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End of deployment report*COVID-19 pandemic, Sint Maarten, 2020*

General information	
Name	(10)(2e)
Role in field	(10)(2e) infectious disease control (10)(2e) (10)(2e) and epidemiologist
Country	Sint Maarten
Organization	Collective Prevention Services (CPS), Ministry of Public Health, Social development and Labour (VSA), Government of Sint Maarten
Supervisor	(10)(2e) (10)(2e) (10)(2e) epidemiologist)
Start of deployment	7 april 2020
End of deployment	31 July 2020
Deployed by:	Rijksinstituut voor Volksgezondheid en Milieu (RIVM) (in collaboration with Ministerie van Volksgezondheid, Welzijn en Sport (VWS))
Deployment coordinators RIVM	(10)(2e) (10)(2e) (10)(2e) (10)(2e) (10)(2e) (10)(2e)

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Introduction

Sint Maarten

Sint Maarten is an island situated in the Caribbean. Sint Maarten is approximately 34 km² and occupies the southern half of the island. The island is divided in two sides: Saint Martin (French territory) and Sint Maarten (constituent country in the Kingdom of the Netherlands). The Kingdom of the Netherlands consists of four constituent countries: the Netherlands, Aruba, Curacao and Sint Maarten. The islands of Bonaire, Sint Eustatius and Saba are special municipalities of the Netherlands.

Sint Maarten has a population of an estimated 40.614 inhabitants. There is a large population of undocumented persons, as well as migrant workers. Persons living on Sint Maarten are born in more than 20 countries (Health Study 2015). More than 50% of persons are born in the following places: Saint Martin (17.3%), Dominican Republic (13.7%), Sint Maarten (12.4%) and Haiti (10.9%). Coupled with the diversity of the population, language and literacy remains a barrier to effective outreach. When looking at risk groups for COVID-19 in the population on Sint Maarten, 18% are older than 65 years. More than 30% have underlying medical conditions, with the majority reporting cardiovascular disease (Health Study 2015).

Ministry of Public Health, Labor and Social Affairs

Collective Prevention Services (CPS) falls within the Ministry of Public Health, Social development and Labour (VSA) of the Government of Sint Maarten. The government of Sint Maarten consists of seven ministries: Ministry of General Affairs (1) , Ministry of Public Housing, Spatial Planning, Environment and Infrastructure (2), Ministry of Finance (3) , Ministry of Justice (4), Ministry of Education, Culture, Youth and Sport (5), Ministry of Public Health, Labor and Social Affairs (6) and the Ministry of Tourism, Economic Affairs, Transport and Telecommunication (7). The Ministry of VSA has 4 departments/entities that fall under Public Health: Department of Public Health, Inspectorate VSA, Ambulance and Collective Prevention Services. The department of Public Health is the policy arm of the Ministry of VSA and the other three entities, i.e. Inspectorate VSA, Ambulance and Collective Prevention Services, are the executive entities..

Collective Prevention Services

The team comprises of 20 persons working in two sections which includes General Health Care and Youth Health Care.

Head: (10)(2e) (10)(2e) epidemiologist)

A. Team General Health Care (total 9 persons)

Section Head: (10)(2e)

A1. General health care:

- Two registered nurses
- One Public Health Dietitian/ Nutritionist
- Two administrative support staff

A2. Vector control

- One consultant vector control
- Two vector control officers

B. Team Youth Health Care (total 10 persons)

Section Head: (10)(2e)

- Five registered nurses
- Three administrative support staff
- One dental administrative assistant

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Context at the start of deployment

(10)(1b)

COVID-19 activities of Collective Prevention Services at the start of the deployment

