



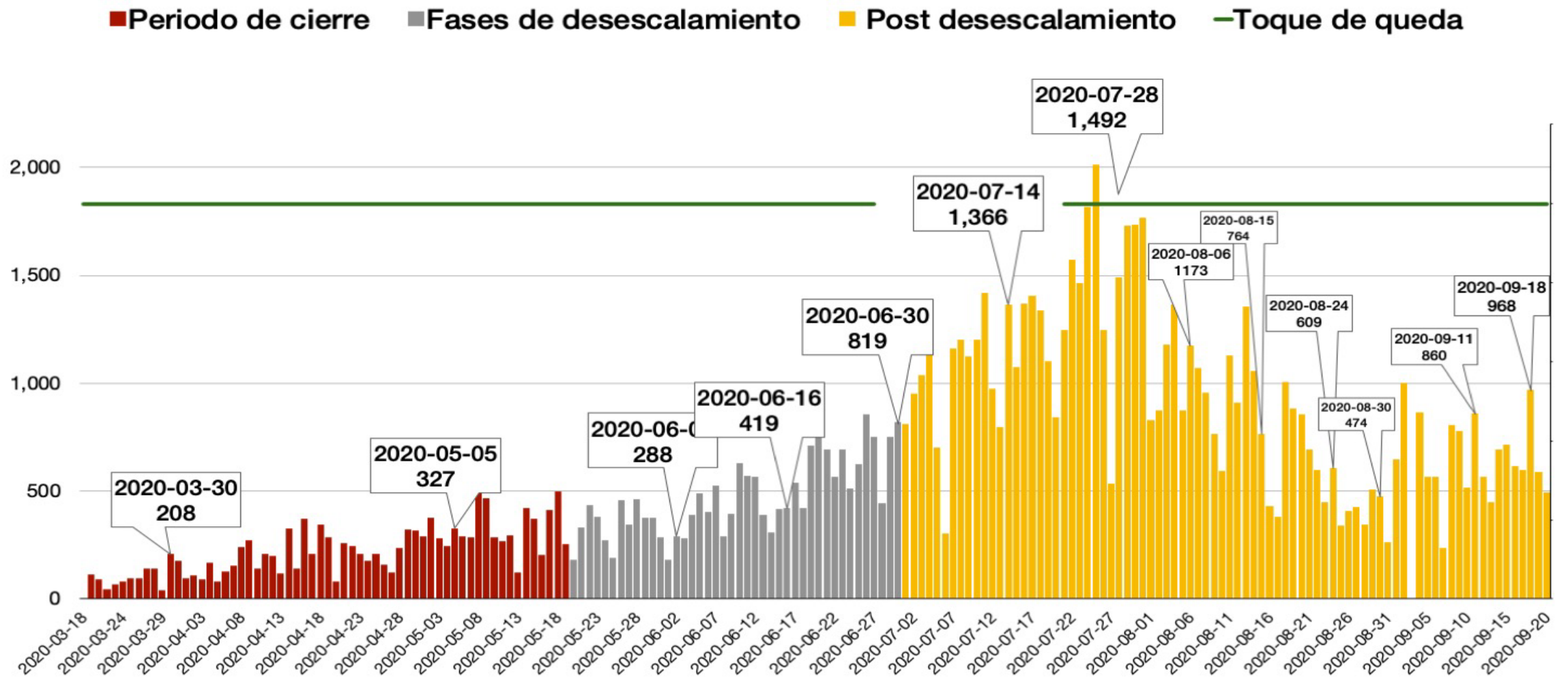
Response to COVID-19 in the Dominican Republic

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COVID-19 daily cases in the DR, from March 18th to September 21st



Trends in COVID-19 indicators in the Dominican Republic, May 31st to September 20th, 2020

COVID-19 Indicators	Mayo 31 st	June 15 th	June 30 th	July 15 th	July 31 st	August 15 th	August 31 st	Septem 15 th	Septem 20 th	Tendencia
Attak Rate per 100,000	2.75	3.97	7.84	10.26	16.82	7.31	2.53	6.87	4.73	↑↑↑↓↓
% Positivity	19.2*	22.6**	27.1***	36.2****	33.55 ^a	31.94 ^a	28.09 ^a	20.19 ^b	14.75 ^b	↑↑↑↓↓↓
PCR tests per million	7,986	10,777	14,752	19,301	25,170	31,054	35,699	41,099	43,029	↑↑↑↑↑
% Fatality Rate	2.86	2.60	2.26	1.93	1.64	1.68	1.83	1.90	1.89	↓↓↓↑↑
% ICU beds occupancy	<40%	48%	62%	70%	81.3% ^c	60%	52%	40%	37%	↑↑↑↓↓

