



INTERNATIONAL
LONG TERM CARE
POLICY NETWORK

COVID-19 and Long-Term Care in Brazil: Impact, Measures and Lessons Learned

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Last updated 6 May 2020

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Itccovid.org

This document is available through the website Itccovid.org, which was set up in March 2020 as a rapidly shared collection of resources for community and institution-based long-term care responses to Covid-19. The website is hosted by CPEC at the London School of Economics and Political Science and draws on the resources of the International Long Term Care Policy Network.

Corrections and comments are welcome at info@Itccovid.org. This document was last updated on 6 May 2020 and may be subject to revision.

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Suggested citation

Da Mata FAF & Oliveira D. *COVID-19 and Long-Term Care in Brazil: Impact, Measures and Lessons Learned*. Available at LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 6 May 2020.

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Acknowledgements

We thank Adelina Comas-Herrera and Klara Lorenz-Dant from the CPEC/LSE for providing us with the report template and for their valuable comments. We also thank Dr Elaine Mateus from the Brazilian Federation of Alzheimer's Associations for her valuable comments and feedback on this report.

1. Key points

- The COVID-19 pandemic is on its ascending period in Brazil and mortality rates have risen exponentially;
- Several initiatives have been implemented and recommendations have been published by the public sector to support unpaid carers, older and disable people, and Long-Term Care (LTC) professionals with regards to ways to protect from the infection;
- There is a paucity of specific population data in relation to the pandemic (e.g. infection and mortality rates in people living in care homes vs. living at home) and most actions so far have been taken by the public health sector;
- It is unclear the extent to which the private care sector (e.g. private care homes, health insurances) have been following national and international guidance;
- Unpaid carers, vulnerable populations, and LTC workers have been mostly unassisted financially and with the necessary equipment to face the pandemic;
- There is a lack of evidence on COVID-19 is affecting older people and those with disabilities living together with several other family members in vulnerable communities (such as “favelas”);
- It appears that most of the actions so far have been carried out remotely or digitally, and there is a lack of information with regards to the extent to which such actions have reached those who do not have access to online information;
- Brazil has a large proportion of the population who is illiterate or semi-illiterate and it is unclear the extent to which the preventative measures and recommendations implemented/published so far have taken into account individual literacy and health literacy levels.

2. Impact of COVID19 on long-term care users and staff so far

2.1. Number of positive cases in population and deaths

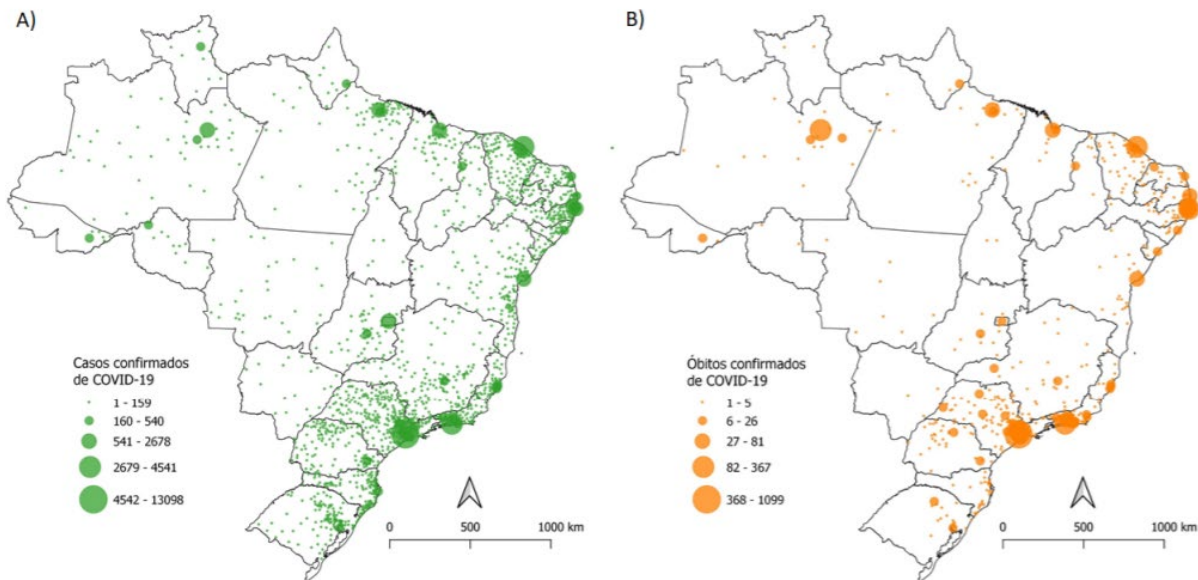
On January 10, a federal committee was created by the Ministry of Health to monitor the spread of COVID-19 in Brazil. On January 16, the Ministry of Health published the first report in Brazilian Portuguese about what was known about the disease worldwide up to that point. On 20 January the Ministry of Health met with PAHO to align the public health strategies to be used to control the pandemic in the Americas. On 27 January Brazil had its first suspected case and the country status was changed from “alert level 1” to “imminent danger”. On 3 February, it was declared National Public Health Emergency and on 7 February the Quarantine Law was sanctioned by the President. On 26 February, the first COVID-19 case was confirmed in Sao Paulo, Brazil.

