

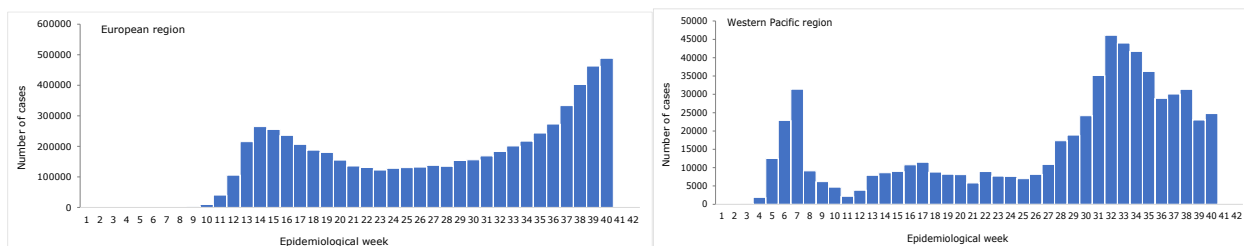
In April 2020, the World Health Organization (WHO) alerted on the occurrence of recurrent waves and outbreak, of greater or lesser magnitude, during the evolution of the COVID-19 pandemic. This situation is observing in some areas within and outside the Region of the Americas. Through this Epidemiological Alert, the Pan American Health Organization / World Health Organization (PAHO/WHO) urges Member States to prepare and implement action plans to face a rapid resurgence in cases while maintaining efforts to detect, diagnose, and manage cases at all levels of care.

Introduction

Since the confirmation of the first COVID-19 cases and until 5 October 2020, a total of 35,109,317 COVID-19 cases have been reported globally, including 1,035,341 deaths. The Region of the Americas accounts for 49% of the total cases and 55% of the total deaths reported globally.

The analysis of trends in COVID-19 cases at the global level, by WHO Region, shows a new increase in cases in the WHO European Region and the WHO Western Pacific Region (**Figure 1**).

Figure 1. Distribution of COVID-19 confirmed cases by epidemiological week in the WHO European Region and WHO Western Pacific Region. January to October 2020.



Source: WHO Coronavirus Disease (COVID-19) Dashboard. Available at: <https://covid19.who.int>, accessed on 6 October 2020

In the Region of the Americas, 10 of the 54 countries and territories reported an increase in COVID-19 cases and deaths in the last 60 days¹. The countries/territories that modified their

¹ Between 5 August and 5 October 2020.

COVID-19 transmission classifications due to increased intensity of COVID-19 transmission are Aruba, Belize, the British Virgin Islands, Curaçao, Guadeloupe, Jamaica, Martinique, Saint Barthelemy, Saint Martin, and Trinidad and Tobago. During this period, Aruba, Belize, Curaçao, Guadeloupe, and Trinidad and Tobago had a >90% relative increase in confirmed cases (range 94% to 97%).

With respect to deaths, a relative increase was observed in 7 of these 10 countries/territories: Aruba, Belize, Guadeloupe, Jamaica, Martinique, Saint Martin, and Trinidad and Tobago, ranging from 29% to 93%.

Comparing the number of new cases reported in the 7-day period from 29 September to 5 October with that reported during the previous 7-day period (22-28 September), there was a relative increase in cases in 10 countries/territories, ranging from 10%-50%: Antigua and Barbuda, Argentina, Barbados, Belize, Canada, the Cayman Islands, Honduras, Martinique, Paraguay, and Uruguay. With respect to deaths, a relative increase of more than 50% was observed in 9 countries/territories: Argentina, Canada, Ecuador, El Salvador, French Guiana, Guadeloupe, Trinidad and Tobago, Turks and Caicos Islands, and the United States Virgin Islands.

According to available data from some countries such as Cuba, Spain, the United States of America, and the United Kingdom, a higher proportion of youth and young adults with COVID-19 has been observed during the current epidemic wave, as well as a decrease in hospitalization rates. However, the distribution of deaths due to COVID-19 remains the same as previously observed, with the highest mortality rate among older adults. Of note, the different characteristics between cases and deaths may vary between countries and territories, and at the sub-national level, and as the data is corrected and adjusted.

The following is a summary of the COVID-19 epidemiological situation in some countries reporting new increases in cases within and outside of the Region of the Americas.

