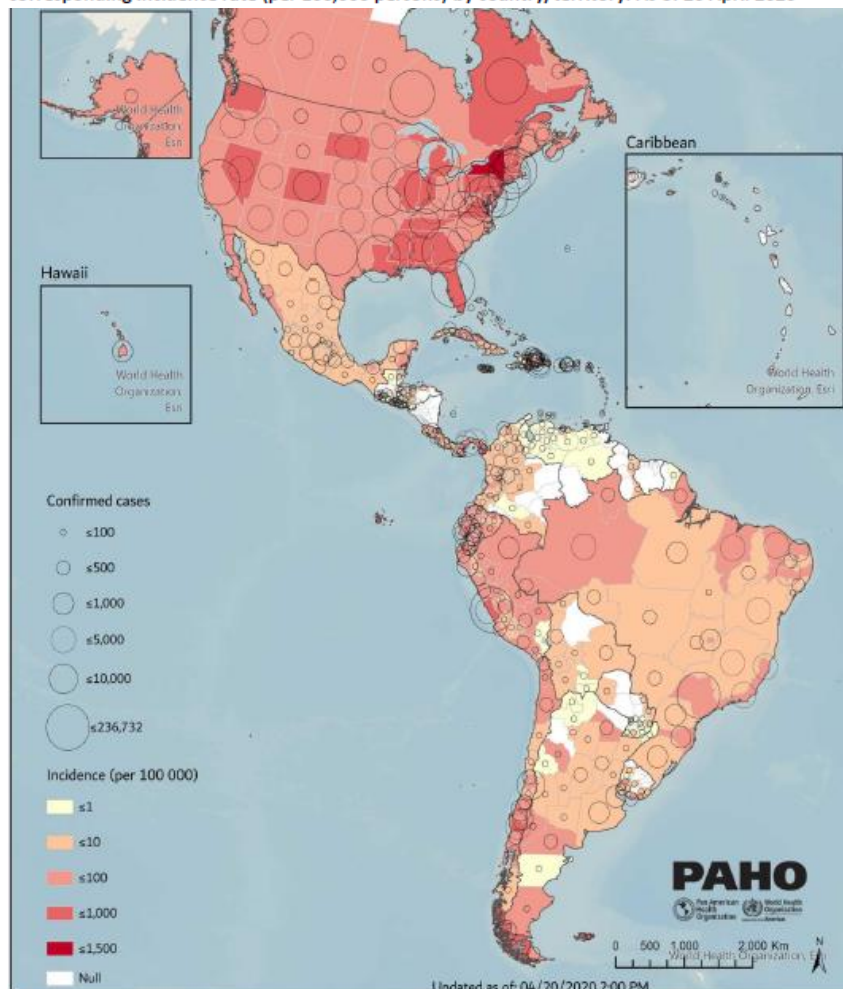# COVID-19

PAHO/WHO Response. 20 April 2020. Report ° 4

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 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 and Brazil reported the first case for Latin America and the Caribbean 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 Member States' strategies and policies to manage this pandemic in their territories.

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 20 April 2020

SITUATION IN NUMBERS IN THE AMERICAS
as of 20 April (14:00)

893,957
Confirmed cases*

47,941
Deaths*

54
Countries / areas / territories counted for epidemiological purposes

* Total includes both confirmed and probable for Ecuador (deaths), Canada (cases) and the US (probable deaths in NYC)

PRIORITY LINES OF ACTION FOR PAHO RESPONSE

Real-time information, coordination, and response operations

Limit human-to-transmission and prevent transmission amplification events

Identify, isolate, and care for patients early

Communicate critical risk and event information and counter misinformation

Research, Innovation, and Development

Key Figures: The Americas' Response to COVID-19

PAHO Response				
49 Technical guidelines and recommendations developed or adapted from WHO	**520k** COVID-19 Tests using molecular detection sent to 36 countries and territories	**>34** Virtual / in-person regional and country **trainings on testing, tracking, care, and more**	PAHO has sent 44 PPE shipments to 26 countries and territories	
			643k Gloves	**156k** Gowns
			458k Surgical & N95 Masks	**17k** Goggles

Regional Readiness				
32/35 # Countries with **national COVID-19 Preparation and Response Plans**	**36/51** # Countries and territories with **molecular detection capacity to diagnose COVID-19**	**19/35** # Countries using **existing SARI/ILI surveillance systems** to monitor COVID-19	**17/22** # Reporting countries where **at least 50% of health facilities have triage capacity**	**23/29** # Reporting countries with **national IPC / WASH plans for health facilities**

PAHO/WHO Response (13-20 April 2020)

On 17 January 2020 the Pan American Sanitary Bureau activated an organization-wide response to provide all Member States and territories with technical cooperation to address and mitigate the impact of the COVID-19 pandemic. PAHO's work to date falls under the following four key objectives from its regional response strategy:

> **OBJECTIVE 1: Ensure real-time information to countries and efficient coordination of national and regional response operations**

Regional

A **Public Dashboard** is updated regularly with COVID-19 epidemiological data to promote international coordination and awareness of the situation in our Region. PAHO works with countries to boost surveillance systems while it conducts **Event-based Surveillance (EBS)** to complement countries' **Indicator-based Surveillance (IBS)**. Efforts are undergoing 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 foster greater global coordination and promote integrated planning to COVID-19, PAHO has supported and trained 26 countries to access and utilize the WHO-led **Partners Platform**. Twenty countries are now using this web-based tool, which helps **guide countries' planning efforts** and enable external partners to **meet critical resource needs**.

