

## PAHO/WHO Response. 17 August 2020. Report ° 21

### 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 17 August (15:00)

# 11,667,196

Confirmed cases\*

# 419,995

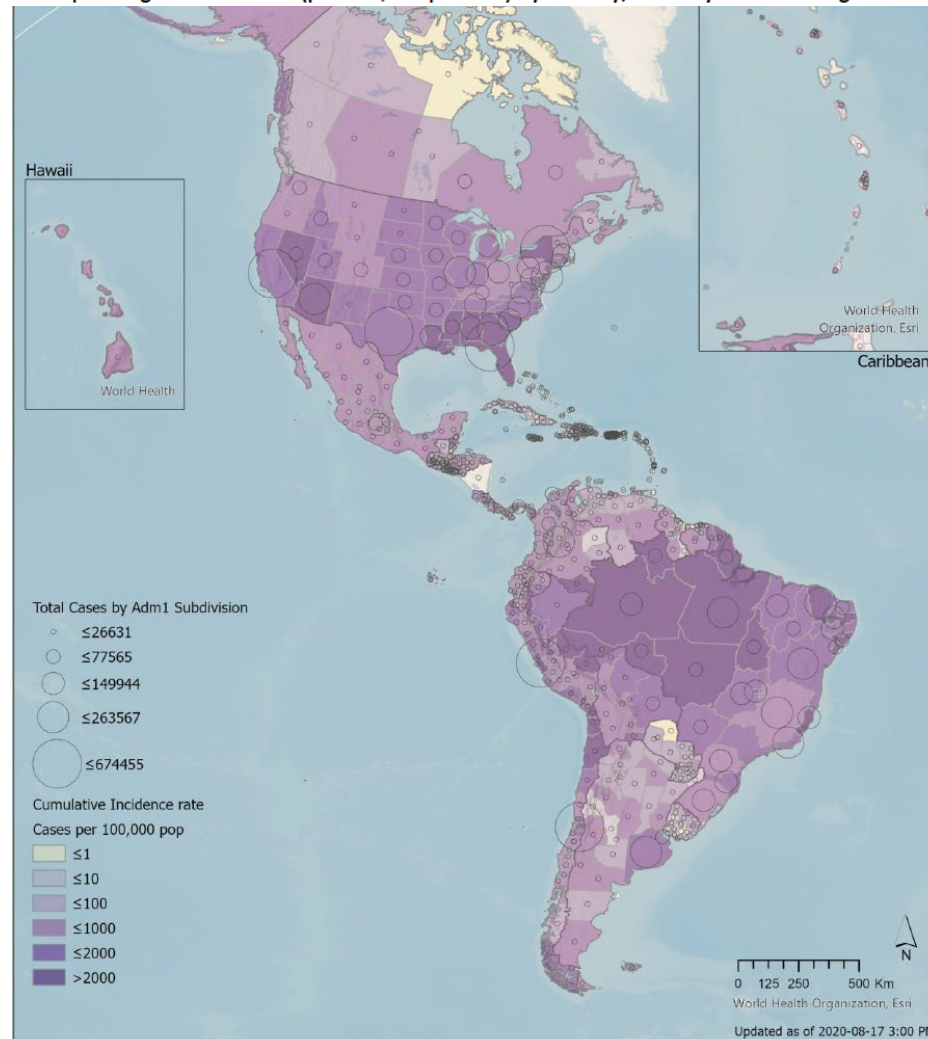
Deaths\*

# 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)

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 17 August 2020.