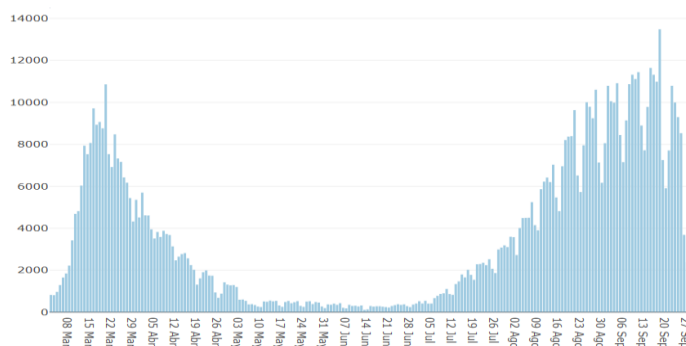
European Region

In **Spain**, since February 2020 to 30 September 2020, the cumulative number of confirmed cases of COVID-19 reported was 769,188, including 31,791 deaths.²

Following a stabilization in the number of new COVID-19 cases reported between 11 May and 1 July 2020, an increase in COVID-19 cases was observed indicating a new epidemic wave (**Figure 2**).

² Spain Ministry of Health. Update No. 218 Coronavirus Disease (COVID-19), 30 September 2020. Available at: <https://bit.ly/30oWRzK>

Figure 2. Distribution of cases of COVID-19, by date of onset of symptoms (or date of diagnosis in asymptomatic patients).³ Spain, 1 March to 28 September 2020.



Source: Data published by the Carlos III Health Institute of Spain⁴ and reproduced by PAHO/WHO.

With respect to the characteristics of the cases, comparing the period from February to 10 May 2020⁵ with the period from 11 May to 23 September 2020⁶, the highest proportion of cases during the first period were among persons over 50 years of age, while during the second period, the highest proportion was observed among persons between 15 and 54 years of age.

When comparing the characteristics of confirmed cases during these two periods, important differences are observed in the median age, proportion of hospitalized patients, cases admitted to intensive care units (ICU), and deaths (**Table 1**).

³ Epidemic curve of the pandemic. Data obtained from individualized data reported to the National Epidemiological Surveillance Network (RENAVE). It is important to note that all results are provisional and should be interpreted with caution because the information provided is that which is available at the time of data extraction.

For the calculation of all parameters, from the start of the pandemic to 10 May, the date of onset of symptoms is used or, failing that, the date of diagnosis minus 6 days. As of 11 May, for symptomatic cases the date of onset of symptoms is used or, failing that, the date of diagnosis minus 3 days; in asymptomatic cases, the date of diagnosis is used.

⁴ Carlos III Health Institute of Spain. Situation and evolution of the COVID-19 pandemic in Spain. COVID panel. Available at: <https://cnecovid.isciii.es/covid19/#ccaa>

⁵ Carlos III Health Institute. Report N°29. Situation of COVID-19 in Spain as of 7 May 2020. Available at: <https://bit.ly/3czdQnV>

⁶ Carlos III Health Institute. Report N°45. COVID-19 situation in Spain as of 23 September 2020. Available at: <https://bit.ly/3czdQnV>

Table 1. Characteristics of confirmed cases of COVID-19 in Spain, February to 10 May 2020 and 11 May to 23 September 2020.

Characteristics of the cases	Percentage distribution	
	Report	Report
	February - 10 May 2020	11 May -23 September 2020
Proportion of women	56%	52%
Median age (range)	60 (46-78)	39 (24-54)
Hospitalization	45%	4.8%
Admission to ICU	5%	0.4%
Deaths	8%	0.6%

Source: Data published by the Carlos III Health Institute of Spain Situation Reports on COVID-19 and reproduced by PAHO/WHO.

When comparing the characteristics of deaths reported during the period from February to 10 May with the period from 11 May to 23 September, the age group 70 years and older represents 86% of the deaths during the first period and 84% during the second period. Notably, 65% (20,534) of deaths occurred during the first period, February to 10 May 2020.⁷

Another characteristic observed during the epidemic wave that began in early July in Spain is the occurrence of local outbreaks of COVID-19. From mid-June to 2 August 2020, 673 outbreaks were reported nationwide⁸, of which 551 of which were active (>6,200 cases) as of 2 August. More than half of these outbreaks and cases coincided with social activities (family and friend gatherings or places of recreation) and occupational settings (mainly involving workers in vulnerable settings).⁹

In the **United Kingdom**, between 27 January 2020 and 1 October 2020, the cumulative number of COVID-19 cases reported was 460,768, including 42,202 deaths¹⁰.

