Outbreak of Coronavirus Disease (COVID-19)
CARPHA Situation Report – No. 23 March 16, 2020

Summary

This is an update to the Situation Report in relation to the outbreak of COVID-19, published on March 13, 2020.

On March 11, the WHO Director General Dr Tedros Adhanom Ghebreyesus declared the COVID-19 viral outbreak as a pandemic.

The first case of the disease in the English-Speaking Caribbean was reported in Jamaica on 10 March 2020. To date, the total number of cases total to 74 cases in 19 Caribbean countries/territories to date. 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.

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

Health authorities in CARPHA Member States (CMS) must be ready to respond to possible importation of cases and subsequent local transmission. They are also encouraged to increase their capacity for surveillance and review their pandemic preparedness plans, as a matter of urgency.

Updates in this report

• COVID-19 outbreak declared a Pandemic by WHO
• First confirmed case in CARICOM Member State

*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 and in Table 2.

Situation Update

Risk Assessment

In a statement on 11 March, the WHO Director General Dr Tedros Adhanom Ghebreyesus said that WHO has made the assessment that the COVID-19 outbreak can now be characterized as a pandemic. This characterization rose from the 13-fold increase in COVID-19 cases outside of China with a tripling of the number of affected countries within the past two weeks. This has caused deep concern of not only its rapid spread and severity but...
also the disturbing lack of action observed in some countries. WHO expects an increase in the number of cases, deaths and affected countries.

Despite the current situation, in a statement few days earlier, Dr Tedros Ghebreyesus reminded listeners that with decisive, early action, we can slow down the virus and prevent infections. He emphasised that ‘Among those who are infected, most will recover.’¹ The aim he said for all countries, was to stop transmission and prevent the spread of the virus. He encouraged everyone to take heart from the fact that most countries still have sporadic cases or defined clusters. Overall, 91% of all cases reported globally so far are from just nine countries.

However, since different countries are experiencing different scenarios, their individual response needs to be tailored. Countries must focus on finding, testing, treating and isolating individual cases, and following their contacts if they had no cases, sporadic cases or had clusters. For those countries with community spread, it is more challenging to test every suspected case and tracing their contacts. Hence, efforts must be directed at preventing transmission of disease at the community level in order to reduce the epidemic to manageable clusters.

The risk of disease importation to the Caribbean Region remains Very High. This risk is influenced by several factors, including: (i) confirmed cases of COVID-19 reported from several countries in the Caribbean region, including one case from a CARPHA Member State and a country sharing land borders with a Member State;² (ii) sustained transmission of disease in countries with direct flights into the Caribbean Region; (iii) multiple countries outside the epicentre of the outbreak reporting secondary cases linked to imported cases, including an increasing number of countries reporting confirmed cases; and significantly more new cases reported from countries outside of China than from within China.³

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 COHSOD- Health working group on regional coordination for 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), consisting of Member States, regional and international agencies including CDEMA, CARICOM, Organisation of Eastern Caribbean States (OECS), Pan American Health Organization (PAHO), the Caribbean Community Implementation Agency for Crime and Security (IMPACS), US Center for Disease Prevention and Control (CDC),

Public Health England (PHE), Public Health Agency Canada (PHAC), and continues to work with its partners an
countries, towards a harmonized regional response. In this regard, there are ongoing meetings convened weekly.

In keeping with mandates from CARICOM and recommendations from COHSOD- Health working group on
regional coordination for management of the virus, CARPHA has led the development of various guidelines
including those for the management of cases on cruise ships, aircrafts, in hotels and among hotel staff and a
draft Health Sector response plan. These guidelines have been circulated to Member State countries and can be
used to guide their national response efforts where necessary. The guidelines have already been adopted by
some countries and regional stakeholders.

Internal capacity has been built in various Caribbean countries to test for COVID-19, including Barbados,
Suriname, Guyana, Trinidad and Tobago, Dominica, Jamaica, Belize, Bahamas and Haiti. Other countries in the
region including Martinique, French Guiana, Curacao, Aruba and St Martin and the British territories of Cayman
and Bermuda also have capacity for testing.