1. Manning the call centre of 914 (24/7)
 - a. Answering questions from the public on COVID-19
 - b. Assessment of suspected cases for COVID-19
2. Testing of suspected cases of COVID-19
 - a. Intake of suspected cases
 - b. Discussion with team if case was priority or not
 - c. Provide guidance on how testing procedures will take place and on self-isolation and quarantine for household members.
 - d. In teams of 2 nurses: testing on location of a suspected case
 - e. Tests to be delivered at laboratory
3. Source- and contact tracing for every confirmed case
 - a. Each confirmed case is called to assess their movements in the 14 days prior to onset of symptoms to identify a source and to map all persons they came into contact with
 - b. Provide guidance for the confirmed case on isolation and living rules
 - c. Call each contact of a confirmed case to ask whether they have symptoms; if they have symptoms discuss testing and isolation. If they do not have symptoms discuss quarantine.
4. Registering all relevant data for surveillance on quarantined, isolated and confirmed cases
 - a. Entry of all demographic, clinical details, and location data of all confirmed cases
 - b. Entry of all demographic, clinical details, and location data of all suspected cases
 - c. Entry of all demographic, clinical details, and location data of all quarantined contacts
 - d. Update database when test results come in
5. Daily monitoring of isolated cases of home isolation and for isolation location
 - a. The team will actively call each case that is on home isolation to monitor their symptoms. For some persons they will go to their home for a spot check (i.e. temperature taking and monitoring of symptoms).
 - b. The team goes to the isolation location daily to do monitoring (i.e. temperature taking and monitoring of symptoms) of all cases. As well as picking up medication for these cases if necessary.
6. Daily monitoring of quarantined individuals:
 - a. The team will actively call each quarantined individual to check on whether they have signs or symptoms that could be associated with COVID-19.
7. Assembling and delivering food and care packages for isolated and quarantined individuals
 - a. The team assembles and delivers food and care packages to those individuals that are in need of food.
8. Transporting confirmed cases to isolation location
 - a. The team brings confirmed cases from their home to the isolation location.
9. Setting up of a community outreach project
 - a. Supporting set up of the community outreach project

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10. Transporting boxes of PPE and materials to different healthcare providers (coordinated by the department of Public Health)
11. Providing feedback on guidance documents for various stakeholders
12. Providing information sessions on COVID-19 when requested

Surveillance system for COVID-19 on Sint Maarten

1. Mandatory reporting of cases of COVID -19 (according to the *Public Health Act*)
 - According to the *Public Health Act* all suspected and confirmed cases of COVID-19 should be reported immediately to Collective Prevention Services by the physician.
 - The laboratory has to report all positive cases.
2. Sentinel syndromic surveillance via the general practitioners
 - A proportion of the general practitioners on Sint Maarten take part in a syndromic surveillance system. Within this system they report the weekly number of cases of certain syndromes, such as fever or acute respiratory infections.
 - The sentinel syndromic surveillance system is coordinated by Dr. (10)(2e) for all the Dutch islands.
3. Hospital admissions (and ICU admissions)
 - The Sint Maarten Medical Centre reports all hospital and ICU admissions of COVID-19 directly to Collective Prevention Services.
4. Mortality registry (i.e. postmortem testing)
 - The mortality registry falls under the responsibilities and tasks of Collective Prevention Services. This registry has not been updated since 2015-2016. Collective Prevention Services receives envelopes with death certificates from the Civil Registry once per year at the end of the year.
 - For COVID-19 an extra screening has been set up where all persons who have died due to symptoms suggestive of COVID-19 are tested post-mortem. Persons, who do not have a GP where it is difficult to ascertain the cause of death, are also tested for COVID-19. These results are reflected in the positive and negative COVID-19 results in the national COVID-19 registry.

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Listing of areas of responsibilities during deployment:

1. Coordinating the team responsible for the COVID-19 response at Collective Prevention Services
2. Providing technical guidance with respect to infection control and surveillance for COVID-19
3. Reporting of national daily numbers of COVID-19
4. Developing and maintaining surveillance databases
5. Developing and conducting information sessions on COVID-19
6. Advising the Prime Minister and Minister of Public Health, Social Development and Labour in the social measures to be taken
7. Strengthening the collaboration between relevant stakeholders within government, healthcare sector and Collective Prevention Services
8. Acting as liaison with national stakeholders, counterparts from (10)(2a) counterparts from the rest of the islands of the Dutch Kingdom and (10)(2a)
9. Addressing all public queries related to COVID-19

Summary of activities within the areas, my involvement and current status:

Area 1: Coordinating the team responsible for the COVID-19 response at Collective Prevention Services

Activity 1. Changing the structure and activities of the team responsible for COVID-19 response (April - July 2020)

Summary: Through conversations with the team in the first week of my deployment, it was clear that the team was working long hours and was overburdened by the sheer amount of work that needed to be done. They indicated that they missed structure in the work that was being performed; there was little communication between the different team members. Using an example from the GGD in the Netherlands, we set up different teams with each team coordinator who was responsible for each team. We also discussed which activities falls within the scope of Collective Prevention Services, to prioritize which activities the team should be performing.

