COVID-19
CORONAVIRUS DISEASE

NUMBERS AT A GLANCE as of May 1, 2020

**Caribbean**
- 11,990 confirmed cases
- 33 countries, territories or areas (of which 24 are CARPHA member states [CMS])
- 2,763 persons recovered
- 530 reported deaths

**Globally**
3,145,443 confirmed cases

**Rest of the World (apart from the Caribbean)**
- 3,133,453 confirmed cases
- 180 countries, areas or territories and Other*
- 1,019,563 persons recovered
- 221,293 reported deaths

*Sons on board the Diamond Princess cruise ship

SITUATION UPDATE

**TREND IN CARPHA MEMBER STATES:**
Among cases for whom a source of infection was reported, 36% were imported; and 40% appeared to be close contacts (local transmission) of a known imported case.

**LABORATORY:**
Since February 10 and as of April 30, 2020, the Caribbean Public Health Agency (CARPHA) has received 3,049 samples from 14 CMS, 399 (13.08%) of which have tested positive since the start of the outbreak.

NEW INFORMATION UPDATE

1. In celebration of the 18th Vaccination Week in the Americas, from April 25 – May 2, CARPHA urges Member States to continue to maintain their vaccine coverage while fighting the COVID-19 pandemic.
2. The WHO declared that the COVID-19 outbreak continues to constitute a Public Health Emergency of International Concern and issued Temporary Recommendations under the International Health Regulations. For more information, click here.

DEFINITIONS

**SUSPECTED COVID-19 CASE DEFINITIONS:**

**Case A**
A person with:
- fever
- at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath)
- AND a history of travel during the 14 days prior to symptom onset

**Case B**
A person with:
- fever
- at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath)
- AND having been in contact with a confirmed COVID-19 case (in the last 14 days prior to symptom onset)

**Case C**
A person with:
- fever
- at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath)
- AND requiring hospitalization
- AND in the ABSENCE of an alternative diagnosis that fully explains the clinical presentation
IMPORTED CASE vs LOCAL SPREAD (SECONDARY CASE) vs COMMUNITY SPREAD:

- Exposed to COVID-19 abroad
- Developed symptoms in home country
- Tested positive

E.g. Husband

E.g. Wife

Secondary case:
- No travel history
- Exposed to an imported case
- Developed symptoms and tested positive
- Able to identify source of, or link to infection

Community Spread:
- Persons in the community developed symptoms and tested positive
- No travel history or contact with an imported case or confirmed COVID-19 case
- Source of, or link to infection is unknown

DEFINITION FOR REPORTING COVID-19 DEATH:

“WHO has published a definition for reporting COVID deaths: a COVID-19 death is defined for surveillance purposes as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID disease (e.g., trauma). There should be no period of complete recovery between the illness and death.”

CLINICAL PRESENTATION OF COVID-19

*MOST COMMON*

- Fever (83-99%)
- Cough (59-82%)
- Fatigue (44-70%)
- Shortness of breath (31-40%)
- Productive cough (28-33%)
- Muscle pain (11-35%)

*ATYPICAL*

Older adults and persons with medical conditions may have delayed presentation of fever and respiratory symptoms.

Some persons experience gastrointestinal symptoms such as diarrhoea and nausea before developing fever and lower respiratory tract signs and symptoms. Some persons have also reported loss of smell and an altered sense of taste.

**ILLNESS SEVERITY**

**MILD to MODERATE:**
Patients present with mild symptoms up to mild pneumonia.

81%

**SEVERE:**
Patients have severe difficulty breathing, low oxygen levels and >50% lung involvement on imaging.

14%

**CRITICAL:**
Patients can have respiratory failure, shock and multi-organ system dysfunction.

5%
It can be transferred from person to person via tiny droplets from the nose or mouth of the COVID-19 infected persons when they cough or sneeze. A healthy individual can get this disease after touching surfaces such as desks and door handles where the droplets from an infected person have fallen.

**PREVENTION OF DISEASE**

**SOCIAL DISTANCING**

Social Distancing is a method used to stop or slow down the spread of a disease in the community. It requires limiting the time we spend with persons outside of our close family and/or house mates. The idea is to limit contact between persons infected with COVID-19 and those who are not. Simply put, it means putting more space between persons to decrease the chance of spread and thus, infection.

Social Distancing includes:

- When outside of your home, maintain at least 2 metres (6 feet) away from everyone
- Working from home or attending online classes
- Avoiding gatherings with friends
- Avoiding public transportation unless necessary
- Staying at home unless absolutely necessary

**PRECAUTIONARY MEASURES**

**CLEAN YOUR HANDS**

Wash your hands often and carefully with soap and water for at least 20 seconds or clean with an alcohol-based hand rub.

**CATCH IT, BIN IT, KILL IT!**

Cough or sneeze into your elbow or sleeve (not into your hands), if tissue is not available. Immediately wash your hands or use an alcohol-based hand sanitiser.

**AVOID CLOSE CONTACT**

Practice social distancing (2 metres or 6 feet) between yourself and others. Avoid contact with anyone who is coughing or sneezing.

**SEEK MEDICAL CARE**

If you have fever, cough and difficulty breathing, seek medical care early and share previous travel history with your health care provider.

**STAY HOME IF ILL**

If you develop symptoms, stay home. Avoid public transport, workplaces and public spaces. Seek medical care.

For more information of CARPHA’s activities and guidelines on COVID-19, please access Situation Report 40 - May 1 2020 on [https://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus](https://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus)
References

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