
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 25 May (14:00)

2,454,452 Confirmed cases*
143,739 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 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
- **20/35** Countries using existing SAR/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

### Coordination, Planning, and Monitoring

**PAHO/WHO Response (19 – 25 May 2020)**

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**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.

PAHO provided Caribbean legal professionals with an overview of the subregion’s health situation and considerations in adjusting public health and physical distancing measures at the 6th Biennial Conference Webinar Series on legal dimensions arising from the COVID-19 pandemic. This event was organized by the Caribbean Court of Justice in partnership with the General Legal Counsel of Jamaica, University of the West Indies (UWI) TV and the IMPACT Justice Project.

**Country**

The Argentina, Chile, Costa Rica, Jamaica, Mexico, and Paraguay teams worked directly alongside national counterparts from ministries of health and emergency response teams to assess and provide recommendations on national COVID-19 response strategies and approaches and on adapting PAHO and WHO protocols and methodologies to national contexts.

PAHO donated equipment to national situation rooms in Ecuador and Jamaica, boosting capacities for the rapid assessment of COVID-19 information as it emerges.

PAHO’s country teams worked with other UN agencies, multilateral partners, and foreign missions to 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, returning residents, indigenous populations, and key populations in vulnerable situations.

Recognizing the need for tailored approaches within countries, PAHO teams in Peru and Mexico worked with the regional governments in the departments of Ancash and Loreto, and the state of Chiapas respectively. They delivered virtual trainings to reinforce prevention, detection, treatment, and control activities.

Regional

PAHO continued to disseminate key COVID-19-related information and knowledge across multiple media platforms. PAHO’s Director, Doctor Carissa Etienne, called on governments to protect vulnerable groups from the effects of the COVID-19 pandemic.

Country

In Venezuela, PAHO continued to work with Digitel, a mobile phone company, to send out more than 1M SMS messages to the public this week. These messages focused on preventing infection and coping under lockdown.

In conjunction with the justice authorities, the Peru team worked with other UN agencies to promote messaging to prevent infections in closed setting environments such as prisons.

The Panama team worked with the Ministry of Indigenous Affairs to disseminate key messages on COVID-19 in indigenous districts. This was combined with training for health promoters and strengthening risk communications capacity throughout Panama.

In coordination with UNICEF, PAHO’s Jamaica team produced infographics tailored to pregnant women and lactating mothers. This is in addition to two videos produced earlier to disseminate messages encouraging senior persons to take measures to prevent infection.

The El Salvador team continued to support the government with its risk communication campaign, targeting the general population in 14 departments.

In Suriname, PAHO held two media sensitization events with sixteen media houses in Nieuw, Nickerie and Paramaribo. Attending press representatives and journalists learned about the virus and received recommendations on how to cover the pandemic in a way that accurately and rapidly communicates life-saving information.

In collaboration with UN agencies, the Argentina PAHO team published a video via social media networks that championed women employed in care and the health sector. The Argentina team also trained 50
Journalists from the province of Santa Fe and adapted risk communication materials to migrant and refugee populations, in collaboration with UNHCR and IOM.

In Colombia, PAHO used its slot in Colombia’s United Nations weekly radio program, Voces Unidas (United Voices) to share recommendations for avoiding infection, teleworking, promoting health habits while under quarantine, and addressing other topics related to mental health, such as depression, anxiety, insomnia, and other issues.

### 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)

### Regional

PAHO maintains its hub for COVID-19 data from the Americas. It includes a dashboard and epidemiological data updated daily. The regional team has also supported Argentina, Chile, Costa Rica, 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.

In addition, 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. During the last week, PAHO supported Honduras to integrate COVID-19 into its country-wide SARI/ILI surveillance system.

The collection of line list data on nominal COVID-19 cases helps in monitoring the pandemic in the Region. To date, 73% of the 2.22 million cases reported in the Americas are included in the Global and Regional COVID-19-line list database.

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 utilize this tool.
PAHO supported eight countries (Argentina, Bolivia, Chile, Colombia, Dominica, Guatemala, Guyana, and Saint Lucia) to analyze and visualize the virus’ effective reproductive rate (using EpiEstim) and to project how the virus will spread in each country considering implemented public health measures and its health system (using CovidSIM).

**Country**

PAHO worked with the Ministry of Health of Peru to identify gaps and challenges that need to be addressed to improve surveillance of the virus.

In Honduras, PAHO conducted field missions to train rapid response teams and improve epidemiological surveillance.

The Costa Rica team collaborated with the national government to analyze surveillance data to project how the pandemic could evolve in the country. This has been a useful input for decision making by the Costa Rican Social Security Fund’s Council of Hospital Directors.