Epidemiological Summary

COVID-19 in the Caribbean

Since the previous report on March 13, 2020, the first confirmed cases of COVID-19 were reported in 4 other
Caribbean countries (Aruba, the Bahamas⁴, Curaçao and Saint Lucia⁵), totaling to 74 cases in 19 Caribbean
countries https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd

Global

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

As of 13 March, WHO reported 164,837 cases of patients with COVID-19. Outside of China, 145 countries, areas
or territories have confirmed at least one case among travellers exposed while abroad and/or person-to-person
contact. Of the deaths reported to date, 3,252 were from outside of China. This is the first time the number of
deaths reported outside of China is greater than the number of deaths reported from within China. Several new
countries, areas or territories in Asia (Kazakhstan), Africa (Central African Republic, Congo, Equatorial Guinea,
Eswatini, Ethiopia, Gabon, Ghana, Guinea, Kenya, Mauritania, Mayotte, Namibia, Rwanda, Seychelles, Sudan),
the Americas (Venezuela) and the Caribbean (Antigua and Barbuda, Curaçao, Guadeloupe, Puerto Rico) reported
their first confirmed case of COVID-19 in the last 72 hours. 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.

See Table 2 below for more details on cases, deaths and recoveries.

Table 2: Countries or Territories with reported cases of COVID-19, 16 March 2020, as reported by WHO

<table>
<thead>
<tr>
<th>Region</th>
<th>Country/Territory</th>
<th>Cases</th>
<th># increased by in last 72hrs</th>
<th>Deaths</th>
<th>Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Caribbean and the Americas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>Caribbean (15 countries)</td>
<td>63</td>
<td>38</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Americas</td>
<td>United States of America</td>
<td>1678</td>
<td>414</td>
<td>41</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Canada</td>
<td>304</td>
<td>166</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Brazil</td>
<td>121</td>
<td>44</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Rest of Americas*</td>
<td>110</td>
<td>38</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Chile</td>
<td>61</td>
<td>28</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Argentina</td>
<td>45</td>
<td>24</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Peru</td>
<td>43</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Mexico</td>
<td>41</td>
<td>29</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td><strong>Asia, Oceania, Europe, Africa and Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asia</td>
<td>China**</td>
<td>81,077</td>
<td>96</td>
<td>3,218</td>
<td>67,863</td>
</tr>
<tr>
<td></td>
<td>Iran</td>
<td>13,983</td>
<td>3,908</td>
<td>724</td>
<td>4,590</td>
</tr>
<tr>
<td></td>
<td>South Korea</td>
<td>8,162</td>
<td>183</td>
<td>75</td>
<td>834</td>
</tr>
<tr>
<td></td>
<td>Rest of Asia***</td>
<td>2544</td>
<td>982</td>
<td>40</td>
<td>391</td>
</tr>
<tr>
<td></td>
<td>Japan</td>
<td>780</td>
<td>105</td>
<td>22</td>
<td>144</td>
</tr>
<tr>
<td>Oceania</td>
<td>Australia</td>
<td>279</td>
<td>139</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>New Zealand</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>French Polynesia</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Europe</td>
<td>Italy</td>
<td>24,747</td>
<td>9,634</td>
<td>1,809</td>
<td>2,335</td>
</tr>
<tr>
<td></td>
<td>Spain</td>
<td>7,753</td>
<td>4,788</td>
<td>288</td>
<td>517</td>
</tr>
<tr>
<td></td>
<td>France</td>
<td>5,380</td>
<td>2,520</td>
<td>127</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Rest of Europe†</td>
<td>6,009</td>
<td>3,013</td>
<td>23</td>
<td>79</td>
</tr>
<tr>
<td></td>
<td>Germany</td>
<td>4,838</td>
<td>2,469</td>
<td>12</td>
<td>46</td>
</tr>
<tr>
<td></td>
<td>Switzerland</td>
<td>2,200</td>
<td>1,342</td>
<td>13</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>United Kingdom</td>
<td>1,376</td>
<td>782</td>
<td>35</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Netherlands</td>
<td>1,135</td>
<td>521</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Norway</td>
<td>1,077</td>
<td>800</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Africa</td>
<td>Egypt</td>
<td>110</td>
<td>43</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Rest of Africa††</td>
<td>59</td>
<td>40</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Algeria</td>
<td>49</td>
<td>24</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>South Africa</td>
<td>38</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Morocco</td>
<td>28</td>
<td>22</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
**Epidemiological assessment**

