Interim Guidance about coronavirus disease (COVID-19) for Ports of Entry in the CARPHA Member States
February 3, 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 in Wuhan, China, caused by COVID-19, 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 COVID-19 to the general public in the Caribbean remains LOW.
- Port authorities are to implement measures to identify, detect, monitor and manage suspected cases on arrival.

Background

The Caribbean Public Health Agency (CARPHA) is closely monitoring the outbreak of a COVID-19 which originated in Wuhan City, Hubei Province, China. The outbreak which started in December 2019 is reported to have affected tens of thousands of persons to date. 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.

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. Cases who have come in contact with sick persons have developed illness, indicating that person-to-person transmission has taking place. 2, 3 Precautions must therefore be taken to prevent human-to-human transmission of the disease.

It is currently unclear what the routes of transmission of COVID-19 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
- 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 3
- Coughing or sneezing
- 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.

**Guidance for Ports of Entry in the Caribbean**

1. **Preparedness**

Most Caribbean Member States have national emergency plans and designated health emergency coordination structures in place. Where these do not exist or are outdated, the opportunity should be taken to ensure these plans and structures are in place and regular exercises carried out to prepare for epidemic responses. Key actions in this phase include:

- Public health authorities should provide to travellers information to reduce the general risk of acute respiratory infections, via health practitioners, travel health clinics, travel agencies, conveyance operators and at Points of Entry.
- Review stockpiles of medical equipment and logistical support tools for adequate.
- Compile a list of medical and response personnel with adequate training who can be called on in an emergency. These could include staff trained in the diagnosis and management of SARS and Influenza H1N1 cases.
- Member States should incorporate planning for health crisis responses into national disaster risk reduction preparedness and response mechanisms and plans.
- Engage all relevant stakeholders to identify response capacities and resources for a whole of government response.
- Develop pandemic plans and carry out simulation exercises for all relevant responders, including security forces.
- Implement routine measures, trained staff, appropriate space and stockpile of adequate equipment in place at points of entry for assessing and managing ill travellers detected before travel, on board conveyances (such as planes and ships) and on arrival at points of entry.

**Monitor Non-passenger vessels**

- Port authorities need to be mindful of vessels other than cruise ships arriving at ports in the region. Port authorities should increase vigilance of all ships and ensure compliance with relevant maritime regulations and public health requirements for disembarkation in ports in Caribbean countries.
- Ensure that the public health emergency contingency plan at points of entry are robust enough to capture public health events on non-passenger ships.
- Monitor crew disembarking from cargo ships and fishing vessels.
- Provide clear directives and information to cargo ships and other vessels on procedures to be followed if a suspected case is detected onboard.

Authorities may review WHO guidelines on health considerations for various mode of travel.4

2. **Enhanced Surveillance**

Wuhan city in China where the current outbreak originated is a major domestic and international transport hub. Given the large population movements, and the observed human

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to human transmission, and importation of cases to several countries internationally, it is expected that further transmission of the disease will continue in other areas and countries.

As provided by the International Health Regulations (2005) (IHR), countries should ensure that:

- Activate public health emergency contingency plan at points of entry in place to respond to public health events.
- Implement measures to identify and detect suspected cases on arrival
- Implement procedures and ensure means are in place for communicating information on ill travellers between conveyances and points of entry as well as between points of entry and national health authorities
- Ensure procedures are in place to facilitate safe transportation of symptomatic travellers to hospitals or designated facilities for clinical assessment and treatment is organized.

