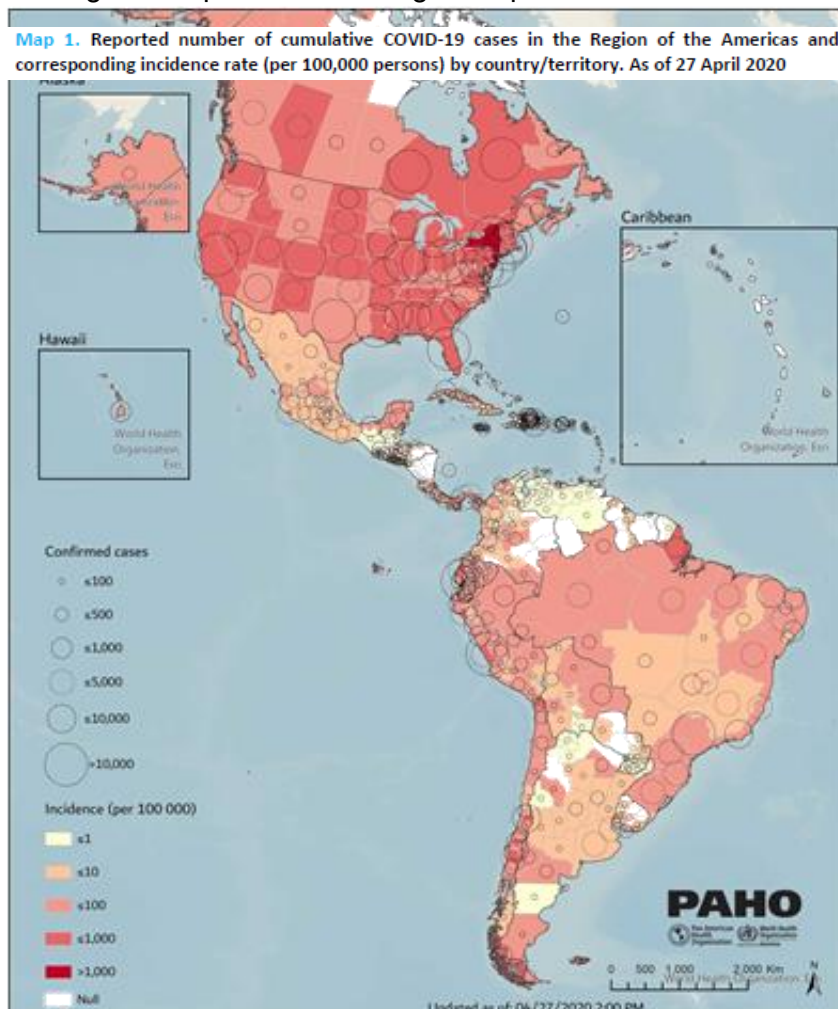


PAHO/WHO Response. 27 April 2020. Report ° 5

CONTEXT

Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread has occurred with exponential growth in cases and deaths. On 30 January 2020, the Director-General (DG) of WHO declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR) (2005). The first case in the Americas was confirmed in the USA on 20 January 2020 and Brazil reported the first case for Latin America and the Caribbean on 26 February 2020. Since then, COVID-19 has spread to **all 54 countries and territories in the Americas**.

PAHO/WHO activated regional and country incident management system teams to provide direct emergency response to Ministries of Health and other national authorities for surveillance, laboratory capacity, support health care services, infection prevention control, clinical management and risk communication; all aligning with priority lines of action. The Organization has developed, published, and disseminated evidence-based technical documents to help guide Member States' strategies and policies to manage this pandemic in their territories.



Data Sources: Member States Ministries of Health
Map Projections: Health Emergency Information & Risk
Assessment (HEIRA)
PAHO Health Emergencies Department (PHE)
Digital cartography sources: SIALB-PAHO

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The designations employed and the presentation of the material in these maps do not imply the expression
of any opinion whatsoever on the part of the Secretariat of the Pan American Health Organization concerning
the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its
frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there
may not yet be full agreement.

