Improving Traveler's Health, Safety and Security, and Tourism Quality, Resilience & Sustainability through the Regional Tourism & Health Program (THP)

Dr. Lisa Indar (CARPHA)
Head, Regional Tourism and Health Programme

Preventing disease, promoting and protecting health
Tourism (travel): global health security issue

- Travel & tourism: (people movement)
  - Pose health, safety & security risks
  - propels global disease spread
- Increase in travel- increased risks Health, Safety & Security : Prerequisites for tourism
- UNWTO : Without adequate crisis management, a short-term crisis can quickly become a long-term tourism crisis and socio-economic disaster
Increased globalization and modern international travel increases potential disease transmission

Risk factors:
• Clustering of persons in close quarters (i.e. hotels, cruise ships)
• different vaccination practices
• differences in natural immunity
• differing hygiene and sanitation practices and systems
• exhaustion, changes in climate, risky behaviours
Global outbreak of SARS from a Hotel in Hong Kong

• Began with 1 sick doctor staying on the 9th floor of the Hotel Metropole who infected 16 other guests

• Within 10 months: 8422 cases, 900 deaths, in 30 countries

Spread from Hotel M
Reported as of March 28, 2003

Source: U.S. CDC, 2003
Why THP in Caribbean: Health & Safety Impact of Travel & Tourism

- Travel and tourism is the 'business of the Caribbean
- Health of Caribbean: health of tourism: most tourism-dependent region
- **Tourism: Vulnerable to health, safety, security & environment (HSE)**
  - Diarrheal & other disease outbreaks, environmental degradation, sanitation
- High & **increasing** visitors: increases the health, safety and security risks
- Evident by *Norovirus, H1N1, Chikungunya* and the recent *Zika* epidemic

However, even though more people visit the Caribbean than reside (3:1 ratio),

- National health monitoring surveillance systems: based on local population
- No real-time tourism S&R system: detect & reduce illness spread across borders
- Inadequate food safety & environmental sanitation training
- Lack of cumulative HSE standard's and certifying system
- Inadequate tourism & health partnerships: to address health in tourism

Need an Integrated Solution to address HSE tourism threats

**Health of Tourism:** ➔ **Health of Caribbean** ➔ **Sustainability/ Wealth of Region**
The Regional Tourism and Health programme (THP)

- NEW, INNOVATIVE, Integrated, Multisectoral & Multifaceted
  - Address tourism health safety & environmental sanitation threats
  - to promote health & well-being of visitors and locals
  - Strengthen PH capacity, IHR, Tourism resilience, Econ sustainability

- MANDATED: CCH4, council of HEALTH MINISTERS, Regional policy
- Public-private sector Partners & UNWTO affiliate member
- Healthier safer destination accreditation
- First global effort of its kind: international precedent
The SOLUTION:

**Illnesses are largely PREVENTABLE**
- Food safety and environmental sanitation
- Preventive messaging (facilities, guests, staff, locals)
- Standards and certification
- Monitoring: early warning/alert for early response

Regional TOURISM and HEALTH PROGRAM

**Address HSE issues impacting on tourism via integrated approach**
- Tourism Health Information Surveillance & Response system (THiS)
- Capacity building: Food safety and environmental sanitation
- HSE standards and certification schemes
- Partnership’s: multisectoral, multiagency approach

**NEW, Innovative, Integrated, Multisectoral & Multifaceted**

CTO, CHTA (MOU), MOU for implementation; country letters support
Developing partners: PHE, CDC, PHAC, VSP, CLIA, WTO, VSP, ABTA

Health and safety destination assurance accreditation
Preventing disease, promoting and protecting health

BELIZE, Aug 2016

TRINIDAD, Sept 2016

JAMAICA, July 2017

BAHAMAS, June 2016

TOBAGO, Sept 2016

BERMUDA, Nov 2016

GUYANA, April 2017

BARBADOS, Nov 2016

TCL, June 2016

JAMAICA, July 2017
**THP Tools to Improve Tourism Health, Safety & Security**

- **Early Warning and Response Travel Health System**: Web-based, real time, Tourism Health Information, Surveillance, Monitoring and Response system ([THiS.carpha.org](http://THiS.carpha.org))
  - Real time info for early response, to reduce/stop spread, reputation & economic damage
  - CONFIDENTIAL (no names persons, hotel would NOT be targeted/published
  - Health tracking system, not hotel tracking
  - Free internal health monitoring and alert system for facility

