CONAVIRUS DISEASE



SITREP #36 Infographic

*For the full SITREP, please access https://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus

NUMBERS AT A GLANCE as of April 22,2020

Caribbean

- 9,098 confirmed cases
- 33 countries, territories or areas {of which 24 are CARPHA member states (CMS)}
- 1,301 persons recovered
- 444 reported deaths

Globally

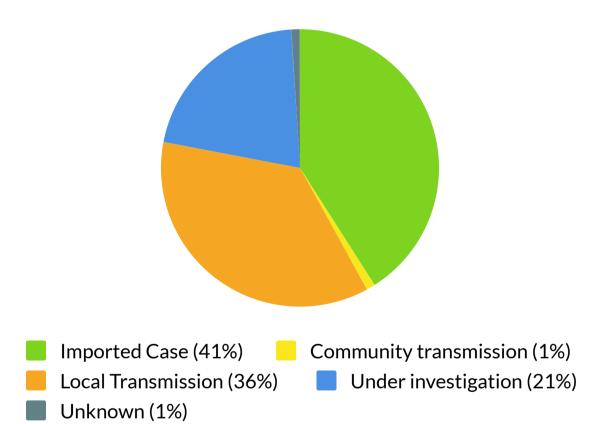
• 2,471,163 confirmed cases

Rest of the World

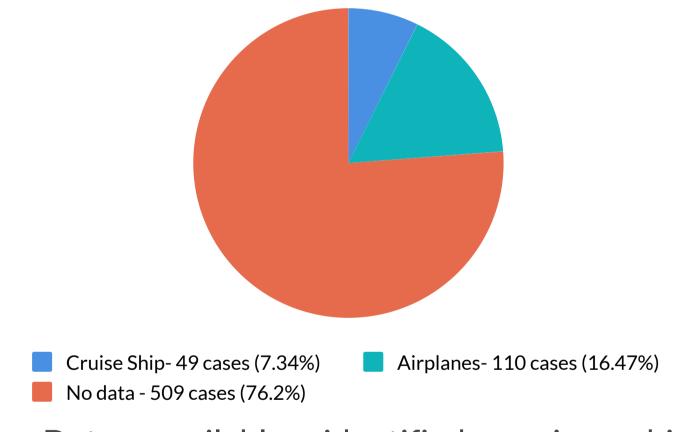
- 2,462,065confirmed cases
- 179 countries, areas or territories and Other*
- 694,023 persons recovered
- 168,562 reported deaths

*Persons on board the Diamond Princess cruise ship

COVID-19 TRENDS IN CARPHA MEMBER STÄTES

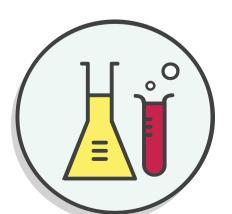


Among cases for whom a source of infection was reported, 41% were imported; and 36% appeared to be close contacts (local transmission) of a known imported case.



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.

LABORATORY UPDATE: REVISED SAMPLING REQUIREMENTS



As of April 21, 2020, the Caribbean Public Health Agency (CARPHA) has received **2,414 samples from 14 CMS**, **314 (13%) of which have tested positive since the start of the outbreak**.

Samples can be taken from as early as day 0 to as much as ten (10) days

following the onset of symptoms. Persons who feel they have been exposed to COVID-19 should quarantine themselves at home or seek advice from their health care providers.

Suspected Case definitions:

Case A

A person with:

- -fever
- -at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath)
- -AND a history of travel during the 14 days prior to symptom onset

Case B

A person with:

- -fever
- -at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath)
- -AND having been in contact with a confirmed COVID-19 case (in the last 14 days prior to symptom onset)

Case C

A person with:

- -fever
- -at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath)
- -AND requiring hospitalization
- -AND in the ABSENCE of an alternative diagnosis that fully explains the clinical presentation

Imported case vs local spread (secondary case) vs community spread:



Imported case:

- Exposed to COVID-19 abroad - Developed symptoms in home country - Tested positive



E.g. Husband



Secondary case:

- No travel history
- Exposed to an imported case
- Developed symptoms and tested positive
- Able to identify source of, or link to infection

E.g. Wife



Community Spread:

- Persons in the community developed symptoms and tested positive
- No travel history or contact with an imported case or confirmed COVID-19 case
- Source of, or link to infection is unknown

Definition for reporting COVID-19 Death:

"WHO has published a definition for reporting COVID deaths: a COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g., trauma). There should be no period of complete recovery between the illness and death."

