COVID-19

PAHO/WHO Response. 13 July 2020. Report ° 16

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 13 July (15:00)

6,780,428 Confirmed cases*
288,430 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 (7 to 13 July 2020)
On 17 January 2020, the Pan American Sanitary Bureau activated an organization-wide Incident Management Support Team (IMST) to provide all its countries and territories with technical cooperation to address and mitigate the impact of the COVID-19 pandemic. The Organization’s work to date falls under the nine pillars of 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. PAHO’s regional IMST also provided support and strategic guidance to countries’ IMSTs as they coordinate and monitor their national response activities.

Country
In the Bahamas, PAHO continued to work closely with the country’s Ministry of Health Emergency Operations Center (EOC), disseminating its guidelines and recommendations for managing the COVID-19 pandemic. PAHO worked closely with the government in Mexico to design and implement strategies to tackle the spread of the virus.

Figure 1: PAHO delivers PPE to the Ministry of Health of Belize. Source: PAHO, 7 July 2020
PAHO supported Argentina’s Ministry of Health and other stakeholders to devise strategies to reduce the risk of infection among the country’s indigenous populations, in addition to disseminating PAHO and WHO guidelines, recommendations, and other materials.

**Cuba** received PAHO support to consider how analyzing excess mortality could help estimate the impact of COVID-19 on the country to date. This was complemented with shared recommendations on infection prevention and control (IPC) and ensuring the mental health of the population during the pandemic.

The Ancash department in **Peru** received support from PAHO. The team conducted its third mission to the cities of Huaraz and Chimbote to support health authorities to implement measures designed to reduce infections in the area.

PAHO supported **Brazil** with an assessment on ongoing efforts to troubleshoot challenging issues pertaining to the country’s COVID-19 response in the state of Minas Gerais.

**Regional**
As the communication needs of the region evolve during the pandemic, PAHO continued to disseminate key COVID-19 messages across multiple platforms, and to respond to media enquiries. The Director of PAHO urged countries to **take a phased approach to relaxing public health measures based on local conditions** while ensuring preparations are in place to impose preventive measures again if epidemiological situations change.

PAHO produced videos, infographics and media cards in different languages covering topics such as *when and how to use masks*; *avoiding infections as certain settings reopen*; *domestic violence in the context of COVID-19*; and *saving water and hand washing*.

During the weekly “Ask the Expert” session, PAHO specialists shared **critical information on what health care providers and people with noncommunicable diseases (NCDs) need to know about COVID-19**.
In **Suriname**, PAHO prioritized the safety and wellbeing of children during this pandemic. Following the Dutch translation of the children’s booklet, “My Hero is You,” PAHO and other partners worked with the Government to distribute them to children in primary schools and in children’s home. This has been complemented with other materials designed to give critical information to parents and to care givers attending to older persons to reduce the risk of infection. PAHO provided equipment to the Medical Mission to improve health services through telemedicine and to improve risk communication in eight villages in the southern and southeastern parts of the country.

PAHO worked with national and state-level health authorities in **Mexico** to analyze public risk perceptions to shape risk communication strategies tailored to the needs of municipalities during the pandemic.

In **Argentina**, PAHO’s COVID-19 Newsletter has reached close to 4,500 recipients, providing critical information on the current epidemiological situation and recommendations to slow the spread of the virus.

**Surveillance, Rapid Response Teams, and Case Investigation**

PAHO has developed a Geo-Hub for the region’s COVID-19 data. It includes a series of dashboards and epidemiological data which are updated daily. It has four sub-regional and 54 country and territory geo-hubs for the Americas. The public can also consult PAHO’s **interactive dashboard** showing cumulative cases, deaths, cumulative incidence rate, new cases and deaths, as well as several other epidemiological indicators 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 continued to ensure that all countries in the Region integrate COVID-19 into their routine severe acute respiratory illness / influenza-like illness (**SARI/ILI**) surveillance systems. To date, **20 countries** have integrated COVID-19 surveillance into their SARI/ILI systems. PAHO also publishes weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators (**available here**).

PAHO continued to manage data of the line list of nominal cases reported by Member States. To date, PAHO has received data from 38 of the 54 countries and territories in the Americas, representing close to 64% of all reported cases in the Americas and 37% of reported deaths.
In collaboration with GOARN, PAHO has trained 31 countries and territories in the Go.Data app, and 20 of those are already implementing it. The Go.Data app is a tool that support suspect case investigation and management, display of transmission chains, and contact tracing. During the week PAHO provided advanced training to Brazil in the use of the Go.Data app, while the government of Argentina received support to improve contact tracing.