**Levels of severity**: The epidemiology of COVID-19 has been characterized based on preliminary information and statistics from early cases. COVID-19 patients present in three levels of severity [WHO]:

- **Mild 80%**: Patients presenting with some of the following mild flu-like symptoms: fever, nausea, cough, vomiting, and diarrhoea; some may develop dyspnea or a mild pneumonia. Most patients will not progress past this phase, will recover after a week and may be cared for at home.
- **Severe 15%**: Severe patients present with severe pneumonia, acute respiratory distress syndrome, and sepsis. These patients require hospitalisation but still can recover with good medical care.6
- **Critical 5%**: Critical patients have respiratory failure (requiring mechanical ventilation), septic shock, and multi-organ failure and require care in an Intensive Care Unit (ICU).7

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7 World Health Organization. Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected. 28 January 2020
Viral shedding and prognosis: A retrospective cohort study of 191 adult inpatients in two hospitals in Wuhan, China, found duration of viral shedding ranged between 8 and 37 days. The median duration of viral shedding was 20·0 days (IQR 17·0–24·0) in survivors but continued until death in fatal cases. They also concluded that older age, elevated d-dimer levels, and high Sequential Organ Failure Assessment (SOFA) score could help clinicians to identify at an early stage those patients with COVID-19 who have poor prognosis.⁸

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

- Testing for the COVID-19 virus is most accurate within five (5) days of onset of symptoms. Accordingly, Member States should not take samples for testing from suspected cases in quarantine until they have begun to develop symptoms.
- 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 that as an early warning of local transmission linked to imported cases.
- Member States are been encouraged to share anonymous line listing of confirmed cases of COVID-19 with CARPHA to enable a regional perspective on the progress of the outbreak and to inform planning and response.
- CARPHA distributed a modified Weekly Syndromic Surveillance and COVID-19 Reporting Form to Member States to include COVID-19 surveillance in each week’s report. CARPHA is reminding Member States to use the form for weekly reporting. A summary of COVID-19 surveillance received from Member States is presented in Table 3⁸.

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Table 3: CARPHA Surveillance received from Member States, as of 13 March 2020

<table>
<thead>
<tr>
<th>Reporting Source</th>
<th>Airport</th>
<th>Seaport</th>
<th>Overall Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travellers with exposure or travel history</td>
<td>46</td>
<td>202</td>
<td>*</td>
</tr>
<tr>
<td>Symptomatic travellers seen at Health facilities</td>
<td>0</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>Travellers quarantined by public health authority</td>
<td>50</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Travellers self-quarantined at home</td>
<td>16</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>No. of travellers completing 14-day isolation/quarantine</td>
<td>10</td>
<td>38</td>
<td>*</td>
</tr>
<tr>
<td>No. of travellers tested during the reporting period</td>
<td>8</td>
<td>16</td>
<td>*</td>
</tr>
<tr>
<td>Outcome of tests</td>
<td>Positive</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Probable</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

9 To date five Member States reported data for EPI-Week 10. * 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 has disseminated a Health Sector Response Plan to Member States to guide their national response efforts where necessary.
- 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)9. 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. To view all CARPHA technical guidance documents regarding COVID-19, please visit the CARPHA website at http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus (See also a list on page 10 of this Report).

