

Preparing for Cases of COVID-19

Guidance for Pacific Island Countries and Areas in the WHO Western Pacific Region

v. 1.0, 14 February 2020



1. Background

This document aims to provide Pacific authorities with guidance on priority areas and actions to prepare for potential cases of COVID-19.

There remain many unknowns about the virus including the clinical spectrum of disease, its severity and transmissibility. These factors are critical to conduct risk assessments in order to determine appropriate and proportional public health responses. In this context, Pacific countries and areas (PICs) are encouraged to leverage IHR core capacities and existing influenza pandemic plans to prepare for multiple scenarios, including potential cases within their borders.

2. Priority Areas

Priority should be given to measures aimed at active surveillance, managing severe cases, preventing onward transmission, alleviating strain on health facilities/services, effective public communication and reducing overall social and economic impact.

Actions are suggested in the following priority areas:

- Incident management, planning & multi-sectoral coordination
- Surveillance and risk assessment
- Laboratory
- Clinical management and health care services
- Infection prevention and control
- Non-pharmaceutical public health measures
- Risk communication
- Operational logistics

2.1. Incident management, planning & multi-sectoral coordination

Activate national public health emergency management mechanisms to coordinate and manage preparedness and the response. Plans developed for a pandemic influenza scenario may be easily adapted to the COVID-19 event.

Priority actions

- Ensure that an incident management system (IMS) or multi-sectoral taskforce is activated and functioning. Where possible, identify a physical coordination space to serve as an emergency operations centre (EOC), if not already available.
- Have multisectoral coordination mechanisms in place. Non-health sectors should prepare to support public health measures and to maintain their own essential business continuity.
- Identify rapidly-available and appropriately-flexible funding sources for initial response

2.2. Surveillance and risk assessment

Strong surveillance systems are critical to early detection of COVID-19, given that point of entry screening measures are never 100% effective. These should include event-based surveillance with functional and easily-accessible immediate reporting mechanisms.

Should many cases of COVID-19 occur, the burden of contact tracing and case identification can quickly become overwhelming. Surveillance should then focus on monitoring the spread and characteristics of the virus, and impact on health-care services.

Priority actions

- Maintain regular reporting to WHO via IHR reporting mechanisms.

- Review COVID-19 case definitions (including for contacts) and disseminate to public health units, health care facilities, surveillance sites (including outer islands), laboratories and points of entry.
- Ensure clear linkages between existing surveillance systems to support rapid response.
- Establish dedicated phone for event-based surveillance reporting that is reachable 24/7.
- Ensure that health workers know case definitions and have a way to immediately report suspected COVID-19 cases.
- Establish and train Rapid Response Teams capable of immediate isolation, infection control, and case management.
- Conduct contact tracing focused on immediate family members and community contacts.
- Integrate surveillance analysis and risk assessments into decision-making.

2.3. Laboratory

Pacific national health authorities must have arrangements in place with an accessible reference laboratory to support testing for COVID-19. Staff should be trained and systems and supplies must be in place for collecting, packing and shipping specimens.

Priority actions

- Establish arrangements with a reference laboratory for COVID-19 testing, if not already in place.
- Ensure laboratory biosafety protocols are properly implemented.
- Provide staff with appropriate PPE and biosafety training where applicable.
- Ensure safe waste management and disposal of PPE.
- Ensure specimens are packed, stored, and shipped by a certified courier.
- Ensure the availability of appropriate supplies for specimen collection, packing and shipment, meeting mandatory IATA requirements.
- Ensure notification to the reference laboratory and WHO 24 hours in advance of shipment.
- Work with shipping agents to have clinical specimens prioritised for transport or cargo.

2.4. Clinical management and health care services

Health care facilities should prepare to receive and treat potential COVID-19 cases. Treatment should be prioritised for severe and high-risk patients, while appropriate measures be developed for managing mild cases. Health care facilities should prepare plans to manage additional demands on staff and resources, while also ensuring that other essential healthcare services are maintained.

Priority actions

- Assess existing capacity of health care facilities to treat patients with suspected COVID-19 infection.
- Develop mechanisms for staff overtime and to mobilise additional surge staff, when needed.
- Prepare mechanisms to recruit additional staff (e.g. hiring retired health workers, requesting international EMTs).
- Set up or identify alternative facilities for triage, isolation and treatment (e.g. 'cough and cold clinics', community halls, sport facilities). Determine the level of care that can be feasibly and safely provided in each, and establish referral plans to higher level care.
- Establish plans to manage both suspect and confirmed cases, considering laboratory result lag-time.
- Establish triage systems to identify priority COVID-19 cases for medical treatment.
- Review and implement appropriate infection prevention and control measures, including appropriate use of PPE.
- Train staff on updated IPC guidance and protocols, including safe collection of clinical samples.
- Ensure that protocols for the safe collection and transport of respiratory specimens and blood are implemented.

