COVID-19

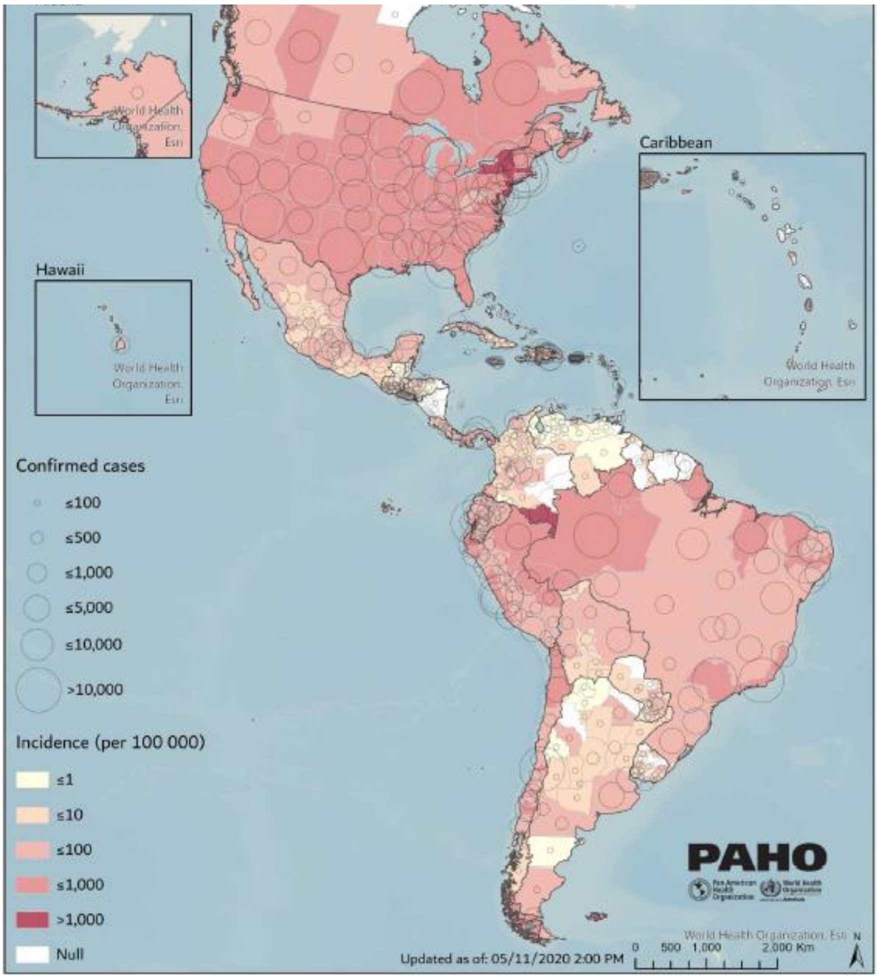
PAHO/WHO Response. 11 May 2020. Report º 7

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.

Map 1. Reported number of cumulative COVID-19 cases in the Region of the Americas and corresponding incidence rate (per 100,000 persons) by country/territory. As of 11 May 2020



Data Sources: Member States Ministries of Health
Map Production: Health Emergency Information & Risk Assessment (HIM),
PAHO Health Emergencies Department (PHE)
Digital cartography sources: SALB-PAHO

SITUATION IN NUMBERS IN THE AMERICAS

as of 11 May (14:00)

1,743,717
Confirmed cases*

104,549
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 Laboratory
- Infection Prevention and Control
- Case Management
- Operational Support and Logistics
- Maintaining Essential Health Services during the Pandemic

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Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

Key Figures: The Americas' Response to COVID-19

PAHO Response	**61** Technical guidelines and recommendations developed or adapted from WHO	**2.6M** COVID-19 Tests using molecular detection sent to 36 countries and territories	**>60** Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 49 PPE shipments to 26 countries and territories: **677k** Gloves; **482k** Surgical & N95 Masks	**160k** Gowns; **14k** Goggles
Regional Readiness	**32/35** # Countries with national COVID-19 Preparation and Response Plans	**37/51** # Countries and territories with installed 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	**29/31** # Reporting countries with national IPC / WASH plans for health facilities

PAHO/WHO Response (4 – 11 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:

Coordination, Planning, and Monitoring

Regional

PAHO collaborates 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.

