

PAHO/WHO Response. 20 July 2020. Report ° 17

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 20 July (15:00)

7,702,075

Confirmed cases*

311,569

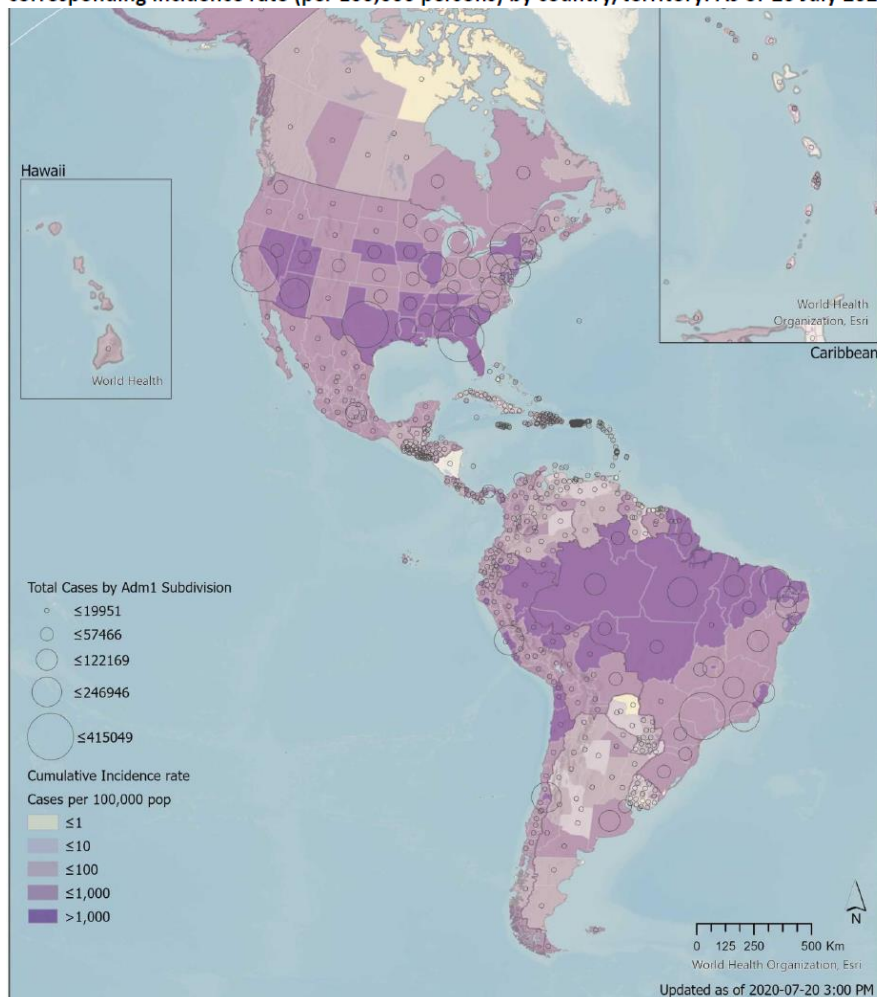
Deaths*

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 20 July 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	95 Technical guidelines and recommendations developed or adapted from WHO	15M COVID-19 PCR tests sent to 36 countries and territories	>116 Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 66 PPE shipments to 26 countries and territories	
				1.4M Gloves	487k Gowns
				3.6M Surgical & Respirator Masks	105k Goggles
Regional Readiness	32/35 # Countries with national COVID-19 Preparation and Response Plans	38/51 # Countries and territories with molecular detection capacity to diagnose COVID-19	20/35 # 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	33/35 # Reporting countries with national IPC / WASH plans for health facilities

PAHO/WHO Response (14 to 20 July 2020)

On 17 January 2020, the Pan American Sanitary Bureau activated an organization-wide Incident Management Support Team (IMST) to provide all its countries and territories with technical cooperation to address and mitigate the impact of the COVID-19 pandemic. The Organization's work to date falls under the nine pillars of the global Strategic Preparedness and Response Plan for COVID-19.



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 **Costa Rica**, PAHO worked with the country's social security office to monitor trends and key health service indicators to plan accordingly.

PAHO worked with the government of the state of Chiapas in **Mexico** to assess the evolving situation and how the health sector can respond, particularly reaching the population with health brigades.

