

COVID-19

PAHO/WHO Response. 21 September 2020. Report ° 26

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 21 September (15:00)

15,665,730

Confirmed cases*

531,687

Deaths*


54

Countries / areas / territories counted for epidemiological purposes

RESPONSE PILLARS

 Coordination, Planning, and Monitoring

 Risk Communication and Community Engagement

 Surveillance, Rapid Response Teams, and Case Investigation

 Points of Entry, International Travel, and Transport

 National Laboratories

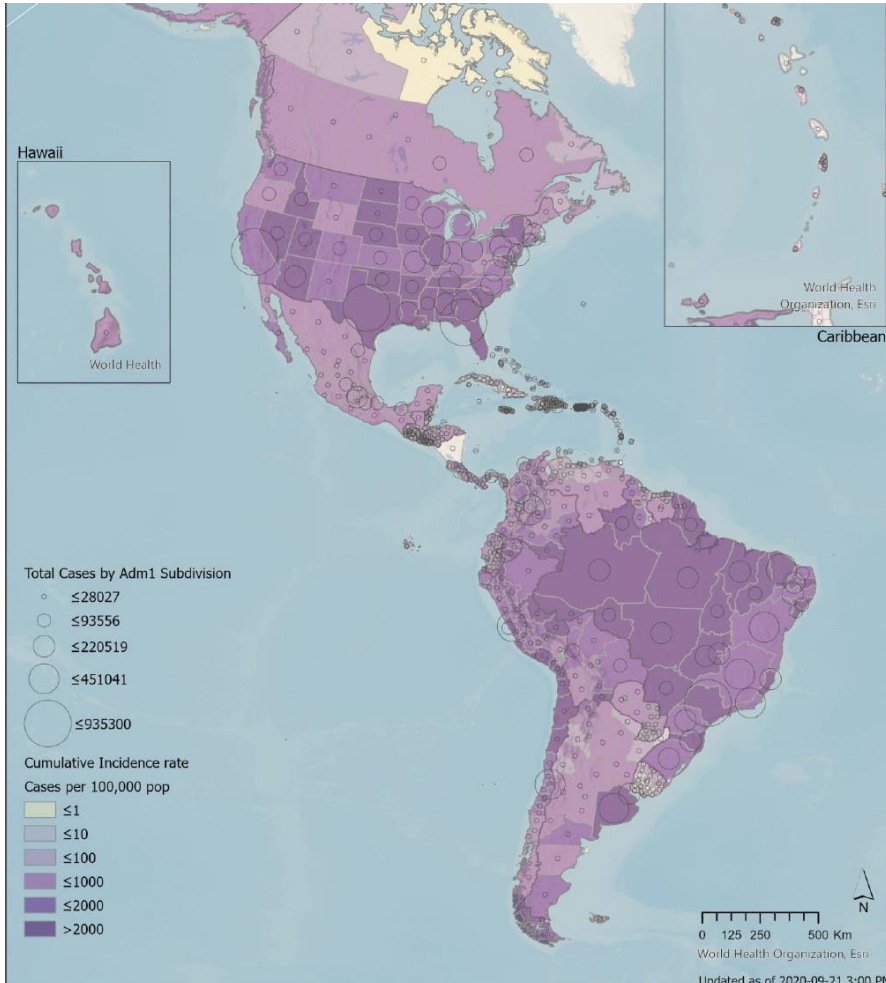
 Infection Prevention and Control

 Case Management

 Operational Support and Logistics

 Maintaining Essential Health Services during the Pandemic

Map 1. Reported number of cumulative COVID-19 cases in the Region of the Americas and corresponding incidence rate (per 100,000 persons) by country/territory. As of 21 September 2020.



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[Link to PAHO's technical and epidemiological reports, guidance, and recommendations](#)

[Link to global operational situation reports](#)

Key Figures: The Americas' Response to COVID-19

PAHO Response	102 Technical guidelines and recommendations developed or adapted from WHO	6.7M COVID-19 PCR tests sent to 36 countries and territories	>158 Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 108 PPE shipments to 34 countries and territories	
				1.42M Gloves	1.49M Gowns
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	320k Goggles
					33/35 # Reporting countries with national IPC / WASH plans for health facilities

PAHO/WHO Response (15 to 21 September 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.

