Good morning and thank you for joining today’s press briefing.

Over the last week, there were nearly 817,000 new COVID infections and over 18,000 COVID-related deaths reported in the Americas.

Cases are dropping across North America, although we’re seeing hospitalizations increase in Canada’s eastern provinces and deaths increase in Mexico.

COVID infections and deaths have gone down in most countries of Central America.

In South America, while most countries are seeing continued reductions in cases and deaths, Bolivia and Venezuela are reporting a rise in new infections.

However, the situation is more severe in the Caribbean.

The Dominican Republic and Barbados are reporting over 40% jumps in new cases over the last week—in fact, half of Barbados’s cumulative COVID infections since the pandemic began have been reported in the last month. Puerto Rico, Trinidad and Tobago, and Martinique are also seeing a jump in new infections. And cases remain high in Saint Martin, Saint Kits and Nevis, Anguilla, and the Cayman Islands.

So, we continue to urge countries—especially those in the Caribbean—to maintain and prioritize public health measures to control the spread of COVID. These measures, along with widespread vaccinations, are the best option to control outbreaks.

The good news is that 41% of people across Latin America and the Caribbean have been fully vaccinated but this is not an even coverage: some countries are higher, and others are much lower. And another 4.6 million COVAX vaccine doses will reach our region by the end of this week so more people can be protected.

But even as vaccine coverage increases, we’ll continue to see new infections throughout our region.

Today’s COVID vaccines are very safe. They are also highly effective in preventing severe disease and death and can stop most infections. Like other vaccines, COVID-19 vaccines were designed to save lives and protect us from the virus’s most serious symptoms, and they are clearly achieving that.
However, we need to continue to track and manage infections closely to detect and minimize community transmission.

So today, I want to spotlight surveillance efforts in our region.

Surveillance has always been the eyes and ears to guide our COVID response – from when the first case was detected in our region, as we navigated our pandemic peaks and as we continue to track emerging variants.

As we look to the future, surveillance and early warning, integral components of disease control, will remain essential to identifying new risks and managing and responding to this next phase of the pandemic.

To improve and evolve epidemic surveillance in the region, countries must act locally, they must act smarter and act together.

More and more we’re seeing how local hotspots are driving national trends.

That’s why health authorities should have a clear picture of what is happening at the local level and quickly communicate both the risks and the public health measures needed to reduce transmission.

By empowering local institutions – like laboratories, public health schools and universities – to diagnose new infections locally as part of the national surveillance efforts, local municipalities can detect risks more quickly and remain on the pulse of emerging trends.

Enhancing homegrown detection capacities also means ensuring that there are enough local testing sites and that clinicians know where, when and which COVID tests are worth sending for epidemiological surveillance.

To act smarter, countries should also look for ways to build on existing surveillance networks.

By integrating COVID-19 with surveillance activities for other respiratory viruses, like influenza, countries can monitor diseases more efficiently and sustainably.

Today, together with the U.S. Centers for Disease Control and Prevention in Atlanta (CDC), PAHO is working to implement a new PCR based multiplex protocol that would allow countries to simultaneously detect COVID-19 and influenza from the same sample.

As countries work to become more self-sufficient in their pandemic response, this new integrated testing strategy will help countries sustain their surveillance efforts.

Acting smart also means making the most of what the data tells us. That’s why PAHO has developed a modeling tool that tracks cases and forecasts short-term trends.

This modeling tool helps countries measure the impact of different public health measures to inform their responses.
Today, countries in the Caribbean including, Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Lucia, and Saint Vincent and The Grenadines, are leveraging these models to manage the ongoing outbreaks. And as the pandemic continues to evolve, we encourage countries to use this tool to design their responses and apply public health measures at the right time.

Finally, we also want to see countries continue to act together to improve our regional surveillance.

Thanks to the efforts of countries across the Americas, our region has built a robust and innovative surveillance network that enables us to keep a close eye on this virus and on the emergence and spread of COVID-19 variants.

Building on the legacy of our region’s longstanding influenza and other respiratory viruses surveillance and laboratory networks, we now have a robust network of 45 National Public Health labs – and that is growing – that runs COVID molecular tests from all over the Americas.

PAHO has been supporting the network by standardizing laboratory protocols, conducting trainings, and donating more than 21 million COVID PCR tests and nearly 18 million rapid diagnostic tests to countries across our region.

We must keep investing in and expanding this regional network.

This platform helps us track COVID-19 cases and can be adapted to identify other viruses and other emerging pathogens, serving as the region’s backbone for pandemic preparedness.

On another note, this week marks 30 years since the last case of polio in the Americas, a boy named Luis Fermin Tenorio in Peru, who later became a polio volunteer. This extraordinary accomplishment was made possible by mass vaccination efforts and robust epidemiologic surveillance that was underpinned by a strong network of laboratories. Our region was the first to do this.

Even though our region hasn’t seen a polio case due to wild poliovirus in 30 years, all our member states continue to monitor for polio and to vaccinate against the disease today so we can all be kept safe.

As we recognize World Polio Day this Sunday, we’re reminded of what this region can achieve when it works together to keep health threats in check, when we protect the most vulnerable, and ensure that all people have access to life-saving vaccines.