

Outbreak of Coronavirus Disease (COVID-19)

CARPHA Situation Report – No. 27 March 25, 2020

Summary

This is an update to the Situation Report in relation to the outbreak of COVID-19, published on March 23, 2020.

To date, there are 761 cases in 29 countries/territories (including 20 CARPHA Member States), in the Caribbean Region. The risk of further importation of cases to the Caribbean remains **Very High**.

The Regional Coordinating Mechanism for Health Security (RCM-HS), is actively working with Heads of Government and regional partners on a collective approach to the COVID-19 response. A virtual meeting of the RCM-HS was convened on 24 March.

Countries are strongly urged to strengthen their health sector response and move to a state of readiness and rapid response.

NEW in this report

- Updates on RCM-HS Meeting held 24 March 2020
- Update on confirmed cases in CARICOM Member States
- Clinical presentations of COVID-19 infection
- Cautions on the use of Hydroxychloroquine drug
- Guidance on use of Ibuprofen for symptomatic management in COVID-19 cases
- Laboratory Update

Numbers at a Glance*

Clinically diagnosed and laboratory confirmed cases

Globally

413,486 cases (80,525 new)

In the Caribbean Region

29 countries, areas or territories (1 new)

761 cases (389 new)

16 recovered (7 new)

13 deaths (5 new)

Rest of the World

168 countries, areas or territories and Other** (3 new)

412,725 cases (79,392 new)

111,917 recovered (11,039 new)

18,420 deaths (3,918 new)

***Persons on board the Diamond Princess cruise ship harboured in Yokohama, Japan*

WHO Risk Assessment

| | |
|-----------|-----------|
| China | Very High |
| Globally | Very High |
| Caribbean | Very High |

*CARPHA is providing updated reports on cases in CARPHA Member States as information becomes available through local sources. Caribbean numbers presented in this report may not necessarily be reflected in the WHO totals.

Situation Update

Up to 29 countries in the Caribbean region have reported the importation of at least one confirmed case of COVID-19. The risk of further importation of cases to the Caribbean Region remains **Very High**.

The aim for all countries now, is to **stop transmission and prevent the spread of the virus**. Based on the Draft CARPHA Health Sector Response Guidelines for COVID-19 circulated to Member States, most countries are encouraged to implement actions in keeping with the Initial or Targeted Action in the Response Phase.

Caribbean Regional Coordination

CARPHA is leading the regional health response to COVID-19, in keeping with its Intergovernmental Agreement (IGA) mandate from CARICOM and recommendations from the COHSOD-Health working group on regional coordination for response management. As such, CARPHA activated its Incident Management Team-Emergency Response (IMT-ER) on January 21 and convened the Regional Coordinating Mechanism for Health Security (RCM-HS). See Figure 1 for a timeline of regional events since the outbreak was detected in December 2019. CARPHA continues to work with its partners and countries, on a harmonized regional response. In this regard, regular meetings are convened.

Regional Coordinating Mechanism for Health Security (RCM HS)

The first meeting of the Public Health Thematic Working Group of the Regional Coordination Mechanism for Health Security was virtually convened on Tuesday 24 March 2020, with 42 participants from six Member States and associated Territories, and five agencies including CARICOM Secretariat, CDEMA, PAHO/WHO, Public Health Agency of Canada (PHAC) and CARPHA. CARPHA provided an epidemiological update for the Caribbean, noting the gaps in the data and requesting that CMS submit a de-identified line-listing with confirmed COVID-19 cases to CARPHA asap. They also provided updates on regional actions and collaboration with regional and international partners to address gaps and challenges experienced by countries. PAHO/WHO provided an update on Country Readiness Assessments and technical support provided to countries in the region. Discussion by Member States identified key gaps and challenges in their response to COVID-19, which include laboratory testing, the limited availability of isolation facilities,

