

COVID-19 Sanitary Emergency in Mexico: Testing and Hospital Capacity

On April 3rd, the Center for U.S.-Mexican Studies in partnership with Alianza UCMX and the UCSF Institute for Global Health Sciences hosted the third webinar on managing the COVID-19 pandemic. This document summarizes the key takeaways of our meeting. Our fourth webinar will take place on Friday, April 10th at 9:00 am PDT, 11:00am in CDMX. We will address the balancing act of protecting both the economy and public health.

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Current Scenario

- Over 1,00,000 cases have now been reported in 195 countries and territories
- In Mexico there are 2,439 reported cases and 125 deaths. Most affected areas: Mexico City, state of Mexico, and Jalisco.
- In California there are 14,336 reported cases and 343 deaths. Most affected counties: Los Angeles, Santa Clara, San Diego, Orange, and San Francisco.

Testing and Hospital Capacity

- To date, standard testing is detecting the RNA of the virus in the body. This is a highly reliable test.
- The test developed in the Charité University Hospital in Berlin is one of the most widely used in the world.
- In Mexico, tests are prioritized for persons with severe symptoms or those with risk factors such as diabetes, cardiovascular diseases, asthma etc.
- In Mexico, individuals with mild symptoms are being monitored but not tested.
- Given that humans may be exposed to multiple coronaviruses, antibody testing is still not very reliable. A person previously infected with a coronavirus similar to COVID-19 may yield a false positive test; the person did not have COVID-19 but the test shows a positive result.
- There are other techniques to estimate virus presence, however more scientific evidence is needed to use them as diagnostic tools.
- Rapid testing is not commercially available in Mexico but it may become available in the second week of April. Some rapid tests have arrived in Mexico as donations.
- Antibody testing will be useful in the future in order to estimate the true size of the epidemic or how many people were infected.
- There are significant coordination challenges with supply chains and hospital capacity. For example, ventilators are underutilized in some hospitals whereas in others two people are sharing one ventilator. Tests may be available in a hospital, but without the equipment to process the results.

US-Mexico Border Region

- California and Baja California have a robust institutional mechanism: the Office of Binational Border Health that among other functions, serves as a liaison with epidemiologists, civil society, and policy makers on both sides of the border.
- Crowding conditions at detention centers and shelters for migrants on both sides of the border are areas of high risk for contagion. To date, the federal governments in Mexico and the U.S. have not issued clear guidelines to decrease contagion.