Interim Guidance about Coronavirus Disease for Conveyances Travelling to Caribbean Countries
March 12, 2020

Overview
This document provides interim guidelines for response to the COVID-19 at ports of Entry in 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. This guidance will be updated as more information becomes available on the outbreak.

Key Points
• There is an outbreak of pneumonia caused by a new coronavirus, which is a family of viruses that includes the common cold, named COVID-19. The outbreak started in Wuhan, China and has spread to over 100 countries.
• Person-to-person spread is occurring in multiple countries, increasing the risk of international spread by travellers.
• The immediate health risk from COVID-19 to the general public in the Caribbean is very high as sustained community transmission has been reported in countries with direct flights to Member States.
• Travel warnings have been issued by the US Centers for Diseases Control (CDC)
• Many Caribbean countries have issued travel restrictions for countries with sustained community transmission
• Travellers to Caribbean countries may be asked questions about their health and travel history upon arrival and may be quarantined by port authorities when they arrive.
• This notice will be updated as more information becomes available on the outbreak.

Background
On March 11, the Director-General (DG) of the World Health Organization (WHO) declared the outbreak of a novel coronavirus, COVID-19 Public Health Emergency of International Concern, as a pandemic, due to its rapid spread across the world. The virus has rapidly spread from China to over 100 countries. The International Health Regulations ‘Emergency Committee is not recommending trade or travel restrictions at this time. The US CDC has issued travel advisories in countries where there is demonstrated sustained transmission.1


Port health, ship and airline updated Interim guidance 12 March 2020
To date, imported cases have been reported in several Caribbean countries, the rapidly evolving situation now requires a shift in mindset in all countries from preparedness to readiness and rapid response. CARPHA has upgraded the risk of disease transmission to the Caribbean Region to **Very High**. The revised risk level is based on international risk assessment guidelines, since multiple countries outside the epicentre of the outbreak have reported secondary cases from imported cases, including an increasing number of countries reporting sustained community transmission and sustained transmission of disease in countries with direct flights into the Caribbean Region.

**What is the coronavirus disease (COVID-19)?**

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. The COVID-19 virus is a new strain of coronavirus not previously identified in humans.

**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?**

The source of the outbreak is yet to be identified. Person-to-person transmission has been demonstrated in many countries. Precautions must therefore be taken to prevent human-to-human transmission of the disease. Currently, COVID-19 has been shown to spread by:

- Large respiratory droplets often produced by coughing or sneezing which land on a person or surface and transferred to the mouth or nose
- Direct or indirect contact with infected secretions
- 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
- The COVID-19 may be spread by individuals that exhibit no symptoms
- There is no evidence that COVID-19 is spread by water, mosquitoes or food.
1. Guidance for Vessels docking and disembarking in 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. The following information provides guidance for all types of ships on how to
prepare for a case of COVID-19 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 information for cruise ships coming to the Caribbean and Appendix
B for useful infographics on the key points for COVID-19 prevention.

Countries throughout the region have released travel restrictions based on the spread of COVID-19.
Persons that have been to countries with travel restrictions within the last 14 days may not be allowed
to disembark from the vessel or have other requirements placed on them.

1.1. Ship preparedness
• Ensure all medical, public health, cleaning and housekeeping staff on board are fully informed
about COVID-19 and what to do if a case is suspected on board.
• Ensure all medical staff 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
1.2.1. Pre-boarding Screening
Whist the WHO does not recommend additional pre-boarding screening of passengers or crew, many
some countries in the region are requiring pre boarding screening and are denying entry their
boarders to any passengers with a recent travel history to countries with community transmission of
COVID-19, regardless of symptoms (see Appendix A). These passengers would not be able to
disembark in those ports of call. Additional questions should be asked about travel to an area with
person-to-person spread of the virus in the past 14 days and, if a passenger has a recent travel history,
questions on current symptoms.