**Country**
PAHO coordinated with the Ministry of Health of Panama to train 300 health officials, including personnel from the private sector, on data management for COVID-19 and other communicable diseases.

The team in Brazil fostered the exchange of information on the seroprevalence of the virus in healthcare workers and other characteristics of COVID-19. PAHO further supported health authorities to analyze the spread of COVID-19 in indigenous communities (epidemiological bulletins available [here](#)).

PAHO supported the Ministry of Health of the Bahamas to manage data pertaining to the COVID-19 outbreak using the Go.Data tool.

In Haiti, PAHO conducted a mission to the Nord Department (22-29 June) to reinforce its surveillance efforts. This included capacity building in data analysis, case investigation, contact tracing, and managing call centers. Two training sessions were held in the Sud-Est Department (30 June to 1 July) to train field teams in case investigation and contact tracing.

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### Points of Entry

**Country**
PAHO shared its technical recommendations with health authorities from Jamaica, Bermuda, and Cayman Islands as they consider the necessary steps to take once non-essential international traffic resumes in the Caribbean.

Recognizing the need to minimize the risk of imported cases, PAHO joined the Ministry of Health and other partners to strengthen surveillance capacities in three communes in Haiti’s Ouest department bordering the Dominican Republic. During this mission, PAHO supported in establishing a site for sampling and quarantining migrants suspected to have COVID-19. PAHO worked with the IOM, UNICEF, and UNFPA to support national authorities to screen passengers and follow up on quarantined travelers.

In Brazil, PAHO supported health authorities in Mato Gross do Sul, Rio Grande do Norte, and Sao Paulo to develop and implement a plan to adjust social distancing measures, including criteria to guide decision makers on social distancing and other non-pharmacological measures.

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### National Laboratory

**Regional**
PAHO has released Laboratory Guidelines for the Detection and Diagnosis of COVID-19 Virus Infection. These have been distributed to the National Influenza Centers (NICs) and National Public Health Laboratories across the Americas.

During the Ibero-American Program for Science and Technology for Development (CYTED), PAHO shared...
an overview of its actions to date which have improved laboratory testing capacities for COVID-19 and disseminated its recommendations for detection, diagnosis, and surveillance. PAHO invited NICs and public health laboratories from the Region to foster greater regional coordination in this area.

PAHO coordinated with seven recently trained Caribbean laboratories to participate in the WHO External Quality Assessment Program for COVID-19. This will help these laboratories identify any critical issues with its testing for COVID-19.

Following rounds of capacity building, Jamaica’s National Public Health Laboratory (NPHL) now has a second site that uses an open platform for conducting COVID-19 laboratory testing.

During the week, PAHO provided additional troubleshooting sessions and follow up calls regarding diagnostic implementation to Dominica, El Salvador, Guatemala, and Haiti. This was in addition to PAHO’s more tailored support to Dominica (in the use of PCR strips), Grenada (to set up its second PCR instrument), and Saint Vincent and the Grenadines (to interpret PCR test results).

Since the beginning of PAHO’s response up to the date of this report, PAHO has provided primers, probes and/or PCR kits for approximately 5.26 million reactions/tests. This includes approximately 28,500 swabs, enzymes for around 990,000 reactions and 150 extraction kits/reagents, among other critical material. PAHO sent additional laboratory material (such as extraction reagents and kits, internal controls, PCR plates and tubes) to Dominica, Guatemala, Trinidad and Tobago, and Venezuela.

**Country**

PAHO supported the Central Medical Laboratory in Belize in the process of testing Severe Acute Respiratory Infections (SARI) and Influenza-Like Illnesses (ILI) to aid in COVID-19 testing, and how to use tools to report the integrated data.

In Peru, PAHO donated 251,000 molecular COVID-19 tests, 3,750 masks, 7500 gloves and 300 portable oximeters for managing COVID-19 cases. These have been provided to the country’s National Institute of Health and the national armed forces.

PAHO provided support to Honduras’ three new virology laboratories to effectively test for COVID-19 cases. This was complemented with training for over 500 employees from different sectors of the country’s COVID-19 response, ranging from biosecurity to monitoring of cases at ports of entry.

In Haiti, PAHO conducted a mission to the Nord department to boost laboratory testing capacities, with a focus on quality assurance and improving test turnaround.

Venezuela received PAHO support to expand molecular testing for COVID-19. PAHO assessed a state-level laboratory to identify challenges and propose strategies that would allow it to conduct COVID-19 testing by early August.
Regional
PAHO continued to support and promote the safety of health care workers in countries. The regional team presented key considerations for the rational use of personal protective equipment (PPE) to the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) (both sessions reached over 250 participants).