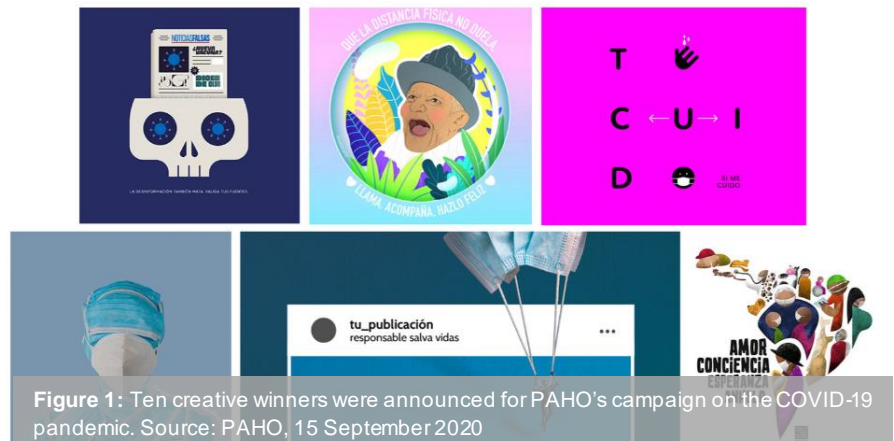


Figure 1: Ten creative winners were announced for PAHO's campaign on the COVID-19 pandemic. Source: PAHO, 15 September 2020

Regulatory frameworks and requirements

Health technology assessments (HTAs) are invaluable guidance for 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 274 reports available in its COVID-19 section.

PAHO joined Argentina's Ministry of Health (MOH) to discuss challenges on HTAs in the COVID-19 context during a webinar convened by Argentina's Institute for Clinical Effectiveness and Health Policy (IECS) (250 participants; recording available [here](#)).

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 procedure (EUL) and recommendations from eight NRAs from around the globe. PAHO continued to maintain and update a list of 73 prioritized (or approved under the WHO EUL) IVDs for proprietary and open platforms. This is complemented with the monitoring of alerts and updates on post-market surveillance from eleven regulatory agencies from across the globe.

The Organization collaborated with NRAs from across the Americas to share recommendations, considerations, and evaluations on products that would be used to manage the pandemic. PAHO convened its 13th regulatory update with these NRAs to deliver a presentation on regulatory experiences and challenges during the pandemic (90 participants from **Argentina, Bahamas, Brazil, British Virgin Islands, Canada, Colombia, Cuba, Chile, Ecuador, Honduras, Guyana, Peru, Mexico**, and the **USA**). The focus for this session was on clinical trial registration.

Panama received the regional team recommendations and guidance on falsified medicines during the pandemic, whereas English-speaking Caribbean countries were briefed on regulatory and procurement considerations. Twenty countries (61 participants) were trained in regulatory considerations for biomedical equipment, while PAHO provided targeted support to **Belize** (for video-laryngoscope and patient monitors), **Peru** (for antigen tests), and **Suriname** (for biomedical equipment).

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

PAHO's team in **Mexico** worked with a range of different stakeholders to build awareness towards national consensus on key issues to combat COVID-19 in the country. The team participated in the Third Latin American Nursing Congress (organized by the Universidad Autónoma de México-Xochimilco) to discuss leadership strategies for the pandemic and governance mechanisms with teaching staff and students of the Ibero-American University.

In **Suriname**, PAHO briefed UN agencies, donor partners, and in-country diplomatic corps on updated global and regional data to build awareness on the current situation of COVID-19 and how it has impacted and could impact the country.

PAHO engaged the private sector in **Argentina** at the "Dialogue4Health" cycle coordinated by the Chamber of Commerce of the USA and the Rectorate of ISALUD University.

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, with a focus on the importance of vaccinations during this ongoing pandemic.

During the weekly press briefing, the Director of PAHO **urged Member States** to ensure that the necessary measures were in place to reduce the risk of infection from COVID-19 as countries reopened schools, markets, and other locations, including spaces for participating in elections.

During the weekly “Ask the Experts” webinar, PAHO discussed suicide prevention during the COVID-19 pandemic.

PAHO announced the ten selected creative winners of the **Hackathon of images against COVID-19**, which focused on three themes: slowing the spread; bolstering mental health during quarantine, and counteracting myths and misinformation. These images will help create awareness around the need to take measures to protect oneself and one’s community.

Country

PAHO collaborated with the Ministries of Health and Communication Services of **Suriname** to launch the MoHanA campaign to raise awareness on the wearing of masks, regular handwashing, and need to maintain a safe distance.

