

Outbreak of Coronavirus Disease (COVID-19)

CARPHA Situation Report – No. 28 March 27, 2020

Summary

This is an update to the Situation Report in relation to the outbreak of COVID-19, published on March 25, 2020.

To date, there are 1063 cases in 32 countries/territories (including 23 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

- Updated case definitions
- Update on situation in China
- Update on confirmed cases in CARICOM Member States
- CARPHA Laboratory Updates

Numbers at a Glance*

Clinically diagnosed and laboratory confirmed cases

Globally

509,197 cases (95,711 new)

In the Caribbean Region

32 countries, areas or territories (3 new)

1063 cases (302 new)

21 recovered (5 new)

20 deaths (7 new)

Rest of the World

170 countries, areas or territories and Other** (2 new)

508,134 cases (95,409 new)

127,688 recovered (15,771 new)

23,315 deaths (4,895 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 32 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.

Updated Case definitions¹

Probable case

A. A suspect case for whom testing for the COVID-19 virus is inconclusive.¹

OR

B. A suspect case for whom testing could not be performed for any reason.

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

See laboratory guidance for details: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance>

Contact

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
2. Direct physical contact with a probable or confirmed case;
3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; ²OR
4. Other situations as indicated by local risk assessments.

Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the *date on which the sample was taken* which led to confirmation.

Update on China²

On March 25th China's National Health Commission reported that all new confirmed and suspected cases in the 31 provinces (autonomous regions, municipalities) and the Xinjiang Production and Construction Corps are imported cases. In the last week there has also been at least two consecutive days with no newly confirmed or suspected cases reported from Wuhan or all of Hubei province. Eighty-two percent (82%) of all cases being reported are now from outside of China and the epicentre of the pandemic has now moved from China to Western Europe and the United States of America.

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

¹ 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))

² ProMED International Society of Infectious Diseases "COVID-19 update (55): global, cruise ships, Congo DR, ECDC, more countries, WHO" 26 March 2020. Available from <https://promedmail.org/> Accessed on 27 March 2020.

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, 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, especially in cases where the number of samples for testing was small. 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.

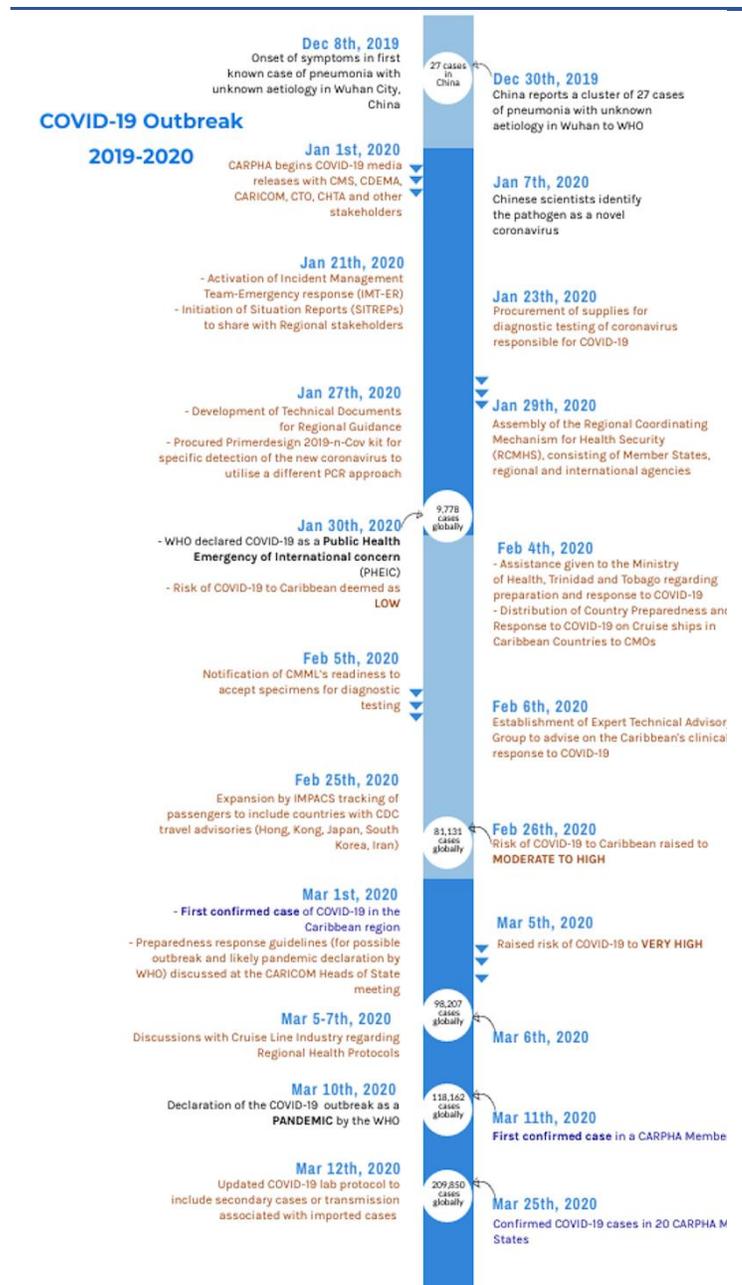


Figure 1: Time of Caribbean Regional events in response to the COVID-19 outbreak.

