

# COVID-19 RESPONSE MEASURES IN BRAZILIAN STATES: LEGISLATIVE AND JOURNALISTIC APPROACH

Medidas de resposta ao covid-19 nos estados brasileiros: abordagem legislativa e jornalística

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## ABSTRACT

State governors had to take restrictive measures to prevent Covid-19 from advancing with the arrival of the disease in Brazil. According to the Constitution, states and municipalities can define more restrictive laws to those instituted at the Federal level. Thus, the present objective is to analyze the measures adopted by each Brazilian state to combat the new coronavirus. As a methodology, the state laws in force and the strategies implemented during the evolution of the disease were identified through journalistic articles. As main results, the dismissal of employees belonging to the risk group and the suspension of classes, events, and non-essential commerce, are measures adopted by all regions of the country. However, in May, the easing of these measures was identified, causing a setback in terms of preventing new contamination. It is understood that the main reason for easing is related to the pressures suffered in the economy. It is concluded that social isolation is still the most effective strategy identified in different countries, and that the easing of restrictive measures may result in the collapse of the health system. Consequently, the easing may worsen the situation of the economy, in view of the rapid increase in cases of Covid-19 in Brazil, which already exceeds 500 thousand cases.

**Keywords:** Sars-Cov-2. Coronavirus. Municipal Management. Pandemic.

## RESUMO

Os governadores estaduais tiveram que tomar medidas restritivas para evitar que o Covid-19 avançasse com a chegada da doença no Brasil. De acordo com a Constituição, estados e municípios podem definir leis mais restritivas às instituídas em nível Federal. Assim, o objetivo atual é analisar as medidas adotadas por cada estado brasileiro para combater o novo coronavírus. Como metodologia, as leis estaduais vigentes e as estratégias implementadas durante a evolução da doença foram identificadas por meio de artigos jornalísticos. Como principais resultados, a demissão de funcionários pertencentes ao grupo de risco e a suspensão de aulas, eventos e comércio não essencial são medidas adotadas por todas as regiões do país. No entanto, em maio, foi identificada a flexibilização dessas medidas, causando um retrocesso em termos de prevenção de novas contaminações. Entende-se que a principal razão para a flexibilização está relacionada às pressões sofridas na economia. Conclui-se que o isolamento social ainda é a estratégia mais eficaz identificada em diferentes países, e que a flexibilização de medidas restritivas pode resultar no colapso do sistema de saúde. Consequentemente, a flexibilização pode piorar a situação da economia, tendo em vista o rápido aumento dos casos de Covid-19 no Brasil, que já ultrapassa 500 mil casos.

**Palavras-chave:** Sars-Cov-2. Coronavirus. Gestão Municipal. Pandemia.

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## **INTRODUCTION**

The new coronavirus (Covid-19) pandemic is considered the broadest crisis with the most immediate impact on people's lives since World War II. The ease of transmission of the virus and its worsening in the human body, especially in the elderly and in those with pre-existing diseases (such as asthma, diabetes and hypertension), has resulted in deaths in a few days (YUEN et al., 2020).

According to the World Health Organization, more than 6.1 million cases have been confirmed worldwide by May 31, 2020. Among these, 371.7 thousand deaths were counted (PAHO, 2020). If restrictive measures are not adopted in the countries, 7 billion people may be infected, and 40 million may die later this year (WALKER et al., 2020). In Brazil, there are 514,992 thousand confirmed cases and 29,341 thousand deaths (PAHO, 2020).

Thus, Covid-19 has guided the political agenda of governments around the world. Rapid government reaction not only saves lives, it can also minimize an economic crisis. Within the federal government, in Brazil, since January, for example, the Public Health Emergency Operations Center for the new Coronavirus (COE) was installed, and in March, the State of Public Disaster was declared. However, the states and municipalities are the federative entities responsible for the execution of sanitary, epidemiological, and administrative measures related to the fight against Covid-19. The first strategies adopted refer to social isolation, closure of teaching centers and postponement of events in general.

