Outbreak of Coronavirus Disease (COVID-19)
CARPHA Situation Report – No. 26 March 23, 2020

Summary

This is an update to the Situation Report in relation to the outbreak of COVID-19, published on March 20, 2020.

To date, there are 372 cases in 28 countries/territories (including 19 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 tomorrow.

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.

NEW 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 sero-epidemiological 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 28 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.

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.

Numbers at a Glance*
Clinically diagnosed and laboratory confirmed cases

Globally
332,961 cases (123,111 new)

In China
81,601 cases (427 new)
72,847 recovered (1,555 new)
3,276 deaths (34 new)

In the Caribbean Region
28 countries, areas or territories (5 new)
372 cases (206 new)
9 recovered (7 new)
8 deaths (3 new)

Rest of the World
163 countries, areas or territories and Other** (17 new)
251,732 cases (123,056 new)
28,031 recovered (13,284 new)11,226 deaths (5,694 new)

**Persons on board the Diamond Princess cruise ship harbored in Yokohama, Japan

WHO Risk Assessment
China Very High
Globally Very High
Caribbean Very High
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). See Figure 1 for a timeline of regional events since the outbreak was detected in December 2019. CARPHA continues to work with its partners and countries, on 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. CARPHA’s reference diagnostic services are also available to all Member States who require access to testing. Countries in the region including the French territories of Martinique, Guadeloupe, French Guiana; the Dutch islands of Curacao, Aruba, St. Martin and the British territories of Anguilla, British Virgin Islands, Cayman Islands, Bermuda, Montserrat and Turks and Caicos also have capacity for testing or access to testing through regional or international means.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 6th, 2019</td>
<td>Onset of symptoms in first known case of pneumonia with unknown aetiology in Wuhan City, China</td>
</tr>
<tr>
<td>Jan 1st, 2020</td>
<td>CARPHA begins COVID-19 response preparedness with OMS, COHRI, CARICOM, CTIFL, OCHA and UN agencies</td>
</tr>
<tr>
<td>Jan 21st, 2020</td>
<td>- Activation of Incident Management Team-Emergency Response (IMT-ER) to share with regional stakeholders</td>
</tr>
<tr>
<td>Jan 27th, 2020</td>
<td>- Development of Technical Documents for Regional Guidance</td>
</tr>
<tr>
<td>Jan 30th, 2020</td>
<td>- WHO declared COVID-19 as a Public Health Emergency of International Concern (PHEIC)</td>
</tr>
<tr>
<td>Feb 6th, 2020</td>
<td>Notification of CARPHA’s readiness to accept specimens for diagnostic testing</td>
</tr>
<tr>
<td>Feb 25th, 2020</td>
<td>Expansion by IMT-ER of tracking of passengers to include countries with COVID travel advisories (Hong Kong, Japan, South Korea, Iran)</td>
</tr>
<tr>
<td>Mar 1st, 2020</td>
<td>- First confirmed case in the Caribbean region</td>
</tr>
<tr>
<td>Mar 5-7th, 2020</td>
<td>Discussions with Cruise Industry regarding Regional Health Protocols</td>
</tr>
<tr>
<td>Mar 10th, 2020</td>
<td>Declaration of the COVID-19 outbreak as a Pandemic by the WHO</td>
</tr>
<tr>
<td>Mar 11th, 2020</td>
<td>Updated COVID-19 lab protocol to include secondary cases and transmission associated with imported cases</td>
</tr>
<tr>
<td>Mar 20th, 2020</td>
<td>Confirmed COVID-19 cases in 13 CARPHA Member States</td>
</tr>
</tbody>
</table>

Figure 1: Time of Caribbean Regional events in response to the COVID-19 outbreak.
Epidemiological Summary

COVID-19 in the Caribbean

Since the previous report on March 20, 2020, the first confirmed cases of COVID-19 were reported in 5 countries within the region, new cases were also confirmed in 16 others, totalling to 372 cases in 28 countries/territories (including 19 CARPHA Member States), in the Caribbean Region. Since the last report the region has seen a 122% increase in the numbers of confirmed cases and recorded one additional death taking the total numbers of deaths to eight (8).

Globally

As of 23 March, WHO reported 332,935 cases of patients with COVID-19 with the total number deaths soaring past 15,000. Outside of China, 188 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 11,234, which is now greater than the total number of deaths within China (3,267). Several new countries, areas or territories in Asia (Syrian Arab Republic, Timor-Leste), Oceania (Fiji, New Caledonia, Papua New Guinea), Europe (Isle of Man), Africa (Angola, Cabo Verde, Chad, Eritrea, Madagascar, Mozambique, Niger, Uganda, Zimbabwe), the Americas (El Salvador, Nicaragua) and the Caribbean reported their first confirmed case of COVID-19 in the last 72 hours. Table 2 below are obtained from data reported by the WHO, supplemented by other sources – (Reference 1 and 2 in Table 2). 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.

