



# **Communication to Parliament**

## **An Update on the COVID-19 Response in The Bahamas**

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**HOUSE OF ASSEMBLY**

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**10:00a.m.**

**Mr. Speaker,**

The COVID-19 pandemic is already categorized as the defining global health crisis of our time, and the greatest challenge we have faced since World War Two. Countries are heavily involved in limiting travel, closing borders, testing patients, treating the infected and quarantining those that pose a risk. Conversations about inventories of medical supplies such as masks, gloves, personal protective equipment and ventilators are the order of the day.

Large gatherings have been cancelled, contact tracing has become a household term and schools have been limited to the confines of the home. COVID-19 has touched just about every continent on the planet except Antarctica. It has already threatened to leave very deep wounds and scars of social, economic and political crises.

**Mr. Speaker,**

The world have never seen anything like this. The world is in uncharted territory and The Bahamas is not exempt.

On 13<sup>th</sup> March, 2020, The Bahamas recorded its first case of COVID-19. As previously reported, this case was admitted to hospital, subsequently discharged, and clinically has almost fully recovered. In less than one month, confirmed COVID-19 positive cases have increased to twenty-nine (29). Currently, there are

- 23 cases in New Providence;
- 5 cases in Grand Bahama; and
- 1 case from Bimini.

This equates to almost one new case each day. If we continue on this path, our health care system will be overwhelmed and unable to meet the demands. Social and physical distancing and responsible handwashing are the two mitigating actions that will help us to combat the strength of this virus.

**Mr. Speaker,**

Eleven (11) of the twenty-nine (29) confirmed cases are currently hospitalized with varying clinical conditions:

- Three (3) are very ill; and
- Eight (8) are stable.

Two (2) cases are candidates for discharge.

Fourteen (14) of the twenty-nine (29) confirmed cases presented with mild symptoms, and did not meet the threshold for hospitalization. These patients are in home isolation, and daily monitored by the Surveillance team for any change in their clinical status.

Of those requiring home isolation, ten (10) cases have completed 14 days of isolation since their symptoms began. Four (4) of the ten (10) have been approved for a change in classification to 'Recovered.'

Contact tracing for each of the twenty-nine (29) confirmed cases remains a priority and on-going activity. More than three hundred (300) contacts have been identified by our Surveillance team.

**Mr. Speaker,**

The Prime Minister told the Bahamian people last week that he wanted all Bahamians to live and he wanted to live. Mr. Speaker, I also want to live, but already, we have lost five of our citizens. These citizens are fathers, mothers, daughters, aunts and uncles. These untimely deaths, have left an unforgettable void in our country.

The five (5) most recent deaths as follows:

<b>Case</b>	<b>Age</b>	<b>Sex</b>	<b>Island</b>
#21	57	Female	Bimini
#17	67	Female	New Providence
# 22	79	Male	New Providence
#23	80	Male	Grand Bahama
#18	72	Male	New Providence

These cases are from the category of the most vulnerable.

- Their ages range from 57 – 80 years old;
- There are three (3) males and two (2) females; and
- One (1) of the deceased is from Bimini, three (3) from New Providence and one (1) from Grand Bahama.

Our Surveillance Team will continually pursue contact tracing for the persons, who were likely exposed by the five COVID-19 related deaths.

**Mr. Speaker,**

We are in a fight to save lives and flatten the curve. As Dr. Maria Van Kerkhove, technical lead and infectious disease epidemiologist at the World Health Organization suggests, "Asking the question 'are we doing enough' regularly and repeatedly is

critical." Local data, informatics and predictive modeling can provide useful information to gain insight on how to stop the spread of this deadly virus and mitigate adverse outcomes. From the data presented, here is what we know. Demographically,

- 52% of the cases are ages 40-59 years old;
- the male to female ratio is 1:1;
- there is one (1) imported case and three (3) import-related cases;
- the case fatality rate is 17.2%;
- there is confirmed community spread of the virus;
- the way we culturally socialize has fostered this spread; and
- we have not yet reached the peak of the outbreak in The Bahamas.

These facts and figures help to inform sound public health decisions, and guide policies for returning citizens to work, children to school, and the relaxation of currently imposed restrictions.

**Mr. Speaker,**

We are keenly aware of the heightened vulnerability of health care workers. Frontline warriors have been exposed to the virus when ill persons visit health facilities. They also come in contact with

asymptomatic carriers or persons who show no symptoms, but are sources of the virus.

Interestingly, Mr. Speaker, almost 1 in 5 confirmed cases (18%) have been health care workers. Among these confirmed positive COVID-19 health care worker, two (2) have had to be hospitalized. What is more worrisome, is that more than fifty (50) health care workers have been identified as contacts of diagnosed/confirmed cases. These health care workers are currently in quarantine, and are being monitored for the development of symptoms.