- **Regional Guidelines for Response to Travelers Illness in hotels and ships**
  - Instructive harmonised & standardized responses
  - Avoid introduction and spread of public health threats

- **Capacity Building & Certification**
  - Advanced food safety & Sanitation Zika etc
  - Global recognized certification, Increased capacities prevention & response

- **Health, Safety & Environment Standards**:
  - Certification & Recognition

- **Multisectoral, multiagency, Partnership for Response**
  - CTO, CHTA, IDB US CDC, PHE, PHAC, ABTA

- **Sensitization and Instructional materials**

Preventing disease, promoting and protecting health
The Tourism Health Information, Monitoring and Response System (THMRS)

- Environmental Indicators
- Media Reports
- CARPHA Laboratory Data
- Passenger Ship Surveillance Data
- Tourism & Health Information System (THiS) web app for syndromic surveillance:
  - stay-over facilities (hotels)
  - Self-reporting
- Regional Surveillance Guidelines (stay-over arrivals and passenger ships)

Partners: International public health and tourism agencies

Preventing disease, promoting and protecting health
Preventing disease, promoting and protecting health

THMRS = Tourism & Health Information System (THiS)

this.carpha.org

- **web-based, real time**, (early warning & response) tourism information system
- monitor and respond efficiently to tourism related public health threats/crisis to prevent and minimize the spread and impact of disease
  
  *Early Warning hence Early Response:*
  
  - Avoid or minimize spread/increase; Loss of revenue & reputation
  - Automated instant analyses
  - **Automated Alerts systems**: trigger timely notification for rapid response
1. Diarrhea, ≥3 loose stools 24hrs
2. Vomiting and/or nausea
3. Fever (sudden onset, >38.0°C or 100.4°F)
4. Cough/sore throat/breathing difficulties
5. Bleeding (gums, nose, sputum, under skin, stool) not caused by trauma
6. Headache
7. Joint or muscle pains
8. Eye pain/headache/facial pain
9. Generalized rash
10. Blurred vision or convulsions or altered consciousness

**Gastroenteritis**
Diarrhea (1) **OR** Diarrhea (1) + Vomiting/nausea (2)

**Undifferentiated Fever**
Fever (3) **AND at least two of:**
- Headache (6)
- Joint or muscle pains (7)
- Eye Pain/headache/facial pain (8)
- Vomiting and/or nausea (9)

**Fever & Hemorrhagic Symptoms**
Fever (3) **AND** Bleeding (5)

**Fever & Neurologic Symptoms**
Fever (3) **AND** Blurred vision or convulsions or altered consciousness (10)

**Fever & Respiratory Symptoms**
Fever (3) **AND** cough/sore throat/difficulty breathing (4)

**Fever & Rash**
Fever (3) **AND** generalized rash (9)
## Monitoring, Alert & Response

<table>
<thead>
<tr>
<th>Syndrome</th>
<th>Threshold</th>
<th>Alert</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis</td>
<td>Attack Rate ≥2% among guests and/or staff</td>
<td>Flag in THiS web app and email notification to hotel management and MoH</td>
<td></td>
</tr>
<tr>
<td>Undifferentiated Fever</td>
<td>Aberration detection by Ministry of Health (MoH)</td>
<td></td>
<td>Response is established between hotel and MoH using the: [Regional Guidelines for Managing Issues of Public Health Significance in Stay-Over Arrivals (Hotel-based Surveillance) in the Caribbean]</td>
</tr>
<tr>
<td>Fever &amp; Hemorrhagic Symptoms</td>
<td>1 case</td>
<td>Flag in THiS web app and email notification</td>
<td></td>
</tr>
<tr>
<td>Fever &amp; Neurologic Symptoms</td>
<td>1 case</td>
<td>Flag in THiS web app and email notification to hotel management and MoH</td>
<td></td>
</tr>
<tr>
<td>Fever &amp; Respiratory Symptoms</td>
<td>Aberration detection by Ministry of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fever &amp; Rash Symptoms</td>
<td>1 case</td>
<td>Flag in THiS web app and email notification to hotel management and MoH</td>
<td></td>
</tr>
</tbody>
</table>
Report Case - The Phoenix Resort

Instructions: Please complete the following questions to reflect your experience as accurately as possible and to answer factual questions to the best of your knowledge.

