Outbreak of Coronavirus Disease (COVID-19)
CARPHA Situation Report – No. 25 March 20, 2020

Summary

This is an update to the Situation Report in relation to the outbreak of COVID-19, published on March 18, 2020.

On March 11, the WHO Director General Dr Tedros Adhanom Ghebreyesus declared the COVID-19 viral outbreak as a pandemic.

To date, there are 166 cases in 23 countries/territories (including 13 CARPHA Member States), in the Caribbean Region. The risk of further importation of cases to the Caribbean remains Very High.

The Regional Coordinating Mechanism for Health Security (RCM-HS), is actively working with Heads of Government and regional partners on a collective approach to the COVID-19 response. A virtual meeting of the RCM-HS will be convened next week.

Countries are strongly urged to strengthen their health sector response and move to a state of readiness and rapid response.

Health authorities in CARPHA Member States (CMS) must be ready to respond to possible importation of cases and subsequent local transmission. They are also encouraged to increase their capacity for surveillance and review their pandemic preparedness plans, as a matter of urgency.

Updates in this report
- Update on confirmed cases in CARICOM Member States
- Updates on COVID-19 epidemiology outside of China
- Guidance on use of Ibuprofen for symptomatic management in COVID-19 cases
- New Population-based seroepidemiological investigation protocol for COVID-19 infection

*CARPHA is providing updated reports on cases in CARPHA Member States as information becomes available through local sources. Caribbean numbers presented in this report may not necessarily be reflected in the WHO totals and in Table 2.

Situation Update

Up to 23 countries in the Caribbean region have reported the importation of at least one confirmed case of COVID-19. The risk of further importation of cases to the Caribbean Region remains Very High. According to reports from the European Centres for Disease Control, between 13 March and as of 20 March 2020, 108,628 cases of coronavirus disease 2019 (COVID-19) (in accordance with the applied case definition in the countries) have been reported globally, including 4,916 deaths. This means that 45% of the total number of reported cases...
(242 488) and 50% of the total number of reported deaths (9 885) worldwide have been reported in the last week. As of 20 March 2020, 102 649 cases have been reported in the EU/EEA and the UK. This means 95% of the new cases reported between 13-20 March were reported from EU and UK. Italy accounted for 70% of the deaths reported (3407/4885) from the EU region and was by far the country with the leading numbers of death.¹

The aim for all countries now, is to stop transmission and prevent the spread of the virus. Based on the Draft CARPHA Health Sector Response Guidelines for COVID-19 circulated to Member States, most countries are encouraged to implement actions in keeping with the Initial or Targeted Action in the Response Phase.

**Caribbean Regional Coordination**

CARPHA is leading the regional health response to COVID-19, in keeping with its Intergovernmental Agreement (IGA) mandate from CARICOM and recommendations from the COHSOD-Health working group on regional coordination for response management. As such, CARPHA activated its Incident Management Team-Emergency Response (IMT-ER) on January 21 and convened the Regional Coordinating Mechanism for Health Security (RCM-HS), and continues to work with its partners and countries, towards a harmonized regional response. In this regard, there are regular and ongoing meetings.

Internal capacity has been built in various Caribbean countries to test for COVID-19, including Bahamas, Barbados, Belize, Dominica, Haiti, Jamaica and Suriname. Other countries in the region including Martinique, Guadeloupe, French Guiana, Curacao, Aruba, St. Martin and the British territories of Cayman and Bermuda also have capacity for testing or access to testing.

