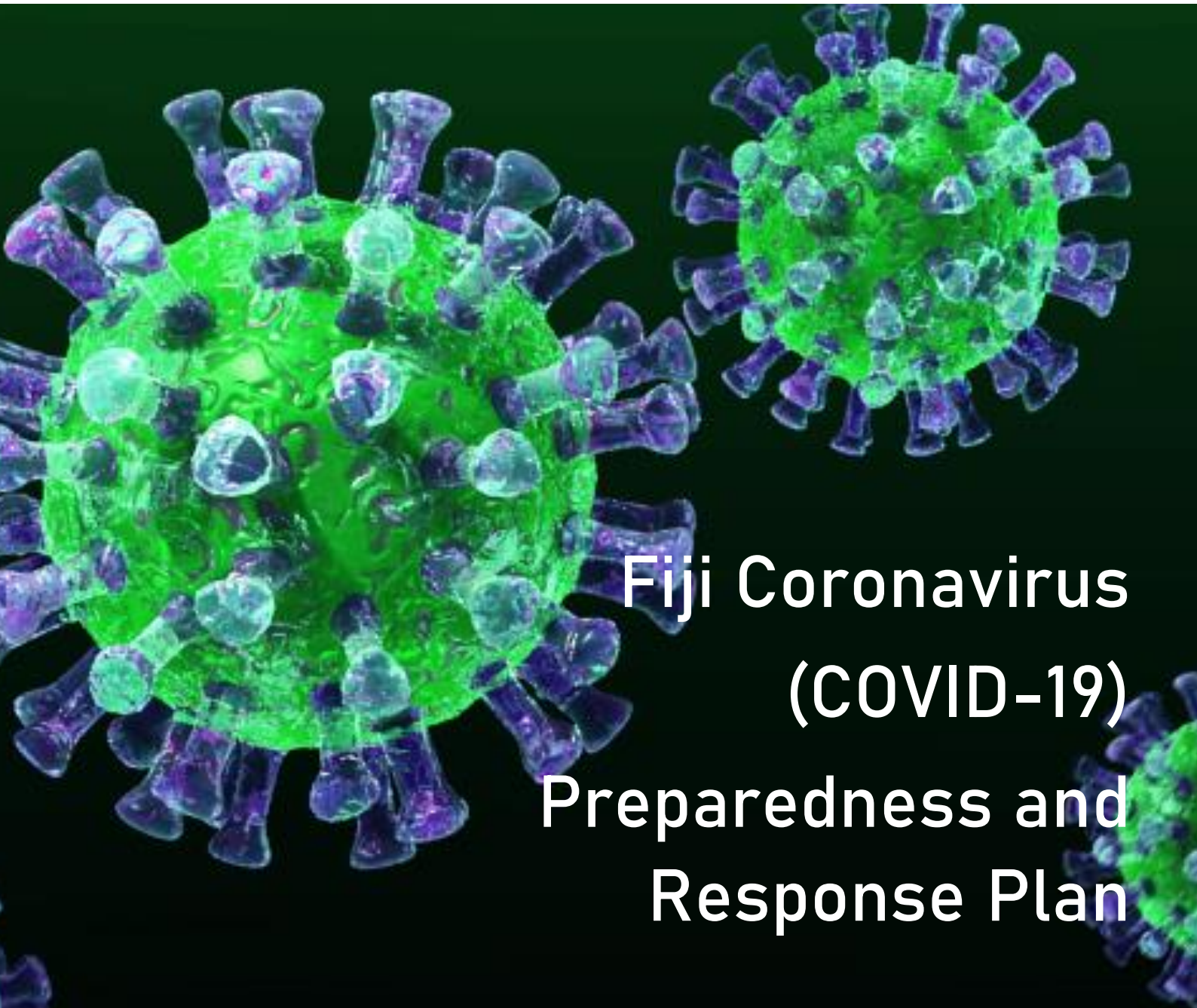




Ministry of Health and  
Medical Services



# Fiji Coronavirus (COVID-19) Preparedness and Response Plan



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## Message from the Minister



### **Hon. Dr Ifereimi Waqainabete**

Minister for Health and  
Medical Services

As all Fijians prepare to face the challenges that we know the Coronavirus will bring to our lives and our nation over the coming months, it is with a sense of steadfast determination that I present the national Coronavirus Preparedness and Response Plan.

For most Fijians, the coronavirus will be the challenge of our generation. We have already seen, in many other countries, the terrible impact that the virus is having on their citizens – the impact of illness and lives lost – and the devastating effect on people’s livelihoods and national economies. If left unchecked, the impact of Coronavirus on Fiji would be unbearable. However, we know that there are many actions we can take now to prepare and respond to this challenge.

We are now seeing, in many countries around the world with significant Coronavirus outbreaks, desperate attempts to ‘flatten the curve’ and limit the impact of significant numbers of cases. But Fiji is in the unique position of having time available, albeit limited, to learn from these other nations and to put in place the right measures and actions now. By working as hard as possible to limit the virus entering Fiji, and preventing the spread as much as possible, Fiji is in the unique position of being able to prevent the ‘curve’ from taking hold in the first place, rather than having to fight to flatten it.

In taking advantage of this valuable time that we have to prepare our nation, The Government of Fiji has armed itself with the best available information and expertise and is putting in place a response plan that is based on evidence, science and best practice. We know that stepping up our national testing capacity will save lives. Contact tracing will save lives. Physical distancing and stopping mass gatherings will save lives. Staying home will save lives. Changing behaviour, from how we shop, to how we travel, to how often we wash our hands, these all represent living saving measures. Placing returned travellers, and those who are sick into quarantine and isolation may not always be easy, but these are vital if Fiji is to stay safe during this global pandemic.

These are not easy choices and preparing for and responding to this outbreak means that the Government will ask all Fijians to step up and play their part. I urge leaders, businesses, and ordinary people to stay the course, do what must be done to avoid needless death and suffering – and instead keep Fiji on the course to health and economic recovery.

# Foreword from the Permanent Secretary



## **Ms Bernadette Welch**

Permanent Secretary for  
Health and Medical Services

The Fiji Coronavirus Preparedness and Response Plan represents a whole-of government commitment to respond to the Coronavirus challenge that Fiji faces. While this plan has been developed by the Ministry of Health and Medical Services, its successful implementation will call upon the expertise, dedication and hard work of all Ministries and agencies across the Fiji Government.

This is the unique nature of the Coronavirus challenge – first and foremost it is a public health crisis, and the core of this plan provides a solid and evidence-based public health response – but the broader impacts have the potential to reach far beyond those other health crises that we have previously seen.

