Outbreak of Coronavirus Disease (COVID-19)

CARPHA Situation Report – No. 16 February 28, 2020

Summary

This is an update to the Situation Report in relation to the outbreak of COVID-19, published on February 26, 2020.

The number of cases reported from mainland China continues to trend downward, while there has been an exponential increase in the number of cases reported from outside of China.

While there have been no reported cases in the Caribbean Region, sustained community transmission has been reported in countries with direct flights to Member States. The rapidly evolving situation now requires a shift in mindset in all countries from preparedness to readiness and rapid response.

Health authorities in the Member States 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

- Updates on Risk assessment update, global risk level and Caribbean region
- Coordinated regional response
- COVID-19 Surveillance data from Member States

Situation Update

There remain considerable uncertainties in assessing the risk of the COVID-19 outbreak, due to lack of detailed epidemiological analyses.

Risk Assessment

On 28 February, the World Health Organization updated the global risk assessment levels from High to Very High. Media reports are rife with reports of an imminent pandemic due to the disease. On 27 February, upon advice from their National Security Council, Australian Prime Minister Scott Morrison, activated their Pandemic Response Plan for COVID-19. It is expected that several other OECD Countries may follow Australia’s lead, ahead of the WHO declaring the outbreak as a pandemic.

Numbers at a Glance

Clinically diagnosed and laboratory confirmed cases

Globally
83792 cases (2656 new)

In China
78962 cases (772 new)
2788 deaths (73 new)
36312 recovered (6283 new)

Rest of the World
52 countries and Other* (15 new)
4830 cases (1890 new)
350 recovered (121 new)
79 deaths (29 new)

*Persons on board the Diamond Princess cruise ship harbored in Yokohama, Japan

WHO Risk Assessment

China Very High
Globally Very High
Caribbean Moderate to High
CARPHA has upgraded the risk of disease transmission to the Caribbean Region to Moderate to High. The revised risk level is based on international risk assessment guidelines, particularly in keeping with MERS-COV and pandemic influenza and informed by several factors:

1. Multiple countries outside the epi-centre of the outbreak have reported secondary cases from imported cases, including an increasing number of countries reporting sustained community transmission. Countries with widespread or sustained community transmission outside of China include Iran, Italy, Japan and South Korea (CDC). These are countries where persons infected with COVID-19 include some who are unsure where and how they became infected.

2. Sustained transmission of disease in countries with direct flights into the Caribbean Region.

3. At least one confirmed case in Latin America or countries with direct flights and/or shared borders with Caribbean Countries. The first confirmed case of COVID-19 was reported in Brazil and unconfirmed reports of cases in Mexico earlier this week. Other countries in the region are reportedly managing suspected cases.

4. For the first time, since the onset of symptoms of the first identified case of COVID-19 on 8 December 2019, there have been more new cases reported from countries outside of China than from China.¹

The US Centers for Disease Control and Prevention (CDC) and some Caribbean countries have updated travel alerts and advisories to include several countries reporting sustained community transmission.

CDC alert for countries affected by COVID-19 (CDC).

<table>
<thead>
<tr>
<th>Alert Level</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3 – Avoid all non-essential travel</td>
<td>China</td>
</tr>
<tr>
<td></td>
<td>South Korea</td>
</tr>
<tr>
<td>Level 2 – Older adults and those with chronic</td>
<td>Iran</td>
</tr>
<tr>
<td>medical conditions should consider postponing</td>
<td>Italy</td>
</tr>
<tr>
<td>non-essential travel</td>
<td>Japan</td>
</tr>
<tr>
<td>Level 1 – No recommendation to cancel or postpone</td>
<td>Hong Kong</td>
</tr>
<tr>
<td>travel. Practice usual precautions</td>
<td></td>
</tr>
</tbody>
</table>

Epidemiological Summary

The statistics contained in this report are obtained from data reported by the WHO, supplemented by other sources – (Reference 1 and 2 in Table 1). Confirmed cases reported from China’s Hubei province include clinically diagnosed cases without laboratory confirmation.