**Epidemiological Summary**

**COVID-19 in the Caribbean**

*Since the previous report on March 18, 2020, the first confirmed cases of COVID-19 were reported in three countries. Within the region, new cases were also confirmed in 9 countries, totaling to 166 cases in 23 countries/territories in the Caribbean Region (13 of which are CARPHA Member States. Since the last report the region has seen a 41% increase in the numbers of confirmed cases and recorded two additional deaths taking the total numbers of deaths to 5.*

**Globally**

The data contained in Table 1 below are obtained from data reported by the WHO, supplemented by other sources – (Reference 1 and 2). As of 20 March, WHO reported 209,839 cases of patients with COVID-19. Outside of China, 167 countries, areas or territories have confirmed at least one case among travellers exposed while abroad and/or person-to-person contact. To date, the total number of deaths outside of China is 5,536, which is now greater than the total number of deaths within China (3,242). Several new countries, areas or territories in Asia (Kyrgyzstan), Europe (Montenegro), Africa (Djibouti, Gambia, Mauritius, Zambia), the Americas (Greenland) and the Caribbean (Barbados, Montserrat) reported their first confirmed case of COVID-19 in the last 48 hours.

Note. Cases reported between 13 and 19 February 2020 include both laboratory-confirmed and clinically diagnosed cases for the Hubei province. All other dates shown only include laboratory-confirmed cases.

Table 21 Countries or Territories with reported cases of COVID-19, 20 March, 2020

<table>
<thead>
<tr>
<th>Region</th>
<th>Country/Territory</th>
<th>Cases</th>
<th># new cases in last 48hrs</th>
<th>Deaths</th>
<th>Recovered</th>
<th>% of cases still active⁴</th>
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</thead>
<tbody>
<tr>
<td>The Caribbean and the Americas</td>
<td></td>
<td></td>
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<tr>
<td>Caribbean</td>
<td>Rest of the Caribbean*</td>
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<td></td>
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<td>15</td>
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<td></td>
<td>Martinique</td>
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<td>7</td>
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<td>Dominican Republic</td>
<td>21</td>
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<td>0</td>
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<td></td>
<td>Jamaica</td>
<td>13</td>
<td>3</td>
<td>0</td>
<td>2</td>
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<tr>
<td></td>
<td>French Guiana</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>Cuba</td>
<td>10</td>
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<tr>
<td>Americas</td>
<td>United States of America</td>
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<td>3,551</td>
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<td></td>
<td>Canada</td>
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<td>145</td>
<td>8</td>
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<td></td>
<td>Rest of Americas**</td>
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<td>59</td>
<td>0</td>
<td>1</td>
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<tr>
<td>Asia, Oceania, Europe, Africa and Other</td>
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<td>3,242</td>
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<td>Rest of Asia⁵</td>
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<td></td>
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<td>0</td>
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<tr>
<td></td>
<td>French Polynesia</td>
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<td>0</td>
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<td>Europe</td>
<td>Italy</td>
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<td>7,733</td>
<td>2,978</td>
<td>4,440</td>
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<td>598</td>
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<td>Rest of Europe**</td>
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<td>France</td>
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<td>2,470</td>
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<td>2,186</td>
<td>13</td>
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<td></td>
<td>Switzerland</td>
<td>3,010</td>
<td>360</td>
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<td>98.8</td>
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<tr>
<td>Region</td>
<td>Country/Territory</td>
<td>Cases</td>
<td># new cases in last 48hrs</td>
<td>Deaths</td>
<td>Recovered</td>
<td>% of cases still active†</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------------</td>
<td>--------</td>
<td>---------------------------</td>
<td>--------</td>
<td>-----------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Africa</td>
<td>The United Kingdom</td>
<td>2,630</td>
<td>676</td>
<td>103</td>
<td>65</td>
<td>93.6</td>
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<tr>
<td></td>
<td>Netherlands</td>
<td>2,051</td>
<td>346</td>
<td>58</td>
<td>2</td>
<td>97.1</td>
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<tr>
<td></td>
<td>Egypt</td>
<td>196</td>
<td>30</td>
<td>6</td>
<td>32</td>
<td>80.6</td>
</tr>
<tr>
<td></td>
<td>Rest of Africa†††</td>
<td>175</td>
<td>69</td>
<td>2</td>
<td>2</td>
<td>97.7</td>
</tr>
<tr>
<td></td>
<td>South Africa</td>
<td>116</td>
<td>54</td>
<td>0</td>
<td>0</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>Algeria</td>
<td>72</td>
<td>12</td>
<td>6</td>
<td>32</td>
<td>47.2</td>
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<tr>
<td></td>
<td>Morocco</td>
<td>49</td>
<td>11</td>
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<td>1</td>
<td>93.9</td>
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<tr>
<td></td>
<td>Senegal</td>
<td>36</td>
<td>9</td>
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<td>2</td>
<td>94.4</td>
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<td>Other</td>
<td>International conveyance (Diamond Princess Cruise Ship)</td>
<td>712</td>
<td>0</td>
<td>7</td>
<td>325</td>
<td>53.4</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>209,839</td>
<td>24,864</td>
<td>8,778</td>
<td>86,036</td>
<td>54.8</td>
</tr>
</tbody>
</table>

