Easing Border Restrictions Plan

Coronavirus Disease 2019

April 2021

Version 2

Te Marae Ora Ministry of Health Cook Islands

Contents

Introduction

On 22 January 2020, Te Marae Ora Ministry of Health Cook Islands ([Te Marae Ora], TMO) 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.

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. Globally, a cumulative total over 117 million cases have been reported and over 2.59 million deaths however over 65 million (57%) cases have recovered.

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 and structure of plan

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 was promulgated on 25 March 2020 and provides legal powers to TMO to apply and enforce public health action in relation to Covid-19.

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 monthly and provide advice to the Border easement Taskforce, 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.

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
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, and 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)
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.

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. The 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 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. A centralised quarantine facility has been identified in preparedness for a COVID-19 outbreak in the Cook Islands.

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 have been implemented. Any person/s with a chronic medical condition that requires ongoing health specialist care are encouraged NOT TRAVEL as health services in the Cook Islands cannot be guaranteed unless covered by travel or medical insurance.

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.

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 (SQ) policy (2021) clarifies the process for SQ in Rarotonga for all travellers intending to travel to the Cook Islands.

Safe isolation
In the event a COVID-19 case is imported, a 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 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. In-country testing is limited and some test swabs are sent to Auckland for RT-PCR tests. Te Marae Ora has secured 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 practice 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 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 public sector introduced a contact tracer application called Cooksafe, which currently uses QR codes for all registered persons to scan places they have visited. There is further exploration into using bluetooth technology to register a person's location as well. Te Marae Ora will/is utilising Go.Data an outbreak investigation tool for field data collection, contact tracing and visualizations, provided free from WHO.

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 and the use of face masks when required. These public health measures will assist in reducing the transmission of respiratory droplets particularly among those in closed or crowded space

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.

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 New Zealand exit screening at the airport and possibly a test depending on disease transmission in New Zealand. Community or clusters of cases disease transmission, is a requirement for SQ in a facility and exit testing.

Table 3: Matrix for border control measures and disease transmission

New Zealand					
Levels		**Alert Level 1 Prepare** No Cases	**Alert Level 2 Reduce** Sporadic Cases	**Alert Level 3 Restrict** Cluster of cases	**Alert Level 4 Lockdown** Community Transmission
Cook Islands	**Level 1: Prepare** COVID-19 is not present in Cook Islands and controlled in New Zealand with no cases of community transmission	NZ No border restrictions	NZ negative COVID-19 test, exit screening	NZ negative COVID-19 test, exit screening	NZ negative COVID-19 test, exit screening
		CI No border restrictions	May be CI border restrictions, exit screening	CI border restrictions, exit screening	CI SQ 14 days, exit screening
	Level 2: Reduce COVID-19 is not present in the Cook Islands but there is a community case in New Zealand	NZ No border restrictions	NZ negative COVID-19 test, exit screening	NZ negative COVID-19 test, exit screening	NZ negative COVID-19 test, exit screening
		CI border restrictions, exit screening	CI border restrictions, exit screening	CI SQ up to 14 days, exit screen	CI SQ 14 days, exit screening
	Level 3: Restrict COVID-19 has been detected in the Cook Islands and community transmission may be occurring	NZ No border restrictions	NZ negative COVID-19 test, exit screening	NZ negative COVID-19 test, exit screening	NZ negative COVID-19 test, exit screening
		CI border restrictions, exit screening	CI border restrictions, exit screening	CI SQ 14 days, exit screen	CI SQ 14 days, exit screening
	Level 4: Lockdown There is more than one case of	NZ No border restrictions	NZ negative COVID-19 test, exit screening	NZ negative COVID-19 test, exit screening	NZ border lockdown

COVID-19 in the Cook Islands and community transmission may be occurring	CI border restrictions, exit screening	CI border restrictions, exit screening	CI SQ 14 days, exit screen	CI border lockdown

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.