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)



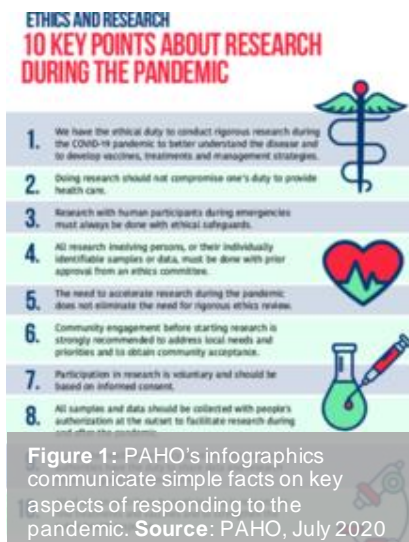
Risk Communication and Community Engagement

Regional

As the communication needs of the region evolve during the pandemic, PAHO continued to disseminate key COVID-19 messages across multiple platforms, and to respond to media enquiries. The Director of PAHO urged countries to **take measures to reduce the spread of the virus, particularly in the most vulnerable populations, and updated the world on progress towards new tools that could transform the Region's response to COVID-19.**

PAHO produced videos, infographics and media cards in different languages covering topics such as **key considerations for research, what to avoid as restrictions are relaxed, among other issues.**

During the weekly "Ask the Expert" session, PAHO specialists shared **critical information on vaccination and mental health considerations for women during the pandemic.**



Country

In collaboration with the UN Suriname Office and a national partner, PAHO **Suriname** distributed flyers on COVID-19 preventative measures to increase awareness in communities. Additionally, the team maintained a focus on mental health by supporting another information session "Jij bent niet alleen" ("You are not alone" in English) on national television. During the program, members of the public had the opportunity to speak with experts about mental health related issues in the time of COVID-19. This week's episode focused on the care and attention needed for the Health Care Workers. Attention was given to angst and stress among this group of workers.

In **Panama**, the Virtual Campus of Public Health participated in the Conversation "Teaching in times of COVID-19" during the International Book Fair organized by the Panamanian Chamber of Books with UN Panama. The discussion addressed current issues and experiences of virtual learning in the context of the pandemic.

The team in **Costa Rica** prepared a poster depicting the correct use of masks, which would be placed in shelters for migrant women who have serious health conditions. This informative material accompanied the donation of disinfecting products, masks and gloves for the staff of those shelters.

PAHO **Cuba** worked with national and development partners to develop communication products on COVID-19 preventative measures targeting schools.



Surveillance, Rapid Response Teams, and Case Investigation

Regional

PAHO has developed a Geo-**Hub** for the region's COVID-19 data. It includes a series of dashboards and epidemiological data which are updated daily. It has four sub-regional and 54 country and territory geo-hubs for the Americas. Guatemala received PAHO support to begin establishing its GIS-Hub. The public can also consult PAHO's **interactive dashboard** showing cumulative cases, deaths, cumulative incidence rate, new cases and deaths, as well as several other epidemiological indicators reported by countries and territories.

PAHO works continuously with countries to boost surveillance systems while it conducts **Event-based Surveillance (EBS)** to complement countries' **Indicator-based Surveillance (IBS)**. Efforts continued to ensure that all countries in the Region **integrate COVID-19** into their routine severe acute respiratory illness / influenza-like illness (**SARI/ILI**) surveillance systems. To date, **20 countries** have integrated COVID-19 surveillance into their SARI/ILI systems. PAHO also publishes weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators ([available here](#)).



Figure 2: PAHO joins its partners to assess strategies for distribution essential supplies for COVID-19 in Suriname. Source: PAHO, July 2020

PAHO continued to manage data of the line list of nominal cases reported by Member States. To date, PAHO has received data from 38 of the 54 countries and territories in the Americas, representing close to 64% of all reported cases in the Americas and 37% of reported deaths.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and 20 of those are already implementing it. The Go.Data app is a tool that support suspect case investigation and management, display of transmission chains, and contact tracing.

El Salvador received PAHO support to use CovidSIM to develop projections for how the number of cases and deaths could rise depending on different scenarios. The surveillance teams in Dominican Republic, Ecuador, Honduras, and Guatemala received virtual training to improve case-based surveillance, integrated surveillance, data reporting, and data quality.

Country

In **Argentina**, the PAHO team collaborated with partners to build national capacities in contact tracing. In the first instance, PAHO worked with GOARN to facilitate a bilateral session with South Africa. In the second instance, the team collaborated with the Ministry of Health to organize national and sub-national webinars, with the participation of 325 links and the Ministry's entire Hospital Telehealth Network.

The team in **The Bahamas** continued to provide the Ministry of Health with technical assistance for COVID-19 data management, specifically in the transition to the Go.Data platform.

PAHO **Honduras** coordinated with development partners and other regional actors to enhance the data collection process for the development of Health Situation Analysis in certain municipalities.



Points of Entry

Country

The team in **Jamaica** collaborated with national partners to brief the multi-sectoral Advisory Group on the COVID-19 response. PAHO also disseminated links to its materials on coordination, planning and technical guidelines.



