

Coronavirus Disease (COVID-19) Pandemic

CARPHA Situation Report No. 34 - April 17, 2020

Summary

This is an update to the Situation Report published on April 14, 2020, in relation to the outbreak of COVID-19.

To date, there are 7,102 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

- **New confirmed cases in CARICOM Member States**
- **WHO COVID-19 strategy update**
- **Exploration the repurposing of existing vaccines**
- **CARPHA's call for Experts**
- **CariPHLN Update**

*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.

The PAHO Director Dr Carissa Etienne and other experts on 14 April, met with Ministers of Health to discuss the current status of the pandemic response in the countries of the Americas, and provide an overview on rapid

Numbers at a Glance*

Clinically diagnosed and laboratory confirmed cases

Globally

2,074,555 cases (261,811 new)

In the Caribbean Region

33 countries, areas, or territories (0 new)
7,102 cases (1,015 new)
819 recovered (369 new)
357 deaths (41 new)

Rest of the World

179 countries, areas, or territories and Other** (0 new)
2,067,453 cases (260,796 new)
554,377 recovered (92,674 new)
139,021 deaths (25,662 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

tests and other diagnostics, suggested therapeutics including chloroquine, and an update of current social distancing measures along with the evidence required to relax these measures.¹

World Health Organization published a COVID-19 Strategy Update

The World Health Organization published a COVID-19 Strategy Update on 14 April 2020² to help guide countries on their national and subnational responses to the COVID-19 pandemic and was developed based on the knowledge accumulated since the publication of the Strategic Preparedness and Response Plan³ which was initially published on 3 February, 2020.

This update included a six-point criteria technical guidance for countries to use when considering lifting restrictions imposed due to COVID-19 response. This includes:

1. Transmission of virus is controlled
2. The health system capacities are in place to detect, test, isolate and treat every case and trace every contact
3. Outbreak risks are minimized in special settings, such as, health facilities and nursing homes
4. Preventive measures are in place in workplaces, schools and other places where it's essential for people to go.
5. Importation risks can be managed
6. Communities are fully educated, engaged and empowered to adjust to the "new norm"

It is recommended that every country should be implementing a comprehensive set of measures with the aim of reaching a steady state of low-level or no transmission of COVID-19 infection.

Exploring the use of existing vaccines to prevent SARS-CoV2

A clinical trial is being planned in the United States, by various partners and vaccine manufacturers, including the United States Food and Drug Administration (US FDA), to explore whether the oral poliovirus vaccine (OPV) can be used as a method of prevention against infection with SARS-CoV2, the virus which causes the coronavirus diseases (COVID-19).⁴ Two other clinical trials are already underway looking at the use of Bacille Calmette-Guérin vaccine (BCG) to prevent against COVID-19.⁵ Both live vaccines are believed to have non-specific protective effects on the immune system, but these have not been well characterized.

Currently, there is no evidence indicating that either OPV or BCG vaccines prevent COVID-19. The WHO recommends that their use continues to be prioritized as part of essential immunization to prevent poliomyelitis

¹ PAHO Director to brief Ministers of Health on the latest developments with the COVID-19 pandemic response <https://www.paho.org/en/news/14-4-2020-paho-director-brief-ministers-health-latest-developments-covid-19-pandemic-response> accessed 14 April 2020.

² WHO. COVID-19 Strategy Update April 14, 2020 https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_6 accessed 17 April 2020.

³ WHO. 2019 Novel Coronavirus (2019-nCoV): Strategic Preparedness and Response Plan. Draft as of 3 February 2020. <https://www.who.int/publications-detail/covid-19-strategy-update-13-april-2020>

⁴ Polio Global Eradication Initiative. <http://polioeradication.org/wp-content/uploads/2020/03/Use-of-OPV-and-COVID-20200415.pdf> Accessed on April 16 2020.

