

## PAHO/WHO Response. 27 July 2020. Report ° 18

### 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 27 July (15:00)

**8,728,962**  
Confirmed cases\*

**339,651**  
Deaths\*

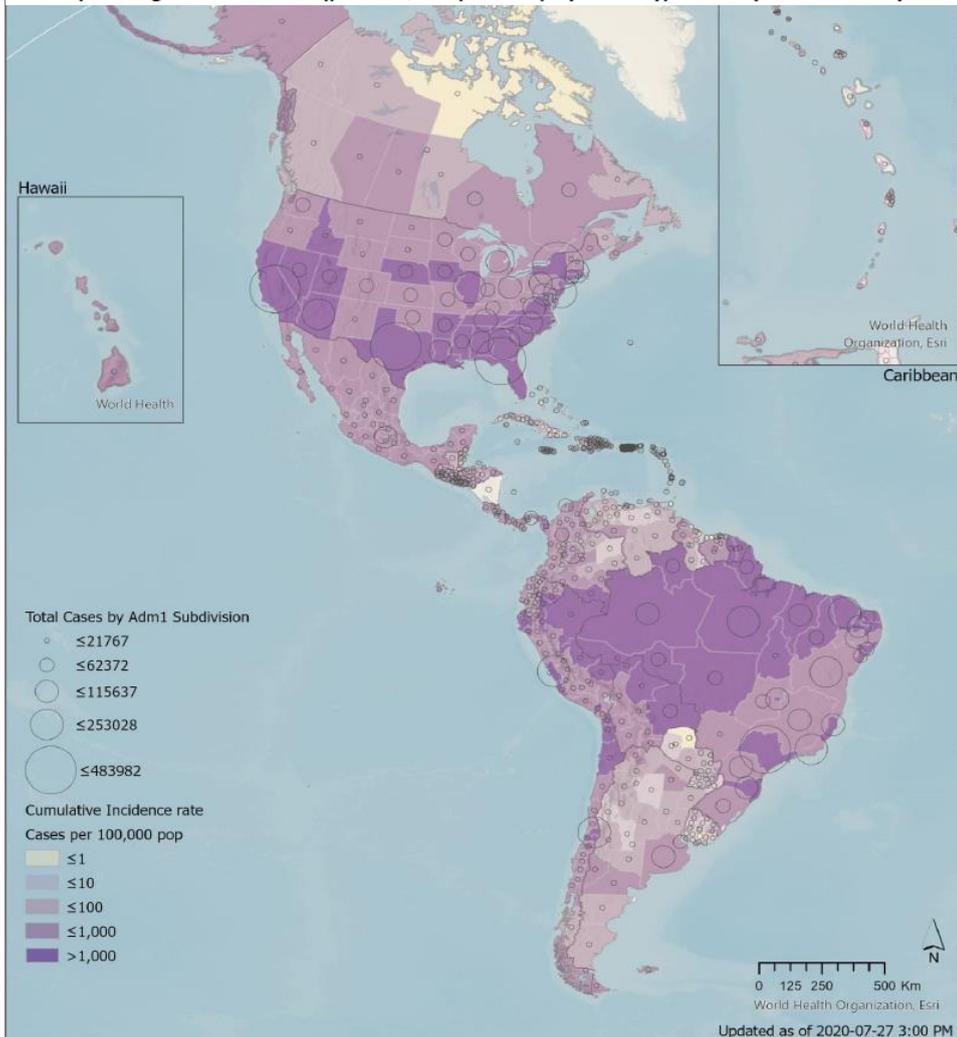
**54**  
Countries / areas / territories counted for epidemiological purposes

\*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

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 27 July 2020.



## Key Figures: The Americas' Response to COVID-19

PAHO Response	<b>96</b> Technical guidelines and recommendations developed or adapted from WHO	<b>15M</b> COVID-19 PCR tests sent to 36 countries and territories	<b>&gt;122</b> Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 67 PPE shipments to 26 countries and territories	
				<b>1.5M</b> Gloves	<b>621k</b> Gowns
				<b>11M</b> Surgical & Respirator Masks	<b>116k</b> Goggles
Regional Readiness	<b>32/35</b> # Countries with national COVID-19 Preparation and Response Plans	<b>38/51</b> # Countries and territories with molecular detection capacity to diagnose COVID-19	<b>20/35</b> # countries using existing SARI/ILI surveillance systems to monitor COVID-19	<b>17/22</b> # Reporting countries where at least 50% of health facilities have triage capacity	<b>33/35</b> # Reporting countries with national IPC / WASH plans for health facilities

### PAHO/WHO Response (21 to 27 July 2020)

On 17 January 2020, the Pan American Sanitary Bureau activated an organization-wide Incident Management Support Team (IMST) to provide 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.