Relevant documents: four documents with different teams were used, a draft of a schedule that was used in April - June 2020 and a set up for a schedule that can be used going forward (from August 2020 onwards). I have also added two documents with the workflow (see bullet follow-up): tasks and responsibilities of the teams that was created by the Surveillance team; I added the tasks for the Electronic Health Authorization System (EHAS) (10)(2e) I also added a document on the workflow/procedures..

Status: completed

Follow-up: from the end of July 2020 the team has a need for setting up the same structure again. The team has drafted a document that indicates who will be coordinating and which tasks they will be responsible for.

Activity 2. Working with rotating schedules

Summary: Through conversations with the team, we set up a rotating schedule where in the beginning persons were working 6 days a week and that changed to 5 days a week. This ensured continuity of the COVID-19 response for 7 days. From Mid-June to end of July we stopped working with a schedule as there were very few tests that needed to take place and few positive test results coming in. From end of July, due to a resurgence in cases, we started working with a schedule again.

Relevant documents: Same documents as for Activity 1.

Status: ongoing

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Follow-up: the team has indicated that they would prefer to work 5 days from Monday to Friday. A follow-up discussion needs to be had with respect to working on weekends and how to maintain a rotating schedule to not overburden the staff members.

Activity 3. Providing and planning of training for volunteers

Summary: In the first week of my deployment we received assistance from more than 20 volunteers that were willing to assist Collective Prevention Services with the many COVID-19 activities. Together with the team we selected volunteers for each of the teams based on their skill set. We provided training for the volunteers in the basics of source- and contact tracing, donning and doffing of PPE and answering the COVID-19 hotline 914. For those who would be assisting with data entry, we provided information on the specifics of the database that was being used.

Relevant documents: *draft CPS hotline 914 FAQ*

Status: completed

Follow-up: the draft document that was made by one of the volunteers can be finalized if still applicable

Activity 4. Providing onsite coordination

Summary: Every day walking through the various activities and tasks with the team to keep everyone abreast of the activities that were taking place. Twice a day we had a planned briefing to go through the schedule, to discuss all activities that took place as well as to share relevant information coming from a strategic level. As much as possible I would walk around to talk to various team members to see if there were issues that could be adjusted in the schedules and/or activities.

Relevant documents: *see Activity 1*

Status: completed

Follow-up: From Mid-June through end of July daily briefings were not held; the staff indicated that they felt that they did not receive regular updates on what is taking place at a strategic level.

Recommendation: Management team should reinstate the briefings every day, at least once a day.

Activity 5. Human resources capacity Collective Prevention Services

Summary: (10)(2g)

(10)(2g)

(10)(2g)

Through various documents we indicated the human resources capacity that is required in order for Collective Prevention Services to conduct its mandate as stipulated in legislation.

Relevant documents: Advice on needs assessment CPS, original document on needs assessment CPS and a first draft of a Human Resources Capacity Plan for CPS

Status: ongoing

Follow-up: we drafted a capacity plan that still needs to be finalized by the management team at Collective Prevention Services.

Activity 6. Restarting the national immunization programme

Summary: In the first two weeks of my deployment we discussed with management that the national immunization programme should be restarted. Together with Nurse (10)(2e) we discussed the prevention measures needed, including the necessary PPE. Nurse (10)(2e) spoke to the nurses and drafted documents on PPE use.

Relevant documents: these documents can be found on the Teams account for CPS.

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Area 2: Providing technical guidance with respect to infection control and surveillance for COVID-19

Activity 1. Drafting guidance documents on source- and contact tracing, case definitions and isolation/quarantine

Summary: Based on the current evidence together with the team I drafted documents on how source- and contact tracing should be performed, which included the definition of a contact.

Relevant documents: I have added three relevant documents on source and contact tracing, delivering information to COVID-19 confirmed cases and national quarantine and isolation guidelines.

Status: completed

Follow-up: the first two documents still need to be updated to include current guidance up to end of July 2020. The last document on national quarantine and isolation guidelines has the most current evidence for isolation and quarantine.

Activity 2. Drafting national document on testing strategy

Summary: Based on various meetings with the national laboratory, Inspectorate and Public Health, we drafted a document on a national testing strategy. This includes serology and its role in the national testing strategy

Relevant documents: draft document national testing strategy

Status: ongoing

Follow-up: the second draft of this document has been added to the list of documents, this document still needs to be completed with the relevant stakeholders

Activity 3. Assisting and providing technical guidance for the community outreach project

Summary: I assisted in the set up of a community outreach project to engage communities on Sint Maarten that might have less access to the information provided by Collective Prevention Services. This community outreach took place over the months of April and May 2020, and reached approximately 10.000 persons in various communities.

