

# Pandemia COVID-19

## Ajustando las medidas sanitarias (¿en la nueva ola?)

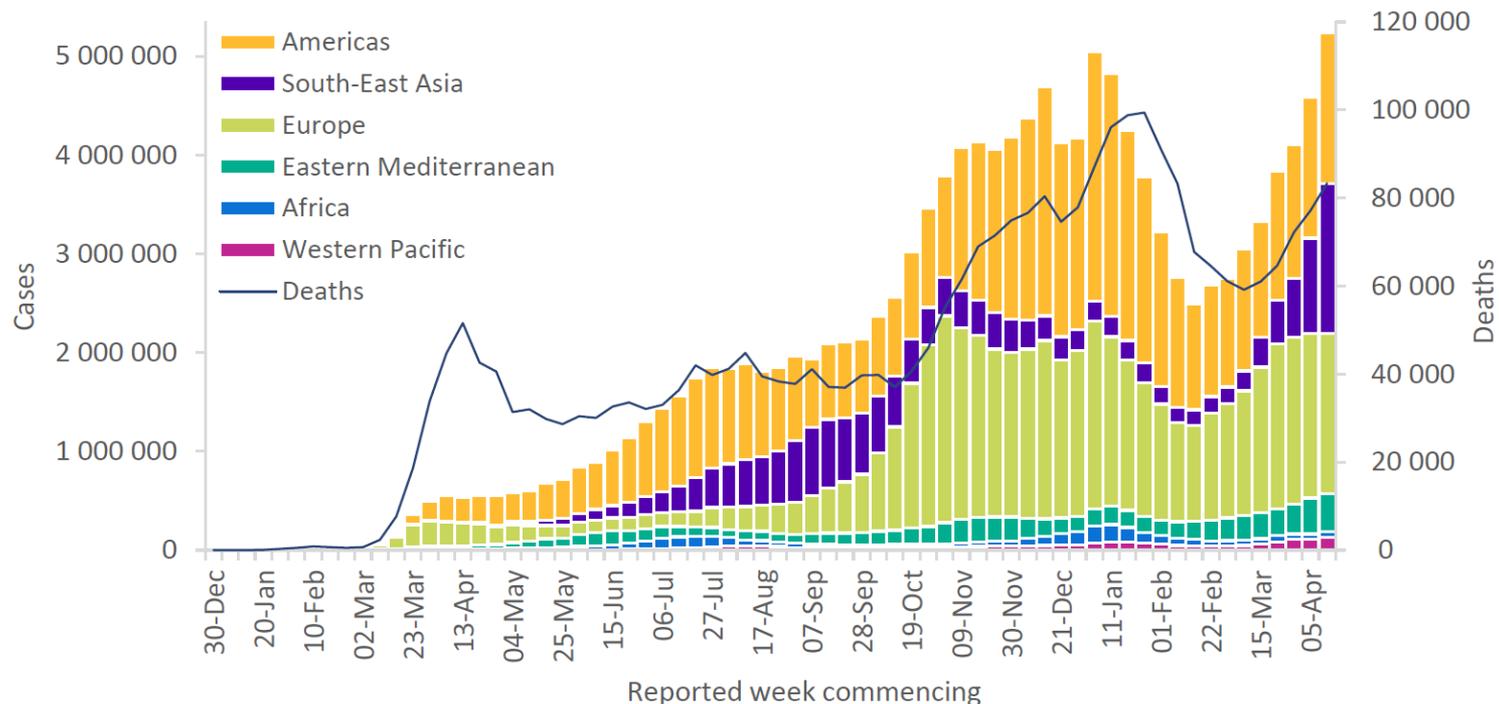
Reapertura de operaciones y combatiendo la COVID-19, ¿Qué sigue?

Webinario, OACI/CAPSCA/NACC y SAM

22 de abril del 2021

# COVID-19 Weekly Epidemiological Update

Data as received by WHO from national authorities, as of 18 April 2021, 10 am CET



WHO Region	New cases in last 7 days (%)	Change in new cases in last 7 days *	Cumulative cases (%)	New deaths in last 7 days (%)	Change in new deaths in last 7 days *	Cumulative deaths (%)
Americas	1 525 505 (29%)	7%	5 955 100 (42%)	39 482 (47%)	8%	1 444 736 (48%)
Global	5 236 922 (100%)	14%	14 033 238 (100%)	83 305 (100%)	8%	3 004 088 (100%)

# Piedras angulares actuales de la respuesta

- Medidas de protección personal
- Medidas ambientales
- Medidas de distanciamiento físico/social

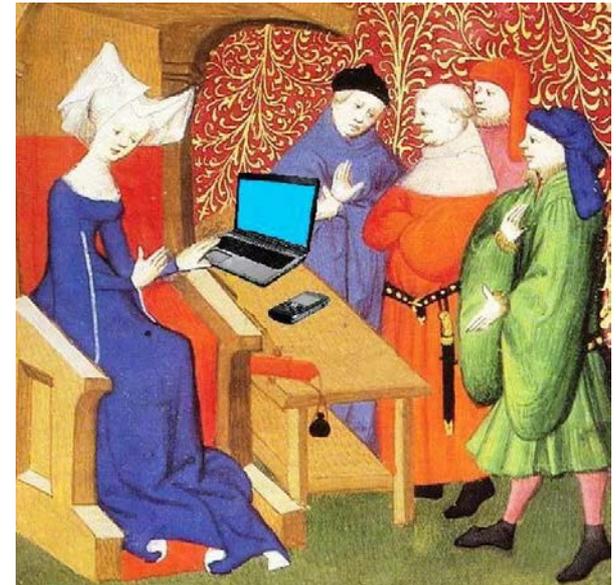
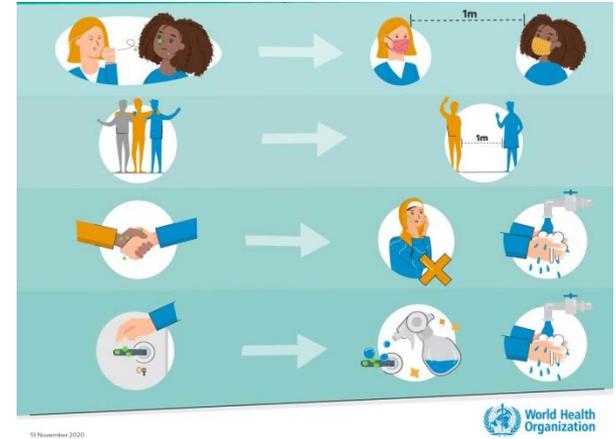


