

LEGAL AMAZON: EXPERIENCES AND CHALLENGES CHARACTERIZED BY THE INVESTIGATIONS OF DEATHS BY COVID-19



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ABSTRACT

The objective of this study was to report an experience in the Department of Epidemiological Surveillance (DVE) in the investigations of deaths due to COVID-19 in the

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municipality of Macapá-AP. This is a descriptive study of the experience report type, carried out during the months of August 2020 to September 2021 in the Death Surveillance of the Municipal Health Department of Macapá. The data related to the investigation were entered into the database of the e-SUS Notifica. On August 19, 2020, the municipality had 16,365 confirmed cases of Covid, 1,820 in laboratory analysis, 11,210 people recovered, and 418 deaths from COVID. In September 2021, there were 60,766 confirmed cases, 2,279 in laboratory analysis, 55,138 people recovered, 920 suspected cases, and 1,491 deaths, according to epidemiological bulletins, of which the researcher investigated 355 deaths during this period. The challenges faced by the Department of Health Surveillance are in addition to the pre-existing ones, such as lack of transportation, failures in notification, and thus having a vision of the importance of the role of providing information for the adoption of strategies to prevent and control the transmission of the virus. Nursing is a profession based on the practice of evidence, needing to strengthen its scientific foundations, recognizing the values and limits of its approaches, understanding that epidemiology is an essential tool to work on the preparation of responses to natural disasters, which needs to be contextualized, reinforcing its commitment to the application of knowledge.

Keywords: Epidemiology. Public health. Pandemic. Health Surveillance.

INTRODUCTION

The Pandemic arose from outbreaks of atypical pneumonia in Wuhan (China). Weeks after the emergence of the cases, the World Health Organization (WHO) issued a state of alert for a public health emergency of international concern, classifying the disease as a pandemic, due to the successive rates of cases that spread geographically (BRASIL, 2020).

Covid-19 was initially reported in Brazil in February 2020, the first death occurred on March 17 (BRASIL, 2020). The disease spread rapidly, resulting less than two months later in more than nine thousand deaths registered (BRASIL, 2020).

Thus, in order to prevent new infections and not overload the health system, several governments have implemented the Lockdown strategy, causing direct effects on the lives of citizens in the economic, social, political, and cultural spheres (OLIVEIRA *et al.*, 2020; PARMET; SINHA, 2020). Thus, health systems have needed several adaptations to deal with the growth in demand for care and the imminent danger of contamination (PINTO *et al.*, 2022; TEIXEIRA *et al.*, 2020).

Individual and collective perceptions of health hazards influence choices about the protection actions of communities. However, COVID-19 was an unknown danger until the end of 2019. The lack of information, the demand for precise communications with the population, and the speed of the spread of the virus are crucial elements in this health situation that was established three years ago (VALÉRIO; SOUSA-MUÑOZ; LOPES, 2024).

The World Health Organization (WHO) had already warned of the shortage of global inventories of personal protective equipment (PPE), in particular protective masks, breathing apparatus and anticipated that soon there would also be a lack of food, use of aprons and eye protection. Initially, the expanding global demand was identified, not only by the number of cases and not only because of covid-19, but also by misinformation, panic and an irrational accumulation of PPE, severe non-existence of these devices on a global scale, in addition to the ability to expand the production of PPE being restricted. Thus, it would be impossible to meet the need for respirators and masks, particularly when their use is mandatory (WHO, 2020).

In its Guidance Manual on Risk Communication and Community Engagement for COVID-19, the WHO emphasizes that proactive communication with the community is one of the most crucial actions to deal with significant public health events. The quality of

information, in addition to combating the excess of unnecessary and misleading information, contributes to the population's perception (VALÉRIO; SOUSA-MUÑOZ; LOPES, 2024).

In view of the above, the objective of this study was to report an experience in the Department of Epidemiological Surveillance (DVE) based on the investigations of deaths by Covid-19 in the city of Macapá in Amapá.

METHODOLOGY

This is a descriptive study of the experience report type carried out during the months of August 2020 to September 2021 in the Death Surveillance of the Municipal Health Department of Macapá. This report was experienced by nursing professionals and nursing technicians working in the Death Surveillance of the SMS-Amapá. Data collection took place during visits to the surveillance secretariat by the professionals on previously established dates.

The Experience Report presents itself as a possibility of scientific narrative creation, especially in the field of research involving subjective processes and productions, applied to the human sciences (DALTRO; FARIA, 2019).

The epidemiological investigation had its systems fed daily, with the confirmation or not of the reported deaths. If the deaths were not promptly confirmed as Covid-19, they would be classified only as suspicious, they would enter the epidemiological investigation list.

The investigations were carried out via telephone, field investigation, in the homes of family members of residents of the city of Macapá who died from COVID-19. The data related to the investigation were entered into the e-SUS Notifica database and were used to update the Information Systems such as the Influenza Epidemiological Surveillance System (SIVEP - Gripe).

Visits were carried out with face-to-face training at the Death Surveillance of the Municipal Health Department of Macapá on the e-SUS Notifica and to update Information Systems such as the Influenza Epidemiological Surveillance System (SIVEP - Gripe), for handling the e-SUS with regard to data entry, feedback, export, data analysis and reports from it.

It is crucial to emphasize that compliance with the ethical standards for the preparation of this experience report was carried out in accordance with Resolution No.