SITUATION IN NUMBERS IN THE AMERICAS

as of 27 April (14:00)

1,179,620

Confirmed cases*

66,608

Deaths*

54

Countries / areas / territories
counted for epidemiological
purposes

* Total includes both confirmed and probable
for Ecuador (deaths), Canada (cases), Puerto
Rico (deaths) and the US (probable deaths in
NYC)

PRIORITY LINES OF ACTION FOR PAHO RESPONSE



Real-time information,
coordination, and
response operations



Limit human-to-
transmission and prevent
transmission
amplification events



Identify, isolate, and care
for patients early















Communicate critical risk
and event information
and counter
misinformation



Research, Innovation, and
Development

Key Figures: The Americas' Response to COVID-19

PAHO Response	 54 Technical guidelines and recommendations developed or adapted from WHO	 1.5M COVID-19 Tests using molecular detection sent to 36 countries and territories	 >41 Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 44 PPE shipments to 26 countries and territories	
				 643k Gloves	 156k Gowns
Regional Readiness	 32/35 # Countries with national COVID-19 Preparation and Response Plans	 36/51 # Countries and territories with molecular detection capacity to diagnose COVID-19	 19/35 # Countries using existing SARI/ILI surveillance systems to monitor COVID-19	 17/22 # Reporting countries where at least 50% of health facilities have triage capacity	 23/29 # Reporting countries with national IPC / WASH plans for health facilities
				 458k Surgical & N95 Masks	 17k Goggles

PAHO/WHO Response (20-26 April 2020)

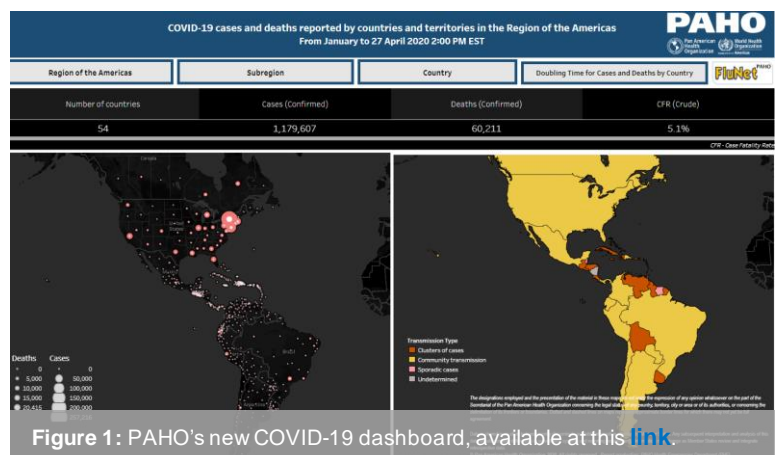
On 17 January 2020 the Pan American Sanitary Bureau activated an organization-wide response to provide all countries and territories in the Americas with technical cooperation to address and mitigate the impact of the COVID-19 pandemic. PAHO's work to date falls under the following four key objectives from its regional response strategy:



OBJECTIVE 1: Ensure real-time information to countries and efficient coordination of national and regional response operations

Regional

PAHO has launched a new **Public Dashboard** which will present live data that will be regularly updated with COVID-19 epidemiological data to promote international coordination and awareness of the situation in our Region. PAHO works with countries to boost surveillance systems while it conducts **Event-based Surveillance (EBS)** to complement countries' **Indicator-based Surveillance (IBS)**. Efforts are undergoing to ensure that all countries in the Region **integrate COVID-19 into their routine severe acute respiratory illness / influenza-like illness (SARI/ILI) surveillance systems**.



To foster greater global coordination and promote integrated planning to COVID-19, PAHO has supported and trained 26 countries to access and utilize the WHO-led **Partners Platform**. Twenty countries are now using this web-based tool, which helps **guide countries' planning efforts** and enable external partners to **meet critical resource needs**.

Country

To support countries to plan for their health system needs, the teams of **Bahamas, Belize, Chile, Cuba, El Salvador, Trinidad and Tobago** supported national counterparts with modeling scenarios and sharing technical guidance for epidemiological surveillance. The **Cuba, Dominican Republic, and Jamaica** teams donated equipment and supplies to the Ministry of Health for surveillance. **Costa Rica** will use this data to consider scenarios in which public health measures can be adjusted.



OBJECTIVE 2: Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, and preventing transmission amplification events

Regional

PAHO trained Ministry of Health counterparts in the proper use of personal protective equipment (PPE) and healthcare worker exposure to COVID-19 in healthcare facilities. This was complemented with virtual training on health worker protection and Emergency Medical Teams (EMT) coordination tools for coordinating rosters. A tool has been shared with Ministry of Health counterparts to analyze needs for PPE, supplies, and medicine. This is expected to guide procurement efforts and distribution to appropriate facilities in the countries.

