

# The COVID-19 situation in Brazilian care homes and actions taken to mitigate infection and reduce mortality

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## Itccovid.org

This document is available through the website [Itccovid.org](http://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](mailto:info@Itccovid.org). This document was last updated on 29 June 2020 and may be subject to revision.

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## Key messages

- There are no official data on the number of cases and mortality related to COVID-19 in Brazilian care homes, nor on the profile of the residents who have died.
- There are multiple barriers and challenges to overcome in order to integrate national notification systems with long-term care organizations.
- Data from the Public Prosecutor Offices in seven states, collected at different moments within the period between 14 May and 21 June, found that 2,673 (out of 42,216) care home residents and 1,060 members of staff had COVID-19 infections confirmed through laboratory tests. A total of 502 deaths due to COVID-19 were recorded among residents, which represents a case fatality rate of 18.8%.
- Nearly 65% of care home managers reported to be currently experiencing financial difficulties, and the Brazilian economy is expected to contract by 7.4-9.1% in 2020.

### 1. Update on the pandemic situation in Brazil

On 27 January 2020, Brazil had its first suspected case of COVID-19, and on 26 February the first COVID-19 case was confirmed in Sao Paulo. By the 27 April 2020, the national number of confirmed cases had reached 61,888, and there had been 4,205 deaths. The total number of notified cases currently (26 June) stands at 1,228 million, and the number of deaths at 54,971. The average national case fatality rate is 4.5%. This escalation in the numbers of infections and deaths has taken place against the background of a major political crisis, which has seen change of three different health ministers. There has been a politicisation of the pandemic, and contradictory public health messages from different levels of government have led to significant confusion among the public.

Although there is a great deal of debate about the accuracy of the daily statistics being officially issued, particularly on the exact number of deaths and people infected, it is clear that these numbers are continuing to grow nationally: 25 out of 26 states in Brazil have more than 100 deaths and 1,000 confirmed cases. The virus has now spread to rural and more interior regions of the country, reaching quite isolated geographical areas, such as those inhabited by indigenous communities. There has been a lack of testing, and it is very likely that numbers have been underestimated, with some suggesting that Brazil might have 15 times more cases than what is currently known ([O Globo, 15 May 2020](#)). In addition, studies using geo-mapping techniques have shown that socioeconomic factors are key determinants of higher infection and death rates from COVID-19 in Brazil, with black and mixed-race people, those living in poorer areas, and people with low levels education being the ones at the highest risk ([Barroso et al., 2020](#)). Figure 1 shows this pattern, with stronger red colours indicating poorer areas (map on the left) and a higher number of deaths related to COVID-19 (map on the right) in the North and North-Eastern areas.

Within this scenario, we are still unsure about the exact number of COVID-19 cases and deaths in care homes, but we do have some data which we believe can give us a sense as to where we might be at the moment.

### 2. The COVID-19 situation in care home settings

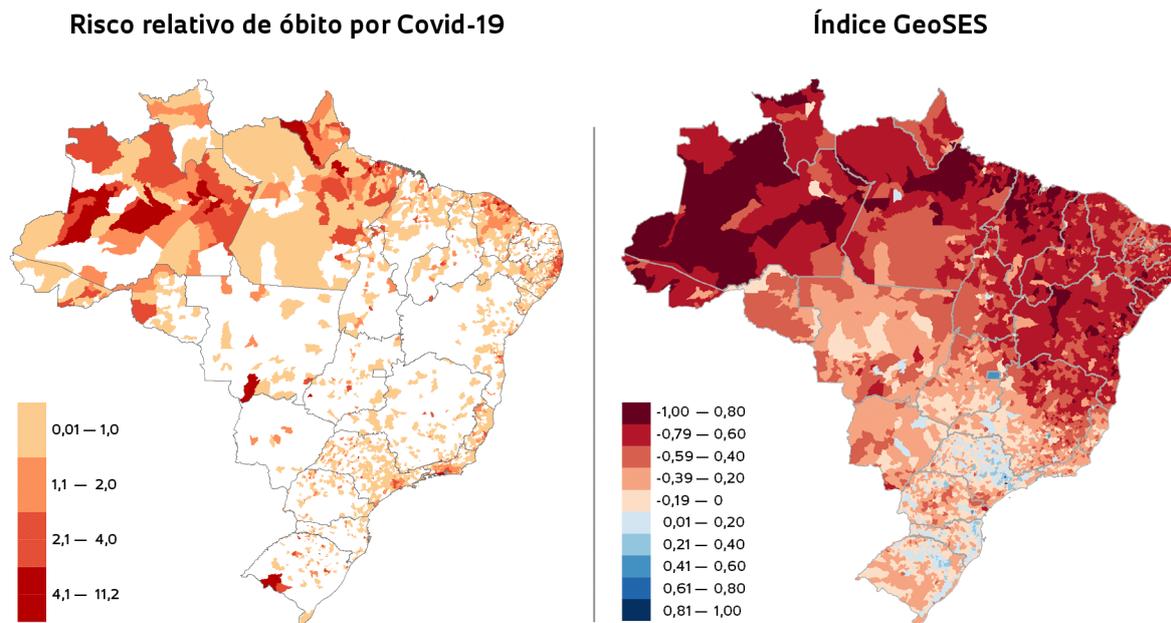
#### 2.1. Background context in relation to our previous report