Country

Despite cancelled flights and border closures, the **Barbados** team now routinely meets virtually with Eastern Caribbean health authorities to assess strategies to address the pandemic, including surveillance, public health emergency measures, laboratory, clinical management, infection prevention and control, mental health, and risk communication. The **Paraguay** team is working with country counterparts to activate department-level emergency operations centers. **Jamaica** and **El Salvador** are collaborating with designated emergency teams, providing around-the-clock technical guidance and support. **El Salvador** is focusing on strengthening epidemiological surveillance systems, with a focus on active case finding and contact tracing.

OBJECTIVE 2: Limit human-to-human transmission, including reducing secondary infections among close contacts and healthcare workers, and preventing transmission amplification events

Regional

PAHO has issued **interim guidelines** on care for health workers exposed to COVID-19 in health facilities. The Organization collaborated with WHO to deliver personal protection equipment (PPE) to **Nicaragua** and **Honduras**, with another shipment to **Venezuela** en route. It sent 5,000 N95 masks to **Ecuador** and 9,000 N95 masks and over 17,000 surgical gowns to **Haiti**. The government of **Guatemala** received PAHO support to identify qualified suppliers and obtain pricing information; this will facilitate their efforts to procure medical equipment and supplies. The Organization is meanwhile working with countries across the Region to strategize means to meet their procurement needs to tackle the pandemic, sharing tools to help quantify essentials and sharing information on the current global market situation.

Country

The **Eastern Caribbean Countries** team in Barbados delivered webinars to health workers in **Antigua and Barbuda** on mental health needs for community leaders, teachers, and hotline workers, and on caring for health workers' mental health needs as they respond to COVID-19. Recognizing the higher risks of infection among settings with populations in vulnerable situations, **Paraguay** is working with long-term care institutions, such as nursing homes, by distributing PPE and issuing WHO-recommended guidelines for infection prevention and control. It is similarly working with the country's Ministry of Justice to guide it to implement similar measures in jails and improve access to safe water in these facilities.

By 8 April, Barbados had reported 60 confirmed cases, with four critical cases and three deaths. The Barbados Defense Force (BDF) (the first certified Caribbean Emergency Medical Team, or EMT) opened a Swabbing Center at Paragon Base followed by an additional center for patients triage and swab taking for testing. With support from the government of Canada and other donors, PAHO's **Barbados** team provided BDF staff with guidance on infection control measures and with Personal Protective Equipment (PPE), equipment, cleaning materials, and other essential supplies.

Figure 1: PAHO provides Barbados Defense Force (BDF) personnel with Personal Protective Equipment (PPE), equipment, cleaning materials, and other essential supplies needed to set up facilities for testing and triage. **Source: PAHO/WHO.** April 2020

The **Panama** team delivered recommendations to its national counterparts on measures for disinfection, physical distancing, and strategies to ensure the safety of workers and clients in grocery and food selling settings. Meanwhile, the **Costa Rica** team applied models and tools to help the government assess its health system and plan accordingly. It also coordinated with Doctors Without Borders (MSF) to work on addressing the health of migrant populations along the country's borders.

The teams in **Jamaica** and **Colombia** provided government counterparts with critical laboratory equipment and PPE. In Colombia's case, this effort aimed to protect air force personnel assigned to transport severe cases from remote areas of the country to designated health centers. The amounts provided included 440,000 gloves, over 4,000 surgical and N95 masks, among other PPE supplies and disinfecting solutions.

Figure 2: PAHO delivers PPE (including gloves, masks, gowns, protective suits, goggles, disinfectants, among other supplies) to keep Colombian Airforce personnel safe while reassigned to transport severe cases from remote parts of the country to specialized designated centers for treatment. **Source: PAHO/WHO** April 2020

OBJECTIVE 3: Identify, isolate, and care for patients early, including providing optimized care for infected patients

Regional

PAHO has issued a **shorter version of the guidelines** for the **critical care of seriously ill adult patients with COVID-19** and **interim recommendations** on the **initial care of persons with acute respiratory illness in the COVID-19 context in healthcare facilities.** PAHO has released a **technical working document** with recommendations for the **reorganization and progressive expansion of health services** in response to the COVID-19 pandemic.

