Outbreak of Coronavirus Disease (COVID-19)
CARPHA Situation Report – No. 15 February 26, 2020

Summary

On 11 February 2020, the World Health Organization (WHO) confirmed that the disease formerly referred to as the 2019 novel coronavirus (2019-nCoV) has officially been named coronavirus disease (COVID-19).

This is an update to the Situation Report in relation to the outbreak of COVID-19, published on February 21, 2020.

The numbers of cases reported from mainland China continue to increase, but the trend of infection is decreasing in China. However, community transmission has been reported in a few other countries with the numbers of cases outside of China increasing. Additionally, there remain considerable uncertainties about the disease due to lack of detailed epidemiological analyses.

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 Caribbean Public Health Agency (CARPHA) Member States must remain vigilant and continue to do all that is necessary to strengthen their capacity to respond to possible importation of cases. 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 community transmission globally
- Disease severity amongst cases
- Coordinated regional response

Situation Update

Based on available evidence, the transmissibility of SARS-COV-2 virus (COVID-19) is believed to be adequate for sustained community transmission. This conclusion is based on the increasing numbers of cases and deaths in China, as well as clusters of cases from other countries, that have now reported community transmission.
There are considerable uncertainties in assessing the risk of this event, due to lack of detailed epidemiological analyses.

Chinese and WHO officials have characterised the viral pneumonia syndrome using preliminary information and statistics. COVID-19 patients present in three levels of severity:

- **Mild 82%**: 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 14%**: Severe patients present with severe pneumonia, acute respiratory distress syndrome, and sepsis. These patients require hospitalisation but still can recover with good medical care\(^1\).
- **Critical 4%**: Critical patients have respiratory failure (requiring mechanical ventilation), septic shock, and multi-organ failure and require care in an Intensive Care Unit (ICU)\(^2\).

Based on the increase in sustained community transmission among countries with direct flights into the Caribbean Region, CARPHA has upgraded the risk of disease transmission to the Caribbean Region to **Moderate to High**. As a result of the increased community transmission, the Centers for Disease Control and Prevention (CDC) and some Caribbean countries have issued travel alerts for persons traveling to several countries affected by COVID-19 (CDC).

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

Other countries with risk of community spread include Malaysia, Singapore, Taiwan, Thailand and Vietnam. These are countries where persons infected with COVID-19 were unsure where and how they became infected.

**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

\(^1\) Du Qingyang, Wang Jin. Diagnosis and Treatment Plan for Pneumonia Patients Infected by the New-Type Coronavirus. The General Office of National Health Commission, Medical Letter (2020) No. 66

\(^2\) World Health Organization. Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected. 28 January 2020
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%.”

### Epidemiological Summary

China continues to report clinically diagnosed cases without laboratory confirmation from Hubei Province. The WHO has included the number of clinically diagnosed cases in the Hubei Province in the total number of cases reported. CARPHA will use the statistics reported by the WHO, supplemented by other sources, where information is not available.

As of February 26, there were 81,131 cases of patients with COVID-19. Outside of China, thirty-eight (38) countries have confirmed at least one case among travellers exposed in China and/or person-to-person contact. Of the deaths reported to date, fifty (50) were from outside of Mainland China. Several new countries (Afghanistan, Bahrain, Iraq, and Oman) including one in Latin America (Brazil) 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, 26 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>78190</td>
<td>2715</td>
<td>30029</td>
</tr>
<tr>
<td></td>
<td>Rest of Asia**</td>
<td>1772</td>
<td>31</td>
<td>169</td>
</tr>
<tr>
<td>Oceania</td>
<td>Australia</td>
<td>22</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Italy</td>
<td>322</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Europe</td>
<td>Germany</td>
<td>18</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Rest of Europe***</td>
<td>18</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>France</td>
<td>14</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>United Kingdom</td>
<td>13</td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>
### CARPHA: COVID-19 Situation Update No 15: February 26, 2020

#### Region | Country/Territory | Cases | Deaths | Recovered
--- | --- | --- | --- | ---
Africa | Algeria | 1 | 0 | 0
| Egypt | 1 | 0 | 0
Americas | United States of America**** | 57 | 6 | 0
| Canada | 11 | 0 | 0
Other | Brazil | 1 | 0 | 0
| In transit (Japan: Cruise Ship) | 691 | 0 | 0
| Total | 8113 | 2765 | 30258

*Cases: Mainland China (78064), Hong Kong (85), Taiwan (31) and Macau (10) Deaths: Mainland China (2712), Hong Kong (2) Taiwan (1)

** Cases: South Korea (1261), Japan (178), Iran (95), Singapore (91), Thailand (40), Bahrain (23) Malaysia (22), Vietnam (16), United Arab Emirates (13), Kuwait (11), Iraq (5), Oman (4), India (3), Philippines (3), Israel (2), Afghanistan (1), Cambodia (1), Lebanon (1), Nepal (1), Sri Lanka (1). Deaths: Iran (16), South Korea (12), Japan (2), Philippines (1).

*** Cases: Spain (9), Austria (2), Russia (2), Belgium (1), Croatia (1), Finland (1), Sweden (1), Switzerland (1).

**** Cases: California (8), Illinois (2), Arizona (1), Massachusetts (1), Texas (1), Washington (1) and Wisconsin (1).

Sources: Johns Hopkins University’s Centre for Science and Engineering Accessed at 8:10am. 26 February 2020. [https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6](https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6)

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**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 is working with regional partners to develop Pandemic Preparedness Plan to guide a coordinated response across Member States, should local transmission of COVID-19 cases occur 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, South Korea,
Iran). The Joint Regional Communication Centre (JRCC) will track and send relevant information to countries.

- 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 four (4) Member States on the form at the time of this report.
- 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](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.
- Table 2 provides a breakdown of the number of samples and the results for tests carried out by CMML as at Epi week 7-9.

**Table 2: Summary of laboratory test results for SARS-CoV-2 conducted at CMML and by National Public Health Laboratories as at 20 February 2020.**

<table>
<thead>
<tr>
<th>Country</th>
<th>Cumulative No. Patients</th>
<th>No. of Tests</th>
<th>Positive Tests for COVID-19</th>
<th>Negative Tests for COVID-19</th>
<th>Other Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CARPHA Medical Microbiology Laboratory</strong></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>0</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>
<tr>
<td>St. Vincent and The Grenadines</td>
<td>3</td>
<td>12</td>
<td>0</td>
<td>12</td>
<td>Influenza B Victoria (no deletions) x 2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>16</td>
<td>48</td>
<td>0</td>
<td>48</td>
<td>4</td>
</tr>
<tr>
<td><strong>Member State Laboratories (In-country testing)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbados</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Communication and Information

- 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-I04

- 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.

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:

- 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. 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.
• Holds 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 were 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.

• Convened a joint briefing of National Disaster Coordinators in association with CDEMA

Way Forward

CARPHA is advising that with the rapid spread of the virus from China to 38 other countries, 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 heath 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, not only from China, but potentially, other 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

**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

**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**