



Guidelines for Cruise Ships Sailing in the Caribbean Countries during the COVID-19 Pandemic

Updated July 29th, 2021

This document provides interim guidelines for cruise ships sailing in the Caribbean during the COVID-19 pandemic to help prevent, detect, and manage suspected COVID-19 and other public health infections. This information is based on currently available scientific data. It should be read in conjunction with relevant national public health legislation, port health, maritime, quarantine and IHR regulations. The information in this document has been adapted for the Caribbean situation, with input and agreement from the Chief Medical Officers (CMOs) of CARICOM Member States (CMS), CARPHA's Technical Advisory Committee, Executive Board (May 2021), CARCOM CMOs meetings (July 2021) and agency consultations; and therefore, may differ from guidance developed by other international agencies.

Background

On 11 March 2020, the WHO declared the outbreak of a novel coronavirus, COVID-19 as a pandemic. In the Caribbean, CARPHA is leading the regional health response, actively working with CMS and key partners on region-wide approaches. As of May 27, 2021, there are over 167.2 million COVID-19 cases and over 3.4 million deaths reported globally. The first confirmed case (an importation) was reported within CARICOM on 10 March 2020 and as of May 27, 2021, there were 802, 856 confirmed cases reported in 35 countries in the Caribbean, of which 184,077 are in 26 CMS. The rate of infection per 100,000 population for CMS, albeit lower (924.4) when compared to the rates in Latin America (5,108) and USA (10,2528) show a 4.5% increase in the last month (whilst the USA was only 0.5). The lower rates are reflective of CMS early border closures, surveillance and response and stringent public health measures. However, over the last two months, the rates of infection jumped up to over 900 cases/100,000 and there has been a steady increase in cases, severity of illness, deaths, as well as an increase in community transmission (now reported in more than 50% CMS). Several CMS have experienced large increases in cases and outbreaks in April 2021, which continued in May 2021.

The risk of further importation of cases to the tourism dependent Caribbean region remains Very High. In addition to the increased risk of importing COVID-19 and variants due to travel and tourism, the porous borders and interconnectedness of CMS provide opportunities for increased ease of travel and disease spread. This risk is now heightened as most CMS have reopened their borders, the identification of the SARS-CoV-2 Variants (reported to show higher transmission and virulence rates) and the wide variation in vaccination rate in CMS (as low as < 5%-20%, averaging around 30-55%, with only a few over 60%) *Despite the initiation of vaccination rollout in CMS in late 2020, mitigating COVID-19 in the region is thus being further challenged by variants, vaccine availability, distribution, hesitancy and length of time to achieve herd immunity (>75% population vaccinated), the reduction in quarantine time and other public measures and the risks associated with possible resumption of cruise sailing in June 2021.* CARPHA continues to urge CMS to that it remains critical that active surveillance, testing and public health (PH) prevention and control measures, including physical distancing, hand hygiene and wearing of masks continue as they vaccinate their populations to move toward herd immunity.

Increased Risk with resuming Cruise Ship Sailing in the Caribbean during the COVID-19 pandemic

The COVID-19 pandemic has far-reaching effects on maritime transport, as mass gatherings in a confined space offer increased opportunities for COVID-19 and other infectious disease spread. Cruise ships involve the movement of large numbers of people in settings where they are likely to have close contact with one another. Close-contact environments facilitate the transmission of respiratory viruses from person to person through exposure to respiratory

droplets or contact with contaminated surfaces. Cruise ships may also be a means by which infected persons travel between geographic locations.

The Caribbean is the principal cruise destination globally, averaging 30M visitors/year during 2015-2019¹. However, cruise ship sailing was halted in early 2020 due to the COVID-19 pandemic (CDC's no sail order, March 14th, 2020²). In 2020 there were an estimated 8.5M cruise visitors (-72.0% decline) most of whom arrived in the first three months. However, those early months of 2020 were marked by several COVID-19 clusters and outbreaks associated with cruise ship travel. From March 1st-Sept. 28th, 2020, data showed a total of 3,689 confirmed cases of COVID-19 or COVID-like cases on cruise ships and 41 deaths (CDC)³. In addition, over the last 10 years, many norovirus and other gastrointestinal outbreaks were associated with Caribbean cruises.

The nature of COVID-19 and the physical infrastructure constraints on cruise ships make containing potential outbreaks on board these ships an incredibly arduous task even with the best practices and procedures in place. Cruise ship travel poses public health challenges for many reasons. They travel rapidly from one port to another, which can lead to the introduction of communicable diseases (CD) by embarking passengers and crew members, as well as from local populations to travellers. This is particularly an issue because of the variation in sanitation standards and infectious disease exposure risks between countries. Diseases can then spread quickly to other passengers and crew members on the ship in the relatively closed and crowded environment. In addition, diseases can be transmitted to local populations when unwell passengers or crew disembark at ports of call. The average age of a cruise ship traveler is 45-50, with senior citizens representing approximately one-third of passengers⁴. However, many cruises have now become popular with other age groups and passengers often include children and pregnant women. These 2 latter groups are most at risk- for acquiring a CD and having more severe symptoms.

In addition to the increased risk of disease spread on the ships, the influx of large number of passengers (2-3000/persons/ship) from different countries, some of whom may be asymptomatic carriers, possibly carrying different variants into 'virgin' Caribbean's populations that have not been fully vaccinated, as well as the fact that vaccinations have not been shown to fully stop disease transmission, poses increased risk to CMS. Stringent measures must be implemented to ensure healthy, and COVID-19 negative persons embark, disembark, and that PH measures of masking, social distancing and hand hygiene are carried out by passengers and crew whether vaccinated or not.

Homeporting: The Centres for Disease Control and Prevention (CDC)'s Vessel Sanitation Program (VSP) provides guidance for ships originating from or porting in the USA to help prevent, detect, report, and manage GI illnesses and suspected or confirmed COVID-19 cases. All ships MUST be granted a sail order to start sail and report illnesses to the VSP system. *However, as ships travel worldwide, ship management and medical staff need to be aware of and adhere to local jurisdictional requirements.* The CDC issued a no sail order on March 14th, 2020⁵ and thereafter stringent frameworks for conditional sailing (Figure 1). Consequently, the Cruise Lines International Association (CLIA) voluntarily suspended all cruise activity in the USA from March 2020.

¹ [Caribbean Tourism Performance Report 2020 - OneCaribbean.org](#) OneCaribbean.org

² [Federal Register: No Sail Order and Suspension of Further Embarkation](#)

³ [CDC's role in helping cruise ship travelers during the COVID-19 pandemic | CDC](#)

⁴ [Epidemiology of COVID-19 Outbreak on Cruise Ship February 2020 - Volume 26, Number 11—November 2020 - - CDC](#)

⁵ [Cruise Ship Guidance | Quarantine | CDCs](#)



However, after a year of no sailing, many cruise lines have proposed to resume sailing as early as June 2021 (Figure 2) and some have now opted to **change their home ports to Caribbean islands** instead of sailing out of their original ports in Miami, Florida. By doing so, they will no longer be mandated to report to the CDC VSP via the Maritime Illness Database and Reporting System (MIDRS). *This will result in reduced reporting by ships, making it difficult to monitor the potential spread of diseases on vessels and hence increased risk for disease spread.* Many cruise lines also believe that vaccination will allow for safer sea travel, but this must be supported with other public health measures as vaccination has not been shown as yet to completely stop disease transmission. Antigua Jamaica, Barbados, Bahamas, Bermuda, St Maarten and Dominica Republic have indicated that will be homeports.