Country-specific trainings were provided to Grenada for IPC practices among housekeeping staff (20 trained), Anguilla for housekeeping staff and ferry operators (14 trained), and Paraguay for IPC techniques (30 decision makers trained).

Country
In Suriname, PAHO and its partners visited the warehouse of a local NGO, SU4SU Foundation, to discuss their plans for distribution of donated PPE and equipment to health facilities in Suriname. The team provided technical guidance and documents on rational use of PPE, specifications for PPE and equipment as well as quality control measures for COVID-19 supplies. PAHO also discussed and shared the Tool for Forecasting COVID-19 supplies with the Foundation’s management team.

PAHO and other UN agencies held discussions with judicial authorities in Brazil and Peru regarding health in prisons. Further PAHO shared guidelines and experiences on how to better manage the health of persons deprived of liberty during the pandemic.

PAHO Venezuela distributed the PPE previously procured to 31 hospitals in six states prioritized for their high number of cases.

Country
PAHO partnered with the University of West Indies (UWI) to train 25 registered nurses in Trinidad and Tobago on key aspects of providing critical care for COVID-19 cases.

Panama received 20 oxygen concentrators and other PPE to manage COVID-19 cases in the Santo Tomás Hospital.
Regional

The global market for PPE, laboratory tests, and supplies and equipment for managing COVID-19 cases remains extremely competitive. Meanwhile, new suppliers have rushed to meet this need, creating challenges for countries seeking to procure quality goods.

Recognizing this challenge, in May PAHO coordinated with WHO and its Member States to secure the needed resources to conduct pooled procurement of life-saving PPE that health workers on the front lines need to keep safe from infection. These months of work have paid off.

In close coordination with national governments and WHO, PAHO has delivered close to over one million face shields, 11.6 million surgical masks, over 2.6 million respirator masks, 259,300 gowns, and over 92,600 goggles to seven countries in the Region: Barbados, Belize, Ecuador, El Salvador, Paraguay, Peru, and Venezuela. These goods are expected to protect health care workers as they continue to treat COVID-19 cases. These shipments were made possible thanks also to the generous contributions of PAHO’s Member States, donors, and partners from across the globe.

Regional and Country

Health technology assessments (HTAs) are invaluable in guiding health authorities to use technologies relevant to the COVID-19 pandemic. The Regional Database of Health Technology Assessment Reports of the Americas (BRISA) has 160 reports now available in its COVID-19 section.

PAHO continued to work with its Member States to provide guidance on the use of in vitro diagnostics (IVDs) and other regulatory aspects, considering authorizations from WHO’s Emergency Use Listing (EUL) Procedure and recommendations from eight national regulatory agencies around the globe.

Additionally, PAHO maintained a repository of websites and relevant information, including regulatory response on COVID-19, at the Regional Platform on Access and Innovation for Health Technologies (PRAIS).

Figure 6: PAHO delivered PPE to Venezuela to protect health workers in 31 hospitals in six states. Source: PAHO, 29 June 2020

Figure 7: PAHO supported Haiti to establish sampling sites to improve surveillance of COVID-19 cases, with a focus on the area bordering neighboring Dominican Republic. Source: PAHO, July 2020
PAHO joined the CDC IPC Global Webinar Series to present the regional perspective on technical specifications and regulatory challenges regarding PPE (370 participants). PAHO convened the IX Regulatory Update virtual meeting in the Region of the Americas on COVID-19: Informative session with local authorities (SPA/ENG) on Global Regulatory Updates, with 77 participants.

Emergency medical teams (EMTs) are of significant value when a country’s health system is stretched beyond its capacity. To date, 15 countries have reported the deployment of 179 national EMTs, and the setup of 102 Alternative Medical Care Sites (AMCS) which provided 8,453 additional hospital beds and 480 additional critical care beds. PAHO continued to share best practices and recommendations to members of the regional network of national EMT focal points. In coordination with partners from Spain and Latin America, PAHO targeted recent topics to focus on local level experiences with prehospital emergency medical services (115 participants) and mental health in EMTs (150 participants).

PAHO worked with authorities from Argentina, Costa Rica, Ecuador, Paraguay, and Peru, (200 participants) on strategies to establish AMCS to manage COVID-19 cases so as not to overburden the existing health systems.

During a Latin American Parliament (PARLATINO) Commission meeting, PAHO presented on the availability of and access to health services during the pandemic, while considering legislative perspectives (25 deputies and senators from the Region participated).

PAHO met with 75 health professionals from across the Region to discuss the health of healthcare workers. Part of this effort entailed ensuring they have sufficient PPE to keep them safe. PAHO has finalized an interactive tool to estimate PPE needs (available online). Meanwhile, Ecuador and Guatemala received training to use PAHO’s hospital and ICU beds estimation tool.

