

EPIDEMIOLOGICAL SITUATION OF SARS- COV-2 INFECTION IN INDIGENOUS SPECIAL HEALTH DISTRICTS

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INTRODUCTION

From 1500 to 1970, there was a decrease in the indigenous population, in addition to the extinction of peoples, a pattern that was changed in the 1990s, with a growth rate almost six times greater than the population in general. In Brazil, an indigenous population of 817,963 thousand people is estimated, and the Special Secretariat for Indigenous Health (SESAI) is the body responsible for implementing and coordinating the National Policy for Health Care for Indigenous Peoples (PNASPI), which leads to the indigenous population access to comprehensive, resolute and humanized health. Additionally, the health of this population receives support from the 34 Special Indigenous Health Districts (DSEI), which are strategically divided based on the territories of indigenous communities (CUPERTINO et al., 2020). With the advent of the COVID-19 pandemic, a special look is given to this population that has community housing practices, sharing of household items and diversified hygiene practices, facilitating the proliferation of SARS-CoV-2.

GOALS

To assess the epidemiological profile of SARS-CoV-2 infection in the Brazilian indigenous population, according to each Special Indigenous Health District.

METHODOLOGY

This is an analytical, observational, longitudinal and retrospective study. Data were obtained from the Special Secretariat for Indigenous Health, where the numbers related to COVID-19 are found, and from the Special Indigenous Health District, where the population covered by each DSEI is available,

accessed on October 10, 2020. The analysis was based on the number of confirmed cases, infected (current), clinical cure and deaths, in the year 2020.

RESULTS

In the Brazilian indigenous population, there were a total of 29,940 confirmed cases (3.7% of the entire indigenous population), 4,215 infected (current), 25,238 recovered and 456 deaths. In the DSEI of Mato Grosso do Sul, which covers the largest population in relation to the other districts, comprising 78,918 indigenous people, there was the largest number of confirmed cases (2,289 cases) and the largest number of deaths (60 deaths), although, when listing the case fatality rate in descending order (deaths/confirmed), this district ranked 5th, with a case fatality rate of 2.6%. In the DSEI of Xavante, located in Mato Grosso, which covers 21,433 indigenous people, the highest fatality rate was observed, 6.0%, with 739 confirmed cases and 44 deaths, ranking second in the ranking of the highest number of deaths and 17th in the number of

confirmed cases. When analyzing the cure rate (clinical cure/confirmed), the DSEI that showed the best response to the disease was the Médio Rio Purus (99% cure), which has a coverage of 10,721 indigenous people and is located in the Amazon, followed by the DSEI from Potiguara, located in Paraíba, which showed a cure rate of 98%.

CONCLUSION

After analyzing the cure, lethality and total rates, the high (and higher) lethality rate of COVID-19, in the DSEI of Xavante, is highlighted, which may indicate: possible failure to combat SARS-CoV-2, population predominantly at risk or failure in the prevention and health care of this population. However, further studies are needed to assess the reasons for this high death rate in this district. In addition, the effectiveness of preventing and combating SARS-CoV-2 in the DSEI of the Middle Purus River is highlighted.

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