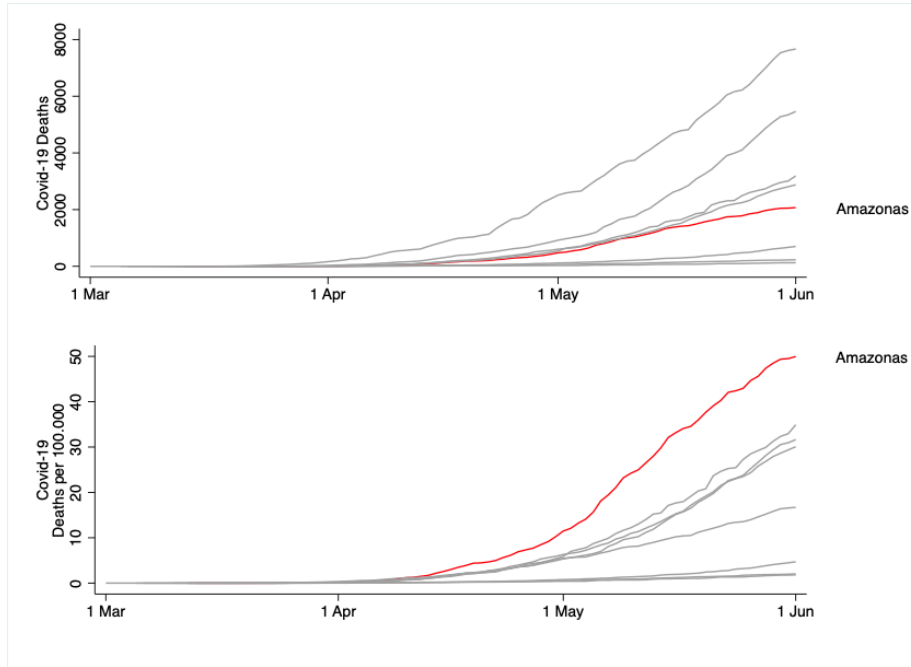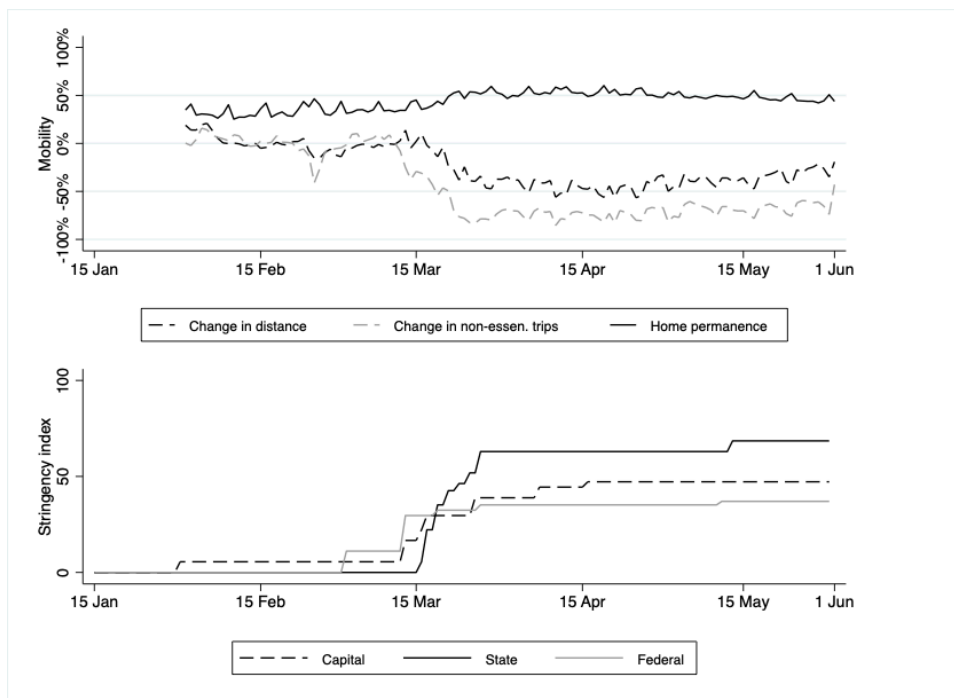# Manaus, Amazonas

Figure AM.1 – Accumulated number of deaths and deaths per capita for Amazonas and the seven other states surveyed.

Figure AM.2 – Mobility indicators for Amazonas and the OxCGRT stringency index for different levels of government.