- *Dirigidas*

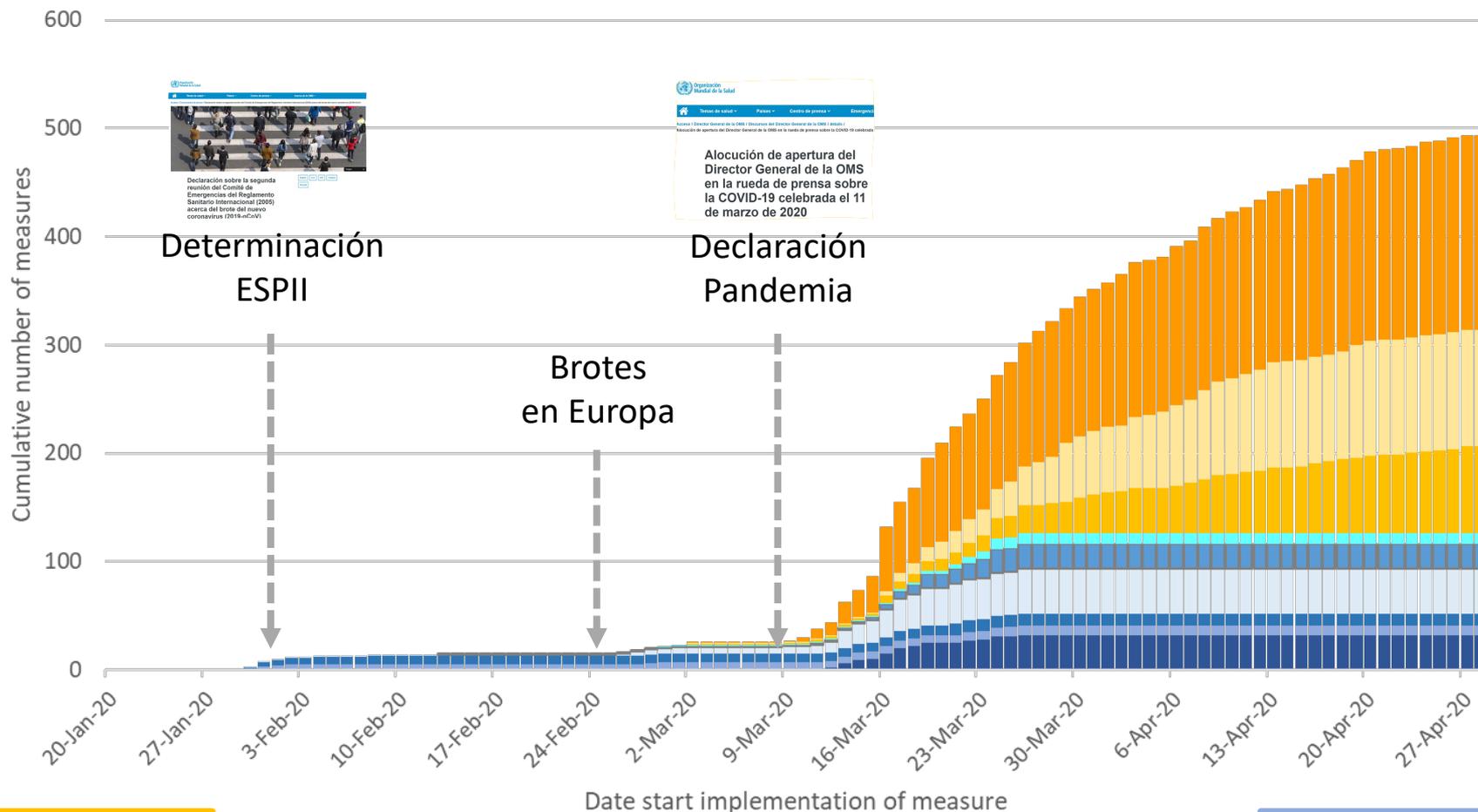
- Aislamiento de casos
- Cuarentena de contactos

- *Comunitarias*

- Medidas sanitarias en relación con el tráfico internacional



# Numero cumulativo de medidas implementadas Americas, 30 enero-30 abril 2020



**Distanciamiento físico/social**  
34 países  
367 medidas

- Operational border restrictions
- Quarantine
- Entry ban on single country
- Entry ban on multiple countries
- Entry ban on all countries
- Exit ban
- Lockdown
- Movement restrictions
- Social distancing

**Relacionadas con viajes**  
33 países  
126 medidas

# Medidas de distanciamiento físico/social

**PAHO** Pan American Health Organization

### CONSIDERATIONS ON SOCIAL DISTANCING AND TRAVEL RELATED MEASURES IN THE CONTEXT OF THE RESPONSE TO COVID-19 PANDEMIC

3 April 2020

Notes released on 27 April 2020. This document was shared with the PAHO/WHO Country Offices in the Region of the Americas on 1 April 2020. Due to the editing and formatting process, variations were detected and have now been amended (see text in red on pages 1, 4 and 14).

