

To: Barnard, H.P. (Herbert) <(10)(2e)@minvws.nl>; (10)(2e) <(10)(2e)@fundashonmariadal.org>
Cc: (10)(2e) <(10)(2e)@fundashonmariadal.org>
From: (10)(2e)
Sent: Tue 1/28/2020 3:47:00 PM
Subject: RE: nog een update Corona virus

Herbert,

(10)(2e) staat in contact met (10)(2e) Vrijdag hebben ze een call om te bespreken om de situatie op de eilanden te bespreken. (10)(2e) houdt ons weer op de hoogte.

Groet,

(10)(2e)

Van: Barnard, H.P. (Herbert) <(10)(2e)@minvws.nl>

Verzonden: dinsdag 28 januari 2020 16:28

Aan: (10)(2e) <(10)(2e)@fundashonmariadal.org>; (10)(2e) <(10)(2e)@minvws.nl>

CC: (10)(2e) <(10)(2e)@fundashonmariadal.org>

Onderwerp: RE: nog een update Corona virus

(10)(2e)

Dank voor je bericht.

Wat via (10)(2e) loopt is afgestemd met RIVM en dus prima.

(10)(2e)

Krijgen wij dan van RIVM de info van de eilanden tbv het crissoverleg binnen VWS?

Groet,

Herbert

Verzonden met BlackBerry Work
www.blackberry.com

Van: (10)(2e) <(10)(2e)@fundashonmariadal.org>
Datum: dinsdag 28 jan. 2020 4:22 PM
Aan: Barnard, H.P. (Herbert) <(10)(2e)@minvws.nl>
Kopie: (10)(2e) <(10)(2e)@fundashonmariadal.org>
Onderwerp: FW: nog een update Corona virus

ZIE VORIGE MAIL EN ATTACHMENT HUIDIGE MAIL - 0)(2

From: (10)(2e)
Sent: Monday, January 27, 2020 2:25 PM
To: Internist
Cc: Gynaecoloog; Nefroloog; Chirurg; Cardioloog; (10)(2e) Neuroloog; Psychiater; Anesthesist; Kinderarts; Radioloog; Ziekenhuisarts; Infectie Preventie; (10)(2e); Ouderenarts; Oncoloog; (10)(2e)
Subject: nog een update Corona virus
Importance: High

Graag jullie attentie.

Dank

(10)(2e)

From: (10)(2e) [(10)(2e) @bonairegov.com]

Sent: Monday, January 27, 2020 9:22 AM

To: (10)(2e) @hotmail.com'; (10)(2e) (10)(2e) (10)(2e) @gmail.com'; (10)(2e); Bonaire Medisch Centrum; 'HAP SCHB'; (10)(2e); (10)(2e) (10)(2e) @fundashonmariadal.org'; (10)(2e)

Cc: (10)(2e) (10)(2e) @gmail.com); (10)(2e); (10)(2e); Infectie Preventie

Subject: FW: update Corona virus

Importance: High

Dear all,

In case you have not received this email yet, I forward you hereby the update on the novella Corona virus from (10)(2e).

Met vriendelijke groet, Kind regards, Saludo kordial



(10)(2e)

Beleidsadviseur Infectieziektenbestrijding
 Publieke Gezondheid - GGD | Samenleving en Zorg
 Kaya Neerlandia 41
 Kralendijk, Bonaire, Caribisch Nederland
 T: (10)(2e) ext 129
 E: (10)(2e) @bonairegov.com



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From: (10)(2e) [(10)(2e) @gmail.com]

Sent: Monday, January 27, 2020 1:44 AM

To: (10)(2e); (10)(2e) @ijcnbonaire.nl; (10)(2e) (10)(2e); (10)(2e) (10)(2e); (10)(2e) (10)(2e); (10)(2e) (10)(2e)

Cc: (10)(2e); (10)(2e); (10)(2e); felix holiday; (10)(2e); (10)(2e) (10)(2e)

Subject: Fwd: update Corona virus

Dear all,

Below please find an update i sent to all gp's , infectiologists, microbiologists, pulmonologists and internal medicine specialists + pediatricians in Curaçao regarding 2019 n-Cov.

Please feel free to redistribute this if you have use for it on your respective islands.

Hope to have been of service,

kind regards and wishing you a good week ahead

(10)(2e)

(10)(2e)

Epidemiology & Research Unit
 Communicable Diseases Unit
 Ministry of Health of Curaçao
 Piscaderaweg 49,
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Dear all,

I am sure that by now you have noticed the media hype on Coronavirus 2019-nCov.