## 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

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

PAHO Response		PAHO has sent 84 PPE shipments to 29 countries and territories			
PAHO Response	<b>94</b> Technical guidelines and recommendations developed or adapted from WHO	<b>6.2M</b> COVID-19 PCR tests sent to 36 countries and territories	<b>&gt;123</b> Virtual / in-person regional and country trainings on testing, tracking, care, and more	<b>1.41M</b> Gloves	<b>1.37M</b> Gowns
				<b>31M</b> Surgical & Respirator Masks	<b>216k</b> Goggles
Regional Readiness					
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>29/31</b> # Reporting countries with national IPC / WASH plans for health facilities

### PAHO/WHO Response (11 to 17 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

Four months after the first case was reported in **Brazil**, PAHO's office had translated 115 WHO and PAHO documents on COVID-19 into Portuguese (available [here](#)). This has provided the second most populous country in the Western Hemisphere with access to the Organization's evidence-based guidance, tools, and recommendations to guide health authorities during this ongoing pandemic.



Figure 1: PAHO donated hospital equipment, medicines, and PPE to Suriname's efforts to combat COVID-19. Source: PAHO, 13 August 2020

In commemoration of **International Day of the World's Indigenous Peoples** (9 August), PAHO's team in **Panama** partnered with the national authorities to host a virtual session which allowed directors of health regions with large indigenous populations to share their experiences and lessons learned to combat the virus among these groups. PAHO worked with health authorities in **Costa Rica** to assess how cross-border efforts could be coordinated with **Panama** to better serve these indigenous populations.

PAHO continued to work closely with health authorities in **Cuba** to assess how its technical cooperation could best bridge identified gaps in the country's efforts to manage COVID-19 cases in the country.

## 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. The **infographics** cover a range of issues related to COVID-19 including fighting stigma, masks, hand washing, domestic violence, and hepatitis.

During the weekly press briefing, the Director of PAHO **urged Member States** to strike a balance between confronting the threat of COVID-19 on the one hand and maintaining essential services on the other, including those that help manage and prevent infectious diseases. She noted that this was critical to ensuring that the Americas did not lose ground it had gained in its fight toward eliminating and controlling infectious diseases ranging from tuberculosis and hepatitis to malaria and HIV.

During the weekly **"Ask the Expert" session**, PAHO technical experts discussed youth health during the pandemic. This was in commemoration of International Youth Day (12 August).

### Country

In **Brazil**, PAHO has partnered with FIOCRUZ and the Ministry of Health to develop health communication training materials for the post-graduation level.

PAHO's team in **Paraguay** continued to coordinate with the United Nations' country team and the Ministry of Health to discuss key issues regarding the country's progress towards achieving the targets in the 2030 Sustainable Development Agenda. The 30 July session focused on the country's response to the COVID-19 pandemic and the need to protect its health services and systems.

PAHO collaborated with the Ministry of Health of **Suriname** to produce additional television and radio spots highlighting actions to be taken in the face of COVID-19 related symptoms, the "COVID-distance" ("Covid-afstand" in Dutch) of 1.5 meters, and the reasons to avoid social gatherings.

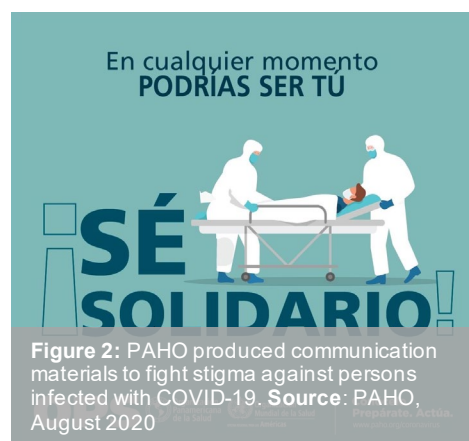


Figure 2: PAHO produced communication materials to fight stigma against persons infected with COVID-19. Source: PAHO, August 2020





## 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](#)).



Figure 3: PAHO partnered with the government of Suriname to produce videos and radio spots to promote behavior that reduces the risk of COVID-19. Source: PAHO, August 2020

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 58.73% of all reported cases and 45.34% of reported deaths in the Americas to date.

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. This past week, PAHO provided advanced training in Go.Data to **Mexico**.

