Coronavirus Disease (COVID-19) Pandemic

CARPHA Situation Report – No. 30

April 3, 2020

Summary

This is an update to the Situation Report published on March 31, 2020, in relation to the outbreak of COVID-19.

To date, there are 2783 cases in 32 countries/territories (including 23 CARPHA Member States), in the Caribbean Region. The risk of further importation of cases to the rest of 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 was convened on 24 March.

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

NEW in this report

- Update on Transmission of COVID-19
- Update on confirmed cases in CARICOM Member States
- CARPHA Laboratory Updates

Numbers at a Glance*

Clinically diagnosed and laboratory confirmed cases

Globally
972,664 cases (252,950 new)

In the Caribbean Region
32 countries, areas or territories (0 new)
2783 cases (857 new)
126 recovered (44 new)
107 deaths (41 new)

Rest of the World
174 countries, areas or territories and Other** (3 new)
969,881 cases (252,093 new)
221,136 recovered (48,349 new)
50,220 deaths (16,613 new)

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

WHO Risk Assessment
China Very High
Globally Very High
Caribbean Very High

*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.

Situation Update

Up to 32 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, prevent the spread of the virus and save lives. 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.

On March 27, WHO’s Director-General at the media briefing on COVID-19 said the message was threefold: we must fight, unite and ignite. Fight to stop the virus with every resource at our disposal; unite to confront the
pandemic together; and ignite the industrial might and innovation of the G20 to produce and distribute the tools needed to save lives. He emphasised that we are one humanity, with one, common enemy. No country can fight alone; we can only fight together.1

PAHO / WHO Updates

1. Airborne transmission

There has been much debate about the use of masks for the general public. On April 2, PAHO noted that ‘in the context of COVID-19, airborne transmission may be possible in specific circumstances and settings in which procedures that generate aerosols are performed, generally in healthcare settings. The use of medical masks and respirators should be prioritized for these circumstances.’

Updated Case definitions

On March 20, WHO published updates to the case definitions in their Global Surveillance for COVID-19 caused by human infection with COVID-19 virus. Interim Guidance.2

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, regular meetings are convened.

Regional Coordinating Mechanism for Health Security (RCM HS)

CARPHA continues to work as part of the Regional Coordination Mechanism for Health Security held on Tuesday March 24 2020, with 42 participants from six Member States and associated Territories, and five agencies including CARICOM Secretariat, CDEMA, PAHO/WHO, Public Health Agency of Canada (PHAC) and CARPHA. CARPHA provided an epidemiological update for the Caribbean, noting the gaps in the data and requesting that CMS submit a de-identified line-listing with confirmed COVID-19 cases to CARPHA asap. They also provided updates on regional actions and collaboration with regional and international partners to address gaps and challenges experienced by countries. PAHO/WHO provided an update on Country Readiness Assessments and technical support provided to countries in the region. Discussion by Member States identified key gaps and

challenges in their response to COVID-19, which include laboratory testing, the limited availability of isolation facilities, ventilators and PPE. Member States also indicated that, while CARPHA maintained efficient turnaround time for testing of samples for COVID-19, the transportation of samples to CARPHA still meant a longer waiting time than preferred, especially in cases where the number of samples for testing was small. CARPHA will provide updated guidance for countries that indicated the need for support to build laboratory capacity for COVID-19 testing at the national level.

Epidemiological Summary

COVID-19 in the Caribbean

Since the previous report on March 31, 2020 no new countries reported their first confirmed case of COVID-19. Within the Caribbean region, additional cases were also confirmed in 24 countries, bringing the region’s total confirmed cases to 2783 cases in 32 countries/territories; 23 (72%) of these were CARPHA Member States. This represents an 44% increase in the numbers of confirmed cases and 41 additional deaths were recorded, taking the total numbers of deaths to 107.

Figure 1: Time of Caribbean Regional events in response to the COVID-19 outbreak.
The data contained in Table 1 below are obtained from data reported by the WHO, supplemented by other sources – (Reference 1 and 2 in Table 1).

As of April 3, the WHO reported 972,640 cases of patients with COVID-19. Outside of China, 206 countries, areas or territories have confirmed at least one case among travellers exposed while abroad and/or person-to-person contact. Eighty percent of all cases (781,074) were reported by 10 countries, seven of which are within the European Region. One three new territories in the African Region (Botswana, Burundi, Malawi) reported its first confirmed case of COVID-19 in the last 72 hours. See Table 1 below for more details on cases, deaths and recoveries.