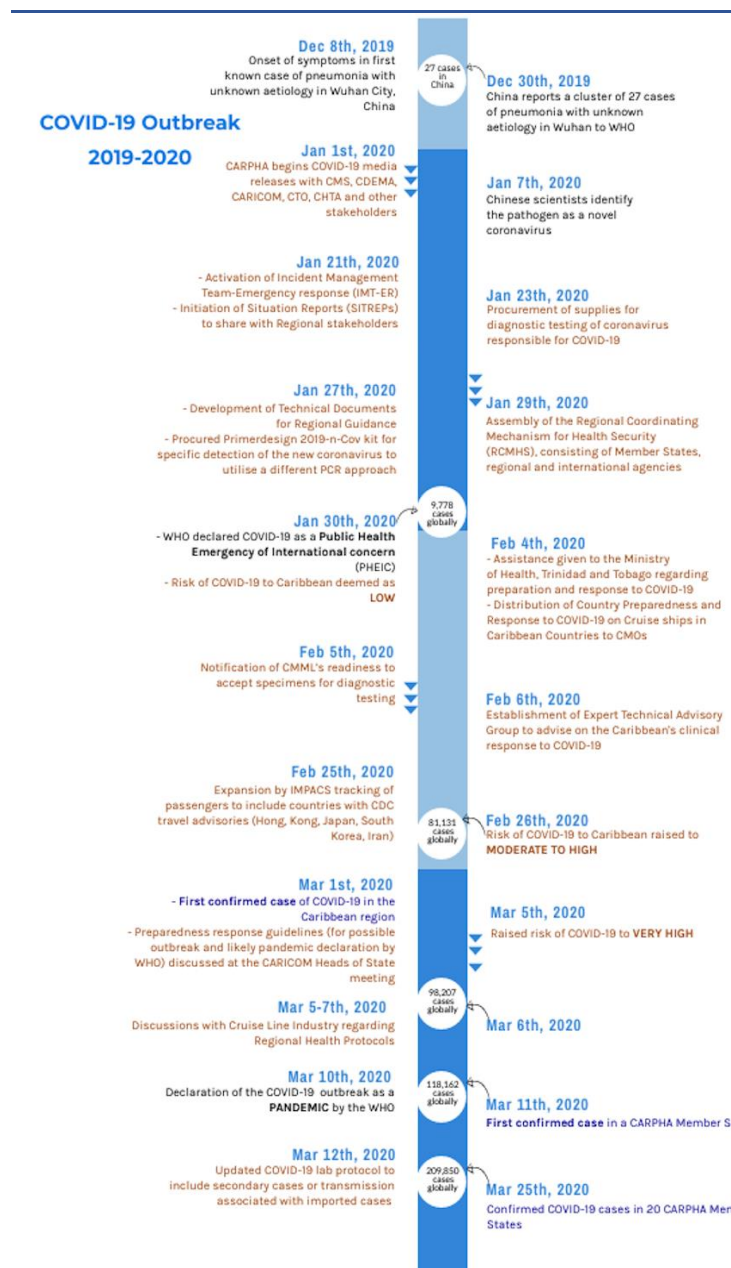


Figure 1: Time of Caribbean Regional events in response to the COVID-19 outbreak.

ventilators and PPE. Member States also indicated that, while CARPHA maintained efficient turnaround time for testing of samples for COVID-19, the transportation of samples to CARPHA still meant a longer waiting time than preferred. CARPHA will provide updated guidance for countries that indicated the need for support to build laboratory capacity for COVID-19 testing at the national level.

Epidemiological Summary

COVID-19 in the Caribbean

Since the previous report on March 23, 2020, the first confirmed cases of COVID-19 were reported by in one country. Within the region, new cases were also confirmed in 20 countries, totalling to 761 cases in 29 countries/territories, 20 (71%) of which are 20 CARPHA Member States), in the Caribbean Region. Since the last report the region has seen a 105% increase in the numbers of confirmed cases and recorded two additional death taking the total numbers of deaths to thirteen (13).