**1 CONTEXT**

Non-pharmaceutical measures include personal protection measures, environmental measures, social distancing measures, and treatment measures. These considerations elaborate upon the implementation of social distancing measures and travel-related measures. Therefore referred to as "measures" outlined in the WHO Strategic guidance documents (Global perspectives, medicines and response actions for COVID-19; Responding to community spread of COVID-19) and which in turn inform the WHO document Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza.<sup>1</sup> As the risk of the ongoing, current and future waves in the Region of the Americas are broadly expected to be the same transmission context.<sup>2</sup>

The considerations offered are subject to evolution as the pandemic evolves and more information becomes available.

**2 DEFINITIONS**

Public health measure <sup>3</sup>	Action or measure taken by individuals, institutions, communities, local or national governments, or international organizations to reduce the spread of COVID-19
Social distancing <sup>4</sup>	Measures applied directly to social settings, or to the capacity in its entirety, to reduce the risk of acquiring or spreading COVID-19

1 Global perspectives, medicines and response actions for COVID-19, WHO, 22 March 2020. [https://www.who.int/docs/default-source/coronavirus/situation-reports/20200322-global-perspectives-medicines-and-response-actions-for-covid-19.pdf?sfvrsn=1\\_62852\\_66](https://www.who.int/docs/default-source/coronavirus/situation-reports/20200322-global-perspectives-medicines-and-response-actions-for-covid-19.pdf?sfvrsn=1_62852_66)

2 Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza, WHO, 29 February 2020. [https://www.who.int/docs/default-source/influenza/influenza-situation-reports/20200229-nphm-for-mitigating-the-risk-and-impact-of-epidemic-and-pandemic-influenza.pdf?sfvrsn=1\\_62852\\_66](https://www.who.int/docs/default-source/influenza/influenza-situation-reports/20200229-nphm-for-mitigating-the-risk-and-impact-of-epidemic-and-pandemic-influenza.pdf?sfvrsn=1_62852_66)

3 A measure applied directly to social settings, or to the capacity in its entirety, to reduce the risk of acquiring or spreading COVID-19

4 A measure applied directly to social settings, or to the capacity in its entirety, to reduce the risk of acquiring or spreading COVID-19

3 abril 2020

**PAHO** Pan American Health Organization

### COVID-19 PANDEMIC RESPONSE

HIGH LEVEL MEETING OF MINISTERS OF HEALTH

October 1, 2020

**AN OVERVIEW OF CURRENT SOCIAL DISTANCING MEASURES AND REQUIRED EVIDENCE FOR DETERMINING OPTIMAL TIPS FOR RELAXING SUCH MEASURES**

**BACKGROUND/INTRODUCTION**

1. Non-pharmaceutical measures include personal protection measures, environmental measures, social distancing measures, and international travel-related measures. While the adoption of such measures has been effectively established by populations given its regular public attention, they are currently being implemented worldwide in response to the spread of COVID-19. The measures provided in this document refer to social distancing measures, and international travel-related measures, which are strictly advertised.
2. The public health rationale regarding the adoption of social distancing measures lies in minimizing the opportunity for exposure to individuals infected with SARS-CoV-2 virus, causing COVID-19. Lowering the number of cases, including deaths, decreasing the burden on health services, and that their capacity is not exceeded and to avoid major health services to become available (i.e., specific influenza treatment of COVID-19 vaccine).
3. The public health rationale regarding the adoption of international travel-related measures lies in limiting, or avoiding, the introduction of new additional cases of COVID-19, which might increase the burden on the already strained health services (healthcare resources, health infrastructure, personal interventions) in the Region of the Americas.

**SITUATION ANALYSIS/CURRENT KNOWLEDGE**

1. Understanding the pandemic, operational related to the state of transmission of SARS-CoV-2, the role of asymptomatic and pre-symptomatic infected individuals in driving the COVID-19 pandemic, in order to design an evidence-based diagnostic strategy, the relative impact of the effectiveness of social distancing and international travel-related measures in comparison to control pandemic activities is considered in the WHO document Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza.<sup>1</sup>

10 abril 2020

**World Health Organization**

### Considerations in adjusting public health and social measures in the context of COVID-19

Interim guidance  
16 April 2020

**Background**

Across the globe, countries have implemented a number of control measures to complement the spread and control of COVID-19. The overarching goal of the WHO global COVID-19 response strategy is that all countries to control the pandemic by ensuring social transmission and limiting mobility associated with COVID-19, with the ultimate aim of ending and containing a case of low level or no transmission. Based on local epidemiology, some countries on the progress of ending the public health and social measures, which often are a complex combination of measures.

Although the goal of all countries is to suppress transmission and control over the all process, the intensity of implementation of control measures to reduce the — including identification, tracing, isolation, and care for all new, living and potential of contact, public health and social measures at individual and community levels, varies based on the transmission context each country is facing (see also, first cases, clusters of cases, or community transmission).

**Public health and social measures**

Public health measures include personal protection measures (hand hygiene, respiratory etiquette, environmental measures, physical distancing measures, and travel-related measures). Physical distancing measures apply to individuals (e.g. reduction of crowd and separation of contacts) or to the population as a whole. These measures are not necessarily reversible.