PAHO's warehouse for emergency stocks of supplies and equipment continues to assemble COVID-19 PPE kits. An emergency shipment of 5,000 N95 masks dispatched from this warehouse has been received in **Ecuador** to protect health workers.

The Organization provided national authorities with considerations for a framework to inform their decision-making process concerning the **adjustment of social distancing and travel-related measures**. These should be considered without nullifying efforts and sacrifices incurred.



Figure 2: PAHO staff load 162 boxes with 3,919 PPE kits onto a Barbados Defense Force (BDF) truck for distribution to 10 countries and territories in the Caribbean (Anguilla, Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, St Kitts and Nevis, Saint Lucia and St Vincent and the Grenadines). **Photo credit:** PAHO/WHO. 21 April 2020

Country

Leveraging PAHO's long-standing working relationship with the Barbados Defense Force (BDF) and the Regional Security System (RSS), especially in response to public health emergencies, the **Barbados** team worked with both the BDF and RSS to facilitate the distribution of critical COVID-19-related supplies and equipment, procured by PAHO, and destined to its 10 countries and territories in the Caribbean: Anguilla, Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, St Kitts and Nevis, Saint Lucia and St. Vincent and the Grenadines.



Figure 3: PAHO supports Costa Rica's Ministry of Health with the establishment of a situation room to track epidemiological information. Source: PAHO/WHO March 2020

A total of 162 boxes of 3,919 PPE kits were delivered to the PAHO **Barbados** Office on Monday 20 April, collected by a team of BDF soldiers on Tuesday 21 April, and by Wednesday 22 April, many countries acknowledged receipt of these donations, ably delivered by the RSS.

The team in **Trinidad and Tobago** trained healthcare workers and personnel at points of entry. This technical cooperation included the provision of PPE and guidance within the wider UN system in the country to guide PPE procurement. The country office also donated surgical gowns and masks to the Ministry. The **Honduras** team delivered PPE to hospitals throughout the country.

The **Paraguay** team is coordinating with UNHCR and the Spanish international cooperation agency to coordinate country efforts to prevent infections among persons living with disabilities. This was complemented by a webinar for country authorities.



OBJECTIVE 3: Identify, isolate, and care for patients early, including providing optimized care for infected patients

Regional

PAHO delivered virtual trainings on case management and therapeutics to its country network.

It released a technical guidance on the **strengthening of the first level of care** in the COVID-19 context, **selecting alternative health care sites** (AHCS), and **ethical guidance for the use of scarce resources in the delivery of critical health care during the COVID-19 pandemic**. Considering the need for sustaining and expanding a health worker force, PAHO has developed a **checklist for managing human resources for health** to respond to COVID-19.



Figure 4: PAHO with Barbados Defense Force delivers PPE kits to Dominica. Source: PAHO/WHO 22 April 2020

To strengthen the Region's laboratory capacities, PAHO successfully trained **Saint Lucia** to conduct molecular diagnostics. National counterparts from **Antigua and Barbuda** and **Trinidad and Tobago** were provided training in theoretical aspects of molecular diagnostics, which Antigua and Barbuda will be able to put into practice once its PCR machine is ready for use this week.

PAHO sent laboratory supplies to **22 countries** to conduct **940,000 PCR tests**. This was accompanied by additional material (positive and internal controls, enzymes, and RNA extraction kits) sent to **13 countries**. To date, PAHO has thus provided countries with over **1.52 million tests** and other critical materials.

Country

The **Trinidad and Tobago** team trained 50 laboratory personnel, thus expanding testing capacities in the country. **Belize** donated laboratory probes and primers to enable the country to test more possible cases. The **Dominican Republic** team provided reagents for PCR diagnostics. The country now has the capacity to process approximately 10,000 PCR tests. The **Barbados** team provided national laboratories across the **Eastern Caribbean** with virtual technical cooperation to troubleshoot arising issues. Barbados now has enough reagents to run 18,000 PCR tests.

The **Paraguay** team facilitated an exchange of experiences and practices between the Ministry of Health and the Hospital Clínico de Barcelona. This opportunity permitted both to discuss lessons learned on organizing health services as well as discussing questions on medical surge capacity and intensive care.

