COVID-19


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 the 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, followed by Brazil 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 countries’ strategies and policies to manage this pandemic.

SITUATION IN NUMBERS IN THE AMERICAS

as of 4 May (14:00)

1,477,448
Confirmed cases*

86,342
Deaths*

54
Countries / areas / territories counted for epidemiological purposes

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

RESPONSE PILLARS

- Coordination, planning, and monitoring
- Risk communication and community engagement
- Surveillance, Rapid Response Teams, and Case Investigation
- Points of entry
- National laboratories
- Infection prevention and control
- Case management
- Operational support and logistics
- Maintaining essential health services during the pandemic
PAHO/WHO Response (27 April – 3 May 2020)

On 17 January 2020 the Pan American Sanitary Bureau activated an organization-wide response to provide all its countries and territories with technical cooperation to address and mitigate the impact of the COVID-19 pandemic. PAHO’s work to date falls under the following nine pillars from the global Strategic Preparedness and Response Plan for COVID-19:

Regional
PAHO continued to collaborate with its partners within the Region and across the globe to deliver technical cooperation, evidence-based guidance and recommendations, and to advocate for the Americas on the global stage.

Country
Country teams have been instrumental in ensuring national governments have access to clear guidance and recommendations from WHO and PAHO. The Mexico team worked alongside national counterparts to tailor these materials.

The Bolivia, Costa Rica, Cuba, Peru and Suriname teams worked within national emergency operations centers and with other UN agencies, multilateral partners and foreign missions to help coordinate health sector efforts to combat COVID-19. This multi-sectoral coordination has been instrumental in addressing issues that are not managed entirely by the health sector, such as health in prison populations, indigenous populations, and certain populations in vulnerable situations.

The Peru team deployed personnel to the Loreto department, the second most affected in the country, and worked with national authorities to devise strategies to support the government in the Ancash department.

The Haiti and Venezuela teams worked with national authorities to adapt surveillance, laboratory, case management, and risk communication to the country’s context.
Regional
PAHO disseminated key COVID-19-related information and knowledge across multiple media platforms. It has used its platforms to disseminate 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 were published on adolescents, HIV, TB, and managing dead bodies as well as an animated video on coping with stress and mental well-being.

PAHO held a “Ask the Experts” session on Facebook Live to discuss mental health and Doctor Carissa Etienne, PAHO’s Director, held media briefings calling for continued immunization to avoid risks of other outbreaks during the COVID-19 pandemic and to ensure that health care workers are protected while vaccinating.

Recognizing the complexities of this virus and the persisting uncertainties, PAHO convened a workshop for over 200 reporters to share recommendations from its publication “An informative Guide. Advice for journalists.”

The five online WHO COVID-19 courses which PAHO translated into Spanish and Portuguese now have 164,663 people enrolled and 38,388 certified.

Countries
The Barbados/Eastern Caribbean Countries, Peru, and Suriname teams held media briefings alongside Ministry of Health counterparts to disseminate key messages to the population.

The Suriname team continued to collaborate with UNFPA to produce risk communications materials tailored to its indigenous populations.

The Peru team developed communication materials to share key messages on COVID-19 in relation to noncommunicable diseases (NCDs), elderly persons, and persons living with disabilities. It coordinated with national authorities and the army to deploy a COVID-19 community plan in the department of Ucayali. Campaign materials have reached 3.8 million persons and they have been shared over 10,000 times on social media. A video was produced with other UN agencies to guide Peruvians in caring for COVID-19 positive patients at home.

COVID-19 Courses Available on PAHO’s Virtual Campus for Public Health (SPA-POR)
- 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)
The PAHO team in Costa Rica, in collaboration with other UN agencies, produced a children’s book, *The Days that Everything Stopped*. It aimed to explain this crisis to small children and present safety measures in a friendly way.

To promote measures to protect mental health during the pandemic, the Colombia team took the opportunity of [Bogota’s International Book Fair](#) to participate in a virtual session on “Resilience, from realism to hope?” with Pastora Mira (a reconciliation advocate given the country’s armed conflict), a nurse from the department of Antioquia, and singer-songwriter Salomon Beda (whose song “Pa’alante” is helping raise funds for PAHO’s response).