Such restrictive measures have affected the most diverse areas, especially health, education, culture and economy, being beneficial to the environment, with the reduction of air pollution, the appearance of wild animals, and minimizing the turbidity of rivers and lakes. However, the collapse of health systems, the inequality of access to remote education, the massive loss of jobs, the decrease in revenue and, consequently, the drop in the Gross Domestic Product (GDP), are a constant concern of the federal entities. This situation is reinforced by the institutional conflict between the Federal, State and Municipal governments regarding quarantine measures (horizontal isolation vs. vertical isolation) and drugs (use or not of chloroquine and hydroxychloroquine).

This article aims to analyze the legislative measures taken by state governments in Brazil to confront Covid-19. The main strategies adopted at the beginning of the isolation (March and April), and discussion with the profile of the disease in the month of May, will be presented from the subdivision of the five geographic regions of Brazil, and their respective

26 States and the Federal District (Figure 1).

Figure 1 – Brazilian regions and states



Source: the authors.

**METHODOLOGY**

The present methodology is of a descriptive qualitative character, presenting the main measures imposed by the Brazilian states, during the evolution of Covid-19.

The first case of Covid-19 in Brazil was confirmed on February 26, 2020, spreading throughout the country until March 22, when all states and the Federal District confirmed cases of the disease. The State of São Paulo also presented the country's first death on March 17. Although all states have registered cases of death, it is important to note that the first official decrees, aimed at combating the new coronavirus, were published before the first cases of death (MINISTRY OF HEALTH, 2020). The characterization of the main dates at the beginning of the disease evolution in Brazil, can be seen in Table 1.

Table 1 - Characterization of the first state measures due to Covid-19

Region	State	First Confirmed Case	First Official Decree	First recorded death case
North	Acre	3/19	3/17	4/6
	Amapá	3/20	3/17	4/4
	Amazonas	3/15	3/21	3/24
	Pará	3/19	3/17	4/1
	Rondônia	3/20	3/16	3/30
	Roraima	3/22	3/23	4/3
	Tocantins	3/19	3/18	4/14
Northeast	Alagoas	3/8	3/13	3/31
	Bahia	3/6	3/17	3/29
	Ceará	3/17	3/16	3/26
	Maranhão	3/21	3/16	3/29
	Paraíba	3/19	3/19	3/31
	Pernambuco	3/12	3/14	3/25
	Piauí	3/20	3/16	3/28
	Rio Grande do Norte	3/13	3/14	3/28
	Sergipe	3/15	3/17	4/2
Midwest	Goiás	3/13	3/13	3/26
	Mato Grosso	3/20	3/16	4/3
	Mato Grosso do Sul	3/16	3/16	3/31
	Distrito Federal	3/7	3/13	3/27
Southeast	Espírito Santo	3/6	3/16	4/2
	Minas Gerais	3/8	3/15	3/30
	Rio de Janeiro	3/5	3/13	3/19
	São Paulo	2/26	3/14	3/17
South	Paraná	3/12	3/16	3/27
	Rio Grande do Sul	3/10	3/17	3/25
	Santa Catarina	3/13	3/16	3/25