Every suspected and confirmed case is registered by the health services in a national electronic surveillance system ([e-SUS VE](#)) controlled by the Ministry of Health. In Brazil, up to 27 April 2020, there were 61,888 confirmed cases of COVID-19 and 4,205 deaths nationally. The numbers of cases and deaths continue to grow in the country with all the states having

confirmed cases ([Brazilian Ministry of Health, 2020](#)). Detailed national reports on the epidemiology of the COVID-19 pandemic situation in Brazil is published periodically [here](#).

Figure 1 shows the geographical distribution of cases (A) and deaths (B) per city across the country ([Brazilian Ministry of Health, 2020](#)). Table 1 shows the basic epidemiology of the COVID-19 pandemic in Brazil compared to other European countries ([Brazilian Ministry of Health, 2020](#)). Worldwide, Brazil is in the 11th position in the number of confirmed cases and in the 11th position in the number of deaths. However, if the mortality rate per 1 million people is considered, Brazil is in 37th in the world's ranking.

Figure 1. Geographical distribution of the number of cases (A) and deaths (B) per city across the country.



Source: [Brazilian Ministry of Health, 2020](#)

Table 1. Comparison of the COVID-19 pandemic situation between Brazil, Italy, Germany and Spain* (based on the [National Epidemiological Report](#))

| Country | Date when the 100 th case was registered | Number of days after the 100 th confirmed case | Date of the 1 st confirmed death | Days after mortality reaches 0.1 million | Mortality rate for 1 million people |
|---------|---|---|---|--|-------------------------------------|
| Brazil | 15 March | 42 | 17/03 | 34 | 20 |
| Italy | 24 February | 62 | 23/03 | 60 | 436 |
| Germany | 1 March | 56 | 10/03 | 41 | 67 |
| Spain | 3 March | 53 | 05/03 | 49 | 482 |

*26 April 2020

Up to 26 April, approximately 60% of the people who had died from SARS-CoV2 were men, 70% were aged 60 and over and 67% had at least one comorbidity. Cardiomyopathy has been the most common condition associated with higher mortality rates (present in 1,566 deaths), followed by diabetes (n=1,223), renal diseases (n=296), pneumopathy (n=279) and neurological conditions (n=265). In all vulnerable groups, the majority were aged 60 and over, except for those with obesity ([Brazilian Ministry of Health - SVS](#)).

