COVID-19

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

PAHO

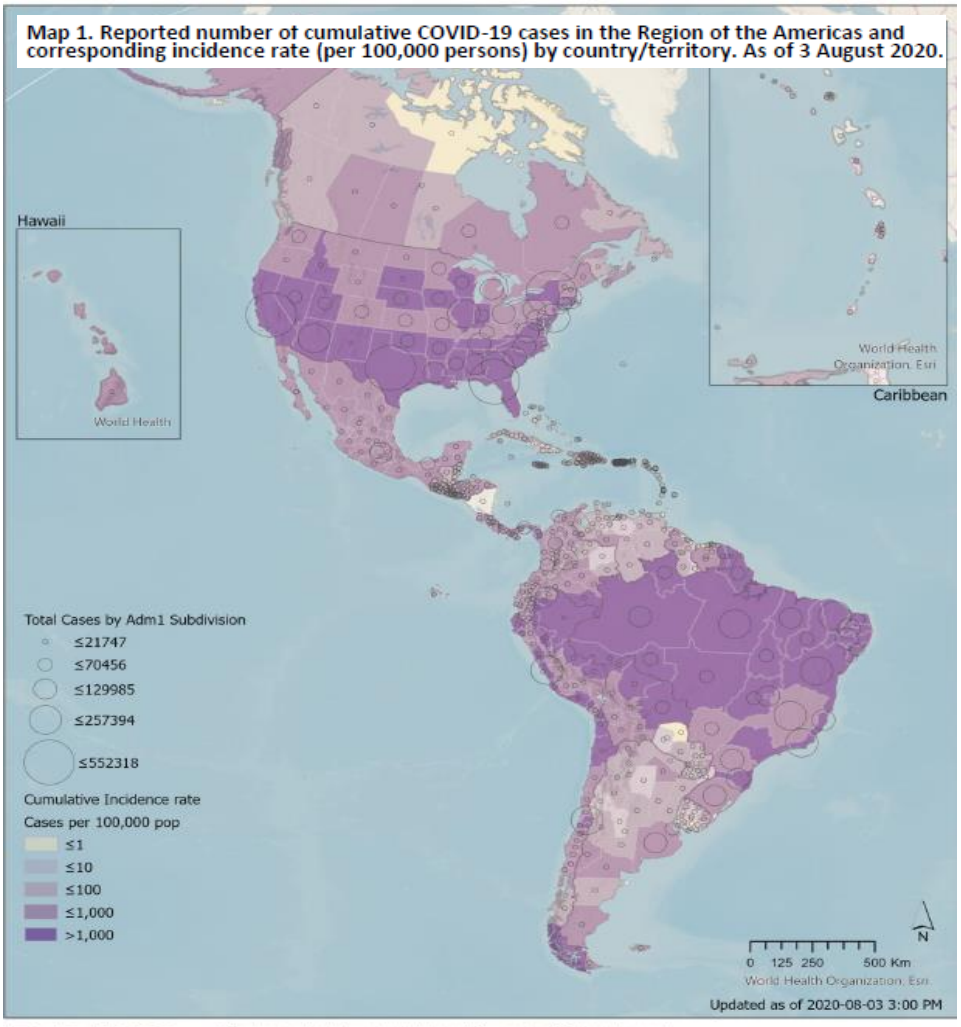
PAHO/WHO Response. 03 August 2020. Report º 19

CONTEXT

Following an outbreak of a novel Coronavirus (COVID-19) in Wuhan City, Hubei Province of China, rapid community, regional and international spread has occurred with exponential growth in cases and deaths. On 30 January 2020, the Director-General (DG) of the WHO declared the COVID-19 outbreak a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR) (2005). The first case in the Americas was confirmed in the USA on 20 January 2020, followed by Brazil on 26 February 2020. Since then, COVID-19 has spread to **all 54 countries and territories in the Americas**.

PAHO/WHO activated regional and country incident management system teams to provide direct emergency response to Ministries of Health and other national authorities for surveillance, laboratory capacity, support health care services, infection prevention control, clinical management and risk communication; all aligning with priority lines of action. The Organization has developed, published, and disseminated evidence-based technical documents to help guide countries' strategies and policies to manage this pandemic.

Map 1. Reported number of cumulative COVID-19 cases in the Region of the Americas and corresponding incidence rate (per 100,000 persons) by country/territory. As of 3 August 2020.