CARPHA has developed algorithms for the identification\(^5\) and management\(^6\) of suspected cases

2.1. Passenger Screening
Based on the currently available information on the novel coronavirus, WHO advises that measures to limit the risk of exportation or importation of the disease should be implemented, without unnecessary restrictions of international traffic. Exit and entrance (thermal) screening may have limited value in detecting cases as observed in other outbreaks. Notwithstanding, countries that deem it necessary are encouraged to follow WHO advice with regards to entry and exit screening,\(^7\) procedures for an ill traveller detected on board a plane and requirements for IHR capacities at Points of Entry.\(^8\)

2.2. Advice for entry screening in countries/areas without transmission of the novel coronavirus COVID-19\(^4\)

- Evidence shows that temperature screening to detect potential suspect cases at entry may miss travellers incubating the disease or travellers concealing fever during travel and may require substantial investments. However, during the current outbreak with the novel coronavirus COVID-19, most exported cases were detected through entry screening. The risk of importation of the disease may be reduced if temperature screening at entry is associated with early detection of symptomatic passengers and their referral for medical follow up.
- Temperature screening should always be accompanied by dissemination of risk communication messages at points of entry. This can be done through posters, leaflets, electronic bulletin, etc., aiming at raising awareness among travellers about signs and symptoms of the disease.\(^9\)

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\(^{5}\) CARPHA 2020. Algorithm for Contact Tracing for Suspected COVID-19 cases traveling on aircraft or cruise ships

\(^{6}\) CARPHA 2020. Algorithm for the management of Suspected COVID-19 cases in CARPHA Member States


symptoms of the disease, and encouragement of health care seeking behavior, including when to seek medical care, and report of their travel history.

- Countries implementing temperature screening are encouraged to establish proper mechanism for data collection and analysis, e.g. numbers of travellers screened and confirmed cases out of screened passengers, and method of screening. In implementing entry screening, countries should consider national policies and capacity.

- Public health authorities should reinforce collaboration with airlines operators for case management on board aircraft and reporting, should a traveller with respiratory disease symptoms is detected, in accordance with the IATA guidance for cabin crew to manage suspected communicable disease on board an aircraft.

2.3. Advice for exit screening in countries or areas with ongoing transmission of the novel coronavirus COVID-19 (currently People’s Republic of China)\(^4\)

- Conduct exit screening 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.

- Exit screening includes checking for signs and symptoms (fever above 38°, cough), interview of passengers with respiratory infection symptoms leaving the affected areas with regards to potential exposure to high-risk contacts or to the presumed animal source, directing symptomatic travellers to further medical examination, followed by testing for COVID-19, and keeping confirmed cases under isolation and treatment.

- Encourage screening at domestic airports, railway stations, and long-distance bus stations as necessary.

- Travellers who had contact with confirmed cases or direct exposure to potential source of infection should be placed under medical observation. High-risk contacts should avoid travel for the duration of the incubation period (up to 14 days).

- Implement health information campaigns at points of entry to raise awareness of reducing the general risk of acute respiratory infections and the measures required, should a traveller develop signs and symptoms suggestive of infection with the COVID-19 and how they can obtain assistance.

Separate guidance has been developed for the management of suspected cases onboard conveyances including ships, yachts and airplanes.

As per the WHO recommendations\(^9\), CARPHA does **NOT** recommend travel bans for any vessels arriving at any ports in MEMBER States, but instead encourage port authorities to be in a state of readiness to respond to any imported cases.

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3. Response Phase

3.1. Initial assessment and reporting

- Provide focal points for airline and ship crew to report ill travelers in keeping with the model of Maritime declaration of health (Annex 8 of IHR) or the health part of the aircraft general declaration (Annex 9 of IHR) and as required by a local regulation.
- Collate and analyse information provided on passenger locator forms completed by airline staff and ensure this information is available to guide case follow-up by local health authorities if necessary.
- Provide information to airline and ship crew to facilitate access to facilitate expert medical opinion and reporting of ill cases by the appropriate onboard authority.
- Verify that arriving ships have completed and delivered the Maritime Declaration of Health (International Health Regulations (IHR) Annex 8). Ensure that measures taken on board are noted on the IHR Ship sanitation control certificate (IHR Annex 3).

The following guidance is to assist Public Health staff at Ports of Entry to deal with various scenarios.