The [mortality rate](#) by COVID-19 in the Brazilian population is 6.8% and the [infection rate](#) in the population is 4.3 cases per 100,000 people. However, as only a small percentage of people are tested for COVID-19, it is likely that these infection rates are higher. Even though mortality rate statistics in Brazil are considered relatively robust because the sub notification number is considered generally low ([Brazilian Ministry of Health - SVS, 2020](#)).

2.2. Rates of infection and mortality among long-term care users and staff

Official information about rates in LTC facilities is not yet available in Brazil. On 28 April 2020, a [magazine](#) published a report of a LTC home in Piracicaba (a town in the state of Sao Paulo) where, out of 82 residents, there had been 28 cases of infection and 6 deaths that were confirmed to be from COVID-19.

2.3. Population level measures to contain spread of COVID-19

The measures to contain the spread of COVID-19 have been established and implemented at federal, state and municipal levels. On 6 February 2020 law nº 13.979 was sanctioned, which established national measures to deal with the public health emergency of international importance – the COVID-19 pandemic. At the [federal level](#), lay and specialist information about the disease, forms of transmission, as well as individual and population measures to control the virus spread are [available online](#) and via public health services, including accessible information for deaf and blind people. An online chat for questions from the general public and health professionals has been implemented in the same webpage. Clinical guidelines and the number

of COVID-19 treatment beds and equipment per region/state, legislations, reports, are all published online regularly and in a transparent manner ([Brazilian Ministry of Health, 2020](#)).

Locally, the measures include social distancing for the general public, social isolation for those who had tested positive for COVID-19. However, no strict lockdown measures have been in place yet. All public and private services such as shopping malls, pet shops, stores, offices, schools were gradually closed from 11 March 2020, with the exception of shops providing basic supplies (supermarkets, pharmacies and bakeries) and health units. Restaurants were allowed to continue to sell food through delivery or self-collection. In some country regions, especially large urban areas, the police were allowed to arrest those who were found 'conglomerating' in groups of eight people or more. Stores or services which were found working can be fined by the councils.

The first state to adopt social distancing measures was the Federal District, it closed schools and service providers establishments on 11 March 2020. It was followed by the states of São Paulo and Rio de Janeiro that adopted social distancing measures on 16 and 17 March 2020, respectively ([Brazilian newspaper, 2020](#)). All the federal regulations and laws with regards to the national response to the COVID-19 pandemic are published and regularly updated [here](#).

3. Brief background to the long-term care system

In Brazil, long-term care is available through public and private systems. The Unified Social Assistance System (SUAS) provides some public long-term care services to the population, such as long-term care institutions, day centres, palliative care, advance care directives and others. The system's coverage is means tested, provided to people without means to pay for their care or without family support ([Ministry of Citizenship, 2020](#)). Long term care may also be accessed privately. Very often family members are the main providers of care (unpaid care). However, private options such as paid carers, day care centres (getting quite popular in the last years) and long-stay institutions (the most traditional model of long-term care in Brazil, after the provision of care by family members) are available in the country ([Camarano and Barbosa, 2016](#)).

4. Long-term care policy and practice measures

4.1. Whole sector measures

Measures created by the Government and by expert commissions are being carried out to address the pandemic with regards to LTC.

The Brazilian Ministry of Health has recently published a [National Contingency Plan for the Care of Institutionalized Older People in Situation of Extreme Social Vulnerability](#). This plan includes Federal Technical guidance documents (e.g., [7/2020](#), [8/2020](#) and [9/2020](#)) about the prevention and control of COVID-19 in LTC institutions for older people. Recommendations regarding the assessment and monitoring of residents, hygiene strategies, education, strategies for group

activities, management of suspect cases etc. are expressed in the documents to orientate LTC managers, workers, residents, family and visitors.

There is also a website called "ILPI.me" which was voluntarily produced by institutions such as UFMG, FMUSP, residential homes etc. that informs LTC institutions regarding an action plan for fighting against COVID-19. This website makes protocols of care available, so LTC institutions may follow them. These protocols contain information about measures of care during the pandemic aiming at healthcare professionals, administrative, and auxiliary personnel from LTC institutions.