Figure 1: PAHO works with Brazilian national authorities to discuss strategies to curb the virus' spread in the country.
Source: Erasmo Salomão / ASCOM MS, May 2020

PAHO worked with the **Caribbean Node of the *Virtual Campus in Public Health* to incorporate information and capacity building resources on COVID-19**. It now includes advice to the general public and COVID-19 technical guidance. In addition to links to official documents, this space includes webinars, case studies and lessons learned, and other resources produced by the Organization. In two months (March and April), the COVID-19 resources received 1,320 visits (42.4% of the total number of visits to the Caribbean Node).

PAHO supported CARICOM, CARPHA, and CDEMA to develop a Common Public Health Policy to address the COVID-19 pandemic. It includes principles surrounding testing, joint procurement of supplies, including of pharmaceuticals and Personal Protective Equipment (PPE), testing protocol, and sourcing of additional medical personnel.

Country

The **Belize, Jamaica, Mexico, and Panama** 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 **Venezuela** team collaborated with academia to leverage their technical expertise to address COVID-19 in the country.

The team in **Trinidad and Tobago** supported national authorities and health agencies in the Caribbean overseas territories of the **Netherlands** to formulate strategies to address COVID-19. In Trinidad and Tobago, the team conducted joint assessments on the health system and analyzed needs.

Considering interim recommendations from the International Health Regulations (2005) Emergency Committee regarding the outbreak of COVID-19, the **Costa Rica, Jamaica,** and **Panama** teams worked with national authorities to assess ongoing public health measures. In addition, they provided guidance on likely scenarios with recurring epidemic waves interspersed with periods of low-level transmission, as well as different transmission scenarios simultaneously occurring in non-contiguous areas within the same country.

The **Panama** team worked with health authorities to support the management of donations to the new modular hospital, which is providing care and shelter for the general population, with a focus on migrants.

The **Bolivia, Mexico,** and **Venezuela** teams worked with national authorities to adapt surveillance, laboratory, case management, and risk communication to the country's context.

Risk Communication and Community Engagement

Regional

PAHO disseminated key COVID-19-related information and knowledge across multiple media platforms.

PAHO's Director, Doctor Carissa Etienne, reiterated that each country should **analyze trends of the pandemic before relaxing social distancing measures**.

New **social media cards** were published on **falsified medicines and on mental health**.

Figure 2: The Spanish-language version of the WHO course on operational guidelines and planning for COVID-19 is now available. **Source**: PAHO, May 2020

PAHO and **Sony Music Latin-Iberia** collaborated on the concert **Made in: Casa** to promote measures to prevent the further spread of COVID-19.

PAHO has launched the **Spanish-language version of the WHO course on guidelines for operational planning** for COVID-19 for United Nations Country Teams (UNCT) and other partners.

PAHO collaborated with **CARICOM PANCAP** (Pan Caribbean Partnership Against HIV and AIDS) to deliver **ten webinars** to Caribbean countries and territories. Further, the team also **broadcasted key COVID-19 related messages** on IPC, delivering HIV services, on psychosocial aspects for health care workers and adolescents.

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)**

Countries

The **Belize, Colombia, Dominican Republic,** and **Honduras** teams held media briefings alongside Ministry of Health counterparts to disseminate key messages to the population.

The **Costa Rica** team collaborated with the government and other UN agencies to launch a new campaign, Seguimos Pendientes de Vos (*We are still looking out for your wellbeing*) to provide life-saving advice for women at risk of domestic violence during the pandemic. It additionally collaborated in producing short videos on UN interagency solidarity in support of the Costa Rican population.

Figure 3: Materials from the **Costa Rican campaign** to disseminate key messages for women at risk of domestic violence. **Source**: PAHO, May 2020

The **Belize, Costa Rica, Honduras, Peru,** and **Uruguay** teams disseminated key messages on hygiene, physical distancing, mental health, and other populations in situations of vulnerability**.**

The **Bolivia** team disseminated messages on social media designed to tackle discrimination against COVID-19 patients and health workers. **Cuba** developed infographics to disseminate COVID-19 information tailored to persons living with disabilities, as well as on maternal and child health.