During the reporting week PAHO published two new epidemiological alerts. The first on **COVID-19 during pregnancy**, highlighted recently published results and studies which showed an increased risk among pregnant women of presenting with severe forms of COVID-19 and, therefore, of being hospitalized and admitted to intensive care units (ICU). The second alert focused on **complications and sequelae of COVID-19** and included recommendations for Member States to keep health professionals informed as new information continued to become available. This would facilitate the timely detection and proper management of COVID-19 cases, complications, and sequelae.

### Country

The team in **Brazil** supported the Ministry of Health to develop and update new COVID-19 surveillance guidelines ([available here](#)).

In **Mexico**, PAHO coordinated with the government agency CEMECE to train over 1,000 participants from across the country to properly fill out death certificates in the COVID-19 context. This workshop was part of a broader effort to increase capacities to improve estimates of excess mortality in the country.

PAHO provided equipment to support **Suriname**'s expanded sampling sites of the country's Regional Health Services to meet the demand of suspected cases requiring testing.



## Points of Entry

PAHO supported **Belize's** National COVID-19 Task Force to provide recommendations on how to safely reopen the Philip Goldson Intl Airport to incoming travelers while considering the risk posed by allowing potential COVID cases into the country.



## 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 **6.2 million** reactions/tests. PAHO also provided approximately 290,000 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to **Dominica, Grenada, Honduras, and Paraguay**.

PAHO hosted a technical meeting with the Gorgas Memorial Institute of Health Sciences of **Panama** and FIOCRUZ of **Brazil** to discuss the COVID-19 Sequencing protocol, technical recommendations, and next steps to collaborate with the Regional Genomic Surveillance Network.

**Belize** received PAHO support to review and discuss the country's updated guidelines and its COVID-19 testing strategy. This involved staff from the Ministry of Health as well as the National Laboratory.

### Country

PAHO trained laboratory personnel in the **Bahamas** to perform GeneXpert COVID-19 tests. The next steps will entail verifying assay performance.

In **Jamaica**, PAHO coordinated with the National Public Health Laboratory to brief the country's National Influenza Centre on a recommended workflow to maximize efficiencies for COVID-19 laboratory testing.



## Infection Prevention and Control (IPC)

### Regional

PAHO conducted training in IPC for **Guyana** (first of six planned sessions, with 104 participants), the **Bahamas** (session two of ten, with 31 participants), **Paraguay** (session ten of twelve, with 30 participants), and for health workers in **Venezuela** (10 participants).

### Country

PAHO collaborated with health authorities of **Costa Rica** and researchers from the University of Costa Rica and University of California, Davis, to formulate a simulation and research project on the spread of COVID-19 and the effect of prevention measures in long-stay homes in the country.

In the **Bahamas**, PAHO held an IPC training for doctors and nurses from the Ministry of Health, Public Hospitals Authority, and the Department of Public Health.

In **Bolivia**, PAHO deployed two health professionals to support the biosecurity of health personnel in the recovery / isolation centers of the department of Oruro, and another at an isolation center in Santa Cruz.

PAHO continued to collaborate with education and health authorities in **Mexico** as the country prepared to assess the measures and guidelines needed to ensure the safe resumption of schools.



## Case Management

### Regional

PAHO released guidance on regulatory aspects for the use of pulse oximeters for monitoring COVID-19 patients ([available](#) in Spanish only).

### Country

PAHO convened a webinar to provide health workers, regulators, members of professional societies, and the general public of **Panama** with an analysis on progress towards a vaccine for COVID-19, the key findings of the latest clinical trials, and ways to overcome the logistical obstacles to the deployment of a vaccine in the midst of a global pandemic. Its aim was primarily to provide participants with the perspective of vaccines in development and expectations of success in the short to medium term.

PAHO coordinated with the National Council for Health Research of **Costa Rica** to convene the III International Symposium on Bioethics and Fundamental Rights of Biomedical Research. It touched upon key aspects related to the COVID-19 pandemic.