WHO recommends that all countries use a structured, broad, and consistent set of measures to control, track and contain the complete spectrum of human-to-human transmission, including asymptomatic, presymptomatic, and symptomatic cases, and to control the spread of the virus. These measures are not necessarily reversible.

An assessment of the public health impact of COVID-19 on and in public health has revealed that the measures taken to date across the world are consistent and somewhat successful in reducing transmission, which will be considered in the context of the measures and social measures that have been developed in the context of these measures and will be updated as knowledge of the measures of the pandemic evolves.

16 abril 2020

**Pan American Health Organization** **World Health Organization**

### 16th SESSION OF THE EXECUTIVE COMMITTEE

Final Session, 22-29 June 2020

CE166/5  
16 June 2020  
Original English

**COVID-19 PANDEMIC IN THE REGION OF THE AMERICAS**

**Introduction**

1. As of 15 June 2020, the Region of the Americas is the epicentre of the COVID-19 pandemic. The Region includes three (Brazil, Peru, United States of America) of the 12 countries reporting the highest number of cases and deaths globally, with two of these (Brazil and United States of America) ranking in the top three. As 25 countries and territories in the Region have reported COVID-19 cases, their measures to control the pandemic have shown varying levels of implementation and success.
2. Although not yet quantifiable, the negative social and economic impact of the COVID-19 pandemic in the short, medium, and long term, at local, national, and global levels, is believed to be unprecedented. This underscores the need for an opportunity for continued substantive engagement, cross-sectoral and multi-stakeholder, and whole-of-society engagement in responding to the pandemic. Particularly in countries and territories that have succeeded in responding without exceeding the capacity of their health services, there is increasing pressure to resolve the tension between public health and economic priorities in a manner that does not compromise the gains achieved thus far.
3. This document provides an update on the COVID-19 pandemic in the Region of the Americas and on the response of the Pan American Health Organization (PAHO). It provides information for Member States of the Pan American Health Organization (PAHO) on how to strengthen and support response and delivery health systems in the face of risks from the pandemic — for the health and well-being of societies, as well as social and economic development in the Region, can be sustained. It assesses that the progress of response measures, public health and economic development in the Region, can be sustained. It assesses that the progress of response measures, public health and economic development in the Region, can be sustained. It assesses that the progress of response measures, public health and economic development in the Region, can be sustained.

Documento CE166/5  
junio 2020

**Pan American Health Organization** **World Health Organization**

### 58th DIRECTING COUNCIL

2nd SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Final Session, 29-30 September 2020

CE58/6  
12 August 2020  
Original English

**COVID-19 PANDEMIC IN THE REGION OF THE AMERICAS**

**Introduction**

1. As of 16 July 2020, the Region of the Americas is the epicentre of the COVID-19 pandemic. The Region includes six (Argentina, Brazil, Colombia, Mexico, Peru, United States of America) of the 12 countries reporting the highest number of cases and deaths globally, with two of these (Brazil and United States of America) ranking in the top three. As 14 countries and territories in the Region have reported COVID-19 cases, their measures to control the pandemic have shown varying levels of implementation and success.
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Documento CD58/6  
Septiembre 2020

# 166.o Comité Ejecutivo de la OPS, junio 2020

## 58.o Consejo Directivo de la OPS, septiembre 2020



### 166.ª SESIÓN DEL COMITÉ EJECUTIVO

Sesión virtual, del 22 al 23 de junio del 2020

Punto 4.1 del orden del día provisional

CE166/5  
16 de junio del 2020  
Original: inglés

#### PANDEMIA DE COVID-19 EN LA REGIÓN DE LAS AMÉRICAS

##### Introducción

1. Al 15 de junio del 2020, la Región de las Américas es el epicentro de la pandemia de COVID-19. En la Región se encuentran tres países (Brasil, Estados Unidos de América y Perú) que están entre los diez países que han notificado el número más alto de casos y muertes a nivel mundial, y dos de ellos (Brasil y Estados Unidos de América) que se clasifican entre los tres principales. Todos los 52 países y territorios de la Región han notificado casos de COVID-19. Sus medidas para controlar la pandemia han mostrado diversos grados de ejecución y éxito.

2. Aunque todavía no puede cuantificarse con exactitud, se considera que el impacto negativo social y económico de la pandemia de COVID-19 tanto en el corto, mediano y largo plazo como a nivel local, nacional y mundial no tendrá precedentes. No obstante, esto representa una oportunidad para que las autoridades nacionales puedan fortalecer, reanudar y reconstruir las instituciones, aprovechando los éxitos y las enseñanzas obtenidas por medio de la innovación y la participación de todos los sectores del gobierno y de toda la sociedad en la respuesta a la pandemia. En particular, en los países y los territorios que han tenido éxito en responder sin que se exceda la capacidad de sus servicios de salud, es cada vez mayor la presión para resolver la tensión entre las prioridades de salud pública y las prioridades económicas de una manera que no comprometa los logros alcanzados hasta el momento.