According to WHO media release today , WHO indicated that the new coronavirus pandemic is clearly "accelerating", but stressed it was still possible to "change the trajectory" of the outbreak. It took 67 days from the beginning of the outbreak in China in late December for the virus to infect the first 100,000 people worldwide. In comparison, it took 11 days for the second 100,000 cases and just four days for the third 100,000 cases, he said. The number of cases is believed to represent only a fraction of the true number of infections, with many countries only testing the most severe cases in need of hospitalisation. "Asking people to stay at home and other physical distancing measures are an important way of slowing down the spread of the virus but attack the virus with aggressive and targeted tactics such as testing every suspected case, isolating and caring for every confirmed case and tracing and quarantining every close contact is critical”
Table 1: Countries or Territories with reported cases of COVID-19, 23 March 2020

<table>
<thead>
<tr>
<th>Region</th>
<th>Country/Territory</th>
<th>Cases</th>
<th># new cases in last 72hrs</th>
<th>Deaths</th>
<th>Recovered</th>
<th>% of cases still active*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Caribbean and the Americas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>Caribbean*</td>
<td>346</td>
<td>191</td>
<td>8</td>
<td>9</td>
<td>86.1</td>
</tr>
<tr>
<td>Americas</td>
<td>United States of America</td>
<td>31,573</td>
<td>24,486</td>
<td>402</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td></td>
<td>Rest of Americas**</td>
<td>2,182</td>
<td>1,378</td>
<td>24</td>
<td>56</td>
<td>96.3</td>
</tr>
<tr>
<td></td>
<td>Canada</td>
<td>1,384</td>
<td>815</td>
<td>19</td>
<td>no data</td>
<td>no data</td>
</tr>
<tr>
<td></td>
<td>Brazil</td>
<td>904</td>
<td>613</td>
<td>11</td>
<td>2</td>
<td>98.6</td>
</tr>
<tr>
<td></td>
<td>Chile</td>
<td>632</td>
<td>394</td>
<td>1</td>
<td>11</td>
<td>98.1</td>
</tr>
<tr>
<td><strong>Asia, Oceania, Europe, Africa and Other</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asia</td>
<td>China**</td>
<td>81,601</td>
<td>427</td>
<td>3276</td>
<td>72,847</td>
<td>6.7</td>
</tr>
<tr>
<td></td>
<td>Iran</td>
<td>21,638</td>
<td>4277</td>
<td>1685</td>
<td>8,376</td>
<td>53.5</td>
</tr>
<tr>
<td></td>
<td>South Korea</td>
<td>8,961</td>
<td>548</td>
<td>111</td>
<td>3,166</td>
<td>63.4</td>
</tr>
<tr>
<td></td>
<td>Rest of Asia**</td>
<td>7,568</td>
<td>3769</td>
<td>121</td>
<td>754</td>
<td>88.4</td>
</tr>
<tr>
<td></td>
<td>Malaysia</td>
<td>1,306</td>
<td>633</td>
<td>10</td>
<td>159</td>
<td>87.1</td>
</tr>
<tr>
<td></td>
<td>Japan</td>
<td>1,089</td>
<td>216</td>
<td>41</td>
<td>235</td>
<td>74.7</td>
</tr>
<tr>
<td>Oceania</td>
<td>Australia</td>
<td>1,396</td>
<td>886</td>
<td>7</td>
<td>119</td>
<td>91.0</td>
</tr>
<tr>
<td></td>
<td>New Zealand</td>
<td>102</td>
<td>82</td>
<td>0</td>
<td>0</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>Rest of Oceania**</td>
<td>52</td>
<td>44</td>
<td>0</td>
<td>0</td>
<td>98.1</td>
</tr>
<tr>
<td>Europe</td>
<td>Italy</td>
<td>59,138</td>
<td>23,425</td>
<td>5,476</td>
<td>7,432</td>
<td>78.2</td>
</tr>
<tr>
<td></td>
<td>Rest of Europe**</td>
<td>29,015</td>
<td>14,817</td>
<td>436</td>
<td>757</td>
<td>95.9</td>
</tr>
<tr>
<td></td>
<td>Spain</td>
<td>28,572</td>
<td>14,856</td>
<td>1,720</td>
<td>3,355</td>
<td>82.2</td>
</tr>
<tr>
<td></td>
<td>Germany</td>
<td>24,774</td>
<td>16,576</td>
<td>94</td>
<td>422</td>
<td>97.9</td>
</tr>
<tr>
<td></td>
<td>France</td>
<td>15,821</td>
<td>6,778</td>
<td>674</td>
<td>2,200</td>
<td>81.8</td>
</tr>
<tr>
<td></td>
<td>Switzerland</td>
<td>6,971</td>
<td>3,961</td>
<td>60</td>
<td>131</td>
<td>97.3</td>
</tr>
<tr>
<td></td>
<td>The United Kingdom</td>
<td>5,687</td>
<td>3,057</td>
<td>281</td>
<td>135</td>
<td>92.7</td>
</tr>
<tr>
<td>Africa</td>
<td>Rest of Africa**</td>
<td>594</td>
<td>383</td>
<td>10</td>
<td>18</td>
<td>95.1</td>
</tr>
<tr>
<td></td>
<td>Egypt</td>
<td>327</td>
<td>131</td>
<td>14</td>
<td>56</td>
<td>78.6</td>
</tr>
<tr>
<td></td>
<td>South Africa</td>
<td>274</td>
<td>158</td>
<td>0</td>
<td>4</td>
<td>98.5</td>
</tr>
<tr>
<td></td>
<td>Algeria</td>
<td>201</td>
<td>129</td>
<td>17</td>
<td>65</td>
<td>59.2</td>
</tr>
<tr>
<td></td>
<td>Morocco</td>
<td>115</td>
<td>66</td>
<td>4</td>
<td>3</td>
<td>93.9</td>
</tr>
<tr>
<td>Other</td>
<td>International conveyance(Diamond Princess Cruise Ship)</td>
<td>712</td>
<td>0</td>
<td>7</td>
<td>567</td>
<td>19.4</td>
</tr>
<tr>
<td>Total</td>
<td>Total</td>
<td>332,935</td>
<td>123,096</td>
<td>14,510</td>
<td>100,885</td>
<td>56.1</td>
</tr>
</tbody>
</table>

