

COVID-19

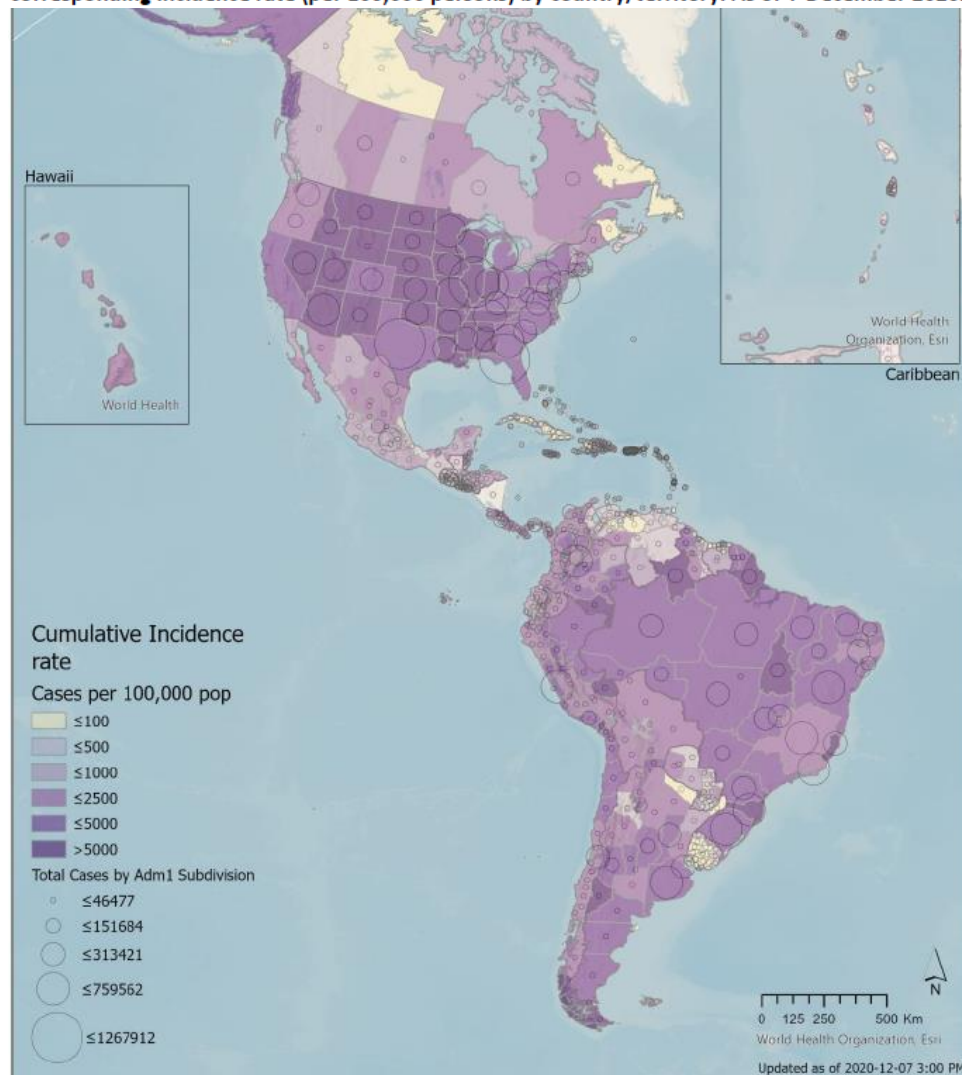
PAHO/WHO Response. 07 December 2020. Report ° 37

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 56 countries and territories in the Americas**.

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

Map 1. Reported number of cumulative COVID-19 cases in the Region of the Americas and corresponding incidence rate (per 100,000 persons) by country/territory. As of 7 December 2020.



SITUATION IN NUMBERS IN THE AMERICAS

as of 07 December (15:00)

28,591,241

Confirmed cases

753,210 Deaths

56

Countries / areas / territories*
counted for epidemiological
purposes

* Bonaire, Saba, and Sint Eustatius are now
counted as three distinct entities for
epidemiological purposes, bringing the number
from 54 to 56.