National Laboratory

Regional

PAHO supported the Cayman Island's National Public Health Laboratory and its pathology laboratory to establish a mechanism for shipping samples to reference laboratories for quality assurance purposes.

During the week, PAHO provided additional troubleshooting sessions and follow up calls regarding diagnostic implementation to **Antigua and Barbuda, Dominica, El Salvador, Guatemala, Haiti, and Saint Vincent and the Grenadines.**



Figure 3: PAHO delivers reagents to Paraguay's national laboratory, allowing for more COVID-19 tests. Source: PAHO, July 2020

Since the beginning of PAHO's response up to the date of this report, PAHO has provided primers, probes and/or PCR kits for approximately **5.26 million** reactions/tests. This includes approximately 28,500 swabs, enzymes for around 990,000 reactions and 150 extraction kits/reagents, among other critical material.

Meanwhile, PAHO's **Strategic Fund** has enabled four countries (**Brazil, Dominican Republic, Nicaragua, and Peru**) to procure over **10 million COVID-19 tests** for PCR. **Pooled procurement through the Strategic Fund** leads to greater efficiencies as PAHO works directly with its suppliers to secure these joint purchases.

Country

Jamaica received PAHO's technical support to ensure that its National Public Health Laboratory is prepared to participate in the WHO External Quality Assurance Program (EQAP) for the detection of SARS-CoV-2 by RT-PCR.

In **Honduras**, PAHO supported its National Virology Laboratory to devise an automated system for recording and coding laboratory samples. This measure aims to reduce wait times for COVID-19 results.



Infection Prevention and Control (IPC)

PAHO supported the Ministry of Health of **Jamaica** to assess measures for providing sustainable water management solutions for three health centers in Clarendon, Kingston, and St. Andrew.

The Ministry of Health of **Peru** received PAHO support to monitor the distribution of PPE to hospitals and health facilities to ensure that resources are available in prioritized areas.

In **Belize**, PAHO shared infection prevention and control considerations that health authorities and the Ministry of Education must bear in mind as the government assesses reopening schools in August.



Case Management

Regional

On 13 July 2020, PAHO updated the [Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews](#) following the rapid review of new studies on potential treatments. This revised document includes updated information on favipiravir, hydroxychloroquine, ivermectin, convalescent plasma, corticosteroids, among others.

PAHO released guidance explaining that existing evidence has led it to **not recommend using products that contain chlorine dioxide, sodium chlorite, sodium hypochlorite, or derivatives for treating COVID-19.**

Country

In **Peru**, PAHO supported the country to monitor the distribution of medicines for ICUs. It also shared guidance and recommendations on regulatory considerations for procuring medicines, supplies, and equipment for case management.

Cuba received PAHO recommendations for caring for COVID-19 cases in long-term care institutions and at home where caregivers can provide such services.



Operational Support and Logistics

Regional

PAHO delivered 720 kits for COVID-19 Point of Care (POC) molecular testing to Barbados as part of a wider procurement effort to get PPE, medical equipment, and COVID-19 tests to health systems in the Americas.

Meanwhile, PAHO has shared its experience with building its internal COVID Supply Chain System (CSCS) platform and portal with Brazil, the Organization of Eastern Caribbean States, and Paraguay.

Country

PAHO shared recommendations with **Mexico** on strategies for streamlining procurement for medicines and vaccines to create efficiencies as it combats the COVID-19 pandemic.



Figure 4: PAHO delivers supplies for preventing infection to volunteer firefighters in Paraguay. Source: PAHO, July 2020



Maintaining Essential Health Services during the Pandemic

Regional and Country

PAHO worked with national regulatory authorities (NRAs) from across the Americas to share recommendations, considerations, and evaluations on products that will be used for managing COVID-19 during the ongoing pandemic.

Health technology assessments (HTAs) are invaluable in guiding health authorities to use technologies relevant to the COVID-19 pandemic. The Regional Database of Health Technology Assessment Reports of the Americas (**BRISA**) has 164 reports now available in its COVID-19 section. PAHO continued to work with its Member States to provide guidance on the use of in vitro diagnostics (IVDs) and other regulatory aspects, considering authorizations from WHO's Emergency Use Listing (EUL) Procedure and recommendations from eight national regulatory agencies around the globe.

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

PAHO shared considerations on the authorization of the use of convalescent plasma for COVID-19 with 73 participants from 17 countries in the Americas. The Organization also supported four countries to assess different products for use in their response: ventilation devices in **Brazil**, infrared thermometers in **Costa Rica**, patient monitors in **Paraguay**, and ambulances in **Suriname**.