In **Jamaica,** PAHO produced a video championing health care worker, which was disseminated to the Ministry of Health in support of International Nurses Day on 12 May 2020.

The **Colombia** team collaborated with the Ministry of Health to train 70 media and hospital health workers in risk communication, with considerations on mental health.

PAHO deployed two missions in **Haiti** to **train 42 workers** in two departments in risk communication and community engagement.

Figure 4: PAHO joined the Colombian president to disseminate messages on biosecurity protocols for the pandemic. Source: Office of the Presidency of Colombia, 5 May 2020

Surveillance, Rapid Response Teams, and Case Investigation

Regional

Figure 5: PAHO works with the Haitian government to screen returnees for possible COVID-19 infection. **Source:** PAHO/WHO, 2020

PAHO maintains its **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.

In collaboration with WHO, Harvard University, and the Epimos GmbH and ExploSYS BmbH projects, PAHO has developed tools that enables countries to analyze and visualize the virus' effective reproductive rate (using **EpiEstim**) and **project how the virus will spread in each country** considering implemented public health measures and its health system (using **CovidSIM**).

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, **nineteen countries and territories** are taking advantage of this tool after **Bahamas** and **Haiti** adopted it during the past week. Go.Data training was delivered to surveillance personnel in **Jamaica.**

Country

Figure 6: In Belize, PAHO delivers COVID-19 posters the Ministry of Health. **Source**: PAHO, 4 May 2020

The **Honduras** team worked with country counterparts to set up a situation room that aims to eventually draw data using a single information system.

The **Dominican Republic** and **Jamaica** teams donated equipment to support field epidemiology and data collection in prioritized states and parishes.

In **Haiti,** PAHO worked with national counterparts to strengthen COVID-19 surveillance, prioritizing seven departments. Along the border with the Dominican Republic, PAHO continued to work with the Ministry of Health, IOM, UNICEF, and UNFPA to screen returnees. It has provided PPE and helped the government to establish a center for quarantining suspected cases.

National Laboratory

Regional

PAHO provided virtual technical cooperation to **Trinidad and Tobago**, which has now successfully implemented molecular diagnosis for COVID-19. Troubleshooting support was provided to **Guatemala, Guyana, Jamaica, Saint Lucia,** and **Peru**.

Technical guidance is now available on the **interpretation of laboratory results for COVID-19 diagnosis**.

PAHO has sent materials for 485,000 PCR tests for COVID-19 to five countries and territories: **British Virgin Islands**, **El Salvador**, **Grenada**, **Guatemala**, and **Uruguay**. Additional materials (such as RNA extraction kits, enzymes, and internal controls) were shipped to **Barbados**, **British Virgin Islands**, **Grenada**, **Guyana**, **Mexico**, **Saint Lucia**, and **Trinidad and Tobago**. To date, PAHO has sent materials for over 2.6 million COVID-19 tests, as well as 83 enzymes and 112 extraction kits (among other material).

Figure 7: PAHO donates COVID-19 tests to the government of Peru. **Source**: PAHO. 29 April 2020

Country

The teams in **Brazil, Dominican Republic, Jamaica,** and **Mexico** donated laboratory test kits, extraction kits, and other laboratory supplies to national laboratories in these countries. In **Peru,** the National Institute of Health received enough supplies to conduct 100,000 tests for COVID-19. This will allow the country to ramp up its testing capacity for priority parts of the country.

The **Dominican Republic** team provided virtual training on COVID-19 diagnostics. In **Jamaica,** PAHO worked with health authorities to review the country's national influenza center's testing protocols for COVID-19.

The team in **Haiti trained laboratory personnel** and provided **10,000 tests for COVID-19**. It helped **reorient the work of twelve** nurses initially trained to work on cholera to **support sampling** of suspected COVID-19 cases.