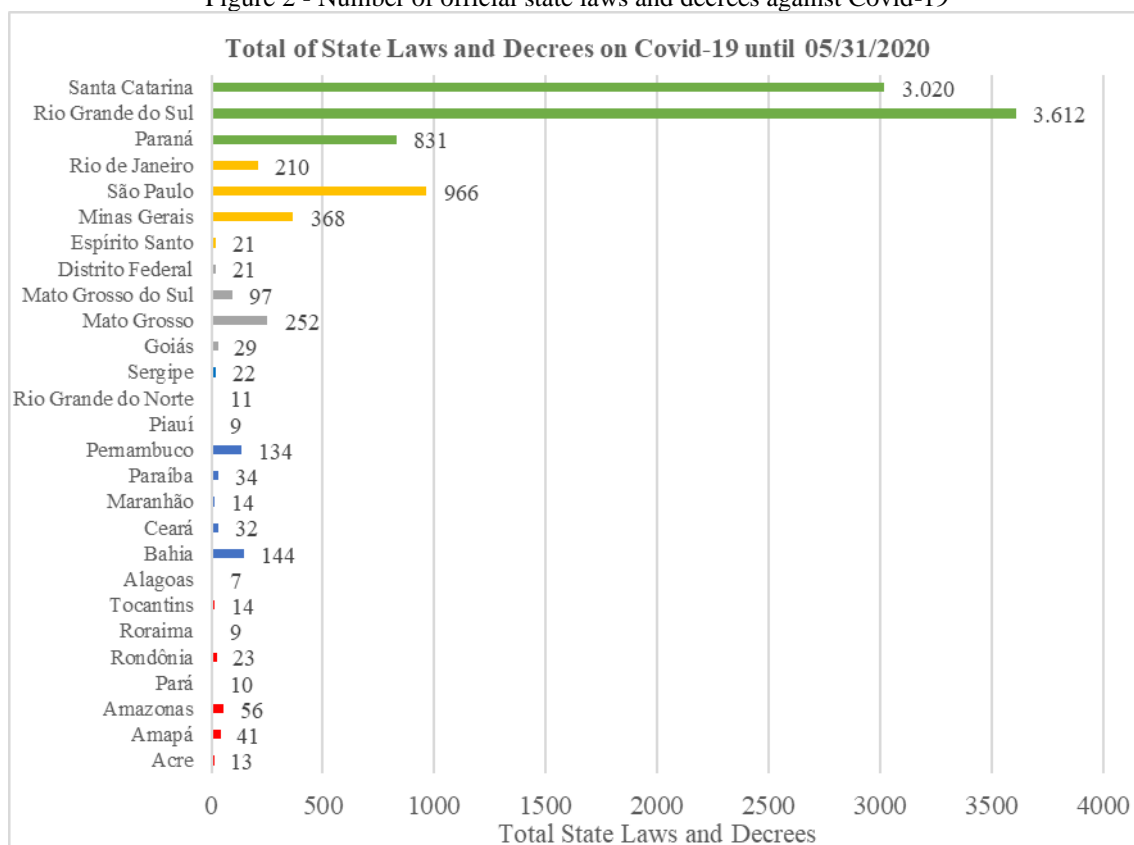
Source: the authors.

The results will be presented based on the location of the states, divided by the country's geographic regions. First, the measures adopted at the beginning of the isolation (March and April 2020) will be presented, followed by the discussion and general presentation of the main identified flexibility actions (May 2020).

## RESULTS

In all, 10,000 state laws and decrees were created by the Brazilian states until May 31, 2020 (Figure 2). Each state has autonomy to develop its own measures and strategies in the fight against the new coronavirus, respecting the federal decrees in force and the recommendations of the Ministry of Health.

Figure 2 - Number of official state laws and decrees against Covid-19



Source: the authors, adapted from Municipal Laws (2020).

The main measures taken at the beginning of social isolation, between March and April 2020, will be presented by region of the country.

## **NORTH REGION**

All classes and events have been suspended. Even with public schools closed, most states continued to make school lunches available to students, such as the case of Tocantins, which purchased products for more than 150,000 meals during the pandemic period. In Acre, the training of professionals working on the borders was carried out in terms of preventing and combating Covid-19, as these areas remain protected by the police force. At the borders of Roraima, the police force also acts, preventing the entry of Venezuelans.

Shops in the northern states were closed, with only essential services functioning. The State of Amazonas was the only country in the country to specify by decree which services would be available, such as supermarkets, bakeries, water and gas distributors, pharmacies

and the sale of food and medicine for animals. In other states, machine shops and tire shops were also considered essential services. In Rondônia, there is permission to operate accounting and civil construction offices.

It is noteworthy that the failure to close the trade has resulted in inspection and fines in some places. In Pará, for example, until the beginning of April, 650 projects were closed and warned for not having complied with the measures instituted. The prohibition of cutting water and energy during the public calamity period in Tocantins was also enacted.

