

Coronavirus Disease (COVID-19) Pandemic

CARPHA Situation Report No. 32 - April 8, 2020

Summary

This is an update to the Situation Report published on April 6, 2020, in relation to the outbreak of COVID-19.

To date, there are 4,016 cases in 33 countries/territories (including 24 CARPHA Member States), in the Caribbean Region. The risk of further importation of cases to the rest of 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.

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

NEW in this report

- **Update on confirmed cases in CARICOM Member States**
- **Update on CARPHA's IMT-ER activities**
- **CARPHA Laboratory Updates**
- **WHO resources for children and parenting**

*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 33 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, prevent the spread of the virus and save lives**. 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.

In an opinion piece authored by WHO's Director-General, Dr Tedros Adhanom Ghebreyesus and The International Monetary Fund's Kristalina Georgieva discussed what they called a false dilemma: "the trade-off between saving lives and saving jobs". Their joint appeal especially to policymakers in emerging market and

Numbers at a Glance*

Clinically diagnosed and laboratory confirmed cases

Globally

1,317,151 cases (105,909 new)

In the Caribbean Region

33 countries, areas, or territories (0 new)
4,016 cases (756 new)
266 recovered (50 new)
185 deaths (55 new)

Rest of the World

178 countries, areas, or territories and Other** (2 new)
1,313,135 cases (105,153 new)
307,880 recovered (37,078 new)
74,119 deaths (6,651 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

developing economies, is for them to 'recognise that protecting public health and putting people back to work go hand-in-hand'.¹

According to the WHO, approximately 90 per cent (90%) of the world's students, accounting for about 1.5 billion children and young people are currently affected by nationwide school closures. WHO has joined forces with UNICEF and the International Publishers Association to launch the 'Read the World' children's reading initiative. More information on the initiative is available online [here](#) and WHO advice for parenting during the COVID-19 pandemic is available [here](#).²

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). Figure 1 depicts 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.

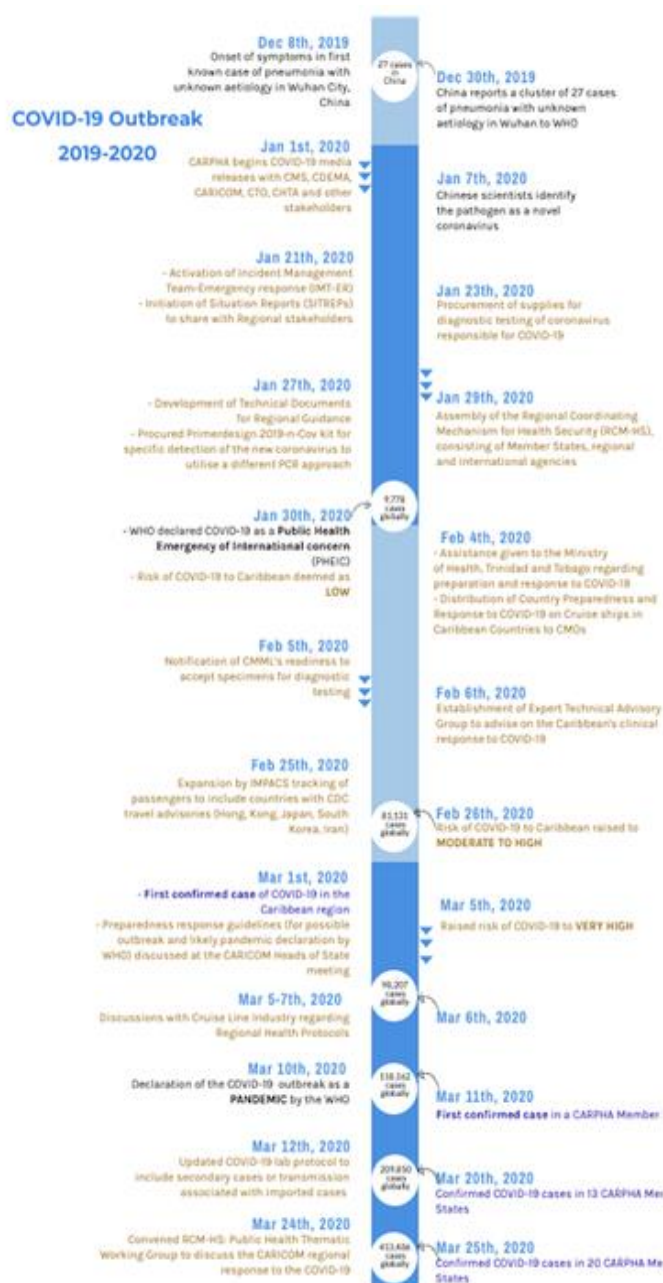


Figure 1: Time of Caribbean Regional events in response to the COVID-19 outbreak.

