



**36TH LEGISLATURE OF THE VIRGIN ISLANDS
HEALTH, HOSPITALS AND HUMAN SERVICES**

The Honorable Senator Ray Fonseca
Chair of Committee

Testimony Presented By
The Honorable Justa Encarnacion, RN, BSN, MBA/HCM
Commissioner of Health

on

provide an overview and mitigation plan for the following diseases in the territory;
Hand, Foot, and Mouth, Measles, Covid, and Flu

1 Good day, Honorable Senator Ray Fonseca, Chairperson of the Committee on Health, Hospitals
2 and Human Services, Honorable Senator Hubert Fredericks, Vice Chair; Committee members, and
3 non-committee members present, and the viewing and listening audience. I am Justa Encarnacion,
4 Commissioner of Health for the Virgin Islands Department of Health. Joining me today are
5 Assistant Commissioner Dr. Nicole Craigwell-Syms, Assistant Commissioner Reuben Molloy,
6 Chief Medical Officer Dr. Tai Hunte-Caesar, Deputy Commissioner of Health Promotion and
7 Disease Prevention, Janis Valmond, PhD, and the Assistant Director of Epidemiology, Dr. Lisa
8 Ekpo.

9 Thank you for the opportunity to provide this committee with an overview of infectious diseases
10 impacting the well-being of the US Virgin Islands community, and the VI Department of Health's
11 preparedness and response efforts. Specifically, we will address Hand, Foot, and Mouth Disease
12 (HFMD), Measles, COVID-19, and Influenza.

13 Though these diseases differ in severity, they share a common thread: their ability to disrupt
14 community well-being, to pose threats to our most vulnerable populations and to strain our
15 healthcare infrastructure. The VI Department of Health is responding with data-driven
16 surveillance, targeted public health messaging, provider engagement, and interagency
17 coordination to protect our residents and maintain healthcare resilience.

18 **Hand, Foot, and Mouth Disease (HFMD)** is a common but highly contagious viral illness
19 primarily affecting children under five years old. Symptoms include fever, sore throat, painful
20 mouth sores that may blister, and a rash on the hands and feet. HFMD is spread through droplets
21 with virus particles made after a person sneezes, coughs, or talks, contaminated surfaces, and by

1 fluid from blisters and stool. There is no specific antiviral treatment, but the illness typically
2 resolves on its own within 7 to 10 days.

3 While HFMD cases occur annually in the USVI, an outbreak occurred in February. As of Friday,
4 April 19, a total of 277 cases of HFMD have been reported – 272 in the St. Thomas-St. John
5 District and 5 in the St. Croix District. In response to the outbreak, the VI Department of Health
6 launched a coordinated public awareness effort to promote proper hygiene practices and help
7 control the rapid spread of HFMD. We issued public health advisories, participated in weekly
8 Government House press briefings, and collaborated with the Departments of Education and
9 Human Services to share critical information with parents and staff.

10 We also hosted our own press conference, featuring St. Croix pediatrician Dr. Anthony Ricketts,
11 who provided guidance to parents on how to care for children with HFMD.

12 To further expand our outreach, the department produced and aired a Public Service
13 Announcement on local radio, conducted interviews, and created an informational video to help
14 parents recognize and manage HFMD symptoms. The video was shared with partner agencies and
15 posted on the VI Department of Health's YouTube channel to increase accessibility and visibility.

16 Our Epidemiology Division continues to provide phone consultations and in-person visits for
17 direct observation and infection control training to affected daycares and schools. Rather than
18 closures for HFMD, we have recommended enhanced hand hygiene protocols and environmental
19 cleaning efforts for all schools and childcare settings.

20 **Now on to Measles:** The VI Department of Health has been actively monitoring national measles
21 trends to inform a potential local response and public health messaging.

1 Measles is a highly contagious viral infection that begins with a high fever, cough, runny nose,
2 inflamed eyes, and sore throat. Tiny white spots appear inside the mouth within two to three days,
3 followed by a red, blotchy rash on the face that spreads to the body within three to five days.
4 Complications may include ear infection leading to hearing loss, pneumonia, encephalitis, and
5 even death.

6 Symptoms typically appear 7 to 14 days after exposure, and the virus can remain airborne for up
7 to two hours after an infected person leaves the area. One person can infect an average of 10 to 12
8 other people.