Fiji’s health system has seen continual improvement, especially in recent years, and this has been demonstrated by our ability to successfully deal with challenges such as the 2019 Measles outbreak. We already have a solid base from which to respond to this crisis, however, we cannot afford to be complacent at this time. We know that dealing with Coronavirus will see the expertise and resources of the Health Ministry utilised in ways that we haven’t seen before, and we will rely on the professionalism, expertise and knowledge of all our health professionals – our doctors, nurses, clinicians, educators and public health workers. Joining them under this Preparedness and Response Plan will be all other arms of the Fiji Government – the armed forces, the police, emergency workers and local government, amongst many others.

Importantly, success in implementing this plan will rely on all Fijians. Now, more than ever, ordinary Fijians will have an important role to play in looking out for their own health, as well as that of their families and communities – and to undertake and follow the carefully considered actions spelt out in this Plan. By doing so, every Fijian will be acting to protect the lives of the vulnerable in their families and communities across the nation.

# 1 Executive Summary

The Fiji Ministry of Health & Medical Services (MoHMS) has three existing plans that specifically outline how the health sector responds to health emergencies, outbreaks and disasters. These include the *National Health Emergencies and Disaster Management Action Plan (HEADMAP)*, the *Fiji National Influenza Pandemic Plan* and the *National Communicable Diseases Surveillance and Outbreak Response Plan*. Fiji has also drafted an Ebola Response plan in 2015. Many of the lessons for preparedness and response to this latest disease - COVID-19 - stem from these plans.

COVID-19 is the infectious disease caused by the most recently discovered coronavirus (SARS CoV 2). This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. The pathogen was later identified as a novel (new) coronavirus closely related genetically to the Severe Acute Respiratory Syndrome (SARS) virus that caused a global outbreak in 2003. Currently, there is no specific treatment (no vaccine and no antiviral) against the new virus.

The World Health Organization (WHO) International Health Regulations Emergency Committee declared the outbreak of COVID-19 a Public Health Emergency of International Concern (PHEIC) on 30 January 2020, and subsequently declared the COVID-19 outbreak a global pandemic on 11 March 2020.

Given what is known about pandemic preparedness, response and the significant global impacts, Fiji cannot afford to be complacent.

A Coronavirus Taskforce was appointed in late January 2020. The Task force has overseen the initial MoHMS preparedness response to the global COVID-19 outbreak. To further progress preparedness on 1 March 2020 the Minister of Health instructed the formation of a COVID-19 Incident Management Team (IMT) under Dr James Fong as the General Manager IMT (GM-IMT).

The best way to limit the economic and social impacts of COVID-19 is through a strong public health response. This is being achieved via a coordinated national effort to ensure:

- that the most vulnerable Fijians are protected;
- that health systems are prevented from being overwhelmed;
- continuity of all other normal public health functions; and
- that health facilities are spared from becoming amplification and transmission centres of the virus.

There is a very significant commitment through a whole of Government approach towards preparing and responding to this threat. This commitment stems from the recognition that Fiji is vulnerable to the public health risks posed by COVID-19, as well as subsequent economic and social impacts. Preparedness steps will be taken to reduce the impact of COVID-19 by identifying and dealing appropriately with risks. This Preparedness and Response Plan is designed to guide the Fijian health sector response. It should be considered a living document that will be periodically updated. As we learn more about the virus and those most at risk, and as better interventions become available, we can target resources to most effectively protect the health of all Fijians.

## 2 Glossary

TERM	MEANING
Acute Care	Health services (usually hospitals) that provide care or treatment of people with short-term serious injury or illness. Medical conditions requiring acute care are typically periodic or temporary in nature, rather than long term.
CMA	Chief Medical Advisor
Communicable	Capable of spreading disease, or a disease that is capable of spreading (also known as infectious).
Community transmission	Community transmission is the passing of a disease from an infected individual to another individual outside of a known group of contacts, and outside health care settings.
Contact tracing	The process of identifying and managing people who have been 'in contact' with someone who has an infectious illness.
COVID-19	<b>Coronavirus disease 2019.</b> An illness caused by the SARS-CoV-2 virus that was first identified in December 2019. Formerly known as 2019-nCoV.
DMO	Divisional Medical Officer
DORT	Divisional Outbreak Response Team
EH	Environmental Health
EOC	Emergency Operations Centre
Epidemic	An outbreak or unusually high occurrence of a disease or illness in a population or area
FPBS	Fiji Pharmaceutical and Biomedical Services
FCDC	Fiji Centre for Communicable Disease Control
Fever clinic	Fever clinics are specially planned facilities that will be set up during an outbreak for safe medical assessment and management of people with suspected COVID-19 symptoms.
GM-IMT	General Manager Incident Management Team
HEADMAP	National Health Emergencies and Disaster Management Action Plan
High Risk groups	Groups at increased risk of experiencing complications from COVID-19.
IHR	International Health Regulations
IMT	Incident Management Team
Infectious	Capable of spreading disease or a disease that is capable of spreading (also known as communicable).
IPC	Infection Prevention and Control
IPOE	International Points of Entry
Isolation	Separating people who are ill from those who are healthy to help stop the spread of an infectious/communicable disease.

TERM	MEANING
MoHMS	Ministry of Health and Medical Services
NDMO	National Disaster Management Office
Pandemic	An epidemic on a global scale
PHEIC	Public Health Emergency of International Concern
PSHMS	Permanent Secretary for Health & Medical Services
Quarantine	The limitation of freedom of movement for a period of time of well persons who are likely to have been exposed to the virus (contact) to prevent their contact with people who have not been exposed.
RRT	Rapid Response Team
SDMO	Sub-Divisional Medical Officer
SORT	Sub-Divisional Outbreak Response Team
SPC	Secretariat of Pacific Community
Taskforce	National Health Taskforce on Coronavirus
ToR	Terms of Reference
US CDC	United States Centers for Disease Control and Prevention
WHO	The World Health Organization





## 3 Fiji's National Response

### 3.1 Purpose of the Coronavirus (COVID-19) Preparedness and Response Plan

The Fiji Coronavirus (COVID-19) Preparedness and Response Plan (the Plan) has been designed to provide an overview of the activities and responses to be undertaken in order to prepare for, and respond to, an outbreak (either single or multiple cases) of COVID-19 in Fiji. This plan responds to the call by the WHO for all countries to develop and implement national action plans, and addresses the key strategic objectives recommended by WHO for countries to respond to the COVID-19 pandemic.

The purpose of the Plan is to strengthen public health preparedness in Fiji to rapidly detect and respond to the potential introduction of COVID-19.

