Interim Guidance about 2019-novel coronavirus for Conveyances travelling to Caribbean Countries
February 3, 2020

Overview
This document provides information on 2019-novel coronavirus (2019-nCoV) for conveyances including cruise ships and aircrafts coming to the Caribbean.

This information is based on currently available scientific evidence and expert opinion and is subject to change as any new information becomes available. It should be read in conjunction with relevant national public health legislation, port health, maritime and quarantine regulations, and requirements for International Health Regulations (IHR), 2005 capacities at Points of Entry. The information in this document has been adapted for the Caribbean situation, and therefore may differ from guidance developed by other international agencies.

Key Points
- There is an outbreak of pneumonia in Wuhan, China, caused by a novel (new) coronavirus (2010-nCoV), which is from the same family of viruses that cause the common cold, SARS and MERS-CoV.
- Person-to-person spread is occurring in the Chinese communities and cases have spread internationally by travellers from China.
- The immediate health risk from 2019-nCoV to the general public in the Caribbean remains LOW.
- Travellers from affected areas in China to Caribbean Countries may be asked questions about their health and travel history upon arrival, and additional measures may be in place at some ports of entry.
- This guidance will be updated as more information becomes available on the outbreak.

Background
The Caribbean Public Health Agency (CARPHA) is closely monitoring the outbreak of a new (novel) coronavirus (2019-nCoV) in Wuhan City, Hubei Province, China. The outbreak which started in December 2019 is reported to have affected more several thousand persons. The virus has not been previously identified and so, since it is new, there is still little known about it including its origin. CARPHA Incident Management Team for Emergency Response is working closely with its international health partners to respond to this health threat and provide timely
advice and assistance to Caribbean Countries. On January 30, 2020 the WHO declared the outbreak a Public Health Emergency of International Concern (PHEIC). However, the Caribbean Region remains at a low risk of importing a case due to the measures taken by CARPHA and the Member States.

**What is the Novel coronavirus?**

The virus belongs in the same family of coronaviruses as Severe Acute Respiratory Syndrome (SARS), 2002/03 outbreak (Reuters, CDC) and Middle East Respiratory Syndrome (MERS-CoV), 2012 outbreak. This 2019 virus is a new strain of coronavirus that has not been previously identified in humans. The cases in the Wuhan pneumonia outbreak have tested negative for both SARS and MERS-CoV. ¹, ²

**What are common signs and symptoms of infection?**

A person infected may have the following symptoms:

- Fever
- Shortness of breath
- Cough
- Breathing difficulties
- Other flu like symptoms
- More severe cases: pneumonia, severe acute respiratory syndrome, kidney failure and even death

**How is it transmitted?**

Currently, the source of the outbreak is yet to be identified. Early information found samples from the environment in the Huanan Seafood Wholesale Market in Wuhan City, but several of those infected did not visit the market. The virus has also been detected in health care workers caring for ill cases. The available information indicates that person-to-person transmission is taking place. ², ³ There are early reports that some person who have not shown any symptoms have transmitted the disease to others (asymptomatic transmission). Precautions must therefore be taken to prevent human-to-human transmission of the disease.

It is currently unclear what the routes of transmission of 2019-nCoV are. However, from what we know from experience with other coronaviruses such as the Middle East Respiratory Syndrome coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), they are mainly transmitted by ³:

- Large respiratory droplets and direct or indirect contact with infected secretions

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• Body fluids (e.g., blood, sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhea)
• There have been some instances when airborne transmission of other coronaviruses was thought to have taken place through exposure to aerosols of respiratory secretions and sometimes faecal material
• Coughing or sneezing
• The nCoV may be spread by individuals that exhibit no symptoms
• **There is no evidence that nCoV is spread by water, mosquitoes or food.**

1. **Guidance for Vessels docking and disembarking in the Caribbean**

There are no cruise ships that come directly from the affected Asian countries to the Caribbean so most passengers would arrive via commercial airlines from a port of departure to the Caribbean. Passengers exposed to the disease while travelling to affected areas may join a cruise destined for a Caribbean port, while they are still in the incubation period (estimated to be up to 14 days), from a port outside the region. Although the likelihood is low, a person exposed elsewhere could develop symptoms during their journey.

