

Epidemiological Alert Coronavirus disease (COVID-19)

19 March 2022

In the context of the increase in COVID-19 cases, hospitalizations, and deaths reported mainly from countries in the WHO Regions of Africa, Europe, and the Western Pacific, the Pan American Health Organization / World Health Organization (PAHO/WHO) recommends Member States continue to prepare for and respond to a potential similar increase within the countries and territories in the Region of the Americas.

Situation Summary

Following 12 consecutive weeks of a substantial increase in weekly reported cases at the global level, a declining trend in COVID-19 cases has been observed since epidemiological week (EW) 4 of 2022, and in deaths (since EW 6 of 2022). However, in EW 10 of 2022, a relative increase in the global number of new cases was reported, as a result of increases in 3 of the 6 WHO Regions: Western Pacific (29%), Africa (12%), and Europe (2%)(1) (Figure 1).

At the global level, the countries that reported the largest relative increase in new cases during EW 10 of 2022 were: **Viet Nam** (65%), **the Republic of Korea** (44%), **the Netherlands** (42%), and **Germany** (22%) (1).

Additionally, at the global level, the variant of concern (VOC) Omicron is currently the predominant circulating variant and has displaced VOC Delta. Among the total number of sequences published in the GISAID platform in the last 30 days¹, 99% corresponded to VOC Omicron and 0.1% to VOC Delta. As of 18 March 2022, most of the VOC Omicron sequences published in the GISAID platform correspond to the **BA.1** (45.3%) BA.1.1 (37.8%) sublineages, while BA.2 accounts for **16.6% and BA.3 accounts for 0.03%** of the VOC Omicron sequences (Figure 2) (1, 2).

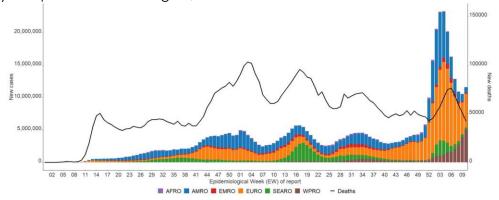
Key data:

- A relative increase in cases in the WHO Regions of the Western Pacific (29%), Africa (12%), and Europe (2%) compared to the number of cases reported the previous week.
- Since EW 3 of 2022, in the Region of the Americas, an overall declining trend in cases has been reported. However, at the national level, in EW 10 of 2022, there was a relative increase in cases of varying magnitudes in Aruba, Bermuda, Bolivia, Cuba, Dominica, French Guiana, Guadeloupe, Martinique, Montserrat, Saint Barthélemy, Saint Lucia, Saint Martin, Saint Pierre and Miquelon, and the United States Virgin Islands. Additionally, in EW 10, there was an increase in deaths of varying magnitudes reported in Barbados, Guadeloupe, Jamaica, Martinique, Saint Lucia, and Suriname.
- Globally, the variant of concern (VOC) Omicron has displaced VOC Delta. Most of the VOC Omicron VOC published in the GISAID platform correspond to the BA.1 and BA.1.1 sublineages, followed by the BA.2 and BA.3 sublineages.

Suggested citation: Pan American Health Organization / World Health Organization. Epidemiological Update: Coronavirus disease (COVID-19). 19 March 2022, Washington, D.C.: PAHO/WHO; 2022

¹ Data as of 13 March 2022

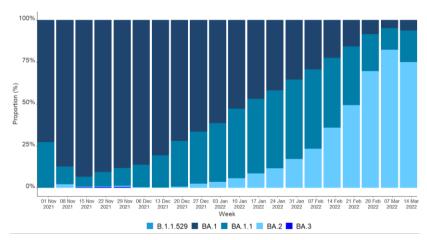
Figure 1. Global distribution of confirmed COVID 19 cases and deaths, by epidemiological week (EW) of report and WHO Region, as of EW 10 of 2022.



Note: AFRO: WHO Regional Office for Africa; AMRO: WHO Regional Office for the Americas; EMRO: WHO Regional Office for the Eastern Mediterranean; EURO: WHO Regional Office for Europe; SEARO: WHO Regional Office for South-East Asia; WPRO: WHO Regional Office for the Western Pacific

Source: WHO Coronavirus (COVID-19) data reproduced by PAHO/WHO. Available at: https://covid19.who.int/info/. Accessed on 18 March 2022.

Figure 2. Percent distribution of VOC Omicron (B.1.1.529 + BA.x) sublineage sequences globally by week published in GISAID. As of 18 March 2022.



Source: GISAID. Available at: https://bit.ly/3qA9nXI. Accessed on 18 March 2022.

Since January 2022, according to the sequences published in the GISAID platform, in the Region of the Americas, VOC Omicron has displaced VOC Delta² and remains the predominant variant; most of them correspond to the BA.1.1 and BA.1 sublineages. As of 14 March 2022, in the North America subregion³, 54.9% of VOC Omicron sequences correspond to sublineage BA.1.1, followed by BA.1 (43.7%), BA.2 (1.3%), and BA.3 (0.001%); in the Central America⁴ and Caribbean and Atlantic Ocean Islands⁵ subregions, 70.8% of sequences in these subregions combined correspond to the BA.1.1 sublineage, followed by BA.1 (27.9%) and BA.2 (0.7%); and in the South America subregion⁶, 71.2% of sequences correspond to the BA.1 sublineage, followed by BA.1.1 (28.1%) and BA.2 (0.3%) (2).

