Summary

Coronavirus Disease (COVID-19) Pandemic

This is an update to the CARPHA Situation Report published on August 27, 2020, in relation to the COVID-19 pandemic.

To date, there are 169,117 cases in 33 countries/territories (including 24 CARPHA Member States), in the Caribbean Region. The risk of further cases occurring in the Caribbean remains Very High. Countries must continue to focus on interrupting viral transmission and reducing mortality associated with COVID-19.

CARPHA is leading the regional health response, actively working with CARICOM Member States and key partners on region-wide approaches to the COVID-19 response. At this time, some Member States are reporting an increase in positive cases as a result of reopening their borders and continued repatriation of nationals. A few countries have reported clusters and some level of community transmission. In all countries, it remains critical that active surveillance and COVID-19 prevention measures, including physical distancing, hand hygiene and wearing of masks in public are maintained.

New in this Report

- Surveillance and Epidemiology of COVID-19 in 24 Member States
- CARPHA Health Information Unit: building capacity for reliable health information during the COVID-19 pandemic.

NUMBERS AT A GLANCE*

Globally
- 25,327,435 cases (1,305,830 new)

Caribbean Region
- 33 countries, areas, or territories
- 169,117 cases (8,020 new)
- 94,843 recovered (7,250 new)
- 2,816 deaths (168 new)

Rest of the World
- 182 countries, areas, or territories and international conveyances
- 25,158,318 cases (1,297,810 new)
- 16,793,635 recovered (1,029,151 new)
- 845,450 deaths (26,634 new)

* Figures reported by WHO supplemented with additional data from local country reports.

SITUATION IN NUMBERS

COVID-19 in the Caribbean

Since the previous report on August 27, 2020, an additional 8,020 cases of COVID-19 were confirmed in 24 countries within the Caribbean, bringing the region’s total confirmed cases to 169,117 in 33 countries/territories. This new total represents a 5% increase in the number of confirmed cases. There were 2,816 deaths recorded in the Caribbean Region as at September 1, 2020.
As of September 1, 2020, the WHO reported 25,327,098 cases of patients with COVID-19. A total of 216 countries, areas or territories have confirmed at least one case among travellers exposed while abroad and/or person-to-person contact.

Since the last Situation Report on August 27, 2020, no new countries, areas or territories reported their first confirmed case of COVID-19, while 29 reported no new cases. Figure 1 shows a breakdown of cases by WHO Regions.

As of September 1, 2020, there have been 24,950 cases confirmed from CARPHA Member States (CMS); the highest number was reported on August 29, 2020. Figure 2 shows a distribution of the confirmed cases and incidence rate per 100,000 population in CMS to date.

Data in Figure 2 were extracted from published reports by the WHO and CARPHA Member States Ministries of Health Official websites.

Numbers may vary based on the time the information was extracted. See References.

Figure 2 shows the 7-day moving average among CMS. The value for each day represents the average number of cases for 7 days calculated using number of confirmed cases for the current day and the six days prior to the current day.

The highest 7-day average was observed on August 30, 2020.
Among cases in CMS for whom sex was reported, 55% were female and 45% were male as of September 1, 2020 (Figure 4).

For the cases for which data were available, the majority were between 20 and 59 years, with 30-39 being the modal age group. There was no age reported for the majority of cases (24,342) which are excluded from Figure 5, as of September 1, 2020.

Among the 24 Member States, 29% (7/24) have been classified as having sporadic transmission of COVID-19 among cases, 33% (8/24) have reported clusters, 25% (6/24) reported community transmission and 13% (3/24) currently have no cases as of September 1, 2020 (Figure 6).

Figure 6 is based on data reported on the WHO Dashboard. See references.

Laboratory

Between February 10, 2020 and August 31, 2020, CARPHA Medical Microbiology Laboratory (CMML) received 18,749 samples from 17 CMS, 1,605 (8.6%) of which have tested positive since the start of the outbreak and 1,101 results (5.9%) correspond to unique cases.

Figure 7 shows the progression of COVID-19 cases which have been confirmed in CMS from March – August 2020.