The following information provides guidance for all types of ships on how to prepare for a case of 2019-nCoV as well as what to do when a suspected case is identified on board. The information can also be adapted for persons travelling on yachts from areas outside the Caribbean. Refer to Appendix A for a list of supporting resources and useful information for cruise ships coming to the Caribbean and Appendix B for a useful infographic on the key points for 2019-nCoV prevention.

1.1. **Ship preparedness**

• Ensure all medical, public health, cleaning and housekeeping staff on board are fully informed about 2019-nCoV and what to do if a case is suspected on board.
• Ensure all medical staff on board have access to enough quantities of personal protective equipment (PPE).
• Ensure all medical staff on board are trained in the appropriate use of PPE.
• Ensure cleaning and housekeeping staff are aware of infection prevention and control measures and follow them.

1.2. **Ship response**

As per the WHO recommendations, CARPHA does **NOT** recommend travel bans on cruise ships for individuals coming from affected countries.

1.2.1. **Pre-boarding Screening**

The WHO does not recommend additional pre-boarding screening of passengers or crew, as it may have a limited effect in reducing international spread. However, depending on the

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availability of resources, cruise ships may wish to consider additional 2019-nCoV-related questions to their pre-boarding health questionnaire that passengers complete. Additional questions should be asked about travel to the affected areas of China in the past 14 days and, if a passenger has a recent travel history, questions on current symptoms.

Cruise Ships may request further screening for any passengers who:

- indicated travel history in the previous 14 days to an affected area of China or;
- have had close contact with a person diagnosed with 2019-nCoV
- have compatible symptoms with 2019-nCoV

Depending on the results of further screening, denial of boarding may be considered on a case by case basis. It is important to note that travel history to one of the affected areas in the absence of symptoms or exposure risk is NOT enough reason to prevent a passenger from boarding, as per WHO recommendations. Some countries in the region have closed their boarders to any passengers that have a recent travel history to China, regardless of symptoms. These passengers would not be able to disembark in those ports of call.

1.3. **What to do if a Case of 2019-nCoV is Suspected Onboard**

If a crew member or passenger onboard develops symptoms compatible with 2019-nCoV AND reports either a travel history to the affected areas of China or close contact with a person diagnosed with 2019-nCoV, carry out an initial assessment and manage the case.

**Initial assessment and reporting**

- Immediate expert medical opinion should be sought, and the event should be reported as soon as possible to the next port of call by the appropriate onboard authority.
- Depending on the situation, the competent authority at the relevant port of entry may need to arrange medical evacuation or special arrangements for disembarkation, hospitalization of the patient and laboratory diagnosis.
- Countries may require arriving ships to complete and deliver the Maritime Declaration of Health (International Health Regulations (IHR) Annex 8). Measures taken on board should also be noted on the IHR Ship sanitation control certificate (IHR Annex 3).

**Case management**

- The person should be isolated as best as possible.
  - An isolation room on a ship is recommended. If one is not available ask the person to remain self-isolated within their cabin and the doors kept closed.
  - Arrange for meals to be served to the person in their cabin, preferably by a designated person.
  - Limit visitors to only essential persons, if necessary.
- Assign one person who is in good health without additional health risk conditions to care for the person.
• Family members (of passengers) should stay in a different room or, where this is not possible, a distance of at least 1 m from the ill person should be maintained (e.g. sleep in a separate bed).  