Globally

As of 25 March, the WHO reported 413,467 cases of patients with COVID-19. Outside of China, 196 countries, areas or territories have confirmed at least one case among travellers exposed while abroad and/or person-to-person contact. To date, the total number of deaths outside of China is 15,146, which is now greater than the total number of deaths within China (3,287). Several new countries, areas or territories in the South-East Asia (Myanmar), Eastern Mediterranean (Libya) and European Regions (Kosovo) and Region of the Americas reported their first confirmed case of COVID-19 in the last 48 hours. See Table 1 below for more details

Table 2: Countries or Territories with reported cases of COVID-19, 25 March, 2020

| Region | Country/Territory | Cases | # new cases in last 48hrs | Deaths | Recovered | % of cases still active [¥] |
|-------------------------------|---|----------------|---------------------------|---------------|----------------|--------------------------------------|
| Region of the Americas | | | | | | |
| Caribbean | Dominican Republic | 312 | 240 | 6 | 3 | 97.1 |
| | Rest of the Caribbean* | 430 | 131 | 7 | 11 | 91.8 |
| Americas | Rest of the Region** | 60,092 | 23,417 | 800 | 572 | 97.7 |
| Other Regions | Western Pacific Region** | 97,766 | 2,129 | 3,518 | 78,372 | 16.2 |
| | European Region** | 220,472 | 49,091 | 11,986 | 21,902 | 84.6 |
| | South-East Asia Region** | 2,344 | 568 | 72 | 162 | 90.0 |
| | Eastern Mediterranean Region** | 29,631 | 4,255 | 2,008 | 10,220 | 58.7 |
| | African Region** | 1,708 | 675 | 29 | 104 | 92.2 |
| Other | International conveyance (Diamond Princess Cruise Ship) | 712 | 0 | 7 | 567 | 19.4 |
| | Total | 413,467 | 80,531 | 18,433 | 111,933 | 68.5 |

Accessed at 3:00pm 25 March 2020. Available from: <https://experience.arcgis.com/experience/685d0ace521648f8a5beee1b9125cd>
(2) Johns Hopkins University's Centre for Science and Engineering Accessed at 1:00pm. 25 March 2020. Available from: <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

N.B. The WHO notes that due to a retrospective data consolidation exercises, some numbers may not reflect the exact difference between the previous figures reported and the figures reported today.

Epidemiological Updates

Clinical presentations of COVID-19 infection

Most of the data on clinical presentation is based on those presenting to hospital, since the majority of cases are mild and rarely require hospitalisation. The reported signs and symptoms of patients admitted to the hospital at onset of illness include¹:

| Most common | Less common |
|---|---|
| <ul style="list-style-type: none"> • fever 77–98% • cough 46%–82% • myalgia or fatigue 11–52% • shortness of breath 3–31% | <ul style="list-style-type: none"> • sore throat • headache • cough with sputum production and/or hemoptysis |

Some patients have gastrointestinal symptoms such as diarrhea and nausea prior to developing fever and lower respiratory tract signs and symptoms.

Researchers and doctors have reported that patients may also have a loss of smell (anosmia/hyposmia) and altered sense of taste (dysgeusia).² The World Health Organisation has reported these symptoms occurring in the early stages of the disease and is currently investigating this in several countries to see whether this is a common feature of COVID-19 infection³.

High risk groups for severe disease and death resulting from COVID-19 are summarized in Figure 2.

People living with Non-Communicable Diseases (NCDs), such as:

- Cardiovascular Disease – e.g. high blood pressure; persons who have had or are at risk for a heart attack or stroke; and heart failure
- Diabetes
- Chronic Respiratory Disease – e.g. Chronic Obstructive Airways Disease (COPD), asthma, emphysema, and bronchitis
- Cancer



People with other NCDs, such as:

- Persons with Sickle Cell Disease may be at higher risk
- Persons with compromised immunity due to conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- Chronic liver disease, such as hepatitis
- Chronic neurological conditions, such as Parkinson's disease, motor neuron disease, multiple sclerosis (MS), a learning disability or cerebral palsy



- People 40 years old and older, especially persons over 60 years of age.
- Persons with a body mass index (BMI) of 40 or above
- Smokers



Figure 2: High risk groups for severe disease and death due to COVID-19

¹ Center for Disease Control and Prevention March 7, 2020. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). Available from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

² ENT U.K. at The Royal College of Surgeons of England Statement: Loss of Sense as a marker for COVID-19 infection