3. En este documento se presenta información actualizada sobre la pandemia de COVID-19 en la Región de las Américas y sobre la respuesta de la Oficina Sanitaria Panamericana (la Oficina). Se proporciona orientación a los Estados Miembros de la Organización Panamericana de la Salud (OPS) sobre cómo fortalecer y apoyar la capacidad de respuesta y adaptación de los sistemas de salud ante los riesgos de esta pandemia, para que pueda mantenerse la salud y el bienestar de las sociedades, así como el desarrollo social y económico en la Región. En él se prevé que la Región experimentará oleadas epidémicas y brotes recurrentes intercalados con periodos de transmisión baja a lo largo de los próximos 24 meses, a la espera de que se desarrolle una vacuna contra la COVID-19 que

- Fundamentar el proceso de toma de decisiones relacionadas con el ajuste de las medidas en un **análisis iterativo** de los datos económicos, sociológicos y de salud cada vez más detallados, con la finalidad de lograr que la ejecución de estas medidas esté **mejor orientada** de acuerdo con la ubicación **geográfica**
- Hacen falta iniciativas e inversiones para ampliar las fuentes de información y **perfeccionar el grado de detalle del enfoque**, de manera que el proceso de toma de decisiones se base en un conjunto sólido de indicadores



# Medidas de distanciamiento físico/social

Considerations for implementing and adjusting public health and social measures in the context of COVID-19

Interim guidance  
4 November 2020

 World Health Organization

**Key points**

- Public health and social measures (PHSM) have proven critical to limiting transmission of COVID-19 and reducing deaths.
- The decision to introduce, adapt or lift PHSM should be based primarily on a situational assessment of the intensity of transmission and the capacity of the health system to respond, but must also be considered in light of the effects these measures may have on the general welfare of society and individuals.
- Indicators and suggested thresholds are provided to gauge both the intensity of transmission and the capacity of the health system to respond; taken together, these provide a basis for guiding the adjustment of PHSM. Measures are indicative and need to be tailored to local contexts.
- PHSM must be continuously adjusted to the intensity of transmission and capacity of the health system at a country and at sub-national levels.
- When PHSM are adjusted, communities should be fully consulted and engaged before changes are made.

**Introduction**

This document is an update to the interim guidance published on 16 April 2020 entitled "Considerations in adjusting public health and social measures in the context of COVID-19".

Public health and social measures (PHSM) are being implemented across the globe to limit transmission and reduce mortality and morbidity from COVID-19. PHSM include non-pharmaceutical individual and societal interventions to control COVID-19.

As the pandemic unfolds, PHSM should be regularly reviewed and adapted and their effectiveness at controlling SARS-CoV-2 transmission evaluated. This requires agile decision-making based on ongoing situational assessments at the most local administrative level possible. Such assessments should be based on a risk-benefit approach, considering the intensity of transmission, the health system's capacity to respond, other contextual considerations (such as treatment events which may alter transmission or capacity) and the overall strategic approach to responding to COVID-19 in each specific setting. Decisions to tighten, loosen, or introduce PHSM to control COVID-19

must be weighed against the impacts these measures have on societies and individuals. Considerations include impact on the economy, security, mental health and psychosocial wellbeing, human rights, food security, socioeconomic disparities, continuity of health and public health programmes, treatment and management of conditions other than COVID-19, gender-based violence, and public sentiment and adherence to PHSM. The overall health and wellbeing of communities should therefore be at the forefront of considerations when deciding on and implementing PHSM.

PHSM include personal protective measures (such as hand hygiene, respiratory etiquette, mask wearing), environmental measures (such as cleaning, disinfection, ventilation), surveillance and response measures (including contact tracing, isolation and quarantine), physical distancing measures (e.g. limiting the size of gatherings, maintaining distance in public or workplaces, domestic movement restrictions), and international travel-related measures. PHSM act in concert, and a combination of measures is required to control adequate control. Measures should be tailored to the lowest administrative level for which situational assessment is possible and measures can be enacted practically.

**Changes from the previous version**

This document provides guidance to help Member States assess the situation at national and sub-national levels, as well as key recommendations about the implementation of PHSM. It should be read in conjunction with WHO interim guidance on Critical preparedness, incidence and response actions for COVID-19, which addresses several other elements of preparedness, readiness and response for COVID-19 beyond PHSM.

The new guidance contains several important changes. First, it provides an updated transmission classification, subdividing 'community transmission' into four sub-categories, from low to very high incidence. The associated matrix provides revised indicators and thresholds for determining the transmission classification, as well as the current health system capacity. The document then provides a situational assessment matrix, which takes into consideration the transmission classification and the health system response capacity to arrive at an overall Situational level. Finally, the document provides guidance about the PHSM to implement or adjust at each Situational Level.

This guidance document is intended for public health and health services decision-makers at all operational levels (i.e., at any level at which decisions about tailored PHSM are made) and technical assessors involved in relevant sectors (e.g.

4 noviembre 2020

## • Desafíos para determinar el impacto máximo en la transmisión y las perturbaciones sociales/económicas mínimas:

- Momento de los ajustes
- Aplicación geográfica
- Paquetes de medidas
- Nivel de toma de decisiones



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**On-going emergency committees**

**COVID-19 IHR Emergency Committee**

**International Health Regulations (IHR) Secretariat**

The IHR Emergency Committee for COVID-19 held its first meeting on 22 and 23 January 2020. On 30 January 2020, following its second meeting, the Director-General declared that the outbreak constituted a Public Health Emergency of International Concern, accepted the Committee's advice and issued it as IHR Temporary Recommendations. The Committee continues to meet on a regular basis.