The first [Country Report led by Da Mata and Oliveira \(2020\)](#) about the COVID-19 situation in Long-Term Care in Brazil has provided context information about key first actions taken by the government to control the spread of the virus and reduce mortality in care homes. In particular, the authors cited a thorough technical guideline created by a national intersectoral and multidisciplinary

commission to strengthen the long-term care responses to the COVID-19 pandemic in Brazil ([FN-ILPI, 2020](#)). This has now also been published in English [here](#) and details recommendations on specific steps of care to be followed in LTC institutions during COVID-19 pandemic. In addition, apart from this 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](#)).

## Os refúgios da Covid-19 ▲

O maior risco de morte foi registrado nas áreas de menor renda da região Norte e nas de maior renda da região Sudeste



FONTE DATASUS/MINISTÉRIO DA SAÚDE E BARROZO, L. V. ET AL., PLOS ONE, 2020

**Figure 1.** Relative number of deaths by COVID-19 (left side) compared to poorer areas in dark red (right side) – Source: Barroso et al., 2020 / Revista FAPESP (Public Domain).

## 2.2. Existing challenges with care-home organisation and notification systems

Care homes in Brazil are recognised by the National Health Surveillance Agency (ANVISA) as ‘living settings’ ([ANVISA, 2005](#)). They have strong links to social assistance policies and come less under the ‘health-systems radar’. The offer of health services often varies according to the legal nature of the institutions, meaning that, by law, care homes do not need to have health professionals as part of the staff team ([ANVISA, 2005](#)). Despite the fact that every care home should inform the municipal health surveillance of its operation and licensing, many institutions work in informality and clandestinely, particularly small not-for-profit and private institutions. In addition, the care home workers’ profession is not secured by law, meaning that anyone could work in care homes, regardless of their preparedness to carry out that role.

Prior to the pandemic, Brazil had a lack of public policies dedicated to LTC settings and a lack of legal requirements to regulate the quality of care provided by private services. While less than 7% of Brazilian care homes are public, a majority of not-for-profit facilities coexist with a growing number of private services. There are reports of numerous care homes around the country that are unregulated ([Camarano and Barbosa, 2016](#)). In addition, the number and characteristics of people living in care homes are not fully understood, with research conducted in such settings being almost exclusively descriptive, using small and non-representative samples, and of poor quality ([Wachholz et al., 2020](#)).

The Brazilian constitution provides that local public policy management councils for older people (which are consultative, normative and deliberative bodies that ensure social participation in public management) could act to defend the interests of older people living in care homes. However, currently, it is the State Prosecution Service who has been responsible for guaranteeing their fundamental rights, through extrajudicial and pre-procedural inspection in all entities providing LTC for older people ([Conselho Nacional do Ministério Público, 2016](#)).

The responsibility for the health-related matters of care home residents and staff, as well as the accountability of actions taken/not taken within the pandemic context, however, are vague and may impair effective decision making and actions within this sector. In addition, there is a current dearth of a publicly agreed definition of outbreak in care homes, which has led to different actions being taken by different areas of the country. There is also an absence of an agreed set of variables which need to be reported by the care homes to the public government. The lack of a unified notification system contributes to a delay in acquiring such information. Further, the infected individuals are currently registered in the COVID-19 database through their personal address. This means that the care home information is not linked in any way to the COVID-19 notification system, which prevents data gathering and public health actions in relation to this.