² Pan American Health Organization/World Health Organization. Epidemiological Update: SARS-CoV-2 variants in the Region of the Americas. 1 December 2021. Washington, D.C. PAHO/WHO. 2021. Available at: https://bit.ly/3N3RPzv

Canada, Mexico, and the United States of America
 Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, and Panama

⁵ Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bermuda, Bonaire, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Falkland Islands, French Guiana, Grenada, Guadeloupe, Guyana, Haiti, Jamaica, Martinique, Montserrat, Puerto Rico, Saba, Saint Kitts and Nevis, Saint Lucia, San Bartolomé, Saint Martin, Saint Pierre and Miquelon, Saint Vincent and the Grenadines, Sint Eustatius, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos Islands, and the United States Virgin Islands.

⁶ Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela.

In the WHO Regions of Africa, Europe, and the Western Pacific, VOC Omicron has been the predominant variant reported since January 2022. With regards to VOC Omicron sublineages reported in the three Regions, the number of sequences published in the GISAID platform that correspond to the BA.2 sublineage has increased substantially from approximately 10 weeks ago, positioning itself as the predominant sublineage since February 2022. In some countries where a recent increase in cases has been identified (Viet Nam, the Netherlands, and Germany), the BA.2 sublineage has been the predominant reported sublineage since February 2022, while in Hong Kong, Special Administrative Region of the People's Republic of China, where a recent surge in cases has been observed, the BA.2 sublineage has been the predominant sublineage since mid-January 2022. In contrast, in the Republic of Korea, the BA.1.1 sublineage has been the predominant sublineage; however, during the previous week, the proportion of the BA.2 sublineage has doubled from 12.5% to 26% (2).

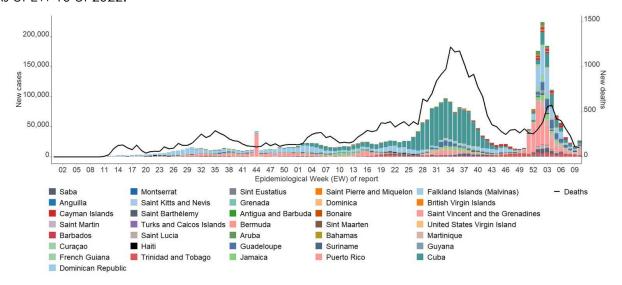
In the Region of the Americas

Since EW 3 of 2022 to date, in the Region of the Americas a decreasing trend in the number of reported cases has been reported in all of the subregions, except for the **Caribbean and Atlantic Ocean Islands subregion** (**Figure 3**), which in EW 10, experienced a 51% relative increase in reported cases compared to the previous week. Specifically, the following countries and territories in the Americas reported an increase in cases in EW 10 compared to the previous week: **Aruba** (66%), **Bermuda** (50%), **Bolivia** (5%), **Cuba** (1%), **Dominica** (21%), **French Guiana** (125%), **Guadeloupe** (21%), **Martinique** (326%), **Montserrat** (100%), **Saint Barthelemy** (147%), **Saint Lucia** (19%), **Saint Martin** (36%), **Saint Pierre and Miquelon** (550%), and the **United States Virgin Islands** (319%) (3).

According to available information in EW 10 of 2022, there was a relative increase in hospitalizations compared to the previous week in **Bermuda** (71%) and **Panama** (2%) (3).

Additionally, in EW 10 of 2022, a relative increase in COVID-19 deaths compared to the previous week was reported in **Barbados** (133%), **Guadeloupe** (400%), **Jamaica** (36%), **Martinique** (800%), **Saint Lucia** (150%), and **Suriname** (50%) (3).

Figure 3. Distribution of confirmed COVID-19 cases and deaths by country/territory and by epidemiological week (EW) of report. The Caribbean and Atlantic Ocean Islands subregions. As of EW 10 of 2022.

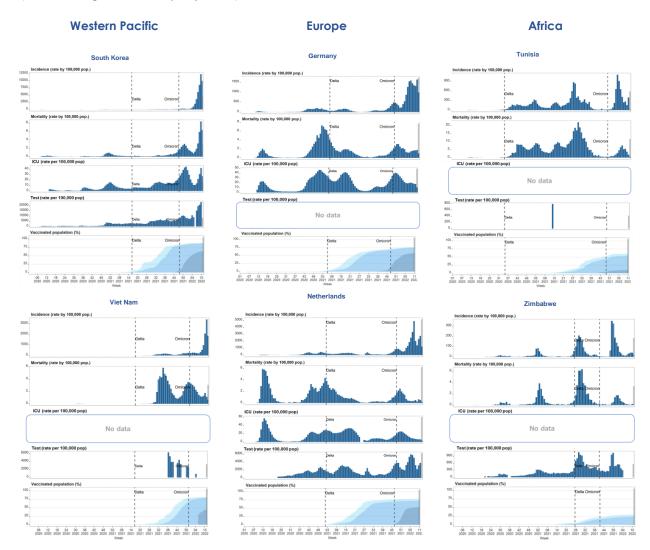


Source: Information received from the International Health Regulations (IHR) National Focal Points (NFPs) or published on the websites of the Ministries of Health, Health Agencies, or similar and reproduced by PAHO/WHO.