¹ Tedros Adhanom Ghebreyesus and Kristalina Georgieva. Some say there is a trade-off: save lives or save jobs – this is a false dilemma. The Telegraph. 3 April 2020. Available from : <https://www.telegraph.co.uk/global-health/science-and-disease/protecting-healthandlivelihoods-go-hand-in-hand-cannot-save/>

² WHO Coronavirus disease 2019 (COVID-19) Situation Report – 77. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200406-sitrep-77-covid-19.pdf?sfvrsn=21d1e632_2

Epidemiological Summary

COVID-19 in the Caribbean

Since the previous report on April 6, 2020, no countries reported their first confirmed case of COVID-19 within the Caribbean region. Additional cases, however, were confirmed in 22 countries, bringing the region's total confirmed cases to 4,016 in 33 countries/territories; 24 (72%) of these are CARPHA Member States. This new total represents a 23% increase in the numbers of confirmed cases. Fifty-five (55) additional deaths were also recorded, bringing the total numbers of deaths to 185.

Globally

As of April 8, the WHO reported 1,317,130 cases of patients with COVID-19. Outside of China, 211 countries, areas or territories have confirmed at least one case among travellers exposed while abroad and/or person-to-person contact. One new country in the African Region (Sao Tome and Principe) and one new territory in the Region of the Americas (Saint Pierre and Miquelon) reported its first confirmed case of COVID-19 in the last 48 hours. See Table 1 below for more details on cases, deaths and recoveries.

Table 1: Countries or Territories with reported cases of COVID-19, 8 April, 2020

Region	Country/Territory	Cases	# new cases in last 48hrs	Deaths	Recovered	% of cases still active [‡]
Region of the Americas						
Caribbean	Dominican Republic	1956	468	98	36	93.1
	Rest of the Caribbean*	780	87	42	122	79.0
	Puerto Rico	573	121	23	0	96.0
	Cuba	396	76	11	27	90.4
	Martinique	151	6	4	50	64.2
	Guadeloupe	139	5	7	31	72.7
Americas	Rest of the Region**	413,421	64,053	12,412	30,427	89.6
Other Regions	Western Pacific Region**	114,667	2,143	3,922	88,631	19.3
	European Region**	686,338	30,999	52,809	155,509	69.6
	South-East Asia Region**	9,817	989	386	1,669	79.1
	Eastern Mediterranean Region**	81,010	6,663	4,285	30,192	57.4
	African Region**	7,170	307	294	833	84.3
Other	International conveyance (Diamond Princess Cruise Ship)	712	0	11	619	11.5
	Total	1,317,130	105,917	74,304	308,146	71.0

* Active cases = Total cases – (Number of cases recovered + Number of deaths)

***For full details on all countries' data visit Sources listed below. Numbers are updated throughout the day and may vary from what is listed at time of publishing. Sources: (1) WHO Situation Dashboard Accessed at 9:00am 8 April 2020. Available from: <https://who.sprinklr.com/>

(2) Johns Hopkins University's Centre for Science and Engineering Accessed at 10:00am. 8 April 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 exercise, some numbers may not reflect the exact difference between the previous numbers reported and the numbers reported today.

Epidemiological Updates

Updated Case definitions

On March 20, 2020, WHO published updates to the case definitions in their Global Surveillance for COVID-19 caused by human infection with COVID-19 virus. Interim Guidance.³

Clinical presentation of COVID-19

The following are the more common signs and symptoms of COVID-19 present at illness onset⁴. These signs and symptoms can vary from person to person:

<p>Most common</p> <ul style="list-style-type: none"> • Fever (83–99%) • Cough (59–82%) • Fatigue (44–70%) • Anorexia (40–84%) • Shortness of breath (31–40%) • Sputum production (28–33%) • Myalgias (11–35%) 	<p>Atypical</p> <ul style="list-style-type: none"> • Older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms.
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It must be noted that **some patients may present with gastrointestinal symptoms such as diarrhoea and nausea prior to developing fever and lower respiratory tract signs and symptoms**. Researchers and doctors from Germany, China, Italy, South Korea and USA have reported that patients may also have a loss of smell (anosmia/hyposmia) and altered sense of taste dysgeusia.

Illness severity⁵

Based on information published so far, the majority (81%) of cases have a mild form of illness, the remaining 19%, have a more severe form of illness, including 5% who are considered critical.