### Country-level Coordination, Planning, and Monitoring

#### 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 **Ecuador**, PAHO partnered with national authorities to develop an intervention strategy to support the response in provinces with the largest indigenous populations and with difficulties in accessing health services. The two teams also conducted a technical visit to the northern border to assess the situation there in the context of COVID-19.

PAHO **Cuba** collaborated with international partners in a session to evaluate food security in the framework of COVID-19.

The team in **Brazil** supported national partners to conduct technical analysis on the [COVID-19 situation in indigenous communities](#).

PAHO collaborated with the United Nations teams in **Costa Rica** to revise and approve the care protocols for migrant children and adolescents.



Figure 1: PAHO Suriname and the new multi-stakeholder Outbreak Management Team collaborate in the COVID-19 response. Source: PAHO, July 2020

## 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)**

**Standard precautions: Hand hygiene (COVID-19) (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)**



## Risk Communication and Community Engagement

### Regional

As the communication needs of the region evolve during the pandemic, PAHO continued to disseminate key messages across multiple platforms, and to respond to media enquiries. PAHO also produced various infographics on [handwashing; the proper use of masks; coping with stress](#), among other topics.

During the weekly press briefing, the Director of PAHO urged countries to [strengthen health systems by responding to emerging needs informed by better data](#). Meanwhile, during the weekly "Ask the Expert" session, PAHO specialists discussed issues related to the [Ethics of Clinical Trials to Find a Vaccine or Treatment](#).

### Country

The sub-regional team for **Barbados and Eastern Caribbean Countries** (ECC) in conjunction with regional and international partners conducted a training programme on 'COVID-19: Principles of Psychological First Aid and Self-Care'. The series of webinars provided basic emotional support tools to more than 1,000 participants.

PAHO **Brazil** partnered with national authorities to disseminate [educational videos](#) to health professionals and the general public.

In **Argentina**, PAHO convened a virtual workshop for journalists on 'How to Report in the context of COVID-19'. The participants from 65 municipalities included independent communicators, oral and written press personnel, and municipal communications teams.

The team in **Mexico** supported a technical session to analyze public perceptions and risk communications strategies to enhance response actions during the 'new normal'. The team further supported national authorities to reinforce the communication strategy for the sustainable use of disposable masks to mitigate any environmental impact.



## Surveillance, Rapid Response Teams, and Case Investigation

### Regional

PAHO has developed a Geo-**Hub** for the region which includes a series of dashboards and epidemiological data updated daily. It has four sub-regional and 54 country and territory geo-hubs for the Americas. In addition, the public can 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 continued its **Event-Based Surveillance** (EBS) while also supporting countries to boost their **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 published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators ([available here](#)).

PAHO managed data of the line list of nominal cases reported by Member States. To date, 38 of the 54 countries and territories in the Americas have reported this data. This represented 61% of all reported cases and 32% of reported deaths in the Americas during the reporting week.

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 supports suspect case investigation and management, display of transmission chains, and contact tracing.

During the reporting week, the regional team strengthened the PAHO Flu surveillance platform in **Costa Rica, Chile, and Honduras** to better monitor COVID-19.

### Country

The team in **Argentina** trained national stakeholders of 9 provinces in the use of Go.Data for monitoring contacts.

In **Mexico**, PAHO supported the reactivation of the use of Go.Data in health agencies, to enable the country to become a regional training centre for this tool. This intervention will also facilitate the use of the tool for COVID-19 outbreak investigation and contact tracing.

PAHO **Costa Rica** supported national authorities to model the impact of possible scenarios based on public health measures being implemented.



Figure 2: PAHO conducted investigation at a health centre in Haiti. Source: PAHO, July 2020



## Points of Entry

### Country

Since the reopening of **Haiti's** international airports, PAHO has collaborated with other United Nations agencies to support efforts to screen passengers and follow up with those who were quarantined. Additionally, the team has conducted training for medical personnel working at the border with the **Dominican Republic** to strengthen capacities in issues of gender-based violence.



## National Laboratory

### Regional

Since the beginning of PAHO's response up to the date of this report, the Organization has provided primers, probes and/or PCR kits for approximately **5.47 million** reactions/tests. PAHO also provided approximately 28,500 swabs, enzymes for around 990,000 reactions and 150 extraction kits/reagents, among other critical material.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to **Antigua and Barbuda, Bermuda, Dominica, Guyana, Paraguay and St Vincent and**

**the Grenadines.** Additional training was provided to **Saint Vincent and the Grenadines** on results analysis and interpretation.