PAHO

SITUATION IN NUMBERS IN THE AMERICAS

as of 03 August (15:00)

9,741,727
Confirmed cases*

365,334
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

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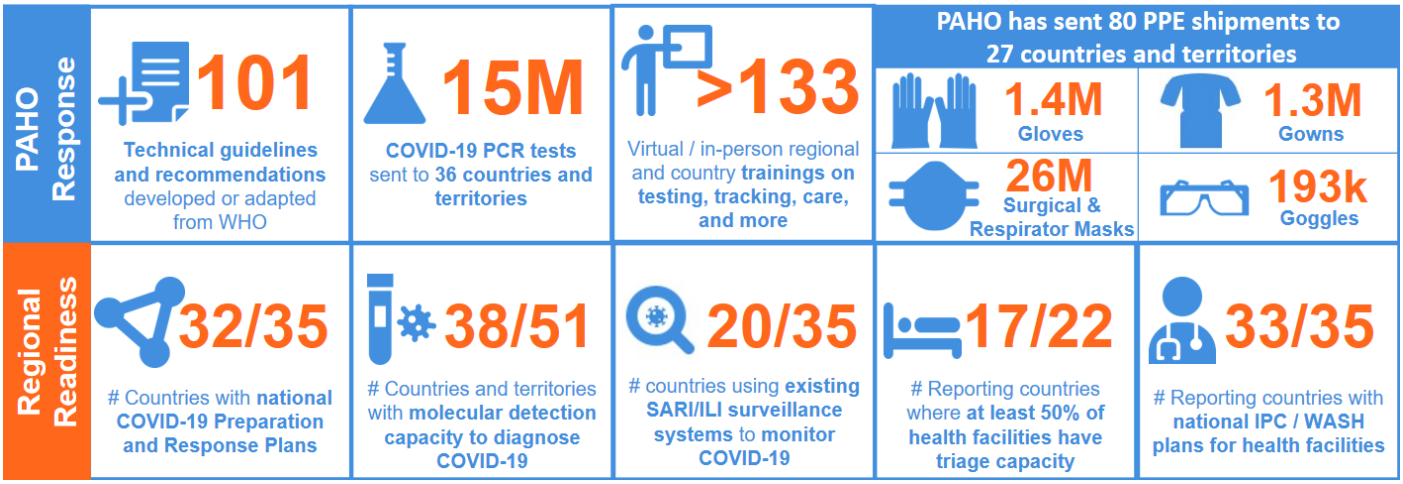
Key Figures: The Americas' Response to COVID-19



PAHO/WHO Response (28 July to 03 August 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

The **Belize** team together with United Nations counterparts, international NGOs and the Ministry of Health convened coordination meetings to assess support to communities along the border areas.

PAHO **El Salvador** continued to coordinate the Health Cluster to support the response. This involved cooperation with the United Nations System, development agencies, and national and international NGOs.

The team in **Jamaica** collaborated with partners in the United Nations System and the Ministry of Health to ensure efficient coordination of the health sector response.

The **Costa Rica** team together with national authorities analyzed opportunities for a structured balance between the health sector and the economy. In addition, the team developed a course on PAHO's Virtual Campus for Public Health to support municipal staff working with vulnerable populations.

PAHO's regional and country teams convened a dialogue with leaders of indigenous organizations in **Bolivia**, **Brazil**, **Colombia**, **Ecuador**, **Peru,** and **Venezuela** to address issues of access to health services for vulnerable populations. PAHO highlighted the need to consider the implications of traditional medicine in the context of the pandemic.

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; avoiding the 3 c's; coping with stress, among other topics.

During the weekly press briefing (held jointly with the United Nations Economic Commission for Latin America and the Caribbean), the Director of PAHO noted that "This pandemic has underscored that health is a right, and that right should be guaranteed for all". At the joint press briefing, the two Organizations launched a new joint report with recommendations to flatten the curve of contagion.

During the weekly "Ask the Expert" session, PAHO technical experts examined issues surrounding the essential hepatitis services during the pandemic.

Country

In **Chile**, the team provided technical leadership and support for the development of guidelines for a communications and behavioral change plan.

PAHO **Panama** defined the plan for mental health care of detained migrant population in two detention stations. Further the team, with United Nations counterparts and social actors supported the Solidarity campaign (Ser Solidario Es, in Spanish) to engage the community to adopt preventative measures.

