PAHO/WHO Response. 18 May 2020. Report \# 8

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 18 May (14:00)

2,082,868
Confirmed cases*

124,669
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
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 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.

Certain groups are disproportionately feeling the impact of this pandemic. PAHO released *considerations* for health authorities to consider *health equity, gender, ethnic equality, and human rights* as they plan and implement their response.

With the Atlantic hurricane season approaching in the Caribbean, PAHO produced *guidance for establishing shelters in the Caribbean* in the context of COVID-19, including spacing for beds and cots, recreation areas, ventilation, and other key factors.

The *Caribbean Node of the Virtual Campus in Public Health* completed two *case studies* tailored to health workers, drawing from the experience of *Grenada*.

PAHO held an informative session with local-level authorities to share recommendations on *crisis management during this pandemic*, tailored primarily to regulatory authorities. This was accompanied by the *general guidelines* which PAHO released on this topic last week.

**Country**

The *Bahamas, Bolivia, Guyana, Panama, Peru*, and *Mexico* 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.

In Guyana and Peru, the teams conducted health system needs assessments.

The Honduras and Suriname teams worked with national authorities to adapt surveillance, laboratory, case management, and risk communication guidelines/protocols to the country’s context. The Jamaica and Suriname teams worked with national authorities to identify needs and formulate strategic plans to address the pandemic.

Recognizing needs specific to migrants and refugees, the Panama and Suriname teams assessed gaps and coordinated with national health authorities, NGOs, and other partners to identify recommended interventions. The Peru team continued to target the private sector as an ally in expanding the health sector’s capacity to manage this pandemic.

In the Loreto region of Peru, PAHO is working closely with health authorities to train and deploy teams for information management, logistics, surveillance, and inventory management at health facilities. This has resulted in better hospital-level data that will help guide the country’s response actions.

**Figure 2:** PAHO joined the Ministry of Health of Belize to train training community volunteers on the prevention and control of COVID-19 at quarantine centers. Source: PAHO, 21 April 2020

**Figure 3:** Social cards on domestic violence and parenting during quarantine. Source: PAHO, May 2020

**Regional**

PAHO disseminated key COVID-19-related information and knowledge across multiple media platforms. PAHO’s Director, Doctor Carissa Etienne, called on countries to **address health, social, and economic emergencies** together as this pandemic continued.

New social media cards were published on **domestic violence and parenting while under quarantine**.

Joining forces in the fight against COVID-19, Sony Music Latin and international advocacy organization Global Citizen collaborated to release a brand-new version of Diego Torres’ “Color Esperanza (The Color Hope).” All record label net proceeds from the song will benefit PAHO and its COVID-19 relief efforts. Fans may stream the song on all platforms and join the movement at this link.
PAHO’s Caribbean subregional team produced a video on handwashing without wasting water. This has been developed given that several Caribbean countries are stricken by a drought and water conservation is an important issue. Water is a precious resource and handwashing is one of the major actions against COVID19.

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)

COVID-19 operational planning guidelines: for UNCT systems and other partners (SPA)

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 Peru and Suriname teams held media briefings alongside Ministry of Health counterparts to disseminate key messages to the population.

The Peru team worked with Ministry of Health counterparts to provide risk communication training to 30 journalists from the Pasco region.

The Belize, Costa Rica, Cuba, and Guyana teams worked with national counterparts to help formulate key health messages and strategies for risk communication and community engagement.

The Panama team collaborated with the IOM and UNHCR to tailor risk communication efforts to migrant and indigenous populations. In Mexico, PAHO worked with the National Institute of Indigenous Peoples to develop radio COVID-19 prevention messages in 68 indigenous languages. These are estimated to have reached 16 million persons.

The Jamaica team worked with national counterparts to disseminate PAHO’s video on coping with stress and mental well-being during isolation and quarantine.

The Dominican Republic worked with the Ministry of Health and UNHCR to distribute COVID-19 information to health personnel and the general public via virtual platforms.

In Venezuela, PAHO partnered with Digitel, a mobile phone company, to send out 1.5 million SMS messages to the public this week. These messages focused on managing stress while under lockdown as well as preventing infection.
Regional
PAHO maintains its hub for COVID-19 data from the Americas. It includes a dashboard and epidemiological data updated daily. It has supported Argentina, Belize, Chile, Guyana, Nicaragua, Suriname, and Venezuela to establish their own GIS hubs to facilitate the monitoring of COVID-19 cases in these countries. This data also 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 continuously 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. PAHO supported Honduras to integrate COVID-19 into its country-wide SARI/ILI surveillance system.