Some fields are optional (required fields to submit a report are questions 1, 2, 10). All information submitted will be kept strictly confidential.

1. Are you a guest?
   Please select...

2. In which country is the facility that you were staying when you began to feel unwell in?

3. Which type of facility is this?
   Facility Name
   Please select the facility name from the list above (If 'Other', please specify in the Additional Notes field at the end of the page)

4. What is your age?
   Age Group
   <1

5. What is your gender?
   Please select...
Data analytic Dashboard: Insights into Demographics

Overview of all reported syndromes over specified time period (shown here is epi weeks 1-52)

Breakdown of syndromes by Age Group
Resources Available for THiS system

1. THiS User Manual

2. Instruction flyer for data entry persons

3. Information Pamphlet for Visitors in hotels

4. Self reporting cards

5. Instructional Videos for Hotels

https://www.youtube.com/watch?v=evATeKJI BXQ&t=2s
iv. Regional Guidelines for Managing issues of Public Health significance in Air (hotels/guesthouse) and Sea (passenger ships) arrivals
Regional Guidelines for Managing issues of Public Health significance in Sea (passenger ships) and air arrivals (hotels/guesthouse)

- Guidance documents for port authorities, national port/environmental health, national public health surveillance, and tourism organizations
- Harmonized standardization response to travel related PH issues
THE ROLE OF CARPHA

CARPHA will have 3 main roles with respect to travel related public health issues

1. Surveillance
   • Collect, analyze, and disseminate information on illnesses/outbreaks on ships coming to the Caribbean, to inform and evaluate various national and regional programs
   • Notify member countries and relevant agencies of illnesses/outbreaks on ships coming to the Caribbean (e.g. AGE outbreaks reported by the CDC VSP)

2. Response
   • Facilitate communication between member countries of illnesses/outbreaks occurring on ships going between Caribbean ports (i.e. CARPHA will notify next ports of call of incoming ship with illness/outbreak)
   • Aid in outbreak investigation (if requested by member country)
   • Coordinate public health action to crises with relevant partners at national and international levels

3. Training
   • Train public health authorities and other competent authorities in the surveillance/detection, investigation, and reporting of travel-related illnesses and outbreaks (as requested)
## Surveillance & Response for Acute Gastroenteritis (AGE),

### Ongoing Surveillance
- Vessel should record all cases of AGE in vessel medical log.
- Vessel should complete the MDH (whether or not there are illnesses reported on board) and submit to Ship Agent at least 12 hours before arrival and no later than 24 hours before arrival at the next port of call.
- The Ship Agent should forward the MDH (and any applicable vessel logs) to the Port Authority (Port Health Officer) at time of receipt from the Vessel.
- If there are changes to AGE cases after initial notification, an updated MDH should be submitted by the Vessel to the Ship Agent at least 4 hours before arrival in port.

### Trigger for Action and Initial Response
- If the number of illnesses reaches or exceeds 2% or 3% AGE cases among either passengers or crew (3% is defined as a "suspect outbreak"), either a) during the current voyage or b) within 15-day period before arrival at the port, then the Vessel should:
  1. Immediately notify and forward AGE illness counts and details using the MDH to the Port Authority (Port Health Officer) at the next port of call.
  2. Recommended that the AGE log (Annex 7.1.2) also be sent.
- Initiate vessel’s Outbreak Prevention and Response Plan Notes:
  - see AGE threshold calculation in Section 3.1.1
  - Steps 1-3 above should be initiated when the 2% threshold is reached and again at 3%.