<table>
<thead>
<tr>
<th>A. Actions</th>
<th>B. No symptoms</th>
<th>C. Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Citizens, permanent, students and long-term residents:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>i. Capture personal and contact details</td>
<td>i. Use WHO Case reporting form(^\text{10})</td>
</tr>
<tr>
<td>Isolation and test</td>
<td>ii. Isolate at home / restrict movement for 14 days</td>
<td>ii. Isolate and manage in health facility</td>
</tr>
<tr>
<td>Testing</td>
<td>iii. Collect samples and test for COVID-19 on Day 1, then Day 14-21</td>
<td>iii. Isolate in health facility and test Day 1, then Day 14-21</td>
</tr>
<tr>
<td>Contact Management</td>
<td>iv. Only if symptoms develop</td>
<td>iv. Identify all close contacts from flights, household, health facility etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>v. Manage asymptomatic contacts as per B.i- B.iv.</td>
</tr>
<tr>
<td>Follow-up</td>
<td>v. Public Health to monitor through household or virtual visits or by</td>
<td>vi. Public Health to monitor for symptom resolution and ensure convalescent testing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A. Actions</th>
<th>B. No symptoms</th>
<th>C. Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>telephone to check for symptoms.</td>
<td>conducted on Day 14-21.</td>
<td></td>
</tr>
</tbody>
</table>

II. Short term visitors and tourist

<table>
<thead>
<tr>
<th>Risk assessment</th>
<th>i. Risk assess as per B.i above</th>
<th>i. Use WHO Case reporting form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation and test</td>
<td>ii. Isolate in public health designated temporary accommodation and restrict movement for 14 days</td>
<td>ii. Isolate and manage in health facility</td>
</tr>
<tr>
<td>Testing, contact management and follow-up</td>
<td>iii. As per B.iii-B.v above</td>
<td>iii. As per C.iii-C.v above</td>
</tr>
<tr>
<td>No Travel history to high risk area/ No known exposure to case</td>
<td>vii. Provide information</td>
<td>viii. Positive COVID-19: Assess and manage as per C.i-C.vi above.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ix. Negative: re-test on Day 7 and follow C.i-C.vi if positive.</td>
</tr>
</tbody>
</table>

3.2. Case management

- Ensure adequate facilities are in place to facilitate medical evacuation or special arrangements for disembarkation, hospitalization of the patient and laboratory diagnosis, upon arrival.
- Symptomatic cases should be isolated as best as possible upon disembarkation.
  - An isolation room is recommended, while the person is waiting to be transported to a health facility.
  - 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.
- Ideally assign one person who is in a good health without risk condition to care for the person.
- After arrival, the local Quarantine/public health staff should 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.

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11 Interim case reporting form for 2019 Novel Coronavirus of confirmed and probable cases
• 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.

3.3. Contact Tracing

• Work with local Public Health Authorities to ensure contact tracing can begin immediately. CARPHA’s algorithm for contact tracing can be used as a guide.\(^\text{12}\)

• 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.

• 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 COVID-19 infection presenting with mild symptoms and public health measures.\(^\text{13}\)

3.3.1. Infection prevention and control at ports of entry

• Provide information about the risk of COVID-19 transmission and appropriate PPE to ground staff and any persons who will take care of the patient or enter the 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 isolation area, including the use of PPE since all of these could 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 to provide care to or serve the affected person or to clean the cabin uses personal protective equipment as follows:
  o Non-sterile examination gloves or surgical gloves
  o A well fitted medical mask.

• 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

\(^{12}\) See CARPHA 2020. Algorithm for Contact Tracing for Suspected COVID-19 cases traveling on aircraft or cruise ships

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 in the port.

- 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.

- 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 isolation room should be handled according to the protocol for clinical waste management.
Appendix A

Additional resources

WHO has also published guidelines on Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected.\(^\text{14}\)

Detailed information is available to guide infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected.\(^\text{15}\) General environmental infection control for health care settings\(^\text{16}\) and various other guidelines for managing different groups of individuals\(^\text{17}\) 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)


\(^\text{16}\) Guidelines for Environmental Infection Control in Health-Care Facilities

Appendix B

The following infographic from the WHO and IMO illustrates, in summary form, the key points to keep in mind for COVID-19 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