Emergency medical teams (EMTs) are of significant value when a country's health system is stretched beyond its capacity. As of 13 July 2020, 15 countries have reported the deployment of 179 national EMTs, and the setup of 102 Alternative Medical Care Sites (AMCS) which provided 8,453 additional hospital beds and 480 additional critical care beds. PAHO continued to share best practices and recommendations to members of the regional network of national EMT focal points.

PAHO worked with authorities from **Guatemala** and **Colombia** to use the Unified Emergency and Disaster System (SISMED) to strengthen their prehospital emergency medical services (EMS).

On 17 July 2020, PAHO, UN Women, and experts from Costa Rica and Colombia led a virtual conversation on **mental health** in the context of women's human rights.

Country

PAHO worked with health authorities from **Costa Rica** to review regulatory considerations for the authorization of the use of convalescent plasma to treat COVID-19 patients.

In **Peru**, PAHO trained health personnel from a national hospital and worked with health authorities to assess how to ensure continuity of care during the emergency.

PAHO worked with the Inter-American Development Bank and health authorities from **Belize** and **Costa Rica** to assess how malaria elimination efforts, particularly their surveillance systems, can best continue despite the ongoing pandemic.



Figure 5: PAHO, UN Women, and country partners discussed mental health as a priority for the human rights of women. Source: PAHO, July 2020

In **Cuba**, PAHO worked with the health authorities to assess how to ensure the safety of health workers managing COVID-19 cases while protecting mental health and psychosocial support for the population.

PAHO supported **Mexico** to adopt its Prevention, Promotion, Care and Mitigation Strategy of COVID-19 and Continuity of Essential Actions of Public Health at Community Level. Meanwhile, the Organization collaborated with the IDB, the World Bank, and government sectors to identify strategies for reducing tobacco use to protect also those with chronic non-communicable diseases that can lead to severe forms of COVID-19. With PAHO support, Mexico is working to scale up training in measures to protect mental health and reinforce efforts to combat antimicrobial resistance in Mexico City and four states.

In **Chile**, PAHO trained health workers on measures to reduce the risk of infection in the country's open markets.



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**, which further supports countries and territories of the Americas and international partners with evidence-based information on science and technologies. This is the result of partnerships with WHO, Cochrane, McMaster University, Epistemonikos, and others.

PAHO also continued to maintain an updated document on **potential COVID-19 therapeutics**, the product of a series of rapid systematic reviews. Considering the breadth of knowledge and evidence related to COVID-19, PAHO produced an **interactive infographic** to help external partners navigate PAHO and WHO's technical material and compilations of evidence from the Americas and around the globe.

With WHO, PAHO coordinated to support countries from the Americas to participate in the **SOLIDARITY trial**, which aims to assess the efficacy of possible therapeutics for COVID-19. PAHO also continued to collaborate with WHO on developing a serioepidemiologic study, **SOLIDARITY II**, to study the prevalence of the virus.




PAHO/WHO's COVID-19 response was made possible in part due to generous contributions 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 Bill & Melinda Gates Foundation, 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 20 July 2020, PAHO has received US\$66.7 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

	<p>Considerations for resuming non-essential international traffic in the Caribbean in the context of the COVID-19 pandemic [link] Published: 2 July 2020</p> <p>Provides key considerations to inform the approach for decisions by national authorities in the Caribbean countries and territories in relation to the resumption of non-essential international air travel in the context of the COVID-19 pandemic and the International Health Regulations (IHR). The document emphasizes public health measures at ports of entry and beyond.</p>
	<p>PAHO recommendations against using chlorine dioxide, sodium chlorite, sodium hypochlorite, and its derivatives for COVID-19 [link] (Spanish only) Published: 16 July 2020</p> <p>PAHO does not recommend using products based on chlorine dioxide or sodium chlorite orally or parenterally in patients suspected or diagnosed with COVID-19, or in any other case, because there is no evidence on their efficacy and intaking or inhaling these products could cause serious adverse effects. The information included in this note reflects the evidence available as of the publication date of the document. PAHO will update the document on a regular basis.</p>
	<p>Ongoing Living Update of Potential COVID-19 Therapeutics: Summary of Rapid Systematic Reviews. Rapid Review Updated: 13 July 2020</p> <p>This document includes the results of a rapid systematic review of currently available literature, with an update for favipiravir, hydroxychloroquine, ivermectin, convalescent plasma, corticosteroids, among others. The information included in this review reflects the evidence as of the date posted in the document. Yet, recognizing that there are numerous ongoing clinical studies, PAHO will periodically update these reviews and corresponding recommendations as new evidence becomes available.</p>

GAPS	CHALLENGES
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.