The **Dominican Republic** team provided virtual trainings to counterparts from the Ministry of Health and UNHCR on home care guidelines, care for key population groups, diagnosis and treatment protocols, as well as the correct use of PPE. The **Trinidad and Tobago** team is working with the Ministry of Health to prioritize care for patients with noncommunicable diseases (NCDs) amid the pandemic.

The team in **Brazil** is working with country counterparts to provide guidance on mental health among migrant populations. The **Costa Rica** and **Panama** teams are assessing the risks to the health of migrant populations considering COVID-19, in coordination with national governments and other partners on the ground.



OBJETIVE 4: Communicate critical risk and event information to all communities, and counter misinformation

Regional

PAHO disseminates key COVID-19-related information and knowledge across multiple media platforms. It used its platforms to share evidence-based information that aims to protect health workers, the elderly, and other populations particularly vulnerable to infection from the virus.

New **social media cards** are available on **social distancing**, **HIV**, **elderly populations**, **mental health**, and **adolescent health**, as well as an **animated video** on **mental health**.

The Organization recently convened a Facebook Live “**Ask the Experts**” session (over 700 viewers and 500 shares) to disseminate facts on testing and the difference between RDTs and PCR (over 95,000 views in Spanish and 100,000 views in English). PAHO also participated on the show #Juntosencasa from Univisión to share critical information.

It has issued press releases to call for the **acceleration and expansion of COVID-19 testing** in the Region, highlight **key messages shared with Health Ministers** on the pandemic, underline the importance of **sustaining malaria efforts and protecting health workers** during the pandemic, and urge countries to **maintain vaccination efforts**.



PAHO translated five WHO online courses into Spanish and Portuguese. These are hosted on the PAHO/WHO Virtual campus for Public Health and are available to the public. To date, **234,658 people have enrolled**:

- **Emerging respiratory viruses, including COVID-19:** detection methods, prevention, response, and control (SPA, POR)
- **Infection prevention and control (IPC)** caused by COVID-19 (SPA, POR)
- **ePROTECT Respiratory Infections: Health and occupational health (SPA)**
- **Course on the clinical management of Severe Acute Respiratory Infections (SARI) (SPA)**
- **Severe Acute Respiratory Infection (SARI) Treatment Facility Design (POR)**



Figure 5: Virtual courses on COVID-19 can be accessed at this [link](#).

Country

The **Belize, Honduras, Mexico, and Trinidad and Tobago** teams continued to disseminate critical information on COVID-19 through national press, using this opportunity to reach wider audiences and ensure life-saving information reaches the larger population. These teams have adapted risk communication materials tailored to their national contexts and in support of national COVID-19 communication campaigns.

The **Mexico** team delivered a virtual risk communication training to state leaders to boost health promotion efforts across the country. The **Paraguay** team designed a communications campaign around the prevention and care of NCDs, mental health, and violence within the COVID-19 context.



RESEARCH, INNOVATION, and DEVELOPMENT

Regional

PAHO is continuing to review new evidence and information to build an evidence base to combat this virus. The public has access to PAHO's **COVID-19 Technical Database**, which further assists Member States and international partners to seek evidence-based information on science and technologies. PAHO continues to coordinate with WHO to support countries from the Region of the Americas to participate in the SOLIDARITY trial, which aims to help understand the spread and prevalence of the virus across the globe. It has also released a **document with ongoing updates regarding potential COVID-19 therapeutics**, the product of a series of rapid systematic reviews.



Figure 6: The PAHO team in Barbados conducts an assessment of a health facility. Source: PAHO/WHO. 8 April 2020

NEW AND UPDATED PAHO/WHO Technical Materials on COVID-19



Case Management



Update: Ongoing Living Update of Potential COVID-19

Therapeutics: summary of rapid systematic reviews

Updated on: 22 April 2020

Compilation of rapid systemic reviews of research on therapeutic pharmacological interventions for COVID-19 treatment: meplazumab, ivermectin, siltuximab, danoprevir, tocilizumab, favipiravir, darunavir, nelfinavir, remdesivir, chloroquine / hydroxychloroquine, convalescent plasma, corticosteroids, umifenovir and lopinavir/ritonavir. **Updated with new evidence on already-reviewed therapeutics and to include reviews of evidence on the effectiveness of heparin, interferon-alpha α , Interferon-beta β , and α -Lipoic acid.**



Regulatory considerations on authorization of the use of convalescent plasma (PC) to address the COVID-19 emergency

Published: 21 April 2020

Preliminary recommendations and references for the collection and experimental use of plasma from "convalescent" COVID-19 donors, considering issues such as the need to ensure safety of donors, patients, and involved health personnel and need to obtain safe, quality blood products. Additional objective is to facilitate quality scientific evidence production for this product's use in epidemic situations.