As of February 28, there were 83,792 cases of patients with COVID-19. Outside of China, fifty-two (52) countries have confirmed at least one case among travellers exposed in China and/or person-to-person contact. Of the deaths reported to date, seventy-nine (79) were from outside of Mainland China. Several new countries in Europe (Denmark, Estonia, Georgia, Greece, Lithuania, Northern Ireland, Norway, San Marino,

Netherlands, North Macedonia, Belarus, Romania, Pakistan and Wales), one in Africa (Nigeria) and another in Oceania (New Zealand) reported their first case of COVID-19 in the last 48 hours. See Table 1 for more details on cases, deaths and recoveries.

Table 1: Countries or Territories with reported cases of COVID-19, 28 February 2020

<table>
<thead>
<tr>
<th>Region</th>
<th>Country/Territory</th>
<th>Cases</th>
<th>Deaths</th>
<th>Recovered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia</td>
<td>China*</td>
<td>78962</td>
<td>2791</td>
<td>36312</td>
</tr>
<tr>
<td></td>
<td>Rest of Asia**</td>
<td>3199</td>
<td>52</td>
<td>230</td>
</tr>
<tr>
<td>Oceania</td>
<td>Australia</td>
<td>23</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>New Zealand</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Europe</td>
<td>Italy</td>
<td>655</td>
<td>17</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>Germany</td>
<td>48</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Rest of Europe***</td>
<td>64</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>France</td>
<td>38</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>United Kingdom†</td>
<td>19</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Africa</td>
<td>Algeria</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Egypt</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nigeria</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Americas</td>
<td>United States of America‡</td>
<td>60</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Canada</td>
<td>14</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Brazil</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>In transit (Japan: Cruise Ship)</td>
<td>705</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>83792</td>
<td>2867</td>
<td>36662</td>
</tr>
</tbody>
</table>

*Cases: Mainland China (78824), Hong Kong (94), Taiwan (34) and Macau (10) Deaths: Mainland China (2788), Hong Kong (2) Taiwan (1)
** Cases: South Korea (2337), Iran (338), Japan (228), Singapore (93), Kuwait (43), Thailand (41), Bahrain (33) Malaysia (23), Vietnam (16), United Arab Emirates (19), Iraq (7), Oman (4), India (3), Philippines (3), Israel (3), Lebanon (2), Pakistan (2), Afghanistan (1), Cambodia (1), Nepal (1), Sri Lanka (1). Deaths: Iran (34), South Korea (13), Japan (4), Philippines (1).
*** Cases: Spain (25), Switzerland (8), Sweden (7), Austria (3), Croatia (3), Greece (3), Finland (2), Russia (2), Belarus (1), Belgium (1), Denmark (1), Estonia (1), Georgia (1), Lithuania (1), Netherlands (1), North Macedonia (1), Norway (1), Romania (1), San Marino (1).
† Cases: England (17), Northern Ireland (1), Wales (1)
Epidemiological assessment

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 (ECDC):

- **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.
- **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).

Advanced mathematical modelling – WHO

WHO has been working with an international network of statisticians and mathematical modelers to estimate key epidemiologic parameters of COVID-19, such as the incubation period (the time between infection and symptom onset), case fatality ratio (CFR, the proportion of cases who die), infection fatality ratio (IFR, the portion of all of those infected who die), and the serial interval (the time between symptom onset of a primary and secondary case). Preliminary estimates reported by WHO are as follows (See list of references in WHO Situation Update 30):

- **Incubation period**: “median incubation period are 5-6 days (ranging from 0-14 days)”
- **Serial interval**: “estimates for the serial interval range from 4.4 to 7.5 days.”
- **Confirmed case fatality ratio, or CFR**: “Within China, the confirmed CFR, as reported by the Chinese Center for Disease Control and Prevention, is 2.3%. This is based on 1023 deaths amongst 44 415 laboratory-confirmed cases as of 11 February.” “Outside of China, CFR estimates among confirmed cases reported is lower than reported from within China.”
- **Infection Fatality Ratio**: “This represents the fraction of all infections (both diagnosed and undiagnosed) that result in death. Based on these available analyses, current IFR estimates range from 0.3% to 1%.”