- Carnival Cruise Line** - Carnival's first departure dates by ship/homeport in June 2021. PRIDE (Aug 1/Baltimore to Caribbean)
- Disney Cruise Line** - DREAM Bahamas from Port Canaveral & FANTASY Eastern Caribbean from Port Canaveral (Aug 7).
- MSC Cruises** - Meraviglia Caribbean from Miami USA (July 3); Divina Bahamas from Port Canaveral USA (July 4, Armonia n from Miami (July 2)
- Princess Cruises** - canceled cruises from Fort Lauderdale through June 30, affecting sailings to the Caribbean
- Norwegian Cruise Line** - proposed Caribbean roundtrips from Montego Bay Jamaica (Aug 7 thru Oct 9).
- Royal Caribbean International** - Fleetwide operations are currently planned to resume on July 1, 2021.

Homeporting also implies that ships and crew will be in a country's waters for over three months and offers additional challenges of increased capacity needed by CMS for homeporting including infrastructure, port health, surveillance, testing, care and treatment, who would manage the crew when they are off the vessels, increased risk of disease spread by the crew, how would they be allowed to mingle with the population, what arrangements would be in place when crew changes, if crew returns to homeport with a positive COVID-19 test, , the need to revise pratique permission to enter, board crew, and passengers and to move onto another country before returning

In this regard, the proposed resumption of sailing in the Caribbean as early as June 2021, when variants are circulating, varying vaccination rates, many CMS populations not reaching near herd immunity and the possibility of additional disease spread and introducing new variants with cruise ship sailing, presents an additional challenge for mitigating the effects of COVID-19. These factors must be managed with stringent guidelines.

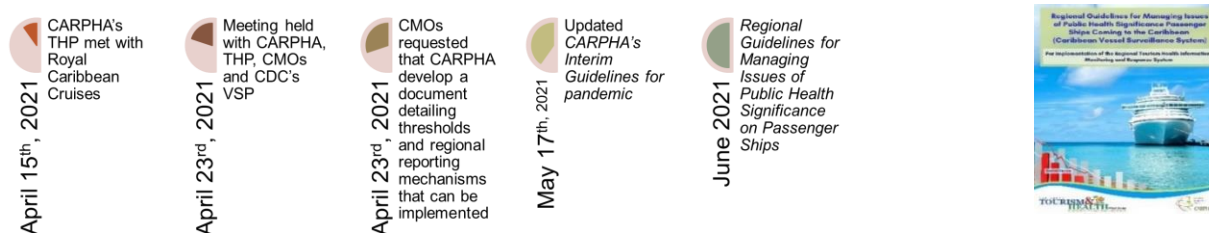
CARPHA's Response: Regional Guidelines and Caribbean Vessel Surveillance System (CVSS)

CARPHA's Regional Tourism and Health Program (THP) in 2016 developed an innovative multifaceted Tourism and Health Information, Monitoring and Response System (THMRS) that aims to strengthen the capacity of CMS to prepare for and respond to public health threats to improve the health & safety of resident and visitor populations, and regional health security. The THMRS has a multiuser (accommodations, ships, airlines) early warning and response tourism and health information surveillance (THiS) coupled with Regional Surveillance Guidelines to support the real time collection of illness information, to effect timely alerts and rapid and coordinated response to travel-related public health issues occurring among visitors to the Caribbean arriving by sea (passenger ships) and

air (accommodations). To support public health action, information will also be collected from CARPHA's laboratories, media reports, and international health and tourism agencies that monitor travelers' health⁶.

Public health surveillance of communicable diseases on cruise ships, through medical logs, active and passive monitoring, is crucial for assessing the burden of communicable disease and to allow the early detection and management of outbreaks. In this regard, the THP developed the *Regional Guidelines for Managing Issues of Public Health Significance on Passenger Ships Coming to the Caribbean (Caribbean Vessel Surveillance System)*⁷ as part of CARPHA's regional surveillance mandate in response to the marked variation in the surveillance and response to travel related public health issues occurring in passenger ships. It *provides instructive guidelines for harmonized scientific response to public health issues aboard passenger ships across the Caribbean region*. The Guidelines are based on the IHR (2005), the WHO management of public health events on board ships (2016) and other documents⁸, developed over a 3-year period involving country and agency consultations; and in close collaboration with the *Cruise Lines International Association (CLIA)* and CDC Vessel Sanitation Program (VSP). It was presented to the 33rd COHSOD, endorsed at the 2018 CARICOM CMOs meeting and supported at the Regional Tourism & Health Stakeholder workshop (14 countries (CMOs, Tourism), PHAC, CDC VSP, Travellers Health); CLIA; Carnival, Royal Caribbean, Tourism Boards/Agencies, PHE, ABTA, CARICOM, CTO, CHTA, PAHO were in attendance)

To include surveillance and response to the novel coronavirus, COVID -19, THP is revising the Regional Guidelines. With the announcement of cruise resumption in the Caribbean, THP conducted a series of consultations with CMOs, VSP, CLIA, cruise lines and research including information from WHO, EU Healthy Sail Panel and CLIA (Annexes), to update this document, "*CARPHA's Interim Guidelines for Cruise Ships travelling to Caribbean Countries during the COVID-19 pandemic*" (Figure 3). The CMOs requested that CARPHA's document should detail thresholds for reporting illness onboard as well as to CMS and regional reporting mechanisms. This request came on the heels of the Head of CDC VSP's report that cruise ships with home ports in the Caribbean no longer fall within the CDC's VSP jurisdiction and as such are not mandated to report through the previous channels. The region previously relied on the reporting that the CDC's VSP provided. This document provides updated protocols and procedures throughout the passengers' journey; as well as the general COVID-19 recommendations for the operation of the cruise ships, in light of the pandemic. The aim is to have a harmonized response to the prevention and control of the COVID-19 virus on board cruise ships sailing in the Caribbean region.



