Te Marae Ora

Easing Border Restrictions (EBR) Plan to Coronavirus Disease 2019 (COVID-19)

TMO EBR COVID-19

27 May 2020

Version 1.1

Government of the Cook Islands

Contents

Introduction

On 22 January 2020, Te Marae Ora Cook Islands Ministry of Health (Te Marae Ora) activated the health emergency response and incident management system. This followed reports of rapidly increasing numbers of cases of Coronavirus Disease 2019 (COVID-19) and associated deaths in Wuhan, China beginning 31 December 2019.

The National Health Emergency Taskforce (NHET) held its first meeting on 27 January 2020. Through the support of Cabinet and Parliament, the legislative framework to deliver a robust public health response was secured, along with endorsement of the national emergency response plan (March), progressive border restrictions, and budget (Annex 1).

On 16 April 2020, the Cook Islands was declared a COVID-19 free zone signalling the shift of COVID-19 from a public health emergency to a public health threat. The disease continues to surge in many countries worldwide. As of 25 May 2020, COVID-19 has been reported in over five million people across 188 countries and over 340,000 people have died.

Border restrictions established on 25 March 2020 have helped save lives. However the social and economic impact has been severe particularly to the tourism industry. Ongoing border restrictions threaten the livelihoods of many and will eventually impact on population health and wellbeing.

Easing border restrictions is necessary to resuscitate the economy and social wellbeing of the Cook Islands. This process is complex and requires a clear understanding of the disease transmission patterns in potential travel zones for example New Zealand, border measures as well as availability of exit screening and testing for travellers. Additional factors to consider include Te Marae Ora's health systems preparedness and readiness to respond to any threat, the community's acceptance of the proposed measures, compliance with human rights principles, and the publics' ability to maintain physical distancing and public health measures.

Purpose

The aim of this Plan is to outline Te Marae Ora's actions regarding the phased and safe easing of border restriction measures while minimising public health risks to Cook Islands residents and visitors.

Legislative Framework

In February 2020, COVID-19 was made a notifiable and dangerous condition (Public Health Act 2004). The COVID-19 Act 2020, and Ministry of Health (COVID-19: Supervised Quarantine on Arrival in Rarotonga) Regulations 2020 provide legal powers to support public health action.

The Ministry of Health (International Health Regulations Compliance) Regulations 2014 is legislated through the Ministry of Health Act 2013. It authorises Te Marae Ora to control disease spread at borders, trace people who are infected or suspected to have a notifiable disease, and ensure they undergo medical examination or treatment. The International Health Regulations (IHR) 2005 is designed to prevent, protect against, control and provide a public health response to the international spread of disease. Under the IHR, the Cook Islands is obligated to notify the World Health Organisation (WHO) of public health events of international concern, and measures implemented which interfere with international trade or travel.

Leadership and Governance

The organisation structure of Te Marae Ora has changed to reflect the reorientation of the health system and service delivery model which now includes a focus on primary care and preventive community based health services.

The National Health Emergency Taskforce (NHET) will continue to meet weekly and provide advice to the Minister of Health and Cabinet as required for the health response and border control measures. Te Marae Ora Executive and the Health Incident Management Team (IMT) will coordinate public health actions with border control agencies and in collaboration with the Rarotonga health centres/Punas and the Pa Enua (Annex 1)

Communication and Consultation

Te Marae Ora will collaborate with relevant border agencies on communications and ensure targeting occurs at all levels of society to ensure a timely, effective and coordinated response. Nationwide consultation will enable the mobilisation of community action that seeks to protect vulnerable members, such as aged persons, those with non-communicable diseases (NCDs) or disabilities, and others.

Principles for easing border restrictions

1. Decisions will be informed by the best available information;
2. Inclusive decisions involve border agencies;
3. Human rights apply;
4. Vulnerable populations are protected;
5. Phased approach for example open to Auckland first;
6. Border restrictions may tighten or relax depending on epidemic trajectories; and
7. Health system preparedness and readiness are optimised.

Informing the decision to ease border restrictions

WHO sets out criteria for countries to consider to enter a state of 'low level or no transmission'.