Country-level coordination, planning and 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	January 2020: National Health Emergency Taskforce established
		March 2020: • Cook Islands 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
		April- June: COVID-19 4 x policies and 33x SOPs final drafts completed
		March – December 2020 • Public Health Protocol COVID-19 • Public Health Protocol Ill Traveller • Critical Preparedness and Readiness Response Plan • Easing Border Restrictions Plan • Surveillance and Testing Plan • Risk Communication and Community Engagement Plan • Containment and Mitigation Plan • Dedicated COVID-19 website
		March- April 2021- Plans, Policies and SOPs reviewed • Quarantine Free Travel Plan drafted May 2021 • QFT between NZ and the CI operational
	Active surveillance in place for detection of cases and confirmation of an outbreak. This includes	January 2020: • Surveillance systems established

Surveillance, rapid response teams and case investigation	surveillance for COVID-19, ILI, SARS; and event-based surveillance	• Daily situation reports issued
		March -June 2020: • Contact tracing training • GeneXpert test in country • GoData an outbreak investigation tool for field data collection, contact tracing and visualizations • Cooksafe App introduced
		July 2020: • Daily Hospital Health Service Report
		December 2020: Situation reports 3 times a week
		March –April 2021 • Refresher contact tracing training • Live exercise
Risk communication and 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	March 2020: • Communications Plan COVID-19 implemented • COVID-19 website established • Periodic IMS meetings • Periodic Rarotonga Puna meetings April 2020: Periodic Pa Enua Puna meetings • November 2020 • NHET meetings held on a as needed basis
Domestic travel considerations	Enable domestic travel, balanced with the risk of preventing inter-island spread of COVID-19	April 2020: Domestic travel restrictions lifted • Exit screening measures established at airport and seaport November 2020: • Health declaration forms implemented
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 example 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.	March 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 March- December 2020: • Oxygen Plant and line completed

		• Electrical wiring at Rarotonga Hospital, Tupapa public health building and TMO Administration building completed • Two negative pressure units completed • Tupapa accident and emergency waiting room completed
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 example schools, workplaces, churches, prisons • healthcare workers involved in COVID-19 care, especially in high-risk environments example 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	March 2020 • IPC training for TMO and border agency staff, and Pa Enua (Aitutaki) May 2020 • IPC nurse recruited • IPC training for SQ facility May 2020 • IPC Governance team set up at TMO September 2020 • Decontamination machine purchased • Refresher training courses ongoing
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	March 2020 • 20 volunteers (psychological aides) engaged • Corrective services response plan COVID-19 implemented April 2020 • Community workshops, counselling and training provided May 2020 • Counselling and workshops for private sector and Pa Enua September 2020 • Counseling workshops
Laboratory		March 2020

	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.	• IPC training for laboratory staff May 2020 • 70 Test cartridges for 2 GeneXpert machine received • 1351 swabs taken to date (all negative) May 2020 • In country testing October 2020 • 3,000 Antibody serology test kits arrived
		May 2021 PCR Lab operational
Case management and 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	January and February 2020 • Travel advisories issued March 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 April 2020 • Supervised quarantine and medical clearance process implemented May 2020 • Negative pressure room established
		July 2021 • CT scan in progress May 2021 • COVID-19 Vaccination roll out commences

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Te Marae Ora Cook Islands Ministry of Health Influenza Pandemic Plan 2009.

Te Marae Ora Ministry of Health Cook Islands Supervised Quarantine policy

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 2: 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)

Table 3: Transmission scenarios

	Level 1: Prepare	Level 2: Reduce	Level 3: Restrict	Level 4: Lockdown
Transmission Scenario	COVID-19 is not present in Cook Islands and controlled in New Zealand with no cases of community transmission	COVID-19 is not present in the Cook Islands but there is a community case in New Zealand	COVID-19 has been detected in the Cook Islands and community transmission may be occurring	There is more than one case of COVID-19 in the Cook Islands and community transmission may be occurring
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	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 (example 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 confirmed cases, test patients identified through respiratory disease surveillance	Test patients identified through respiratory disease surveillance	Test suspect cases as per TMO definition, contacts of confirmed cases, test patients identified through respiratory disease surveillance	Test suspect cases as per TMO definition, and symptomatic contacts of probable/confirmed cases, test patients identified through respiratory disease surveillance. If testing capacity

	Level 1: Prepare	Level 2: Reduce	Level 3: Restrict	Level 4: Lockdown
				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 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	Retrain 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	Implement health facilities surge plans - report stocks supplies twice daily	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