Relevant documents: Final protocol for community testing project

Status: completed

Activity 4. Drafting documents re-opening procedures

Summary: I provided input on the set up of the new Electronic Health Authorization System (EHAS). Furthermore I provided an update on which countries fall under the low/moderate/high risk according to epidemiological criteria. I drafted documents that could aid in this classification, as well as produced updated documents with this information for the Minister of VSA.

Relevant documents: see area 6 Activity 1, and method for country classification including the update from 1 July 2020

Status: ongoing

Follow-up: a new update is still pending.

Activity 5. Providing technical guidance for the isolation facility

Summary: I participated in various discussions with different stakeholders on the legal basis of the isolation facility (i.e. mandatory versus voluntary isolation), and I reviewed protocols that were in place.

Relevant documents: not applicable

Status: completed

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Activity 6. Providing technical guidance for infection control for different sectors

Summary: We received various requests from different stakeholders within and outside of healthcare for guidance and advice on their infection control measures. I provided advice where necessary and answered their questions.

Relevant documents: provided input on documents from Mental Health Foundation, White and Yellow Cross and for the Ministry of Education.

Status: completed

Activity 7. Providing technical guidance for case management

Summary: I provided guidance to the team with respect to case management, for instance questions related to when to test a person, how long to keep a person in isolation, which persons are deemed a contact of a confirmed case. For every case we would go through all the steps and determine if there were any questions regarding this specific case.

Relevant documents: documents on isolation and quarantine (see Activity 1)

Status: completed

Follow-up: the team still needs assistance with this aspect; this is ongoing as long as there are cases of COVID-19

Activity 8. Providing technical guidance for investigation of clusters

Summary: I provided guidance to the team with respect to investigations of clusters. We found various clusters in the last few weeks of July, and were actively managing these clusters. .

Relevant documents: not applicable

Status: ongoing

Follow-up: the team still needs assistance with this aspect; this is ongoing as long as there are cases of COVID-19

Activity 9. Providing technical guidance for national quarantine policies

Summary: I provided guidance for quarantine policies for persons travelling back to Sint Maarten andnd also assisted in preparing information for residents to return home, including a registration form.

Relevant documents: national quarantine documents and forms for repatriation flights.

Status: completed

Activity 10. Providing technical guidance for a marine protocol for re-opening Sint Maarten for private vessels

Summary: I participated in meetings with key stakeholders and revised the draft protocol where necessary keeping in line with the current evidence on COVID-19.

Relevant documents: final protocol and relevant forms

Status: completed

Area 3: Reporting of national daily numbers of COVID-19

Activity 1. Daily and weekly reporting to the Prime Minister and Minister VSA

Summary: As the epidemiologist at Collective Prevention Services it was my responsibility to update the Minister VSA with the new numbers of positive cases, number tested, number negative, number pending, number isolated and number quarantined and present findings for decision making. It was also my responsibility to update the Minister VSA immediately of any deaths that could be related to COVID-19, as well as any potential clusters that require his attention. In order to ensure continuity of reporting, I drafted a short document detailing further information on how I have been reporting in the months of May, June and July.

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Relevant documents: Working document for updating the statistics

Status: Completed

Recommendation: To ensure continuity, this document should be used by the epidemiologist and adapted when needed.

Activity 2. Daily and weekly reporting to RIVM/ (10)(2a)

Summary: It was also my duty to report the numbers to RIVM and (10)(2a). I reported by updating a case register for Sint Maarten; this format was provided to CPS by the RIVM to use. This case register had to be updated as soon as confirmed laboratory cases were reported, and minimum once a week.

I also reported the numbers in the (10)(2a) WhatsApp group. In this case this could then be used to update (10)(2a)

Relevant documents: not applicable

Status: Completed

Activity 3. Daily and weekly reporting to neighboring Dutch islands and (10)(2a)

Summary: I reported the numbers in the (10)(2a) WhatsApp group and also via WhatsApp to my counterpart from (10)(2a)

Relevant documents: not applicable

Status: Completed

Activity 4. Daily and weekly reporting to relevant stakeholders

Summary: I reported the numbers via WhatsApp to the internal medicine doctor at the Sint Maarten Medical Center; to ensure that the OMT of the hospital would be aware of the newest statistics.