1. That disease transmission is controlled;
2. Health systems capacity in place to test, isolate, & treat every case, and trace every contact;
3. Outbreak risks are minimised in settings such as health facilities and nursing homes;
4. Preventative measures in place for work, schools, places where people travel or visit;
5. That importation risks can be managed; (Border controls) and
6. Communities are fully educated and engaged and empowered to adjust to the 'new norm'.

Te Marae Ora has achieved the six WHO criteria to varying degrees with ongoing systems strengthening plans in place. This document focusses on managing importation risks.

Safe zones

Understanding the epidemiology of disease is critical in determining potential safe zones (countries). The risks of importing COVID-19 is higher when countries have sustained community disease transmission compared to clusters and sporadic cases. New Zealand and some Pacific Island countries where COVID-19 has not been reported, lead others in becoming a safe zone. Te Marae Ora monitors disease transmission patterns in Australia and the Pacific.

Safe borders

Closing the border on 25 March 2020 contributed significantly to the Cook Islands becoming a COVID-19 free zone. The reversal of border control measures and safe easing of border restrictions requires careful management to minimise the risk of importing COVID-19.

International border control measures vary between and within countries. Some may complement or hinder national plans. Cook Islands border measures therefore require flexibility to adapt to the evolving landscape. Processes should also be streamlined and efficient while avoiding breaches of human rights and international law.

Safe families and communities

Families and communities play a critical role in accepting, implementing and promoting public health measures. Community development and empowerment highlight important concepts that involve the transfer of knowledge to families and the community and help embed sustainable public health practices.

Safe communities refers to the important role that the public, community leaders: Aronga Mana and Religious Advisory Council, the Puna, Pa Enua, business sector, and all of society play to protect all Cook Islands residents and visitors. These established measures include physical distancing, hand, face, cough hygiene, staying home when sick and calling the Te Marae Ora healthline. Singing in closed spaces or in close contact with others has resulted in large outbreaks among choirs and other church groups overseas, therefore not recommended.

Effective communications is critical to ensuring families and communities understand these messages and the public health actions required of them, so that Cook Islands residents and visitors are protected.

Safe quarantine

Te Marae Ora's Supervised Quarantine and Medical Clearance (SQMC) policy (April 2020) has helped clarify the process for SQMC in Auckland and Rarotonga for all persons intending to travel to the Cook Islands. Travellers must complete 14 days SQMC in an Auckland facility followed immediately by another 14 days SQMC in a Rarotonga facility, with COVID-19 tests on exiting both facilities. The option to complete SQMC process in private accommodation (home, motel, hotel) is available.

Safe screening

Medical screening and clearance in primary care allows for the general practitioner to assess travellers and to declare them fit to travel. Exit screening at airports varies in terms of scope of services and health personnel. Exit screening at Auckland International Airport involves travellers receiving a temperature check and completing a COVID-19 symptom screening questionnaire. Some airports provide thermal screening. The option to provide exit screening with a temperature check and symptom screen at Rarotonga International airport is available.

Safe testing

Affordable access to quality testing capability is an essential component in the decision to ease border restrictions and provides a layer of confidence that travellers are COVID-19 free. Entry and exit testing services are available in some International airports but not in Auckland. The option to access exit testing in the New Zealand public and private sector is under review. In-country testing is limited and swabs are sent to Auckland for RT-PCR tests. Te Marae Ora is securing in-country RT-PCR test capability.

Safe transportation

The rapid spread of COVID-19 was promulgated by highly connected global travel networks. COVID-19 has been reported among a number of airline and airport staff reflecting the need for adequate disinfection of aircraft and cargo and ensuring staff are COVID-19 free and practise good hygiene measures. Some airports provide barrier glass to minimise close contact during immigration transactions. The chemical disinfection of travellers and chemical and ultraviolet disinfection of checked luggage is available in some airports. Flight attendants on some airlines wear full PPE. Some airlines organise seating arrangements to keep an empty seat between passengers to support physical distancing measures.

Safe travellers

Travellers should take responsibility to protect themselves by following public health advice. This includes pragmatic physical distancing (2 metres form others), good hand, face and cough hygiene, and disinfecting regularly used surfaces. The use of face masks is under review. They may assist in reducing the transmission of respiratory droplets particularly among those in closed or crowded spaces.