In the WHO Regions of Africa, Europe, and the Western Pacific

In EW 10 of 2022, several countries in the WHO Regions of Africa, Europe, and the Western Pacific have reported an increase in COVID-19 cases, hospitalizations, and deaths. Figure 4 shows the upward trend of these indicators and the positivity rates and vaccination coverage of select countries in these three Regions. Of note, in the WHO Region of the Western Pacific, the increase in cases was reported 7 weeks after the Lunar New Year celebrations. In the WHO Region of Europe, the increase in COVID-19 is partly a result of transmission among the non-immunized or partially immunized populations, amongst other factors; in addition, population displacement occurring in relation to the conflict in Ukraine has the potential to increase risk of transmission (5, 6).

Figure 4. Distribution of COVID-19 cases, deaths, hospitalizations, intensive care unit (ICU) admissions, positivity rate, and vaccination coverage with the primary series, in select countries in the WHO Regions of Africa (4, 7), Europe (4, 8), and the Western Pacific (4, 9), by epidemiological week (EW) of report. As of EW 10 of 2022.



Source: Data from the WHO COVID-19 database and Our World in Data and reproduced by PAHO/WHO. Available at: https://covid19.who.int and <a href="https://covid19.who.int and <a href="https://covid19.who.int and <a href="https://covid19.who.int and <a href="https://covid19.who.in

Guidance for national authorities

While there has been an overall sustained decrease in reported COVID-19 trends in most of the countries and territories in the Region of the Americas, and even considering efforts at the regional level to increase the proportion of the immunized population, there remains an underlying risk of another increase in cases, hospitalizations, and deaths in this Region, particularly in areas with higher proportions of the population that are not immunized or that are partially immunized.

Given the latest increase in cases in the WHO Regions of Africa, Europe, and the Western Pacific, as well as an initial increase in cases and deaths in the Caribbean and Atlantic Ocean Islands subregion in the WHO Region of the Americas, PAHO/WHO urges Member States to remain alert in detecting clinical, epidemiological, and virological changes and changes in the trends of cases, hospitalizations, and/or deaths, mainly in areas with a higher proportion of unvaccinated or partially vaccinated populations, and in most-at-risk populations of developing severe forms of COVID-19 (patients with comorbidities, immunocompromised, over 60 years of age, pregnant women, populations living in overcrowded conditions, or populations with difficulties in accessing health care services, among others).

PAHO/WHO also urges Member States to make efforts to continue implementing surveillance for COVID-19, including establishing and maintaining adequate genomic surveillance (PAHO/WHO recommendations are available at: https://bit.ly/3im5x2o), preparing health services to respond to an increase in outpatient cases and hospitalizations (including ICU admissions), and keeping response plans updated.

Additional recommendations are listed in the PAHO/WHO COVID-19 Epidemiological Alerts and Updates, available at: https://bit.ly/3tpHSVo.

References

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- 9. WHO Western Pacific Regional Office. COVID-19 Situation Reports. Available at: https://bit.ly/3qcZP7E

- 10. PAHO/WHO. COVID-19 Genomic Surveillance Regional Network. Available at: https://bit.ly/3im5x20
- 11. European Centre for Disease Prevention and Control (ECDC). Interim analysis of COVID-19 vaccine effectiveness against Severe Acute Respiratory Infection due to laboratory-confirmed SARS-CoV-2 among individuals aged 30 years and older, ECDC multi-country study second update. 14 March 2022. Available at: https://bit.ly/36p04FB

Additional Resources

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

Surveillance, rapid response teams, and case investigation	Clinical management
WHO resources available at: https://bit.ly/30zjmCj	WHO resources available at: https://bit.ly/3li6wQB
PAHO/WHO resources available at: https://bit.ly/36DJi3B	PAHO/WHO resources available at: https://bit.ly/3sadTxQ
Laboratory	Infection prevention and control
WHO resources available at: https://bit.ly/3d3TJ1g	WHO resources available at: https://bit.ly/3d2ckuV
PAHO/WHO resources available at: https://bit.ly/3oD2Qen	PAHO/WHO resources available at: https://bit.ly/3nwyOaN
Critical preparedness and response	Travel, Points of entry, and border health
WHO resources available at: https://bit.ly/3ljWHBT	WHO resources available at: https://bit.ly/3ivDivW
PAHO/WHO resources available at: https://bit.ly/36DJi3B	PAHO/WHO resources available at: https://bit.ly/36DJi3B
Schools, workplaces, & other institutions	Other resources
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WHO resources available at: https://bit.ly/3d66iJO	WHO resources available at: https://bit.ly/33zXgRQ
PAHO/WHO resources available at: https://bit.ly/36DJi3B	PAHO/WHO resources available at: https://bit.ly/36DJi3B