1.3.1. Infection prevention and control onboard ships

• Provide information about the risk of 2019-nCoV transmission and appropriate PPE to persons who will take care of the patient or enter their cabin or isolation room.
• Anyone providing care to the person should assess the risk and select the appropriate PPE.
• Maintain a log of all people caring for the sick person or entering the cabin or isolation area, all of whom should be considered contacts until a diagnostic test is reported as negative or the 14-day incubation period has passed.
• Ensure that anyone who enters the isolation area / cabin to provide care to or serve the affected person or to clean the cabin uses personal protective equipment as follows:
  - Non-sterile examination gloves or surgical gloves
  - A well fitted medical mask.
  - Before exiting the cabin or isolation room personal protective equipment should be removed in such a way as to avoid contact with the soiled items and any area of the face.
• Staff caring for the person should perform hand hygiene by hand-rubbing with an alcohol-based hand-rub solution for about 20-30 seconds or hand-washing with soap and water for about 40-60 seconds if hands are visibly dirty, before putting on gloves, after any direct contact with the affected passenger or with his/her personal belongings or any objects/surface potentially contaminated with his/her blood or body fluids and after removing personal protective equipment.
• Limit the movement and transport of the affected person from the cabin or isolation room to essential purposes only. If transport is necessary, the affected person should wear a medical mask and disembark in such a way as to avoid any contact with other persons on board the vessel.
• Should a suspect case be identified, staff should feel safe to clean the environment as basic cleaning agents will sufficiently kill the virus. Staff should wear gloves and a face mask.
• It is important to ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Thoroughly clean high-touch surfaces with water and detergent; applying commonly used disinfectants (such as bleach) is effective.
• Medical devices and equipment, laundry, food service utensils and medical waste should be managed in accordance with safe routine cleaning and disinfection procedures.

5 An exception may be considered for a breastfeeding mother. Considering the benefits of breastfeeding and insignificant role of the breast milk in transmission of other respiratory viruses, the mother could continue breastfeeding. The mother should wear a medical mask when she is near her baby and perform careful hand hygiene before and after close contact with the baby. She would need also to apply the other hygienic measures described in this document.
• Used linen, cloths, eating utensils, laundry and any other item in contact with a patient’s body fluids should be collected separately and disinfected in such a way as to avoid any contact with persons or contamination of the environment.

• Surfaces or objects contaminated with respiratory exudates, other body fluids, secretions or excretions should be cleaned and disinfected as soon as possible using standard detergents/disinfectants.

• All waste produced in the cabin or isolation room should be handled according to the protocol of the ship for clinical infectious waste.

• Work with local Public Health Authorities to ensure contact tracing can begin immediately.  

• Personal protective equipment is not necessary when interviewing asymptomatic individuals, when one metre distance is maintained.
  
  o Close contacts of the affected persons (e.g. passengers, crew members or cleaning staff) should be identified, assessed for their specific level of exposure and asked to do self-monitoring of symptoms for 14 days.

• In addition to the above, cabin crews on long voyages with mild illness can be managed in keeping with WHO recommendations on the safe home care for patients with suspected novel coronavirus (2019-nCoV) infection presenting with mild symptoms and public health measures.

2. Guidance for Airlines and crew coming to the Caribbean

Since most passengers use commercial airlines to fly to a port of departure to and from the Caribbean, airline staff need to be prepared in the event of a suspected case among travelers and or crew. CARPHA has adapted Recommendations for Airline Crew published by the US CDC and the ECDC below. These recommendations will be updated as more information becomes available.

2.1. Pre-boarding Screening

Exit screening or pre-board screening may only be beneficial at international airports and ports in the affected areas, with the aim of early detection of symptomatic travelers for further evaluation and treatment, and thus prevent exportation of the disease, while minimizing interference with international traffic.

2.2. Managing a suspected case onboard

• Report to local Ministries of Health any traveler or crew member symptoms compatible with 2019-nCoV AND reports either a travel history to the affected areas of China or close contact with a person diagnosed with 2019-nCoV, carryout an initial assessment and manage the case.

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6 See CARPHA Algorithm for Contact Tracing for cruise and airline passengers. [http://carpha.org/Portals/0/Documents/nCoV_Algorithm-ContactTracing.pdf](http://carpha.org/Portals/0/Documents/nCoV_Algorithm-ContactTracing.pdf)

• In all cases, the pilot should notify air traffic control, of any suspected cases of communicable disease or evidence of a public health risk on board.
• Cabin crew may seek advice from the Port Health officials at the arrival airport or, if unavailable, a ground-based medical service provider or the assistance of a medically trained passenger on board. Report passengers with the following:
  o fever (person feels warm to the touch, gives a history of feeling feverish, or has an actual measured temperature of 100.4°F [38° C] or higher) AND persistent cough or difficulty breathing.
  OR
  o Appears obviously unwell

2.3. Case Management on Arrival
CARPHA’s guidance for the management of suspected cases of 2019-novel coronavirus at ports of entry in Member States should be used to guide public health actions on the ground.