Figure 7: COVID-19 Progression in CMS*. Laboratory Confirmed New Cases: February 10 — August 31, 2020
CARPHA’S COVID-19 RESPONSE

Stakeholder Engagement and Communication

CARPHA is working closely with various stakeholders for a coordinated regional response. Recent key highlights include:

- **August 28, 2020:** Dr. St. John participated in the following:
  - Handover of COVID-19 supplies to the Government of Barbados at the RSS Air Wing.
  - Orientation to the Africa Medical Supplies Platform.
  - PAHO presentation on the COVAX facility to the CARICOM CMOs.
- **August 27, 2020:** Dr. St. John participated in a consultation on the Crime and Security aspect of the CARICOM Strategic Plan.
- **August 26, 2020:** Dr. St. John attended the Inaugural Meeting of the UWI Centre for Biosecurity Studies Steering Committee.
- **August 26, 2020:** CARICOM circulated the Savingram on the Requirements for the CARICOM Bubble based on recommendations developed by CARPHA.
- **August 26, 2020:** Dr. St. John recorded a short statement to celebrate UWITV, the public information and education service of The University of the West Indies to commemorate the one-year mark since UWITV went live as a dedicated 24-hour cable channel on FLOW EVO, showcasing original Caribbean-focused programming to millions across 15 nations in the region.
- **August 25, 2020:** Dr. St. John presented CARPHA updates at the CDEMA Core Coordination meeting.
- **August 24, 2020:** Dr. St. John participated in an interview with HCC NCDA Solidarity Grant on CARPHA’s responses to the COVID-19 pandemic and priorities and recommendations for accelerating and strengthening NCD prevention and control post-COVID-19.

CARPHA PRODUCTS

REGIONAL COVID-19 PUBLIC HEALTH CONSIDERATIONS FOR REOPENING OF BORDERS AND RESUMING TRAVEL IN THE CARICOM REGION

CARPHA, as part of its mandate in leading the regional health response to COVID-19, has developed a suite of “Health Considerations” to successfully exit the COVID-19 lockdown, reopen borders and resume travel. As of June 2020, CARICOM countries started a phased re-opening of their borders and businesses and as expected, have experienced an increase in imported COVID-19 cases. Reopening and recovery require a careful balance between reducing restrictive measures and ensuring adequate measures are implemented to reduce importation and spread of new cases; and to ensure that capacity is ramped up to rapidly identify, test, isolate and trace contacts of new cases. In the absence of a vaccine, COVID-19 will continue to be a grave public health, security, and economic threat. The full document can be accessed [here](https://www.carpha.org) and infographics [here](https://www.carpha.org).

- **Caribbean Countries that have issued Travel Advisories due to COVID-19**—August 28, 2020.
- **In-Home Repair and Field Services in the Caribbean during the COVID-19 Pandemic—Interim Guidance**—August 26, 2020.

- Links to Public Education Resources [https://www.carpha.org/What-We-Do/Public-Health/Novel-Coronavirus](https://www.carpha.org/What-We-Do/Public-Health/Novel-Coronavirus)
- Links to Media [https://www.carpha.org/More/Media/Articles](https://www.carpha.org/More/Media/Articles)
- Links to Videos [https://www.youtube.com/user/CARPHACampus](https://www.youtube.com/user/CARPHACampus)
NEWS AND INFORMATION

CARPHA Health Information Unit: building capacity for reliable health information during the COVID-19 pandemic

The Health Information Unit is part of the Health Information, Communicable Diseases and Emergency Response Department. The unit manages data submitted by Member States as part of the general surveillance of syndromes, communicable diseases and mortality in CMS. The unit builds capacity within Member States in the area of data quality, medical death certification and mortality coding.

COVID-19 Death Certification

Reliable knowledge on the mortality and causes of death in a population are key to guiding public health decisions. The primary source of mortality data is from the cause of death section on the medical certificate of death (MCOD). It is this data researchers will be keenly reviewing to gain a better understanding of the morbid events surrounding COVID-19 deaths in our communities.

Given the novelty of COVID-19, WHO issued guidance on the recording and coding of COVID-19 deaths. CARPHA has been building Member State’s capacity to use these guidelines through participation in webinars; the first of which was held collaboratively with PAHO, with over 100 attendees from CMS, and answering specific queries on complicated COVID-19 deaths.

COVID-19 Summary Data Collection

To present a comprehensive epidemiologic profile of COVID-19 in CMS, CARPHA routinely collects and analyses surveillance information on COVID-19 from Member States through several sources including:

- Weekly Syndromic Surveillance and COVID-19 Reporting Form
- COVID-19 clinical line listings
- Official country websites

This data is presented at different fora such as webinars, regional meetings and Pandemic Situation Reports.

The Health Information Unit also ensures that routine surveillance for other reportable illnesses and technical support for health information systems continues, as part of the non-COVID-19 essential services provided to Member States.

REFERENCES

https://www.arcgis.com/home/webmap/viewer.html?useExisting=1&layers=c0b356e20b30490c8b8b4c7bb9554e7c&layerId=1