In addition to these measures, some isolated ones stand out: in Acre, churches can function, but only to serve one person at a time; the international airport was closed in Pará; public transport in Roraima was interrupted; travel by public servants was suspended in Amazonas; bars and restaurants cannot even deliver by delivery in Amapá.

## **NORTHEAST REGION**

Classes are suspended. All festivities, concerts, graduations, cultural and sporting events have been postponed. Trade in general was closed, except for those related to health, food, and safety. Bars and restaurants can only work with home deliveries, except in Paraíba, where road service has been maintained to support truck drivers.

In Bahia and Maranhão, a ban on access to beaches was issued, while in Pernambuco and Rio Grande do Norte, people can continue practicing physical exercises on the coast. In the State of Alagoas, tourism companies were asked to suspend sales of tour packages. Furthermore, in Sergipe, hotels were banned from accepting new guests. International flights were suspended, and civil construction was paralyzed in Pernambuco.

Public servants who traveled to countries with confirmed coronavirus, as well as those belonging to risk groups, work in a home office in Alagoas, Bahia, Ceará, Piauí, Rio Grande do Norte and Sergipe. The vacations of health and safety professionals were postponed in Maranhão, Paraíba and Pernambuco, and almost 1,000 new health professionals were nominated who took part in 2018 in Rio Grande do Norte.

In addition to the prohibition of water cuts in some states, in Maranhão the supply will not be charged for two months. There was also an increase in care with cleaning and hygiene. In Alagoas, for example, public transport employees were instructed to work in masks, in addition to making alcohol gel available to passengers. In Rio Grande do Norte, the bus fleet was halved, in addition to not circulating on weekends and holidays.

**MIDWEST REGION**

Classes and events were also suspended to avoid crowding people in closed places. In Goiás, with the closing of schools, it was determined by decree that each student would start receiving five reais a day to help with the absence of school meals. The Federal District was the only state that ordered the churches to close in early April, banning masses and services.

Trades unrelated to the areas of safety, health, or food, as well as mechanics and tire shops, were prohibited from opening. Even with cultural spaces, cinemas, theaters, libraries, and museums closed, sporting events remained in progress until mid-March, however, without the presence of fans, as in the state of Goiás, for example.

Public transport had an increase in cleaning, with recommendations to keep the windows open for ventilation, cleaning every cycle and permission to circulate only with seated passengers. Measures were also taken to prohibit water cuts in Goiás and police reinforcement to protect the borders with Paraguay in Mato Grosso do Sul. In addition, visits to prisons have been suspended or reduced in the Federal District and Mato Grosso.

In some municipalities in Mato Grosso do Sul, there were restricted hours for the circulation of people, with the institution of a curfew. This type of rule was also applied in the Federal District. Visits to hospitalized patients suspected of having coronavirus were suspended in the Federal District and Goiás. There was also a suspension of less urgent surgeries in Mato Grosso, to provide beds for patients in Covid-19.

**SOUTHEAST REGION**

The orientation was to postpone all classes and events. Commerce remains closed, except for food and health, and restaurants work through delivery. Civil servants started working in the home office, in addition to the layoff of people at risk. There is also guidance so that people with pre-existing diseases and above 60 years old do not leave home.

In Minas Gerais, health professionals' vacations were maintained, and the H1N1 flu vaccination campaign was brought forward. In addition, the state recommended to citizens that in case of suspected Covid-19, they should remain in social isolation, with monitoring of health units by remote monitoring. On the other hand, there was a suspension of the vacations of health and safety professionals in the states of Rio de Janeiro and São Paulo, and visits to patients with suspected new coronavirus were prohibited. As in Mato Grosso, in the Midwest

region, Rio de Janeiro postponed the performance of non-urgent surgeries so that the largest number of beds was available. There was also an increase in beds in Espírito Santo and São Paulo.

There is a ban on access to the beaches in Espírito Santo and Rio de Janeiro. Other measures to avoid agglomeration refer to transportation. There are recommendations to avoid crowding public transport in Rio de Janeiro and reducing the fleet by half in São Paulo. In addition, intercity and interstate transportation was prohibited, including the restriction for entering and leaving the city of Rio. It is noteworthy that hygiene measures were reinforced, with increased cleaning of buses, trains, terminals, and bathrooms, in addition to the use of gloves and masks in São Paulo, for example.

