

# How South America became the new centre of the coronavirus pandemic

Coronavirus cases are rising sharply in South America, made worse by inequality, reports **Luke Taylor** from Bogotá, Colombia.



A demonstrator's placard reads "30,000 deaths, 'so what?'" at a pro-democracy protest in Manaus, Brazil, on 2 June - BRUNO KELLY/Reuters/PA Images

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CONFIRMED cases of COVID-19 have surged in South America in recent weeks. As daily infections surpassed those in Europe and the US, the World Health Organization declared the region the pandemic's "new epicenter" on 22 May.

More than a million cases of coronavirus and 60,000 deaths had been registered as of 7 June in Latin America, which includes countries in Central and South America and Mexico. Many are struggling with poor healthcare systems and vast

economic inequalities.

While countries across Europe are slowly lifting lockdown restrictions and reopening borders, coronavirus cases are still surging in South America despite lockdowns across most of the region.

“Just in the past week, there were 732,000 new cases globally, and of these, more than 250,000 new cases were in Latin American countries, a serious concern that should serve as a clarion call to redouble our efforts,” said Carissa Etienne, the director of the Pan American Health Organization (PAHO), at a press briefing on 2 June. The worst is still yet to come, say epidemiologists and public health experts.

## **Key battlefield**

If South America is the new center of the virus, Brazil is its key battlefield. The country’s patient zero, a man returning to São Paulo from Italy, tested positive on 25 February. By 7 June, Brazil accounted for 672,846 of the region’s reported 1,119,575 cases of COVID-19, and nearly 74 percent of the region’s deaths.

On 6 June, Brazil’s Health Ministry confirmed another 904 COVID-19-related deaths had occurred in the previous 24 hours. The same day, the Brazilian government stopped publishing its cumulative number of coronavirus cases and deaths, and an official website has had data removed. The move has prompted accusations of censorship.

“Deaths from COVID-19 in Brazil are expected to reach 125,000 by the first week of August”

As for Brazil’s position as the country with the second-highest number of confirmed cases – behind only the US – there is only one reason for this, according to Paulo Lotufo at the University of São Paulo: the country’s president. “[Jair] Bolsonaro is responsible for everything,” he says.

Criticized for dismissing the virus as a “little flu” and attending mass political rallies where he shook hands and held babies – disregarding social distancing measures to limit the spread of the virus – Bolsonaro has also angered science communities for recommending unproven drug treatments, such as the antimalarial drug chloroquine.

The virus has taken a firm hold in cities such as São Paulo, where football stadiums have been converted into emergency hospitals to treat the crush of COVID-19 patients. The city had reported 143,073 cases of COVID-19 and 9145 deaths by 7 June. looks like a CNN report from 3 June - are there more up to date figures? [index.html](#)



An emergency area at Alberto Sabogal Hospital in Lima, Peru — Ernesto Benavides/AFP via Getty Images

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The disease is also hitting regions of the country inhabited by indigenous communities, such as the Amazon, where mass graves have rapidly been dug. Such areas tend to have less access to hospital critical care units, and indigenous populations have a higher rate of poverty and less access to clean water.

In early May, the state of Amazonas had registered nearly 19.4 coronavirus deaths per 100,000 residents, compared with 4.4 per 100,000 residents for all of Brazil, according to Reuters.

But much of the focus has been on large cities, such as Manaus, the state capital of Amazonas. A severe lack of testing may mean that the full extent of the outbreak in the Amazon isn't fully captured by statistics. Many mid-sized and small towns are "lacking in support and critical care", says Lotufo. "For many, it takes 2 to 3 hours to get to a larger town with a good hospital with critical care."

## Informal economies

Covid-19 deaths in Brazil are expected to reach 125,000 by 4 August, according to Brazil estimates from the University of Washington. Lotufo says he won't predict when the epidemic will peak, but that the general consensus is that it still

has a long way to run. “The pandemic will last a lot more time, a month or more,” he says.

But cases are also rising in countries that have implemented stricter measures. The highest infection rate in South America is in Chile, which saw 7018 cases per million people on 8 June, followed closely by Peru at 5960 per million – around double that of Brazil’s rate and more than anywhere in Europe.

Peru is of particular concern, say epidemiologists. Its president, Martín Vizcarra, announced a national emergency requiring strict social isolation on 15 March, making it one of the first countries in the region to do so. The measures spared Peru the criticism received by Brazil for a lack of response, but it hasn’t been enough to stop the contagion.