Relevant documents: not applicable

Status: Completed

Follow-up: I would suggest to include this reporting to SMMC in our daily reporting procedures. And also to include the GP app.

Activity 5. Providing summary statistics for the community outreach project

Summary: This community outreach took place over the months of April and May 2020, and reached approximately 10.000 persons in various communities. I provided the numbers after each neighborhood was completed.

Relevant documents: draft documents and reports on each completed neighborhood

Status: ongoing

Follow-up: A draft of a report on the community outreach will be sent within the next week.

Area 4: Developing and maintaining surveillance databases

Activity 1. Set up of (10)(2a) Go.Data system

Summary: At Collective Prevention Services there was no electronic surveillance system, all reporting was done via an excel file or paper file. To facilitate the reporting of surveillance data, we were granted permission to acquire the (10)(2a) Go.Data application. I set up the (10)(2a) Go.Data system to be able to use for COVID-19 response, as well as setting up procedures for the use of this system. CPS started using the (10)(2a) reporting forms as those were the same forms that are used in Go.Data. In June and July nurses (10)(2e) and (10)(2e) drafted and completed the procedures for Go.Data, these documents are saved on the CPS folders in Microsoft teams

Relevant documents: documents are to be found on Microsoft teams; also document on case definitions

Status: Completed

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Recommendation: Go.Data can be used as a database for other diseases and CPS should consider adapting this to include other reportable diseases.

Activity 2. Providing technical guidance on surveillance of COVID-19 on Sint Maarten

Summary: On Sint Maarten there are multiple systems that monitor COVID-19, which together provided the current situation of COVID-19 on Sint Maarten.

Relevant documents: draft document on surveillance of COVID-19 on Sint Maarten and reporting forms for SMMC

Status: Completed

Recommendation: the mortality registry should be updated to be aligned with the latest developments and newest ICD codes. The registration forms for SMMC should be updated if necessary.

Area 5: Developing and conducting information sessions on COVID-19

Activity 1. Developing a communication strategy with respect to videos/skits addressing important messages related to COVID-19

Summary: Together with the team we prioritised 8 skits to be made, in total 4 skits were made. All skits were produced in 3 languages (English, Spanish and Creole) as these are the most widely spoken on the island. Two of the 4 skits were placed on social media.

Relevant documents: published videos on social media (including the documents for the skits)

Status: Ongoing

Follow-up: two videos still need to be edited. I have forwarded the email to my supervisor to follow-up.

Recommendation: Involve the team to develop additional communication that is adapted to various audiences especially when new information needs to be broadly disseminated.

Activity 2. Developing a program for Collective Prevention Services entitled Ask CPS

Summary: In order for Collective Prevention Services to have its own platform to provide information and address questions from the public, we developed a program called Ask CPS. In collaboration with the department of communications of the government of Sint Maarten, we set out and produced 7 episodes. These episodes served as an avenue to inform the public about the work of CPS, including highlighting COVID-related initiatives. Topics and discussions ranged from laboratory testing, highlighting statistics, source and contact tracing, prevention and treatment among other things. The department of communications informed us that we would have to find our own host from July onwards. We were able to find someone willing to host this program for us; this still needs to be followed-up.

Relevant documents: outline of episodes

Status: Ongoing

Recommendation: Continue these episodes with a new host. It is an innovative and amazing way to provide the public of Sint Maarten with relevant and timely information. I would also suggest asking the department of communication with statistics of how many views per episode via each medium to see also what topics are most watched.

Activity 3. Providing information sessions on COVID-19

Summary: I conducted information sessions on COVID-19 for various stakeholder groups, in the health and non-health sector. I drafted a standard presentation that can be re-used and adapted for these information sessions.

Relevant documents: template standard presentation

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Activity 4. Initiating the development of videos to be shared for businesses

Summary: Together with the team we brainstormed the idea of developing skits/videos that can be shared with businesses on COVID-19. This way it would be possible to do less information sessions, and thus ensuring that the team had more time for other activities. Also a video on PPE use and taking of nasopharyngeal swabs would be added.

Relevant documents: not applicable

Status: Ongoing

Follow-up: This idea needs to be further tweaked and followed-up with the team

Area 6: Advising the minister of VSA (and/or the Prime Minister during EOC)

Activity 1. Strategic advice on re-opening of the borders

Summary: Together with the Department of Public Health and Inspectorate we provided numerous advices regarding the measures to be taken, including the re-opening of the borders. These advices were documented in internal memos that were sent to the Minister VSA.