Airborne transmission

There has been much debate about the use of masks for the general public. On April 2, PAHO noted that *'in the context of COVID-19, airborne transmission may be possible in specific circumstances and settings in which procedures that generate aerosols are performed, generally in healthcare settings. The use of medical masks and respirators should be prioritized for these circumstances.'*

³ WHO, 2020. Global Surveillance for COVID-19 caused by human infection with COVID-19 virus. Interim Guidance. 20 March 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))

⁴ Centers for Disease Control and Prevention. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). Revisions made on March 30, 2020.

⁵ Centers for Disease Control and Prevention. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). Revisions made on March 30, 2020.

Treatments and Clinical Trials

PAHO indicated in their Situation Update of April 2, that WHO has received applications for review and approval of 40 diagnostic tests, 50 vaccines are in development and many clinical trials of therapeutics are underway. The first results are expected in a few weeks (See section below for more details).

The Public Health Emergency SOLIDARITY Trial

On March 27, 2020, WHO's Director-General at the media briefing on COVID-19 announced that the first patients to be enrolled in The Solidarity Trial, were in Norway and Spain. The drug trial will compare the safety and effectiveness of four different drugs or drug combinations against COVID-19. The aim of the study is to compare the effects on major outcomes in hospital of the local standard of care alone versus the local standard of care plus one of four alternative anti-viral agents. More than 45 countries are contributing to the historic trial, which is expected to dramatically cut the time needed to generate robust evidence on what drugs work.

Discussions are under way in the Caribbean about participation of Member States in this trial. CARPHA will provide updates on this, once further progress is made and more information becomes available.

Hydroxychloroquine use 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. On March 28, 2020, the United States Food and Drug Administration issued an Emergency Use Authorization (EUA) to allow hydroxychloroquine sulphate and chloroquine phosphate products for doctors to prescribe to adolescent and adult patients hospitalized with COVID-19, as appropriate, when a clinical trial is not available or feasible.⁶

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.

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. As of March 31, 2020, CARPHA's IMT-ER meets three times weekly to discuss CARPHA's COVID-19 response and schedules are adjusted and guided by COVID-19 Incident Action Plan.

⁶ FDA News Release Coronavirus (COVID-19) Update: Daily Roundup March 30, 2020. Available -<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-daily-roundup-march-30-2020>



L-R: Dr Laura Lee Boodram, Ms Angela Hinds and Dr Stephanie Fletcher-Lartey of CARPHA's SDPC Department having an informal catchup while maintaining their 'social distance' during COVID-19 pandemic.

CARPHA's IMT-ER in their meeting on April 9, 2020, provided the following updates:

- Rapid Response Teams have been assembled and additional surge capacity is being sourced to support teams to be deployed to support Member States.
- Financial and material resources to support the deployment of RRTs have been identified.
- CARPHA Workplace Protocol has been updated to reflect the commencement of temperature checks on all three campuses and staff have been provided with PPE.

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, have been used to inform the assessment of the current situation in the Caribbean Region.

As of April 8, 2020, there have been 649 cases confirmed from CMS, the majority reported on 21 March 2020 (Figure 2).

Fig. 2 Daily count of confirmed cases - CARPHA Member States

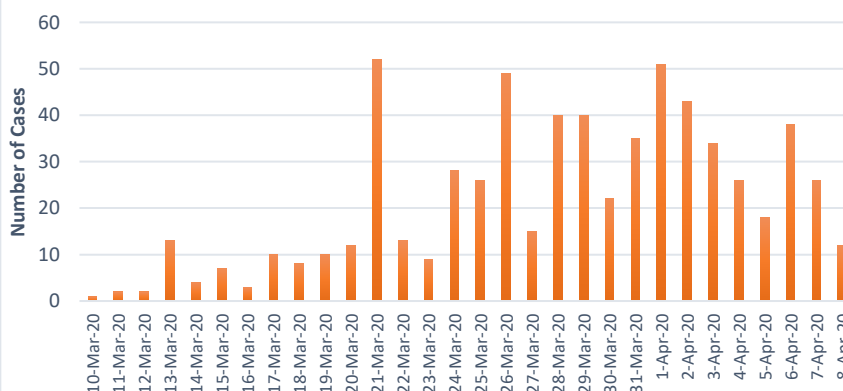
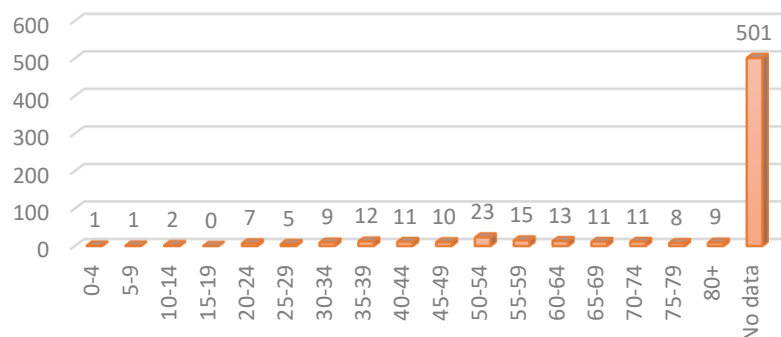