Safe isolation

In the event a COVID-19 case is imported, a rapid risk assessment will be undertaken to establish clinical details, travel history and close contacts, so that isolation of the case and the quarantine of close contacts can be arranged. Te Marae Ora's COVID-19 public health protocol and clinical guidelines will guide this process.

Safe contact tracing

Contact tracing is an established public health measure that helps to quickly find cases and their close contacts and to isolate or quarantine them to limit the transmission of infection. This process is resource intense and technology provides a range of tools to improve efficiencies. Te Marae Ora and the Office of the Prime Minister ICT team are reviewing the WHO contact tracing application, as well as New Zealand's COVID tracer application. The private sector is exploring the use of QR codes for travellers to scan the places they visit.

Safe health systems

The reorientation of Te Marae Ora's health system has resulted in a service delivery model that focuses on primary care and preventive community based health services that involve the Puna (districts). Phone consultations are encouraged to keep sick patients at home. Rarotonga hospital

has a 32 bed isolation ward dedicated for COVID-19 patients, with a four bed negative pressure room, three ventilators, and five airvo machines. Staff have received PPE supplies and training on donning and doffing.

Safe health financing

Where Te Marae Ora's health system lacks long term Intensive Care Unit (ICU) capability, measures to minimise additional burden on the health system such as travel or health insurance should be considered a prerequisite for all travellers.

The synchronisation of health systems strengthening and readiness, combined with fully engaged and motivated community intent on protecting residents and visitors is critical for the successful safe easing of border restrictions. The Matrix for border control measures and disease transmission patterns is presented in Table 1.

Matrix for border control measures and disease transmission

Border restrictions may have to be tightened or relaxed depending on epidemic or disease transmission trajectories. Understanding the basic epidemiological principles that underpin the Cook Islands public health border measures is critical. The border measures outlined in the Matrix are designed to be flexible and responsive to the disease transmission patterns of other countries. A communications plan must be in place to educate, train and raise awareness among families, communities, the public at large and border agency officials.

Exit medical clearance, screening and testing provides a level of confidence that travellers to the Cook Islands do not have COVID-19 infection. The Auckland airport exit screening programme does not include testing.

Using New Zealand as an example, Level 1 alert removes the need for border restrictions for travellers to the Cook Islands, while Level 2 alert requires for NZ exit screening at the airport and possibly a test depending on disease transmission in NZ. Community or clusters of cases disease transmission, attracts a requirement for SQMC either in a facility or private accommodation as well as exit testing.

Table 1. Matrix for border control measures and disease transmission

NEW ZEALAND (NZ) / **(CI) COOK ISLANDS**	**NO CASES Level 1 Prepare**	**SPORADIC CASES Level 2 Reduce**	**CLUSTERS OF CASES Level 3 Restrict**	**COMMUNITY TRANSMISSION Level 4 Lockdown**
NO CASES Preparation and Readiness Delay entry	NZ CI No border restrictions	NZ exit screen +/- test	NZ exit medical clearance, screen/test CI SQMC 14 days private exit screen +/- test	NZ and CI SQMC 14 days in facility exit screen +/- test
SPORADIC CASES Alert Delay transmission	NZ CI No border restrictions	NZ exit screen +/- test	NZ exit medical clearance, screen/test CI SQMC 14 days private exit screen +/- test	NZ and CI SQMC 14 days in facility exit screen +/- test
CLUSTERS OF CASES Activation Mitigate impact	NZ No border restrictions	NZ exit screen +/- test	NZ exit medical clearance, screen/test	NZ and CI SQMC 14 days in facility exit screen +/- test
	CI exit screen +/- test	CI exit screen +/- test	CI SQMC 14 days private exit screen +/- test	
COMMUNITY TRANSMISSION Mitigate impact	NZ No border restrictions	NZ exit screen +/- test	NZ exit medical clearance, screen/test	NZ and CI SQMC 14 days in facility exit screen +/- test
	CI exit screen +/- test	CI exit screen +/- test	CI SQMC 14 days private exit screen +/- test	

Core minimum requirements to ease public health restrictions

WHO provides a framework to determine minimum core requirements to ease public health restrictions in the Cook Islands. Te Marae Ora must remain in a state of preparedness and readiness and poised to respond rapidly to any threat of COVID-19 entering the Cook Islands. Te Marae Ora's state of readiness can be illustrated using traffic lights: green = high, amber = medium, red = low. The aim is for Te Marae Ora to achieve high readiness (green) across all measures.