The objectives of the Plan are to:

- facilitate preparedness of health services and other relevant agencies to respond to cases of COVID-19;
- support a coordinated system-wide response to COVID-19;
- provide guidance to health services and related agencies for the management of COVID-19; and
- outline key activities and responsible organisations, units and individuals.

### 3.2 Responsibility for the Plan

The development of this plan was initiated by the Coronavirus (COVID-19) Taskforce, which is chaired by the Chief Medical Advisor (CMA). The responsibility for the development of the Plan and coordinating preparedness and response to COVID-19 in Fiji lies with the Incident Management Team (IMT), established within MoHMS.

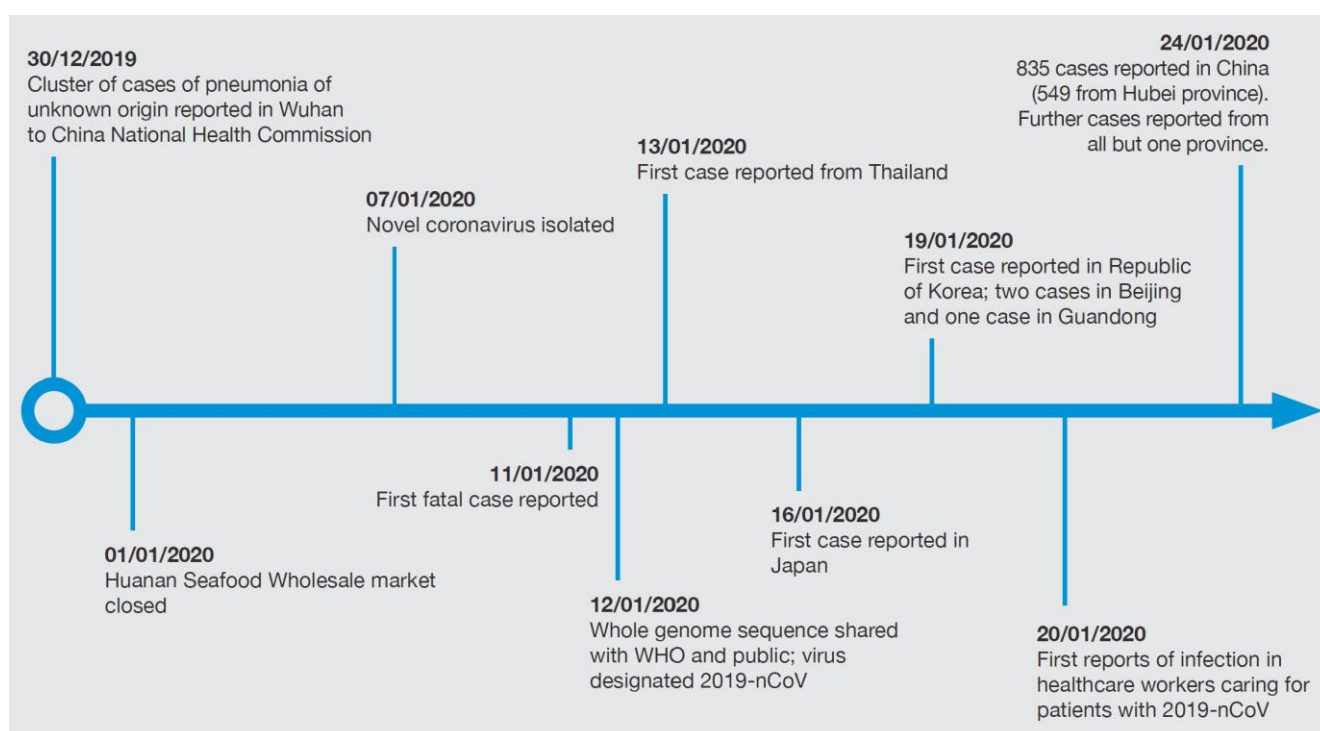
The COVID-19 Taskforce will be the policy advisory group for the Permanent Secretary of the Ministry Health and Medical Services. The IMT will implement the policy directives and manage the operational aspects of the preparedness and responses for MoHMS.

The IMT follows international best practice by adopting established incident management system processes and is made up of experts and liaison personnel from a wide range of organisations, including the WHO and Fiji Government Ministries.

### 3.3 Background

On 31 December 2019, the WHO China Country Office was informed of cases of viral pneumonia of previously unknown cause that had been detected in Wuhan City, Hubei Province of China. From 31 December 2019 through 3 January 2020, a total of 44 such cases were reported to WHO by the national authorities in China. During this period, the causal agent was not identified, however the initial cases were linked to exposures in a seafood market in Wuhan where a large range of live animal and animal products were sold. By 4 January 2020, reports indicated that the pathogen had been confirmed as a novel (new) coronavirus, named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), which causes the illness Coronavirus Disease 2019 (COVID-19).

Figure 1: Timeline of early stages of 2019-nCoV outbreak



Source: WHO, 2019 Novel Coronavirus (COVID-19): Strategic Preparedness and Response Plan, Drafted 3rd February 2020, accessed from <https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf>

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans.

COVID-19 is a new disease, distinct from other diseases caused by coronaviruses, such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). The virus spreads rapidly, and outbreaks can grow at an exponential rate. At present, there are no therapeutics or vaccines proven to treat or prevent COVID-19, although national governments, WHO and partners are working urgently to coordinate the rapid development of medical countermeasures.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans.

According to data from countries affected early in the pandemic, about 40% of COVID-19 cases will experience mild disease, 40% will experience moderate disease including pneumonia, 15% of cases will experience severe disease, and 5% of cases will have critical disease.

Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and death.

Standard recommendations to prevent infection spread include regular hand washing, covering the mouth and nose when coughing and sneezing. Standard advice is to avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.

WHO's strategic objectives for this response are to:

1. Limit human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread;
2. Identify, isolate and care for patients early, including providing optimized care for infected patients;
3. Identify and reduce transmission from the animal source;
4. Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
5. Communicate critical risk and event information to all communities and counter misinformation; and
6. Minimise social and economic impact through multi-sectoral partnerships.

This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in healthcare settings, implementation of health measures for travellers, awareness-raising in the population and risk communication.

### 3.4 Risk to Fiji

Given what we know about the significant global health and economic impacts of recent viral outbreaks, including the SARS-CoV outbreak in 2003, the influenza pandemic in 2008 and the MERS-CoV outbreak in 2013 and 2015, we cannot afford to be complacent

The current outbreak is unprecedented in its global scope, severity and complexity. In just a short time, a localised outbreak of COVID-19 has evolved into a global pandemic with three defining characteristics:

- **Speed and scale:** the disease has spread quickly to all corners of the world, and its capacity for explosive spread has overwhelmed even the most resilient health systems.
- **Severity:** overall 20% of cases are severe or critical, with a crude clinical case fatality rate currently of over 3%, increasing in older age groups and in those with certain underlying conditions.
- **Societal and economic disruption:** shocks to health and social care systems and measures taken to control transmission have had broad and deep socio-economic consequences.