† Active cases = Total cases – (Number of cases recovered + Number of deaths)

\*Cases: Trinidad and Tobago (7), Puerto Rico (5), Aruba (4), Guyana (4), Saint Martin (4), Bahamas (3), Curacao (3), Saint Barthelemy (3), Barbados (2), Saint Lucia (2), United States Virgin Islands (2), Antigua and Barbuda (1), Cayman Islands (1), Montserrat (1), Saint Vincent and the Grenadines (1), Suriname (1) Deaths: Cayman Islands (1), Guyana (1).

**Cases: Colombia (93), Mexico (93), Panama (86), Argentina (79), Costa Rica (50), Venezuela (Bolivarian Republic of) (36), Uruguay (29), Bolivia (Plurinational State of) (12), Paraguay (11), Honduras (9), Guatemala (6), Greenland (2) Deaths: Argentina (2), Guatemala (1), Panama (1).

***Cases: Mainland China (80,841), Hong Kong (208), Taiwan (108) and Macau (17) Deaths: Mainland China (3,237), Hong Kong (4), Taiwan (1)

†† Countries: Philippines (187), Iraq (164), India (151), Kuwait (142), Lebanon (133), United Arab Emirates (113), Armenia (84), Viet Nam (66), Brunei Darussalam (56), Jordan (52), occupied Palestinian territory (44), Sri Lanka (42), Kazakhstan (36), Cambodia (35), Azerbaijan (34), Oman (33), Afghanistan (22), Uzbekistan (16), Maldives (13), Bangladesh (10), Mongolia (5), Kyrgyzstan (3), Bhutan (1), Nepal (1) Deaths: Indonesia (19), Philippines (14), Iraq (12), Lebanon (4), India (3), Malaysia (2), Azerbaijan (1), Bahrain (1), Thailand (1).

††† Countries: Austria (1646), Belgium (1486), Norway (1423), Sweden (1279), Denmark (1044), Portugal (642), Czechia (522), Greece (418), Finland (359), Ireland (292), Poland (287), Slovenia (286), Estonia (258), Iceland (250), Romania (246), Luxembourg (210), Turkey (191), Russian Federation (147), San Marino (109), Slovakia (105), Serbia (96), Bulgaria (92), Croatia (81), Latvia (71), Albania (59), Cyprus (58), Faroe Islands (58), Hungary (58), Malta (48), Belarus (46), Andorra (39), Georgia (38), Bosnia and Herzegovina (36), North Macedonia (36), Republic of Moldova (36), Lithuania (26), Liechtenstein (25), Ukraine (16), Monaco (9), Gibraltar (8), Jersey (5), Montenegro (2), Guernsey (1), Holy See (1) Deaths: San Marino (14), Belgium (14), Greece (5), Poland (5), Austria (4), Denmark (4), Norway (3), Sweden (3), Albania (2), Bulgaria (2), Iceland (2), Luxembourg (2), Portugal (2), Turkey (2), Ukraine (2), Hungary (1), Slovenia (1).