⁵ WHO. Bacille Calmette-Guérin (BCG) vaccination and COVID-19. Scientific Brief. April 12 2020. [https://www.who.int/news-room/commentaries/detail/bacille-calmette-gu%C3%A9rin-\(bcg\)-vaccination-and-covid-19](https://www.who.int/news-room/commentaries/detail/bacille-calmette-gu%C3%A9rin-(bcg)-vaccination-and-covid-19)

(OPV) and tuberculosis (BCG). The WHO will evaluate the evidence and determine whether these vaccines can be used to curb the spread of COVID-19 until a specific vaccine and/or antiviral therapies are developed.

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, 2020 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.

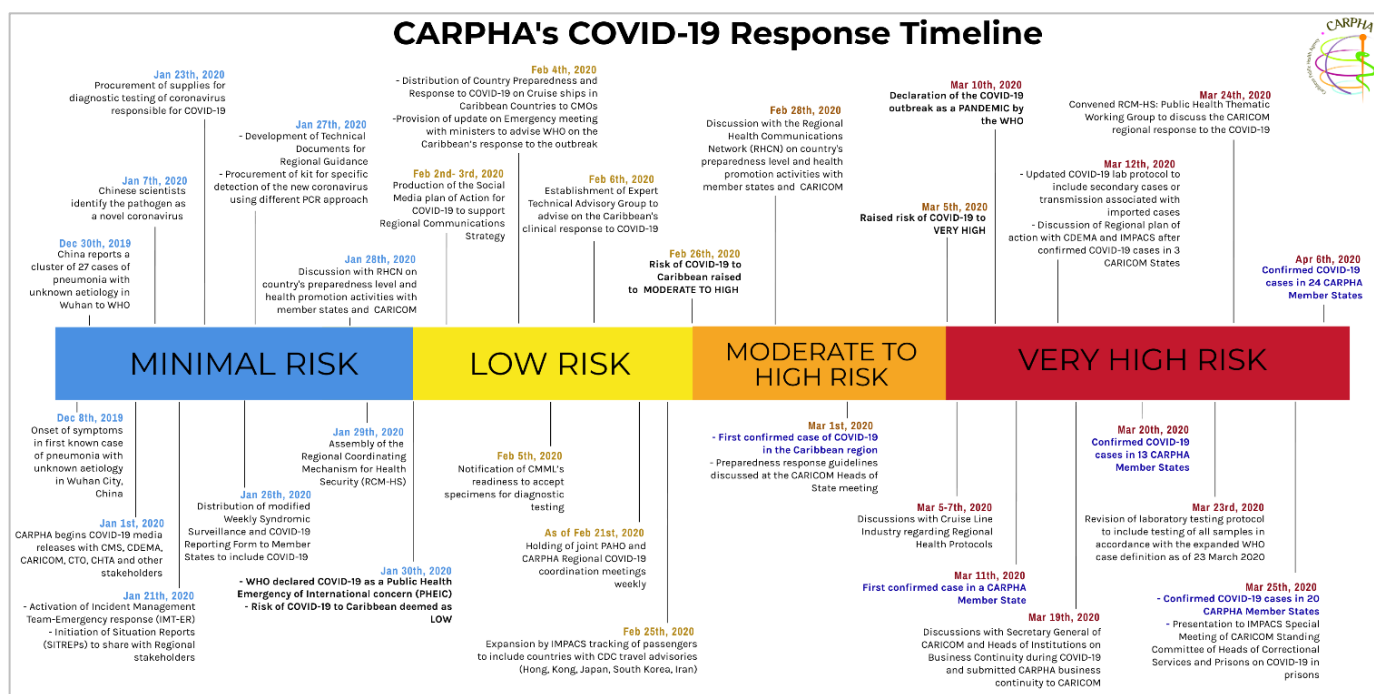


Figure 1: CARPHA COVID-19 Response Timeline (December 2019 – April 2020)

Epidemiological Summary

COVID-19 in the Caribbean

Since the previous report on April 14, 2020, no new countries reported their first confirmed case of COVID-19 within the Caribbean region. Additional cases, however, were confirmed in 20 countries, bringing the region's total confirmed cases to 7,102 in 33 countries/territories; 24 (72%) of these are CARPHA Member States. This new total represents a 17% increase in the numbers of confirmed cases. Forty-one (41) additional deaths were also recorded, bringing the total numbers of deaths to 357.