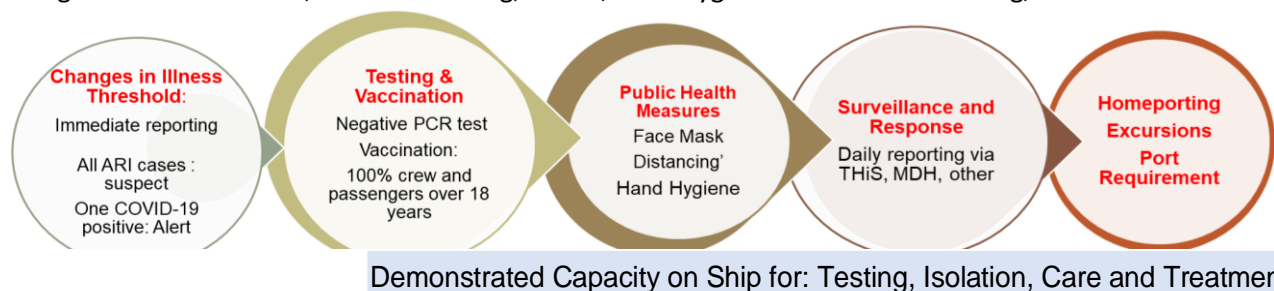
This document will be shared with CMOs for approval. The Regional Guidelines are also being updated to reflect the new protocols and procedures required for cruise ship travel and will be finalized by June 2021. The key

⁶ <https://carpha.org/THP>

⁷ [CARPHA > THP > Regional Guidelines](#)

⁸ World Health Organization (WHO). International Health Regulations (2005), Cruise Lines International Association, Inc. (CLIA). 2016 WHO? International Travel and Health - Travel by Sea; WHO Handbook for management of public health events on board ships (2016): WHO Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates; The 2011 CDC VSP Operations Manual; SHIPSAN's European Manual for Hygiene Standards and Communicable Disease Surveillance on Passenger Ships (April 2016); The 2009 UK Health Protection Agency Guidance for the Management of Norovirus Infection in Cruise Ships:

recommendations in the updated *CARPHA's Guidelines for Cruise Ships* are outlined below. Measures to mitigate spread of COVID-19 on ships will include new thresholds, daily reporting, vaccination for persons over 18 years, negative COVID-19 test, social distancing, masks, hand hygiene and onboard testing, isolation & treatment.



GUIDANCE FOR VESSELS DOCKING AND DISEMBARKING IN THE CARIBBEAN DURING COVID-19

The following information provides guidance for all types of vessels, including cargo and cruise ships. Table 1 summarizes these guidelines and Annexes B to D provides supporting resources and COVID-19 prevention guides.

1. Ship Preparedness and Requirements

- **Capacity:** Reduced capacity of 60% to 70% to enable responsible social distancing
- An essential pre-requisite for resuming cruise operations is an agreement for immediate reporting of any possible case of infection, including all persons with influenza like illness (ILI)/suspect COVID-19 cases, via the regional Tourism and Health Information System (THiS) and the Maritime Declaration of Health (MDH) to CMOs and port health authority 24hours (and 4 hours if any change) before arriving at the next port of call.
- Before starting journeys and throughout cruise ship operations, cruise lines must monitor the epidemiological situation: worldwide, at the ship destinations, and the places of origin of incoming passengers and crew.
- Each ship should have a written contingency plan/outbreak management plan for the prevention and control of possible cases of COVID-19, including management of ill patients on board.
- Ensure all medical, public health, cleaning and housekeeping staff are fully informed about COVID-19 and what to do if a case is suspected on board and have access to enough personal protective equipment (PPE).
- Ensure all medical staff on board are trained in the appropriate use of PPE.
- Enhanced cleaning and sanitation procedures, hand sanitizers and added facilities for temperature checks.
- Ensure cleaning & housekeeping staff are aware of infection prevention & control measures and follow them.
- Ensure adequate laboratory testing capacity for SARS-CoV-2 on board and through arrangements with shore side laboratories. (*PCR is preferred, if rapid antigen test is being used all negative test must be tested by PCR*)
- Ensure facilities/procedures on board for quarantine, isolation, care and treatment of suspect and confirmed COVID-19 cases and contacts, and agreed arrangements are in place if needed with destination of call.
- **For homeporting:** Ensure documented arrangements are made between the cruise line and local authorities of the home port including added infrastructure, port health arrangements, surveillance, testing (crew and passengers), care and treatment of cases, management of crew when they are off the vessels, monitoring of crew illness (on and off board), if and how would crew members be allowed to mingle with the homeport local population, what arrangements will be in place when crew changes, if crew returns to homeport positive, revision of pratiques to now include separate pratique/permission to enter, board crew, and passengers and to move onto another country before returning. Crew should be tested every 3-5 days during homeporting. These tests should be reported to CARPHA and gene sequencing also performed when necessary.
- Ensure external arrangements are in place for airlifting severe COVID-19 cases and other ill persons to other countries when the destination does not have the capacity/ unable to provide relevant care and treatment.

- Provide clear documentation of the ship's plan and measures to CMOs, port health and other relevant national and regional authorities (CARPHA) and arrive at consensus with each country before sail *A cruise call can be cancelled if the outlined conditions in this management plan are not met or if > 1 case of COVID 19 reported.*
- Provide the complete itineraries, passenger and crew list, inclusive of country of origin before sail.

2. Measures to Prevent suspect /COVID-19 positive Passengers from Boarding.

- Cruise lines should have an Exclusion policy regarding COVID-19 and inform travellers of the policy through their travel agents, travel companies, cruise line operators and other tourism businesses.
 - Cruise line operators should provide all relevant information about the exclusion policy, and any pre-requisites and country specific rules on their websites and electronic reservation systems.
 - Symptomatic and potentially exposed passengers should not be allowed to board i.e. Any person experiencing symptoms compatible with COVID-19, or if identified, anyone who has been in contact during the last 14 days with a confirmed case of COVID-19, or anyone who is tested positive for SARS-CoV-2 by RT-PCR would not be accepted on board cruise ships.
- Passengers in high-risk groups including people over 65 years of age or with underlying medical conditions (e, g chronic diseases like cardiovascular disease, diabetes, respiratory diseases, immunocompromised individuals) should visit a doctor for pre-travel medical consultation to assess if they are fit to travel.
- Proof of negative PCR test taken 24-72 hours and full vaccination requirement (see below)

3. Pre- Screening, Testing and Vaccination Requirements for Passengers at Boarding

Public health measures during screening and boarding

- Screen and board persons by family clusters.
- Maintain physical distancing guidelines of 6 feet between family clusters during screening and boarding.
- Require wearing of masks by all persons (including children), double cloth masking if possible.
- Provide hand sanitizers at entry and throughout the boarding process -ensure strict compliance.
- Place Ministry of Health personnel to ensure compliance with COVID-19 protocols.

Pre-boarding Screening

- Conduct verbal or written screening in appropriate languages to determine whether persons have had signs or symptoms of COVID-19 or a known exposure to a person with COVID-19 within the past 14 days.
- Temperature checks to identify any person with a temperature of 100.4°F/37.8°C or greater.
- Deny boarding of passenger suspected of having COVID-19 because they have symptoms, a temperature of 100.4°F or greater, or had exposure to a person with COVID 19 within the previous 14 days.
- Since COVID-19 can spread from persons without symptoms, ship operators should consider crew quarantine for 14 days immediately before or upon boarding the ship to prevent introduction of the virus on board.
- Recommended screening by Ministry of Health and medical personnel of the cruise line.

Testing and Vaccination Requirements

- Passengers should provide proof of a negative COVID-19 PCR test, taken 1–3 days (24-72 hours) before boarding for departure of a specific journey, even if they are fully vaccinated.
- Positive COVID-19 cases should NOT travel.
- Provide proof of full vaccination for 100% of crew
- Recommend that passengers over 18 years must be fully vaccinated
- People are considered fully vaccinated 2 weeks after a single dose in a one-dose series (only Johnson and Johnson vaccine in this instance) or last dose in a two-dose series (all other COVID-19 vaccines)

Additional Points to Consider when screening and boarding Crew/Passenger.