30 octubre 2020

15 enero 2021

19 abril 2021

## • Mantener/mejorar cumplimiento

- Legislación
- Aplicación
- Comunicación



# Reglamento Sanitario Internacional (RSI)

## Emergencia de Salud Publica de Importancia Internacional (ESPII)



Declaración sobre la reunión del Comité de Emergencia del Reglamento Sanitario Internacional (2005) acerca del brote de nuevo coronavirus (2019-nCoV)

**23 enero 2020**

No ESPII – No Restricciones viajes



Declaración sobre la segunda reunión del Comité de Emergencias del Reglamento Sanitario Internacional (2005) acerca del brote del nuevo coronavirus (2019-nCoV)

**30 enero 2020**

ESPII – No Restricciones viajes



Alocución de apertura del Director General de la OMS en la rueda de prensa sobre la COVID-19 celebrada el 11 de marzo de 2020

**11 marzo 2020**

Declaración pandemia



Declaración sobre la tercera reunión del Comité de Emergencias del Reglamento Sanitario Internacional (2005) acerca del brote de enfermedad por coronavirus (COVID-19)

**1 mayo 2020**

Abordaje basado en riesgo



Declaración sobre la cuarta reunión del Comité de Emergencia del Reglamento Sanitario Internacional (2005) sobre el brote de la enfermedad por el coronavirus de 2019 (COVID-19)

**1 agosto 2020**

Abordaje basado en riesgo



Declaración acerca de la quinta reunión del Comité de Emergencia del Reglamento Sanitario Internacional (2005) sobre la pandemia de enfermedad por coronavirus (COVID-19)

**30 octubre 2020**

Abordaje basado en riesgo



Declaración acerca de la sexta reunión del Comité de Emergencias del Reglamento Sanitario Internacional (2005) sobre la pandemia de enfermedad por el coronavirus de 2019 (COVID-19)



Statement on the seventh meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic

**15 enero and 19 abril 2021**

- Abordaje basado en riesgo
- No introducción requisito prueba vacunación

# Medidas sanitarias en relación con el tránsito internacional

## 19 abril 2021

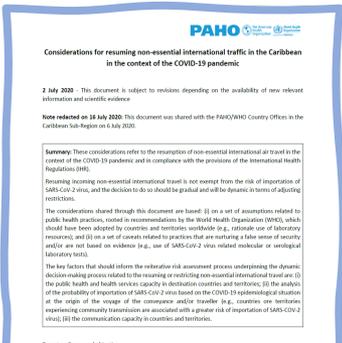
### Consejos para la Secretaría de la OMS

- Actualizar la **guía de la OMS** de diciembre de 2020...enfoques en **pruebas y duración de la cuarentena** de los viajeros...el propósito del viaje (**no esencial vs esencial**)
- **Continuar coordinando con los socios pertinentes**...incluidos OACI, OMT y IATA, para la revisión, actualización y difusión periódicas de la **orientación basada en pruebas** sobre las medidas de reducción del riesgo relacionadas con los viajes

### Recomendaciones Temporales para los Estados Partes

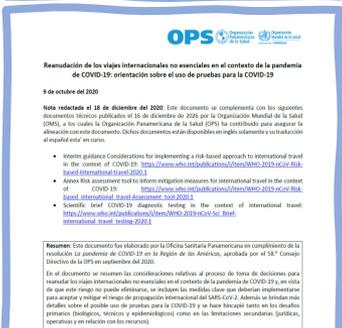
- Implementar enfoques coordinados, por tiempo limitado, **basados en riesgos y basados en evidencia**...de acuerdo con la orientación de la OMS y las disposiciones del RSI...
- **Reducir la carga financiera de los viajeros internacionales** por las medidas que se les aplican para la protección de la salud pública...de conformidad con el **artículo 40 del RSI**
- Compartir información con la OMS sobre el impacto de las medidas sanitarias...para informar el desarrollo de la OMS de orientación basada en pruebas

# Abordaje basado en riesgo



OPS, 2 julio 2020

<https://apps.who.int/iris/handle/10665/330464> [accessed on 2 July 2020]



OPS, 5 octubre 2020

[Se deben establecer mecanismos para que los viajeros que lleguen a una ciudad o país proporcionen información sobre los planes de viaje que tienen durante los próximos 14 días en el lugar.](#)



OMS, 16 diciembre 2020

- ✓ Evaluación del riesgo
- ✓ Mitigación del riesgo
- ✓ Comunicación del riesgo

- No permitir viajes de:**
- Casos en aislamiento
  - Contactos en cuarentena
  - Personas en confinamiento

## No a practicas que:

- ✗ Generan falso sentido de seguridad
- ✗ Generan hacinamiento en puntos de entrada
- ✗ Socavan uso racional de recursos
- ✗ Infringen disposiciones del RSI

# Reanudación tráfico internacional

## ✓ Evaluación del riesgo

- Situación epidemiológica origen/destino
- Saturación servicios de salud en el destino
- Tráfico esencial / no-esencial

## ✓ Mitigación del riesgo

- Prohibiciones selectivas conexiones
- Protección personal
  - Uso de mascarillas médicas quirúrgicas
- Medidas ambientales – Limpieza
  - Puntos de entrada
  - Medios de transportes
- Medidas de salud pública
  - Recopilación en línea de información sobre ubicación del viajero antes de la salida
  - Distanciamiento físico (puntos de entrada y medios de transporte)
  - Cribado visual en los puntos de entrada
  - Seguimiento sanitario de los viajeros entrantes durante 14 días
  - Adhesión a medidas de distanciamiento físico/social en destino

### No permitir viajes de:

- Casos en aislamiento
- Contactos en cuarentena
- Personas en confinamiento

## ✓ Comunicación del riesgo

# Reanudación tráfico internacional

## No a las prácticas que:

### ✘ **Generan falsa sensación de seguridad**

- Formularios / cuestionarios basados en síntomas
- Cribado de temperatura
- "Pasaportes inmunitarios"
- Pruebas de laboratorio en viajeros
- Vacunación de viajeros