PAHO **Costa Rica** supported the Ministry of Health regarding the new risk communications plan. Additionally, PAHO and its partners began the process for a survey of citizen perception to facilitate the update of the communication strategy. The team, with the International Organization on Migration and Ministry of Health produced posters on cough etiquette, hand-washing and other preventative measures for the Ngäbe population.

Figure I: PAHO **Costa Rica** and partners produced posters for indigenous persons. Source: PAHO. July 2020

In **Belize** the team convened consultations with national authorities to discuss access to the COVID-19 vaccine as well as experiences in pharmacovigilance, technovigilance and hemovigilance.

The team in **Cuba** supported national authorities to elaborate different communication products aimed at schools.

PAHO **Paraguay** provided technical guidance to improve national capacities for psychosocial response to

the pandemic. The team conducted a virtual forum on Substance Use and Mental Health in Times of a Pandemic. In addition, PAHO developed communication materials to encourage communities not to let down their guard in the fight against COVID-19.

The team in **Suriname** developed and disseminated posters and media messages, with attention being given to long-term care institutions, indigenous populations and other vulnerable groups.

The sub-regional Office for **Barbados and the Eastern Caribbean Countries** with its mental health partners delivered a webinar on "Creating Communities of Care in Times of Crisis" to 132 participants. The Office, together with its regional partner, also launched its mental health campaign "Stronger Together: Connecting to feel Safe, Calm and Hopeful".

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 week, the regional team conducted a rapid response workshop in **Guyana**. Additionally, the team delivered webinars to **Chile**, **Mexico**, and **Paraguay** on several tools to evaluate vulnerability and excess mortality.

Country

In **The Bahamas**, PAHO continued to provide technical guidance to the Ministry of Health in the transition to the Go.Data platform. Further, the team supported the Ministry of Health in the **Turks and Caicos Islands** to troubleshoot aspects of the platform.

The team in **Suriname** continued to support the adaptation and decentralization of an electronic data capture form to improve information flow at the COVID-19 hotline location. Additionally, the team supported field implementation of the Go.Data platform.

PAHO **Mexico** delivered a presentation to stakeholders on a tool to evaluate excess mortality from all causes.

Figure 2: PAHO **Bolivia** supported national authorities to implement Health Brigades for surveillance activities. Source: PAHO, July 2020

Points of Entry

Country

In **Jamaica**, PAHO collaborated with the Ministry of Health to provide and install banners at the points of entry. The banners explained the requirements for wearing masks, quarantine, and social distancing. The team also provided the Ministries of Health in **Bermuda**, **Cayman Islands** and **Jamaica** with the WHO guidance on Public Health Considerations While Resuming International Travel.

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 **5.51 million** reactions/tests. PAHO also provided approximately 30,000 swabs, enzymes for around 990,000 reactions and 150 extraction kits/reagents, among other critical material.

Figure 3: PAHO regional and sub-regional teams' webinar facilitated exchange among the **Eastern Caribbean** and Overseas Territories/Departments. Source: PAHO, July 2020

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to **Antigua and Barbuda**, **Dominica**, **Guyana**, and **Paraguay**. In addition, detection reagents and materials (primers, probes, positive controls, enzymes) were sent to **Costa Rica**, **Honduras**, and **Peru**.

Further, the regional team conducted a virtual training session on COVID-19 RT-PCR testing at a second site in **Grenada**.

Country

The sub-regional Office for **Barbados and the Eastern Caribbean Countries** and the regional team delivered a webinar on "Scaling up Laboratory Testing Strategy".

PAHO **Suriname** delivered training as well as kits for approximately 10,000 tests to the Central Laboratory (the designated national laboratory for testing).

PAHO **Venezuela** supported a national laboratory to improve its physical infrastructure based on biosafety requirements. This intervention enhanced its diagnostic capacity which will allow quality testing to be carried out.

Figure 4: PAHO **Venezuela** supported infrastructural improvements at a national laboratory. Source: PAHO, July 2020

Infection Prevention and Control (IPC)

Regional and Country

During the week, the regional team delivered IPC training to 30 decision makers in **Paraguay**.

Figure 5: PAHO **Suriname** collaborated with the country's and Dutch IPC specialists to provide training material to improve IPC in the health care facilities. 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, the regional team delivered a training webinar on "Clinical Management in Children" to 250 participants. Technical support was also provided to **Panama** and **Peru** on issues related to the use of medical oxygen and biomedical equipment.

Country

In **Bolivia**, PAHO together with United Nations agencies supported the operation of new centres for the isolation and recovery of mild cases.