The Cruises Lines International Association (CLIA) have the following screening procedures:

• Conduct temperature screening, at initial embarkation for all persons boarding. Any individual
with a temperature detected at or above 100.4° F / 38° C is to receive secondary screening to
include a medical assessment.
• Conduct illness screening for all persons who have travelled from, visited or transited via airports
in any destinations listed on the U.S. CDC “Coronavirus Disease 2019 Information for Travel” page
within 14 days before embarkation. Illness screening includes symptom history checks for fever,
cough and difficulty breathing in the 14 days before embarkation and taking of temperature or
have had close contact with a person diagnosed with COVID-19.

Port health, ship and airline updated Interim guidance 12 March 2020
Depending on the results of further screening, denial of boarding is recommended for persons who have travelled to any of the areas identified by the CDC within 14 days or anyone who has had contact with, or helped care for, anyone suspected or diagnosed as having COVID-19, or who are currently subject to health monitoring for possible exposure to COVID-19.

1.3. What to do if a Case of COVID-19 is Suspected Onboard

If a crew member or passenger onboard develops symptoms compatible with COVID-19 AND reports either a travel history to the affected areas with person-to-person spread of the virus or close contact with a person diagnosed with COVID-19, carryout 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 require arriving ships to complete and deliver complete and accurate Maritime Declaration of Health (International Health Regulations (IHR) Annex 8) 12-24 hours before arrival. Measures taken on board should also be noted on the IHR Ship sanitation control certificate (IHR Annex 3).
- In addition to the above, Caribbean countries have further indicted that
  - Sick persons (without travel history to areas of interest) should stay on board and healthy persons to disembark, with the exceptions of severely ill persons and citizens
  - In the case of any person with a travel history from areas of interest with respiratory signs and symptoms (suspect COVID-19 case) ensure that neither passengers nor crew members disembark until the results of confirmatory tests is received as negative*
  - Persons from countries with travel restrictions (Appendix A) must remain on board.

**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 single designated person.
  - Limit visitors to only essential persons.
- Assign one person in good health with no other 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 1-2 metres from ill person should be maintained (e.g. sleep in a separate bed)\(^3\).

---

\(^1\) 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.

Port health, ship and airline updated Interim guidance 12 March 2020
1.3.1. Infection prevention and control onboard ships

- Provide information about the risk of COVID-19 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 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 only during the cleaning process or when in the same room with the sick person.
- 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. 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 droplets, 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.4
- Personal protective equipment is not necessary when interviewing asymptomatic individuals, when 1 - 2 metre distance is maintained.

---

4 See CARPHA Algorithm for Contact Tracing for cruise and airline passengers.
Port health, ship and airline updated Interim guidance 12 March 2020
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 public health measures and the safe home care for patients with suspected COVID-19 infection presenting with mild symptoms.  

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 travellers and or crew. CARPHA has adapted Recommendations for Airline Crew published by the US CDC below. These recommendations will be updated as more information becomes available.

Several Caribbean nations have issued travel advisories (either non-essential travel/denied entry to persons who have travelled to countries with local/community transmission in the preceding 14 days (and 20 days for Bahamas and Turk and Caicos). See attached (March 13th). Persons arriving with a history of travel to countries with travel restrictions within the preceding 14 days will be may is not allowed to enter the country /quarantined. Countries decisions has been based on assessment of the risk level as well as their capacity to manage confirmed COVID-19 cases. In Specific passengers may not be allowed to disembark or the whole plane might be diverted or sent to another airport.

2.1. Pre-boarding Screening

Exit screening or pre-boarding screening may be beneficial at international airports and ports in the affected areas, with the aim of early detection of symptomatic travellers 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 traveller or crew member with symptoms compatible with COVID-19 AND reports either a travel history to an affected area with person-to-person spread of the virus or close contact with a person diagnosed with COVID-19, carryout an initial assessment and manage the case.
- 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.  
- The airplane might be diverted to another airport if the destination country decides they are not able to deal with the risk of accepting ill passengers.