### ✘ **Generan hacinamiento en los puntos de entrada**

- Llenado de formularios / cuestionarios
- Exámenes médicos / pruebas de laboratorio en viajeros

### ✘ **Socavan el uso racional de los recursos**

- Cuarentena de viajeros entrantes
- Pruebas de laboratorio en viajeros
- Vacunación de viajeros

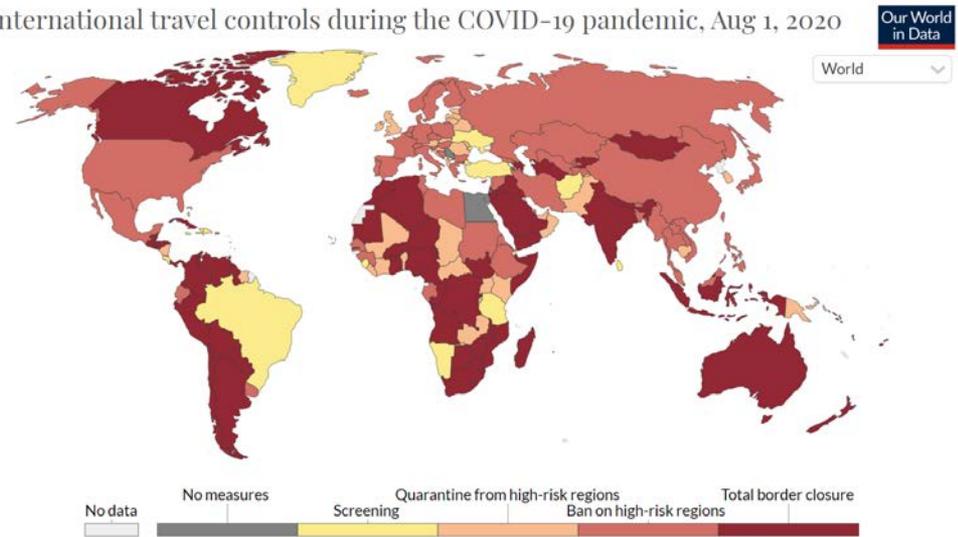
### ✘ **Infringen las disposiciones del RSI**

- Documentos sanitarios distintos de la prueba de vacunación contra la fiebre amarilla, según el Certificado Internacional de Vacunación o Profilaxis (CIVP)
- Cobrar a los viajeros por aplicar medidas de salud pública

# Variantes SARS-CoV-2 y restricciones trafico internacional 1 agosto 2020-20 abril 2021



International travel controls during the COVID-19 pandemic, Aug 1, 2020



Restricciones al 1 agosto 2020

# Medidas sanitarias en relación con el tránsito internacional

## 19 abril 2021

### Consejos para la Secretaría de la OMS

- Actualizar la **guía de la OMS** de diciembre de 2020...Incorporar un **marco ético** para orientar la toma de decisiones nacional...tener en cuenta el **despliegue de la vacuna** COVID-19, la inmunidad conferida por infecciones pasadas,...el propósito del viaje (no esencial vs esencial)
- Continuar actualizando la **posición de la OMS** sobre las consideraciones relativas a los **requisitos de prueba de vacunación** y...la **estandarización de la documentación en papel y digital** de las medidas de reducción de riesgos relacionados con los viajes...internacionales

### Recomendaciones Temporales para los Estados Partes

- **No exigir prueba de vacunación como condición de entrada**...evidencia limitada (aunque creciente) sobre el desempeño de las vacunas en la reducción de la transmisión y la persistente inequidad en la distribución mundial de vacunas
- Priorizar la vacunación de la gente de mar y las tripulación aéreas...especial atención a la gente de mar que está varada en el mar...