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













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

[Link to global operational
situation reports](#)



World Health
Organization

Key Figures: The Americas' Response to COVID-19

PAHO Response	 111 Technical guidelines and recommendations developed or adapted from WHO	 20.5M COVID-19 PCR tests sent* to 36 countries and territories	 >223 Virtual / in-person regional and country trainings on testing, tracking, care, and more	PAHO has sent 104 PPE shipments to 34 countries and territories	
				 3.05M Gloves	 1.94M Gowns
Regional Readiness				 36.8M Surgical & Respirator Masks	 365k Goggles
	 32/35 # Countries with national COVID-19 Preparation and Response Plans	 38/51 # Countries and territories with molecular detection capacity to diagnose COVID-19	 21/35 # 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 (01 to 07 December 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 coordinated and monitored their national response activities.

PAHO worked closely with national health authorities as countries prepared for the eventual deployment of **potential vaccines for COVID-19**. This support included work with countries interested in gaining access to possible vaccine candidates through the **COVAX facility**. The Organization continued to convene joint information meetings with its Member States regarding COVAX.



Figure 1: PAHO delivered supplies to municipal level authorities in Paraguay. Source: PAHO, November 2020

Regulatory aspects for COVID-19

Health technology assessments (HTAs) are invaluable guidance for health authorities on the use of technologies relevant to the COVID-19 pandemic. The Regional Database of HTA Reports of the Americas (**BRISA**) now has 276 reports available in its COVID-19 section.

PAHO continued to work with its Member States to provide guidance on the use of in vitro diagnostics (IVDs) and other regulatory aspects, considering authorizations from WHO's Emergency Use Listing (EUL) procedure and recommendations from eight national regulatory authorities (NRAs) from around the globe. The Organization worked with governments to obtain the nomination of NRA experts from Argentina, Brazil, Colombia, Chile, Cuba, and Mexico to support on reviewing prequalification matters on COVID-19 vaccines. Two meetings (December 2nd and 4th) have been held to date with these groups.

Regulatory aspects for PPE were discussed during a meeting held with 43 NRA representatives from 13 countries (**Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, El Salvador, Guatemala, Mexico, Paraguay, and Peru**). PAHO additionally participated in a meeting of the **Medical Technology Inter-American Coalition for Regulatory Convergence** to present on the regulation and management of medical devices in the context of COVID-19.

Further, PAHO continued to maintain a list of 73 prioritized IVDs for proprietary and open platforms. The Organization additionally monitored alerts and updates as part of its post-market surveillance on IVDs, ventilators, PPE, and other items to provide the most updated, timely information to regulatory authorities.

The Organization collaborated with NRAs from across the Americas to share recommendations, considerations, and evaluations on products that would be used to manage COVID-19 during the pandemic. Additionally, PAHO maintained a repository of websites and relevant information, including regulatory response on COVID-19, at the Regional Platform on Access and Innovation for Health Technologies (**PRAIS**).

Country

PAHO country teams continued to support national authorities to respond effectively to the current pandemic. The team in **Paraguay** convened a coordination meeting with stakeholders to identify areas of technical cooperation to support plans, strategies, and policies of the Ministry with responsibility for children and adolescents in the context of COVID-19. Meanwhile, the Ministry of Health and Wellness of **Jamaica** **received** medical items which were procured and delivered by the local office.

In **Belize**, PAHO delivered a presentation to the Medical and Dental Associations and other stakeholders on the role of the private sector in the COVID-19 response. Similarly, PAHO **Argentina** presented to focal points of the UN System on the national, regional and global situation of the pandemic and the roles of the focal points of each agency. In addition, the team collaborated in an extraordinary meeting of the National Immunization Commission and presented updates on the COVAX mechanism, the COVID-19 Vaccine Law, the strategy for its implementation and the regulatory framework for its authorization.

Considering the arrival of a potential vaccine, PAHO **Mexico** collaborated in the 16th meeting of the COVID-19 vaccine Technical Advisory Group (TAG) to provide technical advice as needed. Specific advice was provided for the drafting of a national vaccination plan, and for the process of purchasing medicines and vaccines. In addition, the team participated in a conference on COVID-19 to mark the occasion of World Aids Day.