Sources: (1) WHO Situation Dashboard Accessed at 8:45am 20 March 2020. Available from: https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd

N.B. The WHO notes that due to a retrospective data consolidation exercises, some numbers may not reflect the exact difference between the previous figures reported and the figures reported today.
Epidemiological Updates

Ibuprofen in COVID-19 infections: In response to various media reports about the risk of using ibuprofen in COVID-19 infections, between March 15 and March 18, 2020, WHO and some regulatory authorities such as the European Medicines Agency (EMA), National Health Services (NHS) in the United Kingdom, Spanish Agency of Medicines and Medical Devices (AEMPS) in Spain, and the Health Products Regulatory (HPRA) in Ireland have stated that there is currently no evidence to support an aggravation of COVID-19 infection with ibuprofen or other NSAIDs. They concluded that due to lack of evidence regarding harmful effects of ibuprofen on COVID-19 infections, that there is no need to discontinue ongoing treatments with ibuprofen but, if treatment is initiated, paracetamol should be used as priority to treat symptoms of the infection.²

New Population-based seroepidemiological investigation protocol for COVID-19 infection: On March 17, WHO published a new protocol to assist countries with reported cases of COVID-19 to investigate the extent of COVID-19 infection in the population, as determined by positive antibody tests in the general population has been developed. The Population-based age-stratified seroepidemiological investigation protocol for COVID-19 virus infection is available from their website and can be tailored for the country-specific context.³

COVID-19 in Children: A recent study by Dong et al.⁴ made available online, characterized the clinical picture of COVID-19 in children. The retrospective study of 2143 pediatric patients under the age of 18 was carried out in China with suspected and laboratory confirmed COVID-19 cases. The study found that children of all ages were susceptible to COVID-19 but generally presented with a lower severity than adults: 4.4% asymptomatic, 50.9% mild, 38.8% moderate, and 5.9% severe and critical. This contrasts with adults where 18.5% of cases are severe and critical. Only 1 child in the study died. The cases were evenly distributed across gender. While children, particularly infants were found to be vulnerable to infection with SARS-CoV-2, the reasons for the difference in disease severity between children and adults are yet to be determined. The study has been accepted for publishing by the American Academy of Pediatrics.

COVID-19 and people living with a non-communicable diseases (NCDs), underlying conditions & Older Adults. Persons of any age can develop serious complications from COVID-19 and the risk of severe disease increases with age, however persons at high risk for severe COVID-19 disease and death include:

- People living with NCDs, such as:
  - Cardiovascular Disease – e.g. hypertension (i.e. high blood pressure); persons who have had or are at risk for a heart attack or stroke; and heart failure.
  - Diabetes
  - Chronic Respiratory Disease – e.g. Chronic Obstructive Airways Disease (COPD), asthma, emphysema, and bronchitis.
  - Cancer

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• People with other NCDs, such as:
  o Persons with Sickle Cell Disease may be at higher risk as it affects the red blood cells’ ability to transport oxygen. As this is a new disease there is little information.
  o Persons with compromised immunity as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy.
  o chronic liver disease, such as hepatitis
  o chronic neurological conditions, such as Parkinson’s disease, motor neuron disease, multiple sclerosis (MS), a learning disability or cerebral palsy

• People 40 years old and older, especially persons over 60 years of age.

• Persons with a body mass index (BMI) of 40 or above

• Smokers are at increased risk:
  o Due to hand to mouth transmission of the virus from contaminated fingers and possibly cigarettes.
  o Using tobacco products such as water pipes that include often involve the sharing of mouth pieces and hoses among users are another source of transmission.
  o Because they may have lung disease or reduced lung capacity increasing their risk of serious outcomes from COVID-19 infection.

N.B. This list will be updated as new information becomes available, but it is not an exhaustive list.

Mission
CARPHA’s aim is to work with regional and international health partners to respond to this public health threat and provide timely advice and assistance to Member States and stakeholders.

Governance
CARPHA’S Incident Management Team – Emergency Response (IMT-ER) is leading the health response in keeping with CARPHA’s mandate from the Intergovernmental Agreement (IGA). The IMT-ER produces Situation Reports three times weekly.

Operations
Surveillance and Technical Response

Data submitted officially by Member States to CARPHA Surveillance System, official media releases from Ministry of Health or other official Country sources available in the public domain, has been used to inform the assessment of the current situation in the Caribbean Region.