Fig. 3: Reported Confirmed Cases of COVID-19 by age group in CARPHA Member States



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 3).

Among cases for whom a source of infection was reported, 60% were imported; and 3031 appeared to be close contacts (local transmission) of a known imported case (Figure 4).

Fig.4: Percentage of Confirmed Cases of COVID-19 by Transmission Category in CARPHA Member States

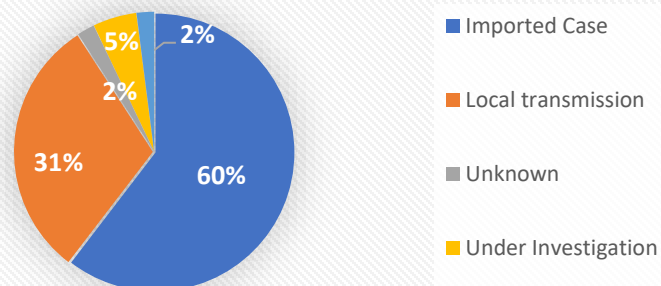
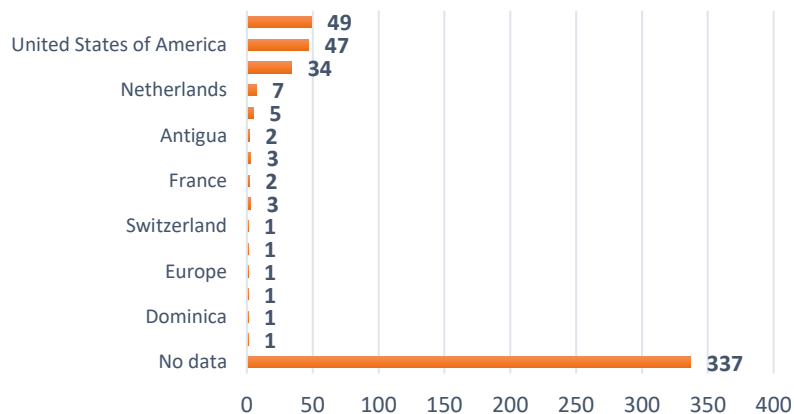


Fig.5: Reported Confirmed Cases of COVID-19 by Travel History in CARPHA Member States



The source was not identified for the vast majority of cases reported. 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 5).

Country line listing and surveillance data

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 April 8, 2020

Reporting Source		Airport		Seaport		Overall Total	
		No.	Cum.	No.	Cum.	No.	Cum.
Travellers with exposure or travel history		285	2284	0	9	285	3393
Symptomatic travellers seen at Health facilities		0	30	0	0	0	30
Travellers quarantined by public health authority		*	715	*	0	*	715
Travellers self-quarantined at home		*	2265	*	0	*	2265
No. of travellers completing 14-day isolation/quarantine		252	371	0	0	252	371
No. of travellers tested during the reporting period		182	410	0	0	182	422
Outcome of tests	Positive	38	66	0	4	38	70
	Probable	0	0	0	0	0	0
	Negative	138	270	0	8	138	278

[§] To date eight Member States reported data for EPI-Week 13. * 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.
- 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

