ST. LUCIA MEDICAL & DENTAL ASSOCIATION

February 19, 2021

The Honourable Allen Micheal Chastanet
Prime Minister of Saint Lucia
Minister for Finance, Economic Growth, Job creation, External Affairs
And the Public Service
5th floor, Greaham Louisy Administrative Building,
Waterfront,
Castries
Saint Lucia.

Dear Honourable Prime Minister,

We the Executive and members of the Saint Lucia Medical and Dental Association, recognizing the pivotal role that we play in this fight against Covid-19 and after consultation with general membership and other stakeholders, have prepared the attached Emergency strategy to stop the spread of Covid-19.

We stand ready to contribute in every possible way to help our nation through this critical phase and beyond.

We also look forward to meeting with you this coming week as agreed to at the last NEMAC meeting, to further elaborate on the listed proposals and to discuss any other measure which would prevent hospitalizations and save lives.

Happy Independence day!

Together we can and we will win this war against Covid-19

Merle L Clarke
President

Cc Senator Honourable Mary Isaac. Minister of Health
Dr Sharon Belmar George. Chief Medical Officer

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SAINT LUCIA NATIONAL EMERGENCY STRATEGY
STOPPING COMMUNITY SPREAD
COVID 19

CURRENT SITUATION:

There is a rapid rise in case numbers with widespread community transmission reflected by:
1. Increasing positivity rate
2. Increasing Hospitalization rate
3. Increasing Morbidity and Mortality

Currently the R0 is 2.5-3 with an average incubation period of 5 days contributing to the rapid case increase.

Current Statistics as of today 13th February 2021:
1. Total positive cases 2415
2. Total active cases 973
3. Total number of deaths 23
4. Total number of hospitalized patients 110
5. Total number in step down unit and critical care 13
6. Number of clinical staff currently infected (approximately 25)

PROJECTED STATISTICS FOR NEXT FOUR WEEKS:

Mortality rate of 1.5% of infected; hospitalization rates with moderate disease of 20%, severe disease 10%, critical disease 5% of infected; (CDC, WHO) minimum length of hospital stay 10 days

1. Total positive cases 6000
3. Total number of deaths 90
4. Total number of hospitalized patients - daily average 400 & total hospitalized for the four-week period - 1,400 (800 moderate, 400 severe, 200 critical)

CAPACITY OF THE RESPIRATORY HOSPITAL:

1. Total beds - 127
2. Total ICU beds – 3
3. Total step down beds – 12
4. Total number of Intensivist Staff – 4 anesthetists, 15 ICU trained nurses
5. Total number of ventilators – 7 adult, 1 neonatal, (2 additional adult not working, 14 in storage)
6. Total number of high flow oxygen machines - 8

PROJECTED CONSEQUENCES OF CURRENT RATE OF RISE IN INFECTIONS:

1. Overwhelming of health sector capacity in particular general and critical care hospital beds
2. Reduction in the number of healthcare workers as a result of infections
3. Increased mortality as a result of 1 & 2 above

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4. Increased rate of spread of disease

INTERVENTION STRATEGIES FOR IMMEDIATE IMPLEMENTATION:

1. Immediate ramping up of contact tracing activities to identify the infected for isolation and contacts for quarantine. Contingency plan for ill COVID-19 patients.

a) Contact tracing to extend to home, recreational and workplace contacts.
b) Close contacts (CDC definition) quarantined at home or in identified quarantine facilities
c) Isolation and quarantine period is 14 days from date of exposure, symptom onset or positive test.
d) development if a contingency plan if there is a surge of severely ill COVID-19 patients

2. Immediate ramping up of measures to ensure isolation of the infected both symptomatic and asymptomatic

a) Establish low cost state or other identified isolation facilities ideally within or close to communities such as schools.
b) Community wardens and other community workers to monitor compliance with home based isolation

3. Immediate ramping up of case identification through testing and commencement of vaccine registration and administration

a) Use of health centres/ community based facilities

- Open all polling stations and print or use tablets for polling station lists with identified enumeration maps that are detailed and accurate. Including walking paths.
- Prepare polling stations for use as testing and vaccination sites
- Testing will be point of care rapid antigen testing at these sites
- Same day follow-up on positive results with decision on home versus state identified isolation.
- PCR testing should be done at more than just one centre
- Request assistance from the census department
- Introducing a COVID-19 Whatsapp to facilitate dissemination of information.

b) House to house outreach

- House to house outreach will be used to assess and test – swab only as well as register people for vaccination and document who has been tested.
- Same day follow-up on positive results with decision on home versus state/identified isolation.
- House to house outreach will also be used to register people for vaccination in concert with the polling stations in the community.

c) Workplace and faith based organization outreach

- Work places faith based organizations/churches can be used as testing, registration and vaccination sites.
- Faith based personnel and employers, employees and volunteers can be used in outreach teams.

Electronic apps using existing databases (electoral list and Ministry of Education) would be ideal for this and can be produced or identified now.

1000 additional people to complement health workers, 250 teams of 4 people. As per population, each team is responsible for 200 households and 750 people on average. Each team should visit 20 households/day for at least three 10-day cycles. Teams operate from health centre with enumeration maps and one tablet per team. The same team remains with their designated area throughout. They will establish household databases to document each household status. The tablets will be preloaded with respective resident lists, checklist assessment questionnaire, relevant vaccination and testing app, and relevant educational material, FAQ, or essential

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education piece. Existing census and other enumerator personnel familiar with the electoral district should be identified and be part of the relevant team. Teams can identify needy households for support to reinforce existing efforts.

4. Mass vaccination

Based on supply of vaccine and prioritization vaccination should be phased from now. (3 level prioritization for vaccination - most vulnerable, vulnerable, least vulnerable).

- High risk health care workers should be vaccinated this week
- Ministry of health prioritization to be used thereafter as vaccine shipments arrive
- Polling stations, house to house outreach, workplace and faith based organization outreach can all be used to target people to be vaccinated
- Members with adequate facilities for observation and management of emergencies have offered to vaccinate at their offices or clinics with adequate

5. Education Campaign

- Targeted by household during the testing, registration and vaccinating activities
- Targeted by community, congregation, workplace
- Media education – social and general
- More creole needs to be incorporated into educational campaigns, PSA's etc

6. Minimum standards

There needs to be a minimum standard set for all measurable performance and an escalation plan if not being met. eg positive case contacts to be identified with in 24h.

7 Press releases should be amended, the use of the phrase "patients are stable" gives the impression that all but the ICU patients are relatively well that which gives the population a false sense of security

BUDGET AND TIMELINES:

This process should take **4 weeks from point of implementation** given an adequate supply of point of care testing kits, vaccines and personnel.

- 200,000 rapid tests at EC $20/ test = $4 million
- 300,000 vaccines at EC $ 10/vaccine = $3 million
- HR costs 1,000 people for 4 weeks @ EC$ 1,000/ person = $1 million
- Logistics, transport, training, electronic apps etc. = $2 million
- State isolation and quarantine (using schools, need beds, food and staff) = $4 million

Total budget $14 million

RESOURCE MOBILIZATION:

1. PAHO
2. Friendly Governments
3. Private sector
4. FBOs and NGOs

4 CHU Martinique

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