The actions Te Marae Ora is required to take under the various disease transmission scenarios is presented in more detail in Annex IV - Critical preparedness readiness and response actions for each transmission scenario for COVID-19.

Table 2: Core minimum requirements to ease public health restrictions.

	Recommended Status	Readiness
Country-level coordination, planning & monitoring	Country incident management system (IMS) structure and resourcing reflect epidemiological situation. Contingency planning for rapid escalation or reactivation in place with adequate resources (incl. HR) to respond	Jan 2020: National Health Emergency Taskforce established Mar 2020: National Emergency Response Plan endorsed Consultation with Pa Enua re COVID-19 National Prayer Service COVID-19 National IMS structure implemented COVID-19 Budget ($5M) COVID-19 Act 2020 enacted
Surveillance, rapid response teams & case investigation	Active surveillance in place for detection of cases and confirmation of an outbreak. This includes surveillance for COVID-19, ILI, SARS; and event-based surveillance	Jan 2020: Surveillance systems established Daily situation reports issued Mar 2020: Contact tracing training May 2020: GeneXpert test in country
Risk communication & community engagement	Whole of country sensitised to alert levels, its potential fluctuations, given the epidemiological context, and public health measures associated with these levels, and are mentally and physically prepared for future change and reinstating of restrictive public health measures. Continue prevention and precautionary messaging on physical distancing and suspect case reporting	Jan 2020: Periodic NHET meetings Mar 2020: Communications Plan COVID-19 implemented COVID-19 website established Periodic IMS meetings Periodic Rarotonga Puna meetings Apr 2020: Periodic Pa Enua Puna meetings

	Recommended Status	Readiness
Domestic travel considerations	Enable domestic travel, balanced with the risk of preventing inter-island spread of COVID-19	Mar 2020: Domestic travel regulations established Apr 2020: Domestic travel restrictions lifted Exit screening measures established at airport and seaport
Essential health services	That essential health services have been identified with modes of delivery adapted to protect those most vulnerable to severe impacts of COVID-19. This specifically includes those who are elderly, have NCDs or with other chronic illnesses e.g. TB, HIV, and others who are immunocompromised. Services should be adapted to reduce physical contact, improve spacing, and reduce overcrowding in all facilities. Mechanisms are in place to essential health services are delivered.	Feb 2020: Coughs and colds clinic established Mar 2020: Primary care and emergency services relocated to Tupapa community clinic Primary care - phone consults and appointments - COVID testing, influenza vaccinations Public health relocated to Rarotonga Puna - includes health checks, blood and COVID testing, influenza vaccinations, Tutaka, Operation Namu and planting Oral health - dental emergencies only
Infection control and prevention (clinical and community settings)	Basic IPC guidelines are provided to IPC staff ● ensure IPC staff disseminate information to essential facilities within and outside health sectors e.g. schools, workplaces, churches, prisons etc. ● healthcare workers involved in COVID-19 care, especially in high-risk environments e.g. ICU, emergency rooms, HDU are trained and rigorously exercise appropriate PPE use methods and processes Basic IPC training will include: ● Standard precaution (hand hygiene, PPE, respiratory hygiene, waste management, environmental cleaning, safe handling, cleaning and disinfection of patient care equipment) ● Transmission-based precautions (droplet/contact/airborne precautions) ● WASH focal points ensure essential needs are identified and basic WASH supplies and infrastructure are available in healthcare facilities, essential workplaces, schools, and in the community	Mar 2020: IPC training for TMO and border agency staff, and Pa Enua (Aitutaki) May 2020: IPC nurse recruited IPC training for SQ facility
Mental health and psychosocial support	Priority intervention area in preparedness, communications and actions to minimise the risk of mental health and wellbeing of the population	Mar 2020: 20 volunteers (psychological aides) engaged Corrective services response plan COVID-19 implemented Apr 2020: Community workshops, counselling and training provided May 2020: Counselling and workshops for private sector and Pa Enua