³ WHO Press Briefing March 23, 2020, Geneva, Switzerland, Statement by: Dr Maria Van Kerkhove

Hydroxychloroquine currently NOT approved for treating COVID-19: Hydroxychloroquine is a drug that is approved for the treatment and prevention of malaria and treatment of symptoms of rheumatoid arthritis. It is NOT approved nor recommended by the World Health Organization or United States Food and Drug Administration Agency for the treatment of COVID-19 infection. There are clinical trials that are ongoing to evaluate its use for this purpose. The drug can cause acute haemolysis and is not recommended for persons with the genetic disorder glucose-6-phosphate dehydrogenase (G-6-PD) deficiency, which is common in persons of African descent, including people living in the Caribbean Region.

Ibuprofen in COVID-19 infections: The World Health Organization (WHO) and some regulatory authorities such as the European Medicines Agency (EMA), National Health Services (NHS) in the United Kingdom, Spanish Agency of Medicines and Medical Devices (AEMPS) in Spain, and the Health Products Regulatory (HPRA) in Ireland have stated that there is currently no evidence to support an aggravation of COVID-19 infection with ibuprofen or other NSAIDs. They recommend that there is no need to discontinue ongoing treatments with ibuprofen but, if treatment is initiated, paracetamol should be used as priority to treat symptoms of the infection.⁴

New Population-based sero-epidemiological investigation protocol for COVID-19 infection: On March 17, WHO published a new protocol to assist countries with reported cases of COVID-19 to investigate the extent of COVID-19 infection in the population, as determined by positive antibody tests in the general population has been developed. The [protocol](#) is available from their website.⁵

Mission

CARPHA's aim is to work with regional and international health partners to respond to this public health threat and provide timely advice and assistance to Member States and stakeholders.

Governance

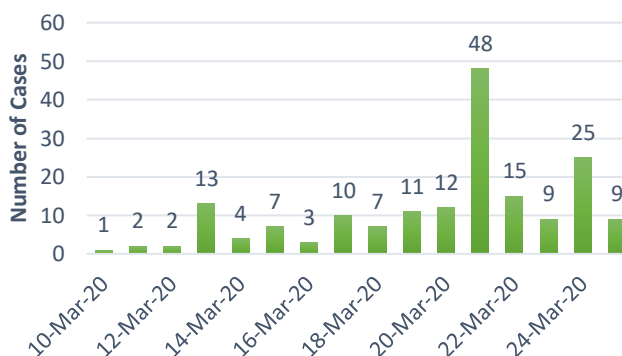
CARPHA's Incident Management Team – Emergency Response (IMT-ER) is leading the health response in keeping with CARPHA's mandate from the Intergovernmental Agreement (IGA). The IMT-ER produces Situation Reports three times weekly.

Operations

Surveillance and Technical Response

Data submitted officially by Member States to CARPHA Surveillance System, official media releases from Ministry of Health or other official Country sources available in the public domain, has

Fig. 3 Daily count of confirmed cases - CARPHA Member States



⁴ PAHO. Announcement about Ibuprofen and COVID-19 (Washington, DC. 18 March, 2020). Available from :<https://www.paho.org/en/news/18-3-2020-announcement-about-ibuprofen-and-covid-19-washington-dc-18-march-2020>

⁵ WHO. Population-based age-stratified seroepidemiological investigation protocol for COVID-19 virus infection Available from: <https://www.who.int/publications-detail/population-based-age-stratified-seroepidemiological-investigation-protocol-for-covid-19-virus-infection>

been used to inform the assessment of the current situation in the Caribbean Region. As of 25 March, there have been 181 cases confirmed from CMS, the majority reported on 21 March (Figure 3).

For the cases for which data was available, the majority were aged 50 years and over. There was no age provided for most cases (Figure 4).