Factors that may impact the likelihood of exposure:

- *Local epidemiology:* Higher viral circulation in the community increases the likelihood of exposure.
- *Vaccination uptake:* High uptake of vaccination reduces viral circulation and thereby reduces exposure.
- *Preventive measures:* Strict adherence to preventive measures decreases the likelihood of exposure.
- *Nature and duration of contact:* Indoors and longer duration of contact, no use of face masks/physical distance increase likelihood of exposure.
- *Variants of Concern and Interest:* increased transmissibility associated with the following VOCs (B.1.1.7, B.1.351 and P.1) can increase likelihood of exposure.

Factors that increase the likelihood of infection:

- *Age & immunocompromised conditions:* older age, immunocompromised can increase risk of acquisition.
- *VOC:* evidence of vaccine escape for B.1.351 and P.1. Infections with variant viruses in fully vaccinated individuals have been reported, although the frequency and severity are not yet well understood.
- *Type of vaccine:* All authorized vaccines have a high vaccine effectiveness but may differ by age & properties.
- *Time since vaccination:* duration of immunity following vaccination is not known.
- *Setting:* Risk of infection for fully vaccinated persons may be higher in enclosed/indoor settings (e.g., ships).

4. Minimum Requirements for Receiving Crew on Ships

The ship's crew come from many different countries of varying epidemiological situation, interact most with passengers and can thus be a source of ongoing spread. The following is recommended:

- Full travel history (starting at country of origin) and medical logs.
- Mandatory vaccinations
 - Certification of the full vaccination status (using WHO -approved vaccine)
 - Ideally all crew embarking a ship should be vaccinated.
- Crew testing, quarantine daily health screening, and monitoring:
 - Proof of RT-PCR negative COVID test taken 24-72 hours prior to embarkation.
 - Quarantine for 14 days (24-72 hours) with PCR testing after 7 days
 - Daily testing (rapid PCR / antigen tests) or immediately if experiencing COVID-19 related symptoms.
 - Daily temperature and another symptom check
 - Any symptoms experienced should be logged using the THiS.
- Deny boarding if testing, vaccination and screening checks are not met.
- Do not allow to disembark at any ports of call during the ship's journey (except homeport)

5. Public Health Measures on Board Ship during Cruising

- Wearing of facial masks in all public/communal settings on the ship, double mask, especially for vulnerable populations; exceptions include when dining, or in cabin rooms.
- Masks should be also mandatory for crew when working around food and beverages.
- Children under 5 years may wear face shields instead of face masks.
- Maintain social /physical distancing guidelines of 6 feet between family clusters throughout the entire ship, and especially in dining, recreational, exercising and entertainment activities (use social markers)
- Ensure proper and frequent hand washing, via signage visible stations and facilities are well-stocked.
- Ensure alcohol-based hand sanitizer (>60% ethanol/ isopropyl alcohol) is available through providing at all points /areas of entry and exit on ship, especially at dining, bathroom, elevators and other high touch areas.
- Provide additional posters (especially in high-trafficked areas) that encourage [hand hygiene](#) (use handful amount and apply and rub hands for 20 seconds), face masks, distancing and, proper cough etiquette.
- Encourage movement, dining and other ship activities by family clusters.
- Avoid crowding, hugging, touching, and mixing of groups.

- Discourage handshaking and stop all contact methods of greeting.
- Enhanced and ongoing cleaning and sanitizing of ships, especially high touch areas and equipment including hand railings, banisters, doorknobs, bathrooms, gym equipment, dining areas, tables, chairs, recreational equipment and personal amenities such as cell phones (as COVID-19 can stay on surfaces for days).
- Set up regular temperature checks via scanners at key entry points, e.g., dining, gym.
- Modify meal and drink service to eliminate buffet /self-serve dining and bar options. Food should be plated and served by crew members, with no buffet-style dining self-serving bar options made available.
- Stagger dining, recreational and entertainment activities to allow for social distancing and less crowding.
- Modify in room dining and meal service to facilitate social distancing.
- Ensure all dining, drinking, recreational and gym equipment, are cleaned and sanitized after each use.
- Maintain proper cleaning and sanitation, travel history and medical logs.
- Any person that develops symptoms en-route should report to the ship's medical officer for evaluation.
- Immediately separate persons who are symptomatic (placed in isolation) and their primary contacts.
- Crew to monitor and remind passengers of compliance with public health measures.
- Allow port health officers on ships to ensure compliance with COVID-19 protocols.

6. Surveillance, Illness Thresholds and Reporting of Illnesses

- COVID-19 is listed in CARPHA's Regional Public Health Surveillance manual as a disease that needs to be reported immediately i.e. *A single case of this disease is considered an outbreak.*
- A COVID-19 case is defined as a person with Acute Respiratory Illness (ARI) /Influenza Illness (ILI) that is tested as COVID-19 positive (see table below with revised the response for reporting)
 - ARI case definition: History of, or acute (sudden) febrile illness > 38°C in a previously healthy person, presenting with cough or sore throat with and without respiratory distress.
- During the pandemic: **All ARI cases and primary contacts are to be regarded as suspect COVID-19 cases** and **MUST** be immediately isolated on ship and tested for COVID-19 (*PCR is preferred, if rapid antigen test used, all negative tests must be confirmed by PCR*)

Thresholds and Reporting for Key Public Health Issues on a Cruise Ship

Acute Respiratory Illness(ARI) /Influenza Like Illness (ILI) that is tested COVID-19 positive.

- CARPHA Threshold / Outbreak: **1.00 cases per 1,000 passenger-days**
- 1 case **MUST** be reported immediately.
- If ≥ 1.00 /1000 person days: country sovereign decision to grant pratique (investigate and/or board ship)

Acute Respiratory Illness (ARI) /Influenza Like Illness (ILI) that is tested COVID-19 negative.

- CARPHA Threshold /Outbreak :1.38 cases per 1,000 passenger-days
- Below 1.38/1000 person days: **ONLY** healthy persons disembark.
- If ≥ 1.38 /1000: person days: country decides to grant pratique/not (investigate and/or board ship)

Acute Gastroenteritis (AGE)

- CARPHA Threshold /Outbreak: 2% of passengers and/or of crew (separate)
- Below 2%: **ONLY** healthy persons disembark.
- Above 2%: country sovereign decision to grant pratique (investigate and/or board ship)

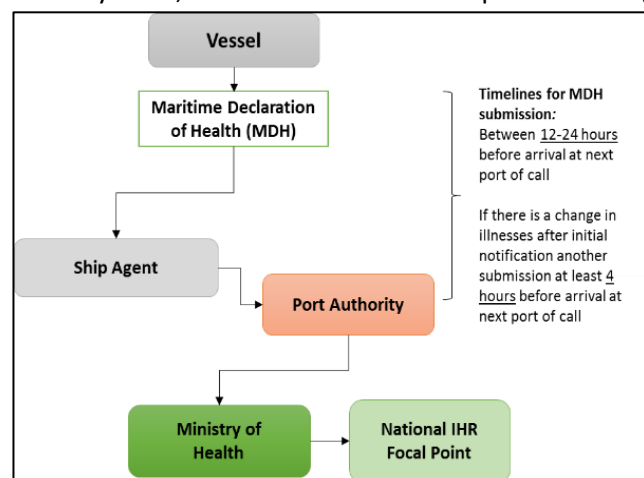
Other symptoms:

- Acute Flaccid Paralysis, Fever & Haemorrhagic/Neurological/Jaundice: 1 case **MUST** be reported immediately

Any death, other than as a result of accident, occurring on board the vessel: Immediate reporting

Any events that constitute a Public Health Emergency of International Concern (PHEIC). e.g., COVID -19

- Under the CVSS, agreed upon by CMS and CLIA in 2018 and at Heads of Government meeting with CLIA in February 2020, and now with the resumption of sailing during the pandemic, it recommended that: -



- Ships arriving at ports should alert national health authority of any illnesses on board the ship and/or deaths according to the IHR (2005).

○ **Immediate reporting of ALL ARI cases and positive COVID-19 cases to destination & CARPHA**

- Ships should send the Maritime Declaration of Health (MDH) at least 12 hours (and no more than 24 hours) before arrival at the next port of call.
- If there are changes to illness aboard the ship the MDH should be updated and submitted again at least 4 hours before arrival at the port.
- The MDH **MUST** be accurate and timely

- The MDH MUST have an attachment of a complete listing of ill persons, including symptoms, temperature logs and travel histories from start of the journey (both for crew and passengers)
- Daily Reporting of illness to CARPHA's Regional THiS system and National authorities in addition to CDC
- The ship's medical officer must immediately alert the port authority and CMO of the next destination of all suspect and positive COVID-19 cases, death and other alerts, in accordance with IHR and WHO guidelines⁹
- The Ship Agent forwards the MDH and immediate alerts Port Health who forwards to the CMO and rest of the Ministry of Health team (Port Health, IHR focal point, National Epidemiologist)
- CLIA is encouraged to work with its members to
 - to ensure reporting protocols are adhered to.
 - Share pre-screening measures, full medical and temperature logs and travel history with countries.
 - Train persons to collect samples and hand over to countries that have capacity to test.
 - Submit accurate MDH to countries.
- Countries are advised to:
 - Advise all ships of current COVID-19 travel restrictions/bans before the ship starts its regional itinerary, where it is possible and in the event of a change in circumstances as soon as it is possible.
 - Ensure MDH are received, on time, by all relevant persons and reviewed before ship reaches port.
 - Ensure that sick persons stay on board and healthy persons disembark*
 - Exceptions: (I) severely ill persons
 - 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 confirmatory tests is received as negative*
 - Persons from countries with travel restrictions must remain on board.
 - If pratique is being questioned (suspect COVID-19 case, or other issues), conduct risk assessment, discuss with ship before it reaches port to avoid disruption of business and reputational damage.
 - Board ship, if necessary, to ensure MDH and isolation procedures are accurate, and that safety and sanitation procedures meet countries' public health requirements.
 - Advise ship in advance if suspect COVID-19 case and their contacts would be allowed to be disembarked and transferred to another onshore health facility.
 - WHO COVID-19 -Operational guide: *In the event that the affected ship calls at a port . the health authority should conduct a risk assessment and may decide in consultation with the ship owner to end the cruise.*

7. 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, the ships MUST carry out an assessment and manage the case and its contacts.

(I) Initial assessment and reporting

- Immediate medical opinion should be sought from the ship's doctor and the event should be reported immediately to the CMO and port authority of the next port of call (electronically and by WhatsApp)

⁹ For ships on international voyage, the MDH should be completed and sent to the competent authority in accordance with the local requirements at the port of call. Ship owners must facilitate application of health measures and provide all relevant public health information requested by the health authority at the port. Ship operators shall provide to the port health authorities all information essential (crew list, passenger list) to conduct contact tracing when a confirmed case of COVID-19 has been identified on board or when a traveler, who has been on board and possibly exposed during the voyage, is diagnosed (WHO COVID-19 guideline 2020).

- Depending on the situation, the competent authority at the entry port may need to arrange medical evacuation or special arrangements for disembarkation, hospitalization, and laboratory diagnosis.
- Conduct contact tracing to identify all primary contacts.
 - Provide destination country with full medical logs, travel history of suspect cases and contacts.

(II) Case Management

- Immediately isolate the person and their primary contacts (from all other person on the ship)
- 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 isolation area, preferably by a designated person.
- Limit visitors to only essential persons.
- Take samples for COVID-19 testing – to be performed at ship or airlifted to country laboratory.
- 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 2 metres from the ill person should be maintained (e.g., sleep in a separate bed)¹⁰.

(III) Infection prevention and control measures

- 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 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 contain between 60% and 80% ethanol or isopropanol for about 20 seconds or hand-washing with soap and water for about 20 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 mask 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.

¹⁰ An exception may be considered for a breastfeeding. 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.

- 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, utensils, laundry, and other item in contact with a patient's body fluids should be collected separately, washed & disinfected, avoiding 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.¹¹
- Both primary, 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 self-monitor for 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 coronavirus disease (COVID-19) infection presenting with mild symptoms.¹²

IV Case Management on Arrival

- The Ship Master shall notify their local agent who shall immediately notify the home Port's Authority and CMO and Ministry of Health who will provide direction as to the management of the situation.
- If country decides to grant pratique to ship with suspect COVID-19 cases, all suspect cases MUST remain in isolation on board ship.
- In severe /critical cases, if medical attention is needed from the country to manage the case and the country agrees to provide the relevant medical attention, then:
 - The Port's Authority will cordon off/secure the berth area and, if deemed necessary, move other vessels that may be berthed in proximity.
 - The Ministry of Health will determine the next steps, or the procedures for handling ill passenger/crew as outlined below will be followed.
 - Passengers/crew requiring hospital treatment (including COVID-19 patients) will be transported to the designated hospital by ambulance, following established health and safety procedures.
 - 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.
 - Work with local Public Health Authorities to ensure contact tracing can begin immediately.
 - Personal protective equipment is not necessary when interviewing asymptomatic individuals, when 2 metres distance is maintained.
 - 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 self-monitor for 14 days.
 - Any contacts who develop symptoms will need to have their own contact follow-up done.
 - Immediate family members, or other companions of a patient receiving hospital treatment may be landed in the Territory by Immigration authorities. This decision is left up to the receiving country.

¹¹ See CARPHA Algorithm for Contact Tracing for cruise and airline passengers.

¹² WHO, 2020? Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts. [https://www.who.int/publications-detail/home-care-for-patients-withsuspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-withsuspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

V Infection Control Guidelines for Crew Members

- 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 an area with person-to-person spread of the virus or was exposed to a confirmed case of COVID-19, AND has fever, persistent cough, or difficulty breathing, the crew should be immediately isolated and tested.
- 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 traveler, clean contaminated areas, and take action:
 - Identify sick travellers with specific symptoms consistent with COVID-19, and:
 - If not wearing a mask, offer a facemask. 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. 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 between 60% and 80% ethanol or isopropanol) if soap and water are not available.
 - Treat all body fluids (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.
 - 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.