9 As of April 19, 2025, the Center for Disease Control and Prevention (CDC) has reported a total of
10 800 confirmed cases of measles in 25 states across the US, with 10 outbreaks in six of the 25 states.
11 Outbreaks are defined as more than three cases.

12 The affected states include Alaska, Arkansas, California, Colorado, Florida, Georgia, Hawaii,
13 Indiana, Kansas, Kentucky, Maryland, Michigan, Minnesota, New Jersey, New Mexico, New
14 York State, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Texas, Vermont, and
15 Washington. New York City is also counted as a separate jurisdiction. Three associated deaths
16 have been reported – two children and one adult – and 96% of cases reported are persons who are
17 unvaccinated, or the vaccine status is unknown.

18 We are alarmed by the high rate of transmission and while no cases have been reported in the
19 territory, we feel it is a matter of ‘when,’ not ‘if.’ To put it in perspective, for the entire year of
20 2024, the CDC confirmed a total of 285 measles cases and 16 outbreaks in the US while thus far
21 in 2025 there have been 515 cases.

1 Our primary concern is the unvaccinated population aged 12 months to six years, with a current
2 vaccination rate of 44.32%. This means over half of this vulnerable group is unvaccinated. Other
3 high-risk segments include unvaccinated pregnant women and individuals with compromised
4 immune systems.

5 The Measles-Mumps-Rubella (MMR) vaccine is safe and proven to be the most effective,
6 providing 97% protection against measles.

7 Children under 6 months of age, pregnant women, and immunocompromised individuals should
8 not receive the MMR vaccine because it contains live, weakened viruses that could be harmful to
9 their immune systems. However, it is recommended that everyone around them – including
10 caregivers and older children – be vaccinated to create a protective barrier.

11 With the growing measles crisis, the arrival of spring break, and the upcoming summer travel
12 season, the Department has been actively emphasizing the importance of staying up to date on
13 MMR vaccination—especially for those traveling internationally or to areas in the U.S.
14 experiencing outbreaks. Parents are urged to vaccinate their children as soon as possible, and adults
15 are also encouraged to get vaccinated if they have not already done so.

16 The MMR vaccine is widely available in the territory at our clinics, through healthcare providers
17 and at some pharmacies. The list of available sites has been posted on our Facebook page,
18 @virginislandsDOH and in on our press release segment of our website. A designated Measels
19 page will be added to our website within the next 24 hours.

20 The current inventory of MMR vaccines in the territory are as follows: 486 doses at the VI
21 Department of Health clinics; 108 doses at local pharmacies, and 1,048 doses at healthcare

1 providers participating in the Vaccine for Children Program which serves the Medicaid, uninsured
2 and underinsured population.

3 It is crucial to acknowledge that a measles outbreak in the territory would present significant public
4 health risks by overwhelming healthcare resources. The USVI's limited hospital capacity will face
5 challenges in managing measles cases, necessitating an emergency response effort that includes
6 isolating infected patients, safeguarding healthcare workers, and addressing complications.

7 The Department of Health is changing the narrative by shifting public perception from
8 misinformation, complacency, and fear to one rooted in facts, personal responsibility, and vaccine
9 prevention. We're replacing outdated beliefs—such as “measles is just a childhood illness” or
10 “vaccines are risky or unnecessary”—with the truth: the MMR vaccine is safe, effective, and
11 essential to protecting our entire community, and outbreaks are preventable—but only if we remain
12 vigilant and vaccinate.

13 To support this effort, the Department has launched an informational campaign. Similar to our
14 approach with HFMD, we've shared key messages through Government House press briefings,
15 our own press conference, and multiple radio interviews. We've also produced a public service
16 announcement (PSA) that will be broadcast at air and seaports, as well as on local radio. A broader
17 social media campaign will soon launch across various platforms. Additionally, we are developing
18 a short video to be distributed to the Departments of Education and Human Services for use with
19 parents and staff in schools across the territory.

20 Additionally, the department's Immunization Program working with our Maternal Child Health
21 Division is in the process of distributing letters, signed by me, urging parents with an approved

1 vaccination exemption to vaccinate their children now as measles outbreaks continue to rapidly
2 spread across the US. It emphasizes the efficacy of the MMR vaccine and reminds them that
3 measles can have long-lasting serious implications for an unvaccinated child and may even lead
4 to death.