State and City Government Responses

The state of Amazonas had registered 1,363.4 cases and 60.1 deaths per 100,000 inhabitants as of 15 June, making it one of the hardest hit states in Brazil. Its first case was confirmed on 15 March. Over the following days, the state government declared a public health emergency and published a series of decrees introducing closure and containment measures. Public events were cancelled, gyms and sports centres closed, fluvial transport services restricted (these are the primary form of public transport over much of the state), and all classes in public schools were suspended. All restaurants, bars, and other entertainment establishments were not allowed to serve the public.

At this stage, neither the state or city governments in Amazonas formally introduced stay-at-home orders. But on 23 March, the governor raised the 'public health emergency' (when a danger is imminent) to 'a state of public calamity' (declaring damage to be done). Thereafter, the state government required all non-essential commercial and service-sector workplaces to close and recommended that citizens stay at home and not leave unless strictly necessity. Industry, however, was allowed to continue operating provided firms adopted sanitary measures to contain the spread of the virus. In this way, one of the largest industrial centres in the north of Brazil, the Polo Industrial de Manaus, remained operational.

From early on in Amazonas's outbreak, the state government and municipal governments in the state launched public information campaigns, set up websites dedicated to gathering daily information and providing updates about Covid-19. The state government also launched an official mobile phone application to connect people who had tested positive with health care workers, who offered self-care advice to those with symptoms.

Late March also saw new rules for all passengers arriving at Eduardo Gomes International Airport, in Manaus. Whether symptomatic or not, they had to enter quarantine. On April 6, the governor announced further restrictions on internal movement within Amazonas and suspended interstate and intercity transport of passengers, even banning taxi and van rides between towns in the state.

Yet the outbreak has continued to grow. Manaus, the capital city of Amazonas, is home to more than half of the state's inhabitants, and is also one of the most densely populated cities in the north of Brazil. As the number of cases has grown fast in Amazonas, the vast majority have been recorded in Manaus, which has also registered more than 60% of the state's Covid-19 deaths. The crude death rate (the proportion of deaths among confirmed cases) in Manaus was 4,4% as of 15 June.

Manaus's city government has adopted measures to further restrict the movement of people in the capital. The sale and use of student bus passes and free bus passes for the elderly were suspended from 7 April to 30 April. From 25 April, public transport was

only allowed to operate within Manaus if passenger numbers did not exceed the number of seats.

In late April, Amazonas was the first state in Brazil to hit the capacity of its health system. There were reports of containers being used to store bodies and of mass burials taking place in the city's cemeteries. Nonetheless, closure and containment policies established by the governor remained in place only until 31 May, and, as of 15 June, some of restrictions have started to be lifted. The easing of Covid-19 response policies in Amazonas will follow a phased plan established by the state government, based on the growth of cases. In the first phase, from June 1 to June 15, some kinds of shops were allowed to reopen (including sports shops, car show rooms and pet shops), as well as churches and other kinds of religious venues as long as they operated at 30% capacity and they offered only one service per hour, with at least a five-hour interval between services.

Manaus Survey Results

Manaus has 2.2 million inhabitants, and 6% of the population is over 60 years of age. Its HDI is 0.737, making it the 16th most developed state capital (among 27 cities).

In Manaus, 17% of people stated that they had not left home during a fortnight between 22 April and 13 May. Those who did on average left on 6 days. The majority of all respondents (62%) left to go to the supermarket, pharmacy, bank, or for some other essential errand. Just under a third (30%) went out to work (compared to 66% who left home to go to work in February). People who ventured onto the street during this period estimated that 75% of others were wearing masks. Among all respondents, 20% reported at least one Covid-19 symptom during the week prior to interview, 7% said they had been tested at some point, and 3% reported trying to get tested without success.

Social distancing in the workplace appears to be relatively common in Manaus. Seventy percent of respondents who said they were going out to work stated that their workplace had introduced measures to keep colleagues two metres from one another. Those who had visited hospitals and supermarkets in Manaus in the two weeks prior to interview found it easy to access soap or alcohol gel to wash their hands, and reported widespread mask use among hospital and supermarket employees. Reduced public transport services prevented 16% of people from going about what they intended. Twenty-two percent of people said they had used public transport during the previous fortnight; 38% said they had used it in February.

Respondents in Manaus scored 78 out of 100, on average, for levels of knowledge about the symptoms of Covid-19, while the average score for knowledge about the meaning and practices of self-isolation was 40 out of 100. (See the results section of the main paper for an explanation of these scores.)