The Novel Coronavirus now being reported belongs to the same family as SARS-CoV, and MERS-CoV.

As you may remember, Severe acute respiratory syndrome Coronavirus (SARS-CoV) was first recognized in China in November 2002. The Middle East Respiratory Syndrome Coronavirus (MERS-CoV) was first reported in Saudi Arabia in 2012.

But aside from these more aggressive types, viruses of this group are also largely responsible for the common cold in humans.

As of Sunday evening January 26, 22.00 hours local time there were 21 18 confirmed cases of which 2062 in mainland China, 8 in Hong Kong, 8 in Thailand and 1-5 cases in 12 other countries, including the USA, Canada and France.

Epidemiology:

Early cases: 56% males, median age 57 years old (26 to 89 years)

22% had direct exposure to the Huanan Seafood Wholesale Market before illness onset;

32% had contact with patients with fever or respiratory symptoms;

51% of cases had neither visited the Market nor had contact with similar patients before their illness onset.

Clinical presentation:

Mainly fever, with a few patients having difficulty in breathing. Most patients had severe and non productive cough, some had dyspnea, and almost all had normal or decreased leukocyte counts and radiographic evidence of pneumonia.

I am including as an attachment a draft document from the WHO on clinical management of novel Coronavirus. Suffice to say in this mail that symptoms can range from uncomplicated upper respiratory tract viral infections, to mild pneumonia, severe pneumonia, ARDS, Sepsis and Septic Shock.

Notwithstanding the hype: **The risk of transmission to the Caribbean is LOW**. This in agreement with assessments of the WHO, CDC as well as the CARPHA

While the epidemic is ongoing in Wuhan and despite the fairly stringent measures being taken by the Chinese authorities, further spread is inevitable, so we will have to keep a close watch.

The truth is, that we have been experiencing higher than expected incidence of fever with respiratory symptoms for several weeks now. Influenza has been detected, only I have no information as yet as to subtyping. For all practical purposes, Influenza is of more concern to us right now than 2019 n-Cov

Be it Corona, Influenza or any other respiratory virus: Routine measures to prevent or reduce transmission should be employed, including the use of good personal hygiene e.g. frequent handwashing and covering mouth and nose when sneezing.

For surveillance and notification purposes regarding 2019 n-Cov:

Suspect case:

A. Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital), AND with no other etiology that fully explains the clinical presentation AND at least one of the following:

- a history of travel to or residence in the city of Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
- patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.

and

B. Patients with any acute respiratory illness AND at least one of the following:

- close contact with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset, or
- visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
- worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital-associated 2019-nCoV infections have been reported.

Our request is, that if you have any patients that meet these criteria, please notify the Epidemiology & Research Unit of the GGD immediately. You can call either my number listed below this mail or (preferably) the following numbers:

(10)(2e) : (10)(2e) , (10)(2e) .

Please remember to ask about travel history in patients you see with a respiratory infection.

Although local testing for 2019 n-Cov is not yet available, please do take a naso pharyngeal swab and put it in viral transport medium when confronted with a suspected case. Request a respiratory viral panel and specifically mention 2019 n-Cov after conferring with the microbiologists and /or myself. Please request a copy of the result be sent to me.

The basic principles to reduce the general risk of transmission of any acute respiratory infection include the following:

- **Avoiding close contact with people suffering from acute respiratory infections.**
- **Frequent hand-washing, especially after direct contact with ill people or their environment.**
- **Avoiding unprotected contact with farm or wild animals.**
- **People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).**
- **Within healthcare facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments.**

Although I know the following might be difficult to implement in practice, you might want to consider the following in attempting to reduce transmission if these are possible :

- **encourage people with mild infections to stay home in stead of coming to you and certainly to keep away from work**
- **try to separate patients presenting with respiratory infections from others in the waiting room, either in a separate room if available, or seeing them as soon as possible to reduce their time in the waiting room , or issue them masks.**
- **remember to protect yourself as well as your personell! Use adequate masks (plain surgical masks do not suffice. N95 masks or similar arfe called for) when seeing/ examinig presenting patients, wash your hands after examinig with water and soap and desinfect instruments used (e.g stethoscope).**

I have used different sources for this mail, from the WHO/ CDC/ CARPHA and the JHU CSSE website.

I hope this was helpful and that I informed you sufficiently,

Kind regards to all and many thanks in advance for your cooperation,

(10)(2e)

(10)(2e)

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