



THE UNIVERSITY
OF THE
WEST INDIES

COVID-19 TASK FORCE

Informing the Caribbean's Response

09 March 2020

UWI COVID-19 Task Force



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UWI COVID-19 Task Force

Expertise in virology, epidemiology, laboratory diagnostics, critical care medicine, veterinary medicine, tourism, trade, development, international relations, and communication.

Remit:

- to co-ordinate UWI's internal readiness (UWI-READY)
- to help inform the Caribbean's response

COVID-19: box summary

“COVID-19 is not SARS and it is not influenza. It is a virus with its own characteristics” Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)

- The COVID-19 virus belongs to the same coronavirus family as SARS
- COVID-19 is contagious, but in different ways to influenza and their transmission chains can be interrupted
- COVID-19 has a higher case fatality rate than influenza with very low rates in children and the highest rates in:
 - the elderly
 - persons with chronic diseases and other medical conditions

The virus

The coronaviruses are a large family of viruses that affect animals and humans. COVID-19 is a zoonotic disease, meaning that it has jumped from animal to human. Other coronaviruses that have jumped from animal to human are:

- 2003: SARS, from civets in Southern China
- 2012: MERS, from dromedary camels in the Middle East

The global epidemic of COVID-19 is driven by human-to-human transmission

** The correct scientific name for the virus that causes COVID-19 disease is SARS-CoV-2. To avoid confusion the Management Plan will use COVID-19 to describe the disease and COVID-19 virus to describe the virus, as has been done by the WHO:*

- *WHO Report: 'Getting your workplace ready for COVID-19'*
- *'Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)'*

Mode of transmission

*“Airborne spread has not been reported for COVID-19” **

COVID-19 is spread via droplet (also known as ‘aerosol’ transmission). This is different from airborne transmission

- droplets are produced from sneezing and coughing
- droplets are heavier than air and land on surfaces
- Coronaviruses may remain viable for several days on contaminated surfaces

Spread via droplet is:

- indirectly via the ‘hand to mouth’ route (touching a contaminated surface and then touching the face)
- directly into the face of a person, a particular risk for healthcare workers

* *‘Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)’*

Mode of transmission

“Airborne s

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COVID-19 is
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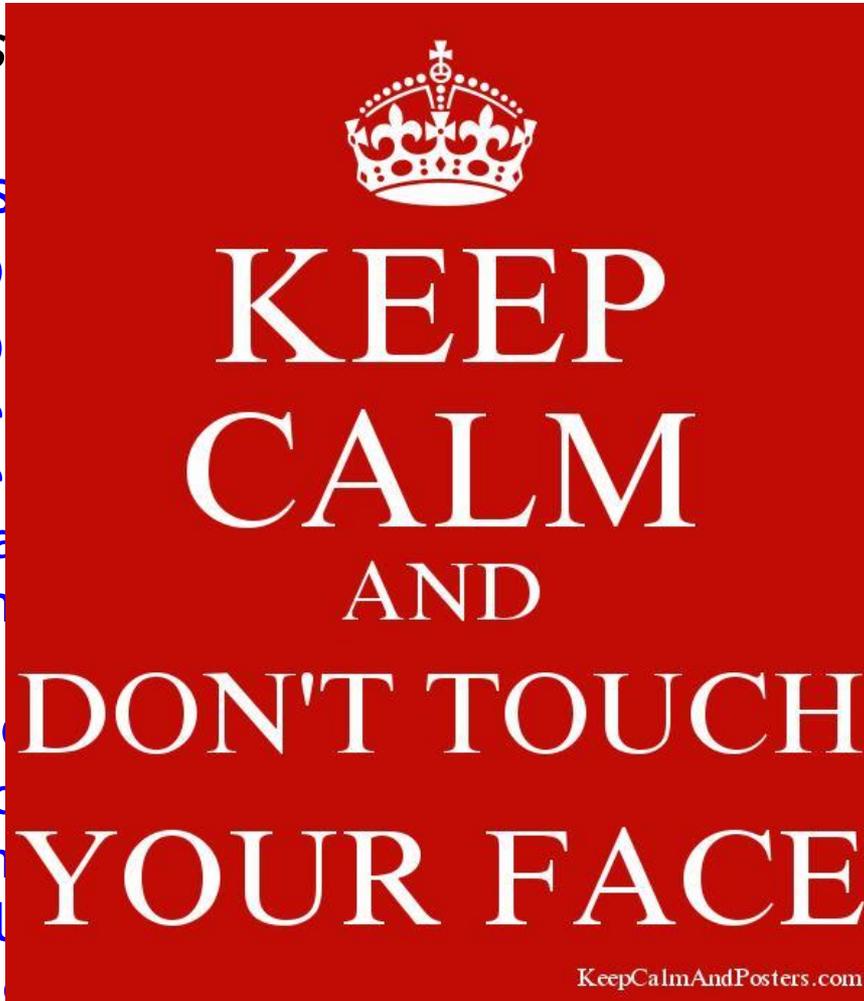
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* ‘Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)’