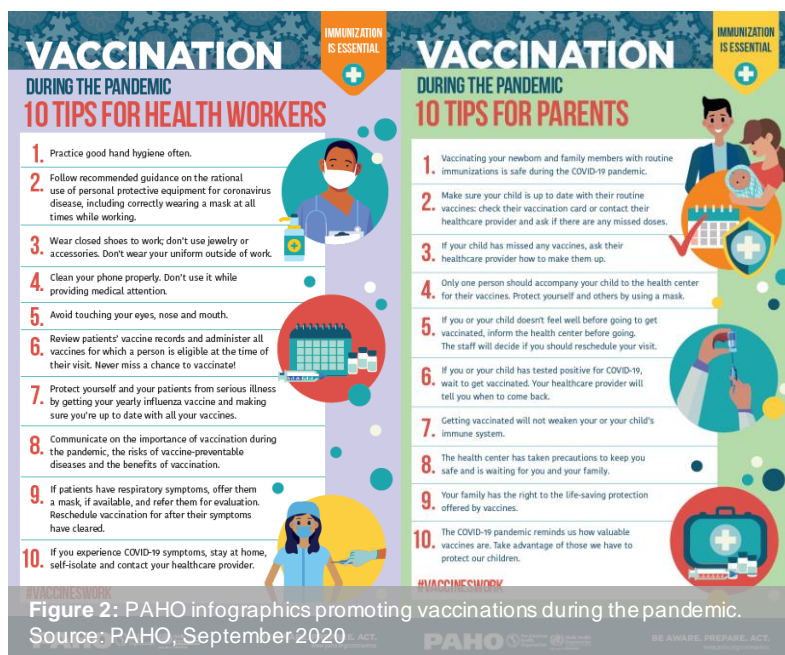


Figure 2: PAHO infographics promoting vaccinations during the pandemic.
Source: PAHO, September 2020

In **Mexico**, PAHO worked with other UN agencies to launch a WhatsApp channel for sharing Spanish-language information on the pandemic (accessible by sending an “Hola” to its number, +52 55 3128-2854). Support was also provided to develop a risk communication strategy and perceptions analysis tool (COVID-19 Panorama), to support the preparation of reports for decision making by health promotion authorities assessing public risk perceptions.

PAHO supported the UN Interagency Communication Group in **Costa Rica** to coordinate more closely with the country’s Sector for Public Information for Emergency Response (SIPAE) group’s risk communication actions.

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](#)).

During this week, PAHO issued **a new epidemiological alert**. This report, dated 18 September 2020, included an overview of the global and regional situation of COVID-19 as well as specific analyses for cases:

- Among **pregnant women** (60,458 confirmed cases and 458 deaths in 14 countries/territories for which information was available);
- Among **indigenous populations** (120,593 confirmed, including 2,639 deaths, reported from 11 countries for which information was available);
- **Multisystem inflammatory syndrome (MIS) in children and adolescents temporarily related to COVID-19** (a total of 16 countries/territories officially reported to PAHO/WHO or published information on an official website, with 1,503 cases and 43 deaths);
- Among **healthcare workers** (659,305 confirmed cases, including 2,709 deaths (0.4%), reported in 25 countries/territories for which information was available).

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 53% of all reported cases and 50% of reported deaths in the Americas.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and 22 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 Go.Data training at the national and sub-national levels in **Colombia** to strengthen contact tracing activities in the regions.

PAHO delivered a webinar to health authorities from **Bolivia, Paraguay, and Peru** on the increased risk of severe COVID-19 cases because of underlying conditions.

Argentina, Mexico (for Mexico City), and Venezuela received PAHO support to conduct risk assessments on their populations in large cities. This will help guide interventions and measures to reduce the risk of COVID-19 infections, while ensuring that services are prepared to manage cases in areas at higher risk.

PAHO convened the joint SARI-net/REVELAC-i meeting for approximately 250 participants. The meeting provided a forum for countries and territories to discuss influenza surveillance and immunization strategies, in the context of COVID-19. The region received commendation for maintaining influenza surveillance during the pandemic. Participants also discussed strategies which could be useful during the upcoming influenza season given that this will occur alongside the ongoing COVID-19 pandemic.

Country

PAHO provided a training on event-based surveillance to state-level health promotion authorities from 32 states in **Mexico** as part of the country's weekly program to analyze public perception and risk communication strategies.

In **Chile**, PAHO participated in a webinar convened by the University of the Americas on COVID-19, influenza, and contamination. The webinar's focus was on the surveillance of respiratory diseases and the use of sentinel surveillance for COVID-19.