4.2. Care coordination issues

4.2.1. Hospital discharges to the community

Hospital discharges are recommended to take place only after the diagnosed person has been isolated for 14 days counting from the beginning of the symptoms. In cases of hospital discharges before the recommended period of isolation, the person should be kept isolated at home until the 14 days have been completed ([Brazilian Ministry of Health, 2020](#)).

4.2.2. Hospital discharges to residential and nursing homes

Persons who have recovered from Covid-19, should return from hospitals to the institution where they came from if they have been tested positive by the immunity cure test (IgG) 14 days after being hospitalized and if they do not present symptoms of any other disease for 72 hours. If it is not possible to do the test, the person should be isolated for 14 days in the institution where they used to live ([FN-ILPI, 2020](#)).

4.3. Care homes (including supported living, residential and nursing homes, skilled nursing facilities)

4.3.1. Prevention of COVID19 infections

A thorough technical guideline was created by a national commission to strengthen the long-term care responses to the COVID-19 pandemic in Brazil ([FN-ILPI, 2020](#)). This guidance was published at the end of April 2020 aiming to inform the Government of the current situation in LTC institutions as well as of the management of COVID-19 outbreaks in these institutions. The document firstly provides a situational analysis about LTC institutions, including recommendations regarding general health care, family contact, preventive measures and good habits to follow in LTC institutions. The document also details recommendations on specific steps of care to be followed in LTC institutions during COVID-19 pandemic ([FN-ILPI, 2020](#)). Apart from that document, Federal Technical Guidelines were developed as part of the National Contingency Plan, to prevent and control COVID-19 infections in LTC institutions (Federal Technical Guidelines - numbers [7/2020](#), [8/2020](#) and [9/2020](#)).

Regarding prevention of COVID-19 infections, many recommendations have been proposed for care homes since the pandemic reached Brazil. These include, for instance, that all products received from third parties should be delivered outside the institution, that external packaging should be discarded, and the internal packages should be cleaned with alcohol (liquid, 70%). All

workers are advised not go to work if they feel symptoms of cold. Before entering the care home, workers should measure their body temperature and use a face mask on their way to the care home. They should enter the care home through another entrance door than of that used by the care home residents, wash their hands with water and soap, change their clothes and shoes, take a shower (when possible), use a face mask and surgical cap. The workers are advised to wash their hands before and after caring for an older person, use alcohol gel 70% after touching any furniture, use N95 masks when exposed to aerosols, use gloves when in contact with urine, faeces or any other secretion. Before leaving the LTC institution, the workers are advised to remove their masks, gloves, surgical caps, change their clothes, measure their body temperature, and put on another mask. After arriving home, they should wash their hands, take a shower and put on clean clothes ([FN-ILPI, 2020](#) and [Federal Technical Guideline 09/2020](#)).

All residents should have their body temperature measured daily and should be monitored for respiratory symptoms and symptoms of a cold ([Federal Technical Guideline 09/2020](#)). They should be encouraged to wash their hands every two hours as well as before and after having meals. The LTC institutions' workers should be trained to wash hands and apply alcohol gel. All the entrances of the institutions should have carpets with a solution of sodium hypochlorite (30%); all the door handles, handrail, wheelchair holders should be cleaned twice a day with alcohol 70% ([FN-ILPI, 2020](#)).

In terms of general prevention, the institutions are advised to stimulate the ingestion of fruit and water among residents, reorganise the number of older people per meals in the dining hall (to keep a distance of 1 to 2 meters between residents) and arrange both Influenza and Pneumococcal vaccines for their residents in the nearest basic health unit ([Federal Technical Guideline 09/2020](#) and [FN-ILPI, 2020](#)).