Fuente: DIGEPI, MSP; Plataforma del Servicio Nacional de Salud

*Semana epidemiológica 23 (31 de mayo – 6 de junio)

** Semana epidemiológica 25 (14 de junio – 14 de junio)

*** Semana epidemiológica 27 (28 de junio – 4 de julio)

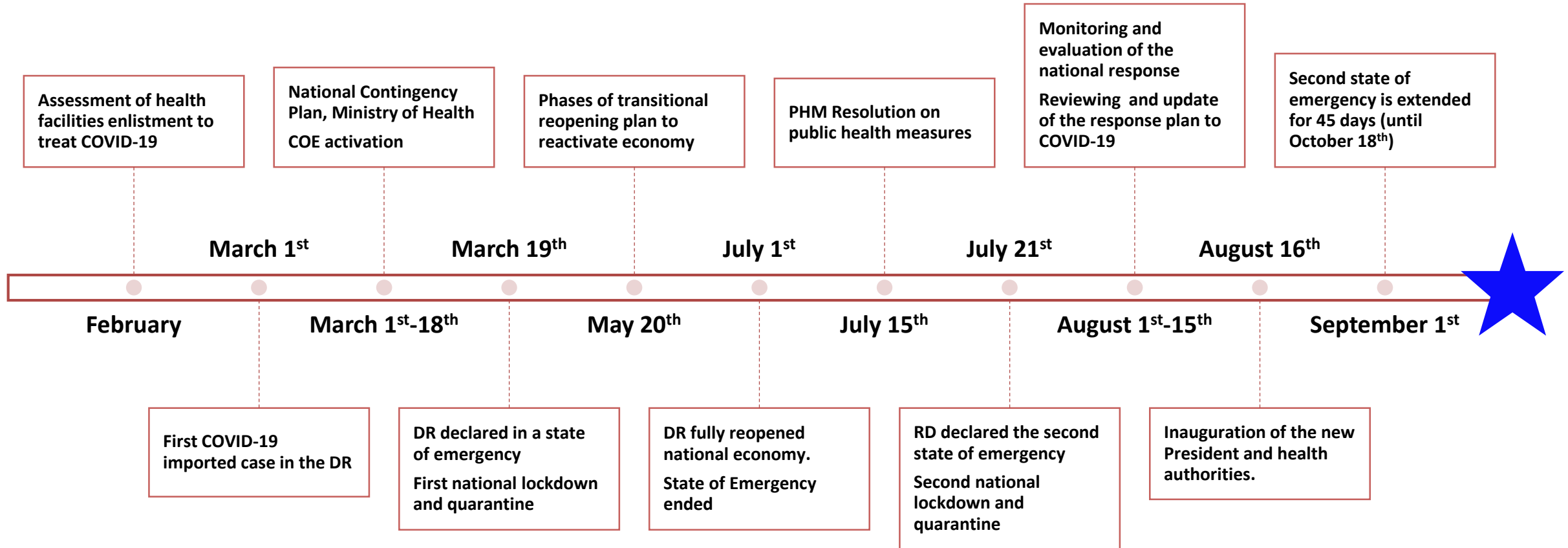
****Semana epidemiológica 29 (12 julio – 18 de julio)

^a% de positividad en las ultimas 4 semanas.