8. Disembarkation at Destination Ports of Call

A cruise ship will have several ports of disembarkation during its journey. For every port, the ship MUST notify the respective national public health authorities and adhere to any testing and other entry requirements of receiving countries. Port entry requirements may vary but minimum requirements should include:

- Disembarkation only at designated port of entry
- Only allow passengers to disembark and not crew.
- Medical staff must screen ALL disembarking passengers for fever, cough, shortness of breath, by using temperature checks, visual observation for illness, and health questionnaires.
- Mandatory wearing of masks by all persons, double masking for older and other vulnerable persons
- Hand hygiene: Place hand sanitizers at many and strategic locations throughout the process of disembarkment
- Maintain physical distancing guidelines of 6 feet between family clusters during the process.
- Perform COVID- 19 testing for disembarking persons.
- Ensure persons are walking with proof of vaccination and COVID-19 test.
- Staggered disembarkment and disembark by family clusters, avoid crowding and mixing of groups.
- Each individual must be deemed safe to enter country based on countries primary screening procedures.

Ship MUST provide to relevant health authority in advance (12-24 hours before):

- List of persons who will be disembarking, including country of origins and temperature logs.

- List of persons per shore excursions
- Maritime Declaration of Health (MDH) to countries, 24 hours before and no later than 12 hours
- Immediate report of illnesses during journey
- Full travel history for each individual
- Temperature screening logs from port of entry and during travel
- Full Medical Logs (for ALL passengers and workers) whether disembarking or not.
- List of persons who are sick and who have remained on board.
- COVID-19 Specific Measures (temp screening, testing, social distancing, mask, hygiene, isolation etc.)
- Allow port health and other relevant authorities to board, ship, visit sick bay, review ships reporting logs.

Ship MUST provide to CARPHA:

- Full itinerary (all ports of disembarkment) and complete illness logs when thresholds have passed

Individual Screening (passenger and crew) at Arrival of Receiving Country

- Proof of full vaccination status
- Proof of negative COVID-test taken 48-72 hours before arrival to country.
- Temperature, Symptom and other COVID-19 specific Entry Screening
- Any other measures deemed necessary by the destination country as measures may vary by country.
- Ensure all COVID -19 public health measures of facial mask, social distancing and hand sanitizing are adhered to during screening at entry points.
- Provide adequate alcohol-based hand sanitizers throughout the screening/arrival process.
- Enhanced vigilance to ensure compliance with COVID-19 protocols.

9. Guidance for Land Excursions/Tours

On land excursions/tours can pose an increased risk for transmission from cruise passengers to locals and vice versa. Stringent COVID 19 protocols must be maintained throughout the entire process.

- Cruise lines should utilize available public health data to determine the feasibility of guest excursions and disembarkation at various ports throughout the passenger journey. Areas to consider: Testing prevalence, testing positivity, new active cases, hospitalizations, deaths.
- Ships are encouraged to select transport and tour operators that have undergone COVID-19/other health training and certification (e.g., CARPHA's healthier safer tourism stamp/ national health/safe tourism stamp)
- Ship to provide the full list of pre booked passengers/excursion, 12-24 hours before arriving.
- Passengers to present proof of pre-booked tour to authority at temperature check
- Passengers to proceed ONLY to designated location for assembly for pre-booked excursion and return to designated port of entry at the end of tour.
- Passengers to undergo a health assessment and temperature check at automatic scanners (hand/body scanners)
- Passengers, transport and tour operators to maintain strict public health measures of wearing face mask, proper hand hygiene and physical distancing from start to end of excursion /including during transport.
- All local persons who will be in contact with cruise visitors must be fully vaccinated. This includes, but is not limited to, taxi and tour operators, vendors, port workers, tourism information officer.
- All excursions and land transport to reduce capacity to 60% to allow for proper social distancing.
- Deny entry to transport vehicle or excursion to anyone with temperature over 37.8C or visible sign of illness.
- Perform temperature checks on all persons before the start of the excursion/tour.
- Ensure patrons wash or sanitize their hands before the start of tours or activities.
- Ensure ALL equipment and tour material are cleaned and sanitized after every customer use and shift.
- Stay 6 feet (2 metres) between individuals or groups unless impractical or unsafe.
- If feasible, implement one-way traffic flow during excursion.
- Bus and car transport to excursions
 - Ensure nationally certified transport vehicles are used.
 - Ensure seats, windows, door handles are sanitized before and after tour, especially in multiple trips.
 - Ensure there is limited contact with the guest (plexiglass between driver and passenger is advised).
 - Ensure hand sanitizer (>60% ethanol/ isopropyl alcohol) is available, in the vehicle, for guests.
- Additional measures for water excursions/sports include:
 - Ensure sanitized vessels, high-touch areas and equipment after each use, e.g., life vest, kayaks, seats, banana boats, goggles, snorkels etc.
 - Rafts and other vessels should reduce to 60% capacity.

- Encourage patrons to use their own equipment, e.g., goggles, snorkels.
- All persons should sanitize hands properly if using any equipment.

10. Guidance for Vessels Homeporting in the Caribbean

Homeport: “the port in which a ship will take on / change over the majority of its passengers while taking on stores, supplies and fuel.”

Homeporting implies that ships and crew will be in a country’s waters for over three months. This can potentially provide additional economic benefits to the country as well as additional challenges of increased capacity needed by CMS for homeporting including infrastructure, support, fuel and supplies the cruise lines require, a requirement for acceptance, movement and management of crew and increased risk of disease spread by crew.

Key Health and Safety Recommendations include:

- Cruise line to present a clear and detailed plan for homeport, outlining the line’s requirements and country’s obligations, including infrastructural, support, fuel and supplies, ability to handle a large number of passengers simultaneously, the availability of local transport and other passenger services, security, proximity to an international airport, and generally a satisfactory regulatory and fiscal environment., acceptance, movement and management of crew , details of crew arrival and movement. This should be also reviewed by relevant health authorities including CMO from a health perspective.
- Cruise line to produce detailed listing of crew, country of origin, arrival dates, crew changes.
- Ensure country should know and has the capacity to test and care for the number of crew and COVID-19 passengers. Under IHR 2007 a country is obligated to render medical care to anyone who becomes ill on board a cruise ship which homeports here. Crew members suspected of having COVID-19 on those vessels must remain isolated on the ship and their samples taken and tested at national laboratories.
- Encourage Travel Health insurance for both crew and passengers.
- Crew arrival, movement management at homeport: All crew should:
 - Provide full travel itinerary, proof of full vaccination status and negative RT PCR naso- pharyngeal tests for COVID-19, test taken 24-72 hours before arrival at homeport.
 - Undergo verbal or written screening in appropriate languages to determine whether persons have had signs or symptoms of COVID-19 or a known exposure to a person with COVID-19 within the past 14 days.
 - Temperature checks to identify any person with a temperature of 100.4°F/37.8°C or greater.
 - Must undergo a 14-day quarantine, with 2nd PCR testing at 7 days.
 - Be subjected to daily symptom and temperature monitoring and testing every 3 days.
 - Ensure all public measures are adhered when in public setting in the country and in communal areas of ship: wearing of face masks, hand hygiene, social distancing.
 - Be housed in separate rooms on board ship.
 - Movement restricted to that stipulated by national health authorities – especially restricting mingling with local populations in community settings.
 - Avoid close contact, hugging, mixing with local populations while on home port.
 - Immediately report any symptom/ illness to ship captain/doctor/agent during homeporting
 - If symptoms develop during journey, isolate on ship until homeport (unless urgent medical attention)
 - Should not be allowed to disembark at any port of call during the ship’s journey (except homeport)
- Country to Revise Pratique arrangements to now include separate pratique/permission.
 - First entrance of ship (as homeporting)
 - Boarding of crew
 - Boarding of passengers