5 Finally, we are planning vaccination drives for our upcoming USVI Health and Wellness Fair set
6 for the first two weeks of June.

7 Out of an abundance of caution, I have placed the Division of Public Health Preparedness on alert.
8 The team has reviewed our internal Emergency Operations Center plan with all staff to ensure
9 readiness. In addition, we are actively engaging healthcare providers, hospitals, federally qualified
10 health centers, and other key stakeholders to support MMR vaccine promotion and to help develop
11 a coordinated response plan in the event of a measles outbreak.

12 Finally, we briefed the Emergency Management and Homeland Security Council—which includes
13 the Governor, Lieutenant Governor, Cabinet members, semi-autonomous agencies, and other key
14 stakeholders—on the potential impact of a measles outbreak in the territory.

15 **COVID-19** is caused by the SARS-CoV-2 virus which led to a global pandemic, with significant
16 morbidity, mortality, and societal disruption. The disease primarily spreads through respiratory
17 droplets, and its severity can range from mild to life-threatening, particularly among vulnerable
18 populations such as the elderly and those with underlying conditions.

19 The COVID-19 pandemic has transitioned from an emergency phase to an endemic phase.
20 Widespread vaccination and natural immunity have contributed to reduced case fatality rates, but

1 COVID-19 remains a public health concern, especially with the potential for new variants among
2 those who are unvaccinated.

3 Equitable access to COVID-19 vaccines and healthcare in the territory remain public health
4 concerns. Long term effects that linger weeks, months, or years after a COVID infection is referred
5 to as Long COVID, and this syndrome can result in debilitating conditions. Management and
6 surveillance of these rates in the territory remain a high priority for the Department.

7 The Department continues to promote public health strategies that include vaccination campaigns,
8 public health messaging on the importance of continued caution, monitoring of new variants, and
9 investment in healthcare infrastructure. The mental health toll of the pandemic also necessitates
10 focused support for affected populations.

11 **Influenza (flu)** is a viral infection, commonly seasonal although seen continuously in the territory
12 due to the high rates of worldwide travelers, that affects the respiratory system. Its symptoms
13 include fever, cough, sore throat, muscle aches, and fatigue. It can lead to severe complications
14 that include pneumonia, respiratory failure, Guillan Barre disease (neurological complication
15 resulting in muscle weakness), and death, particularly in high-risk populations such as young
16 children, the elderly, and individuals with underlying health conditions.

17 Seasonal flu remains a major public health challenge globally. Influenza viruses undergo frequent
18 genetic changes, leading to annual epidemics. Although vaccines are available and effective in
19 reducing the severity of illness, vaccine coverage remains inconsistent in many populations
20 including the Virgin Islands.

1 The flu virus's ability to mutate rapidly complicates vaccine development and efficacy. Public
2 complacency due to the perceived mildness of the disease and challenges in achieving high
3 vaccination rates remain a significant challenge in the territory.

4 The seasonal flu vaccine, which is updated annually, remains the most effective preventive
5 measure. The Immunization Division engages with campaigns for public health messaging,
6 ensuring vaccine access to the un- and under insured, and preparing healthcare systems for
7 seasonal surges to mitigate the impact of influenza outbreaks.

8 The diseases under consideration—Hand, Foot, and Mouth Disease, Measles, COVID-19, and
9 Influenza— highlight the ongoing challenges in public health and the importance of
10 comprehensive, proactive measures to protect our community. The Department of Health's
11 actions to prioritize vaccination, provide education, conduct surveillances is a testament to our
12 preparedness and commitment to mitigate the impact of these diseases and protect the health of all
13 community members.

14 We encourage members of this body and the public to visit our website at **doh.vi.gov** and click on
15 the **"USVI Epidemiology Data Dashboard"** for weekly updates on viral activity in the territory,
16 including COVID-19 and influenza.

17 In closing the department is committed to reducing health risks, increasing access to quality
18 equitable healthcare, and enforcing health standards. Thank you for the opportunity to present on
19 this critical issue and for your continued support and collaboration. We stand ready to take any
20 questions the committee may have.