The data contained in Table 1 below are obtained from data reported by the WHO, supplemented by other sources – (Reference 1 and 2 in Table 1).

As of April 17, 2020, the WHO reported 2,074,529 cases of patients with COVID-19. Outside of China, 212 countries, areas or territories have confirmed at least one case among travellers exposed while abroad and/or person-to-person contact. No new countries have reported their first confirmed case of COVID-19 since the last Situation Report on April 14, 2020. See Table 2 below for more details on cases, deaths and recoveries. The number of cases recovered since our last report was not available.

Note. Cases reported between 13 and 19 February 2020 include both laboratory-confirmed and clinically diagnosed cases for the Hubei province. All other dates shown only include laboratory-confirmed cases.

Table 1: Countries or Territories with reported cases of COVID-19, 17 April, 2020

Region	Country/Territory	Cases	# new cases since last report	Deaths	Recovered	% of cases still active [‡]
Region of the Americas						
Caribbean	Dominican Republic	3,755	588	196	215	89.1
	Rest of the Caribbean [*]	1,112	131	62	293	68.1
	Puerto Rico	1,043	140	56	0	94.6
	Cuba	862	136	27	171	77.0
	Martinique	159	2	8	73	49.1
	Guadeloupe	145	2	8	67	48.3
Americas	Rest of the Region ^{**}	736,531	97,622	32,671	94,304	82.8
Other Regions	Western Pacific Region ^{**}	127,595	4,790	5,558	95,671	20.7
	European Region ^{**}	1,050,871	137,522	93,480	293,788	63.1
	South-East Asia Region ^{**}	23,560	6,175	1,051	4,231	77.6
	Eastern Mediterranean Region ^{**}	115,824	13,114	5,662	61,975	41.6
	African Region ^{**}	12,360	1,573	586	3,764	64.8
Other	International conveyance (Diamond Princess Cruise Ship)	712	0	12	639	8.6
	Total	2,074,529	261,795	139,378	555,196	66.5

[‡] 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 10:35am 17 April 2020. Available from: <https://who.sprinklr.com/>

(2) Johns Hopkins University's Centre for Science and Engineering Accessed at 11:30am. 14 April 2020. Available from:

<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

<https://www.arcgis.com/home/webmap/viewer.html?useExisting=1&layers=c0b356e20b30490c8b8b4c7bb9554e7c&layerId=1>

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

Definition for reporting COVID-19 Deaths

“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.*”⁶

Clinical presentation of COVID-19

The following are the more common signs and symptoms of COVID-19 present at illness onset⁷. 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 severity⁸

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.

CARPHA's 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

⁶ WHO Situation Report – 82. Accessed 14 April 2020. Available from: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200226-sitrep-37-covid-19.pdf?sfvrsn=6126c0a4_6

⁷ 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.

⁸ 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.

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.