Points of Entry, International Travel, and Transport

At the second meeting of **Chile's** Bureau of Epidemiology and Data, PAHO provided recommendations regarding the reactivation of non-essential international travel. A proposal was discussed to share data among countries in the subregion on indicators to monitor the “de-confinement” plan.

PAHO **Haiti**, in collaboration with the IOM and UNFPA, supported the MOH to continue to implement plans to detect, refer, support, and follow-up with migrants suspected of having COVID-19 at the main ports of entry along the border with the Dominican Republic.



National Laboratories

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 **6.7 million** reactions/tests. PAHO also provided approximately 312,000 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material, and delivered detection reagents and materials (primers & probes, positives controls, swabs, enzymes) were sent to **Ecuador, Nicaragua, and Peru**.

During the week, PAHO provided troubleshooting sessions and follow up calls regarding diagnostic implementation to **Brazil, Dominican Republic, Grenada, and Guatemala**.

PAHO participated in a virtual meeting convened by the **Nicaraguan** Association of Clinical Analysis Professionals, during which it presented on the role of laboratories in responding to COVID-19.

El Salvador, Jamaica, and Peru received PAHO recommendations and guidance on implementing antigen-based platforms.

Country

PAHO supported two laboratories in **Bolivia** (CENETROP and INLASA) with hiring additional professionals to support in strengthening data records and with conducting epidemiological analysis.



Figure 4: PAHO collaborated with Suriname to launch the MoHanA campaign. Source: MOH of Suriname, 22 September 2020, available [here](#).



Infection Prevention and Control (IPC)

Regional

PAHO conducted training in IPC for **Guyana** (the sixth of eight planned sessions, with 100 participants), and the **Bahamas** (session seven of twelve with 25 participants).

To mark World Patient Safety Day, PAHO delivered a lecture on IPC and patient safety, with 130 health professionals in attendance.

Country

In **Paraguay**, PAHO developed a course to strengthen the competencies of health personnel to implement policies and guidelines for infection prevention and control and surveillance associated with COVID-19 care. Thirty-five health professionals from the Ministry were trained. Training was additionally provided for new COVID-19 IPC coordinators working in government-operated homes for older persons. This is part of a larger push to prevent COVID-19 infections in long-term care facilities.



Figure 5: PAHO joined the Ministry of Health of Paraguay to conduct an assessment mission to a hospital in Alta Paraná. Source: PAHO, September 2020



Case Management

Regional

The sheer breadth of evidence on therapeutics can be daunting for health authorities seeking to formulate the best recommendations on case management. PAHO continued to provide countries with technical cooperation and guidance on recommended case management considerations, recommendations, and guidance, as well as strategies for expanding health services to provide care to manage upticks in cases.

Country

PAHO hosted a special session for 37 participants from **Bermuda**, **Cayman Islands** and **Jamaica** to discuss PAHO's Bed Management System for COVID-19.

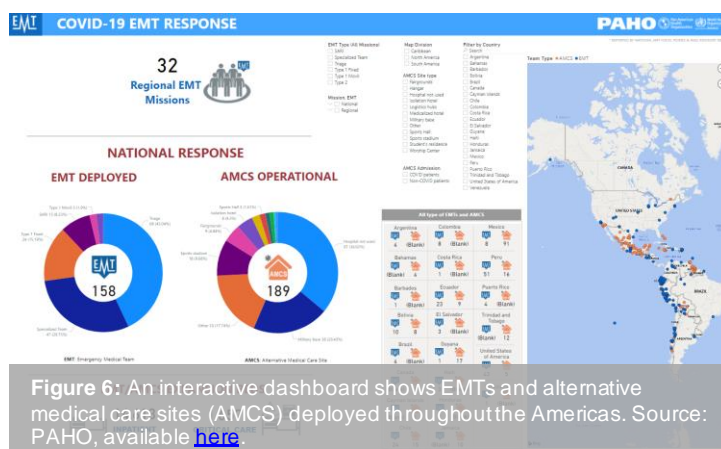


Figure 6: An interactive dashboard shows EMTs and alternative medical care sites (AMCS) deployed throughout the Americas. Source: PAHO, available [here](#).

To share advances in the clinical trials for two **Cuban** vaccine candidates, PAHO participated in a virtual exchange with experts and national authorities. The stakeholders involved pledged to support [this process](#), from which other countries in the region could benefit. The Office also addressed the media on this matter.

The Office in **Mexico** supported national authorities in the 5th meeting of the COVID-19 Vaccine Technical Advisory Group to provide technical guidance on the use of a future vaccine in humans.