Epidemiological Summary

COVID-19 in the Caribbean

Since the previous report on March 25, 2020, three new countries reported their first confirmed case of COVID-19. Within the Caribbean region, additional cases were also confirmed in 24 countries, bringing the region's total confirmed cases to 1063 cases in 32 countries/territories; 23 (72%) of these were CARPHA Member States. This represents a 40% increase in the numbers of confirmed cases and seven additional deaths were recorded, taking the total numbers of deaths to twenty (20).

Globally

The data contained in Table 1 below are obtained from data reported by the WHO, supplemented by other sources. As of 27 March, the WHO reported 509,164 cases of patients with COVID-19. Outside of China, 202 countries, areas or territories have confirmed at least one case among travellers exposed while abroad and/or person-to-person contact. The total number of deaths outside of China is 20,037, while the total number of deaths within China is 3,287. Several new countries, areas or territories in the African Region (Guinea-Bissau, Mali) and Region of the Americas reported their first confirmed case of COVID-19 in the last 48 hours.

Table 2: Countries or Territories with reported cases of COVID-19, 27 March 2020

Region	Country/Territory	Cases	# new cases in last 48hrs	Deaths	Recovered	% of cases still active [¥]
Region of the Americas						
Caribbean	Dominican Republic	488	176	10	3	97.3
	Rest of the Caribbean *	269	56	5	16	92.2
	Guadeloupe	76	3	0	0	100.0
	Cuba	67	19	1	4	92.5
	Martinique	66	9	1	0	98.5
	Puerto Rico	64	25	2	0	96.9
Americas	Rest of the Region **	80,107	20,015	1,157	1,171	77,779
Other Regions	Western Pacific Region **	100,018	2,252	3,567	80,382	16.1
	European Region **	286,644	66,172	16,105	33,340	82.8
	South-East Asia Region **	2,932	588	105	244	88.1
	Eastern Mediterranean Region **	35,249	5,618	2,336	11,871	59.7
	African Region**	2,472	764	39	81	95.1
Other	International conveyance (Diamond Princess Cruise Ship)	712	0	7	597	15.2
	Total	509,164	95,697	23,335	127,709	70.3

[¥] Active cases = Total cases – (Number of cases recovered + Number of deaths)

**For full details on countries' data visit sources listed below. Numbers are updated throughout the day and may vary from what listed at time of publishing.

Sources: (1) WHO Situation Dashboard Accessed at 12:45pm 27 March 2020. Available from:

<https://experience.arcgis.com/experience/685d0ace521648f8a5beeee1b9125cd>

(2) Johns Hopkins University's Centre for Science and Engineering Accessed at 12:50pm. 27 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 exercise, 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 include³:

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).⁴ 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 infection⁵.

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

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

³ 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>

⁴ ENT U.K. at The Royal College of Surgeons of England Statement: Loss of Sense as a marker for COVID-19 infection

⁵ WHO Press Briefing March 23, 2020, Geneva, Switzerland, Statement by Dr Maria Van Kerkhove

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.⁶

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.⁷

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

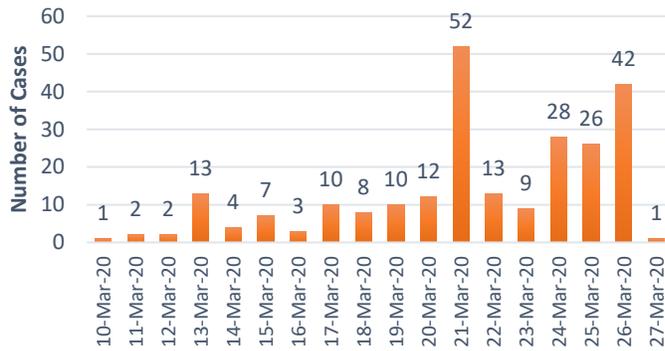
[Surveillance and Technical Response](#)

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

⁶ 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>

⁷ 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>

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



As of 28 March, there have been 243 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