In Suriname, PAHO worked with health authorities and the Medical Mission to boost capacities for active surveillance, case investigation, and contact tracing at high-risk border areas in the country’s interior. This is part of a larger ongoing effort with the IDB to support the country to adopt digital solutions and interventions for optimizing the COVID-19 response through reinforcing health information systems.

In Jamaica, PAHO worked with the Ministry of Health and Wellness to train field teams to use Go.Data and provided tablets to permit the expansion of contact tracing within communities.

The Brazil team supported the municipal governments of Manaus and the state of Amazonas with contracting 23 nurses, 2 biotechnology nurses, 4 pharmacists, 3 biologists, and six nursing technicians to strengthen laboratory and surveillance capacities as the state works to address COVID-19 cases.

In the Dominican Republic, PAHO hired an epidemiologist and a laboratory specialist to provide direct support to the national government’s COVID-19 response.

**Country**

PAHO worked with Paraguay’s national authorities to install surveillance systems to monitor COVID-19 cases in shelters set up along the border with Brazil to accommodate persons entering the country. This is part of a larger effort to expand the capacity of these shelters while ensuring systems are in place to manage isolation and quarantining in coordination with regional hospitals.

PAHO also worked with Peru to optimize case notification from the triple border area with Brazil and Colombia.

Regional
PAHO provided virtual technical cooperation in molecular diagnosis to Antigua and Barbuda. Troubleshooting support was provided to Cayman Islands, Costa Rica, Dominica, Guatemala, and Saint Lucia. In addition, recommendations on laboratory management were provided to Saint Kitts and Nevis.

PAHO supported Bermuda, Cayman Islands, El Salvador, Honduras, and Saint Kitts and Nevis with primers, probes, and kits to conduct 117,300 PCR tests for the molecular detection of SARS-CoV-2. PAHO sent 1,500 swabs and transport media to Haiti. Additional materials (including enzymes, internal control primers, PCR tubes, and extraction kits) were sent to Antigua and Barbuda, Costa Rica, Dominica, Honduras, and Saint Vincent and the Grenadines. To date, PAHO has sent materials for over 3.178 million COVID-19 tests, as well as 21,500 swabs, 85 enzymes, and 114 extraction kits (among other material).

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

PAHO shared experiences to date and recommendations on assays and other laboratory diagnostics issues with health professionals from the Andean Health Organism (ORAS), a subregional health mechanism.

Country
PAHO donated 3,000 viral swabs to the Central Medical Laboratory of Belize. These essential supplies will enable the country to continue testing for COVID-19.

In Colombia, PAHO donated 100,000 PCR tests; these will aid the country in ramping up testing particularly among high-risk populations and in areas with significant number of COVID-19 cases.

Infection Prevention and Control (IPC)
Regional
With ever-increasing demands for hospital beds, countries may be forced to consider nontraditional settings for treatment centers for patients with COVID-19 who do not require hospitalization. PAHO developed recommendations for infection prevention and control (IPC) practices to be applied during care in nontraditional settings, such as hotels, motels, shelters, dormitories, and home care.

Country
In Suriname, PAHO donated PPE, thermometers, and hand sanitizer to reduce the risk of infection for health workers operating in the interior of the country.

PAHO supported the Jamaican government to update standards for quarantine and isolation facilities and provided recommendations on the cleaning and disinfection of environmental surfaces in the context of COVID-19.
In Colombia, PAHO delivered PPEs to health workers in a hospital in the city of Soacha in the department of Cundinamarca.

Regional
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). It has collected 44 health technology assessments (HTA) related to COVID-19, available in the Regional Database of HTA reports, BRISA.

Considering the increased severity of the virus in older persons, PAHO delivered a webinar to facilitate the exchange of experiences in caring for adults with COVID-19 in middle and low-income countries (86 participants from 12 countries).

PAHO conducted a virtual meeting tailored to local authorities involved in regulatory aspects of using ventilators in the COVID-19 context (82 participants).

In a meeting with blood services convened by the Andean Health Organization (ORAS), PAHO shared recommendations on blood availability, blood collection, national health authority responsibilities, and existing evidence on the use of convalescent plasma.

Country
The Mexico team worked with the country’s health authorities to devise a strategy for rotation of doctors and specialized nurses in a bid 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.

The team in Brazil collaborated with the Brazilian Oswaldo Cruz Foundation (FIOCRUZ) to develop a tool for estimating cases, deaths, and needs for ICU and non-ICU beds depending on a given scenario. This tool is tailored to Brazil’s context and is helping national authorities to plan for possible scenarios.