As of 19 March, there have been 56 cases confirmed from CMS, the majority reported on 13 March (see Figure 1 below).
For the cases for which data was available, the majority were aged 50 years and over. There was no age provided for most cases (see Figure 2 below).
Among cases for whom a source of infection was reported, 66% were imported; and 20% appeared to be close contacts (secondary cases) of a known imported case (Figure 3).

Data available identified the United Kingdom, United States of America, the Netherlands and cruise ship as the top four locations where cases reportedly acquired their illness (Figure 4).
CARPHA has advised member States to scale up their disease surveillance efforts for acute respiratory infections/severe acute respiratory infections both at the primary and secondary care levels, as a matter of urgency. This is to include expanding surveillance activities to enable detection of any locally acquired cases as an early warning of local transmission linked to imported cases.

Member States are being encouraged to share anonymous line listings of confirmed cases of COVID-19 with CARPHA to form a regional perspective on the progress of the outbreak and to inform planning and response.

CARPHA distributed a modified Weekly Syndromic Surveillance and COVID-19 Reporting Form to Member States to include COVID-19 surveillance in each week’s report. CARPHA is reminding Member States to use the form for weekly reporting. A summary of COVID-19 surveillance received from Member States is presented in Table 3.

![Fig.4: Reported Confirmed Cases of COVID-19 by Travel History in CARPHA Member States](image-url)
Table 3: CARPHA Surveillance received from Member States, as of 20 March, 2020

<table>
<thead>
<tr>
<th>Reporting Source</th>
<th>Airport</th>
<th>Seaport</th>
<th>Overall Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travellers with exposure or travel history</td>
<td>44</td>
<td>242</td>
<td>*</td>
</tr>
<tr>
<td>Symptomatic travellers seen at Health facilities</td>
<td>1</td>
<td>4</td>
<td>*</td>
</tr>
<tr>
<td>Travellers quarantined by public health authority</td>
<td>55</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Travellers self-quarantined at home</td>
<td>16</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>No. of travellers completing 14-day isolation/quarantine</td>
<td>17</td>
<td>55</td>
<td>*</td>
</tr>
<tr>
<td>No. of travellers tested during the reporting period</td>
<td>8</td>
<td>24</td>
<td>*</td>
</tr>
<tr>
<td>Outcome of tests</td>
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</tr>
<tr>
<td>Positive</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Probable</td>
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<td>*</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>10</td>
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</tr>
</tbody>
</table>

To date five Member States reported data for EPI-Week 10. * Not reported. No. refers to the number of persons reported in EW-X; Cum. refers to the number of persons to date, i.e. EW 1-X.

- CARPHA has disseminated a Health Sector Response Plan to Member States to guide their national response efforts where necessary. Further copies of the document are available upon request.
- The CARICOM Implementation Agency for Crime and Security (IMPACS), has expanded the tracking of passengers from China to include countries and/or territories with CDC travel advisories (China, Iran, Most of Europe and South Korea). The Joint Regional Communication Centre (JRCC) will track and send relevant information to countries.
- Various technical guidelines have been developed including algorithms to assist CARPHA Member States (CMS) to triage and manage suspected cases within their borders and in clinical settings. To view all CARPHA technical guidance documents regarding COVID-19, please visit the CARPHA website at [http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus](http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus) (See also a list on page 10 of this Report).

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**Laboratory**

- CARPHA Medical Microbiology Laboratory (CMML) have modified the testing protocols in keeping with the Pandemic Response Phase of the COVID-19 emergency.
- **Effective March 16th and until further notice, the algorithm for laboratory investigation of respiratory diseases no longer includes non-influenza viruses.** Other services, such as, serology for Dengue, Chikungunya and Zika will also be temporarily suspended. A communication was sent to Member States on Friday March 13th.
- **Effective March 2nd, only Nasopharyngeal and Oropharyngeal swabs (paired) are being accepted** for testing at CMML. Neither urine nor serum will be further required.
- **As a point of clarification, testing for the COVID-19 virus is most accurate within five (5) days of onset of symptoms.** Accordingly, it is recommended that Member States should not take samples for testing from suspected cases in quarantine until they have begun to develop symptoms.
- Table 4 provides a breakdown of the number of samples and the results for tests carried out by CMML as at Epi week 12.