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, 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, from steps for preventing infection to tips for staying healthy and protecting mental health during this pandemic.

During this week's press briefing, the PAHO Director **urged** countries to double down on efforts to reduce transmission while staking steps to prepare for the roll out of a vaccine. This has been in combination with technical work with Member States to develop immunization vaccines, ensure regulatory aspects are considered, as well as identify populations to prioritize for the first doses that will become available. This is part of PAHO's commitment to ensure equal access to safe and effective COVID-19 vaccines.



Figure 2: Press briefing from PAHO's Director. Source: PAHO, 9 December 2020

Country

The Office in **Cuba** delivered more than 5,000 masks to the Cuban Institute of Radio and Television for distribution at cinemas during the 42nd edition of the Havana Film Festival.

In **Trinidad and Tobago**, PAHO delivered eight laptops to the Mental Health Unit to improve data collection and strengthen mental health services at the regional and Ministry levels.

In **Barbados and the Eastern Caribbean Countries**, PAHO commemorated International Day for the Elimination of Violence Against Women. Under the theme "Orange the World: Fund, Respond, Prevent, Collect!", the day's proceedings comprised a special focus on COVID-19 considering the increase in reported domestic violence cases since the onset of the pandemic, lockdowns and teleworking arrangements.



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 56 country/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 countries **integrate COVID-19** into their routine severe acute respiratory illness / influenza-like illness (**SARI/ILI**) **surveillance systems**. To date, **21 countries** have integrated COVID-19 surveillance into their SARI/ILI systems. Recent PAHO technical cooperation focused on using influenza sentinel surveillance to monitor COVID-19 cases, boost contact tracing, and coordinate COVID-19 Unity studies.

PAHO also published weekly reports detailing trends in influenza and other respiratory viruses, as well as SARS-CoV-2 surveillance indicators (**available here**). Meanwhile, PAHO continued to analyze trends in the Region, particularly through the collection of COVID-19 line list of nominal data of cases. Currently, approximately 77% of cases and 57% of deaths are captured for analysis.

PAHO supported **Belize** to use COVIDSim to project how the virus will spread, in light of implemented public health measures and the health system. **Bolivia** received PAHO support to estimate excess mortality while **Honduras** was supported to conduct analysis following recent Hurricanes Eta and Iota.

Seroprevalence studies have provided the Region with invaluable data on how the virus has spread since the onset of the pandemic to date. PAHO maintains a [dashboard that shows seroprevalence studies in Latin America and the Caribbean](#), including information on individual studies ranging from the study design, sampling method, sample sizes, and other relevant information.

In collaboration with GOARN, PAHO has trained 31 countries and territories in the **Go.Data** app, and **23** are already implementing it. Go.Data is a tool to support suspect case investigation and management, display of transmission chains, and contact tracing. PAHO continued to provide technical cooperation for further Go.Data implementation in the region. PAHO worked with **The Bahamas** to share its experiences in contact tracing at a global GOARN consultation.

PAHO worked with national counterparts from **Argentina** to develop a study to assess the impact of the roll out of antigen-based rapid diagnostic tests (RDTs) on early case detection and contact tracing effectiveness.

Country

The seroprevalence study investigating the virus spread in the general population in **Haiti** commenced with PAHO support. Further, to strengthen surveillance, PAHO has supported authorities to set up sampling sites across the country. At present, 52 sites are operational in 10 departments. Meanwhile, The Gorgas Institute in **Panama** commenced the national study of the seroprevalence of the virus to evaluate the real number of infections, the most affected areas and the age groups most affected.

The teams in **Argentina** and **The Bahamas** collaborated to investigate possible transfers of experience between the two countries in COVID-19 telehealth. Meanwhile in **Argentina** the team worked with partners on further development, roll out and testing of the Go.Data app.

Bolivia received PAHO support to modify the COVID-19 preparedness and response plan within the framework of the nine pillars. Among other things, this incorporated the strengthening of the current information system, development of seroprevalence study and strengthening SARI surveillance.