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 1: Countries or Territories with reported cases of COVID-19, 3 April 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>Region of the Americas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>Dominican Republic</td>
<td>1380</td>
<td>479</td>
<td>60</td>
<td>16</td>
<td>94.5</td>
</tr>
<tr>
<td>Rest of the Caribbean*</td>
<td></td>
<td>571</td>
<td>121</td>
<td>18</td>
<td>46</td>
<td>88.8</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td></td>
<td>316</td>
<td>142</td>
<td>12</td>
<td>0</td>
<td>96.2</td>
</tr>
<tr>
<td>Cuba</td>
<td></td>
<td>233</td>
<td>63</td>
<td>6</td>
<td>13</td>
<td>91.8</td>
</tr>
<tr>
<td>Martinique</td>
<td></td>
<td>131</td>
<td>20</td>
<td>3</td>
<td>27</td>
<td>77.1</td>
</tr>
<tr>
<td>Guadeloupe</td>
<td></td>
<td>128</td>
<td>22</td>
<td>6</td>
<td>24</td>
<td>76.6</td>
</tr>
<tr>
<td>Americas</td>
<td>Rest of the Region**</td>
<td>316</td>
<td>142</td>
<td>12</td>
<td>0</td>
<td>96.2</td>
</tr>
<tr>
<td><strong>Other Regions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Pacific Region**</td>
<td></td>
<td>108,930</td>
<td>4,063</td>
<td>3,760</td>
<td>85,446</td>
<td>18.1</td>
</tr>
<tr>
<td>European Region**</td>
<td></td>
<td>542,076</td>
<td>149,378</td>
<td>37,106</td>
<td>100,439</td>
<td>74.6</td>
</tr>
<tr>
<td>South-East Asia Region **</td>
<td></td>
<td>5,881</td>
<td>1,666</td>
<td>245</td>
<td>973</td>
<td>79.3</td>
</tr>
<tr>
<td>Eastern Mediterranean Region **</td>
<td></td>
<td>62,236</td>
<td>11,887</td>
<td>3,439</td>
<td>19,688</td>
<td>62.8</td>
</tr>
<tr>
<td>African Region **</td>
<td></td>
<td>5,332</td>
<td>1487</td>
<td>164</td>
<td>443</td>
<td>88.6</td>
</tr>
<tr>
<td>Other</td>
<td>International conveyance( Diamond Princess Cruise Ship)</td>
<td>712</td>
<td>0</td>
<td>11</td>
<td>619</td>
<td>11.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>972,640</td>
<td>252,940</td>
<td>50,325</td>
<td>221,262</td>
<td>72.1</td>
</tr>
</tbody>
</table>

*Active cases = Total cases – (Number of cases recovered + Number of deaths)
**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 10:00am 3 April 2020. Available from: https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd

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

Clinical presentation of COVID-19

These are the following signs and symptoms of COVID-19 present at illness onset. These signs and symptoms can vary:

<table>
<thead>
<tr>
<th>Most common</th>
<th>Atypical</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fever (83–99%)</td>
<td>• Older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms.</td>
</tr>
<tr>
<td>• Cough (59–82%)</td>
<td></td>
</tr>
<tr>
<td>• Fatigue (44–70%)</td>
<td></td>
</tr>
<tr>
<td>• Anorexia (40–84%)</td>
<td></td>
</tr>
<tr>
<td>• Shortness of breath (31–40%)</td>
<td></td>
</tr>
<tr>
<td>• Sputum production (28–33%)</td>
<td></td>
</tr>
<tr>
<td>• Myalgias (11–35%)</td>
<td></td>
</tr>
</tbody>
</table>

Some patients have gastrointestinal symptoms such as diarrhea and nausea prior to developing fever and lower respiratory tract signs and symptoms. Researchers and doctors from Germany, China, Italy, South Korea and USA have reported that patients may also have a loss of smell (anosmia/hyposmia) and altered sense of taste dysgeusia.

Illness severity

Based on information published so far, the majority (81%) of cases have a mild form of illness, the remaining 19%, have a more severe form of illness, including 5% who are considered critical.

