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

- Periodo de cierre
- Fases de desescalamiento
- Post desescalamiento
- Toque de queda
### Trends in COVID-19 indicators in the Dominican Republic, May 31st to September 20th, 2020

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

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

*aSemana 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

- **February**
  - First COVID-19 imported case in the DR

- **March 1st**
  - Assessment of health facilities enlistment to treat COVID-19
  - National Contingency Plan, Ministry of Health COE activation

- **March 1st-18th**
  - First COVID-19 imported case in the DR
  - National Contingency Plan, Ministry of Health
  - COE activation

- **March 19th**
  - National Contingency Plan, Ministry of Health
  - COE activation
  - Phases of transitional reopening plan to reactivate economy

- **July 1st**
  - First national lockdown and quarantine
  - DR fully reopened national economy.
  - State of Emergency ended

- **July 21st**
  - Monitoring and evaluation of the national response
  - Reviewing and update of the response plan to COVID-19

- **August 1st-15th**
  - Monitoring and evaluation of the national response
  - Reviewing and update of the response plan to COVID-19
  - PHM Resolution on public health measures

- **August 16th**
  - Second state of emergency is extended for 45 days (until October 18th)

- **August 1st-15th**
  - Monitoring and evaluation of the national response
  - Reviewing and update of the response plan to COVID-19

- **September 1st**
  - Second state of emergency is extended for 45 days (until October 18th)
  - Inauguration of the new President and health authorities

Source: DIGEPI, DR
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.