After a stabilization in the number of cases between 1 June and 23 August 2020, a new increase in COVID-19 cases was observed (**Figure 3**)

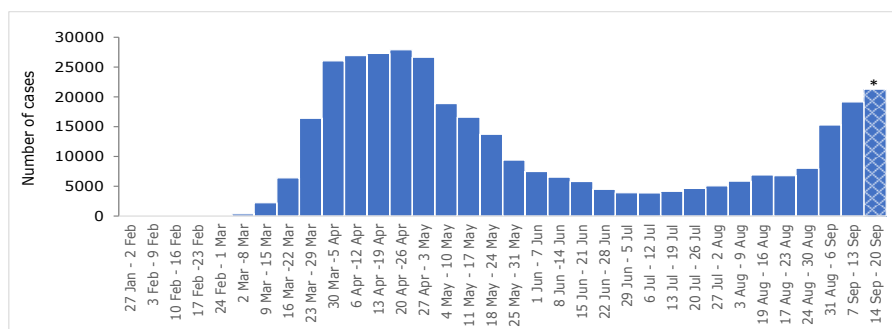
⁷ Carlos III Health Institute of Spain. Analysis of COVID-19 cases notified to RENAVE until May 10 in Spain. COVID-19 Report No. 33. May 29, 2020. Available at: <https://bit.ly/30S3w63>

⁸ Outbreaks in homes are excluded.

⁹ The national COVID-19 outbreak monitoring group. COVID-19 outbreaks in a transmission control scenario: challenges posed by social and leisure activities, and for workers in vulnerable conditions, Spain, early summer 2020. Euro Surveill. 2020; 25 (35: pii = 2001545. [https://doi.org/10.2807/1560-7917](https://doi.org/10.2807/1560-7917.ES.2020.25.35.2001545).

¹⁰ Public Health England. U.K. Summary on COVID-19. Available at: <https://coronavirus.data.gov.uk/> accessed on 1 October 2020.

Figure 3. Distribution of confirmed cases of COVID-19, by date of sample collection. United Kingdom, 27 January – 20 September 2020.



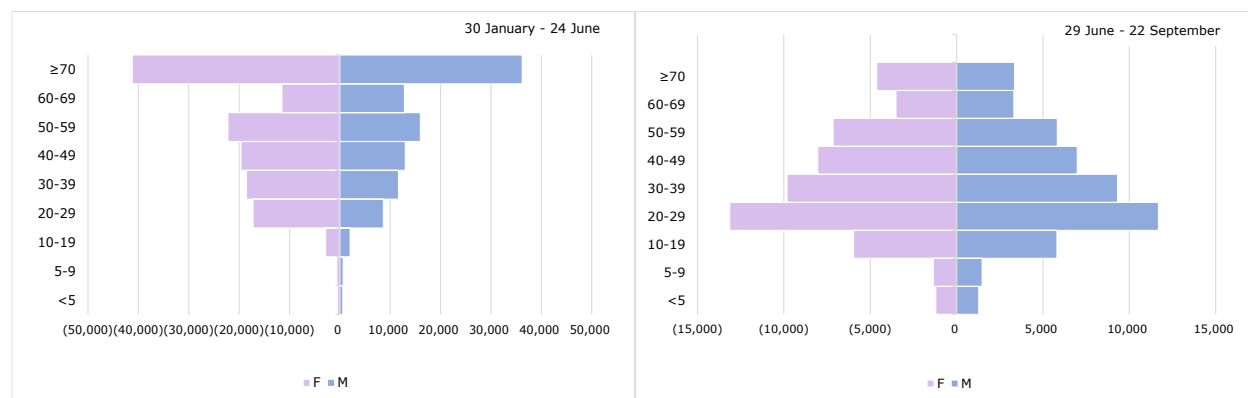
* The most recent week is a partial week and only data from more than five days ago can be considered complete. The data are shown by the week the specimen was collected. All data may be subject to change over time.

Source: Data published by Public Health England¹¹ and reproduced by PAHO/WHO.

Of the total cases reported as of 1 October, 104,816 (23%) occurred between 29 June and 22 September¹¹. Of the 104,816 cases, 57% correspond to the age group between 20 and 49 years old, while during the period between 30 January and 24 June 2020, that same age group accounted for 38% of cases and the age group 50 years and older accounted for 59% of the cases¹² (**Figure 4**).