The Colombia team provided a virtual risk communication workshop for indigenous leaders from the Guajira department along the northern border with Venezuela. These leaders have now taken PAHO/WHO guidance and are adapting these messages into the Wayuunaiki language.

**Regional**

PAHO has launched a new [hub](#) for COVID-19 data from the Americas. It includes a dashboard and epidemiological data updated daily. This data promotes international coordination and awareness of the situation in our Region. The public can also consult [PAHO’s interactive map](#) showing cumulative cases reported by countries and territories.

PAHO works with countries to boost surveillance systems while it conducts [Event-based Surveillance (EBS)](#) to complement countries’ [Indicator-based Surveillance (IBS)](#). Efforts are underway 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. PAHO also publishes weekly reports with influenza and other respiratory viruses, as well as [SARS-CoV-2 surveillance indicators](#).

[Go.Data](#), WHO’s contact tracing tool, is helping countries’ health authorities follow up on cases and possible contacts. PAHO has trained countries in the Americas to use this tool and has facilitated the use of its servers for interested countries. To date, [seventeen countries and territories](#) are taking advantage of this tool.

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

The Suriname team continued to work with the government to facilitate the implementation of Go.Data for contact tracing and to improve COVID-19 surveillance.

With rising cases in Guayaquil, the Ecuador team donated equipment for COVID-19 surveillance and is working with the Ministry of Health to monitor trends in the country.

The Belize team worked with the country’s Statistical Institute and the Ministry of Health to model how the virus could spread within the country.

The Bolivia team monitored COVID-19 cases among indigenous populations to help guide the health cluster’s efforts.

In Haiti, the team has hired health workers in the Nord-Est department to do contact tracing given rising numbers of cases.

Regional and Country

PAHO is working with its Member States to provide guidance and clarity on the temporary recommendations communicated by the WHO Director General as part of the Statement from the third meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of coronavirus disease (COVID-19).

The full text of the statement can be found here.

PAHO has issued considerations on social distancing and travel related measures.

Regional

PAHO has provided tailored training and troubleshooting on COVID-19 testing for El Salvador, Guyana, Mexico, Peru, Saint Lucia, and Trinidad and Tobago.

The SARS-CoV-2 sequencing project will require the collaboration of countries from across the globe. PAHO has briefed interested countries on the protocol and next steps. In addition to Canada and the United States, nine countries from this Region have uploaded 166 sequences to GISAID, a global platform for sharing influenza data.

PAHO sent five countries approximately 605,000 COVID-19 tests using molecular detection. It sent extraction kits to another five countries and the Caribbean Public Health Agency (CARPHA) in Trinidad and Tobago. To date, PAHO has provided enough primers, probes, and PCR kits for close to 2.12 million tests, as well as 77 enzyme kits and 63 extraction kits, among other critical supplies.
Country
Obtaining supplies for COVID-19 testing continued to be challenging for health authorities. PAHO prioritizes diagnostics and has donated tests and other laboratory materials to government laboratories in Belize, Barbados, Peru, Suriname, and Trinidad and Tobago.

The Mexico team worked with the national laboratory, InDRE, to update its laboratory guidelines, while the team in Paraguay provided technical cooperation to implement testing using molecular detection.

The Venezuela team trained personnel from the national influenza laboratory, Instituto Nacional de Higiene “Rafael Rangel,” in COVID-19 diagnostics. To date, PAHO has donated 5,900 tests to the country.

Regional
PAHO delivered a virtual training to country counterparts on infection prevention and control practices to ensure the safety of healthcare workers.

It trained 70 health workers from 43 public and private clinics from Colombia’s departments of Barranquilla and Atlántico as well as health authorities from Cuba, Guatemala, and Mexico to estimate PPE needs using PAHO’s tool. This is essential to guide procurement and distribution efforts.

Countries
PAHO trained health workers in Belize in mental health and healthcare worker protection and delivered personal protection equipment (PPE) to the Ministry of Health.

In the Eastern Caribbean, PAHO delivered PPE kits to Dominica, Saint Vincent and the Grenadines, and other countries. This was made possible as a result of PAHO’s long standing working relationship with the subregion’s Regional Security System (RSS).

