



Communication to Parliament

An Update on the COVID-19 Response in The Bahamas

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HOUSE OF ASSEMBLY

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Mr. Speaker

COVID-19 is changing the world we once knew.

It is sobering to reflect on how the familiar has become the uncertain in just four months! not only for The Bahamas, but the entire world.

The world is facing an unprecedented challenge which threatens to erase much of the progress gained by the world economy. COVID-19 has profoundly affected trade, investment flows, and supply chains. This crisis has affected human capital, interrupted our lives, disturbed our system of learning, imposed financial burdens on many and reduced our productivity tremendously.

President of the World Bank Group, Davide Malpass, advised, “if we don’t move quickly to strengthen systems and resilience, the development gains of recent years can easily be lost.” He continued, this crisis will likely hit the poorest and most vulnerable countries – and people – the hardest.”

For now, our new norm may be daunting, particularly as we are all enduring the discomforts and annoyance of lockdowns and restrictions in movements with physical distancing from those we love. To be sure, the health professionals and indeed the ministry of health believe that there is strong, likely incontrovertible evidence that these measures are not only necessary but effective tools in the fight to flatten the curve of Covid-19 in the Bahamas.

We acknowledge, that some are skeptical, others are cynical...and many simply want and deserve transparency and honesty ... The good, the bad and the ugly truth as we all collectively walk an uncharted course.

There are theories in abundance... conspiracies and allegations. Indeed, there are movements now that deny the value of these measures or question the focus on the preservation of health and life.

Some of these views are gaining traction abroad and here at home... that we should sacrifice the weakest and least among us - as collateral damage in this Covid 19 war.

As Bahamians we have always been better than this. We have built a nation by lifting as we climb...by empowering those who could not crawl... to first walk and then run. We dismiss no one even if we move a little more slowly to carry those unable to move on their own. In so doing, we have built a richer, gentler nation.

So, 43 days after our first confirmed case, we must not lose hope. We can be encouraged as history has shown that in time, if we are diligent and do the right thing... this too shall pass. Our collective aim must be to minimize illness and death due to this novel and destructive coronavirus, COVID-19 while striking a balance to ensure social stability and economic solvency. This is no easy task, and a new paradigm for some, but it is doable to the extent there is individual, communal and corporate commitment to make it happen.

At the same time...we must plan carefully and deliberately for the reopening of our economy...at the right time...in the right way... with the right monitoring and evaluation.

We in health believe we can be bold... and innovative if we are armed with robust evidence. The caution now can lead to economic resilience and opportunities later...with fewer missteps or the need to back-track.

Mr. Speaker

Like most countries across the globe, The Bahamas has not been spared from the ravages of illness and death. As of April 26, 2020, we have had a total of eighty (80) confirmed cases, with eleven (11) lives lost. When I last spoke in this honorable house, we were at 29 cases. 21days later, the total number of eighty (80) cases represent a one hundred and twenty one percent (121%) increase over the last report.

Of the total cases, twenty two (22) have recovered and forty-seven (47) remain active. As may be expected, most of the cases sixty-four (64) are in New Providence accounting for 80% of all cases. Grand Bahama and Bimini and Cat Cay account for the remainder of cases with seven (7) and nine (9) cases, respectively. Females account for forty-eight (60%) of all cases although only thirty-six (36%) of deaths. Most cases, both sexes, fall in the age group 40-59 years. The case fatality ratio now stands at 13.8%.

What is extremely notable is that Bimini has emerged as a hot spot for the COVID-19 virus in The Bahamas.

Mr. Speaker

Current data in my Ministry on this outbreak, supports the view that spread of COVID in The Bahamas is occurring mostly through community transmission, recording just one imported case early in the outbreak and four (4) import-related cases. The remaining seventy-five (75) cases have all been determined to have occurred through spread of the virus within the country.

Of the eighty (80) cases, there are thirty-two (32) or forty (40%) males and forty-eight (48) or (60%) males –

Age (Years old)	Male	Females
19 and under	0	3
20 – 39	3	14
40 – 59	19	18
60 – 79	8	12
80 & over	<u>2</u>	<u>1</u>
	32	48

Mr. Speaker,

Currently, eight (8) of the eighty (80) confirmed cases are hospitalized in serious or critical condition at Doctor’s Hospital West and are carefully being attended to. Moreover, what is our unsung success, Mr. Speaker is that we now have a total of twenty-two (22) persons who have recovered from COVID-19. This simply means that they are no longer shedding virus and infecting others.

