

Government of Niue

NIUE EMERGENCY RESPONSE PLAN TO CORONAVIRUS DISEASE 2020 (COVID-19)

Emergency plan phases:

(1) READY

(2) RESPONSE

(3) RECOVERY



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INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is a new respiratory illness affecting the lungs that emerged in Wuhan, Hubei Province, China. In December 2019, China reported cases of a viral pneumonia caused by a previously unknown virus, now identified and recently named as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The virus is suspected to have emerged from an animal source and now spreads through human-to-human transmission. The proportion of infection and mortality depends on factors such as age and pre-existing medical conditions such as diabetes, cardiovascular disease and cancer.

While 80% of cases are reported to be mild to moderate, 5% of cases are thought to be critical requiring intensive care unit (ICU) services. The case fatality rate is estimated to be 2%. There is no specific treatment (vaccine/antivirals).

On 11 March 2020, the World Health Organization (WHO) officially declared COVID-19 a Pandemic.

In the first week of March 2020, over 100,000 cases have been reported in more than 114 countries, and over 4,000 deaths. There are no cases reported in Niue, however WHO has assessed the risk of global spread to be Very High. Niue is anticipating the arrival of COVID-19 and intense preparatory work is underway.

The Niue Emergency Response Plan to Coronavirus Disease 2020 (Plan) coordinates the nationwide cross-sectoral response efforts to COVID-19. Our priority of keeping people safe and healthy and working together to protect the people and environment which is under the Niue National Strategic Plan (NNSP).

PURPOSE

The aim of this Plan is to mitigate the impact of COVID-19 on the health, social and economic status of Niue population.

The Plan draws from the Niue National Influenza Pandemic Plan 2010, the Niue National Disaster Plan 2010, and other international emergency response plans notably from Cook Islands, New Zealand, Australia and Singapore.

This plan is a living document that will evolve as more information becomes available.

OBJECTIVES

The objectives of this Plan are:

1. Inter-agency cooperation to coordinate a nationwide response
2. Effective use of legislation and policies to support the management of an epidemic
3. Mobilisation of resources and finances
4. Strategic communications to build public trust and confidence
5. Community and stakeholder engagement across all sectors

LEGISLATIVE FRAMEWORK

The Niue National Disaster Council (NDC) is chaired by the Secretary to Government.

The Public Emergency Act 1979 authorises the Premier and Cabinet to declare a State of Emergency, and Cabinet to determine the laws to take necessary action during a Pandemic.

COVID-19 was listed as a transmissible notifiable condition and dangerous condition under the Public Health Act 1965 in February 2020. The Act enables health or police officials to segregate a person when it is suspected that the person is potentially infected with COVID-19. Certain places can also be declared as restricted places. Due to the limited capacity to adequately quarantine close contacts and suspected cases, quarantine measures will rely on voluntary compliance rather than legal enforcement wherever possible.

Internationally, the International Health Regulations (IHR) 2005 purpose and scope is “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.” The IHR (2005) and the Public Health Act 1965 authorise officials to control disease spread at borders, trace people who are infected or suspected to have a notifiable disease. The Immigration Act 2011 also provides powers to control movement of persons at Niue’s borders.

LEADERSHIP AND GOVERNANCE

Mitigating the impact of COVID-19 will require a whole-of-society and nationwide response.

The Premier will lead the national effort in consultation with the Minister of Health and Cabinet.

The Assembly will be informed at all stages of the response, and may be convened if legislative action is required.

The National Disaster Council with the Department of Health and other agencies will provide advice to Cabinet. The Emergency Operations Centre (EOC) is where the National Disaster Council (NDC) will direct and coordinate the response.

Various stakeholders will implement the Plan. They include: all Church and Traditional Leaders; Government Agencies; Non-government Organisations (NGOs); Other Community Committees, International Partners and the Private Sector.

COMMUNICATION AND CONSULTATION

Clear, timely and effective communication is critical to the execution of this Plan. Communications will target all levels of society to ensure a coordinated response by all stakeholders, whether in the health system or community settings. Nationwide consultation is essential to 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.