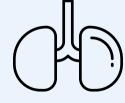
CLINICAL PRESENTATION OF COVID-19

*Based on patients in the United States of America

MOST COMMON



Fever (83-99%)



Shortness of breath (31-40%)



Cough (59-82%)



Productive cough (28-33%)



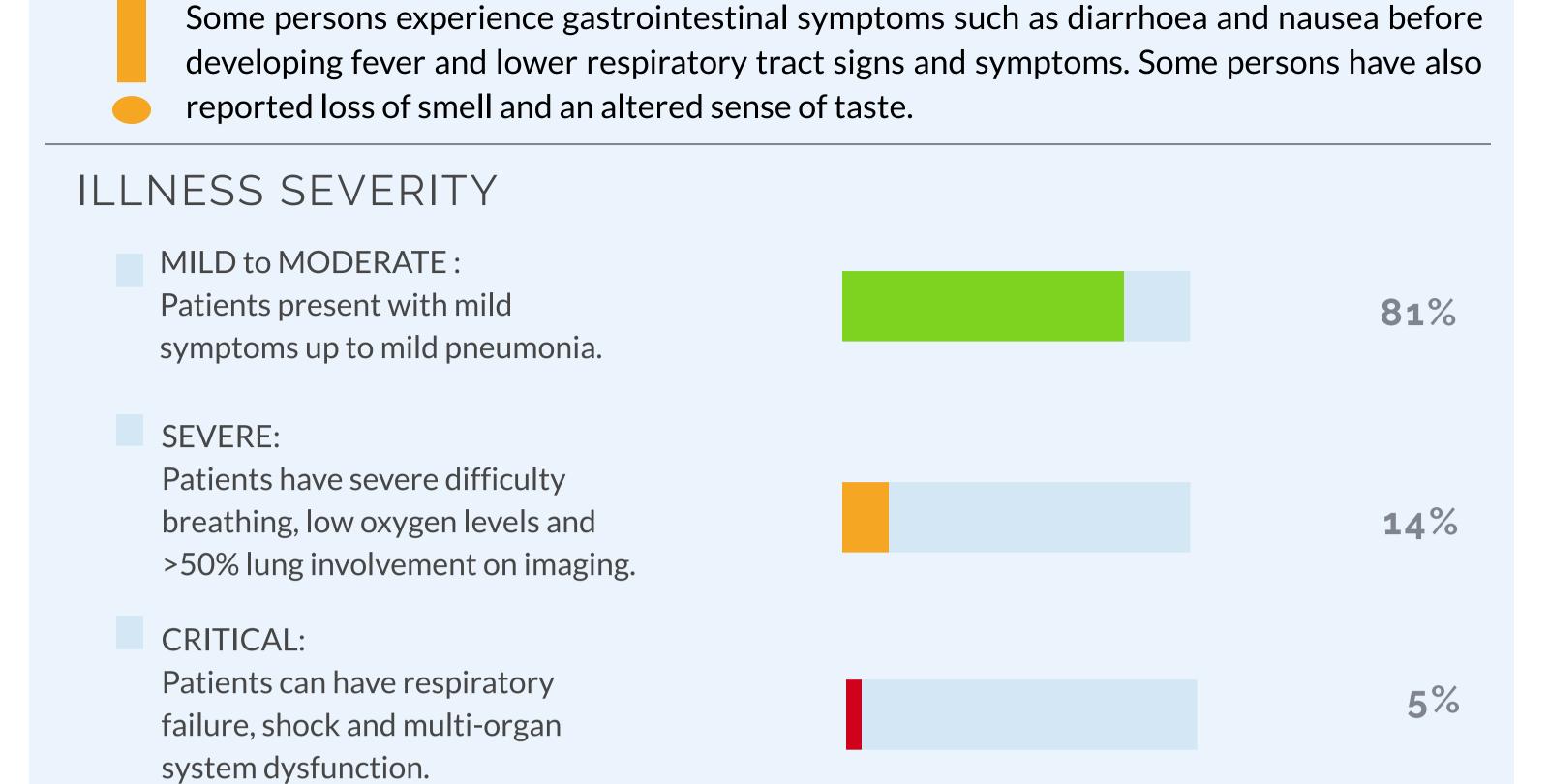
Fatigue (44-70%)



Muscle pain (11-35%)

ATYPICAL

Older adults and persons with medical conditions may have delayed presentation of fever and respiratory symptoms.



TRANSMISSION OF DISEASE



Persons can get COVID-19 from other individuals who already have the virus. It can be transferred from person to person via tiny droplets from the nose or mouth of the COVID-19 infected persons when they cough or sneeze. A healthy individual can get this disease after touching surfaces such as desks and door handles where the droplets from an infected person have fallen.

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.'

WORLD HEALTH ORGANIZATION: USE OF THERAPEUTICS



Discussions are underway in the region to determine participation in the WHO SOLIDARITY trial.

PREVENTION OF DISEASE

SOCIAL DISTANCING

Social Distancing is a method used to stop or slow down the spread of a disease in the community. It requires limiting the time we spend with persons outside of our close family and/or house mates. The idea is to limit contact between persons infected with COVID-19 and those who are not. Simply put, it means putting more space between persons to decrease the chance of spread and thus, infection.

Social Distancing includes:

- When outside of your home, maintain at least 2 metres (6 feet) away from everyone
- Working from home or attending online classes
- Avoiding gatherings with friends
- Avoiding public transportation unless necessary
- Staying at home unless absolutely necessary





CLEAN HANDS

Wash your hands often and carefully with soap and water for at least 20 seconds or clean with an alcohol-based hand rub.

CATCH IT, BIN IT, KILL IT!