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 the Bahamas and Haiti adopted it during the past week.

Country
The Argentina team worked with national occupational risk authorities and the IOM to monitor COVID-19 cases among healthcare workers. This is in addition to support for epidemiological surveillance efforts.

The Dominican Republic team has provided the government with simulations and projection models for COVID-19 cases and deaths. This is in addition to continued support for the country’s surveillance teams.

Border areas with Brazil, French Guiana, and Suriname are considered high-risk areas for the introduction of COVID-19 cases. In Suriname, PAHO worked with health authorities and the Medical Mission, a foundation with a mission to work towards the wellbeing of people in the country’s interior, to improve capacities for active surveillance, case investigation and contact tracing along the border with French Guiana. The team supported the use of electronic data capturing to optimize information flow and is helping the country utilize Go.Data.
Country
The Costa Rica team worked with the United Nations system to donate equipment for use by government officials working with migrants and refugees exposed frequently to possible cases.

In Mexico, PAHO worked with the ICRC and the Ministry of Health to design infection prevention strategies and measures to detect possible cases among returnees arriving at entry points.

The Suriname team provided technical guidance on port health to cargo handlers working at the country’s ports of entry.

Regional
PAHO provided virtual technical cooperation to Antigua and Barbuda in molecular diagnosis. Troubleshooting support was provided to Brazil, Colombia, Dominica, Grenada, Guyana, and Honduras.

PAHO supported Colombia and Nicaragua with primers and probes to conduct 390,000 PCR tests for the molecular detection of SARS-CoV-2. It also sent 19,000 swabs to Bahamas, Belize, Guyana, Nicaragua, and Trinidad and Tobago. To date, PAHO has sent materials for over 3 million COVID-19 tests, as well as 20,000 swabs, 83 enzymes and 112 extraction kits (among other material).

In collaboration with Chile, PAHO facilitated a virtual South-South cooperation effort to strengthen SARS-CoV-2 sequencing in Uruguay.

PAHO collaborated with the World Organization for Animal Health (OIE) to deliver two webinars to veterinary laboratories from 22 countries to explore how these laboratories can collaborate in this pandemic.
Country
In Venezuela, PAHO has worked closely with the National Hygiene Institute “Rafael Rangel” (INHRR), the country’s reference laboratory. It has provided training, technical support, and supplies to conduct molecular detection of COVID-19. This week PAHO delivered kits which will allow the country to conduct 12,000 tests.

The teams in Barbados, Belize, Bolivia, and Cuba donated reagents, RNA extraction kits, and other supplies to allow these countries to test more cases for COVID-19.

In Suriname, PAHO facilitated an exchange of test kits and swabs with the health authorities of Guyana. This exchange has allowed both countries to quickly address gaps in testing.

The Guyana team has trained national laboratory personnel in testing protocols and sample collection.

Regional
PAHO trained Colombian health professionals to conduct needs estimates of PPE, medicines, and other supplies for use at primary care health facilities.

PAHO delivered a webinar to countries on assessing infection prevention and control practices in isolation areas in acute healthcare settings in the context of the novel coronavirus (COVID-19). It is based on PAHO’s interim recommendations.

In collaboration with the United Nations Office on Drugs and Crime (UNODC), PAHO delivered training to 200 maritime law enforcers from African countries, the Caribbean, and the USA on considerations for preventing infection while conducting operations against maritime crime.

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.
Technical support was provided to Colombia, Dominican Republic, Ecuador, Guyana, and Jamaica to establish alternative medical care sites (AMCS). PAHO delivered a webinar to Emergency Medical Teams (EMT) specialists on challenges to be expected while deploying to provide critical care capacity as well as on recommended response models. Peru received tailored support to implement the virtual CICOM tool for managing EMTs.

PAHO’s Caribbean Subregional Program held a webinar with over 70 head radiologists, medical physicists, and radiographers from English-speaking Caribbean countries. It focused on the role of imaging for diagnosis and for monitoring the clinical course of patients with COVID-19 infection, as well as current IPC practices of radiology departments to reduce cross-infection and protect medical professionals and patients.