Relevant documents: Various memo's and strategy documents

Status: Completed

Activity 2. Providing information to and attending meetings with the Minister of VSA (including press briefings)

Summary: When requested I provided information and attended urgent meetings with the minister; these meetings were either with key stakeholders or with the Minister VSA to provide information or address queries. Furthermore I also attended press briefings with the Minister.

Relevant documents: Not applicable

Status: Completed

Activity 3. Drafting content on COVID-19 for press briefings and/or other meetings

Summary: When requested I provided information on COVID-19 that could be used in press briefings or other meetings for the Minister VSA and during Emergency Operations Center (EOC) for the Prime Minister.

Relevant documents: Presentations and speaking points

Status: Completed

Area 7: Strengthening the collaboration between relevant stakeholders within healthcare and Collective Prevention Services

Activity 1. Participating in virtual meetings with general practitioners (GPs)

Summary: In order to keep all general practitioners abreast of the newest developments, we planned virtual meetings with the GPs. We would provide updates on the current situation and answer questions that may arise with respect to COVID-19. I drafted several documents for the GPs as an outcome of these meetings. Furthermore with the help of a few GPs I drafted a guideline for the GPs for an interim guidance on COVID-19; this still needs to be finalized.

Relevant documents: document interim guidance, a brief on quarantine and isolation, and templates for letters for the GPs for persons that have been quarantined or isolated

Status: Ongoing

Follow-up: finalize guideline for GPs, possibly the new medical doctor who will be arriving in September can finalize this guideline.

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Activity 2. Initiating bi-weekly meetings with SMMC

Summary: Together with the internal medicine doctor at SMMC we started up a bi-weekly meeting to keep each other updated on the situation at SMMC as well as in the community.

Relevant documents: Not applicable

Status: Ongoing

Recommendation: Epidemiologist (10)(2e) should maintain bi-weekly meetings with SMMC internist.

Activity 3. Providing updates for EOC

Summary: CPS was asked to draft weekly updates on the COVID-19 activities for EOC.

Relevant documents: updates and presentation

Status: Completed

Activity 4. Participation in ESF6 meetings

Summary: From Collective Prevention Services we participated in Emergency Support Function 6 (ESF6) meetings with all healthcare providers on Sint Maarten.

Relevant documents: not applicable

Status: Completed

Activity 5. Ongoing meetings with the national laboratory on testing strategies

Summary: From Collective Prevention Services we initiated meetings with our national laboratory to discuss national testing strategies for outpatient and inpatient care. This was done in collaboration with Inspectorate VSA.

Relevant documents: see area 2.

Status: Completed

Area 8: Acting as a liaison with national stakeholders, counterparts from (10)(2a) counterparts from the rest of the islands of the Dutch Kingdom, CARPHA and (10)(2a)

Activity 1. Participating in weekly virtual meeting with the Dutch Kingdom

Summary: In this weekly meeting we would discuss relevant issues with respect to COVID-19; this way we could learn from each other's approaches to the similar issues.

Relevant documents: not applicable

Status: Ongoing

Activity 2. Participation in weekly virtual meetings with (10)(2a)

Summary: Via this weekly meeting we would keep ourselves updated on the COVID-19 situation on both sides of the island.

Relevant documents: Not applicable

Status: Ongoing

Activity 3. Addressing queries from all counterparts from the abovementioned islands

Summary: If there were questions related to COVID-19 I acted as the liaison to provide information for the counterparts.

Relevant documents: not applicable

Status: Completed

Activity 4. Participating in sessions with CARPHA and (10)(2g)

Summary: Together with the management team, I participated in sessions with CARPHA (i.e. CMO meetings) and (10)(2g) (i.e. planned webinars). I was able to contact (10)(2g) for information on COVID-19, and was provided with relevant guidelines that were used to address queries.

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Relevant documents: not applicable

Status: Completed

Activity 5. Drafting of a combined strategy document between (10)(2a) and Collective Prevention

Services

Summary: As part of the annex of a memorandum of understanding between (10)(2a) and Sint Maarten, we drafted a document which aligned where possible the strategies between both sides.