To strengthen laboratory capacities, PAHO is collaborating with countries on the use of the influenza laboratory algorithm for routine surveillance of acute respiratory surveillance (ARI) as well as severe acute respiratory infection (SARI). Meanwhile, it continues to provide guidance for **strategies for testing**, **quality assurance procedures**, and **genomic epidemiology**.

The Organization briefed relevant country networks on current evidence-based case management and therapeutics recommendations. It facilitated a webinar on **Intensive Care Delivery for COVID-19: Experience from Hospital Settings** (430 trained). It worked with **Belize** and the **Eastern Caribbean** to estimate needed hospital beds and other critical care resources and provided training in the application of a tool to conduct needs analysis of supplies and medicines. This tool's piloting is ongoing in Belize, El Salvador, and Honduras. The English version is underway.

PAHO has developed a community of practice for **pre-hospital emergency care** and a technical discussion group has been created on the **www.EMTamericas.org platform**. Support was provided to Paraguay with guidance on the adaptation of a mobile hospital for installation in military facilities in Asuncion.

Figure 3: Guatemala's Ministry of Health and PAHO/WHO delivered a national training on COVID-19 preparedness and response for doctors, nurses, laboratory technicians and communications specialists from private hospitals. **Photo credit:** PAHO/WHO. March 2020

Country

The **Paraguay** team is working with the Ministry of Health to expand its laboratory network, with PAHO supporting with the provision of supplies for PCR diagnostics. With the integration of the SENACSA laboratory from the country's Ministry of Agriculture and Livestock, the country will be able to process 400 samples daily. The team is also working to support the country to implement mechanisms and systems to improve healthcare facility care for patients and improve triage capacity. Efforts are underway to adapt hotels, hostels, and similar spaces for first line use for isolation and patient care, thus freeing up health workers to address severe cases. The team in **Guatemala, Honduras,** and **Mexico** are providing countries with guidance on preparing healthcare facilities for treating people infected with COVID-19.

The teams in **Chile, Guatemala, and Mexico** are promoting measures that protect people in situations of vulnerability, including people with disabilities, pregnant women, newborns, migrant populations, among others. **Honduras** and **Suriname** supported national governments to train rapid response teams (RRTs) in evidence-based recommendations.

OBJETIVE 4: Communicate critical risk and event information to all communities, and counter misinformation

Regional

PAHO disseminates key COVID-19-related information and knowledge across multiple media platforms and sources. It has used its platforms to disseminate evidence-based information that aims to protect health workers, the elderly, and other populations particularly vulnerable to infection from the virus.

Country

Paraguay supported the government's Ministry of Information, Technology, and Communications to disseminate risk communication messaging by radio and television, available in both Spanish and Guarani. The **Mexico** team has trained UNHCR field staff in risk communications and the proposed use of PPE. The

Figure 4: A television / social media video from Paraguay's Ministry of Health shares messages to prevent infection, disseminated in Guaraní and with subtitles for persons with hearing loss. **Source: PAHO**

Cuba team disseminated materials related to elderly persons and COVID-19, while **Honduras** worked with journalists and health facilities to communicate key information. The **Suriname** team worked with civil society, the media, and other UN agencies to distribute print and online materials to spread risk communication aiming to prevent infections.

Regional

PAHO is continuing to review new evidence and information to build an evidence base to combat this virus. The public has access to PAHO's **COVID-19 Technical Database** to further assist Member States and international partners to seek evidence-based information on science and technologies. PAHO continues to coordinate with WHO to support countries from the Region of the Americas to participate in the SOLIDARITY trial, which aims to help understand the spread and prevalence of the virus across the globe. It has also released a **document with ongoing updates regarding potential COVID-19 therapeutics**, the product of a series of rapid systematic reviews.

Figure 5: The PAHO team in Barbados met with the Chief Medical Officer, Permanent Secretary, and members of the Saint Kitts and Nevis Ministry of Health teams to identify key areas for support, including surveillance, public health emergency measures, laboratory, clinical management, infection prevention and control, mental health and risk communication. Chief Medical Officer, Dr Hazel Laws remarked that "the forum and opportunity has been critical and very valuable as we continue the fight to save lives and livelihood within the Federation of Saint Kitts and Nevis". **Source: PAHO/WHO. 16 April 2020**

🗒️ GAPS	⚠️ CHALLENGES
• **Surveillance systems:** Countries need more capacity-building and equipment to analyze epidemiological data. • **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 test kits, supplies, and information on potential international suppliers. • **IPC supplies:** PPEs and supplies (including for WASH) are urgently needed for isolation and quarantine wards. • **Health facility evaluations:** Countries must undertake additional assessments to guide measures for infection prevention and control (including WASH). • **Mapping populations in situations of vulnerability:** This is essential to determine resource allocation. • **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 much-needed supplies and equipment for testing, case management, and infection prevention and control. This could also add pressure to countries undergoing complex political and socioeconomic transitions. • **Competitive marketplace**: Countries and organizations are competing for limited supplies due to global shortages of PPE and other essential 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. • **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.