**Table 4: Summary of laboratory test results for SARS-CoV-2 conducted at CMML as at 19 March 2020.**

<table>
<thead>
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</thead>
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<tr>
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Communication and Information

- Following confirmation of the first cases of COVID-19 in CARICOM, CARPHA issued a media release COVID-19 Confirmed in CARPHA Member States on 11 March.
- On 6th March 2020 CARPHA dispatched a media release outlining that CARPHA is the only approved regional reference laboratory to test for the novel coronavirus disease.
- CARPHA dispatched a media release on 3 March 2020, stating the risk of importation of COVID-19 is VERY HIGH following reports of imported cases within the Caribbean region.
- CARPHA Communications Unit is working closely with the Regional Health Communications Network (RHCN) and other stakeholders to provide timely updates and information. They have also developed various videos and infographics to counteract myths about the disease circulating in the Region. The latest media release and other relevant guidelines are available on CARPHA’s website. Available from: http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus.

Logistics and Planning

- The Regional Security System (RSS) continues to facilitate transportation of samples from Member States to CARPHA. Samples from Member States and reagents are routinely processed through the Trinidad and Tobago Customs Department without delay.
- Several Member States have implemented various measures to limit importation of the disease, including screening at ports of entry. Details can be obtained from the Ministries of Health of each Member State.
Stakeholder Engagement
CARPHA is working closely with various stakeholders for a coordinated regional response, including the following:

- During the week of March 16 to 20, Dr. St. John participated in several key COVID-19 response and sensitization forums in person and virtually with Government of Barbados, St. George’s University, Employers’ Consultative Association of Trinidad and Tobago, and University of the West Indies.
  - 20 March, CARPHA (Dr Joy St. John and Dr Stephanie Fletcher-Lartey) participated in the UWI Vice Chancellor’s Forum Caribbean Unity or Plurality: the Regional Response to COVID-19.
  - 20 March, Dr. St. John was guest speaker at the Employers’ Consultative Association of Trinidad and Tobago (ECA) sensitisation session. The purpose of this session was to educate the business sector on the virus – its symptoms, spread and preventative measures, myths and facts, as well as the likely implications for the world of work and the appropriate responses of employers.
  - 19 March, Dr St John participated in an interview on CNC3

- Trinidad
  - Dr. St. John submitted the CARPHA Business Continuity Plan for COVID-19 to the Secretary General of CARICOM.
  - On March 15, CARPHA Met with the Prime Minister task force to determine resource mobilization for COVID-19 and submitted projections for CMS needs.
  - On March 12, CARPHA met with CDEMA and IMPACS after confirmation of COVID 19 cases in three CARICOM States to discuss the regional plan of action for management of this hazard.
  - On March 11, CARPHA hosted a Facebook Live Media Symposium and round table discussion on COVID-19. Some of the areas discussed included Fair and responsible media, curbing the spread of misinformation and getting the facts and figures right.
  - In response to requests from many organisations in the region, CARPHA produced general guidance for the development of COVID-19 specific business continuity plans. These are available from CARPHA’s coronavirus website under resources for businesses.
  - Ongoing communications and meetings with the Council for Human and Social Development, CARICOM, Chief Medical Officers, Caribbean Disaster Emergency Management Agency, PAHO regional representatives, private organizations, public associations, regional agencies and organizations to revise and advise on regional health response, guidelines and coordination to COVID-19 for proactive actions for developing situation in the Caribbean.
  - A full list of CARPHA actions to date are available.
Way Forward

CARPHA is calling on Member States to increase their vigilance as increasing numbers of countries in the region continue to report imported cases. The extensive contact tracing associated with the first imported cases underscores the rapid pace at which the illness can spread to countries and the high risk for community spread locally. CARPHA will continue to work with health authorities in our Member States to ensure that they are able to identify cases early and mount a rapid but coordinated public health response that includes identification and clinical management of cases, and effective public communication measures.

