



**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,
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.

6 In response to the outbreak, the VI Department of Health launched a coordinated public awareness
7 effort to promote proper hygiene practices and help control the rapid spread of HFMD. We issued
8 public health advisories, participated in weekly Government House press briefings, and
9 collaborated with the Departments of Education and Human Services to share critical information
10 with parents and staff.

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

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

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

1 The VI Department of Health has been actively monitoring national measles trends to provide a
2 potential local response and public health messaging.

3 **Measles** is a highly contagious viral infection that begins with a high fever, cough, runny nose,
4 inflamed eyes, and sore throat. Tiny white spots appear inside the mouth within two to three days,
5 followed by a red, blotchy rash on the face that spreads to the body within three to five days.
6 Complications may include ear infection leading to hearing loss, pneumonia, encephalitis, and
7 even death. Symptoms typically appear 7 to 14 days after exposure, and the virus can remain
8 airborne for up to two hours after an infected person leaves the area. One person can infect an
9 average of 10 to 12 other people.

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

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

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

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

19 The current inventory of MMR vaccines in the territory are as follows: 486 doses at the VI
20 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 To begin combating the potential of measles in our territory, we have launched an information
8 campaign. Similar to our efforts with HFMD, we have shared information during the Government
9 House press briefings, during our press conference, and in radio interviews. The department has
10 also produced an announcement to be aired at air and seaports, a PSA for radio and will soon begin
11 a social media campaign across various platforms. We also plan to produce a short video to be
12 shared with the departments of Education and Human Services for distribution to parents and staff
13 at schools territory wide.

14 Additionally, the department's Immunization Program working with our Maternal Child Health
15 Division will distribute a letter, signed by me, urging parents with an approved vaccination
16 exemption to vaccinate their children now as measles outbreaks continue to rapidly spread across
17 the US. It emphasizes the efficacy of the MMR vaccine and reminds them that measles can have
18 long-lasting serious implications for an unvaccinated child and may even lead to death.

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

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

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

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

13 The COVID-19 pandemic has transitioned from an emergency phase to an endemic phase.
14 Widespread vaccination and natural immunity have contributed to reduced case fatality rates, but
15 COVID-19 remains a public health concern, especially with the potential for new variants among
16 those who are unvaccinated.

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

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

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

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

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

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

1 The diseases under consideration—Hand, Foot, and Mouth Disease, Measles, COVID-19, and
2 Influenza— highlight the ongoing challenges in public health and the importance of
3 comprehensive, proactive measures to protect our community. The Department of Health’s
4 actions to prioritize vaccination, provide education, conduct surveillances is a testament to our
5 preparedness and commitment to mitigate the impact of these diseases and protect the health of all
6 community members.

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

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