Cough or sneeze into your elbow or sleeve (not into your hands), if tissue is not available. Immediately wash your hands or use an alcohol-based hand sanitiser.





AVOID CLOSE CONTACT

Practice social distancing (2 metres or 6 feet) between yourself and others. Avoid contact with anyone who is coughing or sneezing.

SEEK MEDICAL CARE

If you have fever, cough and difficulty breathing, seek medical care early and share previous travel history with your health care provider.





STAY HOME IF ILL

If you develop symptoms, stay home. Avoid public transport, workplaces and public spaces. Seek medical care.

CARPHA's REGIONAL RESPONSE TO COVID-19

The Caribbean Public Health Agency (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.

CARPHA is working with technical experts across the Region to provide up-to-date guidance and technical advice to CMS. 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'S COVID-19 RESPONSE TIMELINE

Jan 1st, 2020

CARPHA begins COVID-19 media releases with CMS, CDEMA, CARICOM, CTO, CHTA and other stakeholders

Jan 21st, 2020

- Activation of Incident Management Team-Emergency response (IMT-ER)

- Initiation of Situation Reports (SITREPs) to share with Regional stakeholders

Jan 26th, 2020 Distribution of modified Weekly Syndromic Surveillance and COVID-19 Reporting Form to Member States to include COVID-19

Jan 28th, 2020

Discussion with Regional Health Communications Network (RHCN) on country's preparedness level and health promotion activities with member states and CARICOM

Jan 30th, 2020

- WHO declared COVID-19 as a Public Health **Emergency of International Concern (PHEIC)**

- Risk of COVID-19 to Caribbean deemed as LOW

Feb 4th, 2020

- Distribution of Country Preparedness and Response to **COVID-19 on Cruise Ships to CMOs**

- Provision of update on Emergency meeting with ministers to advise WHO on the Caribbean's response to the outbreak

Feb 6th, 2020

Establishment of Expert Technical Advisory Group to advise on the Caribbean's clinical response to COVID-19

Feb 25th, 2020

Expansion by IMPACS tracking of passengers to include countries with CDC travel advisories (Hong, Kong, Japan, South Korea, Iran)

Feb 28th, 2020

Discussion with the Regional Health Communications Network (RHCN) on countries' preparedness level and health promotion activities with member states and CARICOM

Mar 5th, 2020

Raised risk of COVID-19 to VERY HIGH

Mar 10th, 2020

Declaration of the COVID-19 outbreak as a PANDEMIC by the WHO

Mar 12th, 2020

- Updated COVID-19 laboratory protocol to include secondary cases or transmission associated with imported cases - Discussion of Regional plan of action with CDEMA and IMPACS after confirmed COVID-19 cases in 3 CARICOM States

Mar 20th, 2020

Confirmed COVID-19 cases in 13 CARPHA Member States

Mar 24th, 2020

Convened Regional Coordinating Mechanism for Health Security: Public Health Thematic Working Group to discuss the CARICOM regional response to the COVID-19

Apr 6th, 2020

Confirmed COVID-19 cases in 24 CMS

Dec 30th, 2019

China reports a cluster of 27 cases of pneumonia with unknown aetiology in Wuhan to WHO

Jan 7th, 2020

Chinese scientists identify the pathogen as a novel coronavirus

Jan 23rd, 2020

Procurement of supplies for diagnostic testing of coronavirus responsible for COVID-19

Jan 27th, 2020

- Development of Technical Documents for Regional Guidance
- Procured Primerdesign 2019-n-Cov kit for specific detection of the new coronavirus to utilise a different **PCR** approach

Jan 29th, 2020

Assembly of the Regional Coordinating Mechanism for **Health Security (RCM-HS)**

Feb 2nd - 3rd, 2020

Production of the Social Media plan of Action for **COVID-19 to support Regional Communications Strategy**

Feb 5th, 2020

Notification of CARPHA Medical Microbiology Laboratory's (CMML) readiness to accept specimens for diagnostic testing

As of Feb 21st, 2020

Holding of joint PAHO and CARPHA Regional COVID-19 coordination meetings weekly

Feb 26th, 2020

Risk of COVID-19 to Caribbean raised to **MODERATE TO HIGH**

Mar 1st, 2020

- First confirmed case of COVID-19 in the Caribbean region
- Preparedness response guidelines discussed at the CARICOM Heads of State meeting

Mar 5-7th, 2020

Discussions with Cruise Line Industry regarding **Regional Health Protocols**

Mar 11th, 2020

First confirmed case in a CARPHA Member State

Mar 19th, 2020

Discussions with Secretary General of CARICOM and Heads of Institutions on Business Continuity during **COVID-19 and submitted CARPHA business continuity** plan to CARICOM

Mar 23rd, 2020

Revision of laboratory testing protocol to include testing of all samples in accordance with the expanded WHO case definition as of 23 March 2020

Mar 25th, 2020

- Confirmed COVID-19 cases in 20 CARPHA Member States
- Presentation to IMPACS Special Meeting of CARICOM Standing Committee of Heads of Correctional Services and Prisons on COVID-19 in prisons

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