## Operational Support and Logistics

### Regional and Country

The regional team continued to collaborate with regional, national, and international partners (including other UN agencies) on all matters related to procurement, shipping, freight, logistics and technical specifications.

Considering the multitude of suppliers and concerns about the quality of procured goods, PAHO has made quality assurance a critical component of its technical support to procuring goods, supplies, and equipment for the COVID-19 response. PAHO trained country officials on key aspects related to quality assurance, regulations, and technical specifications for procuring PPE and biomedical equipment. Thirty-eight participants were trained from **Belize, Barbados and the Eastern Caribbean countries, Guatemala, Guyana, Haiti, Honduras, Jamaica, Panama, Trinidad and Tobago, and Venezuela**.

PAHO collaborated with **Costa Rica's** health authorities to assess how the procurement of medicine could be made through PAHO's Strategic Fund.

On 13 August, PAHO delivered hospital equipment, medicine, and personal protective equipment (PPE) to the Ministry of Health of **Suriname** for COVID-19 management. PAHO will continue to provide technical support in this area to strengthen the national logistics management information system and regulatory frameworks for essential medicines in the country.



## Maintaining Essential Health Services during the Pandemic

### Regional

The reorganization and expansion of services is critical to ensuring that health systems can adapt to needs arising from the COVID-19 pandemic while sustaining services critical for other health conditions. PAHO worked with national authorities in **Suriname** and **Venezuela** to provide recommendations on taking measures to reduce negative impacts on these countries' health systems.

PAHO convened a webinar on *Older Persons Health and COVID* as part of the U.N ECLAC Human Rights course ([link](#)) (duration 150 minutes, 725 participants).



Figure 5: PAHO worked with the National COVID-19 Task Force of Belize to review steps to identify COVID-19 cases at an international airport.  
Source: PAHO, 3 August 2020

**Emergency medical teams** (EMTs) are of significant value when a country's health system is stretched beyond its capacity. PAHO facilitated the Regional Caribbean EMT Coordination refresher course with a virtual SIMEX to introduce the 55 participants to the CICOM methodology and the use of the Virtual CICOM during a hurricane response. A technical webinar was delivered through EMT Ignite on "Clinical Management of COVID-19 patients in remote areas" (ENG and SPA, 65 participants).

PAHO collaborated with **Colombia's** Ministry of Health and the EMT from the Fundación Barco San Raffæle to discuss regional and national coordination mechanisms and the CICOM methodology in response to the COVID-19 pandemic. PAHO's regional team worked with national health authorities of **Guatemala** to introduce SISMED911, a free software that facilitates the timely delivery of services to people affected by an adverse situation, monitors resources and their availability, and coordinates the various participating components and entities, for integration into the country's national prehospital EMS. PAHO introduced **Costa Rica's** Health Cluster to the EMT response approach for use at borders and in remote areas.

**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 210 reports available in its COVID-19 section. PAHO collaborated with the Regional HTA Network (RedETSA) to deliver a Webinar organized by the Dominican Republic's SISALRIL (Superintendency for Health and Labor Risks) and a national newspaper, Diario Salud, with 494 participants ([link](#) to the recording).

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 EUL procedure and recommendations from eight NRAs from around the globe. PAHO maintains a list of 67 prioritized IVDs for proprietary and open platforms.

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**).

PAHO convened a meeting to disseminate critical information on the Exchange of Adverse Events of Medical Devices (REDMA), with the participation of 55 representatives from regulatory agencies from seventeen countries (Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Mexico, Nicaragua, Paraguay, El Salvador, Uruguay, United States, and Venezuela).



Technical support was provided to **Peru** on voltage stabilizers for the oxygen concentrators and to **Venezuela** on recommendations about the use of portable oxygen concentrators.