The team in **Brazil** undertook work in the analysis and publishing of data on the PAHO dashboard. Additionally, the team provided epidemiological updates to the weekly meeting with Doctors without Borders.



Points of Entry, International Travel and Transport

Regional and Country

In **Bolivia**, the team coordinated with relevant authorities to define a plan of activities related to requirements of the IHR.

PAHO produced a video that uses simple language to communicate its guidance on resuming nonessential international travel considering the ongoing pandemic and testing.



Figure 3: [Video](#) to communicate PAHO's guidance on resuming non-essential international travel.
Source: PAHO, 30 November 2020



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 over **8 million** reactions/tests. PAHO sent molecular detection material and laboratory supplies (swabs, primers, probes, plastic material, reagents, other) to **Belize, Peru, and Suriname**. PAHO also provided approximately 312,000 swabs, 154 sampling kits, enzymes for around 990,000 reactions, among other critical material. Additionally, Member States have procured **12.5 million reactions/tests** through [PAHO's Strategic Fund](#).

The Organization has delivered 270,000 **antigen-based rapid diagnostic tests (ag-RDTs)** to seven countries (with 1.97 million pending delivery), while eight Member States have used the Strategic Fund to procure 2.6 million of these RDTs.

PAHO conducted an in-country mission to **Ecuador** to review and discuss the implementation plan for the Antigen-based diagnosis. Training and practical demonstrations on the Ag-RDT were performed in Quito and Guayaquil, with participation from the Surveillance Directive (laboratory and epidemiology). The Organization shared guidance with **Argentina, Guyana, and Suriname** as they consider implementing these tests.

PAHO provided additional data review, troubleshooting sessions and follow up calls on laboratory diagnostic with **Brazil, Dominica, and Jamaica**.

At a recent meeting with National Public Health Institutes convened by the Andean Health Agency (ORAS), PAHO presented on advances in COVID-19 laboratory testing.

Country

PAHO **Suriname** provided training to technicians of two regional health services in the use of Ag-RDT for the pilot project.



Infection Prevention and Control (IPC)

Regional

As part of PAHO's continued efforts to boost understanding and knowledge of IPC measures, PAHO held the fourth session of its third cohort for the **Caribbean** (360 participants trained).

Country

In **Suriname**, PAHO supported the Ministry of Health with a series of training for 263 cleaning personnel of government departments.



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 released an update to its document on **58 potential COVID-19 therapeutics**, the product of a series of rapid systematic reviews (including highlights in Spanish). This document synthesized evidence on 145 randomized controlled trials and observational studies.

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.



Figure 4: PAHO delivered ventilators to Suriname for use in ICUs.
Source: PAHO, December 2020

PAHO presented on its experiences producing rapid response studies within the scope of COVID-19 at the **International Forum on Evidence-informed Policy** organized by the Ministry of Health of **Brazil**, Fiocruz, SUS, and other Brazilian institutions (approximately 500 participants).

The Organization worked with countries in the Region to promote the **WHO Global COVID-19 Clinical Data Platform** for clinical characterization and management of hospitalized patients with suspected or confirmed COVID-19. This is part of a global strategy to gain a clearer understanding of the severity, clinical features, and prognostic factors of COVID-19. PAHO supported **Brazil** and the **Dominican Republic** in the use and application of this Platform.

Emergency medical teams (EMTs) are invaluable when a country's health system is stretched beyond its regular capacity. Updated information on deployed EMTs and AMCS throughout the Americas remained available at **PAHO's COVID-19 EMT Response** information hub at this [link](#).

Country

As the annual conference of the Thoracic Society of **Trinidad and Tobago** got under way, PAHO participated in the proceedings and delivered a presentation on COVID-19, with a focus on the Caribbean. Additionally, the team conducted a training session on mapping substance use services and the developing a referral pathway to facilitate interagency cooperation in strengthening case management of substance users.

PAHO **Suriname** donated 4 invasive ventilators to the Ministry of Health for use in intensive care units, an essential element in the COVID-19 case management protocols. In addition, the team collaborated with UNICEF and local stakeholders to develop informational materials for pregnant women and new mothers in the COVID-19 context.