Fig. 4: Reported Confirmed Cases of COVID-19 by age group in CARPHA Member States

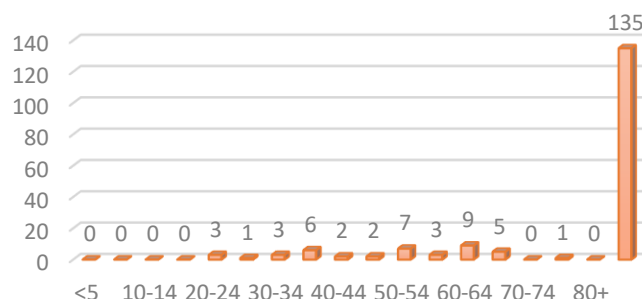
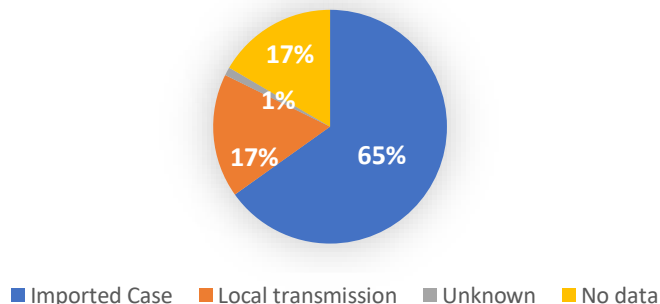


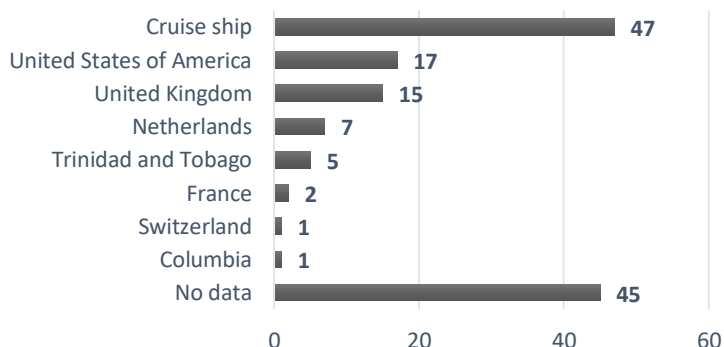
Fig. 5: Percentage of Confirmed Cases of COVID-19 by Transmission Category in CARPHA Member States



Among cases for whom a source of infection was reported, 65% were imported; and 17% appeared to be close contacts (local transmission) of a known imported case (Figure 5).

Data available identified cruise ships, the United States of America and the United Kingdom as the top three locations where cases reportedly acquired their illness (Figure 6).

Fig. 6: Reported Confirmed Cases of COVID-19 by Travel History in CARPHA Member States



- CARPHA has a mandate to carry out surveillance of infectious diseases in the Region. Member States are being reminded to send anonymous line listings of confirmed cases of COVID-19 with CARPHA to carpha-epidemiology@carpha.org using the to form a regional perspective on the progress of the outbreak and to inform planning and response.
- CARPHA is urging Member States to utilise the modified Weekly Syndromic Surveillance and COVID-19 Reporting Form to report on COVID-19 surveillance activities in each week's report. With the majority of Member States now closing their borders, the form will be modified to capture imported cases and secondary/ locally acquired cases.
- CARPHA has advised member States to scale up their disease surveillance efforts for acute respiratory infections/severe acute respiratory infections both at the primary and secondary care levels, as a matter of urgency. This is to include expanding surveillance activities to enable detection of any locally acquired cases as an early warning of local transmission linked to imported cases.
- A summary of COVID-19 surveillance received from Member States is presented in Table 3[§].

Table 3: CARPHA Surveillance received from Member States, as of 25 March, 2020

| Reporting Source | | Airport | | Seaport | | Overall Total | |
|--|----------|---------|------|---------|------|---------------|------|
| | | No. | Cum. | No. | Cum. | No. | Cum. |
| Travellers with exposure or travel history | | 218 | 538 | * | * | 218 | 538 |
| Symptomatic travellers seen at Health facilities | | 3 | 6 | * | * | 3 | 6 |
| Travellers quarantined by public health authority | | * | 256 | * | * | * | 256 |
| Travellers self-quarantined at home | | * | 63 | * | * | * | 63 |
| No. of travellers completing 14-day isolation/quarantine | | 60 | 130 | * | * | 60 | 130 |
| No. of travellers tested during the reporting period | | 31 | 48 | 3 | 3 | 34 | 51 |
| Outcome of tests | Positive | 0 | 0 | * | * | 0 | 0 |
| | Probable | 0 | 0 | * | * | 0 | 0 |
| | Negative | 24 | 35 | 3 | 3 | 27 | 38 |

[§] To date four Member States reported data for EPI-Week 11. * Not reported. No. refers to the number of persons reported in EW-X; Cum. refers to the number of persons to date, i.e. EW 1-X.