	Recommended Status	Readiness
Laboratory	Molecular testing is available and accessible for diagnosis and confirmation of COVID-19 cases either in country or referred to a reference laboratory with results available within 1-7 days. Capacity to isolate cases until results are confirmed and contact tracing is completed.	Mar 2020: IPC training for laboratory staff May 2020: 70 Test cartridges for GeneXpert machine received, more to follow 1351 swabs taken to date (all negative) May 2020: RT-PCR testing capability to be purchased 3,000 Antibody serology test kits to arrive
Case management & clinical preparedness	There is in-country capacity for case management of COVID-19 cases and adequate level of health system capacity to provide essential health services to non COVID-19 cases	Jan and Feb 2020: Travel advisories issued Mar 2020: Isolation ward (32 beds) established Cook Islands international and domestic border closed Vulnerable groups identified in community - with support provided Significant PPE/consumables ordered Apr 2020: Supervised quarantine and medical clearance process implemented for 260 stranded Cook Islanders in NZ Oxygen plant to be purchased May 2020: Negative pressure room established CT scan to be purchased

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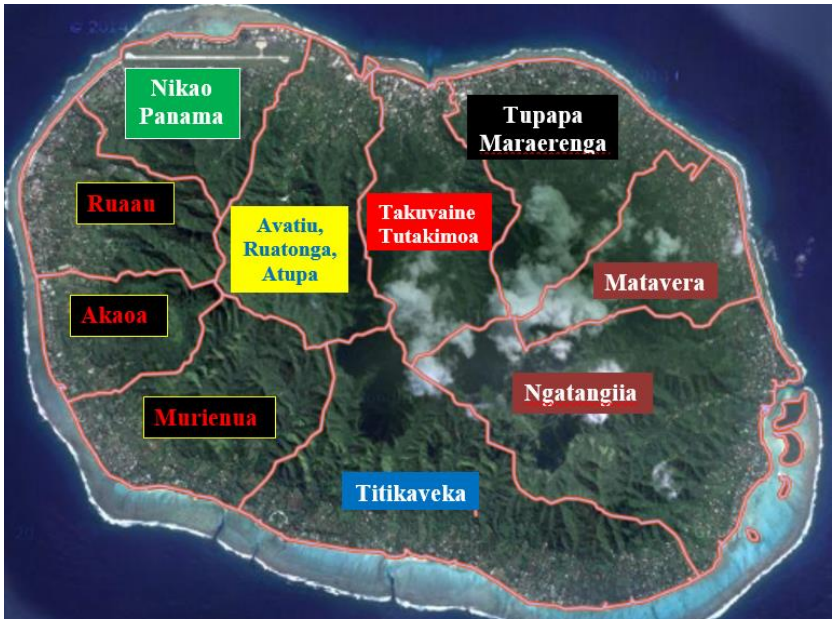
Te Marae Ora Cook Islands Ministry of Health Supervised Quarantine and Medical Clearance (SQMC) policy April 2020

Annex I: Community Management Structures

	Rarotonga Puna		Pa Enua DRM Committees
1.	Ngatangiia	1.	Mangaia
2.	Matavera	2.	Aitutaki
3.	Tupapa Maraerenga	3.	Atiu
4.	Takuvaine Tutakimoa	4.	Mauke
5.	Titikaveka	5.	Mitiaro
6.	Murienua	6.	Penrhyn
7.	Akaoa	7.	Manihiki
8.	Ruaau	8.	Rakahanga
9.	Nikao Panama	9.	Palmerston
10.	Avatiu, Ruatonga, Atupa	10.	Pukapuka
		11.	Nassau

Figure 1. Map showing community districts (Puna) for Rarotonga



Annex II: The Cook Islands Emergency Response Plan to COVID-19

The Plan has three stages, four codes and four phases as outlined below.

STAGES	CODE	PHASE
Initial Action Stage	**Blue**	**Preparation and Readiness** (Delay entry of disease)
Targeted Action Stage	**Yellow**	**Alert** (Delay widespread disease transmission)
	Red	**Activation** (Mitigate impact of the disease)
Stand-down stage	**Green**	**Post-event** (Recovery)

Within each of the action stages are targeted interventions under the following functions: governance and legislation; surveillance and intelligence; border measures; resources and logistics; communication and consultation; health critical care and public health management; and social welfare and support (Annex III).