Country
PAHO worked with Mexican health authorities to formulate strategies for ensuring the continued surveillance of dengue and other arboviruses during the ongoing pandemic, while prioritizing laboratory detection and surveillance for COVID-19.

In Costa Rica, PAHO provided technical cooperation to health authorities and the country’s Social Security Fund to monitor health services indicators as the country manages COVID-19 cases.

PAHO collaborated with the Ministry of Sports and health authorities of Paraguay to launch an 11-week campaign to tackle non-communicable disease (NCDs) and COVID-19 while encouraging physical activity to protect the population’s mental health and encourage a healthy lifestyle. This campaign reached 1,857,830 people (primarily younger people), received 1,325 comments, and attained 39,426 reactions.

PAHO and other UN agencies worked with the Mexican government to devise strategies to promote the use of disposable masks among the general public while reducing excessive waste stemming from their use. Additionally, it is working on strategies to protect persons with multiple sclerosis, older adults, as well as children.

Regional
PAHO continued to review new and emerging information to build an evidence-base to combat the virus. The public has access to PAHO’s COVID-19 Technical Database, which 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 others.
PAHO also continued to maintain 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 coordinated to support countries from the Americas to participate in the SOLIDARITY trial, which aims to assess the efficacy of possible therapeutics for COVID-19. PAHO also continued to collaborate 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 Belize, Bill & Melinda Gates Foundation, Canada, Japan, New Zealand, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, the Caribbean Development Bank, the Caribbean Confederation of Credit Unions, Development Bank of Latin America (CAF), the European Union, Fideicomiso Fondo Mixto de Cooperacion Tecnica Cientifica Mexico-Espana, Fundación Yamuni Tabush, World Bank, the World Food Program, the UN Central Emergency Response Fund, the UN Development Fund, the UN Multi-Partner Trust Fund, the World Health Organization and its donors, other small contributions, and to the invaluable collaboration from our partners within the Americas and beyond.

CONTRIBUTE TO OUR RESPONSE
An estimated US$200 million is needed to support pandemic preparedness and response in Latin America and the Caribbean through December 2020. As of 1 July 2020, PAHO has received US$66.6 million in donor contributions and firm pledges.

You can donate to support PAHO’s response to COVID-19 at this link.

Country Spotlight: SURINAME
Suriname supports BOG’s drive-walk-through COVID-19 testing sites

“I have been sick for about a week but didn’t go to the doctor because I thought I would get better quickly”. This was the response given to PAHO by a young man who tested positive at one of the 12 drive-through/walk-through COVID-19 testing sites made available by the Bureau of Public Health (BOG, the acronym in Dutch). These swab locations were opened because observations from field workers and the results from case investigation from the Epidemiology Unit revealed a higher number of confirmed cases spawning from certain regions in the Paramaribo and Wanica districts.

The drive-through/walk-through swab locations provided community members an easy and accessible means to get tested if they were experiencing or had experienced symptoms related to COVID-19. The objective of this activity was to increase the number of persons tested who had possibly been in contact with confirmed cases but had not been identified through contact tracing. PAHO supported the implementation of this activity and used this opportunity to solicit valuable feedback from the community. Feedback received indicated that there was still a gap in residents’ understanding about how COVID-19 spreads, the way COVID-19 preventative measures should be implemented in day-to-day life, and the importance of isolating oneself and contacting one’s doctor if there are any symptoms related to COVID-19.

To address this knowledge gap, PAHO Suriname has worked hard at creating collaborations with NGOs and Neighborhood Officers from each District Commissioner’s office. This strategy has strengthened COVID-19 risk communication aimed at urban, rural and hinterland communities. The opportunities for sharing the information provided by these collaborations will allow for a broader impact of the Risk Communication efforts. PAHO will also continue to support the Ministry of Health and the Bureau of Public Health to increase the available swab locations and the capacity for testing within the country. These combined efforts will contribute to the country’s goal of slowing down the spread of the disease.
| Laboratory Guidelines for the Detection and Diagnosis of COVID-19 Virus Infection [link] |
|**Published:** 8 July 2020 |

PAHO recommends that Member States ensure timely identification of suspect cases, collection and shipment of samples to reference laboratories, and implementation of molecular detection protocols, according to the laboratory capacity. This document includes guidelines for various essential aspects of laboratory testing for COVID-19, ranging from sample collection and proper shipment to genomic surveillance and data reporting.
### 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).
- **Resources for and access to populations in situations of vulnerability**: PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods.
- **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 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 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 and incorrect analyses.
- **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.