Clearly, if more health care workers are removed from the available pool, there will be no soldiers left to fight the COVID war. We must protect our frontline workers. The best way to do this is to stay at home!

We are mindful that our health care workers have families. No one is safe at home if someone in the house is serving on the frontline. To ease this concern, my Ministry is exploring relief accommodations that can house at least one hundred (100) health care workers for a period of time. Such accommodations will permit these workers to rest up in between shifts and even take showers before leaving to go home. We plan to give further updates on these accommodations soon.

**Mr. Speaker,**

To determine a COVID-19 positive case and to gauge community spread of the virus, it is important to have a sustained mechanism for testing. Consequently, I take this moment to elaborate on the testing process for COVID-19.

There are currently two different types of tests for COVID-19.

1. The genetic/molecular test, or PCR test. This test requires –
  - a. evidence of an infectious agent;
  - b. the genetic material or RNA of the virus; and
  - c. swab samples from the nose and throat of a suspected case.
2. The serological test, or rapid test. This test requires –
  - a. evidence of the body's reaction to the virus;
  - b. the presence of antibodies, IgM and IgG; and
  - c. a sample of blood from a suspected case.

Testing is an essential piece in charting our in-country strategy. The molecular PCR testing is the gold standard. To date more than three hundred (300) molecular tests have been completed in-country on samples from persons who meet the testing criteria.

**Mr. Speaker,**

There are real constraints to upscaling molecular testing. Quite simply, there is a limited supply of test kits, swabs and human resources in the National Reference Laboratory.

Facing similar issues and with insightful forethought, the Embassy of the People's Republic of China extended its kind hand of generosity by donating one thousand (1000) test kits to assist The Government of The Bahamas with confirmation of suspected COVID-19 cases.

On behalf of the Government of the Commonwealth of the Bahamas, The Ministry of Health wishes to express its deep appreciation to the Embassy of the People's Republic of China for this valued and very practical donation. These tests kits will go a long way to help prevent the spread of COVID-19 in The Bahamas.

As an invaluable friend and partner, The Bahamas looks forward to continued cooperation and collaboration with the People's Republic of China.

**Mr. Speaker,**

We are exploring the introduction of rapid testing. The first step in the process requires in-country validation of the rapid serological

testing. Once this validation is completed, wider screening for COVID-19 at the community level will commence. There are 10,000 rapid test kits in-country.

**Mr. Speaker,**

No soldier goes into battle without the appropriate armor. Dr. Michael J. Ryan, of the WHO Informal Advisory Group remarked that with a pandemic of this magnitude it takes a "huge level of health worker commitment," to cite the shortages in workers and personal protective equipment to treat the current number of COVID-19 cases.

With this in mind, we are aggressively exploring various ways and means to acquire more personal protective equipment (PPE) inventory and other supplies. The global shortage of PPEs and other needed supplies have resulted in supply chain disruptions. Many countries are holding on to their stock, and others are coveting the stocks found in other countries. Hence, we must manage our current supplies judiciously.

Our goal is to ensure that there is a consistent supply of PPEs to frontline nurses, doctors and support staff. With this equipment,

they can provide the necessary care to individuals presenting to and being admitted to health care facilities.

While individuals in the community may wish to utilize masks as they move around, they are strongly encouraged NOT to use health care grade surgical and N95 masks which are in short supply and needed on a sustained basis to care for patients.

I can inform that adequate supplies of PPEs are as follows:

- 1,000 boxes of surgical masks
- 43,995 of N95 masks
- 2,418 surgeon gowns
- 1,672 healthcare barrier gowns
- 238 face shields
- 4,590 boxes of gloves
- 6,033+ PPE full kits, (masks, 2 gloves, boot cover, head cover, face shield)

We have estimated burn rates for 6 months.

<b>Type of PPE (EACH)</b>	<b># Required Projection 1 + 15% Contingency</b>	<b># Required Projection 2 + 15% Contingency</b>	<b># Required Projection 3 + 15% Contingency</b>
PPE Kit (Direct Patient Care & NEMS)	925,152	2,213,520	4,344,240
N95 (Direct Patient Care & NEMS)	444,912	1,087,440	2,141,760
Surgical Mask (Direct Patient Care, NEMS, & General)	3,640,992	8,705,040	17,128,560
Cloth Masks	691,380	691,380	691,380
Gloves (Direct Patient Care, NEMS, & Non-Clinical)	36,925,488	79,471,440	150,315,120

The Ministry of Health will continue to trump up efforts to ensure that our frontline health care workers are provided with appropriate PPEs and training to minimize their level of exposure to the COVID-19 virus.