- CARPHA submitted its Business Continuity Plan and telework deliverables for all CARPHA employees, in preparation for the possibility of national shutdowns at all three campuses.
- CARPHA has disseminated a Health Sector Response Plan to Member States to guide their national response efforts where necessary. Further copies of the document are available upon request.
- The CARICOM Implementation Agency for Crime and Security (IMPACS), has expanded the tracking of passengers from China to include countries and/or territories with CDC travel advisories (China, Iran, Most of Europe and South Korea)⁶. The Joint Regional Communication Centre (JRCC) will track and send relevant information to countries.
- Various technical guidelines have been developed including algorithms to assist CARPHA Member States (CMS) to triage and manage suspected cases within their borders and in clinical settings. These are summarised at the end of this document and can be accessed from CARPHA website at <http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus>.

Laboratory

- CARPHA Medical Microbiology Laboratory (CMML) have modified the testing protocols in keeping with the Pandemic Response Phase of the COVID-19 emergency.
- **Effective March 16th** and until further notice, the algorithm for laboratory investigation of respiratory diseases no longer includes non-influenza viruses.
- **Effective March 2nd, only Nasopharyngeal and Oropharyngeal swabs (paired) are being accepted** for testing at CMML. Neither urine nor serum will be further required.
- **Effective Monday March 23rd With immediate effect, CMML will test ALL samples for COVID-19** from CARPHA Member States that fit the WHO definition of suspected or probable cases Laboratory Updates No. 4 and 5 were circulated. Influenza A and B tests will be only performed upon specific request specified in the Laboratory Investigation Form
- **As a point of clarification**, testing for the COVID-19 virus is most accurate within five (5) days of onset of symptoms. Accordingly, it is recommended that Member States should not take samples for testing from suspected cases in quarantine until they have begun to develop symptoms.
- To date, CARPHA has received 576 samples from 13 CMS, 85 (14.7%) of which have tested positive.
- **U.S. Food and Drug Administration (FDA) approved molecular test kits** on March 23 from Cepheid for diagnostic use with GeneXpert Systems. Countries in the region may already use these systems to test for conditions such as tuberculosis. CARPHA noted that the kit could be used by countries which may only require 2-4 test /hour, once there is appropriate validation of performance in-country; CARPHA is willing to assist countries in their verification processes.

⁶ CDC. Coronavirus Disease 2019 Information for Travel. Accessed 13 March 2020. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Communication and Information

- On March 25, Dr Lisa Indar, Assistant Director, Surveillance, Disease Prevention and Control Division was a guest on *Top of the Morning Show* on Jamaica's Edge 105FM to discuss CARPHA's work in the age of the coronavirus.
- On March 25, Dr. St John was a guest on Belize's Channel 5 *Open Your Eyes Morning Show* to discuss the regional perspective on how countries are responding to COVID-19; and share lessons learnt and best practices from other countries
- CARPHA Communications Unit has produced social media products. Topics include Mental Health, Social Distancing, Hygiene, and Myths and Facts.
- The latest media release and other relevant guidelines are available on CARPHA's website. Available from : <http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus>.

Logistics and Planning

- The Regional Security System (RSS) continues to facilitate transportation of samples from Member States to CARPHA. Samples from Member States and reagents are routinely processed through the Trinidad and Tobago Customs Department without delay.
- Several Member States have implemented various measures to limit importation of the disease, including screening at ports of entry. Details can be obtained from the Ministries of Health of each Member State.