### Response
- Participate in Outbreak Response Team.
- Follow Outbreak Prevention and Response Plan (see Section 3.1.2)
  - i.e. isolation of ill passengers and crew, disinfection, initial case identification and investigation, exclusion of ill crew from work
  - Recommended minimum isolation periods after being symptom free (Passenger: 24 hours; Food Handlers: 48 hours; Other crew: 24 hours)
- Passengers/crew in isolation should not regularly disembark at ports unless for medical treatment

### Conclusions
- Review investigation report and assess whether changes need to be made to the Vessel’s standard operation procedures, and/or the Outbreak Prevention and Response Plan.
- Assist in preparation of investigation report
- Ensure Vessel has either completed or is in the process of completing necessary cleaning, disinfection, and application of other appropriate control measures before next voyage to prevent further spread of illness.
- Complete investigation report and disseminate to stakeholders
- Submit Final Outbreak Reporting Form (Annex 7.1.4) to CARPHA

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MDH: Maritime Declaration of Health; Annex A: Outbreak and Single Case of Public Health Concern Form; Outbreak Assessment Team members could include: medical officer of health, public health surveillance officer, environmental health officer, veterinary public health officer (if required); Outbreak Response Team members could include: chief medical officer, medical officer - port health, communicable disease control consultant, national epidemiologist, director of public health/surveillance, director of environmental health, director of agriculture, Outbreak Reporting Form: Appendix 11.2 of CARIPE Regional Surveillance Policy/Guidelines (June 2015).
### SYNDROMES
- **Undifferentiated Fever**

### POTENTIAL DISEASES OF INTEREST
- Dengue Fever
- Zika Virus Disease
- Chikungunya Virus Disease

### COMMON SYMPTOMS
- An acute (sudden) febrile illness in a previously healthy person of less than 7 days duration with two or more of the following manifestations: headache, retro-orbital pain, myalgia, arthralgia, nausea, vomiting, jaundice, rash – AND without any particular symptoms fitting another syndrome definition

### TRIGGER FOR ACTION
- Cluster* of persons (passengers or crew) on board the vessel exhibiting the associated symptoms over the course of the voyage

### COMPETENT AUTHORITY
- **VESSEL/SHIP**
  - If a cluster is identified among either passengers or crew submit MDH along with Annex A
  - If outbreak is declared by Ministry of Health, initiate vessel’s OPRP (see outbreak response steps in Table 3: Response) immediately, and participate in Outbreak Response Team led by Ministry of Health

- **COMPETENT AUTHORITY FOR PORT HEALTH**
  - Decisions on pratique must be made in consultation with Ministry of Health (CMO)
  - Review of MDH and send to Ministry of Health (CMO, Medical Officer of Health, National Epidemiologist)
  - Participate in Outbreak Assessment Team (in the context of existing local transmission of diseases, an outbreak investigation may not be warranted)
  - If outbreak is declared (i.e. unusual or severe symptoms), participate in Outbreak Response Team (see outbreak response steps to right)

- **MINISTRY OF HEALTH** (Chief Medical Officer, Medical Officer of Health, National Epidemiologist)
  - CMO, Medical Officer of Health, and National Epidemiologist review MDH from vessel
  - National Epidemiologist completes Annex A and sends to CARPHA

### RESPONSE/ACTION
- In the context of ongoing local transmission of associated disease(s) in the region
- In the context of *no* local transmission of associated disease(s)

<table>
<thead>
<tr>
<th>SYNDROMES</th>
<th>POTENTIAL DISEASES OF INTEREST</th>
<th>COMMON SYMPTOMS</th>
<th>TRIGGER FOR ACTION</th>
<th>COMPETENT AUTHORITY</th>
<th>RESPONSE/ACTION</th>
</tr>
</thead>
</table>
| Undifferentiated Fever | Dengue Fever, Zika Virus Disease, Chikungunya Virus Disease | An acute (sudden) febrile illness in a previously healthy person of less than 7 days duration with two or more of the following manifestations: headache, retro-orbital pain, myalgia, arthralgia, nausea, vomiting, jaundice, rash – AND without any particular symptoms fitting another syndrome definition | Cluster* of persons (passengers or crew) on board the vessel exhibiting the associated symptoms over the course of the voyage | VESSEL/SHIP * | If a cluster is identified among either passengers or crew submit MDH along with Annex A
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- **COMPETENT AUTHORITY FOR PORT HEALTH**
  - Participate in Outbreak Assessment Team (in the context of existing local transmission of diseases, an outbreak investigation may not be warranted)
  - If outbreak is declared (i.e. unusual or severe symptoms), participate in Outbreak Response Team (see outbreak response steps to right)