Treatments and Clinical Trials

PAHO indicated in their Situation Update of April 2, that WHO has received applications for review and approval of 40 diagnostic tests, 50 vaccines are in development and many clinical trials of therapeutics are underway. The first results are expected in a few weeks (More details on WHO SOLIDARITY Trials in Epidemiological Updates Section.

The Public Health Emergency SOLIDARITY Trial

On March 27, WHO’s Director-General at the media briefing on COVID-19 announced that the first patients to be enrolled in The Solidarity Trial, were in Norway and Spain. The drug trial will compare the safety and effectiveness of four different drugs or drug combinations against COVID-19. The aim of the study is to compare the effects on major outcomes in hospital of the local standard of care alone versus the local standard of care plus one of four alternative anti-viral agents. More than 45 countries are contributing to the historic trial, which is expected to dramatically cut the time needed to generate robust evidence about what drugs work.

Discussions are under way in the Caribbean about participation of Member States in this trial. CARPHA will provide updates on this once further progress is made and more information becomes available.

**Hydroxychloroquine use for treating COVID-19:** Hydroxychloroquine is a drug that is approved for the treatment and prevention of malaria and treatment of symptoms of rheumatoid arthritis. On March 28, 2020, the United States Food and Drug Administration issued an Emergency Use Authorization (EUA) to allow hydroxychloroquine sulphate and chloroquine phosphate products for doctors to prescribe to adolescent and adult patients hospitalized with COVID-19, as appropriate, when a clinical trial is not available or feasible.\(^5\)

There are currently clinical trials around the world that are evaluating the use of Hydroxychloroquine for the treatment of COVID-19 infection. The drug can cause acute haemolysis and is not recommended for persons with the genetic disorder glucose-6-phosphate dehydrogenase (G-6-PD) deficiency, which is common in persons of African descent, including people living in the Caribbean Region.

**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 April 3, there have been 479 cases confirmed from CMS, the majority reported on 21 March (Figure 3).

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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 4).

Among cases for whom a source of infection was reported, 65% were imported; and 28% appeared to be close contacts (local transmission) of a known imported case (Figure 5).

Data available identified cruise ships, the United Kingdom and the United States of America as the top three locations where cases reportedly acquired their illness (Figure 6).

CARPHA has a mandate to carry out surveillance of infectious diseases in the
Region. Member States are being reminded to send anonymous line listings of confirmed cases of COVID-19 with CARPHA to carpha-epidemiology@carpha.org using the to form a regional perspective on the progress of the outbreak and to inform planning and response.

- CARPHA is urging Member States to utilise the modified Weekly Syndromic Surveillance and COVID-19 Reporting Form to report on COVID-19 surveillance activities in each week’s report. With the majority of Member States now closing their borders, the form will be modified to capture imported cases and secondary/locally acquired cases.
- 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.
- A summary of COVID-19 surveillance received from Member States is presented in Table 2.

Table 2: CARPHA Surveillance received from Member States, as of April 3, 2020

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Travellers with exposure or travel history</td>
<td>118</td>
<td>3217</td>
<td>0</td>
<td>9</td>
<td>118</td>
<td>3226</td>
</tr>
<tr>
<td>Symptomatic travellers seen at Health facilities</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>Travellers quarantined by public health authority</td>
<td>*</td>
<td>501</td>
<td>*</td>
<td>0</td>
<td>*</td>
<td>501</td>
</tr>
<tr>
<td>Travellers self-quarantined at home</td>
<td>*</td>
<td>2110</td>
<td>*</td>
<td>0</td>
<td>*</td>
<td>2110</td>
</tr>
<tr>
<td>No. of travellers completing 14-day isolation/quarantine</td>
<td>12</td>
<td>131</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>131</td>
</tr>
<tr>
<td>No. of travellers tested during the reporting period</td>
<td>174</td>
<td>402</td>
<td>0</td>
<td>0</td>
<td>174</td>
<td>402</td>
</tr>
<tr>
<td>Outcome of tests</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive</td>
<td>33</td>
<td>61</td>
<td>0</td>
<td>4</td>
<td>33</td>
<td>65</td>
</tr>
<tr>
<td>Probable</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Negative</td>
<td>136</td>
<td>268</td>
<td>0</td>
<td>8</td>
<td>136</td>
<td>276</td>
</tr>
</tbody>
</table>

To date six Member States reported data for EPI-Week 13. * 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 submitted its Business Continuity Plan and telework deliverables for all CARPHA employees, in preparation for the possibility of national shutdowns at all three campuses.
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. These are summarised at the end of this document and can be accessed from CARPHA website at http://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus.