Regarding deaths, 38,568 (91%) occurred between 30 January and 24 June. When comparing the characteristics of cases that died between 30 January and 24 June with the period between 29 June and 22 September, no differences were observed in the proportion of deaths among the group ≥ 70 years, representing 82% and 83%, respectively.

Figure 4. Comparison of the distribution of COVID-19 cases by age group. United Kingdom, 30 January to 24 June and 29 June to 22 September 2020.



Source: Data published by Public Health England^{11,12} and reproduced by PAHO/WHO

¹¹ Public Health England. National COVID summary report: 25 September 2020 (Week 39). Available at: <https://bit.ly/33aV3Mw>

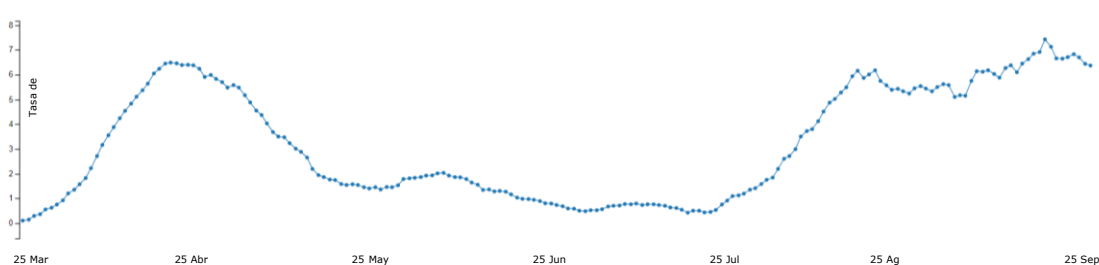
¹² Public Health England. National COVID summary report: 25 June 2020 (Week 26). Available at: <https://bit.ly/33aV3Mw>

Region of the Americas

In **Cuba**, since the first cases of COVID-19 were confirmed¹³ and until 29 September 2020, the cumulative number of COVID-19 cases reported was 5,597, including 122 deaths.

Between June and July 2020 there was a stabilization in incidence rates, after which an increase in cases was observed beginning in August, mainly due to a resurgence of autochthonous transmission in Havana and outbreaks in other provinces such as Artemisa, Villa Clara, and Pinar del Río¹⁴ (**Figure 5**). From August until 29 September, the increase in cases continued in provinces such as Artemisa, Villa Clara, Matanzas, Pinar del Río, and more recently Ciego de Ávila, while Havana continues to concentrate most of the active cases.

Figure 5. Incidence rate of confirmed COVID-19 cases per 100,000 population. Cuba, 25 March to 29 September 2020.



Source: Data published by the Center for Demographic Studies (CEDEM) of the University of Havana, Cuba¹⁵ and reproduced by PAHO/WHO.

In Cuba, similar to observations in other countries, there was also a change in the characteristics of confirmed cases. Comparing the period between 11 March and 2 July 2020 with the period between 3 July and 2 September, a shift towards younger ages was observed in the latter period, with those under 44 years of age representing 57% of the cases. During the first period, the highest incidence rate corresponded to 75 to 84-year-olds (28.83 cases per 100,000 population), while, during the second period, the highest incidence rate corresponded to 30 to 44-year-olds (**Figure 6**).¹⁶

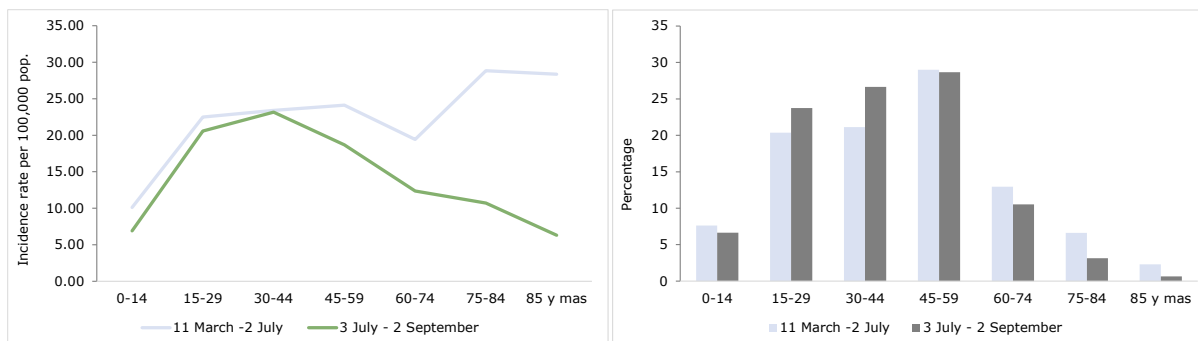
¹³ 11 March 2020

¹⁴ Center for Demographic Studies (CEDEM) of the University of Havana. INFOPOB Newsletters, COVID-19 Special Edition N°9. Available at: <https://bit.ly/342mzej>