Operational Support and Logistics

Regional and Country

The regional team continued to collaborate with regional, national, and international partners on all matters related to procurement, shipping, freight, logistics and technical specifications.

During the week, the team delivered training on technical specifications of PPE and biomedical equipment to 18 countries: **Argentina**, **Bolivia**, **Brazil**, **Chile**, **Colombia**, **Costa Rica**, **Dominican Republic**, **Ecuador**, **El Salvador**, **Guatemala**, **Honduras**, **Mexico**, **Nicaragua**, **Panama**, **Paraguay**, **Peru**, **Uruguay**, **Venezuela**.

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 with the regional network of national EMTs. During the week, the regional team conducted a technical webinar on "Information Management and Medical Coordination for Medical Surge Capacity" for 95 EMT personnel.

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 193 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

To date, PAHO **Honduras** has adapted and developed 87 guidelines for the continuity of health services. The team provided professionals with training and certification in tele-medicine to facilitate health services for dengue-related illnesses. Further, PAHO and partners convened a national forum "Local Governments against the COVID-19 Pandemic and Dengue Epidemic" to improve the response capacity.

During a national webinar, PAHO **Mexico** promoted the incorporation of low prevalence diseases in the health system's transformation process within the context of COVID-19.

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 in the region 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.

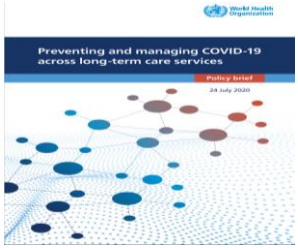
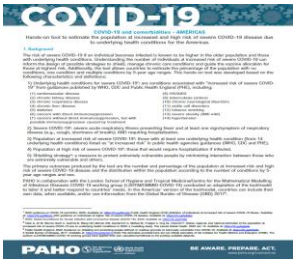
PAHO/WHO's COVID-19 response was made possible in part due to generous contributions and in-kind donations from the governments of Belize, Canada, Japan, New Zealand, Spain, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, as well as the Caribbean Development Bank, the Caribbean Confederation of Credit Unions, Corporacion Andina de Fomento – Banco de Desarrollo de América Latina, Direct Relief, the European Union, Fonds d'Assistance Economique et Sociale, Fundación Yamuni Tabush, the Inter-American Development Bank, the 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 3 August 2020, PAHO has received US$93.7 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

	**Vigilancia posterior a la autorización de productos médicos durante una emergencia pandémica, 21 de julio del 2020 [link] (Spanish only)** **Published:** 21 July 2020 This document provides guidelines and recommendations to support regulatory decision-making in pharmacovigilance, techno-surveillance and hemovigilance in the context of the pandemic in the Region. It is addressed to both national regulatory authorities and to other actors (expanded immunization programs, disease or public health programs, health service professionals, etc.).
	**Preventing and managing COVID-19 across long-term care services: Policy brief, 24 July 2020 [link]** **Published:** 24 July 2020 This policy brief provides 11 policy objectives and key action points to prevent and manage COVID-19 across long-term care services. Its intended audience is policy makers and authorities (national, subnational and local) involved in the COVID-19 pandemic.
	**Guía para el cuidado de pacientes adultos críticos con COVID-19 en las Américas. 29 July [link summary] [link full version] (Spanish only)** **Published:** 29 July 2020 This clinical practice guide provides evidence-informed recommendations for the management of critical adult patients in intensive care units (ICU. The recommendations are addressed at all health personnel, decision makers and members of government entities related to the management of patients with COVID-19 in ICUs.
	**COVID-19 and comorbidities in the Americas [link background information in English] [link FAQ English] [link background information Spanish] [link FAQ Spanish]** **Published:** 29 July 2020 Hands-on tool to estimate the population at increased and high risk of severe COVID-19 disease due to underlying health conditions for the Americas

GAPS	CHALLENGES
• **Surveillance systems:** More capacity-building and equipment for analysis. • **Information systems:** Data management systems are essential for case monitoring and contact tracing while protecting confidentiality. • **Strategic planning and response**: Countries need enough resources to implement national COVID-19 Preparedness and Response Plan and Risk Communication Plans. • **Laboratory test kits and equipment**: National laboratories need more extraction kits and other supplies to keep testing. • **IPC supplies**: PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. Healthcare workers are hesitant to work without PPE. • **Health facility evaluations**: Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH). • **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.	• **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 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 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.