Relevant documents: (10)(2e) and affiliated documents, epidemiological criteria document

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Recommendations

Short term recommendation (operational-oriented work)

- **Increase capacity at Collective Prevention Services:** there is still insufficient capacity to control the COVID-19 pandemic on Sint Maarten. Due to the financial situation on Sint Maarten, it is difficult to hire additional staff. Moreover, the team has been requesting for overtime due to the sheer amount of hours they have been working. My recommendation is twofold: (1) arrange funding for overtime for the permanent staff of Collective Prevention Services and (2) continue to provide additional support via the RIVM/VWS.
- **My recommendations for a strong team for the response to COVID-19 pandemic:**
 - Minimum of 8 nurses dedicated to COVID-19 responses that have experience in the control of infectious diseases. If these persons do not have prior experience in source- and contact tracing, this places an extra burden on the team to train these staff in infectious disease control.
 - Two epidemiologists that can take care of the routine surveillance of COVID-19 and produce reports when necessary. Currently a new epidemiologist has started at Collective Prevention Services on a 3-year contract and one epidemiologist has been deployed by AML. Together there is a stronger basis for the surveillance of COVID-19 data.
 - One medical doctor specialized in infectious disease control that can provide support with guidance documents, providing advice on a strategic level to the head of Collective Prevention Services and who can provide medical advice where necessary. Collective Prevention Services would benefit from having someone with these qualifications, as this person would be able to navigate in the operational level as well as the strategic level. This person needs to have a strong basis in infectious disease control and be able to adapt easily. And also be versed in advising on the strategic level. Furthermore medical advice is asked from patients as well as healthcare providers on Sint Maarten, for this you would need a medical doctor working at Collective Prevention Services.
 - One manager who will be responsible for coordinating the COVID-19 response with respect to capacity, technical assistance, scheduling for CPS staff and volunteers, planning projects if necessary. This will hopefully create more structure within the teams by scheduling rotating schedules but also to take care of the wellbeing of all staff
 - One communication specialist that works solely at Collective Prevention Services. There is a need for more communication with the public; yet within Collective Prevention Services there is limited time to also develop communication strategies.
 - One staff member, preferably (10)(2e) who will work solely on the strategic level to provide the Minister of VSA with Public Health recommendations, and to act as a liaison between Collective Prevention Services and the Minister of VSA
- **Provide more structure to the team and to the COVID-19 related activities:** this can be done by re-implementing the teams with coordinators, briefings and also to set up a mobile testing location
- **Continue with Ask CPS:** this is a great way to reach the public and can be an approach to keep reaching the population. It is also a way to better communicate with the public by addressing their questions.

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- **Improve data entry for surveillance purposes:** there are too many databases that are used for surveillance purposes, i.e. lab excel file, RIVM line list and Go.data. The team should look into streamlining the databases.
- **Set-up case management system:** there is a need for a case management system to write down notes after an event such as speaking to a family doctor of a person. Currently there are a few lines built into Go.data for this purpose but go.data was not designed for case management in that way.
- **Set up an outbreak management team within Collective Prevention Services:** Since the Collective Prevention Services is mentioned as the responsible entity for the control of infectious diseases according to the *Public Health Act*, an outbreak management team needs to be established. This strategic team will be responsible for managing the outbreak nationally with respect to recommendations for within Collective Prevention Services and to the Minister VSA. The team will meet weekly to discuss relevant technical topics as well as the capacity of Collective Prevention Services at that moment. Suggested persons for the outbreak management team are the management staff of Collective Prevention Services, the coordinators of the different teams, the epidemiologist and the medical doctor specialized in infectious disease control. My advice is to keep this meeting only with staff from Collective Prevention Services.
- **Setting up of a national structure for outbreak management:** on Sint Maarten for any crisis the Emergency Operations Center (EOC) is activated with various Emergency Support Functions (ESFs) with specific tasks during crises. Within EOC there is an ESF that is devoted to Public Health (i.e. ESF6) with representation of the health sector, to respond to public health matters during a crisis. My experience of ESF6 meetings was that these meetings were more focused on capacity than technical guidance. At present, for the COVID-19 pandemic there is a heavy reliance on Collective Prevention Services to provide technical guidance to all relevant stakeholders.

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(10)(2g) In the Netherlands for infectious diseases of national concern, there is a structure of a meeting with the national outbreak management team followed by a meeting on a strategic level with the Ministries. In this way there is a joint advice from a technical group to the more strategic level to make a decision. In order to provide appropriate technical advice, a separate meeting with the technical persons needs to happen. By setting up such a system where the technical meeting can be held separately, there is more possibility for exchange of knowledge. In this technical meeting the following persons should be present: (10)(2e) Collective Prevention Services, (10)(2e) Public Health, Inspector General and (10)(2e) Ambulance from the Ministry of VSA. Furthermore from outside of government I would advise to invite the medical doctor specialized in internal medicine from the hospital, the microbiologist affiliated with the Public Health laboratory and a representative of the general practitioners.