¹⁵ COVID-19. Cuba Data. Available at: <https://bit.ly/30nZYrl>, accessed October 1, 2020.

¹⁶ Center for Demographic Studies (CEDEM) of the University of Havana. INFOPOB Newsletters, COVID-19 Special Edition N°10. Available at: <https://bit.ly/342mzej>

Figure 6. Comparison of incidence rates and percent distribution of confirmed COVID-19 cases, by age group. Cuba, 11 March to 2 July 2020 and 3 July to 2 September 2020.



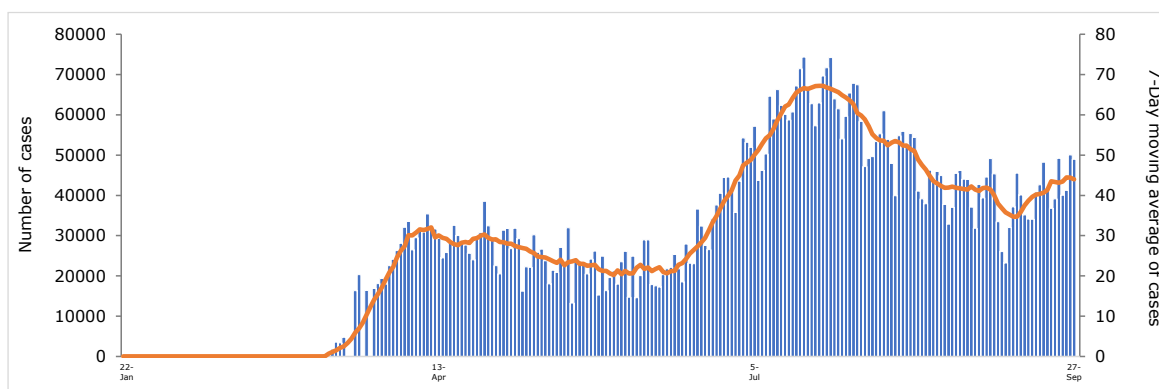
Source: Data published by the Center for Demographic Studies (CEDEM) of the University of Havana in the INFOPOB Bulletins, COVID-19 Special Edition and reproduced by PAHO/WHO.

With respect to COVID-19 deaths reported in Cuba, the majority (85%) occurred between 11 March and 2 July 2020.

In the **United States of America**, since the first confirmed COVID-19 case¹⁷ and until 27 September 2020, there were 7,009,110 confirmed cases of COVID-19 reported, including 203,329 deaths.

Since mid-June, an increase in the number of new cases has been observed, with the highest number of new cases reported on 24 July 2020. This increase was greater than that observed between January and May of 2020. While a downward trend was observed after the end of July, a new increase in cases has been reported as of 13 September 2020 (**Figure 7**).

Figure 7. Distribution of daily COVID-19 cases and 7-day moving average. United States of America. 21 January to 27 September 2020.



Source: Data published by the United States Centers for Disease Control and Prevention (CDC)¹⁸ and reproduced by PAHO/WHO.