Mr. Speaker,

The last time I reported the number of deaths there were five (5). Currently, there are eleven deaths (11) in The Bahamas from COVID-19 as follows:

Cas e	Age	Sex	Island
#21	57	Female	Bimini
#17	67	Female	New Providence
#22	79	Male	New Providence
#23	80	Male	Grand Bahama
#18	72	Male	New Providence
#20	91	Male	New Providence
#40	51	Female	Grand Bahama
#41	56	Female	New Providence
#31	50	Male	New Providence
#60	53	Male	New Providence
#64	51	Male	New Providence

All these cases remain in the category of the most vulnerable.

- Their ages range from 50 – 91 years old.
- There are seven (7) males and four (4) females; and
- one (1) of the deceased is from Bimini, eight (8) from New Providence and two (2) from Grand Bahama.

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The Case Fatality Ratio of The Bahamas stands at 13.8%. Now the case fatality ratio is a measure of severity of a disease. It is calculated by comparing the number of cases that have died from COVID-19 to the number of cases of the disease. Notwithstanding the significant level of co-morbid illnesses that have contributed to this level of lethality We expect the case fatality rate to fall as we liberalize the criteria for testing. More tests...more positive cases.

Containment and breaking transmission has required implementation of aggressive and progressive public health measures, ranging from those fairly easy for the public to digest, like frequent hand sanitizing and proper respiratory hygiene and others not so easy such as domestic and international travel restrictions, mandatory

curfews and intermittent county wide lock-downs. These best practice recommendations having been applied... we believe that they are reaping benefits. While we continue to have cases, and the unfortunate deaths, we have managed to flatten the curve by having a maximum of six cases diagnosed on any one day and our acute care institutions have not been overwhelmed with assessment and management of COVID cases. We are not out of the woods by any stretch. We must continue the public health and social measures implemented. It is our best chance for us to make the best outcome of this unfortunate situation for all.

Mr. Speaker

Case identification, testing and isolation along with aggressive contact tracing and quarantine as appropriate are proven public health measures for controlling outbreaks. In pandemics, such as we are currently experiencing due to COVID, these measures become most important given the potential for uncontrolled spread in populations with no previous exposure and therefore no one having immunity and everyone susceptible to infection.

Mr. Speaker

Case confirmation is tied to laboratory testing capacity. Significant strides continue to be made in this area. Since my last update, we have accepted **one thousand donated**

RT PCR test kits as well as more than seven hundred RNA extractor kits and other reagents required for testing.

Despite an inventory of at least 4000 RT PCR kits, we remain challenged to expand testing to reach the elusive goal of testing-on-demand because of international supply chain limitations. Currently, our swab inventory stands at eleven hundred swabs remaining and our lab is currently exploring multiple avenues for enhanced capacity. we have ordered and are expecting 3D printed swabs, validation of samples such as sputum instead of nasopharyngeal swabs and locally produced viral transport media. We shall also partner with the private sector to provide PCR testing.

Very soon, persons wishing to be tested ...will be able to have them done at approved private labs. We are also closely monitoring the refinement of antibody tests. This weekend...we did a validation study of some 200 such tests.

As you may recall, I advised that we would be expanding our testing protocol to include health care workers and caregivers of vulnerable populations (nursing homes) as well as others who provide healthcare in the homes of elderly and ill or disabled people. I must now inform that testing priorities have now shifted due to the requirement to test all health care worker contacts associated with the eight confirmed cases in the Medical/Surgical Ward at PMH. Additionally, with one of the cases linked to the

Sandilands Rehabilitation Centre (SRC) testing of potentially exposed at that institution is also occurring.

I would like to update the Bahamian public regarding the activities at the Medical Surgical Ward II at Princess Margaret Hospital.

Sandilands Rehabilitation Centre transferred a patient from the Robert Smith Unit to the Medical Surgical Ward II at PMH for further medical management on April 5th, 2020. This patient received treatment at PMH and was discharged on April 15th, 2020, to Sandilands Rehabilitation Centre. Days later, the Medical Surgical Ward II of PMH was declared compromised on discovery of a confirmed positive COVID-19 case on the ward.

Consequently, the ward was closed to new admissions on 18th April 2020. The patient of the Robert Smith Unit was returned to PMH on 19th April 2020, to be tested for COVID-19.

On 20th April 2020, it was confirmed that the Robert Smith Unit patient had contracted COVID-19. This patient is now receiving care at the Doctor's Hospital West facility.

Subsequently, all remaining patients on the Medical Surgical Ward II were tested for COVID-19. The remaining 39 patients at the Robert Smith Unit at Sandilands were immediately placed in an isolation cohort and the unit was sanitized.

Forty-six (46) staff members at Sandilands were identified for risk exposure assessment. In total, when combined with those at PMH, more than two hundred (200) health care workers are in quarantine. However, we believe that upon completion of our risk assessment the number is expected to decrease significantly.