Based on the Hazard and Risk Assessment Matrix that MoHMS uses for Emergency & Disaster Contingency Planning purposes (see *Table 1*), the COVID-19 Taskforce re-evaluated the risk, and determined that there is a **Critical Risk** for the Coronavirus to affect Fiji.

Even though there is geographical distance between the affected countries and Fiji, there are direct flights from Hong Kong, Singapore, Japan, Australia and the United States; all countries which had confirmed cases of COVID-19 local transmission at the time this plan was prepared. There are also Fijian Citizens residing or studying within many of the above named countries, increasing the risk further.

Managing a case of COVID-19 in Fiji presents particular challenges and the consequences of COVID-19 transmission would be major to extreme or catastrophic. Hence, vigilance and preparedness planning in Fiji are essential.

Table 1: MoHMS Hazard & Risk Assessment Matrix

		Likelihood (L)				
		Rare (Remote) May happen only in exceptional circumstances	Unlikely (Uncommon) Could happen some time	Possible (Occasional) Might occur occasionally	Very Likely (Probable) Will probably occur in most circumstances	Certain to Occur (Frequent) Expected to occur in most circumstances
Consequences (C)	Catastrophic or Extreme Death or permanent disability	Moderate	Moderate	High	Critical	Critical
	Major Serious injury, hospital treatment required	Low	Moderate	Moderate	High	Critical
	Moderate Injury requiring medical treatment and some lost time	Low	Moderate	Moderate	Moderate	High
	Minor Minor injury, first aid only required	Very Low	Low	Moderate	Moderate	Moderate
	Insignificant Injuries requiring no treatment or first aid	Very Low	Very Low	Low	Low	Moderate

### 3.5 Planning Assumptions

The Plan has been developed based on Fiji’s preparedness and response plans to other global health threats.

Perhaps the most important insight from the global COVID-19 response to date has been that to successfully slow transmission and protect health systems, it is essential to accurately diagnose and effectively isolate and care for all cases of COVID-19 including cases with mild or moderate disease (in health setting or home setting, depending on the context and degree of illness). As COVID-19 transmission has advanced globally, the primary focus of most countries has been the rapid identification, testing and treatment of patients with serious and severe COVID-19, and the sheltering of individuals at the highest risk of poor outcomes. Fewer have put in place measures for those with mild disease, or contacts of cases.

A renewed focus on large-scale public health capacities must be implemented with urgency. Countries must do everything they can to stop cases from becoming clusters and clusters from becoming explosive outbreaks. They must put in place the capacities for testing and diagnosis, isolation, contact tracing and quarantine; they must engage everyone in the response.

Recommendations and mechanisms for management of COVID-19 cases, including Infection Prevention and Control (IPC) measures, are changing as new evidence is developed. There are promising new interventions under development that will have an impact on the management of the disease and its prevention measures. The Plan will be amended to adapt and incorporate new developments as these changes occur.

### 3.6 WHO Recommended National Actions

In accordance with WHO recommended national actions, every national strategy has a crucial part to play in meeting the global objectives, and should, at a minimum, set out the basis for:

1. Coordination of the national and subnational response;
2. Engagement and mobilization of affected and at-risk communities;
3. Implementation of context-appropriate public health measures to slow transmission and control sporadic cases;
4. Preparation of the health system to reduce COVID-19-associated mortality, maintain essential health services, and protect health workers, and
5. Contingency planning to ensure continuity of essential public functions and services.

## 3.7 Organisation of the Fiji COVID-19 Preparedness and Response Plan

Much of the organisation of this plan is adopted from the WHO Novel Coronavirus Technical Guidance. The Fiji Plan has been structured according to seven key components.

The seven key components from the Framework of Action are:



### 1. Command and Coordination

This component concerns the need to enhance the existing national public health emergency preparedness and response mechanisms and the command and coordination structure for a response to potential introduction of COVID-19.



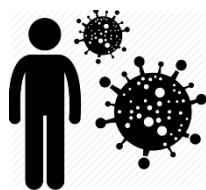
### 2. Surveillance, Risk Assessment and Response

An enhanced surveillance system must be able to detect and report any persons with potential COVID-19. Upon detection of a COVID-19 event, a rapid response team (RRT) must be mobilised to undertake an investigation and conduct control measures including contact tracing and contact management.



### 3. Laboratory

The key role for the laboratory in Fiji related to COVID-19 is to provide efficient diagnostic testing. The Molecular Laboratory of the new Fiji Centre for Disease Control will undertake this role.



### 4. Clinical (Case) Management and Infection Prevention and Control (IPC)

The effective clinical and public health management of cases of COVID-19 requires strict adherence to IPC measures. This will minimise the risk of transmission in the community and in health care settings. All persons coming into contact with potential COVID-19 cases must be equipped and familiar with appropriate IPC procedures.



### 5. Public Health Intervention including Points of Entry Measures

Strengthening International Points of Entry measures including collating arrival passenger health declaration forms and thermal scanning for identifying passengers with a fever are key components of COVID-19 surveillance and response.



## 6. Risk Communication

Effective risk communication will serve to strengthen public trust and promote appropriate behaviour. Messages targeted at different target groups at the different levels of preparedness and response are required and will be described in a Risk Communication and Community Engagement Strategy.



## 7. Logistics, Procurement and Supply Management

Effective logistics and supply chain management for stocks and procurement. There should be good forecasting and sufficient capacity to procure, stock, distribute supplies and consumables needed within the health system.

### 3.8 Escalation and Response Framework

A key goal of the decision-making process is to achieve a response that is proportionate to the level of risk. A response that is appropriate to the level of impact the COVID-19 outbreak is likely to have on the community, and on vulnerable populations within the community, will make the best use of the resources available and attempt to minimise social disruption. This approach will also enable the Ministry of Health to take advantage of available time and resources during the initial stages of the outbreak to plan for and put in place the framework that will be required as the situation in Fiji becomes more critical.

Although it will only be possible to quantify the overall impact of the outbreak once it has run its course, to assist planners, an estimate of the level of impact will be developed and the status of the outbreak continually monitored and assessed, and updated as new data becomes available. This assessment will be used to:

- guide the allocation of resources, to ensure resources are not wasted and are conserved for use as long as possible (including anticipation of when they are needed, as this will change over time);
- put in place strategies to supplement likely shortfalls (e.g. innovative options); and
- reduce the risk to vulnerable people.