- **MINISTRY OF HEALTH** (Chief Medical Officer, Medical Officer of Health, National Epidemiologist)
  - CMO, Medical Officer of Health, and National Epidemiologist review MDH from vessel
  - National Epidemiologist completes Annex A and sends to CARPHA

- CMO, Medical Officer of Health, and National Epidemiologist coordinate Outbreak Assessment Team to assess need to create Outbreak Response Team (if outbreak is declared, see outbreak response steps to the right)

- CMO and Medical Officer of Health create Outbreak Response Team to further investigate the situation
- Lead investigation (see outbreak investigation activities in Table 3: Response)
- Conduct investigation with Port Health to determine the risk, need for further action, and granting of pratique
- CMO informs NFP and Ministry of Tourism (if applicable)
- Send Annex A to CARPHA
  - CARPHA will notify other member countries on ship’s itinerary and international organizations as required
- CMO with Port Health conduct risk assessment (i.e. evaluate syndromes, severity of symptoms, whether the ship is coming from an affected area where WHO has recommended measures in place) to determine the need for enhanced measures
v. Communication protocols for Enhance surveillance and Response to tourism based illness in accommodation and passenger ships
# Jamaica Hotel Communication Protocol: Surveillance & Response (July 7 2017)

<table>
<thead>
<tr>
<th>Facility</th>
<th>Competent National Authority</th>
<th>Region</th>
<th>International</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hotel</strong></td>
<td><strong>Parish</strong></td>
<td><strong>National</strong></td>
<td><strong>CARPHA</strong></td>
</tr>
<tr>
<td><strong>Surveillance Nurse</strong></td>
<td><strong>Medical Officer of Health</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td><strong>Director EDMS (IHR NFP)</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td><strong>International Agencies:</strong>&lt;br&gt;CDC&lt;br&gt;CJI/A&lt;br&gt;CCCA&lt;br&gt;PAHO&lt;br&gt;PHAC&lt;br&gt;PHE&lt;br&gt;WHO&lt;br&gt;WTO</td>
</tr>
<tr>
<td></td>
<td><strong>Technical Director</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td><strong>National Epidemiologist</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td><strong>Relevant CARPHA Member States (if necessary)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Chief Public Health Inspector</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td><strong>Environmental Health Officer</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td><strong>WHO</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Senior Public Health Nurse</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td><strong>Regional Nurse Supervisor</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Hospital/Laboratory</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td><strong>Regional Food Safety Officer</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Parish Investigation Team</strong>&lt;br&gt;Consisting of persons above</td>
<td><strong>Permanent Secretary Ministry of Health</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Permanent Secretary Ministry of Tourism</strong>&lt;br&gt;Name: Email: Emergency Phone:</td>
<td></td>
</tr>
</tbody>
</table>

**Actions**
- Surveillance Nurse must report cases of illness and outbreaks to the Medical Officer of Health at the applicable Parish.
- Surveillance Nurse must report the Weekly Surveillance Report to the Medical Officer of Health at the applicable Parish.
- Regional Technical Director distributes the Weekly Parish Hotel Surveillance Report to Regional team (see above). Regional team collates Weekly Parish Hotel Surveillance Reports and Regional Technical Director forwards Reports to the National Director EDMS (IHR NFP).
- National Director EDMS (IHR NFP) distributes Reports to National Team (see above).
- The National Epidemiologist should notify CARPHA of outbreaks and complete the Case/Outbreak Reporting Form (Annex 7.1.3) and submit it to CARPHA.
- Chief Medical Officer contacts Permanent Secretary Ministry of Health regarding public health issues and outbreaks.
- Permanent Ministry of Health contacts Permanent Ministry of Tourism regarding public health issues and outbreaks.