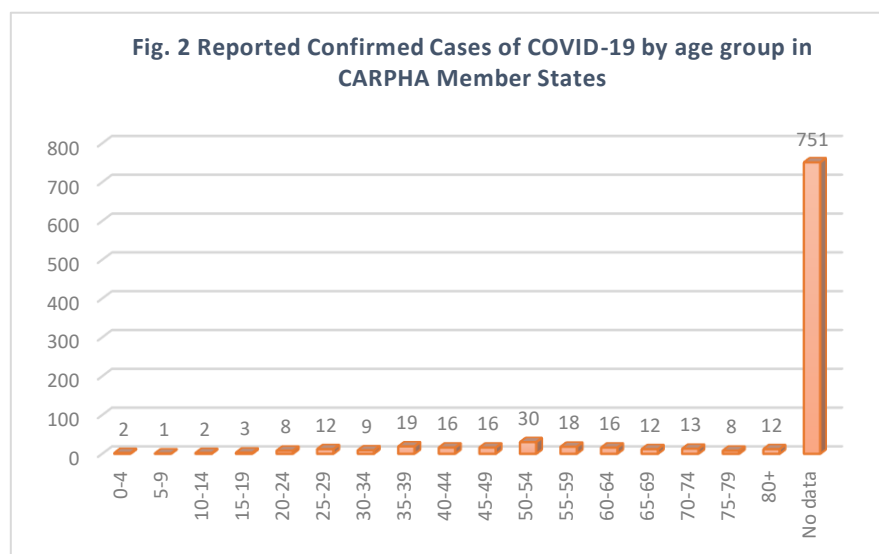
CARPHA's IMT-ER in their meeting on April 9, 2020, provided the following updates:

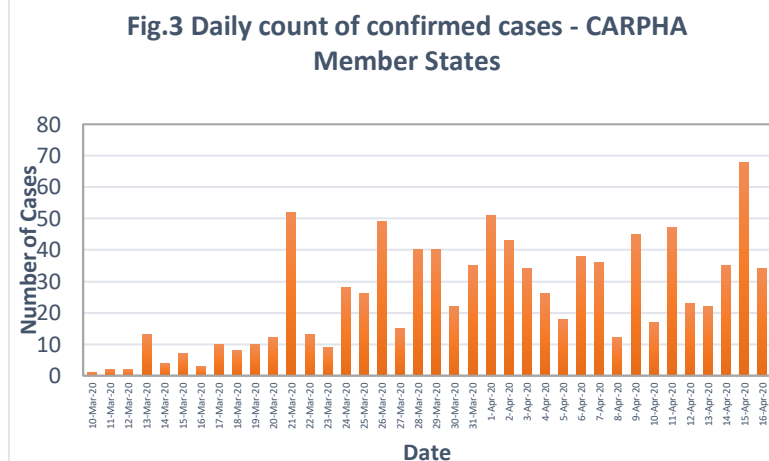
- CARPHA's Rapid Response Teams have been assembled and A roster is being developed for additional surge capacity for deployment to support Member States.
- CARPHA has also developed guidance on the use of masks by staff, in keeping with host countries' mandates.
- Financial and material resources to 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

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 17, 2020, there have been 950 cases confirmed from CMS, the majority reported on March 21, 2020 (Figure 2).





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, 47% were imported; and 38% 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

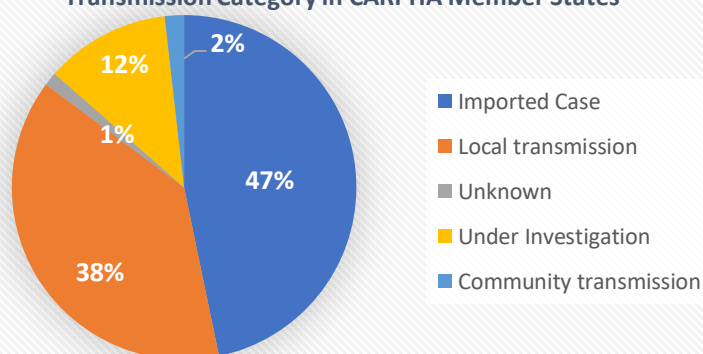
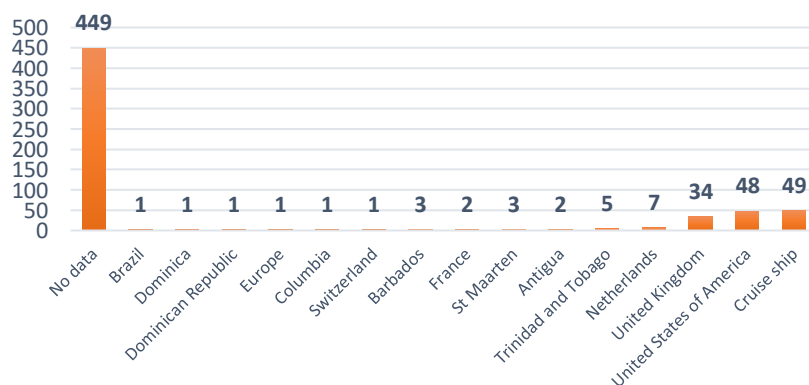