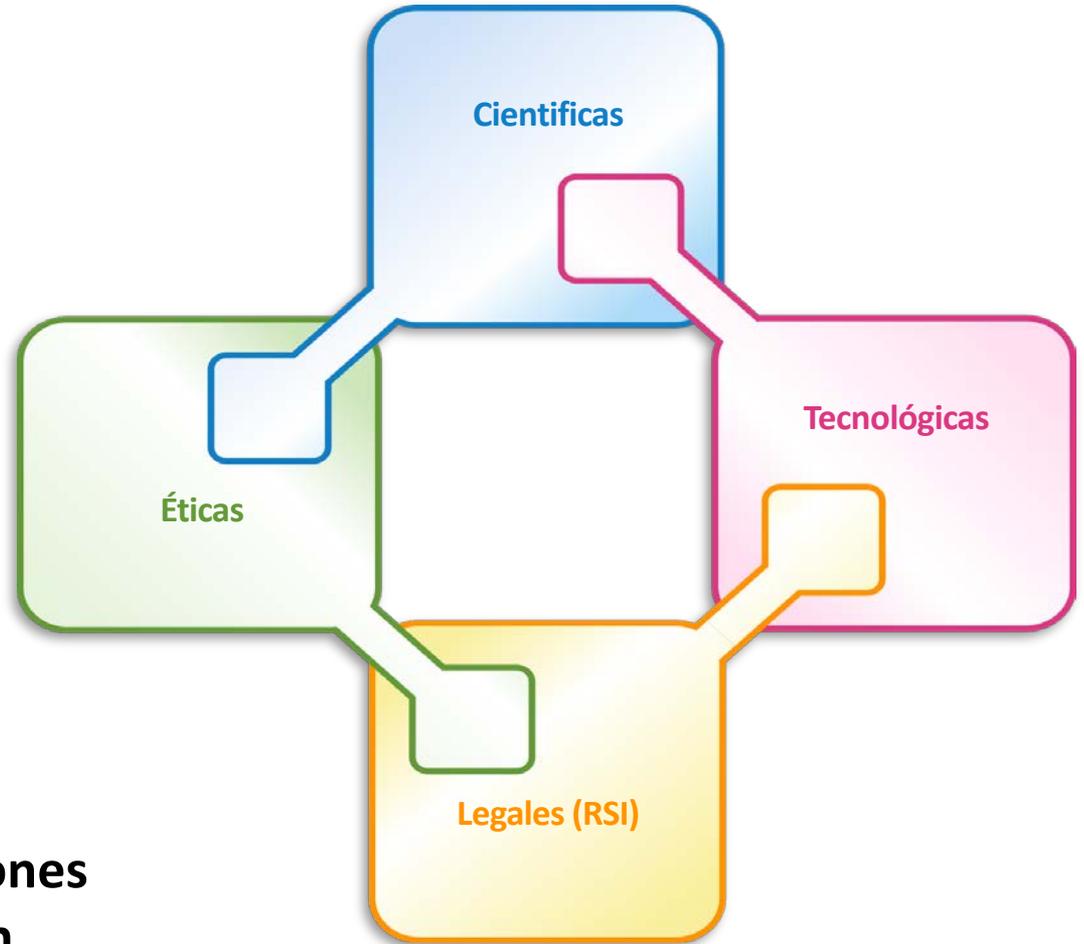
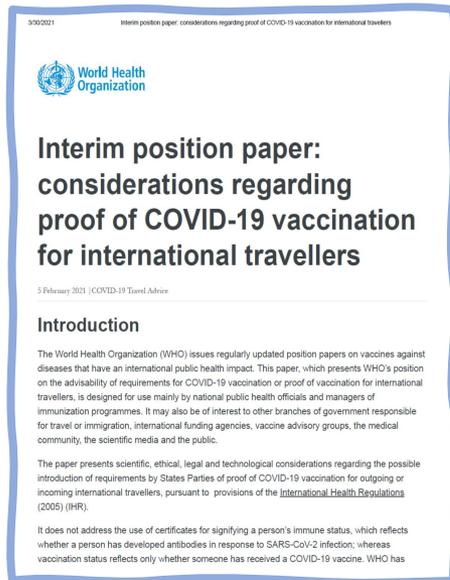
# Posición OMS sobre uso vacuna COVID-19 en viajeros internacionales y certificado relacionado

## Grupo de Expertos en Asesoramiento Estratégico sobre Inmunización (SAGE), 8 ene.-17 mar. 2021

En el período actual de suministro de vacunas muy limitado, la **vacunación preferencial de los viajeros internacionales contradeciría el principio de equidad**. Actualmente, la OMS recomienda que los viajeros solo se vacunen si forman parte de un grupo de alto riesgo...



# Posición OMS sobre uso vacuna COVID-19 en viajeros internacionales y certificado relacionado



**“Documento de posición provisional OMS: consideraciones sobre la prueba de vacunación COVID-19 para viajeros internacionales”, 5 febrero 2021**

# Consideraciones tecnológicas en torno a la prueba de vacunación y los viajes internacionales

## WHO Smart Vaccination Certificate Consortium

- Si se introdujera un **requisito** de prueba de vacunación COVID-19 para viajeros internacionales, el registro de prueba de vacunación debería basarse en los siguientes principios de:



- Equitativo
- Accesible
- Escalable, flexible y sostenible
- Protección de la privacidad



Interim guidance for developing a Smart Vaccination Certificate



- Esto podría incluir **formatos digitales**, pero compatibles con certificados en **papel**
- Se están explorando **formatos** para documentar la prueba de vacunación que podrían adoptarse a **nivel mundial**

# Declaración conjunta OACI-OIT-OMI-OMS

- ...que países que aún no lo han hecho a que **designen** a los **marinos** y a las **tripulaciones aéreas** como trabajadores **esenciales**
- ...llamamiento a los Gobiernos para que den **prioridad** a la gente de mar y a las tripulaciones aéreas en sus **programas nacionales de vacunación** contra la COVID-19, junto con otros trabajadores **esenciales**
- Nuestras organizaciones apoyan plenamente el **desarrollo** oportuno de un **marco internacional armonizado para los certificados de vacunación** a fin de facilitar los viajes internacionales de la **gente de mar y las tripulaciones aéreas**

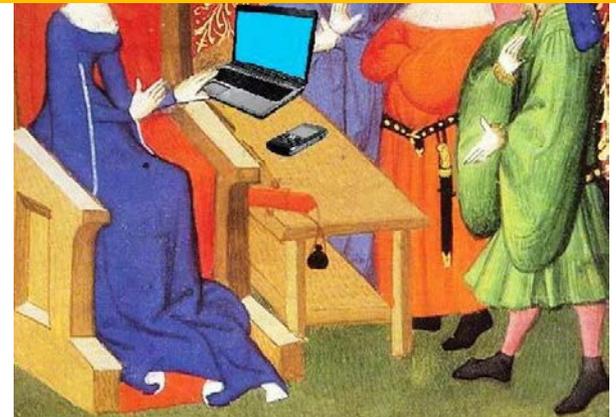


# Piedras angulares actuales de la respuesta

- Medidas de protección personal
- Medidas ambientales
- Medidas de distanciamiento social
  - *Dirigidas*
    - Aislamiento de casos
    - Cuarentena de contactos
  - *Comunitarias*
- Medidas sanitarias en relación con el tráfico internacional



A pesar  
de la vacuna



Gracias