

Good morning and I wish to thank you for joining today's press briefing.

Over the last week, more than 1.3 million people were infected with COVID in the Americas and more than 36,000 died from COVID-related complications.

Nearly 40% of all global COVID deaths reported last week took place right here in our region. Today, more Latin American countries than ever before are reporting more than 1,000 COVID cases a day. And our hospitals are fuller than ever.

We are still in the midst of an ongoing crisis.

Canada is continuing to report significant jumps in infections in highly populated provinces as Ontario as well as in less populated territories of the North and Yukon, which are home to remote and indigenous communities.

Puerto Rico and Cuba remain significant drivers of COVID cases in the Caribbean, although infections are also on the rise in many smaller islands. Anguilla, for example, has reported nearly 70% of its total COVID cases in just the last ten days. And in St Vincent and the Grenadines cases are increasing among internally displaced people following the recent eruption of the La Soufriere volcano.

In Central America, Guatemala is seeing significant spikes in cases and Costa Rica is reporting record-high infections. Across both countries, hospitals are full of patients – most of them under 70 years of age.

Cases are rapidly accelerating in the Guyanas, and across Argentina and Colombia, where weekly case counts are five times higher than they were this time last year. Hospitals are reaching capacity in Colombia's metropolitan cities and death rates have jumped by more than a quarter over the last week.

Despite all we learned about this virus in a year, our control efforts are not as strict, and prevention is not as efficient.

And we are seeing what happens when these measures are relaxed: COVID spreads, cases mount, our health systems become overwhelmed, and people die.

It's an eerily familiar picture – but one thing does look different now: and that is the patients themselves.

For much of the pandemic, our hospitals were filled with elderly COVID patients, many of whom had pre-existing conditions that made them more susceptible to severe disease.

These trends created a false sense of security among the younger populations, who, while fearful of the virus, weren't concerned about severe disease.

But look around the intensive care units across our region today, you'll see they're filled not only with elderly patients, but also with younger people.

Over the last few months, hospitalization rates among those under 39 years increased by more than 70% in Chile. In Brazil, the highest jumps in hospitalizations have been among people in their 40s. In some areas of the U.S., more people in their 20s are now being hospitalized for COVID-19 than people in their 70s.

Adults of all ages – including young people – are becoming seriously ill and many of them are dying.

In Brazil, mortality rates have doubled among those younger than 39, it has quadrupled among those in their 40s and tripled for those in their 50s between December 2020 and March 2021.

This is tragic and the consequences are dire for our families, our societies, and our future.

The time is overdue to adjust our response.

And countries must be prepared for what's in store.

Our region did a remarkable job expanding hospital capacity in 2020. Colombia, Panama, and the Dominican Republic doubled their ICU bed capacity, while Chile and Peru have tripled theirs and Mexico and Honduras nearly quadrupled their capacities in just a year's time.

But still, hospitals across the Americas are dangerously full.

With proper care and treatment, young people are more likely to survive COVID infections, but hospitalizations can take weeks, and countries must be prepared for a surge in demand.

If infections continue to rise at this rate, we expect that over the next three months, countries across our region will need to maintain and even increase their ICU bed capacity further.

Health workers also need support after operating in a "crisis mode" for so long. Where gaps exist, countries need to hire and train more – and more specialized – health personnel to ensure that every patient is receiving the high quality of care that they deserve.

But we also can't expand ICU capacity indefinitely. There are simply not enough health workers to hire and to train in time.

Which points us back to the best option: we must all recommit to a comprehensive response that is grounded in prevention and maintain health care for COVID-19 and other conditions.

Just as it was last year, our common goal should be to bring down this epidemic curve.

We know what it takes to get there: Social distancing, wearing masks and avoiding gatherings in closed spaces are the key to reduce transmission, especially as dangerous variants of concern circulate.

Countries must re-prioritize testing and contact tracing at the primary care level to protect the lives and livelihoods of our people. We must also strongly advise those who are sick to isolate themselves to avoid getting others sick.

Prioritizing prevention also means that we need to be proactive in our communication campaigns to remind younger, working-age populations of their risk, and the need to protect themselves – including by getting vaccinated when it's their turn.

But while vaccines are being rolled out as fast as possible, they are not a short-term solution – we can't rely on vaccines to bring down infections when there's not enough vaccines to go around. Indeed, they are one part of the comprehensive response that includes prevention through public health measures and improving readiness of health systems.

That's why we must do all we can to bend the curve to bring infections down, to save lives, and to ensure access to vaccines.