### **2.3. The current situation of the pandemic in care home settings**

In Brazil, 85% of COVID-19 deaths are among people aged 60 years and up, but there are no estimates of how many occurred in LTC institutions ([BBC News, 19 June 2020](#)). We currently do not know the exact profile of the people affected by COVID-19 in care homes (residents or staff). The limited number of tests available prevents non-symptomatic individuals from being tested, counted for, and monitored. There are states which have a detailed spreadsheet with follow up information from each care home being collected by the State Prosecution Service located in that region. There are other states, however, which have less information. This deficient notification system has prevented regulated and unregulated care homes from being followed through once a positive case is notified.

#### ***How data can be obtained***

Due to the difficulty in accessing and collecting official data, the authors sought information about the measures used to detect cases and deaths of COVID-19 in care homes through non-official sources. In addition to directly contacting several care homes in all regions of the country directly via e-mail, we also contacted the staff members of the State Prosecutor's Service of most of the Brazilian Federation units.

#### ***Number of people infected and deaths***

Prosecutor Offices from seven states replied to our request. We also obtained data from 255 single facilities. The data were collected at different moments within the period between 14 May and 21 June. A total of 2,673 (out of 42,216) care home residents and 1,060 members of staff had COVID-19 infection confirmed through laboratory tests. A total of 502 deaths due to COVID-19 were recorded among residents, which represents a case fatality rate of 18.78%. Data provided by the Sao Paulo State Prosecution Service showed nearly 4% of their care homes have had outbreaks with at least 10 symptomatic cases of COVID-19 each. Unpublished data from a non-governmental initiative, in which residents from 47 purposively selected care homes were tested (mostly located in Sao Paulo state), showed that nearly half of the homes had at least one positive case of COVID-19 infection ([Fantástico, 2020](#)). More information about this initiative can be found [here](#). Moreover, due to the anticipation of the national influenza immunization campaign, most care homes (approximately 95%) reported to have immunized their residents and workers (unpublished data).

## ***Economic prospect and the impact on Brazilian care homes***

Nearly 65% of care home managers reported to be currently experiencing financial difficulties, according to a survey conducted by the Sao Paulo State Prosecution Service. The economy in Brazil is projected to contract by more than 9.1% in 2020 in a double-hit scenario (which assumes a second lockdown in Brazil at the end of the year), and by 7.4% in a single-hit scenario ([OCDE, 2020](#)). The unemployment rate is projected to rise to a record of 15.4% during 2021, adding at least 10% points of GDP to gross public debt, which will exceed 90% of GDP at the end of 2020. It is therefore expected that care homes will be further affected by the economic crisis in the upcoming months.

### **3. Key action points**

#### ***Ongoing activities***

- Several initiatives have been created in Brazil since the COVID-19 pandemic began to gather information and provide better guidance to care homes. A group of researchers, professionals and coordinators of some Brazilian care homes have organized a website with action plans dedicated to long-term care facilities ([www.ilpi.me](http://www.ilpi.me)), which is available in three languages.
- Participants from the Committee for the Defence of the Rights of the Older People prepared a consolidated technical report, called "National Front to Strengthen the LTCF". This document aims to subsidize the Federal Chamber in the emergency confrontation of the COVID-19 pandemic, with an emphasis on care homes for older people.
- The Prosecution Services of several Brazilian states have organized to contact the care homes in their region and to identify their needs, including situations of difficulty in transferring residents, lack of personal protective equipment, and support to residents and workers from clandestine institutions.
- Governmental (mostly municipal) and non-governmental initiatives have increased the availability of laboratory tests in care homes
- PAHO has created a platform to enhance the COVID-19 mortality surveillance in Latin America and the Caribbean through surveillance of all-cause mortality: Guidance document ([PAHO, 2020](#)).

#### ***Call for action***

- Efforts should be directed towards the creation of a national system for surveillance and monitoring of the quality of care in care homes, including the creation of a standardized minimum data set.
- Governmental and non-governmental initiatives to collect information on the impact of COVID-19 on care homes should be unified, and data on laboratory testing for infection in these settings should be collated and published regularly and in a transparent way.
- Municipalities, States and Federal Government must ensure that care homes have adequate resources for patient care, including trained staff, PPE, testing, and onsite ancillary services, and Prosecution Services may ensure that these plans turn into action.
- Local health surveillance agencies and State Prosecution Services should consider offering "forgiveness" to unregulated and informal care homes, offering them a plan to improve and adapt their services to a minimum pattern, and to survive during the actual political and economic crisis.