NDC will be the lead agency for all communications. Information to the public and relevant stakeholders will be consistent, timely and accurate to maintain public confidence in the national response to COVID-19.

PUBLIC HEALTH AND NATIONWIDE RESPONSE

SARS-CoV-2, the virus that causes COVID-19, is transmitted through the following modes:

- 1) Large droplet spread;
- 2) Transmission through aerosolised spread (for example coughing, sneezing);
- 3) Contact – direct or indirect – with respiratory secretions (for example contaminated surfaces).
- 4) The incubation period (time between infection and onset of symptoms) is estimated to be 14 days, and it is understood that the virus can be transmitted to others during this period.

An epidemic occurs when new cases of a disease, within a certain population, during a certain time period, is higher than expected and exceeds the baseline. The rapid spread of COVID-19 globally in the past two months suggests SARS-CoV-2 is highly infectious. Given the susceptibility of Niue's population to this new disease and the lack of a vaccine or anti-viral medication, COVID-19 has the potential to become an epidemic in Niue.

An epidemic would see a steep rise in the number of people infected, reaching a peak and then a reduction. Preventative measures implemented early in an epidemic can slow the transmission of infection and reduce the peak number of cases (Figure 2).

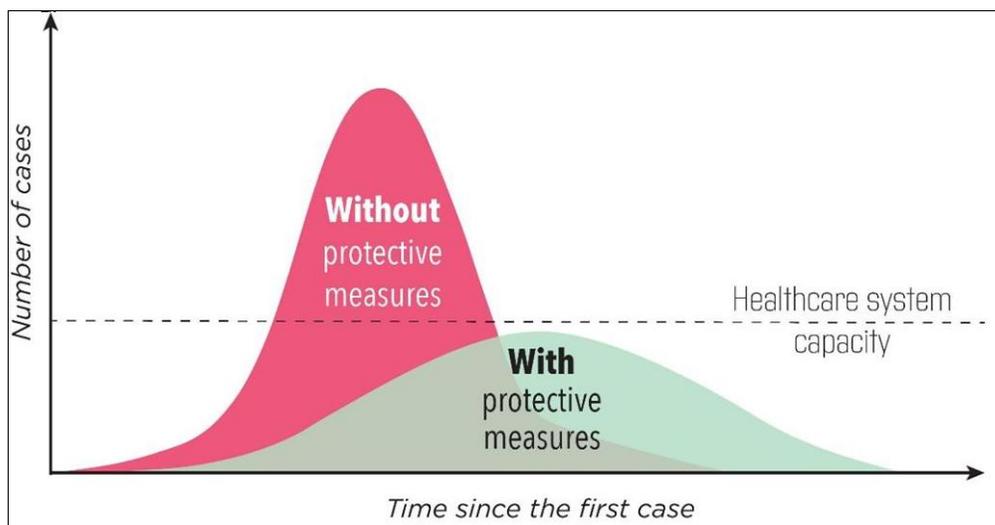


Figure 2: Epidemic Curve – Effect of targeted intervention to slow the spread of disease transmission

This Plan seeks to flatten the epidemic curve and slow the spread of infection, and therefore alleviate the burden on Niue’s health system, economy and society. This will require targeted interventions that optimise good hand hygiene practices and cough etiquette, as well as social distancing practices in school, work and other community settings. For cases not requiring hospitalisation, self-isolation at home is critical, while close contacts will require self-quarantine.

All stakeholders play a critical role in supporting positive community action. Through the support of all Niue residents to help operationalise this Plan by supporting those requiring quarantine or isolation usually for a period of 14 days. This would include ensuring such individuals and families continue to have access to food, water, medicines and other essential items or services.

The NGOs as well as other community groups such as youth, and ethnic-specific groups will help address the specific needs of vulnerable communities.

Government agencies will coordinate the mobilisation of government resources, assets and finances to support the nationwide response. The Department of Health will lead the health response, in collaboration with relevant community and international partners.