Table 1 Summary of Updated Recommendations for Sailing during COVID-19 pandemic

Pre-screening of passengers	<p>Cruise Lines MUST have measures in place to detect asymptomatic passengers. This includes:</p> <ul style="list-style-type: none"> • Negative COVID-19 PCR test result for all passengers (4 to 48 hours prior to boarding) • Online Travel and Health declaration prior to arriving at the terminal. • Online check-in prior to arrival at terminal • Proof of Vaccination for all passengers over 18 years old
Reduce crowding	<p>Cruise Lines must put in place measures to limit crowding and ensure social distancing (6 feet) throughout the passenger journey. This includes:</p> <ul style="list-style-type: none"> • Embarkation at terminal: Assign embarkation times and turn away guests outside of embarkation times to maintain capacity levels. • Onboard: Review activities onboard and allow booking of facilities/ dining times • Debarkation: Assign debarkation times
<p>Proactive Public Health Measures (at all times, from boarding, sailing disembarkment)</p>	<ul style="list-style-type: none"> • At least 95% of passengers should be fully vaccinated prior to embarking. • Masks to be worn at all times in public/communal areas, except when eating/swimming. • Always promote 6 ft safe- distancing between passengers/family clusters. • On-board measures to discourage close contacts between groups. • Contactless temperature-taking to identify passengers with fever. • Increased Hand sanitizers and Hand washing stations at key areas on board • Eliminate all self-service buffet/drink services. • Limit/realign social and recreational events that encourages crowding
Surveillance and Response	<ul style="list-style-type: none"> • Terminal to abide by prevailing national health measures for venues under the COVID-19 (Temporary Measures) Acts • Passenger Health to be monitored by DAILY reporting of any illness to the Tourism and Health Information System and required CDC system (when in US waters) • Maritime Declaration of Health (MDH) to countries, 24 hours before (CMO, Port Health) • Immediate reporting of any COVID-19 positive cases during journey (CARPHA, MS) • On board testing isolation and quarantine facilities • Immediate reporting of all suspect COVID-19 cases (MIDRS, THiS, MDH, phone call) • Full Travel history for each individual and Full Medical Logs (for passengers and workers) • Temperature screening logs from port of entry and during travel • COVID-19 Specific Measures
Contact Tracing	<ul style="list-style-type: none"> • Contact tracing apps outside of cabins (where possible) • All passengers should complete passenger locator forms prior to disembarking. • Clear communications channel with ship if passengers/ crew develop COVID-19 related symptoms within 14 days post-sailing
Crew Management	<ul style="list-style-type: none"> • 98% of crew should be vaccinated prior to boarding the ship. • Negative PCR tests prior to boarding the ship (24 hours) • Crew to monitor health using THiS and be tested regularly for COVID-19. • Crew to be trained to be vigilant against COVID-19. • Cohorted and staggered working hours (shift bubbles) • Crew should be housed in single occupancy cabins. • Unwell crew to be sent to doctor onboard immediately and isolated

MINIMUM HARMONISED REQUIREMENTS for SAFE RESUMPTION of CRUISE SAILING in the Caribbean

Following a **special CARICOM CMOs meeting held on July 29th 2021**, the following MINIMUM HARMONISED REQUIREMENTS FOR CRUISE SHIPS were recommended , acknowledging that countries individual protocols may vary.

Recognizing the increased risk associated with the resumption of cruise sailing as of June 2021 in the Caribbean at a time when COVID -19 rates of infection and deaths are increasing th the Caribbean , the full vaccination coverage in most CARICOM countries are under 30 % , not near herd immunity , when variants of concern and interest and circulating the possibility of additional disease spread and introducing new variants with cruise ship sailing, presents an additional challenge for mitigating the effects of COVID-19, the following set set of minimum requirements are recommended for safe cruise sailing in order to protect the Caribbean population and its visitors

- Proof of a negative PCR testing 72 hours before boarding ship (at start of voyager) for vaccinated and non-vaccinated passengers
- Vaccination of crew (100%)
- Recommended vaccination for passengers over 18 years
- Daily accurate reporting of all symptoms through the Maritime Declaration of Health form to relevant team that includes port health officer, medical officer of health, CMO)
- Immediate reporting of any COVID-19 positive case
- Demonstrated capacity on Ship to isolate, quarantine and test for COVID-19
- Ship capacity to range between 60-70% maximum to promote social distancing.
- Repeat viral testing on ships after 4 days on board ship
- Implement public health measures on ship: hand sanitisation mask wearing, social distancing.
- Provide detailed shore protocols.
- Provide detailed homeporting protocols and protocols required for individual homeporting should apply

Appendix A WHO definitions

ARI definition

History of or acute (sudden) febrile illness $> 38^{\circ}\text{C}$ in a previously healthy person, presenting with cough or sore throat with and without respiratory distress.

On cruise ships, during the pandemic, all ARI cases are to be considered a suspected COVID-19 case.

COVID-19 case definitions

I) Suspected case of SARS-CoV-2 infection:

All persons on cruise ships meet the epidemiological criteria for a suspected case.

The two possible definitions of a suspected case are:

A: A person who meets the clinical criteria of:

- Acute onset of fever AND cough; OR
- Acute onset of ANY THREE OR MORE of the following signs or symptoms: Fever, cough, general weakness/fatigue¹³, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting¹, diarrhoea, altered mental status.

B: A patient with severe acute respiratory illness (SARI) defined as:

- Acute respiratory infection with history of fever or measured fever of $\geq 38^{\circ}\text{C}$ and cough with onset within the last 10 days AND
- Requires hospitalization.

II) Probable case of SARS-CoV-2 infection:

A: A patient who meets clinical criteria above AND

- is a contact of a probable or confirmed case OR
- there are known COVID-19 positive cases on board.

B: A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.

C: Death, not otherwise explained, in an adult with respiratory distress preceding death AND was a contact of a probable or confirmed case OR there are known COVID-19 positive cases on board.

III) Confirmed case of SARS-CoV-2 infection:

A: A person (symptomatic or asymptomatic) with a positive SARS-CoV-2 RT PCR or Antigen-RDT test *

*** All persons tested on board receiving a negative SARS-CoV-2 Antigen-RDT test result AND meeting the definition of suspected OR probable cases should have their results confirmed by PCR test.**

¹³ Signs separated with slash (/) are to be counted as one sign.