PAHO produced guidance and recommendations on the **post-authorization Surveillance of Medical Products during a Pandemic Emergency** to support regulatory decision-making in pharmacovigilance, technovigilance, and hemovigilance during pandemics. This was in addition to PAHO's fifth update to the **List of Priority Medical Devices in the Context of COVID-19**, which provided technical descriptions and specifications for the medical devices recommended for case management.

## Country

PAHO worked with health authorities from **Belize**, **Cuba**, and other countries to disseminate best practices and recommendations on strengthening blood systems, as well as considerations on the use of convalescent plasma for treating COVID-19 cases.

To close World Breastfeeding Week, PAHO's team in **Panama** worked with national health authorities to convene the "First Virtual Family Breastfeeding Encounter Panama 2020". This session focused on a wide range of aspects related to breastfeeding in the COVID-19 context.

In **Bolivia**, PAHO provided training in the Comprehensive Attention Model for Victims of Sexual Violence to prevent and reduce violence in 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. It has been visited over 360,000 times.

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 UN Special Session on Children, 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 17 August 2020, PAHO has received US\$101.2 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><b>Flowchart for the Management of Suspected COVID-19 Patients at the First Level of Care and in Remote Areas in the Region of the Americas, July 2020</b> <b>Published:</b> 14 August 2020</p> <p>This document offers an algorithm for the management of COVID-19 patients at the first level of care and in remote areas, with focus on early case identification based on severity, and timely indications of remission. The flowchart incorporates the results of a process that included a review of the evidence and validation by experts in the Region. It is subject to revision as new evidence becomes available.</p>
	<p><b>Epidemiological Alert: Complications and sequelae of COVID-19 (Link)</b> <b>Published:</b> 12 August 2020</p> <p>More than 7 months following the first report of novel coronavirus disease (COVID-19), knowledge of the complications and sequelae of this disease has increased substantially. Through this alert, the Pan American Health Organization / World Health Organization (PAHO/WHO) urges Member States to keep health professionals informed as new information continues to become available in order to strengthen the timely detection and proper management of COVID-19 cases, complications, and sequelae.</p>
	<p><b>Epidemiological Alert: COVID-19 During Pregnancy - 13 August 2020</b> <b>Published:</b> 13 August 2020</p> <p>Recently published results and studies based on COVID-19 surveillance data have indicated an increased risk among pregnant women of presenting with severe forms of COVID-19 and, therefore, of being hospitalized and admitted to ICU. Member States are urged to intensify efforts to ensure access to prenatal care services, as well as to implement preventive measures to reduce morbidity and mortality associated with COVID-19 across all levels of the health system.</p>
	<p><b>Now in English: Post-authorization Surveillance of Medical Products during a Pandemic Emergency, 21 July 2020 (Link)</b> <b>Published:</b> 12 August 2020</p> <p>Provides guidance and recommendations to support regulatory decision-making in pharmacovigilance, technovigilance, and hemovigilance during pandemics. It addresses key issues to improve the detection, prevention, and response to unregistered, substandard, or falsified medical products. This report is designed for NRAs and other actors (Expanded Program on Immunization, disease-specific and public health programs, health service professionals, etc.) involved in the regulation, selection, indication, and utilization of health technologies.</p>
	<p><b>UPDATE: List of Priority Medical Devices in the Context of COVID-19 (Link)</b> <b>Updated:</b> 13 August 2020</p> <p>This is the fifth update to PAHO's interim recommendations for priority medical devices. Provides technical descriptions and specifications for the medical devices recommended to manage patients with suspected and/or confirmed COVID-19 infection at different levels of healthcare in the following stages of care: 1) triage and initial care; 2) sampling for diagnosis; 3) early supportive therapy and monitoring of SARI when COVID-19 infection is suspected; and 4) treatment of acute hypoxemic respiratory failure (AHRF), acute respiratory distress syndrome (ARDS) and septic shock.</p>

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 has added additional 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>