Given the economic and social impact of the COVID 19 epidemic, the health ministry's responses are being made proportionate to the complexity of the transmission dynamics of the epidemics as described below.



### 3.9 Alert Levels

In accordance with the escalation framework, MoHMS has adopted three levels of alert in relation to the expected progression of the COVID-19 outbreak. These alert levels are predicated upon the nature of the COVID-19 outbreak in Fiji – from the initial situation of no cases, through the first initial cases to the potential worst case of widespread community transmission.

Table 2: Alert Levels for COVID 19 Action

Level	Action	Colour Code
Level 1	No potential or confirmed cases of COVID-19 in Fiji	Yellow
Level 2	Case/cases of imported potential or confirmed COVID-19 in Fiji (no local transmission)	Amber
Level 3	Case/cases of potential or confirmed COVID-19 associated with local transmission of COVID-19 in Fiji.	Red

These alert levels are used to guide when and how the preparedness and response actions described in this plan will be implemented. The actions to be implemented at each alert level are described in Part 4 of this Plan:

- Section 4.1 – Level 1
- Section 4.2 – Level 2
- Section 4.3 – Level 3

### 3.10 Scenarios and Response Strategies

To further guide decision making scenario modelling has been used to anticipate how the COVID-19 outbreak could potentially escalate in Fiji. While the alert levels described above have been used to guide the overall framework for the preparedness and response actions, there are numerous ways that the outbreak could develop, particularly in terms of severity, speed and distribution.

The three scenarios outlined below, at *Table 3*, describe in further detail how the outbreak may develop in Fiji, and the kinds of preparedness and response actions that could be implemented at each stage. Using this scenario model highlights how the preparedness and response actions anticipated by MoHMS follow a strategy of initially containing any outbreak, and then mitigating the impacts.

Table 3: Scenarios and Response Strategies

Scenario	1. First Cases	2. Small Clusters	3. Multiple Clusters
	<ul style="list-style-type: none"> <li>Imported</li> <li>Known exposure</li> <li>Exposed groups</li> </ul>	<ul style="list-style-type: none"> <li>No known exposure sources</li> <li>Local transmission</li> </ul>	<ul style="list-style-type: none"> <li>Large number of cases</li> <li>Hospitals overwhelmed</li> </ul>
<b>Containment</b>		<b>Mitigation</b>	
Strategy	<p><u>Minimise entry risks</u></p> <ul style="list-style-type: none"> <li>Stop cruise ships</li> <li>Stop mass gatherings</li> <li>Physical distancing</li> <li>Special fever clinics</li> </ul>	<p><u>Minimise community spread</u></p> <ul style="list-style-type: none"> <li>Isolation facilities</li> <li>Increase health care capacity</li> <li>Enforced compliance</li> </ul>	<p><u>Protecting vulnerable populations</u></p> <ul style="list-style-type: none"> <li>Public and clinical health measures</li> </ul>
	<b>Rapid contact tracing, Case isolation, Test, Treat</b>		
Response	<b>Whole of Government Managed Response</b>		
	<ul style="list-style-type: none"> <li>MoHMS Managed Response</li> </ul>	<ul style="list-style-type: none"> <li>Coordinated Response</li> </ul>	<ul style="list-style-type: none"> <li>National Tools Down – Single Focus</li> </ul>
	<ul style="list-style-type: none"> <li>Contain within single isolation facility</li> <li>Full contact tracing</li> </ul>	<ul style="list-style-type: none"> <li>Numbers greater than a single isolation facility's capacity</li> <li>Home isolation</li> <li>Full contact tracing</li> </ul>	<ul style="list-style-type: none"> <li>Massive outbreak</li> <li>Community-based isolation</li> <li>Large-scale admissions</li> <li>Extra facilities required</li> </ul>

## Scenario one – first cases

This is the early phase when a case or cases are imported in and there is a well-defined exposure source.

As above the community based medical response is mainly focused on minimising the entry risks into the country and the risk of local transmission. The measures include more stringent restrictions on border control, mass gathering and social distancing. They also include the need for greater capacity for screening of fever patients outside of the main hospital setting.

The case response relates to case isolation and management, and rapid contact tracing.

## Scenario two – small clusters

This scenario relates to small case clusters that result from well-defined exposure source.

As above the community based medical response is mainly focused on minimising community spread into the country. The relevant measures include greater capacity for isolating confirmed and suspected cases, greater capacity to treat confirmed cases, and facilitating enhanced enforcement of measures taken in escalation scenario 1.

The case response is similar to scenario 1 with case isolation and management, however the rapid contact tracing is more complex involving multiple teams.

## Scenario three – multiple clusters

This scenario relates to multiple case clusters that cannot be related to an exposure source. As such the contact tracing capability is overwhelmed and the health service capacity is severely challenged. The community based medical response is mainly focused on mitigation and containment efforts occur only in areas where the multiple clusters are localised to a single geographic area.

The clinical health response involves stopping elective procedures and outpatient clinics, restricting visitors to hospitals and aged care facilities, utilizing and extending surge capacity for positive cases, and extending the operating hours of fever clinics

The public health measure involves broader measures to enforce social distancing such as travel restrictions, school closures, and minimising social and cultural activities. The monitoring and resourcing of home isolation and community isolation facilities will also be a major focus as is ensuring contingency plans to manage other coincidental disasters that may occur.

### 3.11 Laws Cited and Links to Supportive Plans

The relevant laws and policies have been cited to develop this plan and enforce relevant components includes the IHR Emergency Regulation Committee Decision, UN Emergency Council Decision, Public Health Act and Quarantine Act.

This plan should be read alongside the Communicable Diseases Investigation and Outbreak Response Guidelines, Aviation Emergency Plan, National Waste Management Plan, National Infection Control Guideline and the Health Emergency & Disaster Management Action Plan (HEADMAP).

### 3.12 Implementation of the Plan

The plan will be implemented as soon as it is endorsed by the Permanent Secretary for Health & Medical Services and subsequently fast-tracked with other stakeholders and then submitted for Cabinet information. All current preparedness activities that have or have not been factored will be included with the endorsement of this plan.

The governance structure for the implementation of this plan recognizes the Taskforce as the policy level advisory body alongside the Incident Management Team (IMT) as the body responsible for the implementation of daily operational functions of the COVID-19 Preparedness and Response Plan.