**International Actions**
- CARPHA informs relevant CARPHA Member States if a serious illness among an inbound traveler is detected.
- International Agencies are involved in information sharing and response to PHEDs.
Investigation of Passenger Ship Alerts received from Partners

1) Trigger
Alert received for cases among staff or passengers aboard a ship with a potential Caribbean itinerary

2) Review
Review alert to identify relevant info:
- Ship Name
- Embarkation Date
- Embarkation Code
- Port Codes (VSP, IHR)

3) Identify Risk
3) Refer database of Caribbean passenger ship itineraries to determine if ship is calling ports at any CARPHA Member States.

4) Inform/Investigate
4) If any CMS Ports are identified in ships itinerary:
- Notify responsible surveillance officer at Port (confirm receipt)
- Enter date, time, alert into ‘notification log’
- Provide support as needed
Food Safety & Environmental Sanitation

- Advanced Food Safety and Environmental Safety Training with internationally recognized certification (5yrs)
- HACCP certified training
- Department-specific food safety courses
- Preventing food and water borne disease outbreaks
- Norovirus
- Environmental Management and Sanitation
- Water quality monitoring & testing (incl recreational water Q)
- Assessment from Purchasing – Service
- Training in Surveillance and Response to PH Illness
- Workers’ health and safety
3. Health Safety and Environmental Hospitality Standards
3. Tourism Health, Safety and Environmental Standards

- Core set of credible Caribbean-wide Health, Safety and Environmental “clean and green” Standards, Certification and Recognition System to improve health, safety and environmental quality in the hospitality sector.
- Standards (7): food safety, sewage treatment, energy management, solid waste management, integrated pest management and water testing and treatment
- Certification through CROSQ & other recognized certifying bodies
- Certified Accommodations: Published on CTO, CHTA, CARPHA websites

- Not much work done in this component
- TORs
- CROSQ discussion and tourism guideline's from ABTA
4. Multi-sectoral Partnerships for Implementation
• Chief Medical Officer (or delegated representatives) from 10 CARPHA Member States
• (CMS, Permanent Secretaries of Tourism (or delegated representatives) from 9 CMS
• Caribbean Community (CARICOM), Inter-American Development Bank (IDB); International Health Agencies (Pan American Health Organization (PAHO), United States Centers for Disease Control and Prevention (CDC), Public Health Agency of Canada (PHAC), Public Health England (PHE);
• Regional and International tourism 9 representatives from 6 international tourism agencies: Caribbean Tourism Organization (CTO), Caribbean Hotel and Tourism Association (CHTA), Cruise Lines International Association (CLIA), Carnival Corporation & PLC (CARNIVAL), RCC, Disney Cruise Line (DISNEY),
5 Policy and MANDATES to support Implementation
## Policy Amendment for Reporting of Visitor Illnesses to Public Health