Stages, Codes and Phases of an Emergency Response

There are four phases identified in the emergency response to COVID-19, across three stages:

STAGES	CODE	PHASE	THRESHOLDS/TRIGGERS
Initial Action Stage	**Blue**	**Preparation and Readiness** (Delay entry of disease)	Disease is severe and spreads easily from person to person but is occurring outside the Cook Islands. Measures focus on delaying entry of the disease through hand washing, cough etiquette and social distancing. Minimal disruption to society such as travel advisories and restrictions. Reducing business as usual.
Targeted Action Stage	**Yellow**	**Alert** (Delay widespread disease transmission)	Disease is severe AND spreads easily from person to person, but the disease is not spreading widely in the Cook Islands and is being contained. Moderate disruption to society such as quarantine and isolation.
	Red	**Activation** (Mitigate impact of the disease)	Disease is severe AND is spreading widely. The health system is unable to cope with the situation. Major disruption to society such as school closures, work from home notices and disruption of law and order in the community.
Stand-down stage	**Green**	**Post-event** (Recovery)	When the disease is declining, and can be managed under normal business arrangements**.** Transition from emergency response to business as usual.

Annex III: National Response Framework

	Initial Action Stage	Targeted Action Stage		Stand-down Stage
	Code Blue	**Code Yellow**	**Code Red**	**Code Green**
Governance and Legislation	• Emergency governance arrangements – NDRMC, NHET, NRE • COVID-19 declared transmissible notifiable condition and dangerous condition • Activation of Health Emergency Operations Centre and Incident Management System (IMS) • Activate IHR reporting requirements	• Assess and advise on declaration of State of Emergency • Convene NDRMC, NRE and NHET • 24/7 coverage of National Emergency Operations Centre • Possibility of Parliament convening urgently to pass relevant legislation	• Declaration of State of Emergency • Emergency response fully activated • Circumstances to allow Parliament to extend a public health emergency • Police to maintain law and order	• No longer State of Emergency • Debriefing sessions – NDRMC, NRE, NHET and IMS
Surveillance and Intelligence	• Activate national capacity for disease surveillance and containment • Air/sea/land traffic surveillance • Weather reports • Monitor official and non-official reports	• Monitor and analyse information • Monitor flu-like symptoms presenting at clinics • Community surveillance • Testing lab samples overseas • Monitor official and non-official reports	• Intensify surveillance • Monitor all surveillance systems • Community surveillance • Testing lab samples overseas • Monitor official and non-official reports	• Review/evaluate surveillance systems • Monitor official and non-official reports • Update protocols
Border Measures	• Monitor incoming passengers for signs/symptoms • In-flight, airport and maritime announcements • Liaise with airlines/shipping operators • Assess entry to the Pa Enua • Health declaration and travel history • Early travel restrictions (quarantine) to delay entry	• Assess travel restrictions and revise • Health declaration and travel history • Assess entry to the Pa Enua • Cargo staging areas to minimise interactions between cargo handlers at ports and workers in country • Strict infection control procedures observed and regular decontamination • Provide logistical assistance to repatriate foreign nationals	• Assess travel restrictions and revise • Assess entry to the Pa Enua • Maintain cargo staging areas to minimise interactions • Strict infection control procedures observed and regular decontamination • Provide logistical assistance to repatriate foreign nationals	• Review travel restrictions and revise • Transition airlines/shipping operators back to normal business arrangements • Update in-flight, airport and maritime announcements
Resources and Logistics	• Stockpile of personal protective equipment (PPE) e.g. face masks, hand gel, full gear • Health system capacity e.g. isolation areas, flu clinics, HDU/ICU capability • Standby accommodation and infection control providers • Secondment of public servants • Capacity to maintain essential services • Prepare to transition from business as usual to emergency response • Review financial mechanisms to support business continuity and response	• Assess stockpiles of PPE in case of shortages • Additional resources and finances mobilised as needed • Monitor health system capacity and establish triggers if full capacity is reached • Health professionals on standby as needed • Maintain essential services (food, water, energy, waste disposal, mortuary services, financial services, law enforcement, ICT, transport, infrastructure)	• Transition to standby accommodation for isolation if full capacity is reached in health facilities • Additional resources mobilised • Emergency funds mobilised • Reassess HDU/ICU capability • Maintain essential services	• Assess the status of stockpiles e.g. PPE, medicines, consumables, food • Replenish stocks as appropriate • Update plans and protocols • Transition essential services to normal business arrangements/operations • Activate business continuity plans
Communication and Consultation	• Central communications hub and strategy • Resilient ICT e.g. email, remote access, internet • Liaise with international counterparts	• Maintain cough etiquette, hand-washing, stock up on non-perishable items as needed • Stay up-to-date with health advice • Health line details	• Urge communities to maintain social distancing • Request voluntary compliance to isolation/quarantine as needed • Continue to advise on cough etiquette, hand-washing	• Notify public services will resume to normal business arrangements • Monitor feedback and refine risks communications • Acknowledge the community and other partners for their cooperation