Fig. 5 Reported Confirmed Cases of COVID-19 by Travel History in CARPHA Member States



The source was not identified for the vast majority of imported 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. Since the start of the outbreak, few countries have submitted their line listings for COVID-19 cases. Member States are reminded to send anonymous line listings of confirmed cases of COVID-19 to CARPHA by emailing carpha-epidemiology@carpha.org. A summary of COVID-19 surveillance data received from Member States is presented in Table 2[§].

Table 2: CARPHA Surveillance received from Member States, as of April 14, 2020

Reporting Source		Airport		Seaport		Overall Total	
		No.	Cum.	No.	Cum.	No.	Cum.
Travellers with exposure or travel history		149	3,762	0	9	149	3,771
Symptomatic travellers seen at Health facilities		0	30	0	0	0	30
Travellers quarantined by public health authority		*	727	*	0	*	727
Travellers self-quarantined at home		*	2,413	*	0	*	2,413
No. of travellers completing 14-day isolation/quarantine		1,539	1,928	0	0	1,539	1,928
No. of travellers tested during the reporting period		84	511	14	26	98	537
Outcome of tests	Positive	42	122	12	16	54	138
	Probable	0	0	0	0	0	0
	Negative	265	642	2	10	267	652

- [§] To date six Member States reported data for EPI-Week 14. * Not reported. No. refers to the number of persons reported in EW-X; Cum. refers to 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

- As of April 16, 2020, CARPHA has received 2149 samples from 14 CMS, 279 (12.9%) of which have tested positive since the start of the outbreak.

- **On April 16**, CARPHA through the Caribbean Public Health Laboratory Network (CariPHLN), hosted a virtual discussion on COVID-19: Considerations for the Medical/Hospital Laboratory for medical laboratory professionals and CariPHLN members. This virtual training package for medical and hospital laboratories was attended by more than 260 participants across the region.
- April 14-15, 2020: CARPHA in association with Ministry of Health, Trinidad and Tobago, UWI and PAHO held a two-days virtual training “An Introduction to Laboratory Diagnosis, Molecular Biology and Polymerase Chain Reaction (PCR) for the COVID-19 Laboratory Response”.
- **On April 9, CariPHLN Bulletin #2** was distributed which provided updates on COVID-19. This bulletin highlighted the CariPHLN regional response to COVID-19, guidance on GeneXpert SARS-CoV-2 kits and virtual training sessions available for medical and hospital laboratories.
- **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**. Nasopharyngeal and Oropharyngeal swabs (paired) are being accepted for testing at CMML. Neither urine nor serum will be further required.
- Effective Wednesday April 1, 2020, CARPHA temporarily suspended the molecular detection of Influenza A and B viruses for more efficient use of available resources for COVID-19 testing.
- 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.



COVID-19: Considerations for the Medical/Hospital Laboratory



Date: Thursday, 16th April 2020

Time: 11.00 – 13.00 hrs

Audience: Medical Laboratory Professionals, CariPHLN members

Objectives:

To provide current information on newly available diagnostic platforms for detection of SARS-CoV2 and;

To provide laboratory biosafety and biosecurity guidance for handling and processing various types of patient samples that are suspect or confirmed cases of COVID-19.

To learn from other laboratories in the CariPHLN network that have capacity for the detection of SARS-CoV2.