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3 World Health Organization. Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected. 28 January 2020
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

- 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 received feedback from only four (4) Member States on the form at the time of this report. Summary of COVID-19 surveillance received from Member States is presented in Table 2.

Table 2: CARPHA Surveillance received from Member States

<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>1</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Symptomatic travellers seen at Health facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travellers quarantined by public health authority</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travellers self-quarantined at home</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>No. of travellers completing 14-day isolation/quarantine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of travellers tested during the reporting period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcome of tests</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

9 Two Member States reported data from EPI-Week 8. N/R – Not reported.
CARPHA is working with regional partners to develop a Pandemic Preparedness Plan to guide a coordinated response across Member States, should local transmission of COVID-19 become established in the Region.

The CARICOM Implementation Agency for Crime and Security (IMPACS), has expanded the tracking of passengers from China to include countries with CDC travel advisories (Hong Kong, Japan, Italy, South Korea, Iran). The Joint Regional Communication Centre (JRCC) will track and send relevant information to countries.

Various technical guidance has 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 Agency’s website at http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus (See also a list on the last page 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.
- The Laboratory Update #2 was circulated on Friday, February 28th. There are modifications regarding samples to be accepted for testing.
- Effective March 2nd there will be no need for sending urine and serum samples. Only naso- and oropharyngeal swabs specimens will be accepted.
- Table 3 provides a breakdown of the number of samples and the results for tests carried out by CMML as at Epi weeks 9.

**Table 3: Summary of laboratory test results for SARS-CoV-2 conducted at CMML and by National Public Health Laboratories as at 28 February 2020.**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>CARPHA Medical Microbiology Laboratory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>6</td>
<td>14</td>
<td>0</td>
<td>14</td>
<td>Influenza A (H1N1) pdm09</td>
</tr>
<tr>
<td>Jamaica</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>St. Lucia</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>Influenza A (H1N1) pdm09</td>
</tr>
<tr>
<td>BVI</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Bermuda</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>Influenza B Victoria (no deletions)</td>
</tr>
</tbody>
</table>
Country | Cumulative No. Patients | No. of Tests | Positive Tests for COVID-19 | Negative Tests for COVID-19 | Other Diagnosis
--- | --- | --- | --- | --- | ---
St. Vincent and The Grenadines | 3 | 12 | 0 | 12 | Influenza B Victoria (no deletions) x 2
Total | 16 | 48 | 0 | 48 | 4

Member State Laboratories (In-country testing)

| Country | Cumulative No. Patients | No. of Tests | Positive Tests for COVID-19 | Negative Tests for COVID-19 | Other Diagnosis |
--- | --- | --- | --- | --- | ---
Barbados | 1 | 1 | 0 | 1 | 0

Communication and Information

- 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.
- On 17th February 2020, CARPHA Executive Director, Dr. Joy St John appeared as guest (virtually) on Grenada Broadcasting Network’s Beyond the Headlines with Grenada Minister of Health, The Honourable Nickolas Steele and Chief Medical Officer, Dr Francis Martin to discuss COVID-2019: national and regional overview. [https://youtu.be/BTzAH7c-l04](https://youtu.be/BTzAH7c-l04)
- CARPHA’s Executive Director participated in a joint virtual media briefing with the Pan American Health Organization (PAHO) and the Caribbean Disaster Emergency Management Agency (CDEMA), hosted by the Caribbean Broadcasting Union for its print, television, and radio audiences.
- On 10th February, CARPHA distributed a media release titled ‘CARPHA Medical Microbiology Laboratory is Ready to Respond to 2019-nCoV’.
- 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 [http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus](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:

• Convened working group with the Florida Caribbean Cruise Association (FCCA) and CDEMA to address accurate reporting of illnesses on cruise ships to countries and ensure countries respond according to IHR guidelines.
• Established an expert Technical Advisory Group to provide guidance on the management of cases, should transmission occur in the Region. The first meeting was held on 21 February and the second meeting was held on 28 February. The Technical Advisory Group has contributed to the development of guidelines to assist CMS to create and implement plans on how to respond and care for cases of COVID-19 and how to address managing outbreak issues on cruise ships.
• Convene joint briefings of National Disaster Coordinators and CMOs in association with CDEMA on situation update and provided advice for various sectors on how to respond to different phase and stages of local outbreak scenario. Participated in the second Emergency Meeting of the Council for Human and Social Development (COHSOD) of the CARICOM on COVID-19. The meeting discussed the approach to a regional coordination of COVID-19.
• Hold weekly coordination meetings with PAHO regional representatives.

The Executive Director and Acting Director of Surveillance Disease Prevention and Control represented CARPHA at the 31st Intersessional Meeting of the Conference of Heads of Government of CARICOM, in Barbados on 18-19 February. They presented on the regional coordination of the coronavirus disease (COVID-19) including a regional communication strategy for COVID-19. CARPHA’s role in the regional response and the collaborative effort of regional organisations was highly commended by various CARICOM Heads at the meeting.

• Participated in CDEMA-led Regional Exercise Region Rap 2020 to test CDEMA’s means of communication with their stakeholders.
• Held coordination meeting with Dr. Jean Marie PAHO/WHO Representative (PWR) Barbados and the Eastern Caribbean and the World Bank on support to the preparation activities of Grenada, St Lucia, St. Vincent and the Grenadines, Dominica.
• Delivered health education lecture on COVID-19 to Medical Officers of Health and Public Health Inspectors from all municipal corporations in Trinidad, at a meeting organised by the Port of Spain Municipal Corporation and the Ministry of Local Government and Rural Development on 14 February.
• 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), PAHO, CDC, Public Health England (PHE), Public Health Agency Canada (PHAC and others), with agreement on a joint harmonised regional response.

- Ongoing communications with CARICOM on regional health response to COVID-19.
- Convened a webinar for Caribbean Hotel and Tourism Association (CHTA) and Caribbean Tourism Organization (CTO) and Ministers of Tourism on “Mitigating the impact of Coronavirus” with over 120 participants.
- Ongoing communications with Cruise Lines International Association (CLIA) with regards to the Caribbean response to COVID-19 situation on cruise ships.
- Held nine COVID-19 response coordination meetings with Chief Medical Officers and CARICOM.

Way Forward

CARPHA is advising that with the rapid spread of the virus from China to 52 other countries, including to countries in Latin America, Member States need to be alert and in a state of readiness for any imported cases and subsequent local transmission. Health authorities in CARPHA Member States must be ready to scale up health system capacity to respond fast; systems will need to be in place to identify, isolate, manage and treat sporadic cases, clusters and contact tracing. Countries must now be ready to respond to imported cases, from any of the countries with confirmed cases and increasingly from areas with presumed ongoing community transmission. Member States are advised to alert diseases surveillance systems for acute respiratory infections/severe acute respiratory infections and review actions in the alert phase of their pandemic preparedness plans, as a matter of urgency.

CARPHA would like to draw attention to various guidance documents, including several protocols for early investigations available from WHO website 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 stands ready to provide support and guidance to Member States on how to strengthen their health systems response should there be person-to-person transmission in the Caribbean.

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
- Guidelines for Ports of Entry
- Guidelines for Conveyances
- Algorithm for contact tracing on conveyances
- Updated Travel Brief

Media Releases
- 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

- 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

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