	Initial Action Stage	Targeted Action Stage		Stand-down Stage
	Code Blue	**Code Yellow**	**Code Red**	**Code Green**
	• Liaise with private sector and community stakeholders • Internal communications e.g. situation reports, memos • Health line details • Advice on cough etiquette, hand-washing, prepare home supplies • Advice and information to prevent stigma, discrimination and harassment	• Advise those with the virus to take all measures to prevent infecting others • Advise those at risk to take precautions to avoid infection • Advise those who suspect they have the virus to call a medical practitioner/hospital/clinic first, or the health line (29667) for advice • Advice and information to prevent stigma, discrimination and harassment	• Urge those with virus to take all measures to prevent infecting others • Urge those at risk to take precautions to avoid infection • Urge those who suspect they have the virus to call a medical practitioner/hospital/clinic first, or the health line (29667) for advice • Advice and information to prevent stigma, discrimination and harassment	• Activate destination recovery programme through marketing • Advice and information to prevent stigma, discrimination and harassment
Clinical Care and Public Health Management	• Frontline training on infection control • Contact tracing as needed • Develop and refine case and contact definition as needed • Redirect people with flu-like symptoms to flu clinics	• Laboratory testing capability • Isolate and manage cases • Quarantine and contact trace • Prepare cases for transfer overseas if HDU/ICU capacity is overwhelmed • Flu clinics treat cases • Separate infected patients from at-risk patients e.g. elderly, disabled, chronic illness	• Intensify monitoring and reporting of cases • Transfer cases where HDU/ICU capacity is overwhelmed • Isolate and manage cases • Quarantine and contact trace • Distribute vaccine if available • Separate infected patients from at-risk patients e.g. elderly, disabled, chronic illness • Appropriate management of deceased persons	• Resume elective procedures • Review policies and processes • Review/revise plans and protocols • Trauma and psychosocial support • Appropriate management of deceased persons
Social Welfare and Support	• Welfare of residents and visitors • Coordinate services to at-risk population e.g. elderly, disabled, chronic illness • Individuals make necessary arrangements e.g. stockpile essential items, childcare • Coordinate assistance for elderly, disabled and chronic illness groups who do not live with any family members • Activities to build social resilience e.g. counselling	• Voluntary self-quarantine/isolation • Possible school closures • Prohibit mass gatherings e.g. nightclubs, cultural or sports events, churches • Limit access and visitation to closed communities, hospital wards, isolation areas, prisons • Coordinate provision of supplies e.g. medicines, food to isolated or quarantined people • Individuals make necessary arrangements e.g. stockpile essential items, childcare • Health checks in the community	• Strict visitor restrictions and access to closed communities, hospitals, isolation areas, prisons • Support for grieving families and communities • Mandatory self-quarantine/isolation • Coordinate provision of services to at-risk populations e.g. elderly, disabled, chronic illness • Coordinate provision of resources e.g. medicines, food, financial assistance, special leave • Individuals make necessary arrangements e.g. stockpile essential items, childcare • Strict health checks in the community	• Maintain morale and social resilience • Support for grieving families and communities • Coordinate assistance e.g. financial/welfare to at-risk populations • Coordinate assistance e.g. financial/welfare to people and businesses affected • Re-open schools • Resume mass gathering events e.g. churches, sports events, concerts • Revise visitor restrictions and access to closed communities • Support communities to transition back to normal daily life

Annex IV: Critical preparedness readiness and response actions for each transmission scenario for COVID-19

Te Marae Ora identifies the following actions based on the infection transmission scenarios: (adapted from WHO)