Appendix B

For the Most recent Travel Advisories go to the CARPHA Website: <https://www.carpha.org/What-We-Do/Public-Health/Novel-Coronavirus/Prevention-Measures-TravelAdvisories-and-Reopening-Plan>

Appendix C

References and Additional resources

- WHO, 2020? Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. <https://www.who.int/publications-detail>
- WHO, 2020? [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-carewhen-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-carewhen-novel-coronavirus-(ncov)-infection-is-suspected-20200125)
- US CDC, 2020. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-preventsread.html
- WHO - Guidelines and advice for travellers going to and from areas affected by 2019-nCoV and for healthcare providers: <https://www.who.int/healthtopics/coronavirus>
- CDC- Guidance on Personal Protective Equipment to Be Used by Healthcare Workers During Management of Patients with 2019-novel coronavirus: <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>
- Cruise Lines International Association INTERIM GUIDANCE FOR PREPAREDNESS AND RESPONSE TO CASES OF COVID-19 AT POINTS OF ENTRY IN THE EUROPEAN UNION (EU)/EEA MEMBER STATES (MS) [EU HEALTHY GATEWAYS COVID-19 TRAVEL SECTOR 06 05 2020 V0.1 \(cruising.org\)](https://www.cruising.org/eu-healthy-gateways-covid-19-travel-sector-06-05-2020-v0.1)
- Regional Guidelines for Managing Issues of Public Health Significance on Passenger Ships Coming to the Caribbean (Caribbean Vessel Surveillance System (CVSS) [CARPHA > THP > Regional Guidelines](#)
- [Operational considerations for managing COVID-19 cases/outbreak on board ships](#)
- [Guidance on the gradual and safe resumption of operations of cruise ships in the European Union in relation to the COVID-19 pandemic](#)
- GOV UK : [Framework for UK cruise operations during COVID-19: passengers](#)
- GOV UK: [Framework for UK cruise operations during COVID-19: operators](#)
- GOV UK: [Framework for UK cruise operations during COVID-19: management of seafarers](#)
- [INTERIM GUIDANCE FOR PREPAREDNESS AND RESPONSE TO CASES OF COVID-19 AT POINTS OF ENTRY IN THE EUROPEAN UNION \(EU\)/EEA MEMBER STATES \(MS\) – CLIA](#)
- US cruises could restart soon with 'passenger voyages by mid-July,' CDC says – [USA Today](#)
- [Royal Caribbean Cruises Pilot Sailings in Singapore](#)
- World Health Organization (WHO). International Health Regulations (2005) Second edition
- Operational considerations for managing COVID-19 cases/outbreak on board ship <https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships> Feb 24 2020
- WHO 2020: Global Surveillance for human infection with coronavirus disease (COVID-19) [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)) Feb 27 2020
- WHO 2016 Handbook for management of public health events on board ships <http://www.who.int/ihr/publications/9789241549462/en/>
- The WHO Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates: http://www.who.int/ihr/publications/handbook_ships_inspection/en/
- CLIA. 2016 Cruise Industry Outlook. <https://www.cruising.org/docs/default>
- CDC VSP Operations Manual <http://www.cdc.gov/nceh/vsp/operationsmanual/opsmanual2011.pdf>
- SHIPSAN's European Manual for Hygiene Standards and Communicable Disease Surveillance on Passenger Ships, Second Edition (April 2016): http://www.shipsan.eu/Portals/0/docs/EU_Manual_Second_Edition.pdf










- World Health Organization. International Travel and Health - Travel by Sea. [Online] 2012. [Cited: October 16, 2014.] http://www.who.int/ith/mode_of_travel/sea_travel/en/#

Appendix D

Useful COVID-19 infographics from CARPHA

PREVENTION OF COVID-19

COVID-19 is transmitted between people *via respiratory droplets and contact routes*. Precautions must be taken to prevent human-to-human spread of the disease.

 <p>GET VACCINATED</p> <p>Take the COVID-19 vaccine, once available</p>	 <p>MAINTAIN PHYSICAL DISTANCING</p> <p>Keep at least 2 metres (6 feet) away from persons that do not live in your household</p>	 <p>FACE MASKS</p> <p>Use face masks in public spaces, e.g. wear a face mask when going to the grocery or market</p>	 <p>HAND HYGIENE</p> <p>Wash your hands with soap and running water (20 seconds) or use an alcohol based hand rub (60-80% ethanol or isopropanol)</p>
 <p>AVOID TOUCHING YOUR FACE</p> <p>Avoid touching your face, especially your eyes, nose and mouth</p>	 <p>COUGH AND SNEEZE ETIQUETTE</p> <p>Cough and sneeze into your elbow or sleeve, if tissue is not available</p>	 <p>SEEK MEDICAL ATTENTION</p> <p>If you develop COVID-19 symptoms, stay at home. Seek medical attention early and share travel history</p>	 <p>AVOID GATHERINGS</p> <p>Avoid crowds and mass gatherings</p>
 <p>AVOID CONTACT</p> <p>Avoid touching, hugging and hand shaking</p>			

COVID-19 Coronavirus Disease

How to hand rub with alcohol-based sanitiser

*Use sanitiser with 60-80% alcohol content (ethanol or isopropanol)

20 - 30 sec

- Apply a palmful of the product in a cupped hand and cover all surfaces
- Rub hands palm to palm
- Right palm over left dorsum with interlaced fingers and vice versa
- Palm to palm with fingers interlaced
- Backs of fingers to opposing palms with fingers interlocked
- Rotational rubbing of left thumb clasped in right palm and vice versa
- Rotational rubbing, backwards and forwards with clasped fingers of right hand
- Once dry, your hands are safe

Regional COVID-19 Public Health Considerations for Reopening of Borders and Resuming Travel in the CARICOM Region

Border Measures

Health Assessment for Travellers

- Enhanced pre-exit/entry screening
- Temperature checks at points of entry
- Pre-approval for travel
- Health assessment on arrival
- Monitoring of travellers

COVID-19 Testing

Currently, the **Polymerase Chain Reaction (PCR) test** is the only gold-standard test which detects acute disease with accuracy and has been recommended by the World Health Organization (WHO).

The WHO **has not recommended** the use of rapid tests or any other diagnostic tests based on antibody or antigen detection for COVID-19 response.

- Pre-travel COVID-19 test
- Mandatory COVID-19 test on arrival

Mobile Contact Management Application

It can be difficult to conduct contact tracing using traditional methods, if there are limited staff and numerous contacts to trace. Key considerations when deciding if contact tracing applications should be used include:

Quarantine and Isolation Measures

- Isolation of all suspected and confirmed cases
- Assessment of all asymptomatic persons
- Tracing of close contacts

Preventative Measures

- Social distancing
- Use of face masks
- Hand hygiene
- Avoid close contact
- Stay at home if ill and contact a doctor

Proactive COVID-19 Health Measures for Tourism/Hospitality Sector

- Real time monitoring and response to illnesses via Tourism and Health Information System (THIS)
- COVID-19 Health Guidelines for Hospitality Sector
- Advanced Food Safety Training and Certification