The regional team provided technical support to **Colombia** to evaluate alternate methodologies to enhance the laboratory response.

PAHO presented the updated [Laboratory Guidelines for the Detection and Diagnosis of COVID-19 Virus Infection](#) to professionals in **Cuba, Dominican Republic, Mexico** and the Central America sub-region.

### Country

PAHO **Jamaica** provided technical guidance to **Bermuda, Cayman Islands, and Jamaica** for participation in the Regional Genomic Sequencing project.

Following the update to PAHO's [Laboratory Guidelines for the Detection and Diagnosis of COVID-19 Virus Infection](#), the team in **Costa Rica** reviewed and clarified relevant aspects of the guidelines with national authorities.

To strengthen the diagnostic capacity in Bogota, PAHO **Colombia** donated diagnostic tests to the authorities in that city. PAHO also continued its effort with the authorities to reduce delivery times for test results, thus improving the active detection of cases.



## Infection Prevention and Control (IPC)

### Regional

PAHO convened a webinar series (in English and Spanish) on 'Assessment of Risk Factors for COVID-19 in Health Workers: Protocol for a Case Control Study'. In addition, the regional team also conducted a training session on infection prevention and control (IPC) for decision makers in **Paraguay**.

### Country

The team in **Suriname** trained 35 hospital workers in IPC topics, including Personal Protective Equipment (PPE) use, cleaning and disinfection, triage, and isolation.

PAHO **Haiti** trained 101 health care workers from 4 institutions in IPC measures including the appropriate use of PPE.



Figure 3: PAHO Haiti conducted IPC training for health care workers. Source: PAHO, July 2020



## Case Management

### Regional

PAHO has released guidance explaining that based on existing evidence, the Organization would **not recommend using products that contain chlorine dioxide, sodium chlorite, sodium hypochlorite, or derivates for treating COVID-19.**

During the week, PAHO supported national authorities in **The Bahamas** to evaluate and update information on intensive care unit (ICU) beds.

## Country

The team in **Honduras** developed a virtual Home Care course depicting the needs of patients with mild symptoms as well as their contacts. The course is accessible through the Honduras Node of the Virtual Campus of Public Health, as well as PAHO Honduras' social media accounts.

In partnership with the Ministry of Health, PAHO **Brazil** developed a tool to estimate the need for ICU and non-ICU beds considering duration of transmission, location, hospital capacity and implementation of social measures.

In **Costa Rica**, PAHO delivered an online seminar on 'Management of Disorders caused by Psychoactive Substances in the context of COVID-19'. The seminar targeted health professionals responsible for the care of persons using psychoactive substances, especially in the given context.



Figure 4: PAHO El Salvador provided technical support to health professionals to manage the pandemic. Source: PAHO, July 2020



## Operational Support and Logistics

### Regional and Country

PAHO continued to assess various types of PPEs as countries and multilateral agencies consider these for the protection of health care workers. In addition, PAHO collaborated with its partners to facilitate the procurement of essential supplies and equipment for subsequent distribution within the region.

The regional team supported **Argentina, Honduras and Paraguay** with technical clarifications on standards regarding PPEs.

With an international partner, the sub-regional team for **Barbados and Eastern Caribbean Countries** provided essential COVID-19 supplies to **Barbados**.



Figure 5: PAHO delivered critical supplies in Barbados to enhance the COVID-19 response. Source: PAHO, July 2020



## Maintaining Essential Health Services during the Pandemic

### Regional

**Emergency medical teams (EMTs)** are of significant value when a country's health system is stretched beyond its capacity. PAHO continued to share best practices and recommendations to members of the regional network of national EMTs. During the week, the regional team convened technical webinars on "Introduction of SISMED platform for managing 911 call dispatch and ambulance response".

**Health technology assessments (HTAs)** are invaluable in guiding health authorities in the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas (**BRISA**) now has 177 reports 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 Authorities (NRAs) around the globe.

PAHO collaborated with NRAs from across the Americas to share recommendations, considerations, and evaluations on products that would be used to manage COVID-19 during the pandemic.

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**).

## Country

Disruption of essential services such as immunization during a pandemic can increase the occurrence of vaccine preventable diseases, which in turn will overburden the health system already strained by COVID-19. In that context, the sub-regional team for **Barbados and the Eastern Caribbean Countries** produced a short [animation video](#) to encourage continued vaccination during the pandemic.