---


Port health, ship and airline updated Interim guidance 12 March 2020
• 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
• Appears unwell

2.3. Case Management on Arrival
CARPHA’s guidance for the management of suspected cases of COVID-19 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 traveller’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.2
• Personal protective equipment is not necessary when interviewing asymptomatic individuals, when 1 - 2 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 travelled to an area with person-to-person spread of the virus or was exposed to a confirmed case of COVID-19, AND has fever, persistent

---

2 See CARPHA Algorithm for Contact Tracing for cruise and airline passengers
http://carpha.org/Portals/0/Documents/nCoV_Algorithm-ContactTracing.pdf
Port health, ship and airline updated Interim guidance 12 March 2020
cough, or difficulty breathing, follow universal precautions and use the contents of the IATA Universal Precautions Kit\(^8\)

- Provide information about the risk of COVID-19 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 traveller, clean contaminated areas, and take actions after a flight.

- Identify sick travellers who with specific symptoms consistent with COVID-19, 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 traveller, preferably the one that has already been dealing with this traveller.
- 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 traveller or touching body fluids or potentially contaminated surfaces. Remove gloves carefully to avoid contaminating yourself, then wash hands.\(^9\)
  - 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 labelled as “biohazard.”
- Clean and disinfect contaminated surfaces according to airline protocol.


\(^9\) How to remove gloves: https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf

Port health, ship and airline updated Interim guidance 12 March 2020
### Table 1 Caribbean Countries that have issued Travel Advisories due to COVID-19 - as of March 12th

Several Caribbean nations have issued travel advisories (either non-essential travel/denied entry to persons who have travelled to countries with local/community transmission in the preceding 14 days).

** Persons with history of travel in the country within the preceding 14 days will be quarantined/denied entry/not allowed to disembark (in cases of ships) – Anguilla, Belize, Grenada, St. Kitts and Nevis, St. Lucia, Suriname, Trinidad and Tobago

*** Persons with history of travel in the country within the preceding 20 days are concerned - Bahamas

**** Persons with history of travel in the country within the preceding 21 days are concerned – Turks and Caicos. Sint Maarten

***** Persons with history of travel in the country within the preceding 28 days are concerned – Antigua and Barbuda (Italy)

****** Travelers have to transit through Sint Maarten so the same travel advisories apply - BES

<table>
<thead>
<tr>
<th>Country</th>
<th>Non-essential travel/denied entry to persons who have travelled to countries with local/community transmission in the last 14 days</th>
<th>Screening at Port of Entry</th>
<th>Quarantine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>China</td>
<td>Hong Kong</td>
<td>Korea</td>
</tr>
<tr>
<td>Anguilla**</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Antigua &amp; Barbuda</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Aruba*</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Bahamas***</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Barbados</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Belize**</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Bermuda</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>British Virgin Islands</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Cayman Islands</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Curacao*</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Dominica</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Grenada**</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Guyana</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Haiti*</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Jamaica</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Montserrat</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Saint Kitts &amp; Nevis**</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Saint Lucia**</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Sint Maarten****</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Saint Vincent</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Suriname**</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago**</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
<tr>
<td>Turks and Caicos ****</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>

Port health, ship and airline updated Interim guidance 12 March 2020
WHO has also published guidelines on “Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected”.\textsuperscript{10}

Detailed information is available to guide “Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected”.\textsuperscript{11} General environmental infection control for health care settings\textsuperscript{12} and various other guidelines for managing different groups of individuals\textsuperscript{12} 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/healthtopics/coronavirus

\textsuperscript{12} Guidelines for Environmental Infection Control in Health-Care Facilities

Port health, ship and airline updated Interim guidance 12 March 2020
The following infographics from CARPHA http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus


Port health, ship and airline updated Interim guidance 12 March 2020