<table>
<thead>
<tr>
<th>Country</th>
<th>Identified Policy or Legislation to support reporting</th>
<th>Suggestions for Amendment</th>
<th>Responsible Agent</th>
<th>Method &amp; Est. Date of Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahamas</td>
<td>Health Services Act Chapter 231 31. Miscellaneous, Application of Act to all buildings and vessels, etc.</td>
<td>Requirement for licensure to include mechanisms for reporting illness</td>
<td>Hotel Licensing Board, Ministry of Tourism, Ministry of Health</td>
<td>Hotel License June 2019</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>Public Health Ordinance, Chapter 12, #4, by-laws made in section 156</td>
<td>No amendment needs to be instituted, as it is already law. This legislation was reviewed by Legal Affairs in February 2018. Set-up proper reporting structure. Change by-laws to be more in line with constitution</td>
<td>Legal Affairs, Ministry of Health</td>
<td>Health Minister declaration and cabinet note Dec 2018</td>
</tr>
<tr>
<td>Belize</td>
<td>Public Health Act Chapter 40; Part V Notification of Diseases. Notification of Disease</td>
<td>Inclusion of hotels to conduct surveillance for illness in their facilities as part of their health responsibility. Part 11 of the Public Health Act Chapter 40 was submitted mid-January to the Solicitor General for review.</td>
<td>Office of the Solicitor General and Principal Public Health Inspector</td>
<td>Cabinet note Feb 2019</td>
</tr>
<tr>
<td>Barbados</td>
<td>Health Services Act Chapter 44-Hotel Regulations</td>
<td>To be reviewed by legal dept, on how to add phrase : reporting of visitor illness to relevant national authority</td>
<td>CMO, Senior Medical Health Officer, Minister of Health, PS Health</td>
<td>Cabinet paper to AG for drafting of Bill Sept 2018</td>
</tr>
<tr>
<td>Guyana</td>
<td>Public Health Ordinance Chapter 145 Food &amp; Drug Act Chapter 34:03</td>
<td>The Food Safety Bill 2016 is being reviewed by Cabinet after having been reviewed by Parliament. Pending Cabinet’s review, the bill would then go back to Parliament to be passed as an Act. Regulations would subsequently be developed. The estimated date of completion for this process is mid-2019.</td>
<td>Chief Environmental Health Officer</td>
<td>Mid 2019Following this, the Food Safety Regulations would be developed. The revised policy is then estimated to be implemented by mid-2020.</td>
</tr>
<tr>
<td>Bermuda</td>
<td>Public Health Act of 1949</td>
<td>Fifteen (15) amendments suggested. Legal advice being sought on most relevant legislation regarding hotel (and other) reporting from the Public Health Act 1949, Part V; to determine if it will be sufficient for mandate of reporting of illness from private sector. Explore the of reporting of illness &amp; food safety training as a requirement for licensing of hotels, to be established by end 2018. Addition of reporting of illness &amp; food safety training as two requirements in Environment Health Inspection Form</td>
<td>Environmental Health Department</td>
<td>Cabinet note, Jan 2019</td>
</tr>
<tr>
<td>Jamaica</td>
<td>Public Health Act of 1985 Public Health Tourist Establishment Regulation of 2000 (Amended in 2002)</td>
<td>Will be revived in following pilot to include THIS --</td>
<td>--</td>
<td>Policy amendment Dec 2019</td>
</tr>
<tr>
<td>Turks &amp; Caicos Is.</td>
<td>The Public and Environmental Health Ordinance Chapter 8.04 and the Food and Drug Bill/Ordinance 2016.</td>
<td>Mandatory reporting by hotels and other tourism accommodations to the Ministry; Tighten language to ensure reporting; EHD board and clear all cruise ships prior to passengers disembarking</td>
<td>Ministry of Health, Agriculture and Human Services</td>
<td>Cabinet note June 2018</td>
</tr>
</tbody>
</table>
Mandates, Partnerships, Policy/Legislation to support Implementation

- CARPHA/CTO/CHTA MOU (2017-2021)
- Chief Medical Officers (CMOs) Support (Aug 2017):
- Caribbean Cooperation in Health (CCH4) priority (September 2017)
  - CARPHA to prepare a Draft Regional THP Policy
- Tourism and Health Stakeholders Meeting Statement of Support (Oct, 2017)
  - Support Implementation of THP, Regional Guidelines & Regional Policy
  - WTO, ABTA (FTO); CLIA, CDC (VSP, Travelers health), PAHO, PHE, PHAC,
- Council of OECS Health Ministers (Nov 2017)
- UNWTO, CTO, CHTA MOT Jamaica Meeting (Nov 2017)
  - Destination Assurance Accreditation ...health, safety & security
- UNWTO Affiliate Membership provisionally approved (June 2018)
- Endorsed at the Council of OECS Tourism Ministers meeting (NY, June 2018)
- CARPHA invited to be part of Global tourism resilience (CTO NY June 2018)
6. Advocacy & Promotion
Tourism and Health Program (THP) Webpage on CARPHA Website

http://carpha.org/What-We-Do/Tourism-and-Health-Programme
TOURISM BASED SURVEILLANCE AND RESPONSE SYSTEM

REGIONAL TOURISM & HEALTH STAKEHOLDERS WORKSHOP

COUNTRY TOURISM AND HEALTH PROGRAMS

Preventing disease, promoting and protecting health
Preventing disease, promoting and protecting health.