Contact tracing and exposure assessments commenced for the patients discharged from the Medical Surgical Ward II, and those who were in contact with patients on the ward. Currently

A further compounding factor are the confirmed cases on the island of Bimini. This has of necessity resulted in screening and testing of contacts on that island, with further draw down on scarce testing resources. With only six hundred swabs remaining, we must continue to prioritize testing.

We have done approximately RT PCR 1100 tests to date. At this rate, the Bahamas with a population of approximately 390K persons has been testing at 2800 tests per million... Not the most ... but climbing rapidly. It is likely that we will receive a shipment of swabs this week.

We have not abandoned our commitment to monitoring and protecting our vulnerable populations in long term care institutions. With the Emergency Order of 21st April 2020, requiring the registration of health care workers going into homes to care for persons, we have started compiling a database and will be conducting a series of training sessions in areas of infection prevention and control starting today. We will also be testing those health care workers identified as high risk upon review. Our aim is not to hinder care of our vulnerable by removal of caregivers but to minimize (to the best of our ability) the potential introduction of COVID into the care environment which as we know can have devastating consequences. This focus resulted from a review of cases and contacts.

With increasing numbers infected leading to mushrooming contacts, traditional methods for contact identification and tracking during quarantine and isolation are easily exhausted. With an average of fifty contacts per case, our cumulative quarantine numbers have now reached just under eight hundred. To this end, my ministry has almost concluded the exploration of potential technological solutions for monitoring of contacts who are in home

quarantine as well as confirmed cases with mild symptoms who are asked to home isolate. We have reviewed at least five solutions

Mr. Speaker

I want to let the people of The Bahamas know that while the measures being taken are unusual for our people, we are in the midst of a pandemic due to a novel virus which has now infected almost three million persons so far with almost two hundred thousand deaths. These numbers will continue to climb, given the immune naïve status of the world. Now is not the time for us to relax our efforts and measures aimed at preserving health and life particularly for the most vulnerable inclusive of the elderly, disabled, as well as persons with chronic illnesses and other immune challenging conditions.

In the early stages of this outbreak, the PMH was designated as the facility for assessment and testing of persons under investigation for COVID, with repurposing of the old General Practice Clinic area for this to occur. Once testing positive, patients requiring admission would be moved to the Doctors Hospital West facility for ongoing care. I can now inform that the South Beach Health Center is now fully functional for the provision of both assessment of persons with symptoms suggestive of COVID as well as admission of mild and moderate cases.

Mr. Speaker

around the world...and in the Bahamas, Health care workers on the frontline are at highest risk for contracting COVID as they care for those already infected. We now have fifteen (15) confirmed cases and one death in this most vulnerable population. This accounts for almost twenty percent of all cases, an exceptionally high amount. This past weekend, we tested almost 200 HCW from PMH and Sandilands. We expect their results today.

Mr. Speaker

It is imperative that the personal protective equipment (PPE) required for provision of care to the COVID infected while ensuring the safety of our health care workers and their families is available and accessible in optimal quantities for the delivery of this essential services. My Ministry has sought to ensure adequate and sustained supplies through multiple procurement measures and ongoing receipt of donations. At this time, our stores in areas such as basic PPE kits, surgical masks, N95 and KN95 masks, visors, boot covers, and gowns is more than adequate for up to one month and more are being procured from local and international vendors. Having the responsibility for the provision of select PPE to other various government agencies and institutions, such as national security and other partner agencies with workers also on the frontline, my Ministry has to date spent ?????????? and this is expected to increase by a further million dollar purchase for replenishing of stores.

Other essential monitoring tools such as pulse oximeters remain in short supply due to global supply chain shortages. Fortunately, we have not been challenged with ventilator shortages, and I can inform now that we have recently added 6 additional new ventilators to our national capacity.

Mr. Speaker

We press on recognizing that our fight against COVID is not just a battle, but a war. We will be successful as we collectively and individually commit to doing our part to protect ourselves and those most vulnerable in our society, many on whose shoulders we stand having made significant contributions to our individual and collective well-being in this county. Our focus must be on the greater public good as we pass through these trying times. Once again, we admonish the Bahamian public to apply the preventive measures to avoid contracting COVID-19.

- Stay at home.
- If you feel ill and have fever and/or respiratory symptoms, call your doctor or clinic
- Frequently wash your hands thoroughly with soap and water, while you stay at home.
- Cover your cough or sneeze with your elbow, or a tissue and then discard it. Then wash your hands.

- Please refrain from touching your face, even while you are at home.
- And one last thing..... Stay at home!

Containment and breaking transmission have required implementation of aggressive and progressive public health measures, domestic and international travel restrictions, mandatory curfews and intermittent country-wide lock downs.

Thank you