PAHO identified the Universidad de la Frontera of **Chile** as an academic partner for adaptation of the WHO Generic Protocol for a prospective cohort study to measure the effects of COVID-19 on maternal and neonatal health. Further, the team organized the Telemedicine Normative Framework Seminar, in collaboration with national partners in the context of the Teletriage Project.



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 PPE, oxygen concentrators, IVDs, 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 procurement of COVID-19 response goods, supplies, and equipment. This has entailed reviewing technical specifications of procured goods, ensuring correct shipping documentation for customs clearance, and supporting countries with quality assurance issues.



Maintaining Essential Health Services during the Pandemic

Regional

The reorganization and expansion of services is critical to ensure that health systems can adapt to needs arising from the pandemic while sustaining essential services for other health conditions. A virtual meeting entitled “The Impact of COVID-19 on Mental, Neurological, and Substance Use Services in the Americas” was held this week, focusing on the results of a regional survey. This meeting provided the opportunity for **Colombia, Guyana, and Panama** to share their experiences on these subjects.

Additionally, PAHO held a webinar on 26 November on the **COVID-19 and Older Persons at the First Level of Care** for 322 participants in **Paraguay**.

PAHO continued to work with EMTs to deploy them to Central America in response to the passage of Hurricanes Iota and Eta. To support their work, PAHO shared [Considerations to Strengthen Primary Care related to the COVID-19 Pandemic](#) with 150 participants from the EMT network.

Country

In commemoration of World Patient Safety Day 2020, PAHO **Argentina** collaborated with national agencies to formalize the report outlining the country’s activities. These activities included the blood collection campaign on the National Day of Voluntary Blood Donation in the context of COVID-19 at one of the country’s pediatric hospitals.

The team in **Belize** delivered a presentation to 73 primary school teachers on non-communicable diseases and COVID-19 to highlight the risks of chronic diseases and being infected with COVID-19. Participants were from all six districts.

PAHO **Panama** developed a diploma to train nurses on comprehensive primary care entitled, “Telecare and Tele-education in Health.” This project provides training on existing strategies such as the [HEARTS](#) strategy, a technical package providing a strategic approach to improve cardiovascular health in countries. This has obtained important results in the care of over 500 patients, who were diagnosed with hypertension, diabetes, HIV, and other diseases.



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. The database has been visited over 360,000 times.

With WHO, PAHO is supporting countries' participation 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 seroepidemiology study, **SOLIDARITY II**, to study the prevalence of the virus across multiple countries.

PAHO held its fifth session in a series of dialogues on **research ethics during the pandemic: challenges and lessons learned in Latin America and the Caribbean**. It featured experiences from national authorities from Argentina, Colombia, El Salvador, and Mexico and was attended by over 105 participants.

The regional team continued to support countries on matters related to the ethics of the COVID-19 response. PAHO presented guidance related to ethics and COVID-19 at the National Bioethics Meeting, organized by the Bioethics Commission, in the state of Mexico, **Mexico**. The regional team also provided support to **Panama** on COVID-19 vaccine research ethics topics, and supported **Bolivia's** National Regulatory Authorities in drafting a national research ethics policy to meet key needs related to COVID-19.

PAHO **Jamaica** provided support to the Ministry of Health and Wellness' Essential National Health Research Committee to develop research projects on i) the impact of COVID-19 on the access to essential health services, and ii) the impact of COVID-19 on communication and community engagement.

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, South Korea, Spain, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Venezuela, 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, 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 United Nations Office for South-South Cooperation, 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 10 December 2020, PAHO received US\$259 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



REISSUE: Consideraciones para el fortalecimiento del primer nivel de atención en el manejo de la pandemia de COVID-19 (Spanish only) [link]

Updated: 7 December 2020

During the pandemic, health systems face challenges in terms of access, coverage, and timely response to the needs of populations at the first level of care, particularly those in remote, neglected, border, and rural areas. This document presents critical considerations on resolution capacity for first level of care services for each patient with confirmed or suspected COVID-19, with the intent to ensure that they receive appropriate care at the community level. It is directed to Ministries of Health, directors of health services networks, directors of health facilities, teams, and first level of care health workers.

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.