*Active cases = Total cases – (Number of cases recovered + Number of deaths)
*Cases: Jamaica (19), French Guiana (18), Cuba (16), Aruba (8), United States Virgin Islands (6), Barbados (5), Guyana (5), Saint Martin (5), Bahamas (4), Cayman Islands (3), Curaçao (3), Saint Barthélemy (3), Bermuda (2), Haiti (2), Saint Lucia (2), Suriname (2), Antigua and...
### Region | Country/Territory | Cases | # new cases in last 72hrs | Deaths | Recovered | % of cases still active$^*$
--- | --- | --- | --- | --- | --- | ---
Barbuda (1), Grenada (1), Montserrat (1), Saint Vincent and the Grenadines (1), Sint Maarten (1) | Deaths: Cayman Islands (1), Cuba (1), Curacao (1), Guyana (1), Jamaica (1).

$^*$ For full details on all countries’ data visit Sources listed below. Numbers are updated throughout the day and may vary from what is listed at time of publishing.

Sources: (1) WHO Situation Dashboard Accessed at 1:30pm 23 March 2020. Available from: https://experience.arcgis.com/experience/685d0ace521648f8a5beeee1b9125cd

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, the World Health Organization (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.\(^1\)

**New Population-based sero-epidemiological 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 sero-epidemiological investigation protocol for COVID-19 virus infection is available from their website and can be tailored for the country-specific context.\(^2\)

### 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 23 March, there have been 136 cases confirmed from CMS, the majority reported on 21 March (Figure 2).

For the cases for which data was available, the majority were aged 50 years and over. There was no age provided for most cases (Figure 3).
Among cases for whom a source of infection was reported, 71% were imported; and 16% appeared to be close contacts (secondary cases) of a known imported case (Figure 4).

Data available identified cruise ship, the United States of America and the United Kingdom as the top three locations where cases reportedly acquired their illness (Figure 5).

- 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.
### Table 3: CARPHA Surveillance received from Member States, as of 23 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>*</td>
<td>55</td>
<td>*</td>
</tr>
<tr>
<td>Travellers self-quarantined at home</td>
<td>*</td>
<td>16</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>0</td>
<td>0</td>
<td>*</td>
</tr>
<tr>
<td>Probable</td>
<td>0</td>
<td>0</td>
<td>*</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>10</td>
<td>*</td>
</tr>
</tbody>
</table>

5 To date two Member States reported data for EPI-Week 11. 7 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 12 of this Report).
- CARPHA submitted its Business Continuity Plan and telework deliverables for all CARPHA employees, in the event that there is national shutdown at all three campuses.
- Dr. St. John was interviewed for Radio Jamaica new programme - Beyond the headlines.

---

CARPHA participated in its weekly coordination meeting with CDEMA and PAHO.

CARPHA secured agreement for Chronic Disease Research Centre of the UWI, Barbados to attempt modelling of estimates of severe and critical cases in CARPHA Member States.

**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.

- **Effective Monday March 23rd** ALL samples which meet the criteria for a suspect or probable case in accordance with the WHO case definition for COVID-19 will be tested for CARPHA Member States.

- **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.

- To date, CARPHA has received 432 samples from 13 CMS, 68 (15.7%) of which have tested positive.

**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

- 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](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.

- 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.
- 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 reminding Member States 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
• COVID-19 Confirmed in CARPHA Member States
• 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 COVID-19 Series No. 2: Travelling on airplanes and cruise ships
• 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