**Mr. Speaker,**

I now turn my attention to the wider health care system capacities for the COVID-19 response. I am pleased to inform that the modular unit at the Princess Margaret Hospital is now completed. This represents tangible augmentation of our capacity to care for COVID-19 patients, including the capacity for ventilator support, if

required. Additionally, it will aid in decompressing the current isolation unit in the Old GPC area, which was repurposed for use for assessment and management of suspected COVID-19 cases.

Our partnership with Doctors Hospital West has proven invaluable since the introduction of COVID-19 cases to our shores. Currently there are eight (8) patients being managed at the Doctors Hospital West facility, which has a total ICU-like bed capacity of eighteen (18) beds.

A further addition to the capacity for management of ill COVID patients is coming on stream this week. Infrastructural improvements at South Beach Health Centre are in their final stages including appropriate air flow and handling. The South Beach Health Centre will be zoned for two functions:

1. Management of ill COVID-19 patients; and
2. Assessment of persons identified through our referral mechanism from the mobile response health team.

**Mr. Speaker,**

All components of our response lend value to the overall process. We are pleased to inform that we have upgraded the interface to engage the community for health and COVID-related matters. The

community can reach The Bahamas COVID-19 Health Centre at 511. The Centre is earmarked to -

1. increase capacity for early signaling of potential COVID-19 cases;
2. encourage timely referral for further investigations;
3. complement other data sources for real-time tracking and GIS mapping; and
4. deepen the national understanding of available data to guide decision-making.

The number 511 will now supersede all other previously circulated numbers. When calling The Bahamas COVID-19 Health Centre at 511, we ask that you have your NIB card available.

**Mr. Speaker,**

We have significantly enhanced our COVID evaluation and in-patient management capacity.

In New Providence we now have at -

- Princess Margaret Hospital -
  - Four (4) negative pressure rooms in our Modular facility;
  - and

- Seven (7) rooms in Old GPC for isolation and assessment;
- Doctors Hospital East -
  - Sixteen (16) rooms;
- Doctors Hospital West -
  - Eighteen (18) rooms.
- South Beach Health Centre -
  - Ten (10) individual rooms; and
  - Open floor plan for up to twenty-four (24) beds.

I know the Member of Parliament for East Grand Bahama and the Members of the Opposition would be interested to note the specific updates regarding Grand Bahama.

- The Cancer Association of Grand Bahama -
  - Eight (8) individual rooms; and
  - Open floor plan for 8 additional beds.
- Okanyos Facility -
  - Six (6) rooms.

**Mr. Speaker,**

Our Family Island communities remain a key focus of the COVID preparedness and response activities. Family Island community health care facilities on all of the major inhabited islands are

equipped to provide basic health care services to residents and visitors. Additionally, services for the assessment and stabilization of patients prior to air evacuation has been incorporated at advanced levels of care. I can advise that we have three (3) transport isolation pods in country for the transport of suspected COVID-19 cases.

**Mr. Speaker,**

Dr. Tedros Adhanom, the Director-General of the World Health Organization sums up the matter this way, "The best way forward is the blended comprehensive approach which puts containment as a major pillar."

**Mr. Speaker,**

At this time I join with the people across the archipelago of The Bahamas in extending heartfelt condolences to the family and friends of Dr. Judson Frazier Eneas. To his wife Marcheta and their three children, our prayers, thoughts and comfort are with you during and after this difficult time of mourning.

Dr. Judson Frazier Eneas was a seasoned doctor and renowned nephrologist. Dr. Judson Eneas was also a pioneer in

society. Along with many other accomplishments he founded The Gentlemen's Club, a preparatory organization established to promote the growth and advancement of young men. This organization has assisted hundreds of young men with scholarships, training and personal enrichment. His legacy will be remembered for generations as his unforgettable work and character are woven into the fabric of this nation.

As Avijeet Das, explained in his poem, "In these times when the majority are giving a premonition of doom, when you and I are watching the media and feeling something sinister is going to loom, when we are being bombarded with messages of the catastrophe of Corona Virus and feeling gloom. These times of using masks & sanitizers, and of not hugging or shaking hands with friends or family members. Of these times when the world is being painted with dark shades of hate and fear, and the majority are seeing the world as a place of bad fate & tear, you come out with positive vibes & energy and use bright colors of love and warmth and paint a beautiful rainbow of hope and good old cheer."

Yes, Mr. Speaker, amidst the gloom and doom, we will bring a rainbow of hope by acting aggressively and decisively to combat COVID-19 virus until it leaves our beautiful, calm and peaceful shores.