PAHO’s team in Haiti procured critical PPE for health workers and trained health workers in IPC measures.

In Venezuela, PAHO delivered critical medicines, PPE, and 16 hygiene kits to hospitals in Caracas and three other states.

The team in Trinidad and Tobago worked with counterparts to develop IPC guidelines for children’s homes and residential facilities. It supported health promotion activities designed for vulnerable settings.
Regional
A webinar was delivered to members of the Emergency Medical Team (EMT) community to present
recommendations for choosing alternative medical care sites. PAHO met with Colombia’s Ministry of
Health to discuss EMT deployment criteria and to help select alternative medical care sites at the local level.

PAHO presented three webinars on health systems to 23 countries from all the subregions. These sessions
permitted the twenty-three countries to share their experiences and practices.

PAHO worked with the ICU team of an Ecuadorian hospital to determine how best to expand its critical
care capacity and steps for hospitalizing seriously ill patients.

Countries
The Ecuador team deployed a joint PAHO-Ministry of Health mission to coastal cities, including Guayaquil, to assess health
facilities, capacities, needs, and formulate recommendations for addressing the country’s COVID-19 outbreak.

The Paraguay team prioritized Asuncion and Central Departments to devise strategies for reorganizing health services,
planning for the management of dead bodies, and launching mental health campaigns.

In Costa Rica, PAHO worked with national authorities to strengthen local health services and ensure that populations in
situations of vulnerability have access to services.

Colombia’s department of Amazonas had registered 182 confirmed cases as of 3 May 2020 (including 9 deaths and 15 still
hospitalized). In response, PAHO joined the Ministry of Health to conduct a joint mission to the city of Leticia to help local
authorities develop a contingency plan and deliver medicines, PPE, and hygiene supplies to the local hospital. Health
personnel were also deployed to deliver essential care. The primarily indigenous population now has access to three
ventilators, six doctors and six nurses deployed for the entire month, as well as 1,806 kilograms of medical supplies.
Regional and Countries
This unprecedented pandemic has created severe interruptions to regular supply chains for medical supplies and equipment, as well as the commercial flights that PAHO has relied upon in the past to deploy its experts to address health crises.

It is working tirelessly with other UN agencies, partners, international NGOs, and donors to secure the resources needed to enable countries to prevent infections and mitigate deaths. It has procured PPE and laboratory supplies and equipment and has dispatched them to Ministries of Health and health facilities from its logistics hub in Panama City, Panama.

As a result, 36 countries and territories have received tests for molecular detection of COVID-19 and 26 countries and territories received life-saving PPE.

Countries
The COVID-19 pandemic is creating unprecedented burdens on health systems in countries around the world. With limited supplies and strained human resources for health, it remains imperative that countries ensure that essential health services are maintained.

Heeding the Director’s calls for continued efforts to vaccinate, the Colombia team worked with national authorities to ensure that the 18th Vaccination Week in the Americas would not be deterred by the pandemic. Following PAHO and WHO guidelines for vaccination during this pandemic, national authorities targeted persons by home visits and appointments booked in advance.
Vaccination teams prioritized vaccination against polio, seasonal influenza, and measles as a preventative measure to reduce the burden of respiratory diseases on the health system amidst the COVID-19 pandemic. PAHO hired 228 vaccination workers and delivered vaccination kits and PPE to the teams. This measure intends to help the country reach its target of 95% coverage for vaccines in Colombia’s national vaccination schedule. A video is available to document this effort.

The Peru team continued to work with the government to formulate strategies to provide health services to populations internally displaced from urban centers back to their cities of origin in rural Peru.

Research, Innovation, and Development

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, to further supports countries and territories of the Americas and international partners with evidence-based information on science and technologies. This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and other partners.

It maintains an updated document on potential COVID-19 therapeutics, the product of a series of rapid systematic reviews.

PAHO has provided countries with regulatory guidance for the use of convalescent plasma in the context of clinical trials of compassionate use.