For the majority of population in Manaus, the main source of information about Covid-19 is TV news shows (65% of respondents said named these as their primary information source), followed by newspapers and newspapers websites (15%). Public information campaigns are reaching 57% of people in the city. Among those who report having seen these, 81% had seen them on TV, 28% had seem them on Facebook or Twitter, 22% had seen them in newspapers, 20% on WhatsApp, and 16% had seen them on blogs. Fifty-four percent of people who reported seeing a public information campaign said they had seen one from the state government.

In Manaus, only a fifth of people believe that the public health system is either well prepared (9%) or very well prepared (11%) for the outbreak, meanwhile 91% said they were either worried (19%) or very worried (72%) about there being insufficient medical equipment, hospital beds, or doctors in their region.

Approximately 40% of people in Manaus reported reductions in income, and a little over a quarter of the population (27%) experienced a cut of half or more in their income. Five percent of the population said that their income had reduced to zero.
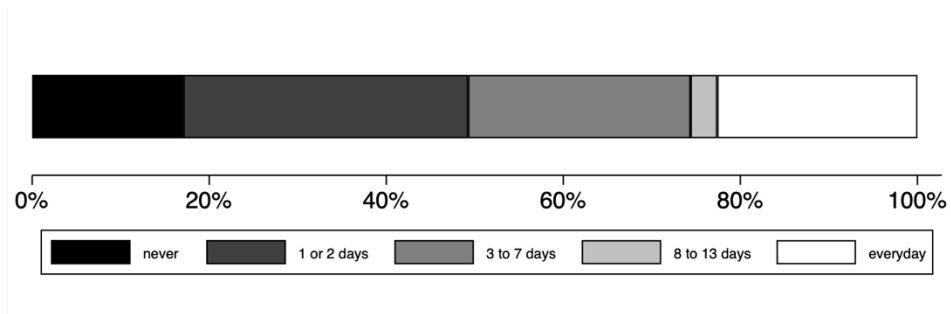
The inhabitants of Manaus take Covid-19 seriously: 81% said that they believe it is more serious than a common flu. A little under half of respondents (46%) assessed government response policies to be adequate. The same proportion (46%) said they think the response has been less stringent than necessary. Only 8% considered these policies to be too strict.

On average, people in Manaus estimated that lifting all government response measures will take 5.4 months, considerably more than the average expectation of 4.6 months across the eight cities surveyed. Just over a quarter (28%) of the population expected the restrictions will be removed all at once.
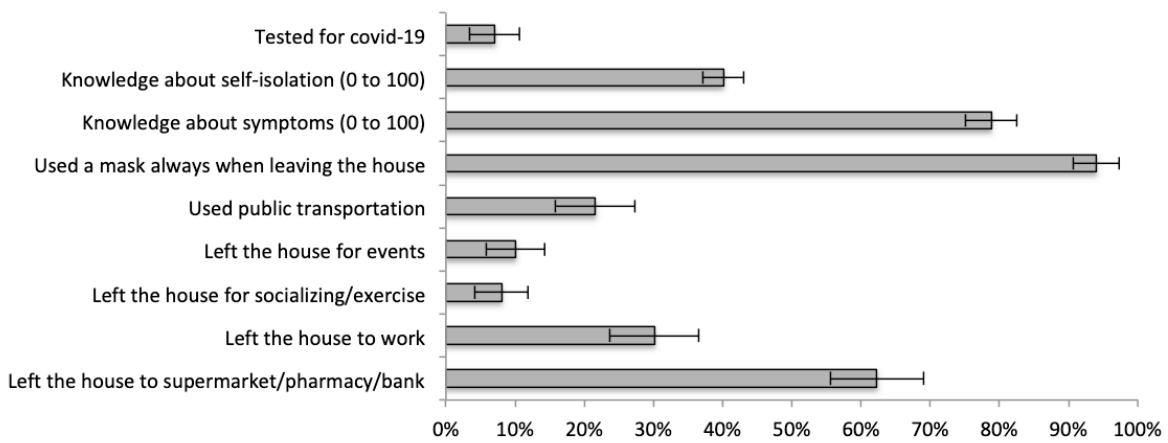
Figure AM.3 – Social distancing, knowledge and testing in Manaus.

A. Number of days that respondents left home in the previous two weeks.

B. Testing, knowledge, mask use, and reasons for leaving home.

Figure AM.4: Hand hygiene, distancing and mask use.