[Image: Caribbean Beat Magazine]

[Link: http://carpha.org/What-We-Do/Tourism-and-Health-Programme]

Instructional Video: Hotels
7. Healthier, Safer Destination Accreditation

THP HSE Philosophy:
• A visitor can become ill at any point in the destination
• Manage HSE threats at destination

Destination certification and Brand recognition
• Healthier, Safer destination: preferred/reputable destination
• THP accreditation/badge of Honor: Bronze, Gold, Silver, Platinum
• Regional recognition: (CARPHA/CTO/CHTA)
• Global recognition: WTO, WHO, CDC, ABTA

Indicates that Destination and Property
• Tourism and Health Management system to ensure the health and safety of its visitors and locals
• Adopts Food safety and environmental sanitation standards and best practices
• Certified staff and property
**BENEFITS**

**Health**
- **Strengthened PH capacity** for disease surveillance monitoring and response
- Health sector reform
- Improved Regional health security
- Meet IHR requirements
- Strengthened capacity in Food and environment safety, HSE standards
- Real time health tracking system for timely alerts nd response to HSE events
- Rapid response by health to tourism based PH events to avoid spread
- Reduction in in illness sentry, spread, and disease outbreaks
- Heathier safer populations

**Tourism**
- **Tourism Quality & Resilience**
- Healthier, Safer, Destination Accreditation
- Healthier safer tourism product: enhanced reputation: increased visitors
- Internal health and system tracking system for facility & tourism
- Reduction Illness entry & spread to your facility
- Advanced Food Safety Capacity and international Certification
- Regional and Int. Partnerships nd Recognition
- Healthier safer tourism product → Enhance Reputation, competitiveness marketability of Caribbean → **more arrivals, more $**

Tourism & economic sustainability
Implementation and Impact: Is it working?

- Launched in 8 countries
  - Barbados, Belize, Bermuda, Bahamas, Guyana, Jamaica, Trinidad & Tobago, TCI
- Since Sept 2017: 101 hotels registered; 466 cases in 2017; 69 cases in 2018
- Removal of Caribbean from CDC Zika health messages at airports
- CATHNET: PH agencies consult CARPHA before posting travel messages
- Leptospirosis alert: Dec 2017
- Red eye alert in property (July 2017): nipped before spread
- Yellow fever scare consultation
- Legionnaire case in returning traveler to UK
- Zero reports from accommodations in 8 destinations: good sign
- Over 400 persons trained & certified in food safety: 8 destinations

Challenge
- Insufficient buy in & reluctance of private sector to report: only 101 hotels registered
Key areas for successful implementation and sustainability

- **Mandate for Reporting, Recognition, Endorsement**
  - CMS commitment to use THP: expand national surveillance systems, THP in country strat plans
  - **CCH4 priority**, also CTO and CHTA Strategic plans
  - Legislation/Policy change/Ministerial decree/agreement: reporting & training
  - COHSOD- Guidelines, THMRS (RPG), regional policy framework and mandate
  - Promotion of Self Reporting: **THP App**, THP Health Card at Air & Sea Ports
  - Publish THP registered hotels (preferred HSE hotel) on CARPHA websites
  - Publish reported illnesses, FS & Env inspection scores, certified FS personnel

- **Visibility, Advocacy, Sensitization, Promotion**
  - Website, webinars, FB, press releases, magazines, brochures
  - Marketing, Videos, Messaging & focus groups
  - THP package of new value added services of Training, S&R (THMRS, Guidelines, Training, Certification, Stds, Technical assistance, Response)

- **Partnerships: Multisectoral & multiagency collaboration & Implementation**
  - International, regional & nat tourism & health agencies, IMPACs, RCME

- **Global Recognition tools**
  - THP HSE logo, CARPHA/CTO/CHTA HSE accreditation; CARPHA accredited FS &Env training

- **Environmental behavioral change**

- **Fee for service, Funding for OECS, UKOTS, & other sustainability mechanisms**
THANK YOU

Dr. Lisa Indar
Caribbean Public Health Agency (CARPHA)
indarlis@carpha.org

CARPHA Tourism and Health Program
www.carpha.org/tourism
Carpha-tourismandhealth@carpha.org

1868 622 4261
1868 3596759

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