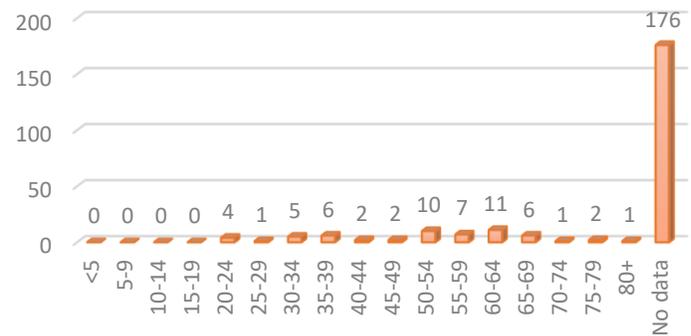
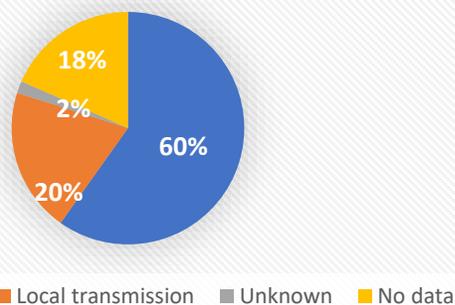
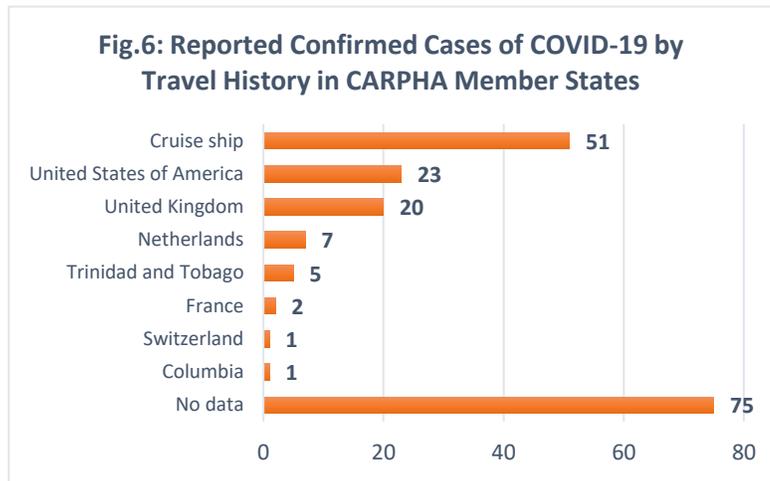


Fig. 5: Percentage of Confirmed Cases of COVID-19 by Transmission Category in CARPHA Member States



Among cases for whom a source of infection was reported, 60% were imported; and 20% 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).



- 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 3⁵.

Table 3: CARPHA Surveillance received from Member States, as of 27 March 2020

Reporting Source	Airport		Seaport		Overall Total	
	No.	Cum.	No.	Cum.	No.	Cum.
Travellers with exposure or travel history	2547	3084	*	*	2547	3084
Symptomatic travellers seen at Health facilities	0	28	*	*	0	28
Travellers quarantined by public health authority	*	133	*	*	*	133
Travellers self-quarantined at home	*	1614	*	*	*	1686



Reporting Source		Airport		Seaport		Overall Total	
		No.	Cum.	No.	Cum.	No.	Cum.
No. of travellers completing 14-day isolation/quarantine		3	76	*	*	3	76
No. of travellers tested during the reporting period		55	77	0	3	55	80
Outcome of tests	Positive	9	10	*	*	9	10
	Probable	0	0	*	*	0	0
	Negative	37	48	0	3	37	51

⁹ To date five Member States reported data for EPI-Week 12. * 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)⁸. 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 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 SARSCoV2.
- 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 23rd, 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

⁸ CDC. Coronavirus Disease 2019 Information for Travel. Accessed 13 March 2020. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

circulated to all stakeholders on March 19th and March 20th respectively. Influenza A and B tests will be only performed upon specific request specified on the Laboratory Investigation Form

- **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.
- **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 743 samples from 12 CMS, 104 (14.0%) of which have tested positive.
- The Turnaround time (TAT) of PCR results, a quality indicator of laboratory performance is on average to date 17 h 15 m. The suggested TAT for COVID-19 PCR tests is 24-48 h.
- **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.

Communication and Information

- On March 26, Dr Lisa Indar, Assistant Director, Surveillance, Disease Prevention and Control Division and Dr Stephanie Fletcher-Lartey were guests on the Power Breakfast Show on Power 102 FM, Trinidad and Tobago.
- 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:

- On March 26, Dr. Indar and Dr. St. John attended the third Emergency Meeting of the CARICOM Council for Human and Social Development (COHSOD) of Health Ministers.
- On March 26, Dr. St. John attended the CDEMA Partners meeting with the UWI Chronic Disease Research Center where UWI presented on measures to suppress the Epidemic Curve.
- On 26 March, CARPHA attended PAHO WebEx meeting on recommendations for the inclusion of persons with disabilities in the response to the COVID-19 pandemic.
- On March 26, Dr. St. John attended the CDEMA Partners meeting with the UWI Chronic Disease Research Center where UWI presented on measures to suppress the Epidemic Curve.
- On March 25, 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.
- On March 25, 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.
- 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.
- On March 23, 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.
- 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

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