Laboratory

- CARPHA Medical Microbiology Laboratory (CMML) is working closely with Laboratory Directors on plans of action to manage the COVID-19 emergency.
- Effective March 2nd, only Nasopharyngeal and Oropharyngeal swabs (paired) will be accepted for testing. Neither urine nor serum will be further required.
- Table 4 provides a breakdown of the number of samples and the results for tests carried out by CMML as at Epi week 11.

Effective March 16th and until further notice, the algorithm for laboratory investigation of respiratory diseases will not include non-influenza viruses. Other services like serology for Dengue, Chikungunya and Zika will also be temporarily suspended. A communication was sent to Member States on Friday March 13th.

Table 4: Summary of laboratory test results for SARS-CoV-2 conducted at CMML as at 15 March 2020.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>C</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>D</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>E</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>F</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>G</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>H</td>
<td>9</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>I</td>
<td>88</td>
<td>4</td>
<td>84</td>
</tr>
<tr>
<td>J</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>136</strong></td>
<td><strong>8</strong></td>
<td><strong>128</strong></td>
</tr>
</tbody>
</table>

Communication and Information

- Following confirmation of the first cases of COVID-19 in CARICOM, CARPHA issued a media release COVID-19 Confirmed in CARPHA Member States on 11 March.
- On 6th March 2020 CARPHA dispatched a media release outlining that CARPHA is the only approved regional reference laboratory to test for the novel coronavirus disease
• CARPHA dispatched a media release on 3 March 2020, stating the risk of importation of COVID-19 is VERY HIGH following reports of imported cases within the Caribbean region.

• On 3rd March 2020 CARPHA Executive Director joined Honourable Minister of Health for Trinidad and Tobago Terrence Deyalsingh on CNC3 The Morning Brew. https://youtube/Zq0-ezPpK0w

• On the 28th February 2020, CARPHA Communications Unit met with the Regional Health Communications Network (RHCN) to discuss and provide updates on country’s level of preparedness and health promotion activities. Thirteen member states and CARICOM were in attendance.

• Leaders at the 31st Intercessional Meeting of the Conference of Heads of Government of CARICOM welcomed the Communication Strategy developed by CARPHA to increase public knowledge on actions to prevent importation and/or transmission of the virus in the Region. They noted that the strategy was important to counter myths and misinformation, thereby reducing potential social media hysteria associated with the fear of an outbreak in CARICOM Member States.

• CARPHA Communications Unit is working closely with the Regional Health Communications Network (RHCN) and other stakeholders to provide timely updates and information. They have also developed various videos and infographics to counteract myths about the disease circulating in the Region. 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

• Samples from Member States and reagents are being 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 15, CARPHA Met with Prime Minister task force to determine resource mobilization for COVID-19 and submitted projections for CMS needs.

• On March 12, CARPHA met with CDEMA and IMPACS after confirmation of COVID 19 cases in three CARICOM States to discuss the regional plan of action for management of this hazard.

• On March 11, CARPHA hosted a Facebook Live Media Symposium and round table discussion on COVID-19. Some of the areas discussed included Fair and responsible media, curbing the spread of misinformation and getting the facts and figures right.
• On March 8, Dr. Joy St. John, Executive Director was a presenter and participated in panel discussion with the Ministry of Health, Jamaica and public health professionals at Meadowbrook United Church in local community outreach to inform on COVID-19 and national and regional preparedness.

• On March 8, Dr. Lisa Indar, Assistant Director, Surveillance Disease Prevention and Control met with PM St Lucia, Minister of Health and Tourism, Jamaica and CMOs and members of the Cruise Line Industry in Miami, USA to discuss the Regional coordination COVID-19 protocol for passenger ships.

• In response to requests from many organisations in the region, CARPHA produced general guidance for the development of COVID-19 specific business continuity plans. These are available from CARPHA’s coronavirus website under resources for businesses.