## **SOUTH REGION**

The suspension of classes and events was also instituted, as well as the closing of non-essential trade. Bars and restaurants start serving only with home deliveries. Public servants belonging to the risk group work from home, and there are recommendations for private companies to also dismiss employees. Access to beaches was also prohibited in the states.

Interstate transport has been disrupted, while public transport continues to operate with restrictions on cleanliness, reduced fleet and number of passengers. Except in Santa Catarina, where there was an interruption of transportation in general and the restriction of entry of vehicles from other states and countries. In Paraná, information campaigns were implemented for users. Access to churches is restricted and visits to inpatients are suspended. In Rio Grande do Sul, there is an increase in inspection at the border with Argentina.

A highlight of the service implemented in this region is the virtual service for citizens to answer questions and make medical appointments. The summary of the main measures adopted by the states at the beginning of social isolation in Brazil can be seen in Table 2.



Table 2 - Summary of the main state measures

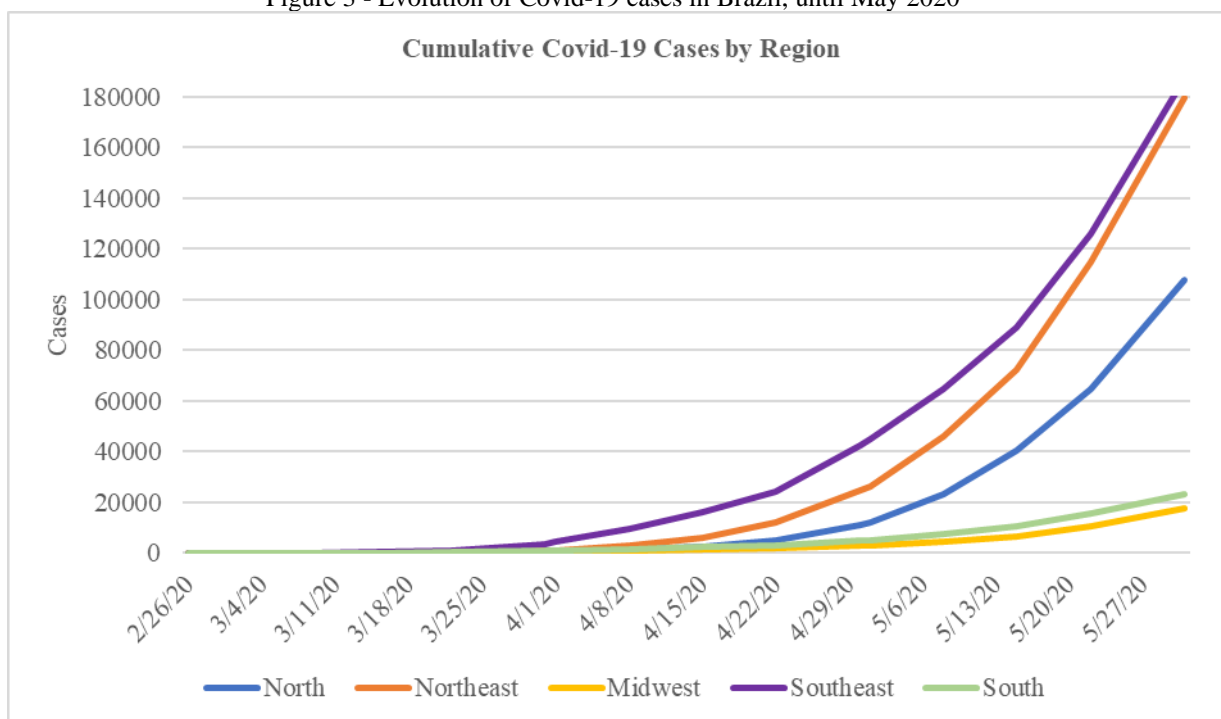
Regions	Main measures to confront Covid-19 adopted by the states	
	March	April
<b>North</b>	Suspension of classes, with the exception of Acre and Pará; Training of professionals working at the country's borders; Suspension of games and events; Airport closures or restrictions; At-risk group workers work from home; Suspension of visits to prisons.	Suspension of classes in Acre and Pará; Borders protected by police force; Closing of trade, except essential services, except for Tocantins; Closure of bars and restaurants, with delivery permission, except in Amapá; Suspension of interstate transportation; Prohibition of cutting water and energy during the pandemic.
<b>Northeast</b>	Suspension of classes in part of the states, the others are partially suspended; Suspension of tourism travel packages; Suspension of events; Use of masks by public officials; Suspension of holidays for health and safety workers; Suspension of international flights; At-risk group employees work partly from home; Suspension of visits to prisons.	Suspension of classes in Bahia, Ceará and Maranhão; Forbidden to go to beaches; At-risk group servers work from home; Closing of trade, except essential services, except for Alagoas; Closure of bars, restaurants, and bakeries, with permission for delivery; Prohibition of cutting water and energy during the pandemic; Civil construction paralyzed in Pernambuco; Bus fleet decrease.
<b>Midwest</b>	Suspension of classes; Suspension of events; Suspend visits to patients in hospitals; Bars and restaurants operate with restrictions; Games take place without the presence of fans; Suspension of visits to prisons.	Closing of trade, except essential services; Public transport can only travel with seated passengers; Prohibition of cutting water and energy during the pandemic; Payment of food allowance for public school students in Goiás.
<b>Southeast</b>	Suspension of classes, except in Espírito Santo; Suspension of events; Suspension of holidays for health and safety workers; Suspend visits to patients in hospitals; Suspension of visits to prisons, except in São Paulo; Recommendation for elderly people not to leave home; Restrictions on entering and leaving the city of Rio de Janeiro.	Closing of trade, except essential services; At-risk group workers work from home; Forbidden to go to beaches; Bars and restaurants operate with restrictions; Suspension of interstate transportation; Bus fleet decrease.
<b>South</b>	Suspension of classes, except Santa Catarina with partial suspension; Beginning of virtual assistance to residents; Suspension of events; Suspend visits to patients in hospitals; Strengthening the country's borders; Suspension of visits to prisons for the elderly and children; Recommendation for elderly people not to leave home.	Suspension of classes in Santa Catarina; Closing of trade, except essential services; At-risk group workers work from home; Forbidden to go to beaches; Public transport interrupted in Santa Catarina, in the other states can only transit with seated passengers; Suspension of interstate transportation; Bars and restaurants operate with time restrictions and number of people.