With the need for continued blood supplies, PAHO convened a meeting with Latin American countries’ health authorities to provide recommendations on donor eligibility, blood collection, roles and responsibilities, and existing scientific evidence. It reached 610 participants from 17 Spanish-speaking countries and Guyana.

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
The Mexico team worked with the country’s health authorities to devise a strategy for rotation of doctors and specialized nurses in a bit to strengthen clinical capacities given strained health services.

In Jamaica, PAHO worked with the Ministry of Health and the regulatory agency to share recommendations on crisis management during the pandemic.

Regional and Countries
PAHO collaborated with Heads of Government of the Caribbean Community (CARICOM) and the Caribbean Disaster Emergency Management Agency (CDEMA) to develop a procurement protocol for the consolidated purchase of prioritized medical devices and supplies in the context of COVID-19 in the Caribbean. Through this protocol, PAHO will support CARICOM countries, as well as other countries, with the procurement of eleven prioritized items through PAHO’s Strategic Fund and other joint mechanisms.

PAHO shipped 52,000 gloves, 225,000 surgical masks, 500 infrared thermometers, and 5,800 goggles to Haiti.
**Regional**

The Caribbean Subregional Program Coordination convenes bi-weekly virtual meetings on mental health and psychosocial support (MHPSS) for trained mental health providers, national health authorities, and relevant stakeholders and institutions including CARICOM, CARPHA, CANPA (Caribbean Alliance of National Psychologists Association), and Public Health England. These sessions have touched on topics ranging from alcohol abuse to violence against women and girls in the context of COVID-19.

**Countries**

In **Peru**, PAHO continued to work with government authorities for housing, construction and hygiene, environment, and Lima’s metropolitan municipality to adopt WASH recommendations.

The **Honduras** team worked with local authorities from the departments of Choluteca, El Paraíso and Francisco Morazán to foster coordination between mayors and the health sector to strengthen the response to dengue amidst the COVID-19 pandemic.

In **Costa Rica**, PAHO is working with the government and UNHCR, IOM, and the Red Cross to formulate a holistic approach to migrant health at detention centers.

The **Suriname** team worked with health authorities to ensure that treatment for NCDs and mental health care continue during the pandemic.

**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 support 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. Considering the breadth of knowledge and evidence related to COVID-19, PAHO produced an **interactive infographic** to help external partners navigate PAHO and WHO’s technical material and compilations of evidence from the Americas and around the globe.

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, Japan, 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
Promoting health equity, gender and ethnic equality, and human rights in COVID-19 responses: Key considerations
Published: 5 May 2020
This publication aims to help national health policy makers formulate country responses to COVID-19 that consider equity, gender, ethnicity, and human rights perspectives. This is essential to prevent the expansion of inequalities and account for the everyday lived realities of different groups (particularly those living in situations of vulnerability and those who experience discrimination).

Caribbean Shelter Guide: COVID-19 Considerations
Published: 12 May 2020
Most Caribbean shelters are community centers, schools or churches that are limited in size. COVID-19 distancing requirements reduced the number of persons a shelter can accommodate during the hurricane season. This document reinforces measures to follow per international Emergency Shelter protocols factoring in conditions for spacing between beds/cots, recreation areas and ventilation according to the Sphere Handbook, FEMA and Australian Red Cross.

Case Management
Update: List of Priority Medical Devices in the context of COVID-19
Published: 11 May 2020
This document is the fourth update to PAHO’s interim recommendations for case management of COVID-19 in health services. It provides technical descriptions and specifications for the management of patients with suspected and/or confirmed COVID-19 infection at different levels of healthcare. It is recommended to support decision-making by medical health care providers, managers of intensive care units, and ministries of health in the Region.

Regulation of Medical Devices in the context of COVID-19
Published: 14 May 2020
An aid for Member States in their search for relevant information to marketing authorization requirements; manufacturing; technical specifications; and recommendations for use of ventilators, personal protective equipment (PPE) and 3D printing products in the context of COVID-19. This information derives from the International Medical Device Regulators Forum (IMDRF) members and of the regulatory authorities that are members of the Regional Working Group on Regulation of Medical Devices, and other selected agencies outside the Region. The material contained in the links and websites is the sole responsibility of the issuing regulatory authority. The dissemination of this document does not imply any recommendation by PAHO for specific products or regulatory measures in the context of COVID-19.
### GAPS

- **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.

### CHALLENGES

- **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 healthcare 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.