

COVID-19 PANAMA

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Introduction

- Panama, 4 million population
- Panama canal, 12, 200 ships in 2019 (mean of 32 to 35 ships per day), 250 cruises that stop in the country.
- Tocumen airport, “Hub of the Americas”, 350 flights departed daily, direct flights to 88 destinations in 37 countries, so many tourists visit the country

Evolution

- Jan 30, OMS declares the SARS-CoV-2 as a Public Health Emergency of International Concern
- On Feb 2, Government of Panama forms his Emergency Operation Center (COE) with participation of Ministry of Health, Ministry of Security, Ministry of Government, Ministry of Finance and Ministry of Welfare
- On March 9, first case detected, from a lady coming from Spain
- By April 21, we have 4821 cases, with 141 deaths.
- 4094 patients are in-house isolation (962 in hotel-hospitals), 355 in hospitals (94 in ICU and 261 in wards)

Milestones

- **Agressive communication plan**, since Mar 9, daily press conferences at 6 pm, and social media, including hand washing and social isolation
- **Use of IT: ROSA** (Automated Operative Health Response), by art. Intelligence algorhythm, to see who needs to be tested and **NICO** (individual negative test notification). Also numbers for health personnel and mental health advice
- **Advisory council of experts**, including, past ministries of health, PAHO director, director of Gorgas Memorial Laboratory, and private hospitals
- **Participation of medical societies** (including ACP and SPMI) that made the 1st COVID-19 guidelines, now in its 4 revision.
- **Agressive testing**, Gorgas Lab had capability of PCR to detect RNA, and results in 3 hours at the beginning, now validating inmunoglobulin tests
- 21,902 test, with about 25% positivity. 5,119 test/million inhabitants. We now have even drive-in test sites, that are prograded, electronically thru the ROSA and NICO sites

Milestones

- Research protocols for treatment and social behavior
- Construction of a new 100 bed hospital in 3-4 weeks, dedicated hospitals for COVID and others for chronic condition
- **Social isolation by executive decree**, first obligatory home isolation from 9pm-5am, since Mar 23; then total home isolation since Mar 25, with 2 hours to do shopping, supermarket and pharmacies: **women**, mon, wed, fri, and **men** tue, thu. Complete quarantine sat and sun. The people will go out according to the last number of the national ID. Fines to those who not comply.
- Sanitary personnel, fire department, police, food producers have a permit or laissez passer
- **Welfare**: Aid with food bags and money aid for the most vulnerable population
- **Home delivery of medicines for patients with chronic conditions: diabetes, HTN, cancer, immunosuppression**

Milestones

- Schools are closed, and teleteaching by modules
- **Teleworking**, even doctors offices in private hospitals are closed, used mainly telehealth, telephone, or video communication
- All of these measures have worked. When the outbreak started we had doubling of infected cases in 2-3 days, with the social isolation program, now we have 16 days for doubling.
- Effective reproduction number $R(t)$ has been going down and now is 0.9 the mean. These will help us to use better our resources ICU, ventilators, human resources
- So we are preparing to start our **progressive flexibilization of isolation measures** but we want to do it with our IG tests, starting with sanitary personnel

Lessons learned

- Importance of working in a coordinated effort leaded by the Ministry of Health
- More coordination between different medical societies, ACP members and fellows working in front line in hospital, research, direction
- More use of artificial intelligence, telehealth and webinars (we have initiated council meetings via Zoom), and social media
- Email to all chapter members about ACP toolkits and material for physicians on COVID-19