	NO CASES	SPORADIC CASES	CLUSTERS OF CASES	COMMUNITY TRANSMISSION
Transmission Scenario	No reported cases	One or more cases, imported or locally applied	Most cases of local transmission linked to chains of transmission	Outbreaks with the inability to relate confirmed cases through chains of transmission for a large number of cases, or by increasing positive tests through sentinel samples
Aim	Stop transmission and prevent spread	Stop transmission and prevent spread	Stop transmission and prevent spread	Slow transmission, reduce cases numbers, end community outbreaks
Priority Areas Of Work				
Emergency response mechanisms	Activate emergency response mechanisms	Enhance emergency response mechanisms	Scale up emergency response mechanisms	Scale up emergency response mechanisms
Risk communication and public engagement	Educate and actively communicate with the public through risk communication and community engagement	Educate and actively communicate with the public through risk communications and community engagement	Educate and actively communicate with the public through risk communication and community engagement	Educate and actively communicate with the public through risk communication and community engagement
Case finding, contact tracing and management	Conduct active case finding contact tracing and monitoring, quarantine of contacts and isolation of cases	Enhance active case finding contact tracing and monitoring, quarantine of contacts and isolation of cases	Intensify case finding contact tracing and monitoring, quarantine of contacts and isolation of cases	Continue contact tracing where possible, especially in newly infected areas, quarantine of contacts and isolation of cases, apply self-initiated isolation for symptomatic individuals
Surveillance	Consider testing for COVID-19 using existing respiratory disease surveillance systems and hospital based surveillance	Implement COVID-19 surveillance using existing respiratory disease surveillance systems and hospital based surveillance	Expand testing for COVID-19 using existing respiratory disease surveillance systems and hospital based surveillance	Adapt existing surveillance systems monitor disease activity (e.g. through sentinel sites)
Public Health Measures	Hand, face hygiene, respiratory etiquette, practise physical distancing, disinfect surfaces	Hand, face hygiene, respiratory etiquette, practise physical distancing, disinfect surfaces	Hand, face hygiene, respiratory etiquette, practise physical distancing, disinfect surfaces	Hand, face hygiene, respiratory etiquette, practise physical distancing, disinfect surfaces
Laboratory testing	Test suspect cases as per TMO definition, contacts of	Test suspect cases as per TMO definition, contacts of	Test suspect cases as per TMO definition, contacts of	Test suspect cases as per TMO definition, and

	NO CASES	SPORADIC CASES	CLUSTERS OF CASES	COMMUNITY TRANSMISSION
	confirmed cases, test patients identified through respiratory disease surveillance	confirmed cases, test patients identified through respiratory disease surveillance	confirmed cases, test patients identified through respiratory disease surveillance	symptomatic contacts of probable/confirmed cases, test patients identified through respiratory disease surveillance. If testing capacity is overwhelmed prioritise testing in health care settings and vulnerable groups. In closed settings limit test to first symptomatic suspect case.
Case Management	Prepare to treat patients. Ready hospital for potential surge	Treat patients and ready hospital for surge, develop triage procedures	Prepare to treat patients. Ready hospitals for potential surge	Prioritise care and activate triage procedures. Scale up surge plans for health facilities
	Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health system	Promote self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health system	Activate surge plans for health facilities	Implement self-initiated isolation of people with mild respiratory symptoms to reduce the burden on health system
Infection Prevention and Control	Train staff in IPC and clinical management specifically for COVID-19	Train staff in IPC and clinical management specifically for COVID-19	Train staff in IPC and clinical management specifically for COVID-19	Retrain staff in IPC and clinical management specifically for COVID-19
	Prepare for surge in health care facility needs, including respiratory support and PPE - report stocks supplies weekly	Prepare for surge in health care facility needs, including respiratory support and PPE - report stocks supplies daily	Advocate for home care for mild cases, if health care systems are overwhelmed, and identify referral systems for high risk groups	Implement health facilities surge plans - report stocks supplies twice daily
Societal Response	Develop all-of-society and business continuity plans	Implement all-of-society, repurpose government and ready business continuity plans	Implement all-of-society resilience, repurpose government, business continuity, and community services plans	Implement all-of-society resilience, repurpose government, business continuity, and community services plans