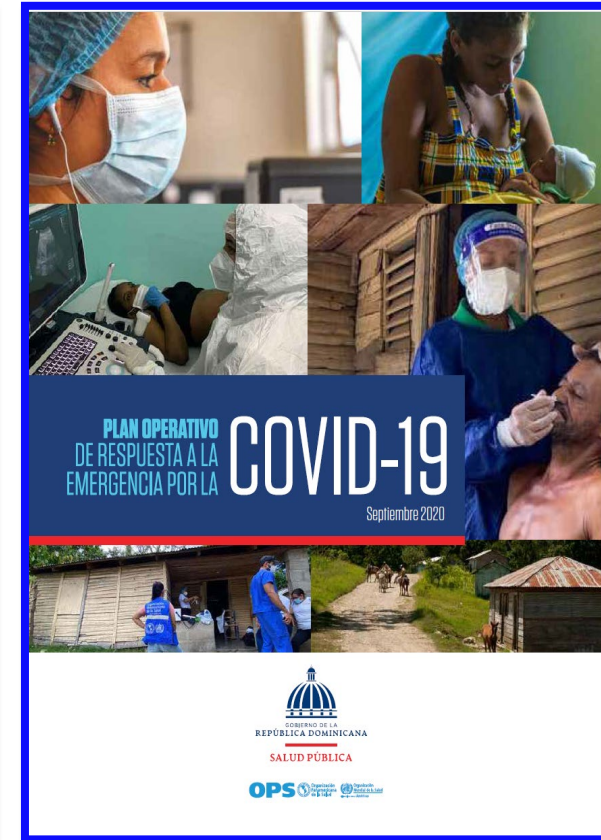
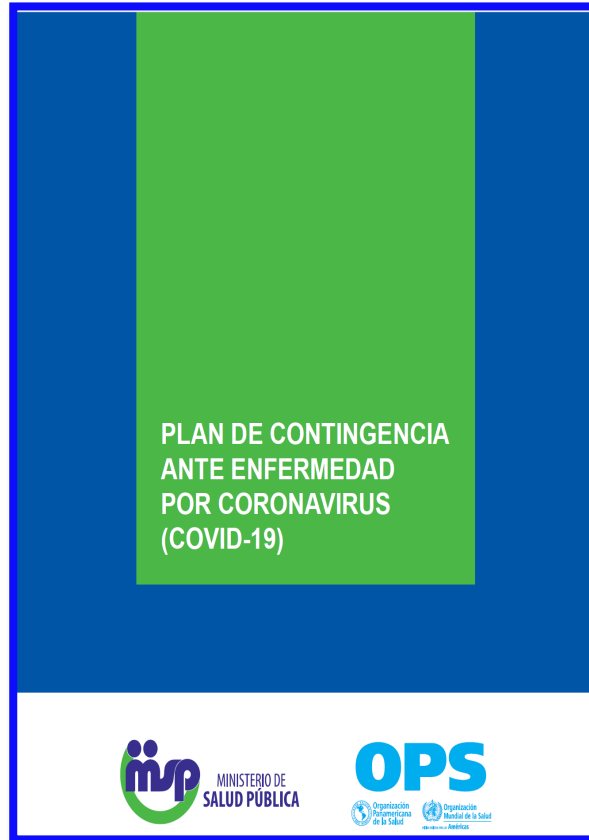
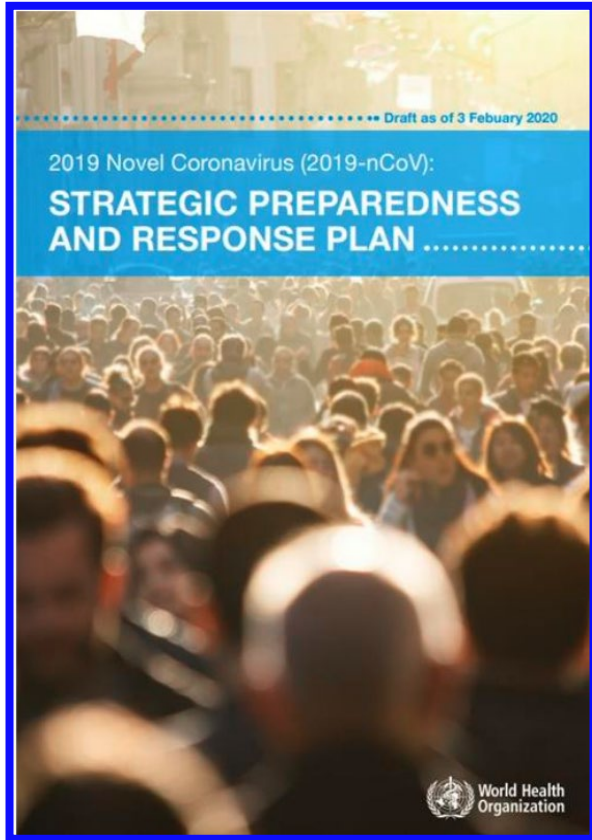
^b% de positividad diaria

^cDato del 29 de julio.