4.3.2. Controlling spread once infection is suspected or has entered a facility

Once a resident has been infected, this person should be isolated, use a mask for 14 days and be moved to a bedroom with proper ventilation and with a bathroom to avoid contact with others in the institution. It is important to note, however, that many of the institutions only have shared rooms and lack important supplies. This makes it difficult for them to comply with some of these recommendations ([FN-ILPI, 2020](#)). In such cases, a regional manager from SUS should be contacted by the institution to arrange the transfer of the infected resident to a reference hospital ([Federal Technical Guideline 09/2020](#)). Workers from the LTC institution who present with fever or/and acute respiratory symptoms must be immediately removed from their functions in the institution and should ideally be tested for COVID-19 ([Federal Technical Guideline 09/2020](#)). Besides, social distancing measures should be reinforced among the whole institution ([FN-ILPI, 2020](#)). The Ministry of Health has published a flowchart for the management of suspect cases ([Brazilian Ministry of Health, 2020](#)).

4.3.3. Managing staff availability and wellbeing

The importance of managing carers' physical and mental aspects during the pandemic has been recognised. Apart from the day to day burden already experienced by many LTC workers in institutions, dealing with the responsibility of LTC activities during COVID-19 pandemic brings

fear, uncertainty and the need for greater hygienic rigour. In this context, it is important to promote physical and psychological wellbeing to those persons, to avoid bringing new responsibilities (e.g.; buying individual protection equipment) during the period of pandemic, to take care of mourning in case of death from an older person in the institution, and to promote interventions to support care worker's mental health ([FN-ILPI, 2020](#)).

4.4. Community-based care

4.4.1. Measures to prevent spread of COVID19 infection

The measures to prevent the spread of Covid-19 in community-based care are the same recommended for the rest of the population.

4.4.2. Managing staff availability and wellbeing

The federal, state and municipal governments have opened emergency calls to contract healthcare staff to replace those who have been infected or who are part of vulnerable groups (such as older workers) in hospitals and community health services. However, there is no specific information available with regards to expected long-term contracts for professionals to work on LTC institutions or community health services. Up to 28 April 2020, almost 400,000 healthcare professionals have registered to voluntarily work on the front line responding to the COVID-19 pandemic ([Brazilian Ministry of Health, 2020](#)).

4.5. Impact on unpaid carers and measures to support them

Up to the end of April, no data has been published regarding the impact of the pandemic on unpaid carers in Brazil. The media and the Brazilian Alzheimer Associations have published several articles highlighting the concerns from experts and authorities about the high risk for social isolation and abuse which this population is potentially subjected to (see for example [here](#) and [here](#)). Older people's and disease-specific associations (such as the Brazilian Society of Geriatrics and Gerontology and the Brazilian Alzheimer Associations) have published specific guidance for carers, with particular issues being addressed in each situation. However, only technical and educational advice has been published, with no specific social or financial support measure implemented to aid this specific group.

The National Institute for Health Care Research - FioCruz has produced, in collaboration with academic and clinical experts, a booklet with clear and objective guidance to inform family carers of older people about how they can control the spread of respiratory viruses and protect themselves and the people they care for from COVID-19. This manual can be accessed [here](#).

The Ministry of Health, in collaboration with PAHO, have released a campaign to help Brazilians to cope with the impact of the pandemic on their mental health. A series of videos have been produced and can be accessed online [here](#). This could potentially be used and/or implemented with unpaid carers to help tackle feelings of loneliness, distress and isolation.

Several online surveys and studies are ongoing, and it is hoped that data will be published soon with regards to the impact of the COVID-19 pandemic on this population.

4.6. Impact on people with intellectual disabilities and measures to support them

Approximately 22% of the entire country's population (45 million people) have at least one disability. About 60% of this population are aged 50 and over and 70% are socio-economically deprived ([Brazilian newspaper, 2020](#)). This population group is considered to be highly vulnerable to COVID-19, however, no formal data has been published about this by the end of April 2020.