Agenda:

1. Welcome and Objectives (Dr. Lisa Indar, Assistant Director, Surveillance Disease Prevention and Control Division, CARPHA)
2. Molecular and Rapid Assays (Dr. Gabriel Gonzalez-Escobar, Director, Laboratory Services and Network, CARPHA)
3. Biosafety and Biosecurity Considerations for handling samples for suspect and confirmed COVID-19 cases (Ms. Sacha Wallace-Sankarsingh, Biorisk Manager, CARPHA)
4. Lessons from the Field: Implementation for COVID-19 diagnostics (Dr. Songee Beckles, Barbados – pre-recorded)
5. Question and Answer Session (All welcome)

Communication and Information

- Members of CARPHA’s staff attended PAHO’s virtual Media conference held on April 14, 2020.

- April 9, 2020 - Dr. Joy St. John joined PAHO and CDEMA to discuss COVID-19: Current Status/Future Trends. The webinar was hosted by the Caribbean Broadcasting Union (CBU).
- April 7, 2020 - Dr. St. John was a guest on the Caribbean Broadcasting Cooperation "Mornin Barbados" to discuss the coronavirus disease (COVID-19).
- April 5, 2020 - Dr. Joy St. John participated in an online podcast - Joint Yardie Skeptics, Freethinking Island Air Me Now (Jamaica) on COVID-19
- April 4, 2020 – Dr. Joy St. John joined CARICOM and the University of the West Indies in *The Caribbean Response to COVID-19: A conversation with representatives of regional players*. The session was hosted by Ambassador Curtis Ward for CaribNation TV and The Ward Post.
<https://bit.ly/2z1B3PZ>
- 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 and maintains 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>.



CARPHA's virtual media briefing

Logistics and Planning

- CARPHA is expanding its Human Resource skills bank to facilitate, as the need arises, the rapid recruitment and deployment of short-term emergency response consultants to CARPHA and its Member States ([see CARPHA - Call for Experts: COVID-19 Flyer](#)). Interested applicants are invited to submit an expression of interest and CV by email to HRM@CARPHA.ORG along with the completed [Emergency Response Deployment - Skills List document](#) [accessible](#) on CARPHA website.



CALL FOR EXPERTS

The Caribbean Public Health Agency (CARPHA) in Its Response to COVID - 19 Wants Your Technical Expertise

As we strengthen our COVID-19 response to serve the Caribbean, we are looking for persons who have:

- ✓ Specialized knowledge and skills in Public Health / Communicable Diseases / Epidemiology / Disease Outbreak Investigations and or Emergency Response.
- ✓ Post - graduate university degree in Public Health / Epidemiology / Field Epidemiology or equivalent training and experience.
- ✓ Experience in Emergency Response Deployment.
- ✓ Previous experience as part of an Incident Management Team / Disease Outbreak Response Team.
- ✓ Experience working in the Caribbean region
- ✓ Competence in using statistical and analytical software & epidemiological databases.
- ✓ Experience in database tools and spreadsheets
- ✓ The ability to work in a multidisciplinary team.
- ✓ The ability to work in a constantly dynamic and fluid environment.

Our Expertise

IF YOU HAVE WHAT IT TAKES AND YOUR QUALIFICATIONS MATCH THE ABOVE CRITERIA KINDLY SUBMIT YOUR APPLICATION TO HRM@CARPHA.ORG

- 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 15, 2020: Dr. St. John and Dr. Indar attended and presented at the Ninth Special Emergency Meeting of the Conference of Heads of Government of the Caribbean Community to agree on CARICOM's way forward during the COVID-19 pandemic.
- April 15, 2020: Dr. Indar gave a presentation on CMML and its testing protocols at Ministry of Health, Trinidad and Tobago press briefing.
- April 15, 2020: Dr. Indar attended and presented at the meeting of the
- CTO Sustainable Tourism Technical Committee.



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 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**.

References

- WHO, 2020. Laboratory testing for coronavirus disease (COVID-19) in suspected human cases. Interim guidance. 19 March 2020. Available from: <https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>
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