Source: the authors.

**DISCUSSIONS**

Even with the restrictions used in the states, the number of cases of Covid-19 increased in all regions in the month of May (Figure 3). It is noteworthy that, among the main measures adopted this month, is the obligation to use individual protection masks. However, the increase in cases still has the problem of easing restrictive measures by some states. Among these flexibilities is the reopening of commerce in general, including shopping malls, which may attract many people. This situation is mainly due to the pressure exerted by the federal government and the private sector (loss of economic activity, drop in revenue and decrease in consumption) and by the population itself, especially the unemployed (12.9 million), discouraged (4.8 million) and informal (38 million) (IBGE, 2020a; IBGE, 2020b).

Figure 3 - Evolution of Covid-19 cases in Brazil, until May 2020



Source: the authors, adapted from the Ministry of Health (2020).

Although it has not reached the peak of the disease, several state governments have given in to this pressure seeking to relax their measures. Another permission was the reopening of churches and religious centers, to celebrate masses and services. Although security measures are being taken with these decisions, such as the prohibition of children and the elderly, the use of masks and the availability of alcohol gel in establishments, cases in Brazil continue to grow. It should be noted that the number of people infected by Covid-19

connected to essential services that could operate without interruption, such as hospitals, supermarkets, and the food industry, has been increasing substantially. The reopening of other spaces makes the disease more easily spread.