Public Health Measures



Considerations on the adjustments of social distancing and travel related measures

Published: 24 April 2020

Aims to provide national authorities, across governmental sectors, with a framework to inform their decision-making process, over the coming months, concerning the adjustment of social distancing and travel-related measures, which are strictly intertwined, without nullifying efforts and sacrifices incurred so far. It includes principles and critical elements (including reference or guiding indicators) to inform the decision-making process concerning the adjustment of measures.

Ethics



Ethics guidance for the use of scarce resources in the delivery of critical health care during the COVID-19 pandemic

Published: 23 April 2020

Provides four basic recommendations to guide the work of health authorities amid the possibility of morally tragic scenarios in which insufficient and often scarce resources present challenges for ensuring that everyone who needs treatment can receive it. Developed based on prior guidance and their adaptation to the context of the pandemic.

Health Services



Checklist for the Management of Human Resources for Health in Response to COVID-19

Publication Date: 21 April 2020

Complements actions and interventions related to the management of human resources for health (HRH) and the Framework for integrated health services delivery networks for the COVID-19 response. Contributes to the need to ensure the availability of appropriate health personnel in high-demand areas able to respond adequately to increased demand and expansion of services considering possible reductions in personnel due to, among other things, illness, risk situations and personal or family issues.



Nota técnica sobre la adaptación del primer nivel de atención en el contexto de la pandemia COVID-19: intervenciones, modalidades y ámbitos (Spanish only)

Publication Date: 23 April 2020



This document seeks to identify interventions, activities, approaches, and the scope for the First Level of Care (FLC) in the context of Integrated Health Service Delivery Networks, to enable it to be adopted in response to sustained community transmission during the COVID-19 pandemic. It is directed to FLC managers and health services coordinators.



Recomendaciones técnicas para la elección de Sitios Alternativos de Atención Médica (SAAM) (Spanish only)

Publication Date: 23 April 2020

Technical recommendations that provide guidance on the steps needed to conduct an evaluation, redesign, and dimensioning for Alternative Health Care Sites (AHCS). The expectation is that end users will be able to methodically and rapidly assess the feasibility of establishing new sites considering the recommended specifications detailed in the document.

 GAPS	 CHALLENGES
<ul style="list-style-type: none"> • Surveillance systems: More capacity-building and equipment for analysis. • Information systems: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality. • Strategic planning and response: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans. • Laboratory test kits and equipment: National laboratories need more extraction kits and other supplies to keep testing. • IPC supplies: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE. • Health facility evaluations: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH). • Mapping populations in situations of vulnerability: This is essential to determine resource allocation. • Risk communications: Key messages must be tailored to each country's context to resonate with intended audiences. • Subnational-level Health workers: A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available. • Intensive care units: More ICUs will be needed to manage anticipated severe cases. • Migrant access to health services: Countries are assessing how to serve these populations and better manage outbreaks. • Private sector coordination: This is essential to ensure national protocols are followed. 	<ul style="list-style-type: none"> • Border closures: This has seriously hampered the deployment of experts, shipment of samples for testing, and procurement of much-needed supplies and equipment for testing, case management, and infection prevention and control. This could also add pressure to countries undergoing complex political and socioeconomic transitions. • Competitive marketplace: Countries and organizations are competing for limited supplies due to global shortages of PPE and other essential items. • Managing infections in healthcare settings: Healthcare workers rely on PPE and other supplies to avoid infection. Global shortages are contributing to increasing cases and loss of life of frontline workers. • Infected healthcare workers: Infected health workers who are sick or quarantined will strain health systems. • Test availability: Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost. • Health workforce limitations: Insufficient human resources hamper countries' efforts to conduct contact tracing and manage patients in quarantine. • Risk Communication: The risk perception is still low in some countries/territories. • Telephone referral systems: Some countries are reporting overwhelming call volumes. • Logistics systems: Many countries are still unprepared to manage the distribution of supplies and equipment. • Continuity in other health services: The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs). • Stigma: Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.