510/2016 of the National Council for Ethics in Research (CONEP). This resolution establishes that activities carried out exclusively for education, teaching or training, without the purpose of scientific research, will not be registered or evaluated by the CEP/CONEP system. This is in accordance with Item VIII of this resolution.

RESULTS AND DISCUSSIONS

The basis for confronting the Covid-19 pandemic requires efforts from different actors and institutions, linked to a wide spectrum of articulated actions, especially within the scope of public health, in addition to the social environment. Macapá is a municipality in the state of Amapá in the Northeast region of Brazil. It is located in the southeast of the state and is the only Brazilian state capital that does not have a highway connection to other capitals. In addition, it is the only one crossed by the Equator and is located on the coast of the Amazon River.

This experience began on August 19, 2020, the municipality of Macapá had 16,365 confirmed cases of Covid, 1,820 in laboratory analysis, 11,210 people recovered, and 418 deaths from Covid-19. In September 2021, there were 60,766 confirmed cases, 2,279 in laboratory analysis, 55,138 people recovered, 920 suspected cases and 1,491 deaths, according to epidemiological bulletins, of which 355 deaths were investigated during this period.

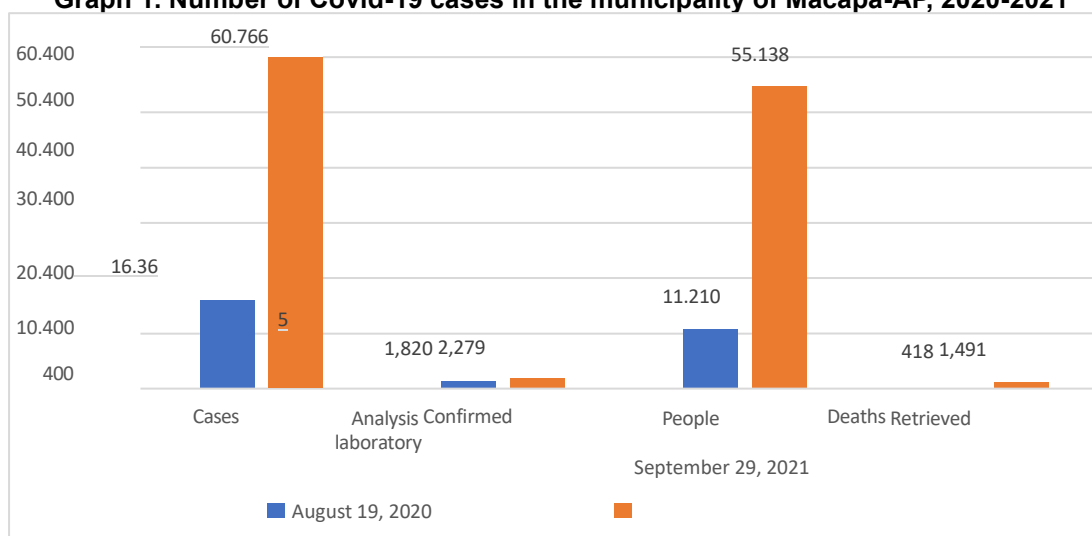
The thorough analysis of the death certificates was divided into five phases: Upon receiving the death certificate, verification of the ICD used. Classification, a process known as death coding, analysis of the cause of death mentioned (whether it is nonspecific or not) to then establish the need for investigation. Investigation of death, if the cause is imprecise or vague, through the analysis of medical records and visits to places of death, offering assistance to relatives; then, the death was registered in the information system.

The investigation form consisted of questions about socioeconomic data: name, age, gender, education, occupation, address, type of housing (owned, rented, ceded house), and questions focused on clinical history, such as comorbidities, symptoms suggestive of COVID-19 presented, the course of the disease, treatment, hospitalization, need for mechanical ventilation and ICU stay, tests performed, and outcome; and finally, specific questions about the death: date and place of death. In

addition to the mapping of suspected cases and registration of symptoms presented by family members.

Due to the physical limitations of the building where the Health Surveillance operated, in the impossibility of relocating the workers, it was decided to develop a rotation schedule for face-to-face work and in the home office (whenever possible), in order to maintain the safety of the workers. There was also a reinforcement of the protocols for cleaning the work environment, alcohol and masks.

Graph 1. Number of Covid-19 cases in the municipality of Macapá-AP, 2020-2021



Source: SINAN/SVS, 2020-2021.

Graph 1 above shows the number of confirmed cases of Covid-19 in the municipality of Macapá in Amapá within the temporal analysis from August 2020 to September 2021, where in August 2020 we had a higher number of cases compared to September 2020, with the variables being confirmation through laboratory analysis, the people recovered and the number of deaths from the disease recorded by SINAN/SVS. Health care, case monitoring, and expanded testing have ensured that Amapá has reduced the risk of contamination of the new coronavirus and a drop in patient lethality rates, according to epidemiological reports.

Another relevant piece of information is that measures to intensify and promote awareness and training of health professionals, together with educational actions aimed at patients, companions and visitors, with the aim of ensuring the safety of patients, health professionals and the population in general, may have helped to reduce cases.

CONCLUSION

This experience highlighted the significant elements when discussing the scenario of the Covid-19 Pandemic, marked by several events, including the high number of deaths and the challenges encountered in the records for monitoring reported deaths.

The period of health crisis, together with the fear of the unknown, intensified the reflections and knowledge necessary for future research. There are still unresolved gaps in studies that address the impacts of Covid-19 on people's health and lives, especially in the context of the Unified Health System.

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