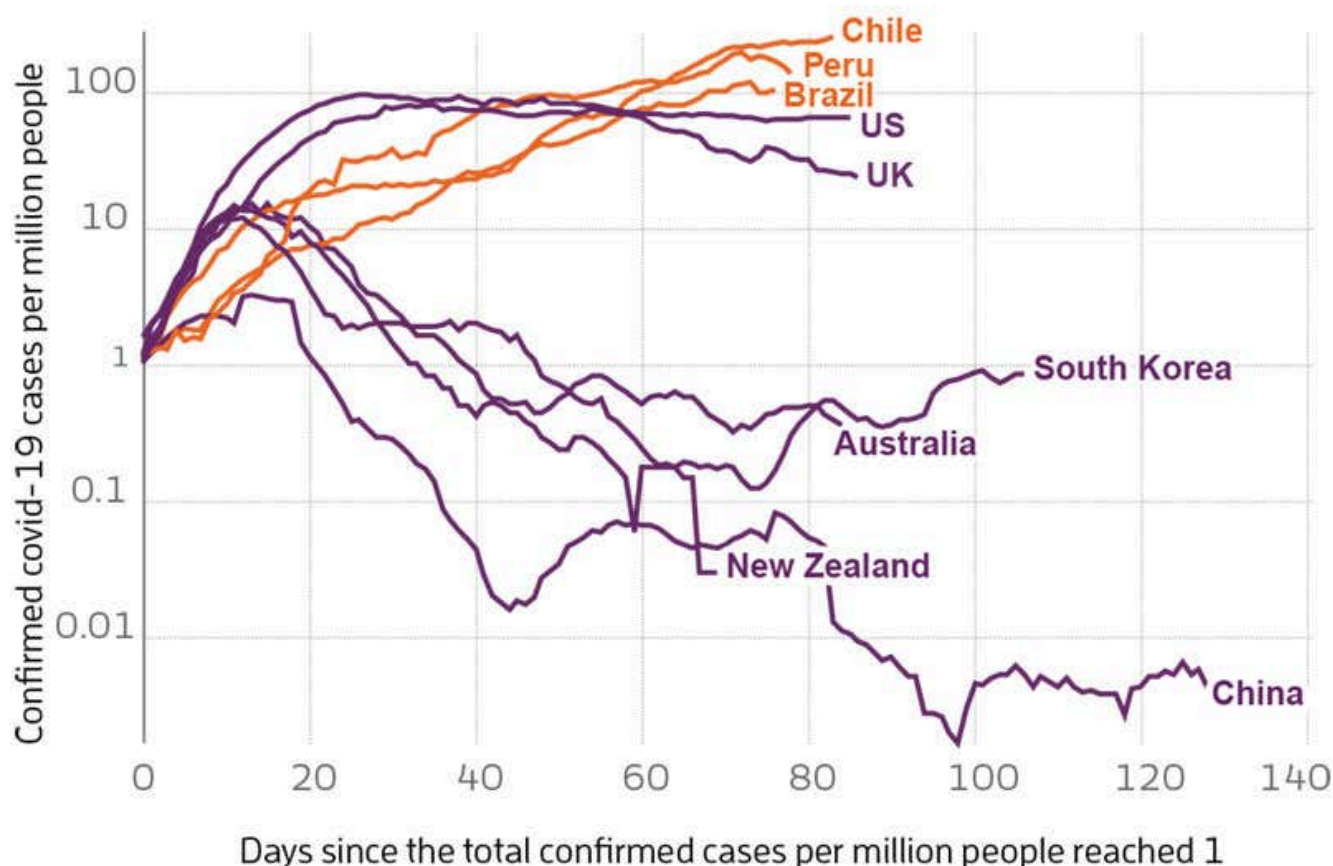
Social isolation rules are in place in Peru until the end of June what’s happening now? Will find out EP: this Time article suggests it’s been extended till the end of June: Peru-coronavirus/, making it one of the longest lockdowns in the world, but as 73 percent of people work in the informal economy, selling goods in the streets or cleaning houses, for example, people continue to go out in order to be able to put food on the table.

“The secret [to managing the epidemic] is isolation and contact tracing,” says David Heymann at the London School of Hygiene & Tropical Medicine in the UK.

But South America has the highest inequality in the world, which exacerbates the region’s key challenge: getting the poorest and most vulnerable to stay at home to prevent the spread of infection. Enforcing lockdowns has been made more difficult as the coffers of many countries have been hit by a decline in oil revenues.

# Covid-19 on the rise in South America

Rolling seven-day averages of confirmed covid-19 cases per million people



SOURCE: OUR WORLD IN DATA, EUROPEAN CDC – SITUATION UPDATE WORLDWIDE – DATA  
LAST UPDATED 8 JUN, 13:08 (GMT+01:00), EUROPEAN CDC – SITUATION UPDATE WORLDWIDE, CC BY

In the absence of strong leadership, civil society is taking up some of the slack in Brazil, Peru, and elsewhere, with medical volunteers testing for the virus in favelas and people donating food, but it cannot match the scale of the problem.

“Food donations in favelas are a patch, but public policy is needed,” says Ana Maria Malik at the University of São Paulo. Poverty is one of the many issues identified by PAHO as making the pandemic particularly catastrophic across South America.

“There are far more people who cannot access appropriate, quality healthcare than those who can... and we are a region of underfunded, weak public health systems grappling with far more than COVID-19. We are simultaneously dealing with malaria, measles, dengue fever, and many other diseases,” said Etienne on 2 June.

# Few hospital beds

Many countries in the region have vastly underfunded health systems, such as Peru, which has less than 1000 intensive care unit beds for its 32 million inhabitants. A lack of ICU beds and ventilators is common across the region.

The healthcare situation may be worst in Venezuela, where 64.2 percent of hospital workers reported intermittent access to clean water between 27 February and 1 March, according to Human Rights Watch.

“It’s a second tsunami when the first one hasn’t finished,” says Feliciano Reyna, founder of AcciÓN Solidaria, an NGO coordinating humanitarian relief efforts in Venezuela. More than 9 million people in Venezuela are in a situation of food insecurity, he says. In recent years, more than 5 million have fled the country’s economic collapse.

Like Peru, Colombia acted quickly on the advice of public health specialists, but keeping people inside when they have no financial safety net has been a challenge. Colombia had reported 39,236 cases and 1259 deaths by 8 June, and the trend for both is still upwards, despite long and strict lockdown measures.

At this point, it may not be useful to make comparisons between South American countries and others around the world when it comes to indicators such as testing rates, says Diego Rosselli at Javeriana University in Bogotá, Colombia. “People are comparing the likes of Colombia with Germany and Japan when we are still two months behind them,” he says.

But it is clear that governments must double down on social distancing measures, says Rosselli. “The health system has little to offer,” he says. “Hospitals and intensive care units are for a small minority, firstly, and they are not very effective at dealing with the disease. The problem has to be solved by distancing and a lot of educational measures.”

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