Protect yourself and others from getting sick

Wash your hands



- after coughing or sneezing
- when caring for the sick
- before, during and after you prepare food
- before eating
- after toilet use
- when hands are visibly dirty
- after handling animals or animal waste



World Health
Organization

Transmission in clusters

*“In China, human-to-human transmission of the COVID-19 virus is largely occurring in families” **

In provinces outside of the epicenter of Wuhan, Hubei Province cluster analysis reveals that 78-85% of clusters in Guangdong Province and Sichuan Province have occurred in families.*

Family clusters offer an opportunity to:

- trace contacts, isolate clusters, and interrupt transmission
- provide care and medical observation for families in self-isolation

* *‘Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)’*

Transmission in clusters

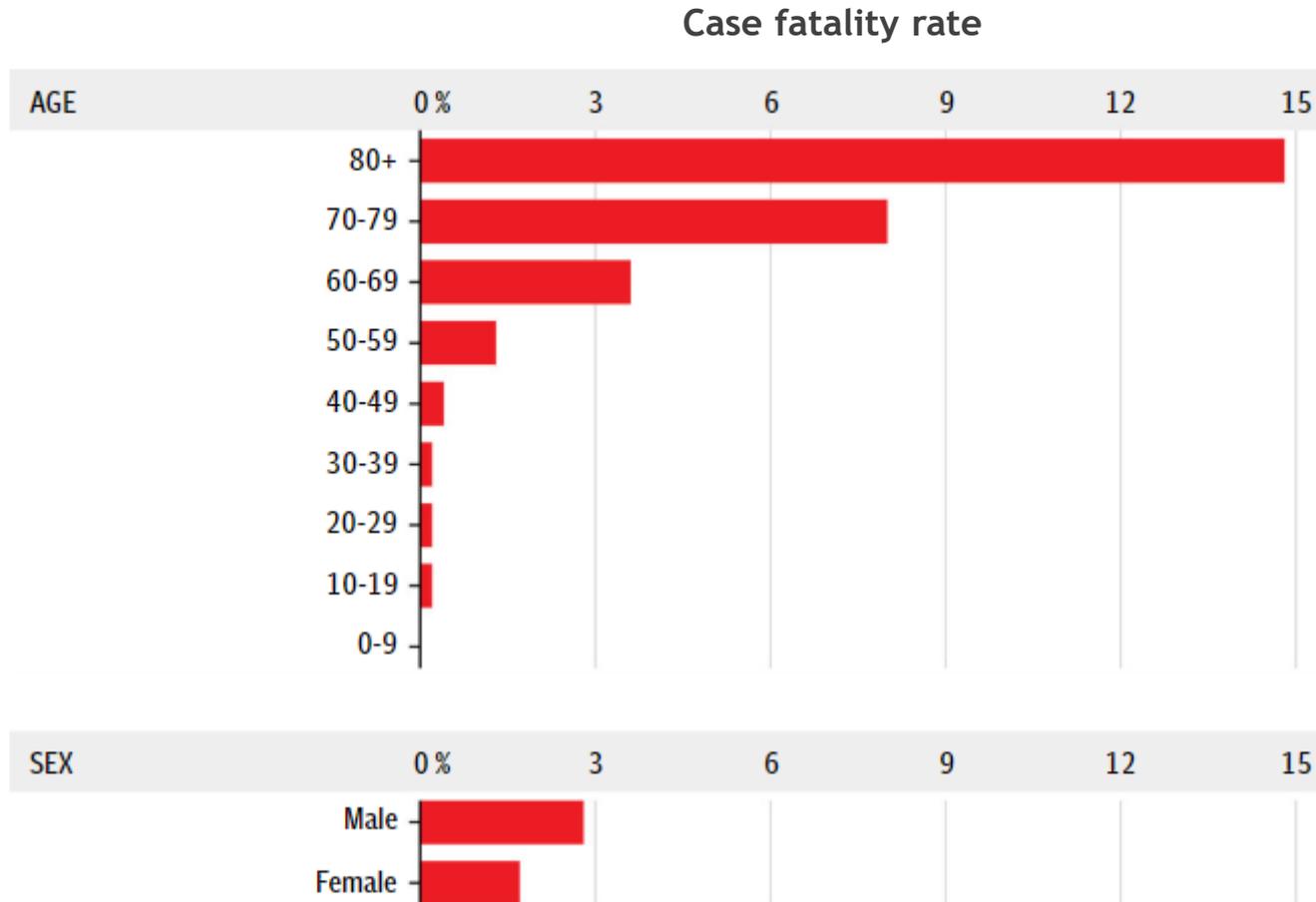
Clusters have been detected in ‘closed settings’*:

- long-term care facilities
- prisons
- cruise ships
- an outbreak among health care workers in Wuhan

Children: symptoms appear to be mild in children. To date no deaths due to COVID-19 have been recorded in children aged 0-9. * The role of children in the transmission of the virus is still unknown.