2.5. Infection prevention and control

Review and enhance infection prevention and control (IPC) practices in facilities to prepare to receive COVID-19 cases and prevent onward transmission to staff and other patients/visitors.

Priority actions

- Ensure that IPC infrastructure, supplies and procedures are in place at health care facilities.
- Train/retrain staff on safe and appropriate use of PPS, including donning and doffing procedures.
- Review and update national IPC guidance for COVID-19 infection and disseminate to health care facilities. Guidance should include:
 - Triage, early recognition source control (isolation of patients with suspected infection).
 - Standard precautions for all patients, including hand and respiratory hygiene; appropriate use of personal protective equipment (PPE); and safe waste management.
 - Additional precautions for COVID-19 infection, including contact and droplet precautions for suspected and confirmed COVID-19 patients.

2.6. Non-pharmaceutical public health measures

Managing transmission of COVID-19 will largely rely on non-pharmaceutical public health measures. Some measures, such as quarantine and travel restrictions, may no longer be useful if community transmission is established. Any decision to implement a non-pharmaceutical public health measure should be guided by risk assessments that take into consideration clinical severity, transmissibility and impact of the disease.

Priority actions

- Define public health rationale and trigger criteria to deploy each planned non-pharmaceutical public health measure.
- Evaluate measures for public health benefit versus social and economic cost, taking current risk assessments into account.
- Prepare messages and information materials for affected people, the public and other stakeholders.

Table 1. Non-pharmaceutical public health measures to reduce transmission of nCoV-2019

| Situation | Intervention |
|--------------------------------------|--|
| Recommended in all situations | <ul style="list-style-type: none"> • Hand hygiene • Respiratory etiquette • Surgical masks for symptomatic individuals and <u>respirators for healthcare workers</u> • Voluntary isolation of ill individuals • Surface and object cleaning • Health advice for travellers |
| Based on local evaluation | <ul style="list-style-type: none"> • Avoiding crowding (e.g. mass gatherings); or • School closures and other measures¹; or • Workplace closures and measures² |

¹ School measures include exclusion policies for ill children, increasing desk spacing, reducing mixing between classes, and staggering recesses and lunchbreaks. School closures are suggested during a severe epidemic and should be coordinated and proactive, rather than reactive.

² Workplace measures include teleworking, staggering shifts and expanding policies on sick leave.

2.7. Risk communication

As the situation evolves, it is critical to communicate to the public what is known, what is unknown and what is being done. Announce and explain changes in strategy and interventions ahead of time. Responsive, transparent and consistent messages are essential to establish authority and public trust. Systems should also be proactively established to detect and respond to rumours and misinformation.

Priority actions

- Identify one or more official spokesperson and provide training if needed.
- Prepare communications on COVID-19 and public health measures for target groups and the public.
- Prepare communications to explain changes in response strategy and to set public expectations.
- Establish systems to collect and respond to public concerns, rumours and misinformation (e.g. monitor media coverage and social media)
- Consider establishing a webpage or telephone hotline to provide information.
- Access the WHO website for latest information on COVID-19 (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>).

2.8. Operational logistics

Review logistic arrangements to support event management and operations. Expedited procedures may be required in key areas (e.g. staffing and payments, procuring essential supplies).

Priority actions

- Review inventories for supplies needed for COVID-19 and for essential health services.
- Map available resources and supply systems in health and other sectors.
- Review procurement processes (including shipping routes, importation and customs) for medical and other essential supplies.
- Review storage, security, transportation and distribution arrangements.