In summary, on arrival, the local Quarantine staff will conduct a health assessment of the sick traveler’s symptoms and possible exposures. If necessary, Public Health staff will coordinate transport to a health care facility for medical evaluation and testing. Local Public Health staff can update the airline about the results of the testing and liaise with the airline if it is necessary for follow-up of exposed crew members or passengers, as per local protocols.

• Work with local Public Health Authorities to ensure contact tracing can begin immediately.
• Personal protective equipment is not necessary when interviewing asymptomatic individuals, when one metre distance is maintained.
  o Close contacts of the affected persons (e.g. passengers, crew members or cleaning staff) should be identified, assessed for their specific level of exposure and asked to do self-monitoring of symptoms for 14 days.
  o Local public health authorities should monitor through household or virtual visits or by telephone to check for symptoms.
  o Any contacts who develop symptoms will need to have their own contact follow-up done.

2.4. Infection Control Guidelines for Cabin Crew

WHO recommends that companies review and update, as needed, their personal protection policies and communicate and train employees on how to manage sick travellers.

• When the history suggests the person recently traveled to China or was exposed to a confirmed case of 2019-nCoV, AND has fever, persistent cough, or difficulty breathing,

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8 Handbook for the Management of Public Health Events in Air Transport

9 See CARPHA Algorithm for Contact Tracing for cruise and airline passengers.
http://carpha.org/Portals/0/Documents/nCoV_Algorithm-ContactTracing.pdf

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follow universal precautions and use the contents of the IATA Universal Precautions Kit.\textsuperscript{10} 

- Provide information about the risk of 2019-nCoV transmission and appropriate PPE to persons who will take care of the patient or enter their cabin or isolation room.

**WHO recommends the following measures for cabin crew to protect themselves, manage a sick traveler, clean contaminated areas, and take actions after a flight.**

- Identify sick travelers who with specific symptoms consistent with 2019-nCoV, and:
  - Offer a facemask, if available and if the sick person can tolerate it. If a facemask is not available or cannot be tolerated, ask the sick person to cover their mouth and nose with tissues when coughing or sneezing.
  - Minimize contact between passengers and cabin crew and the sick person. If possible, separate the sick person from others (2 meters or 6 feet is ideal) and designate one crew member to serve the sick person.
- Designate one cabin crew member to look after the ill traveler, preferably the one that has already been dealing with this traveler.
- Practice routine hand hygiene with soap and water or alcohol-based hand sanitizer (containing at least 60% alcohol) if soap and water are not available.
- Treat all body fluids (such as respiratory secretions, diarrhoea, vomit, or blood) as if they are infectious.
  - Wear disposable gloves when tending to a sick traveler or touching body fluids or potentially contaminated surfaces. Remove gloves carefully to avoid contaminating yourself, then wash hands.\textsuperscript{11}
  - Properly dispose of gloves and other disposable items that came in contact with the sick person or body fluids in biohazard bag or a secured plastic bag labeled as “biohazard.”
- Clean and disinfect contaminated surfaces according to airline protocol.

\textsuperscript{10} IATA 2017. Universal Precaution Kit  
\textsuperscript{11} How to remove gloves: [https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf](https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf)
Appendix A

Additional resources

WHO has also published guidelines on Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected.\(^{12}\)

Detailed information is available to guide infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected.\(^ {13}\) General environmental infection control for health care settings\(^ {14}\) and various other guidelines for managing different groups of individuals\(^ {15}\) are also available from the USA CDC.

The following are a list of resources that provide additional information that may be useful for cruise ships and airlines coming to the Caribbean.

- World Health Organization - Guidelines and advice for travellers going to and from areas affected by 2019-nCoV and for healthcare providers: [https://www.who.int/health-topics/coronavirus](https://www.who.int/health-topics/coronavirus)


\(^{14}\) Guidelines for Environmental Infection Control in Health-Care Facilities


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Appendix B

The following infographic from the WHO and IMO illustrates, in summary form, the key points to keep in mind for 2019-nCoV prevention when travelling on ships.

- Clean hands with soap and water or alcohol-based hand rub
- Cover nose and mouth when coughing and sneezing with tissue or flexed elbow
- Avoid close contact with anyone with cold or flu-like symptoms
- Thoroughly cook meat and eggs