• On March 6, weekly meeting held with expert Technical Advisory Group during the COVID-19 response. Created guidelines for a Regional Coordinated Response with recommendations for CMS on how to prepare for and respond to COVID-19 cases. Discussed further recommendations for cruise lines and PAHO support for surge capacity through the use of Rapid Response Teams.

• The Executive Director and Acting Director of Surveillance Disease Prevention and Control attended the CARICOM Heads of State meeting in Barbados on March 1, 2020 to give clear guidance on how countries should proceed in their efforts to prepare their countries for a possible COVID-19 outbreak and a likely COVID-19 pandemic declaration by WHO and represented CARPHA at a CARICOM Heads of Government Press Conference.

• Ongoing communications and meetings with the Council for Human and Social Development, CARICOM, Chief Medical Officers, Caribbean Disaster Emergency Management Agency, PAHO regional representatives and other regional agencies 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 are available in the attachment

Way Forward

CARPHA is calling on Member States to increase their vigilance as several countries in the region have reported their first imported cases in the last five days. The extensive contact tracing associated with the first imported cases underscores the rapid pace at which the illness can spread to countries and the high risk for community spread locally. Each country’s measures of preparedness and readiness for response must be able to stand up to the test, if the region is to effectively contain this pandemic.

In the words of the Director General, ‘We are calling on every country to act with speed, scale and clear-minded determination. This is not a drill. This is not the time to give up. This is not a time for excuses. Our countries have been planning and preparing for scenarios like this for decades. It is now time to act on those plans.’
Member States are advised 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 that can be the early indication of local transmission.

CARPHA would like to draw attention to various guidance documents, including several protocols for early investigations available from WHO website at: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200216-sitrep-27-covid-19.pdf?sfvrsn=78c0eb78_2

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 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.

Various CARPHA documents can be accessed from our website using the embedded links:

Technical Documents

- Traveller’s Guidelines
- Algorithm for Management of a suspected case
- Guidance about coronavirus disease (COVID-19) for Ports of Entry in the CARPHA Member States
- Guidelines for Conveyances Travelling to Caribbean Countries
- Algorithm for contact tracing on conveyances
- Updated Travel Brief
- Interim Guidance about the Coronavirus Disease (COVID19) for Hotels and Guesthouses in the Caribbean
- Interim Guidance about Coronavirus Disease (COVID-19) for Food and Beverage Industry in the Caribbean

Media Releases

- CARPHA has the only CARICOM regional reference laboratory accredited to test for COVID-19
- CARPHA raises COVID-19 alert to Very High following reports of imported cases in the Caribbean
- CARPHA Upgrades the Risk of Transmission of Coronavirus in the Caribbean to Moderate to High
- CARPHA Commended for Regional Response to Coronavirus COVID-19 at Heads of Government
- The Risk of 2019-nCoV Remains Low for the Caribbean but CARPHA Encourages Vigilance at Ports of Entry
- 2019-nCoV: CARPHA urges the Region to be Vigilant, Be Prepared
- Risk of Novel Coronavirus in the Caribbean “Low” says CARPHA, but Preparation Needed
- CARPHA Medical Microbiology Laboratory is Ready to Respond to 2019-nCoV

Communications Material

- Let’s Talk Coronavirus (COVID-19): Series 1: How Serious is the Coronavirus and how can I protect myself from getting the disease
- Is there a new bleach cocktail that can cure and protect against the Flu and the Novel Coronavirus?
- How is the Novel Coronavirus new? Lysol and Clorox have “Human Coronavirus” listed on their labels
• Can a surgical mask protect me from coronavirus? CARPHA Biorisk Manager explains
• Who should wear a mask for protection against coronavirus? CARPHA Biorisk Manager responds
• Card 1: Cover your nose and mouth
• Card 2: Cough or sneeze into elbow
• Myth Buster 1: Wearing a face mask will prevent me from getting coronavirus disease
• Myth Buster 2: Eating garlic can help prevent infection from the coronavirus disease

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