Resources

| | |
|--|---|
| <p>2019-nCoV</p> | <p>Technical guidance on COVID-19 is currently being developed will be regularly updated as the situation evolves. Please refer to the latest documents published online at https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance.</p> <p>Guidance is available on the following topics:</p> <ul style="list-style-type: none"> - Country readiness - Surveillance and case definitions - Laboratory - Patient management - Infection prevention and control in health care facilities - Early investigations - Risk communication and community engagement - Disease commodity package - Reduction of transmission from animals to humans |
| <p>Frameworks</p> | <p><i>International Health Regulations (2005) (3rd ed.)</i>. Geneva: World Health Organization; 2016. www.who.int/ihr/publications/9789241580496/en/</p> <p>Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III). Manila: World Health Organization Western Pacific Regional Office; 2017. https://iris.wpro.who.int/handle/10665.1/13654</p> |
| <p>Incident management and planning</p> | <p><i>Pandemic influenza risk management</i>. Geneva: World Health Organization; 2017. www.who.int/influenza/preparedness/pandemic/influenza_risk_management/en/</p> <p><i>A checklist for pandemic influenza risk and impact management</i>. Geneva: World Health Organization; 2018. www.who.int/influenza/preparedness/pandemic/influenza_risk_management_checklist_2018/en/</p> <p><i>Framework for a public health emergency operations centre</i>. Geneva: World Health Organization; 2015. www.who.int/ihr/publications/9789241565134_eng/en/</p> |
| <p>Surveillance and risk assessment</p> | <p><i>Protocol to investigate non-seasonal influenza and other emerging acute respiratory diseases</i>. Geneva: World Health Organization; 2018. www.who.int/influenza/resources/publications/outbreak_investigation_protocol/en/</p> <p><i>WHO Guidance for Surveillance during an Influenza Pandemic</i>. Geneva: World Health Organization; 2017. https://www.who.int/influenza/preparedness/pandemic/guidance_pandemic_influenza_surveillance_2017/en/</p> <p><i>Rapid risk assessment of acute public health events</i>. Geneva: World Health Organization; 2012. www.who.int/csr/resources/publications/HSE_GAR_ARO_2012_1/en/</p> |
| <p>Laboratory</p> | <p><i>Guidance on regulations for the transport of infectious substances 2017–2018</i>. Geneva: World Health Organization; 2017. www.who.int/ihr/publications/WHO-WHE-CPI-2017.8/en/</p> <p><i>Laboratory biosafety manual (3rd ed.)</i>. Geneva: World Health Organization; 2004. www.who.int/csr/resources/publications/biosafety/WHO_CDS_CSR_LYO_2004_11/en/</p> |

| | |
|---|---|
| Clinical management and health care services | <p><i>Core medical equipment. Geneva: World Health Organization; 2011</i> www.who.int/medical-devices/publications/med-dev-core-equip/en/</p> |
| Infection prevention and control | <p><i>Guidelines on core components of infection prevention and control programmes at the national and acute health care facility level. Geneva: World Health Organization; 2016.</i> www.who.int/gpsc/ipc-components-guidelines/en/</p> <p><i>Infection prevention and control of epidemic- and pandemic-prone acute respiratory infections in health care. Geneva: World Health Organization; 2014.</i> www.who.int/csr/bioriskreduction/infection-control/publication/en/</p> |
| Non-pharmaceutical public health measures | <p><i>Non-pharmaceutical public health measures for mitigating the risk and impact of epidemic and pandemic influenza. Geneva: World Health Organization; 2019.</i> https://www.who.int/influenza/publications/public-health-measures/publication/en/</p> <p><i>Public health for mass gatherings: key considerations. Geneva: World Health Organization; 2015.</i> www.who.int/ihr/publications/WHO-HSE-GCR-2015.5/en/</p> |
| Risk communication | <p><i>Communicating Risk in Public Health Emergencies: A WHO Guideline for Emergency Risk Communication (ERC) policy and practice. Geneva: World Health Organization; 2018.</i> www.who.int/risk-communication/guidance/download/en/</p> <p><i>Communication for behavioral impact (COMBI): A toolkit for behavioral and social communication in outbreak response. Geneva: World Health Organization; 2012.</i> www.who.int/ihr/publications/combi-toolkit-outbreaks/en/</p> <p><i>World Health Organization Outbreak Communication Planning Guide. Geneva: World Health Organization; 2008.</i> www.who.int/ihr/publications/outbreak-communication-guide/en/</p> |
| Points of entry | <p><i>Guide for public health emergency contingency planning at designated points of entry. Geneva: World Health Organization; 2012.</i> www.who.int/ihr/publications/9789290615668/en/</p> <p><i>Handbook for the management of public health events in air transport. Updated with information on Ebola virus disease and Middle East respiratory syndrome coronavirus. Geneva: World Health Organization; 2015.</i> https://www.who.int/ihr/publications/9789241510165_eng/en/</p> <p><i>Handbook for management of public health events on board ships. Geneva: World Health Organization; 2012.</i> https://www.who.int/ihr/publications/9789241549462/en/</p> |