### Laboratory

**Revised Requirements for Sampling of Suspected Cases:** Following recent consultations with PAHO/WHO clinical advisors and based on scientific guidance received, CARPHA has increased the time period during which samples can be taken from suspected cases of COVID-19. Samples can be taken from as early as day 0 to as much as ten (10) days following the onset of symptoms.

Effective Wednesday April 1, 2020, the CARPHA Medical Microbiology Laboratory (CMML) temporarily suspended the molecular detection of Influenza A and B viruses for more efficient use of available resources for COVID-19 testing.

CARPHA through the Caribbean Public Health Laboratory Network (CariPHLN), launched a virtual training package for medical and hospital laboratories with current information on newly available diagnostic platforms for detection of SARS-CoV-2; applicable laboratory biosafety and biosecurity guidance for handling and processing suspect/confirmed COVID-19 patient samples and to exchange learning from others in the Network that already have capacity for the detection of SARS-CoV2.

CARPHA Medical Microbiology Laboratory (CMML) has modified the testing protocols in keeping with the Pandemic Response Phase of the COVID-19 emergency.

Effective Monday March 23, CMML will test ALL samples for COVID-19 from CARPHA Member States that fit the WHO definition of suspected or probable cases. Laboratory Updates No. 4 and 5 were circulated to all stakeholders on March 19 and March 20 respectively. Influenza A and B tests will be only performed upon specific request specified on the Laboratory Investigation Form.

Effective March 16 and until further notice, the algorithm for laboratory investigation of respiratory diseases no longer includes non-influenza viruses.

Effective March 2, only Nasopharyngeal and Oropharyngeal swabs (paired) are being accepted for testing at CMML. Neither urine nor serum will be further required.

To date, CARPHA has received 1070 samples from 12 CMS, 152 (14.2%) of which have tested positive.

The Turnaround time (TAT) of PCR results, a quality indicator of laboratory performance is on average to date 20 h 59 m. This is currently faster than the set TAT for COVID-19 PCR tests (24-48 h).

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• U.S. Food and Drug Administration (FDA) approved molecular test kits on March 23 from Cepheid for diagnostic use with GeneXpert Systems. Countries in the region may already use these systems to test for conditions such as tuberculosis. CARPHA noted that the kit could be used by countries which may only require 2-4 test/hour, once there is appropriate validation of performance in-country; CARPHA is willing to assist countries in their verification processes.

Communication and Information
• CARPHA hosted a virtual regional media briefing on Wednesday April 1, to discuss testing for COVID-19 and dissemination of results. A recording of this briefing can be found at https://youtu.be/fJVNPglRnxE
• On March 26, Dr Lisa Indar, Assistant Director, Surveillance, Disease Prevention and Control Division and Dr Stephanie Fletcher-Lartey were guests on the Power Breakfast Show on Power 102 FM, Trinidad and Tobago.
• On March 25, Dr Lisa Indar, Assistant Director, Surveillance, Disease Prevention and Control Division was a guest on Top of the Morning Show on Jamaica’s Edge 105FM to discuss CARPHA’s work in the age of the coronavirus.
• On March 25, Dr. St John was a guest on Belize’s Channel 5 Open Your Eyes Morning Show to discuss the regional perspective on how countries are responding to COVID-19; and share lessons learnt and best practices from other countries
• CARPHA Communications Unit has produced social media products for various audiences and has maintained an active social media presence on Facebook, Instagram and Twitter.
• The latest media release, infographics 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:
• On April 1, CARPHA held a Coordination Group meeting with Tourism partners
• On April 1, Dr. St. John presented to the RSS Security Chiefs.
• CARPHA continues its 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.

The WHO Director General has asked that individuals and countries to refrain from using therapeutics that have not been demonstrated to be effective in the treatment of COVID-19. Various trials are underway to test drugs for use in treating COVID-19 cases. Discussions are underway in the region to determine participation in the WHO SOLIDRITY trial.

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. Available on the website are Technical Documents, Media Releases and Communications Material.

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