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# WEEKLY PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—3 NOVEMBER 2021

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Welcome and thank you for joining today's briefing.

Over the last week, the Region of the Americas reported more than 745,000 new COVID-19 infections and just over 18,000 COVID-related deaths. This is the 8th consecutive week that overall cases have declined in the region.

In North America, all three countries reported drops in weekly cases and deaths, and there has been a notable decline in hospitalizations in the United States and Canada.

There have been similar declines across most countries in Central America. After weeks of a persistent outbreak in Belize, I am pleased to report a nearly 20 percent decrease in cases and a 60 percent decrease in deaths.

The same downward trends are present in much of South America, save for a few exceptions that we are monitoring closely.

In all countries that are publishing data about the vaccination status of the hospitalized cases, a very high percentage of those hospitalized have not been immunized against the virus.

Consistent with the other parts of the region, cases and deaths are trending downward or remaining stable throughout much of the Caribbean.

However, Barbados continues to report its highest number of COVID-related infections and deaths since the start of the pandemic, and there are concerning shortages of hospital capacity in the Dominican Republic and Trinidad and Tobago.

The progress in our region is not a reason to become complacent or discontinue the public health measures that help keep us safe.

Quite the opposite – the decline in cases and deaths shows that our approach is working, and it is critical for all of us to stay the course until everyone is vaccinated and protected from the virus.

To date, 1.2 billion COVID vaccine doses have been administered across the Americas, and 46 percent of the population of Latin America and the Caribbean has been fully vaccinated.

At least 32 countries have already reached the WHO's target of 40 percent vaccination coverage, and several more are on track to reach and surpass it by the end of the year.

This progress is encouraging but not surprising, thanks to our region's strong immunization systems.

However, there are still several countries facing delays and 19 that remain below the 40 percent target.

PAHO is working closely with all these countries, especially Haiti, Nicaragua, Jamaica, St. Vincent and the Grenadines, and Guatemala, which are still below 20 percent coverage.

Vaccine inequity remains the biggest barrier to reaching our coverage targets.

The COVAX facility, with the support of PAHO's Revolving Fund, has delivered 64.3 million doses to the region. Roughly 30 percent of these vaccines, over 19 million doses, were donations by the United States, Spain, Canada, and other governments. We are thankful for these donations, which have improved the situation in the Americas.

We continue to expect allocations of vaccines from COVAX to accelerate in the coming weeks, so we urge countries to monitor their absorptive capacity and to continue to scale up vaccination operations. PAHO is providing technical cooperation to our member states in all relevant aspects to guarantee successful vaccination: communication strategy, training health care workers, adopting new strategies to facilitate the access of the population, and cold chain capacity. We are also supporting countries to overcome supply problems with syringes and diluents.

That means we must make investments in immunization capacity and staffing a top priority. Our investments today will pave the way for a strong recovery after the pandemic.

As more vaccines become available, countries need to make decisions about how to prioritize doses among their populations.

These decisions are ultimately up to individual countries based on the vaccination coverage and the availability of vaccines they have, but should always be based on evidence, equity, and the commitment to protect our most vulnerable. So, I want to reinforce the latest guidance from the WHO Strategic Advisory Group of Experts on Immunization (SAGE) on a couple of key topics.

The first is the bedrock of our vaccination strategy, that of vaccinating the most vulnerable.

In some countries, we have seen vaccine doses reaching all levels of the population before a high percentage of vulnerable groups are fully immunized.

PAHO urges countries to prioritize the elderly, frontline workers, and people with pre-existing conditions – to protect them, but also to prevent health systems from becoming overburdened with severe cases.

This recommendation by SAGE, an independent committee which advises WHO and PAHO, is based on the most robust evidence available. When vaccine availability is low, it is best to protect the most vulnerable first.

Once those at greatest risk are protected, the next step is to immunize a high percentage of the adult population. Only afterwards should countries consider vaccinating younger groups. We have no evidence at this time that vaccinating students should be a prerequisite for reopening schools.

This staged approach lays the best foundation for countries to reduce circulation of the virus and eventually get their economies and societies back on track.

The second is how to determine who needs an extra dose. Currently, we recommend providing an additional dose to only two groups:

1. People who are immunocompromised, regardless of which vaccine they took. These include cancer patients, HIV positive individuals, people taking some medicines like corticoids, and transplant recipients.
2. And people over the age of 60 who received an inactivated virus vaccine such as Sinovac or Sinopharm.

These individuals need an additional dose to be protected from severe disease and the risk of dying from COVID-19, and their vaccination cannot be considered complete until they have received their third shot.

There is not enough evidence yet to recommend booster shots for other groups who are fully immunized, especially when vaccine availability is limited and many in our region still have not received their first shot.

Our ability to quickly develop safe, effective vaccines against a new virus like COVID-19 has been a model of scientific innovation based on years of research, and our rollout of these vaccines is based on our vast public health experience in immunization programs.

PAHO continues to work tirelessly to make these vaccines available to everyone in the Americas.

But we are aware that most countries in the region still don't have enough doses to protect all adults, which makes it critical to follow expert guidance and maximize the impact of the doses that are available.

Vaccination alone is not enough, but combined with effective public health measures, it's our best strategy for reducing COVID-19 transmission and saving lives.