### 3.13 Governance

Figure 2: Higher Level Governance structure

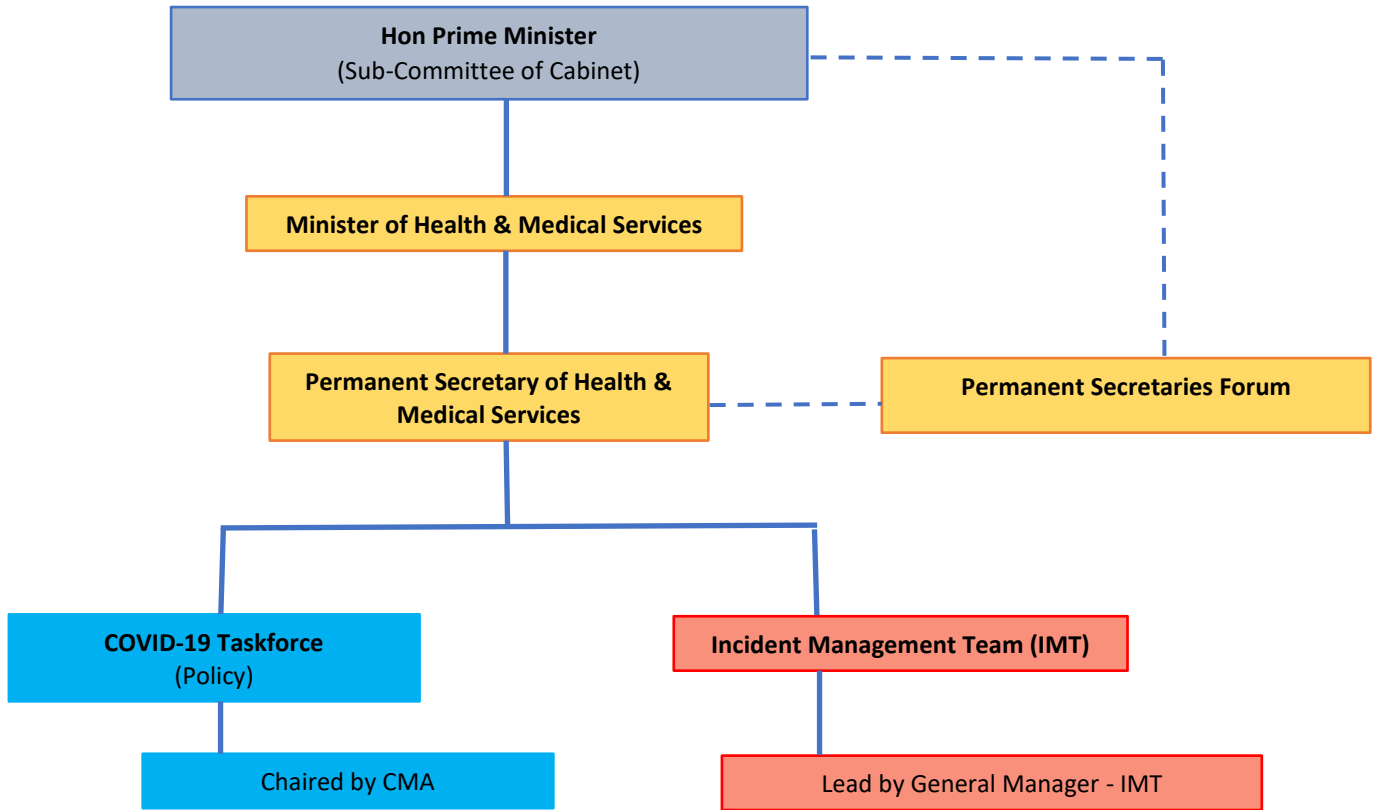
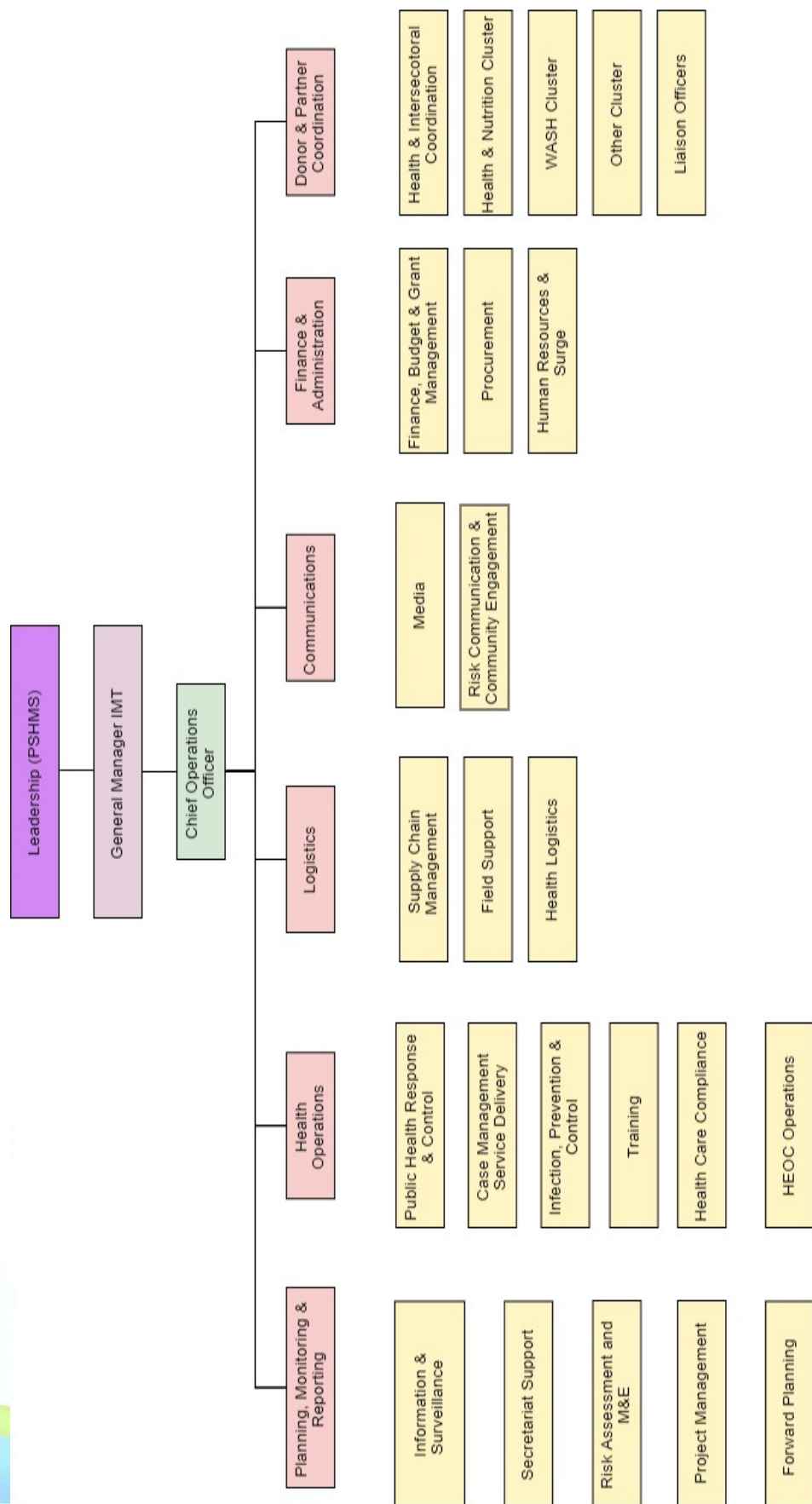