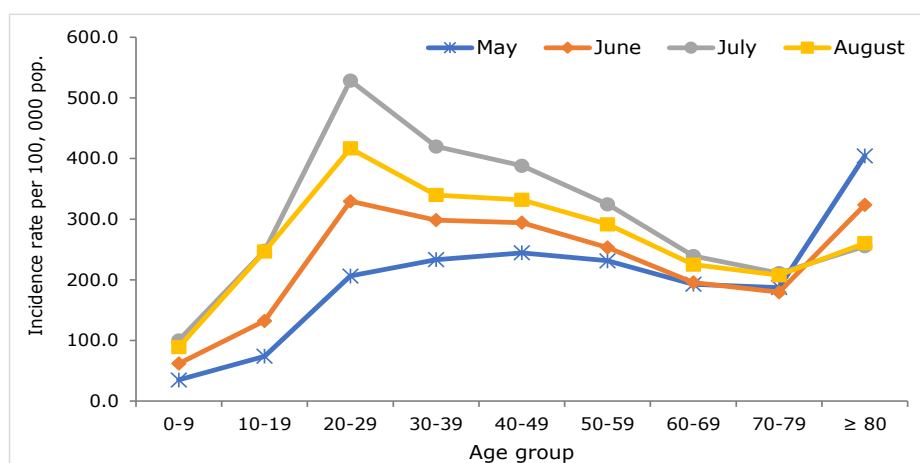
¹⁷ 21 January 2020

¹⁸ U.S. Centers for Disease Control and Prevention (CDC). Trends in the number of COVID-19 cases in the United States of America, reported to the CDC, by State/Territory. Available at: <https://bit.ly/30ilWaK>

According to a study¹⁹ on the characteristics of COVID-19 cases reported between May and August 2020 in the United States, there was a change in the profile of confirmed cases reported.²⁰ Nationally, the average age of COVID-19 cases decreased from 46 years in May, to 37 years in July, and 38 years in August 2020. Between June to August 2020, the incidence of COVID-19 was higher among 20 to 29-year-olds, which represented more than 20% of all confirmed cases.

In June, regional outbreaks of COVID-19 were observed in southern United States. In those areas, increases in the percentage of positive SARS-CoV-2 tests among adults aged 20 to 39 years preceded increases reported among adults aged ≥60 years by an average of 8.7 days (range 4 to 15 days), suggesting that the age group of 20 to 39 years likely contributed to community transmission of COVID-19.¹⁹(**Figure 8**).

Figure 8. Estimated incidence rate of confirmed COVID-19 cases, by age group and month reported. United States of America, May to August 2020.



Source: Data published by the United States Centers for Disease Control and Prevention (CDC)¹⁹and reproduced by PAHO/WHO.

In **Jamaica**, since the first COVID-19 case was confirmed²¹ and until 27 September 2020, there were 6,017 confirmed cases reported, including 89 deaths.

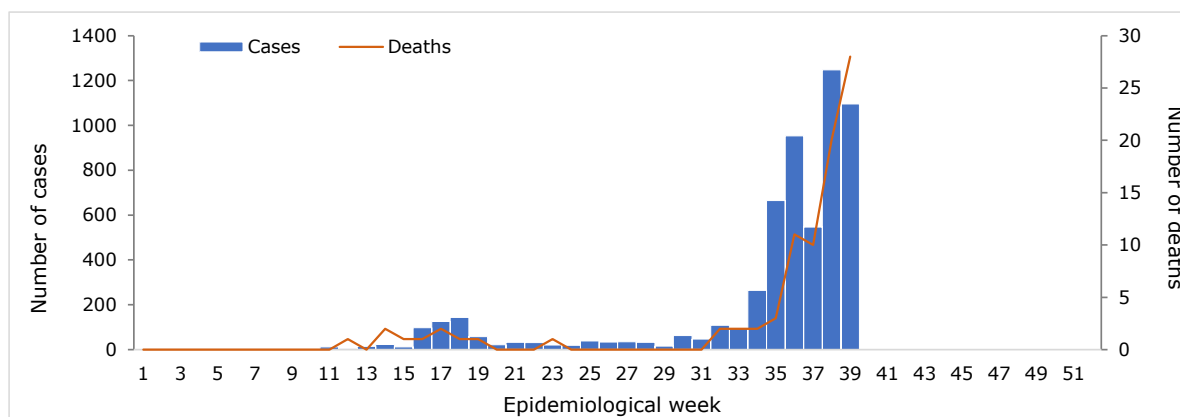
Between March and the end of July 2020, the number of cases reported in Jamaica remained low, with transmission characterized as clusters of cases. However, since the end of August to date, an increase in cases demonstrating an epidemic wave, has occurred. The number of confirmed cases during this increase in cases in Jamaica is greater than the number of cases reported between March and July 2020 (**Figure 9**).

¹⁹ Boehmer TK, DeVies J, Caruso E, et al. Changing Age Distribution of the COVID-19 Pandemic — United States, May–August 2020. MMWR Morb Mortal Wkly Rep. ePub: 23 September 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm6939e>

²⁰ The analysis was performed by evaluating three indicators: emergency department visits related to diseases similar to COVID-19, positive test results for SARS-CoV-2 by RT-PCR and confirmed cases of COVID-19.