Member States are advised to ramp up their disease surveillance efforts for acute respiratory infections/severe acute respiratory infections both at the primary and secondary care levels, as a matter of urgency. This is to include widening their surveillance focus to be able to detect any cases that have not travelled, which can be an early indication of local transmission.

CARPHA is working with technical experts across the Region to provide up-to-date guidance and technical advice to CMS. New guidelines have been prepared for the management of COVID-19 cases on airlines and guidance for Hotel Workers. CARPHA remains committed to providing support and guidance to Member States on how to strengthen their health systems response should there be person-to-person transmission in the Caribbean.

CARPHA continues to work through the Regional Coordination Mechanism for Health Security and the various regional coordination efforts to engage and support Member States, regional and international partners for the health security of the region.

CARPHA recognises there is need for accurate information in this time of uncertainties. CARPHA documents can be accessed as a reliable source of information from our website using the embedded links:

**Technical Documents**
- Regional Coordination for the Management of COVID-19 and other infectious diseases on Aircrafts ([New 17 March](#))
- Guidance for Hotels Workers in the Caribbean ([New 17 March](#))
- Traveller’s Guidelines ([Updated 17 March](#))
- Algorithm for Management of a suspected case
- Guidance about coronavirus disease (COVID-19) for Ports of Entry in the CARPHA Member States
- Guidelines for Conveyances Travelling to Caribbean Countries
- Algorithm for contact tracing on conveyances
- Updated Travel Brief
- Interim Guidance about the Coronavirus Disease (COVID19) for Hotels and Guesthouses in the Caribbean
- Interim Guidance about Coronavirus Disease (COVID-19) for Food and Beverage Industry in the Caribbean

**Media Releases**
- CARPHA has the only CARICOM regional reference laboratory accredited to test for COVID-19
- CARPHA raises COVID-19 alert to Very High following reports of imported cases in the Caribbean
- CARPHA Upgrades the Risk of Transmission of Coronavirus in the Caribbean to Moderate to High
- CARPHA Commended for Regional Response to Coronavirus COVID-19 at Heads of Government
- The Risk of 2019-nCoV Remains Low for the Caribbean but CARPHA Encourages Vigilance at Ports of Entry
- 2019-nCoV: CARPHA urges the Region to be Vigilant, Be Prepared
• **Risk of Novel Coronavirus in the Caribbean “Low” says CARPHA, but Preparation Needed**
• **CARPHA Medical Microbiology Laboratory is Ready to Respond to 2019-nCoV**

**Communications Material**
- Let’s Talk Coronavirus (COVID-19): Series 1: How Serious is the Coronavirus and how can I protect myself from getting the disease
- Is there a new bleach cocktail that can cure and protect against the Flu and the Novel Coronavirus?
- How is the Novel Coronavirus new? Lysol and Clorox have “Human Coronavirus” listed on their labels
- Can a surgical mask protect me from coronavirus? CARPHA Biorisk Manager explains
- Who should wear a mask for protection against coronavirus? CARPHA Biorisk Manager responds
- Card 1: Cover your nose and mouth
- Card 2: Cough or sneeze into elbow
- Myth Buster 1: Wearing a face mask will prevent me from getting coronavirus disease
- Myth Buster 2: Eating garlic can help prevent infection from the coronavirus disease

**External Online Training Resources**
- **Infection Prevention and Control (IPC) for Novel Coronavirus (COVID-19)**, OpenWHO
- **A general introduction to emerging respiratory viruses, including novel coronaviruses** (available in French, Simplified Chinese, and Spanish as well). OpenWHO
- **Health and safety briefing for respiratory diseases - ePROTECT**. OpenWHO
- **ECDC Micro Learning platform** – A suite of short (<2 hours) courses on the control of COVID-19

**References**


