
PRESS BRIEFING ON COVID-19 DIRECTOR'S REMARKS—7 SEPTEMBER 2022

7 SEPTEMBER 2022

Good morning. Thank you for joining today's press briefing on COVID-19 and monkeypox transmission in our region.

Over the last several weeks, COVID-19 cases, hospitalizations and deaths have decreased across the Americas.

Despite these trends, however, hundreds of people are still dying every day from COVID-19 across our region. Just last week we had 4,954 reported deaths in the Americas.

Compared to other diseases, COVID-19 is still a significant threat to our population and to our health systems.

We must not and cannot be complacent, because this virus is still circulating, still evolving, and new variants can still emerge.

Yet countries have significantly scaled back their public health measures while millions remain unvaccinated.

Member States must make every effort to reach their zero-dose populations.

Today, most of the vaccines delivered in the Americas are boosters for people who have already been immunized.

This is important, but 10 countries and territories in our region have yet to fully vaccinate even 40% of their populations.

And across every country in our region, there are still groups that have not received even a single COVID-19 vaccine dose.

Unvaccinated people will be the most affected when the next wave of cases comes. And that's why we must prioritize reaching those who remain unprotected.

This includes our kids, many of whom are going back to school this month.

Indeed, parents should be encouraged to get their children up to date on all their shots, including any vaccines that they may have missed over the last few years.

Now I want to focus on monkeypox, since the Americas have once again become the epicenter of a global disease outbreak.

Monkeypox was declared a public health emergency of international concern in July by the WHO.

And our region is now home to the highest burden of monkeypox cases worldwide.

As of September 6th, over 30,000 monkeypox cases have been reported in the Americas, with most cases concentrated in the United States of America, Brazil, Peru and Canada.

Thus far, most confirmed cases are among men who have sex with men. Although at least 145 cases have been reported in women, and 54 cases among people under the age of 18.

So far, four monkeypox-related deaths have been reported in Brazil, Cuba and Ecuador.

During an August special session of the PAHO Directing Council, Member States requested support in obtaining access to the monkeypox vaccine.

Since then, PAHO's Revolving Fund for vaccines secured a deal with Bavarian Nordic, making ours the first WHO region to make monkeypox vaccines available to Member States.

But doses remain limited, so PAHO has issued recommendations to Member States to prioritize available doses for high-risk groups.

With vaccines in short supply and with no effective treatment for monkeypox, countries should intensify efforts to prevent the spread of the virus in our region.

And we have the means to slow down this virus.

First, and most critically, is effective communication.

In too many countries across our region, LGBTQ+ communities face stigma and discrimination that impacts their health and wellbeing.

Stigma has no place in public health. It prevents those at risk from accessing information, getting tested, or seeking medical attention when they show symptoms.

If we aren't proactive in overcoming these barriers, monkeypox will spread in silence.

Countries should leverage their HIV/AIDS experience and establish active awareness campaigns, using pragmatic, honest, targeted messages, so that everyone knows how monkeypox is spread, how to identify specific symptoms and when to seek medical attention.

PAHO has been working actively with civil society and LGBTQ+ communities across the region to raise awareness about monkeypox symptoms, and to provide information about preventive measures.

We've also published guidance for health authorities on how to communicate with at-risk groups and we've had several workshops to support country efforts to engage affected communities.

Beyond communication, surveillance and testing are our best allies against monkeypox.

If we don't know who's infected or at risk of being infected, we don't know where to focus our efforts.

Countries should increase and decentralize their capacity for testing, specifically for high-risk populations. And our health workers and community outreach workers must be trained to identify symptoms and to provide their patients with correct information as well as high-quality, respectful care.

PAHO has held trainings and provided resources to at least 37 countries and territories in our region to do just that. And we're working to ensure that all countries in our region have enough supplies and updated guidance to maintain monkeypox testing.

As we saw with the global COVID-19 response, access to resources and sustained collaboration are key to stopping a virus.

We should not waste time in applying this lesson to monkeypox, or we risk allowing this outbreak to worsen.

We must work to break down stigmas and discrimination, or our most at-risk populations will not seek care.

And we must make all efforts possible ensure that the limited supplies of vaccines and other essential tools reach the populations at the highest risk, first.

Whether we are talking about COVID, monkeypox or other threats, an effective public health response requires us to be decisive, to act fast and prioritize support for the most vulnerable in our Region.

And that is how we will get through this, together.

Thank you.