Figure 3: Incident Management Team structure



## 4 Preparedness and Response Actions and Responsibilities

### 4.1 Level 1 Actions

Table 3: Level 1 Actions  
(No potential or confirmed cases of COVID-19 in Fiji)

Key Component	Action	Lead Responsibility
<b>Command and Coordination</b>	The MoHMS National Taskforce for the Coronavirus Formed, ToR Developed, Chair and Secretariat appointed, Members identified	PSHMS
	Develop and formalize the multiagency governance structure for Coronavirus preparedness and response	Taskforce
	Develop and implement the Coronavirus preparedness plan	IMT
	Establish and maintain a public health incident and command system and activate EOC	IMT
	Develop COVID-19 preparedness and response plan	IMT
	Formalize the preparedness and response plan with Cabinet - obtain Cabinet approval	PSHMS
	Develop Facility Specific COVID-19 preparedness and response plans	DMO / MS / SDMO
	Develop SOPs to implement the Preparedness and response plan.	IMT/CWM Taskforce
	Align other Government COVID-19 actions plans with the MoHMS COVID-19 Preparedness and Response Plan	IMT
	Conduct a risk assessment and develop guidance for travel restrictions into Fiji	Taskforce
<b>Surveillance, Risk Assessment and Response</b>	Develop protocols and tools for enhanced surveillance and train providers	FCDC
	Develop and implement an enhanced early warning surveillance system for COVID-19 detection at the IPOE and selected healthcare facilities	FCDC
	Disseminate COVID-19 case and contact definitions to health care facilities and IPOE	FCDC
	Establish investigation protocols and guidelines for contact tracing and contact management.	FCDC
	Establish and train expanded Rapid Contact Tracing Teams	IMT / FCDC

	Establish and implement collaborative surveillance for unscheduled flights, missionaries, pilgrimages, contracted workers, international sporting and meeting events with risks of COVID-19 transmission	EH / FCDC
	Activate police support to PoE health-screening, fever clinics and other COVID-19 health facility's as required	IMT
	Liaise with WHO and international health authorities to monitor the global spread and impact of COVID-19.	IMT / FCDC
	Provide daily updates to health decision makers and other key stakeholders on the global and regional situation	IMT
	Conduct a Fiji specific risk assessment based on epidemiological situation, exposure and contextual factors including the public health capacity to a potential COVID-19 event	IMT
	Establish GIS component of the Coronavirus surveillance system	IMT
<b>Laboratory</b>	Train staff involved in sample collection and sample referral for sending samples to the Fijian CDC	FCDC
	Train staff involved in sample collection in the use of PPE and IPC protocols	FCDC
<b>Clinical Management, and Infection Prevention and Control</b>	Distribute COVID-19 Clinical Management Guidelines	MS / DMO / SDMO / IMT
	Designate isolation wards/facilities for the management of cases and ensure these facilities are appropriately equipped	MS / DMO /SDMO
	Identify and train clinical and non-clinical staff involved in the management of COVID-19 case/s at designated facilities including IPC	MS / DMO / IMT
	Ensure availability of PPE <sup>1</sup> needed to implement recommended IPC measures at designated facilities	MS / DMO / IMT
	Provide dedicated to the isolation facility for healthcare workers	MS / DMO / RFMF
	Designated transport for transfer of Coronavirus suspected cases including identification of support agencies and IPC training	MS / DMO / Ambulance Services
	Decontamination procedures to be conducted or supervised by MoHMS designated infection control staff	MS / DMO / IMT
	Protocols for vehicle decontamination to be developed and supervised by MoHMS designated infection control staff	Risk Manager / IMT
	Develop and implement fever clinic plan including identifying facilities, equipment, staffing, clinical operations, logistics, security and communications	IMT
Develop protocols for surge mortuary management	Taskforce / FCDC	

<sup>1</sup> PPE as defined under WHO Disease Commodity Package Guidelines for Coronavirus, [https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-\(ncov\)](https://www.who.int/publications-detail/disease-commodity-package---novel-coronavirus-(ncov))



<b>Public Health Intervention including Points of Entry Measures</b>	Develop public health emergency response plans for IPOE, and conduct training on protocols for Public health & Primary Care Response (divisional and sub-divisional)	EH / FCDC / DMO / SDMO
	Draw up inventory list of all PoE personnel for the COVID-19 PoE operations	EH Unit / IMT
	Train PoE staff to manage potential COVID-19 cases among incoming travellers	IMT / EH Unit / CDC
	Enhance health messages provided to inbound travellers (health cards, inflight messages, COVID-19 IEC)	IMT
	Establish thermal screening for inbound travellers from affected countries at IPOE	FCDC
	Allocate an appropriate place and mechanism for rapid health assessment and isolation in the event of identifying a potential COVID-19 case at POE.	FCDC
	Develop a voluntary home isolation self-assessment and examination protocol for individuals under surveillance	Taskforce
	Develop COVID-19 related Occupational Health and Safety measures, Infection Control and Disinfection guidelines and train Government, Non-Government and Public/private Sectors	IMT / Ministry of Employment
<b>Risk Communication</b>	Disseminate updates and status of international developments, local preparedness and response on COVID-19 regularly to stakeholders, decision makers and health care workers	IMT
	Disseminate accurate and relevant information on COVID-19 to the public through mass media	IMT
	Develop a risk communication plan that can be used to communicate with the public and stakeholders, including identification of credible spokespersons and methods of rapid dissemination.	IMT
	Enhance health worker and public knowledge about COVID-19 through awareness raising and education	IMT
<b>Logistics, Procurement &amp; Supply Management</b>	Facilitates procurement of Coronavirus specific PPE's by key stakeholders	IMT / FBPS
	Facilitates procurement of medical consumables for isolation facilities	IMT / FBPS
	Identify needs for and designate vehicles and drivers to support preparedness and response	IMT
	Implement strict maintenance of hygiene practices within all health care facilities	MO