The private sector will work alongside government to minimise disruption to business continuity.

IMPACT ASSESSMENT

Response measures will address the following impacts:

HEALTH SYSTEM	ECONOMY	SOCIETY
<ul style="list-style-type: none"> • Reduced levels of service and care, to mobilise resources • Influx of patients at hospitals and clinics resulting in patients with less urgent medical problems waiting longer for treatment • Potential shortage of health professionals and frontline staff • Shortage of medicines and consumables requiring prioritisation • Difficulty maintaining normal operations • Reduction in service capacity 	<ul style="list-style-type: none"> • High rate of absenteeism • Business operations and provision of services affected • Loss of employees due to prolonged period of illness; need to care for family members; fear of infection at work • Limited access to foreign workers due to travel restrictions • Tourism, transport, retail industry affected due to travel restrictions and reduction in business and tourist travel • Ports affected due to slowdown in global trade • Loss of public confidence • Supply chains affected and low stock due to panic buying 	<ul style="list-style-type: none"> • Loss of loved ones • Social distancing measures Stigma and discrimination • Home quarantine • Potential school closures and cancellation of public events • Cultural impact - no kissing when greeting people • Potential civil unrest and crime • Potential disruption of church services • Managing burials for visitors and funeral gatherings • Food supplies affected due to disruptions in imports or closure of food establishments • Rationing certain food and essential products • Economic slowdown affects overall employment and personal income • Households requiring financial assistance

NIUE EMERGENCY RESPONSE PLAN TO CORONAVIRUS DISEASE 2020 (COVID-19)

STAGES	CODE	PHASE
READY (Potential Threat)	BLUE	PREPARATION AND READINESS (Keep it Out and Delay entry of disease)
RESPONSE (Imminent Threat)	YELLOW	ALERT (Delay widespread disease transmission)
(Immediate Threat)	RED	ACTIVATION (Mitigate impact of the disease)
RECOVERY		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 clinical care and public health management, and social welfare and support.

STAGES, CODES AND PHASES OF AN EMERGENCY RESPONSE

STAGES	CODE	PHASE	TRIGGERS
READY INITIAL ACTION STAGE	BLUE	PREPARATION AND READINESS (Delay entry of disease)	Notifiable disease that spreads easily from person to person but is occurring outside Niue, and within the Pacific Region.
RESPONSE TARGETED ACTION STAGE	YELLOW	ALERT (Delay widespread disease transmission)	Notifiable disease that spreads easily from person to person. Local case(s) exist in Niue and is controlled with no community spread
	RED	ACTIVATION (Mitigate impact of the disease)	Notifiable disease that spread easily from person to person. Local case(s) exist in Niue and is not controlled with community transmission. The health system is overwhelmed or may become overwhelmed with the situation.
RECOVERY STAND-DOWN STAGE	POST EVENT	Recovery	When the disease is declining, and can be managed under normal business arrangements. Transition from emergency response to business as usual.

TARGETED INTERVENTIONS

FUNCTIONS	CODE BLUE	CODE YELLOW	CODE RED
<p>Governance and Legislation</p>	<ul style="list-style-type: none"> • Emergency governance arrangements – Niue Disaster Council (NDC) • COVID-19 declared transmissible notifiable condition and dangerous condition • Activation of Health Emergency Operations Centre and Incident Management System (IMS) • Activate IHR reporting requirements 	<ul style="list-style-type: none"> • Assess and advise on declaration of State of Emergency • Convene NDC regularly • 24/7 coverage of Emergency Operations Centre • Possibility of Assembly convening urgently to pass relevant legislation 	<ul style="list-style-type: none"> • Declaration of State of Emergency • Emergency response fully activated • Lockdowns initiated • Circumstances to allow Assembly to extend a public health emergency • Police to maintain law and order
<p>Surveillance and Intelligence</p>	<ul style="list-style-type: none"> • Activate national capacity for disease surveillance and containment • Air/sea/land traffic surveillance • Weather reports • Monitor official and non-official reports 	<ul style="list-style-type: none"> • Monitor and analyse information • Monitor flu-like symptoms presenting at hospital • Community surveillance • Testing lab samples overseas • Monitor official and non-official reports 	<ul style="list-style-type: none"> • Intensify surveillance • Monitor all surveillance systems • Community surveillance • Testing lab samples overseas • Monitor official and non-official reports
<p>Border Measures</p>	<ul style="list-style-type: none"> • Monitor incoming passengers for signs/symptoms • In-flight, airport and maritime announcements • Liaise with airlines/shipping operators • Health declaration and travel history 	<ul style="list-style-type: none"> • Assess travel restrictions and revise • Health declaration and travel history • Cargo staging areas to minimise interactions between cargo handlers at ports and workers in country 	<ul style="list-style-type: none"> • Assess travel restrictions and revise • Maintain cargo staging areas to minimise interactions • Strict infection control procedures observed and regular decontamination