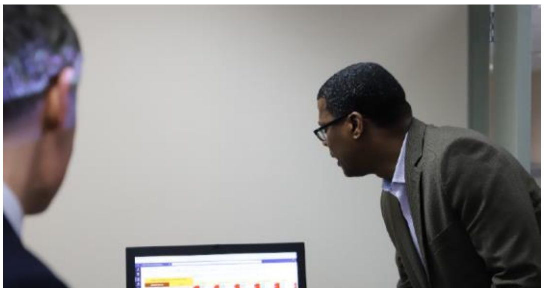


Figure 8: PAHO provides capacity building in COVID-19 contact tracing. Source: PAHO, 2020

Infection Prevention and Control (IPC)

Regional

PAHO trained **534 health professionals** from the Americas to assess IPC practices in isolation areas in healthcare settings and take corrective measures as needed.

Figure 9: Migrants at a Colombian bus terminal near Ecuador receive masks to reduce risk of COVID-19 infection. Source: PAHO, May 2020.

Countries

The **Belize** and **Dominican Republic** teams trained health workers in IPC and other key areas.

The **Uruguay** team delivered PPE to the national authorities for use by emergency health workers. The **Venezuela** team delivered 150,000 masks, 320 PPE kits, and other vital materials.

In **Jamaica,** PAHO worked with national counterparts to identify designated airports that could be retrofitted to serve as quarantine and isolation facilities.

The **Venezuela** team trained health workers and UN partners in IPC and the proper use of PPE. This was accompanied by a briefing on COVID-19.

PAHO's team in **Colombia** delivered masks to migrants in the areas surrounding the Ipiales transport terminal close to the Ecuador border. The country has close to 1.9 million migrants, many living in situations of vulnerability.

In **Brazil,** PAHO worked with national counterparts to implement strategies for safe body management.

Case Management

Regional

PAHO organized an informative session with local-level country authorities to explain its **regulatory considerations** on the authorization of the use of **convalescent plasma** to address the COVID-19 emergency.

The English version of the **Technical Recommendation for the selection of alternative medical care site** (AMCS) is now available. PAHO supported **Guyana** and **Dominican Republic** to strengthen their response efforts involving **Emergency Medical Teams (EMT) / AMCS.** It delivered a region-wide webinar on ventilation systems used in EMT facilities and AMCS.

Figure 10: PAHO delivers a ventilator to the Barbados Defense Force. **Source**: PAHO. 4 May 2020

PAHO trained 175 health professionals from the Eastern Caribbean countries in clinical management.

PAHO maintains a platform with updates on regulatory matters and **good regulatory practices** in response to the pandemic. This is updated weekly and can be accessed **at PAHO's Regional Platform on access and Innovation for Health Technologies** (PRAIS, by its Spanish acronym).

Countries

In **Jamaica,** PAHO is working with the government to analyze how to reorganize health services to ensure that the country has the required capacity for isolation beds, including for mechanical ventilation in high dependency units and ICUs.

The **Eastern Caribbean Countries** team in Barbados held its 8th training on clinical management of COVID-19. It reached health workers across this subregion.

In **Barbados,** PAHO donated one ventilator to the Barbados Defense Force, which has set up an isolation unit.

Figure 11: PAHO delivers PPE to health authorities in Haiti.
Source: PAHO, 2020

Operational Support and Logistics

Regional and Countries

PAHO trained six country teams in **Argentina, Costa Rica, Ecuador, El Salvador, Guatemala,** and **Peru** to use the SUMA and SISTOCK software programs for managing supplies and medicines in emergency contexts.

The PAHO team in **Colombia** trained 70 health workers from hospitals in the **Atlántico department in Colombia** to use **supply management tools** for receiving, storing, and distributing medicines and other essential items needed for COVID-19.

PAHO worked with Regional Coordination Center of the Caribbean Disaster Emergency Management Agency (**CDEMA**) to develop a **consolidated common needs list of appropriate PPE and essential medical devices and supplies for CARICOM Member States**. This will aid in future pooled procurement efforts.

Figure 12: PAHO delivers medical supplies to a hospital in Venezuela.
Source: PAHO, 2020

Maintaining Essential Health Services during the Pandemic

Regional

PAHO published a document with guidance regarding the operation of **immunization programs** in the context of the COVID-19 pandemic.

It is conducting surveys on the impact of the pandemic on national **noncommunicable diseases programs** (NCDs), **pediatric oncolo**gy, and the **continuity** of other services and treatments. Results will help prioritize resources of health systems under strain from COVID-19.