## 4.2 Level 2 Actions

Table 4: Level 2 Actions  
(Case/cases of imported potential or confirmed COVID-19 in Fiji – no local transmission)

Key Component	Action	Lead Responsibility
<b>Command and Coordination</b>	Monitor alert triggers for activation of protocols for level 2 of the COVID-19 preparedness and response plan and coordinate with divisional Response Team (DORT) and Rapid Contact Tracing Teams	IMT / FCDC / DMO / MS
	Implement extended hours (evenings/weekends) operation of national health EOC	IMT
<b>Surveillance, Risk Assessment and Response</b>	Inform IHR (2005) through the Fiji national Focal Point and seek international assistance expertise as required	FCDC / IMT
	Activate enhanced contact tracing teams for rapid investigation	FCDC / MS / DMO / SDMO
<b>Laboratory</b>	Ensure samples are collected and sent as soon as possible to FCDC	FCDC / SDMO
	Seek additional testing support (including testing kits and personnel) for FCDC	FCDC / IMT
<b>Clinical Management, and Infection Prevention and Control</b>	Implement additional healthcare facility visitor restrictions and limit visitation hours	MS / DMO / SDMO
	Isolate and manage suspected and confirmed cases in designated facilities in accordance with IPC and clinical management guidelines	DMO / MS / SDMO
	Assess the need for, and if required activate, health care facility HDU/ICU surge capacity	MS
	Implement waste management protocol for isolation facilities	DMO / MS / SDMO / IPC Officer
	Implement protocol for surge mortuary management	DMO / MS / SDMO
	Implement a monitoring system to ensure that clinical protocols are adhered to (internal audit)	Risk Managers / IMT

<b>Public Health Intervention including Points of Entry Measures</b>	Similar actions as listed for Level 1	IMT
	Ensure compliance in home isolation and quarantine using partner agencies if required (Fiji Police)	IMT
	Implement new public health intervention recommendations based on emerging best practice and evidence from recognised agencies (e.g. WHO, UNICEF, SPC, US CDC)	Taskforce / IMT
	Intensify Occupational Health and Safety measures, Infection Control and Disinfection for Government, Non-Government and Public/private Sectors/Carry audit for facilities	IMT/Agencies
<b>Risk Communication</b>	Enhance dissemination of information to health care workers in the public and private sectors.	IMT
	Continue risk communications aiming to reduce confusion, anxiety and fear and explain what is being done to manage case/s.	IMT
<b>Logistics, Procurement &amp; Supply Management</b>	Monitor Supplies and Stock	IMT
	Supply Facilities with PPE in Health care facilities as required	IMT
	Forecast and Procure Laboratory Diagnostics	FPBS / FCDC
	Ensure sufficient clinical supplies are available at health care facilities	FPBS / FCDC

## 4.3 Level 3 Actions

Table 5: Level 3 Actions  
(Case/cases of potential or confirmed COVID-19 associated with local transmission in Fiji)

Key Component	Action	Lead Responsibility
<b>Command and Coordination</b>	Monitor alert triggers for activation of protocols for level 3 of the COVID-19 preparedness and response plan and coordinate with divisional Response Team (DORT) and Rapid Contact Tracing Teams	IMT / FCDC / DMO / MS
	Activate Public Health Emergency of the Public Health Act, HEADMAP and Hospital Emergency Plans	PSHMS / IMT
	Coordinate HEADMAP response activities with other Divisions as appropriate	PSHMS / IMT
	Update Government representatives of status and potential need for further resources	IMT
	Liaise with international organisations for assistance and expertise	IMT
	Identify staff from other Divisions able to provide “surge capacity” to affected area	DMO
	Review the need for extreme surge isolation facilities	DMO / MS / SDMO
	Monitor & Assessment of PPE utilization & need	IMT
	Assess barriers and challenges to public health intervention compliance and implement effective remedial actions including recommending curfews	IMT
<b>Surveillance, Risk Assessment and Response</b>	Similar actions as listed for Level 2	IMT
	Revise case definition for identification of cases and referral based on widespread local transmission	FCDC / Taskforce
<b>Laboratory</b>	Similar actions as listed for Level 2	IMT
	Reduce testing. Implement ongoing outbreak monitoring surveillance needs and risk based testing to reduce unnecessary excess use of test consumables	FCDC

<b>Clinical Management, and Infection Prevention and Control</b>	Mobilise the capacity for increased isolation areas for confirmed and suspect cases (if not already activated under level 2).	DMO / MS / SDMO
	Implement protocols for expanded mortuary management	IMT / MS / DMO
<b>Public Health Intervention including Points of Entry Measures</b>	Similar actions as listed for Level 2	IMT
	Implement community isolation facilities including provision of supporting logistics and security as required	IMT
	Consideration of enhanced PoE measures including exit screening for departures	IMT
<b>Risk Communication</b>	Refine key messages in risk communication plan to address the crisis situation	IMT
	Review & evaluate risk communication	IMT
<b>Logistics, Procurement &amp; Supply Management</b>	Continue to monitor Supplies and Stock	FPBS / IMT
	Supply Facilities with PPE in Health care facilities as required	FBPS / FCDC
	Ensure current availability of clinical consumable needs against WHO guidance as appropriate	FBPS / FCDC

## 5 References

The following are some of the references used in drafting this Preparedness and Response Plan, noting that all reference sources are not limited to these:

1. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance V 1.2
2. Considerations in the investigation of cases and clusters of COVID-19: Interim guidance
3. Critical preparedness, readiness and response actions for COVID-19: Interim guidance
4. Guidance for laboratories shipping specimens to WHO reference laboratories providing confirmatory testing for COVID-19 virus
5. [www.imo.org/en/OurWork/Facilitation/FormsCertificates/Pages/Default.aspx](http://www.imo.org/en/OurWork/Facilitation/FormsCertificates/Pages/Default.aspx)
6. [www.cdc.gov/quarantine/maritime/recommendations-for-ships.html](http://www.cdc.gov/quarantine/maritime/recommendations-for-ships.html)
7. [www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/earlyinvestigations](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/earlyinvestigations)
8. [www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance](http://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance)
9. [www.who.int/emergencies/diseases/novelcoronavirus-2019/technical-guidance](http://www.who.int/emergencies/diseases/novelcoronavirus-2019/technical-guidance).
10. [www.who.int/influenza/resources/publications/outbreak\\_investigation\\_protocol/en](http://www.who.int/influenza/resources/publications/outbreak_investigation_protocol/en)
11. National Capacities Review Tool for a novel coronavirus (nCoV)

## 6 Contributors

The plan has benefited from the contributions of many stakeholders including but not limited to;

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