The Ministry of Women, Family and Human Rights has created a dedicated webpage to help people with rare conditions and disabilities (including people who are blind, deaf, and/or live with physical and intellectual disabilities) and their families to find relevant information about how to cope with the pandemic. This webpage can be accessed [here](#).

4.7. Impact on people living with dementia and measures to support them

Brazil has approximately 1.5 million people with dementia, and it has been estimated that 77% of these people are undiagnosed ([Nakamura et al, 2015](#)). We do not have official data on the number of people with dementia who have been affected by the COVID-19 pandemic. However, given the high vulnerability of this population group, we expect this number to be high. As mentioned previously, educational and technical information has been published to inform carers and health professionals with regards to infection prevention and management of social isolation in long-term care more generally. The Alzheimer's Associations and other NGOs have created helplines, as well as online forums, blogs and videos with educational materials to help address key potential unmet needs of carers and people with dementia. See an example [here](#).

5. Lessons learnt so far

The COVID-19 pandemic in Brazil brought together a great deal of fake news that affect society. This misinformation might have contributed to increased levels of uncertainty and anxiety among people. Besides, fake news might have delayed people's early compliance with preventive measures regarding COVID-19. Until April 2020, the Ministry of Health clarified on its website around 80 COVID-related fake news that were disseminated throughout the internet ([Brazilian Ministry of Health, 2020](#)).

Another important point is the current political context in Brazil. The president has been making speeches against the importance of physical distancing and comments underestimating the severity of the COVID-19 infection. Besides, the Health Minister and Minister of Justice were replaced in April 2020 because their views differed from those of the president. The political situation, combined with the pandemic, has led to constant dissatisfaction of the population. Even though the state governors have the independence to place their states under quarantine and lockdown measures (as Brazil is a federation with autonomous subnational governments), the political situation created by the national government adds more anxiety to the population on the steps Brazil will take to control the spread of COVID-19.

On the other hand, a number of citizens have grouped together in an attempt to promote psychosocial activities whilst maintaining social isolation, such as, for example, the Brigades ([Brincada de Apoio](#) and [Brincada da Educação](#)) and the Age Knitting ([Tecer Idades](#)) – this last one aims to supporting older people. In many cities, the public sector also managed to develop a network where information and support can be found ([Londrina City Council, 2020](#) and [Sao Paulo City Council, 2020](#)).

5.1. Short-term calls for action

Several actions have been implemented and/or recommended to protect vulnerable people who are receiving LTC and their unpaid carers, living either at home or in care homes. However, there is still the need for further actions, such as the following:

1. We need to establish specific population data in relation to the pandemic (e.g. infection and mortality rates in people living in care homes vs. living at home);
2. Most actions have been taken by the public health sectors and it is unclear the extent to which private care sectors (e.g. private care homes, health insurances) have been following national and international guidance;
3. There needs to be effective and continuous financial and health support actions for paid and unpaid caregivers and vulnerable groups living alone;
4. It appears that most of the actions so far have been done remotely or digitally, and there is a lack of information with regards to the extent to which such actions have reached out to those who do not have access to online information. More efforts should be made to reach out to vulnerable / disabled groups;
5. Brazil has a large proportion of the population who is illiterate or semi-illiterate and it is unclear the extent to which the preventative measures and recommendations implemented/published so far have taken into account individual literacy and health literacy levels;
6. There is a lack of evidence on how older people living together with several other family members in vulnerable communities (such as “favelas”) are doing to prevent and treat respiratory infections.

Relevant information sources

<https://portalarquivos.saude.gov.br/images/pdf/2020/April/23/23042020-Portarias-publicadas-sobre-COVID-com-edilcao.pdf>

<https://www.ilpi.me/>

<https://drive.google.com/file/d/1FRf1xTY6XNQ7KrcyGPsorjSNB7ohyCwQ/view>

<https://drive.google.com/file/d/1bfkLTzsfqzOZYFukNTaVQ0CfIMHczruL/view>