* ‘Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)’
CDC: ‘Coronavirus Disease 2019 (COVID-19) Situation Summary’
China CDC Weekly: ‘The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19)’

Who is at risk? Case fatality rate according to age and sex in China



(n = 44,672 laboratory confirmed cases, China CDC Weekly: 'The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19)'

Who is at risk? Comorbidities

Comorbid condition *	Case fatality rate (%)
cardiovascular disease	13.2
diabetes	9.2
hypertension	8.4
chronic respiratory disease	8.0
cancer	7.6

* *'Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)'*

Symptoms

Symptom *	prevalence (%)
fever	87.9
dry cough	67.7
fatigue	38.1
sputum production	33.4
shortness of breath	18.6
joint pain	14.8
sore throat	13.9
headache	13.6

Symptoms appear on average 5-6 days after exposure, with a range of 1-14 days

* *'Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)'*

Disease severity (in China)

80% of cases are mild to moderate*

14% of cases are severe

6% of cases are critical (intensive care)

Median recovery time is:

- 2 weeks for mild to moderate disease
- 3-6 weeks for severe and critical disease

** 'Report of the WHO-China joint mission on coronavirus disease 2019 (COVID-19)'
China CDC Weekly: 'The Epidemiological Characteristics of an Outbreak of 2019
Novel Coronavirus Diseases (COVID-19)'*

Give treatment a chance

It is a myth to say there is no treatment for COVID-19

- the crude case fatality rate in Wuhan is 5.8% compared to 0.7% in other areas of China
- **BUT** the fatality rate in Wuhan dropped from 21% in the early stages of the outbreak to 0.7% presently
- there have been 0 deaths from 684 cases in Germany

This suggests that mortality is higher when healthcare systems are under resourced or overstretched. Earlier identification of cases and contacts is therefore essential to allow earlier treatment*

** COVID-19 treatment is symptomatic and supportive e.g. provision of oxygen for patients with shortness of breath or treatment for fever. Antibiotics do not treat viral infections but if bacterial secondary infections develop then antibiotics may be administered*

Give treatment a chance

Intensive care capacity in the Caribbean is relatively limited. However, laboratory capacity for COVID-19 detection is better than for previous viral outbreaks affecting the region.

Hence a prevention, containment, isolation and treatment strategy should be a top priority in order to:

- limit spread of the virus
- leverage available lab testing for earlier identification and isolation and treatment of cases
- delay and flatten the epidemic curve
- give healthcare systems a chance to treat severe and critical cases

* *'Report of the WHO-China joint mission on coronavirus disease 2019 (COVID-19)'*

UWI-READY: A phased response

Current advice from the WHO, CDC, ECDC and CDEMA recommends a phased response for workplace readiness.* The following phases are recommended for UWI's response:

- 1 Preparedness phase: Steps that the institution can undertake on its own before cases are detected in-country
- 2 Containment phase: Steps that the institution takes together with national health ministries to isolate and contain sporadic cases
- 3 Transmission phase: When community transmission has been declared in-country, these steps are taken by the institution in conjunction with the national health ministry and within the regional disaster & emergency management framework

* *WHO Report: 'Getting your workplace ready for COVID-19'*

CDEMA: 'Proposal for a Regional Protocol for the Management of COVID 19 (Draft) February 29 2020'

CDC: 'Interim Guidance for Administrators of US Institutions of Higher Education (IHE) to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)'

UWI-READY: Management Plan

The UWI COVID-19 Management Plan provides overarching guidance to the leadership of UWI Campuses and Centre in preparing for - and responding to - the anticipated COVID-19 epidemic

The UWI COVID-19 Management Plan is intended to be operationalized in conjunction with:

- a Campus COVID-19 Management Team
- the Emergency Operational Plan of the Campus
- a health literacy campaign targeted at staff and students
- guidance provided by national health ministries and disaster & emergency management agencies

UWI-READY: Guiding principles

- undertake dynamic risk assessments using the best available scientific advice and evidence to inform decision making
- maintain trust and confidence among Campus administration
- minimize the potential health impact by slowing spread in the UWI Campuses
- ensure dignified treatment of all affected
- be active regional and global players - working with CARPHA, PAHO, WHO, CDC, ECDC and member countries *

* Landis RC 'Climate Change and Biosecurity - The Zika Lessons. *Journal of Eastern Caribbean Studies* 44(1), 179-187 (2019)

UWI-READY: Campus COVID-19 Management Team

Campus COVID-19 Management Teams have been established/are being established with expertise to guide the three phases of the response (preparedness, containment, and transmission). The main areas of responsibility are:

- 1 - Planning and preparedness
- 1 2 3 - Communication
- 1 2 3 - Continuity of teaching and learning
- 2 3 - Containment and treatment
- 2 3 - Business continuity



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Thank You

“together we will get through this”