Figure 13: Brazil's health workers don PPE along with those being vaccinated to reduce the risk of infection. **Source**: PAHO, May 2020

Countries

In **Colombia,** PAHO worked with the Ministry of Health, IOM, and UNFPA to deliver PPE and strengthen surveillance efforts and health systems in 171 municipalities prioritized for peace building following decades of violence in those areas. The "Health for Peace" project seeks to build local capacities and improve integrated healthcare

The team in **Trinidad and Tobago** is working with national counterparts to analyze available stocks of medicines for HIV, TB, and malaria. This is essential to formulate action to manage interruptions in the logistics chain. **Costa Rica** is analyzing how to continue to control *Aedes aegypti* in the COVID-19 context.

The PAHO team in **Colombia** worked with UNDP, UNFPA, national authorities, and civil society to organize a service that delivers medicines to the homes of persons considered at higher risk of severe COVID-19 disease. This service is reducing the risk of infection for those most vulnerable.

In **Brazil**, PAHO worked with national authorities to launch **vaccination campaigns** despite the ongoing pandemic. This included sharing recommendations on PPE usage and other related areas.

Figure 14: A mother and child in municipalities prioritized for the Health for Peace project, which is reorienting its areas of work to address the ongoing COVID-19 pandemic in Colombia. **Source**: PAHO, January 2020

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.

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.

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

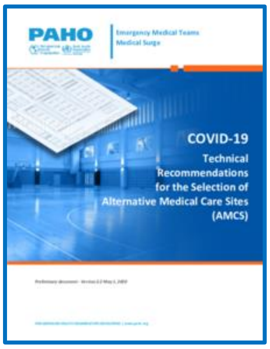
Coordination, Planning, and Monitoring

Crisis Management during an Epidemic: General guidelines for efficient response coordination by national regulatory authorities, May 2020

Published: ***8 May 2020***

Provides guidance to national regulatory agencies (NRAs) on how to establish/review/implement regulatory committees for crisis management, how to coordinate with other health authorities, and how to promote improvements in communication with other government entities, civil society, and other relevant actors, in the framework of the regulatory response to the COVID-19 pandemic.

Case Management



English version now available: Technical Recommendations for the Selection of Alternative Medical Care Sites (AMCS)

Published: ***23 April 2020***

Technical guidance on the steps needed to conduct an evaluation, redesign, and dimension 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.

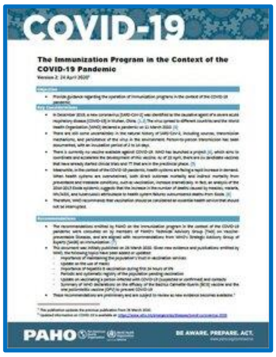
National Laboratories

Interpretation of laboratory results for COVID-19 diagnosis

Published: ***6 May 2020***

Provides guidance to laboratory personnel on interpreting results from laboratory tests, whether with virological or serological tests. The appropriate interpretation of the results obtained in any type of assay must be carried out carefully and considering the dynamics of the infection (when is the sample collected and the quality of this sample) and the objective for which a sample is taken (diagnosis, seroprevalence, etc.).

Maintaining Essential Health Services during the Pandemic


COVID-19

The Immunization Program in the Context of the COVID-19 Pandemic

Version 2: 24 April 2020

PAHO

BE AWARE. PREPARE. ACT.

The Immunization Program in the Context of the COVID-19 Pandemic. Version 2 (24 April 2020)

Published: 30 April 2020

Provides guidance regarding the operation of immunization programs in the context of the COVID-19 pandemic. This publication updates the previous publication from 26 March 2020.

New Key WHO Publications

Surveillance, Rapid Response Teams, and Case Investigation


Surveillance strategies for COVID-19 human infection

Interim guidance

10 May 2020

World Health Organization

Surveillance strategies for COVID-19 human infection

Published: ***10 May 2020***

This document provides an overview of surveillance strategies that Member States should consider as part of comprehensive national surveillance for COVID-19. This document emphasizes the need to adapt and reinforce existing national systems where appropriate and to scale-up surveillance capacities as needed.

GAPS	CHALLENGES
• **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.	• **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.