²¹ 10 March 2020

Figure 9. Distribution of confirmed COVID-19 cases and deaths, by epidemiological week (EW) of report. Jamaica, March to September 2020.



Source: Data provided by the Ministry of Health of Jamaica and reproduced by PAHO/WHO.

In Jamaica, unlike other countries that have experienced a resurgence in cases, a change in the age distribution of cases has not been observed; persons under 40 years of age accounted for 68% of all cases during the period prior to the epidemic wave and 57% of the cases during the current epidemic wave.

Guidance and recommendations for national authorities

The Pan American Health Organization/World Health Organization (PAHO/WHO) urges Member States to prepare health services in order to face recurrent waves and outbreaks occurring in different locations within the same country, simultaneously or at different points in time, as the economy progressively reopens. PAHO/WHO also advises Member States in maintaining efforts to guarantee populations' access to diagnostic tests, as well as ensure adequate patient management at all levels of the healthcare system.

PAHO/WHO call Member States to continue monitoring the pattern of COVID-19 cases in order to characterize the role of each age group in the transmission dynamics of SARS-CoV-2, as well as to maintain response structures to ensure rapid action by healthcare services in the face of new increases in cases.

PAHO/WHO continues to update recommendations to support all Member States on measures to manage and protect against COVID-19 and reiterates the recommendations included in the 18 September 2020 Epidemiological Update on COVID-19²².

The following are links to a series of guidance, scientific reports, and other resources published by PAHO/WHO and WHO.

²² PAHO/WHO. Epidemiological Update: Coronavirus disease (COVID-19). 18 September 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/32JDmU5>

<p align="center">Surveillance, rapid response teams, and case investigation</p> <p align="center"></p>	<p align="center">Clinical care</p> <p align="center"></p>
<p>WHO resources, available at: https://bit.ly/30zjmCj</p> <p>PAHO/WHO resources available at: https://bit.ly/36Dj3B</p>	<p>WHO resources, available at: https://bit.ly/3li6wQB</p> <p>PAHO/WHO resources available at: https://bit.ly/36Dj3B</p>
<p align="center">Laboratory</p> <p align="center"></p>	<p align="center">Infection prevention and control</p> <p align="center"></p>
<p>WHO resources, available at: https://bit.ly/3d3TJ1g</p> <p>PAHO/WHO resources available at: https://bit.ly/36Dj3B</p>	<p>WHO resources, available at: https://bit.ly/3d2ckuV</p> <p>PAHO/WHO resources available at: https://bit.ly/36Dj3B</p>
<p align="center">Critical preparedness, readiness, and response actions</p> <p align="center"></p>	<p align="center">Travel, Points of entry and border health</p> <p align="center"></p>
<p>WHO resources, available at: https://bit.ly/3ljWHBT</p> <p>PAHO/WHO resources available at: https://bit.ly/36Dj3B</p>	<p>WHO resources, available at: https://bit.ly/3ivDivW</p> <p>PAHO/WHO resources available at: https://bit.ly/36Dj3B</p>
<p align="center">Schools, workplaces, & institutions</p> <p align="center"></p>	<p align="center">Other resources</p>
<p>WHO resources, available at: https://bit.ly/3d66iJO</p> <p>PAHO/WHO resources available at: https://bit.ly/36Dj3B</p>	<p>WHO resources, available at: https://bit.ly/33zXgRQ</p> <p>PAHO/WHO resources available at: https://bit.ly/36Dj3B</p>

References

1. Pan American Health Organization / World Health Organization. Epidemiological Update: Coronavirus disease (COVID-19). 18 September 2020, Washington, D.C.: PAHO/WHO; 2020. Available at: <https://bit.ly/3d13rSd>
2. Center for Demographic Studies (CEDEM) of the University of Havana, **Cuba** <https://covid19cubadata.github.io/#cuba>
3. Report by the **Jamaica** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
4. Report by the **Spain** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
5. Report by the **United Kingdom** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
6. Report by the **United States** International Health Regulations (IHR) National Focal Point (NFP), received by PAHO/WHO via email
7. WHO. Coronavirus Disease (COVID-19) Dashboard. Available at: <https://covid19.who.int>
8. WHO. Considerations in adjusting public health and social measures in the context of COVID-19: interim guidance. 15 April 2020. Available at: <https://bit.ly/36UVopb>