Covid-19 Response: Main chronological events



Strategic Preparedness and Response Plan for COVID-19



Pillar 1:
Coordination, planning and monitoring



- Development of cross-sectoral and multisectoral decision-making teams.
- Strengthening public and private sector integration.
- Agreements for the management of inputs, medicines and the COVAX mechanism.

Pillar 2:
Risk communication and community participation



- Development of tools and educational materials to keep the community informed and involved.
- Press conferences, epidemiological newsletter publication, real-time dashboard.

Pillar 3: Surveillance, rapid response teams and case investigation



- Implementation of new community-based active surveillance activities.
- Implementation of the seroprevalence survey (8.5%).
- Domiciliary visits for case investigation and EPP distribution.

Pillar 4: Points of entry



- Development of the new response plan for tourism and health.
- Start of implementation of the Responsible Tourism Recovery Plan.
- Health plan verification actions at airports: random quick tests, installation of cameras to take temperatures, among others.

Pillar 5: Dr. Defilló National Laboratory



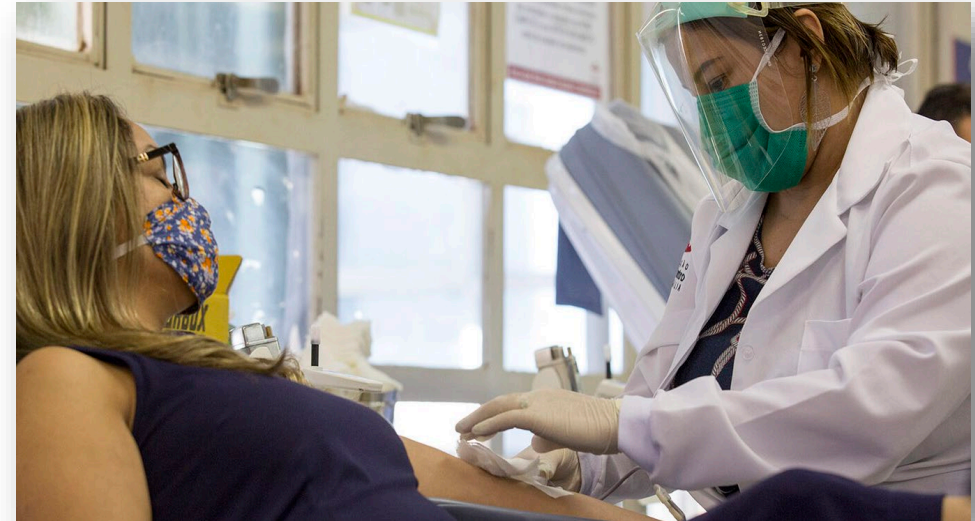
- Strengthening the capacities of the National Laboratory.
- Increased number of daily PCR tests at the national and provincial levels, and decreased processing time.

Pillar 6: Infection prevention and control



- Development of guides and protocols for PCI at the institutional level, at different levels of care.
- Training to health personnel PCI measures, proper use of PPE, cleaning and disinfection, among others.

Pillar 7: Case management



- Update on clinical management of COVID-19.
- Strengthening pre-clinic attention and triage.
- Strengthening the capacity of response for the health facilities in terms of hospitalization and ICU.
- Training for health workers.

Pillar 8:
Operational support and logistical aspects



- Replenishment of specialized equipment, medicines, medical supplies, supplies and PPE at the provincial and local levels.
- Receipt of donations of inputs and PPE.

Pillar 9:
Essential maintenance of health services and systems



- Reactivation of all population health programs: maternal child health, adolescent health, noncommunicable diseases, HIV, Tuberculosis, zoonotic infections, immunizations, and others.



Challenges

- Strengthen and automate the National Laboratory to increase the number of PCR tests.
- Develop active, institutional and community surveillance actions, as well as public health measures at the local and provincial levels.
- Strengthen case identification and isolation and contact tracking.
- Plan and recruit the human resource in health to ensure the care of COVID-19 patients and expansion UCI beds.
- Ensure the planning and distribution of inputs, equipment and PPE at different levels of care according to their role in the response.
- Advance clinical research projects, including the WHO Solidarity study.
- Consolidate cross-sectoral actions to prioritize public health measures, in sectors such as tourism, transport, food chain and supplies, among others.
- Strengthen the First Level of Care to ensure continuity of essential health services.
- Development of the APS strategy with an integrated health services networking model.