Long term recommendations (organisational level)

- **Restructure the formation plan for Collective Prevention Services:** in order to ensure enough capacity for the control of infectious diseases in the next few years, the formation plan needs to be restructured. Currently the formation is heavily focused on Youth Health Care; but should also have a strong focus on other topics, such as infectious disease control.
- **Enhance activities within General Health Care:**
 - **Providing prophylaxis in the form of antibiotics and/or vaccinations:** the control of infectious diseases up to now consists of acquiring surveillance data and depending on the physicians to do follow-up with prophylaxis. This is a service that Collective Prevention Services could provide themselves. In this

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way Collective Prevention Services would become a sort of center of expertise for infectious disease control. This would make the organization a more prominent player within the Public Health domain, which is also helpful when responding to an outbreak. The key players then recognize the expertise that this organization has built up.

- **Providing Travel advice:** setting up of a travel clinic could be a way to make Collective Prevention Services an all-round expert in infectious diseases. This could also create more trust in the community by coming to Collective Prevention Services. It is a way to be seen more by the public. Moreover, this way the nurses also get the option of not only doing deskwork, but also being able to do their own consultations. This could aid in finding more nursing staff on Sint Maarten.

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Personal note

In the beginning of April 2020 the RIVM urgently requested me to be deployed to Sint Maarten to support the control of the COVID-19 pandemic. Within 5 days after the request I arrived on Sint Maarten to support Collective Prevention Services within the Ministry of Health on Sint Maarten. I had the opportunity to work at the operational and on a strategic level, as described in my summary of activities. From the start of my deployment I felt very welcomed in the team at Collective Prevention Services.

When I arrived, I found a situation where two nurses were responsible for all of the activities, such as testing, source- and contact tracing, data entry of positive cases and follow-up of all isolated and quarantined persons. The two nurses had just trained more nurses from Youth Health Care to aid primarily with testing. Upon hire, (10)(2e) (10)(2e) who was also trained as an epidemiologist, agreed to provide epidemiology support. This was a temporary solution as the hiring for the epidemiologist position was being initiated. Next to being the epidemiologist, (10)(2e) (10)(2e)

Furthermore when I arrived she was currently not on the ground, as she was close to maternity leave. I had many one-on-one conversations with each staff member, as well as team conversations to evaluate what the team needed, what could aid them in their work. I felt that the staff was overburdened as they were working 7 days of 12 hours a week. Furthermore there was no real structure in the work they were performing. I realized quite quickly that the situation reminded me of the start of the pandemic in the Netherlands, also at the regional Public Health Services (i.e. GGD) there was a quick escalation of the amount of work that needed to be done. In order to keep up with this work, a drastic change in structure as well as recruiting more resources took place at the Public Health services in the Netherlands. I took the example of the Public Health Service I worked at in the Netherlands and with the team we implemented this new structure. I felt that this brought a sense of structure and calmness back to the team.

After the operational level was reasonably on its way, I got more and more involved at the strategic level. I was requested to participate in multi-disciplinary and multi-sectoral meetings to provide advice on COVID-19 related matters. On Sint Maarten the epidemiologist is also requested to provide advice to the Prime Minister and Minister directly; I have therefore participated in many meetings with the Ministers, which also included press briefings.

This experience opened my eyes to the complexities of strategic advising; it is about finding that window of opportunity, understanding the politics, knowing the background behind certain questions and/or decisions that are made. In order to be able to influence on a strategic level, you have to always be mindful of the network, which you are in. Finding your allies and knowing the strengths and challenges in this network was essential to find common ground to move the agenda forward in the COVID-19 response.

Overall I am very happy with this experience, I was able to give back to the island I grew up on. I understand better the intricacies and challenges of the control of infectious diseases on a small but diverse island. Most importantly I was able to meet these incredible people that work on Sint Maarten, from within and outside of government. It was an honor to take part in the collaborations with various stakeholders.

Lastly, I would like to thank all the staff and everyone involved at Collective Prevention Services, I felt at home from the very first day. I appreciate everyone's effort and support during this time. I would especially like to thank (10)(2e) for all her support; we became quite a team. I hope we can continue our collaboration in the future.