## Immunization during COVID-19 pandemic



Figure 6: PAHO's animated video encourages persons to get vaccinated during the pandemic. Source: PAHO, July 2020

PAHO **El Salvador** continued to maintain a presence in the multisectoral working groups for COVID-19. The team continued to support the national authorities in reorganization of health services and coordination work between COVID-19 and other health programmes.



## Research, Innovation, and Development

### 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** for technical guidelines, scientific publication and ongoing research protocols from the region. 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 and in-kind donations from the governments of Belize, Canada, Japan, New Zealand, Spain, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, as well as the Caribbean Development Bank, the Caribbean Confederation of Credit Unions, Corporación Andina de Fomento – Banco de Desarrollo de América Latina, Direct Relief, the European Union, Fundación Yamuni Tabush, World Bank Group, 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 27 July 2020, PAHO has received US\$90.4 million in donor contributions and firm pledges.

You can donate to support PAHO's response to COVID-19 at this [link](#).

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

 <p>The thumbnail shows the cover of a document titled "COVID-19" with the subtitle "Algoritmo de manejo de pacientes con sospecha de infección por COVID-19 en el primer nivel de atención y en zonas remotas de la Región de las Américas". It includes the date "AUGUST 2020" and a small "NOTA" section at the bottom.</p>	<p><b>Algorithm for the management of patients with suspected COVID-19 infection at the first level of care and in remote areas of the Americas region, July 2020 [link] (Spanish only)</b> <b>Published:</b> 23 July 2020</p> <p>The objective of this document is to present an algorithm for managing patients with suspected COVID-19 at the first level of care and in remote areas, in order to carry out early identification of cases according to severity and to provide indications for timely referral. The algorithm was adapted based on the results of an evidence review and validation process with experts from the Region of the Americas.</p>
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GAPS	CHALLENGES
<ul style="list-style-type: none"> <li>• <b>Surveillance systems:</b> More capacity-building and equipment for analysis.</li> <li>• <b>Information systems:</b> Data management systems are essential for case monitoring and contact tracing while protecting confidentiality.</li> <li>• <b>Strategic planning and response:</b> Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans.</li> <li>• <b>Laboratory test kits and equipment:</b> National laboratories need more extraction kits and other supplies to keep testing.</li> <li>• <b>IPC supplies:</b> PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE.</li> <li>• <b>Health facility evaluations:</b> Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH).</li> <li>• <b>Resources for and access to populations in situations of vulnerability:</b> PPE and other supplies are needed in these communities. Logistical challenges must be overcome to deliver these critical goods.</li> <li>• <b>Risk communications:</b> Key messages must be tailored to each country's context to resonate with intended audiences.</li> <li>• <b>Subnational-level health workers:</b> A surge in medical personnel is needed to ensure countries can serve their whole populations and obtain more epidemiological data as it becomes available.</li> <li>• <b>Intensive care units:</b> More ICUs will be needed to manage anticipated severe cases.</li> <li>• <b>Migrant access to health services:</b> Countries are assessing how to serve these populations and better manage outbreaks.</li> <li>• <b>Private sector coordination:</b> This is essential to ensure national protocols are followed.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Border closures:</b> 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.</li> <li>• <b>Competitive marketplace:</b> Countries and organizations are competing for limited supplies due to global shortages of PPE and other items.</li> <li>• <b>Managing infections in healthcare settings:</b> 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.</li> <li>• <b>Infected healthcare workers:</b> Infected health workers who are sick or quarantined will strain health systems.</li> <li>• <b>Test availability:</b> Epidemiological monitoring requires more testing. Counterfeit tests are creating risks in resources lost and incorrect analyses.</li> <li>• <b>Health workforce limitations:</b> Insufficient human resources hamper countries' efforts to conduct contact tracing and manage patients in quarantine.</li> <li>• <b>Risk Communication:</b> The risk perception is still low in some countries/territories.</li> <li>• <b>Telephone referral systems:</b> Some countries are reporting overwhelming call volumes.</li> <li>• <b>Logistics systems:</b> Many countries are still unprepared to manage the distribution of supplies and equipment.</li> <li>• <b>Continuity in other health services:</b> The pandemic has diverted resources from other critical services for programs such as HIV, TB, and noncommunicable diseases (NCDs).</li> <li>• <b>Stigma:</b> Countries must take steps to reduce stigma towards persons returning from abroad and others associated with higher likelihood of infection.</li> </ul>