FUNCTIONS	CODE BLUE	CODE YELLOW	CODE RED
Border Measures	<ul style="list-style-type: none"> • Early travel restrictions (quarantine) to delay entry 	<ul style="list-style-type: none"> • Strict infection control procedures observed and regular decontamination • Provide logistical assistance to repatriate foreign Nationals 	<ul style="list-style-type: none"> • Provide logistical assistance to repatriate foreign nationals
Resources and Logistics	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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
Communication and Consultation	<ul style="list-style-type: none"> • Maintain cough etiquette, hand-washing, social distancing, • Central communications hub and strategy 	<ul style="list-style-type: none"> • Maintain cough etiquette, hand-washing, stock up on non-perishable items as needed • Stay up-to-date with health advice • Advise those with the virus to take all 	<ul style="list-style-type: none"> • Urge communities to maintain social distancing • Request voluntary compliance to isolation/ quarantine as needed

FUNCTIONS	CODE BLUE	CODE YELLOW	CODE RED
<p align="center">Communication and Consultation</p>	<ul style="list-style-type: none"> • Resilient ICT e.g. email, remote access, internet • Liaise with international counterparts • 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 	<p>measures to prevent infecting others</p> <ul style="list-style-type: none"> • Advise those at risk to take precautions to avoid infection • Advise those who suspect they have the virus to call the hospital (4100) for advice • Advice and information to prevent stigma, discrimination and harassment 	<ul style="list-style-type: none"> • Continue to advise on cough etiquette, handwashing • 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 the hospital on 4100 for advice • Advice and information to prevent stigma, discrimination and harassment • Lockdowns initiated in one of three levels <ul style="list-style-type: none"> • Level I lockdown a residence • Level II lockdown of village • Level III national lockdown

<p>Clinical Care and Public Health Management</p>	<ul style="list-style-type: none"> • Frontline training on infection control • Contact tracing as needed • Develop and refine case and contact definition as needed 	<ul style="list-style-type: none"> • Laboratory testing capability • Isolate and manage cases • Quarantine and contact trace • Prepare cases for transfer overseas if HDU/ICU capacity is overwhelmed • Separate infected patients from at-risk patients e.g. elderly, disabled, chronic illness 	<ul style="list-style-type: none"> • 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
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FUNCTIONS	CODE BLUE	CODE YELLOW	CODE RED
<p style="text-align: center;">Social Welfare and Support</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Voluntary self-quarantine/ isolation • Possible school closures • Restrict mass gatherings e.g. clubs, cultural or sports events, churches • Limit access and visitation to closed communities, hospital wards, isolation areas • 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 	<ul style="list-style-type: none"> • 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

CONCLUSION

This Plan outlines the framework for preparation, readiness, response and recovery the impact of an outbreak of COVID-19 on Niue

The Plan has an overview of what each person on Niue is required to do to mitigate the impact of COVID-19 on Niue. By working together and supporting each other we will be prepared as much as possible.

The Plan, including specific sector plan is flexible and subject to updates and amendments as appropriate.

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