Stakeholder Engagement

CARPHA is working closely with various stakeholders for a coordinated regional response, including the following:

- Dr. Lisa Indar participated in the handover ceremony of 4000 test kits and 15 thermal scanners to Trinidad and Tobago from People's Republic of China at the Ministry of National Security.
- Dr. St. John gave a presentation to IMPACS Special Meeting of CARICOM Standing Committee of Heads of Correctional Services and Prisons on COVID-19 in prisons.
- CARPHA secured agreement for Chronic Disease Research Centre of the UWI, Barbados to attempt modelling of estimates of severe and critical cases in CARPHA Member States.



- On March 24, Dr. St. John provided Overview of the Regional Experience for the First Extra Ordinary Meeting of Ministers of Foreign Affairs and Health of the Association of Caribbean States.
- Ongoing communications and meetings with the Council for Human and Social Development, CARICOM, Chief Medical Officers, Caribbean Disaster Emergency Management Agency, PAHO regional representatives, private organizations, public associations, regional agencies and organizations to revise and advise on regional health response, guidelines and coordination

to COVID-19 for proactive actions for developing situation in the Caribbean.

- A full list of CARPHA actions to date are available.

Way Forward

CARPHA is reminding Member States to **ramp up their disease surveillance efforts for acute respiratory infections/severe acute respiratory infections both at the primary and secondary care levels, as a matter of urgency**. This is to include widening their surveillance focus to be able to detect any cases that have not travelled, which can be an early indication of local transmission.

CARPHA is working with technical experts across the Region to provide up-to-date guidance and technical advice to CMS. New guidelines have been prepared for the management of COVID-19 cases on airlines and guidance for Hotel Workers. CARPHA remains committed to providing support and guidance to Member States on how to strengthen their health systems response should there be person-to-person transmission in the Caribbean.

CARPHA continues to work through the Regional Coordination Mechanism for Health Security and the various regional coordination efforts to engage and support Member States, regional and international partners for the health security of the region.

CARPHA recognises there is need for accurate information in this time of uncertainties. CARPHA documents can be accessed as a reliable source of information from our [website](#). Available on the website are **Technical Documents, Media Releases and Communications Material**.

External Online Training Resources

- [Infection Prevention and Control \(IPC\) for Novel Coronavirus \(COVID-19\)](#). OpenWHO
- [A general introduction to emerging respiratory viruses, including novel coronaviruses](#) (available in French, Simplified Chinese, and Spanish as well). OpenWHO
- [Health and safety briefing for respiratory diseases - ePROTECT](#). OpenWHO
- [ECDC Micro Learning platform](#) – A suite of short (<2 hours) courses on the control of COVID-19

References

- WHO, 2020. Updated WHO advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV. Available from: https://www.who.int/ith/2019-nCoV_advice_for_international_traffic/en/
- WHO, 2020. Novel Coronavirus – China. Emergencies preparedness, response. Disease Outbreak News (DONs) Available from: <https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/>
- PAHO, 2020. PAHO issues epidemiological alert on Novel Coronavirus for the Americas. Available from: https://www.paho.org/hq/index.php?option=com_content&view=article&id=15675:paho-issues-epidemiological-alert-on-novel-coronavirus-for-the-americas&Itemid=1926&lang=en
- WHO, 2020. Global Surveillance for human infection with coronavirus disease (COVID-19). 27 February 2020. Available from: [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))

- WHO, 2020. Laboratory testing for 2019 novel coronavirus (2019-nCoV) in suspected human cases. Interim guidance. Available from: <https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>
- WHO, 2020. Situation Report 22. 11 February 2020. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200211-sitrep-22-ncov.pdf?sfvrsn=fb6d49b1_2
- WHO Situation Update, No 37. Accessed 26 February 2020. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200226-sitrep-37-covid-19.pdf?sfvrsn=6126c0a4_6
- WHO, 2020. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. 28 January 2020. Available from: [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
- WHO, 2020. National capacities review tool for a novel coronavirus. 9 January 2020. Available from: <https://www.who.int/internal-publications-detail/national-capacities-review-tool-for-a-novelcoronavirus>
- WHO, 2020. Novel Coronavirus (2019-nCoV) advice for the public: Myth busters Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>