- Laboratory Updates No. 9 and 10 were circulated to all stakeholders on April 4, 2020. Update 9 included updates to case definitions and update 10 included the testing algorithm. **Revised Requirements for Sampling of Suspected Cases:** Following recent consultations with PAHO/WHO clinical advisors and based on scientific guidance received, CARPHA has increased the time period during which samples can be taken from suspected cases of COVID-19. Samples can be taken **from as early as day 0 to as much as ten (10) days following the onset of symptoms**.
- Effective Wednesday April 1, 2020, the CARPHA Medical Microbiology Laboratory (CMML) temporarily suspended the molecular detection of Influenza A and B viruses for more efficient use of available resources for COVID-19 testing.
- **As of April 8, 2020, CARPHA has received 1,467 samples from 14 CMS, 227 (15.5%) of which have tested positive since the start of the outbreak.**
- CARPHA through the Caribbean Public Health Laboratory Network (CariPHLN), launched a virtual training package for medical and hospital laboratories with current information on newly available diagnostic platforms for detection of SARS-CoV-2; applicable laboratory biosafety and biosecurity guidance for handling and processing suspect/confirmed COVID-19 patient samples and to exchange learning from others in the Network that already have capacity for the detection of SARS-CoV-2.
- CARPHA Medical Microbiology Laboratory (CMML) has modified the testing protocols in keeping with the Pandemic Response Phase of the COVID-19 emergency.
- Effective Monday March 23, 2020, CMML will test ALL samples for COVID-19 from CARPHA Member States that fit the WHO definition of suspected or probable cases. Please also note that Influenza A and B tests will be only performed upon specific request specified on the Laboratory Investigation Form.
- Effective March 16 and until further notice, the algorithm for laboratory investigation of respiratory diseases no longer includes non-influenza viruses.
- Effective March 2, 2020, only Nasopharyngeal and Oropharyngeal swabs (paired) are being accepted for testing at CMML. Neither urine nor serum will be further required.
- The Turnaround time (TAT) of PCR results, a quality indicator of laboratory performance is on average to date 20 h 59 m. This is currently faster than the set TAT for COVID-19 PCR tests (24-48 h).
- On March 23, 2020, U.S. Food and Drug Administration (FDA) approved molecular test kits 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 per hour once there is appropriate validation of performance in-country; CARPHA is willing to assist countries in their verification processes.

Communication and Information

- On April 9, 2020, from 2:00 p.m., Dr. Joy St. John joins the Pan American Health Organization (PAHO) and the Caribbean Disaster Emergency Management Agency (CDEMA) to discuss COVID-19: Current Status/Future Trends. The webinar will be hosted by the Caribbean Broadcasting Union (CBU) and is expected to run for 1 hour.
- April 7 - Dr. St. John was a guest on the Caribbean Broadcasting Cooperation “*Mornin Barbados*” to discuss the coronavirus disease (COVID-19).
- April 5 - Dr. Joy St. John participated in an online podcast - Joint Yardie Skeptics, Freethinking Island Air Me Now (Jamaica) on COVID-19
- CARPHA hosted a virtual regional media briefing on Wednesday April 1, 2020, to discuss CARPHA’s testing for COVID-19 and protocols for dissemination of results. A recording of this briefing can be found at <https://youtu.be/fJVNpGLRxJE>
- CARPHA Communications Unit continues to produce social media products for various audiences and has maintained an active social media presence on Facebook, Instagram and Twitter.
- The latest media release, infographics 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. Negotiations are in progress to extend approval for the RSS to continue to deliver samples to Trinidad.
- 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, and as such has engaged with stakeholders in multiple ways, including the following:

- April 8, 2020: Dr. St. John participated in the First meeting of the Steering Committee for the WHO Solidarity Clinical Trial.
- April 8: Dr. St. John and Dr. Indar attended the following meetings with regional partners for discussion and evaluation of regional coordination responses to the evolving COVID-19 situation in the Caribbean:
 - The Heads of Security of CARICOM
 - Emergency meeting of the Council for National Security and Law Enforcement

- Caribbean Tourism Task Force
- Weekly Coordination Meeting with PAHO and CDEMA.
- April 7, 2020: Dr. Kimberly Ashby-Mitchell (STO-OECS Health Unit) and Ms. Christine Bocage (STO-Nutrition) participated in a meeting convened by the OECS to discuss the development of a low-cost food basket which will be utilised when issuing aid to vulnerable groups. In attendance were key stakeholders from the departments of Health, Trade and Agriculture in Member States and the OECS Commission. Subsequent to the meeting, Dr. Ashby-Mitchell and Ms. Bocage were asked to lead the process in finalising the list of food items for vulnerable groups to be included.
- April 6, 2020: Dr. St. John and Dr. Indar attended the following meetings with regional partners for discussion and evaluation of regional coordination responses to the evolving COVID-19 situation in the Caribbean:
 - 4th Emergency Meeting of COHSOD to update on the regional coordination and response for COVID-19.
 - Special meeting of CARICOM Institutions
 - Caribbean Tourism Task Force
- CARPHA continues its 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.

The WHO Director General has asked that individuals and countries refrain from using therapeutics that have not been demonstrated to be effective in the treatment of COVID-19. Various trials are underway to test drugs for use in treating COVID-19 cases. Discussions are underway in the region to determine participation in the WHO SOLIDRITY trial.

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

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