In the month of May, several hospitals already declared to have the ICUs destined to the crowded cases of coronavirus. This situation is already noticeable in Amazonas, Ceará, Espírito Santo, Pará, Paraná, Pernambuco and Rio de Janeiro (MOTODA et al., 2020). In São Paulo, for example, care is provided in emergency rooms, infirmary, or wherever space is available, as demand is higher than the availability of beds and respirators. (BBC, 2020).

It should be noted that some municipalities understand the need for total isolation, issuing Lockdown decrees, where it is only allowed to leave the house to go to the supermarket or the doctor. This was identified in 11 states, these being Amapá, Amazonas, Ceará, Maranhão, Mato Grosso do Sul, Pará, Paraná, Pernambuco, Rio de Janeiro, Rio Grande do Norte and Tocantins. The only one to implement “Lockdown” throughout the state was Amapá (SOUZA, 2020).

The discussion between easing restrictions or isolating the population altogether, runs through all the measures listed in the previous topic. As weeks went by, planning deficiencies in cities began to appear, mainly linked to the most vulnerable communities, such as sanitation, housing, and food, which are basic rights for every citizen. It is necessary to guarantee the access of these people in treatments, as well as in prevention resources, since the spread of the disease occurs regardless of social status, race, creed, or geographic location (BACHELET e FILIPPO, 2020).

Almost 10% of Brazilians are in a condition of social vulnerability, where, in addition to precarious housing, without sewage collection or water supply for hygiene, they still face financial conditions of misery, having to survive on less than 200 reais a month. (CARDOSO, 2020). For this reason, attitudes identified in some states, such as Goiás and Tocantins for example, are extremely important, to guarantee school lunches for families to maintain the children's food. Solidary attitudes were also found regarding the distribution of basic food baskets and the loan of computers to university students who are scholarship holders in the State of Paraná, and do not have access to electronic equipment.

Another challenge experienced by teaching centers and different work fronts has been distance education or the home office. This is still a little practiced reality in Brazil, and many are unable to adapt to this modality. In addition, there are labor and social challenges, with the loss of mass jobs and the release of prisoners belonging to the risk group in society.

Therefore, attitudes of solidarity are very important at this time, as it will not be possible to solve the problems resulting from the pandemic in isolation (BACHELET e FILIPPO, 2020).

In this way, it is again questioned whether this is the right time for flexibilities. The number of people who will need medical care can rise rapidly, causing the entire health system to collapse. Unfortunately, this situation results in care selection measures, as has been the case in other countries. Preference will be given to the youngest and to those who do not have pre-existing diseases, considering that these are the ones most likely to recover (BBC, 2020).

An efficient government response is primarily through massive testing of the population and the use of technology. South Korea has not imposed a blockade as in other countries on the planet and has employed large-scale testing and technology-based tracking. Associated with the awareness of the population, the result of learning from other epidemics, the Asian country has one of the lowest numbers of deaths, totaling 271 deaths until June 1 (WORLDMETER, 2020). In the economic sphere, it is expected a reduction of only 1.2% in GDP (HANKYOREH, 2020), while for other countries there is a forecast of a 5% drop, on average.

In this scenario, it is up to everyone to reflect on whether the economic and social impacts that are being faced today are worse compared to those that will come with the onset of the peak of the disease in Brazil and the lack of beds in hospitals.

## **CONCLUSION**

Brazilian states have faced great challenges because of the Covid-19 pandemic. The strong institution of laws and official decrees was observed especially in the South and Southeast. Among the main measures adopted by all states at the beginning of social isolation are the removal of jobs from people belonging to risk groups, the suspension of classes and events, and the closing of non-essential trade.

However, in the month of May, the easing of the restriction measures was observed, which is a matter of great concern. It is noteworthy that the cases in Brazil are already over half a million infected, a number that is likely to increase in the coming weeks. It is understood that the impacts on the economy are one of the main reasons for the reopening of trade. However, it is necessary to analyze whether the accelerated contamination of the population will not cause further damage to the system.

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