With WHO, PAHO coordinates to support countries from the Americas to participate in the SOLIDARITY trial, which aims to assess the efficacy of possible therapeutics for COVID-19. It is collaborating with WHO on developing a serioepidemiologic study, SOLIDARITY II, to study the prevalence of the virus.

PAHO/WHO’s COVID-19 response was made possible in part due to generous contributions from the governments of Azerbaijan, Canada, China, Germany, the United Kingdom of Great Britain and Northern Ireland, the United States of America, and the United Nations Central Emergency Response Fund, and to the invaluable collaboration from our partners within the Americas and beyond.
Infection Prevention and Control

Key Recommendations on Water Sanitation and Hygiene: COVID-19
Published: 3 April 2020
These three factsheets promote good water, sanitation, and hygiene practices for the community, basic measures for healthcare facilities (focusing on water safety, personal hygiene, laundry and disposal in the environment, hand hygiene, cleaning and disinfection, and the safe management of healthcare waste), and information for institutions responsible for water and sanitation.

Public Health Measures

An overview of current social distancing measures
Published: 10 April 2020
This document was delivered to Ministers of Health from the Americas on 10 April 2020 and gives an overview of current social distancing measures and required evidence for determining optimal time for relaxing such measures by factoring in existing evidence and other key considerations.

Considerations on social distancing and travel related measures
Published: 3 April 2020 (redacted on 27 April 2020)
Non-pharmaceutical measures include personal protective measures, environmental measures, social distancing measures, and travel-related measures. These considerations elaborate upon the implementation of social distancing measures and travel related measures outlined in the WHO interim guidance documents and considers the WHO document Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza.
Risk communication and Community Engagement

COVID-19 - An informative Guide. Advice for journalists
Published: 8 April 2020
This document offers tools to help journalists practice responsible coverage of the pandemic using evidence-based information. It also proposes ways to approach coverage and encourages journalists to provide advice and solutions that can help reduce health risks and save lives.

Understanding the Infodemic and Misinformation in the fight against COVID-19
Published: 1 May 2020
This factsheet explains the concepts of the infodemic and misinformation and explains how they are related in terms of spreading information (some inaccurate) about the ongoing COVID-19 pandemic. It includes useful WHO and PAHO references, what WHO is doing to combat the infodemic, and as well as general guidance for social users on how to responsibly create and share content on COVID-19.
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<th>GAPS</th>
<th>CHALLENGES</th>
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<td>• Surveillance systems: More capacity-building and equipment for analysis.</td>
<td>• 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.</td>
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<td>• Information systems: Data management systems are essential for case monitoring and contact tracing while protecting confidentiality.</td>
<td>• Competitive marketplace: Countries and organizations are competing for limited supplies due to global shortages of PPE and other essential items.</td>
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<td>• Strategic planning and response: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans.</td>
<td>• 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.</td>
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<td>• Laboratory test kits and equipment: National laboratories need more extraction kits and other supplies to keep testing.</td>
<td>• Infected healthcare workers: Infected healthcare workers who are sick or quarantined will strain health systems.</td>
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<td>• IPC supplies: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE.</td>
<td>• Test availability: Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost.</td>
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<td>• Health facility evaluations: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH).</td>
<td>• Health workforce limitations: Insufficient human resources hamper countries’ efforts to conduct contact tracing and manage patients in quarantine.</td>
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<td>• Mapping populations in situations of vulnerability: This is essential to determine resource allocation.</td>
<td>• Risk Communication: The risk perception is still low in some countries/territories.</td>
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<td>• Risk communications: Key messages must be tailored to each country’s context to resonate with intended audiences.</td>
<td>• Telephone referral systems: Some countries are reporting overwhelming call volumes.</td>
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<td>• 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.</td>
<td>• Logistics systems: Many countries are still unprepared to manage the distribution of supplies and equipment.</td>
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<td>• Intensive care units: More ICUs will be needed to manage anticipated severe cases.</td>
<td>• Continuity in other health services: The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs).</td>
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<td>• Migrant access to health services: Countries are assessing how to serve these populations and better manage outbreaks.</td>
<td>• Stigma: Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.</td>
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<td>• Private sector coordination: This is essential to ensure national protocols are followed.</td>
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