PAHO **Haiti** worked with Habitat for Humanity to coordinate the set-up of triage posts and isolation rooms, and to support facilities which require minor rehabilitation but had not yet been supported.

The team in **Bolivia** supported stakeholders in organizing a seminar *Chloride Dioxide in Bolivia* with international experts on molecular toxicity, clinical toxicity, and pharmacovigilance issues.



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 for personal protection equipment (PPE), oxygen concentrators, in vitro diagnostics, and other goods, supplies, and equipment critical to the COVID-19 response in the Americas.

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 response. This entailed reviewing technical specifications of procured goods, ensuring the accuracy of shipping documentation, and supporting countries with quality assurance issues.

PAHO delivered 54 tons of PPEs to **Cuba, Ecuador, Nicaragua, Paraguay** and **Venezuela**. The regional team provided technical recommendations to **Venezuela** on the KN95 respirator.

At the roundtable convened by PROSUR in early September, PAHO presented the eight participating countries with information on COVAX, as well as PAHO's Revolving Fund and the Strategic Fund as technical cooperation mechanisms for pooled procurement of goods and supplies critical to combatting COVID-19.



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. In collaboration with WHO, PAHO continued to implement a **survey on the impact of COVID-19 on health services** across the Americas.

The regional team convened a webinar on *Health Worker Safety: A Priority for Patient Safety*, to commemorate World Patient Safety Day. The session reached 2,450 participants on all social media platforms.

PAHO provided technical guidance to the national authorities in **Bahamas** on the expansion of services, hospital capacities, coordination of the services network and alternative medical care sites (AMCS).

Emergency medical teams (EMTs) can be invaluable when a country's health system is stretched beyond its regular capacity. PAHO coordinated a consultation with the EMT Non-Government Organization Advisory Network to provide updates on the regional response and to discuss potential deployments. Additionally, the team convened the EMT Ignite webinar on *Updates on Diagnostic Methods for COVID-19 Patients*, which reached 133 participants.

The regional team developed and launched a digital dashboard detailing the EMT/AMCS response (available at PAHO's information hub [link](#)). This is available on PAHO's information hub. PAHO also convened a technical consultation with colleagues in **Bahamas** to discuss plans to strengthen the response of EMT Tier 1 mobile teams.

Country

Ministries of Health across the Americas have been encouraged to sustain ongoing critical health services despite the ongoing pandemic.

The team in **Bahamas** continued to advise the Ministry of Health on measures to expand acute care services in 3 hospitals, as well as on workflow and workplace layout to minimize risks of COVID-19 infection.

To maintain essential vaccination services, PAHO **Paraguay** delivered the first batch of portable sinks to vaccination sites across the country to facilitate this service in COVID-19 free spaces.

In **Mexico**, PAHO supported national authorities in the official launch of the National Suicide Prevention Program to strengthen the mental health response to the pandemic. PAHO also supported the development of the related strategy and its four lines of action: epidemiological, intersectoral, training and research.

The team in **Argentina** supported national authorities to arrange activities to commemorate the World Day of the Elderly under the theme *Pandemics: Are they changing the way we approach age and aging?*

PAHO **Costa Rica** and partners produced a campaign for sexual and reproductive health covering diverse topics such as sexual relations and COVID-19, and use of male and female condoms. The team also participated in a webinar on guidelines for population surveys and mass community-based activities in the context of COVID-19.

The team in **Peru** continued to support national authorities in various initiatives. PAHO participated in the country's Anti-Microbial Resistance (AMR) Intersectoral Commission to determine potential AMR initiatives in the context of COVID-19. PAHO worked with the Ministry of Education on audiovisual material related to health promotion in the context of COVID-19, specifically for the national *I Learn at Home* program. The team also organized a virtual webinar to discuss the impact of the pandemic on social inequalities.



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. This document includes synthesized evidence based on 87 studies on 40 potential interventions for COVID-19. 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.

During the week, the regional team delivered a webinar to 65 participants on the clinical trial registration and COVID-19 research. The team also delivered training to Honduras on the Monitored Emergency Use of UnRegistered Interventions (MEURI) framework for patient safety in research.

PAHO/WHO's COVID-19 response was made possible in part due to generous contributions and in-kind donations from the governments of Belize, Canada, Japan, New Zealand, Spain, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, as well as the Caribbean Development Bank, the Caribbean Confederation of Credit Unions, Corporación Andina de Fomento – Banco de Desarrollo de América Latina, Direct Relief, the European Union, 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 21 September 2020, PAHO has received US\$149.7 million in donor contributions and firm pledges.

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

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 has added additional 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.