In the Dominican Republic, PAHO provided oxygen tanks, thermometers, and other supplies to national health authorities, as well as protection kits and other supplies for use among vulnerable groups.
Regional and Country
PAHO dispatched 29,000 gowns, 58,000 shoe covers, and 1,000 goggles to Nicaragua to support the country in preventing infections among health workers.

The rise of COVID-19 cases has led to an increased need for oxygen concentrators and other related supplies. PAHO has facilitated donations of these supplies between external parties and Ministries of Health in Colombia, Guatemala, and Peru.

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.

Country
With the pandemic creating new pressures on health systems and hindering travel, the Mexico team worked with health authorities from the state of Yucatan to assess how telemedicine measures can be implemented to allow primary healthcare professionals to receive guidance from specialists. PAHO also provided recommendations to health professionals from Chiapas, Guerrero, San Luis Potosí, and Veracruz on caring for pregnant women with COVID-19 symptoms. It also worked with the government to devise measures to prevent suicides.

Figure 1: PAHO donated viral swabs to the Ministry of Health in Belize. Source: PAHO, 21 May 2020

Figure 12: PAHO donated oxygen equipment to 11 homes for elderly persons in Paraguay. Source: PAHO, 20 May 2020
The **Honduras** team worked with the government to reconsider how to maintain logistical systems and cold chain for routine national vaccination programs during this pandemic.

In **El Salvador**, PAHO worked with the national authorities to reorganize health services to strengthen the first level of care amidst the pandemic while ensuring the continuity of key programs such as those for HIV and TB.

Migrant populations are among those persons particularly vulnerable during this pandemic. The **Costa Rica** team worked with UN agencies and health authorities to update protocols for managing migrant children and protecting their wellbeing.

With support from the government of Japan, PAHO and UNICEF developed virtual courses to train Venezuelans in **Brazil** to work as health promoters targeting Venezuelan migrant teenagers and children. The focus of this work will be on mental health and psychosocial needs.

PAHO partnered with UNAIDS to train **Jamaican** civil society organizations working in HIV/AIDS on infection prevention and control, focusing on the appropriate use of PPEs in their work in the context of COVID-19.

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.

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 seroepidemiologic study, **SOLIDARITY II**, to study the prevalence of the virus.
NEW AND UPDATED
PAHO/WHO Technical Materials on COVID-19

Case Management

**Infection prevention and control practices for care of patients in nontraditional settings with focus to the novel coronavirus (COVID-19). Interim recommendations**

Published: 18 May 2020

Provides recommendations for infection prevention and control (IPC) practices to be applied during care in nontraditional setting in the context of the novel coronavirus (COVID-19). These recommendations are preliminary and subject to review as new evidence becomes available.

**Technical and regulatory aspects of prolonged use, reuse and reprocessing of respirators in periods of shortage** (Only in Spanish)

Published: 20 May 2020

Presents considerations for the prolonged use or reuse and reprocessing of N95 respirators and their equivalents when used in health services during periods of scarcity of PPE. This includes a summary of available evidence on existing methods for reprocessing and is aimed at health establishment managers, health authorities, and others who are responsible for decision making related to the use and prioritization of PPE. These are preliminary recommendations and subject to review as new evidence arises.

**COVID-19 patient safety when using medicines without scientific evidence on their Benefit** (Spanish only)

Published: 23 May 2020

Provides key messages to consider when using medicines without scientific evidence (such as chloroquine, hydroxychloroquine, ivermectin, antivirals, among others) on their benefits for treating COVID-19, particularly because COVID-19 patients tend to be older adults and with comorbidities.

**Ongoing Living Update of Potential COVID-19 Therapeutics: summary of rapid systematic reviews. Rapid Review, 23 May 2020**

Updated: 23 May 2020

Includes the results of a rapid systematic review of currently available literature. The information included in this review reflects the evidence as of the date posted in the document. PAHO will periodically update these reviews and corresponding recommendations as new evidence becomes available. The drugs currently under review are: meplazumab, ivermectin, siltuximab, danoprevir, tocilizumab (IL-6), favipiravir, darunavir, nelfinavir, remdesivir, interferon-alpha, chloroquine or hydroxychloroquine, convalescent plasma, heparin, corticosteroids, IVIG, sarilumab, umifenovir (arbidol), lopinavir/ritonavir, and α-Lipoic acid.
### 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).
- **Services for populations in situations of vulnerability**: Populations in remote parts of the countries face barriers to access specialized health services to treat COVID-19.
- **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, particularly for those living in informal settings.
- **Private sector coordination**: This is essential to ensure national protocols are followed.
- **Maintain essential health services**: Programs for vaccination and other routine health services are affected by strained health systems.

### 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 of PPE and other supplies due to global shortages.
- **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 and health workers risk aggression and violence in some settings.
- **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.