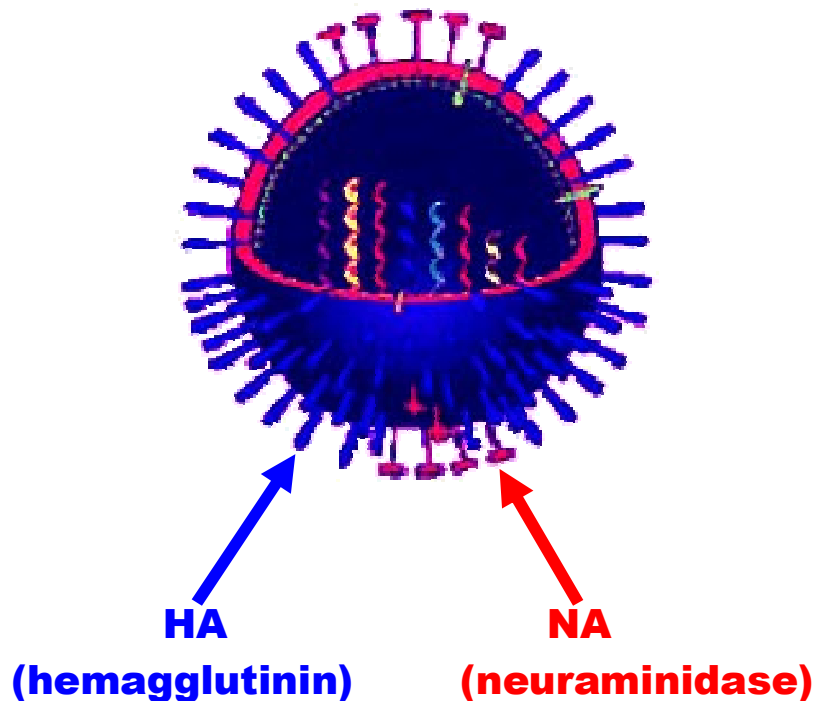




GOVERNMENT OF THE COOK ISLANDS
Ministry of Health



**COOK ISLANDS INFLUENZA
PANDEMIC ACTION PLAN**



Ministry of Health
Cook Islands
2006 - 2007

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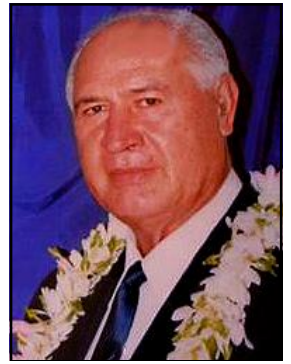
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Foreword

from the Minister of Health



Sir Terepai Maoate, KBE (MD)
Deputy Prime Minister

OFFICE OF THE DEPUTY PRIME MINISTER
GOVERNMENT OF THE COOK ISLANDS
Minister of Health

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Kia Orana,

Kia Manuia

Sir Terepai Maoate, KBE (MD)
Deputy Prime Minister

Foreword

from the Secretary of Health



Dr Roro Daniel (MD)
Secretary of Health

GOVERNMENT OF THE COOK ISLANDS Ministry of Health

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Kia Orana,

The Cook Islands Ministry of Health is always trying to improve its service to the people of the Cook Islands.

This Influenza Pandemic Action Plan is an effort by the Ministry to prepare ourselves in response to the Pandemic. We hope it will not occur in our country but we must not remain complacent. The Ministry has put into place this Plan for Action in the event that the Influenza Pandemic reaches our shores.

This Plan for Action should be read and used by all individuals in the Ministry of Health and relevant Government Ministries, as well as non governmental agencies, as a guide in preparing and responding, in the event of a national or regional health emergency. The success of this Action Plan will rely on a high degree of cooperation and collaboration between us all.

I encourage us all to work together to prevent the Influenza Pandemic from reaching our country.

Kia Manuia

A handwritten signature in blue ink, appearing to be 'Roro Daniel'.

Dr. Roro Daniel
Secretary of Health

Introduction

Cook Islands Pandemic Influenza Preparedness

Preparing for Avian Influenza or even a catastrophic event like the pandemic influenza is a huge challenge. A challenge that requires vision, imagination and resources with full support from the government of the day and all relevant sectors of the society.

It is also a challenge in that the preparation or preparedness itself comes at a time when health sector is burdened with enormous competing priorities. Nonetheless the priority and the urgency of this work are such that it has to continue as the world is forever nearing a global outbreak of Influenza. Preparedness for avian or pandemic influenza will enable us to prepare for any emerging disease surge, surveillance and response capacity and all the communication and united forces required to keep our Cook Island society safe and functioning in an emergency. Therefore preparedness for Pandemic is challenge to the Cook Island society to update, prepare, pull resources and survive such event. On the health side we are well aware that preparedness for pandemic or avian influenza is enabling us to fulfill larger goal of implementing international health regulation, which Cook Island is a signatory and came into effect in June 2007.

Much has been said about pandemics especially the three that affected the world in the last century. Perhaps its wise to recollect the impact of these especially the 1918 Spanish Flu pandemic in the Pacific. Some pacific Islands suffered substantial losses whilst some saved themselves (American Samoa, Vanuatu, Tuvalu, Kiribati) and the lessons may well be useful for the coming one. Samoa and Tahiti lost 25% of their population in 8 weeks; Tonga lost 6% and Fiji 9%. The thousands of deaths alone posed challenges and issues of enormous kind. Now the population is even bigger and a pandemic like that of 1918 could be even more catastrophic. Cook Islands were also affected in 1918. Hospital services were overwhelmed. There were 45 deaths in 5 weeks and medical staffs were down. Authorities shut mail and inter-island travel and saved the spread of the virus which is believed to have arrived our shores via Tahiti.

When the current Avian influenza threat develops into pandemic virus it will take a short time to reach rest of the world including our shores. Therefore the challenges to keep it out are even bigger. We need to be vigilant at borders and need to monitor situation including communicate with New Zealand and Pacific neighbors and networks to be informed of developments. At the same time we need to have prepared our public and all sectors so much that when we implement the emergency extraordinary public health measures the authorities and players understand and public complies with it. Our public needs to be educated now on these safety and infection control measures. The government and society needs to appreciate the risks due to some of the measures e.g. to the economy due to travel restrictions.

This pandemic planning document is an attempt to address what could happen in Cook Islands. Not everything and every detail could be included here however various sectors, government, NGO's and society in general need to plan in line with this so that even pandemic Influenza does reach our shores we could delay or reduce the impact and manage the situation. Suffice to state that no plan is adequate or improved without sufficient testing of key areas of functioning and this document will be subjected to the same in the near future.

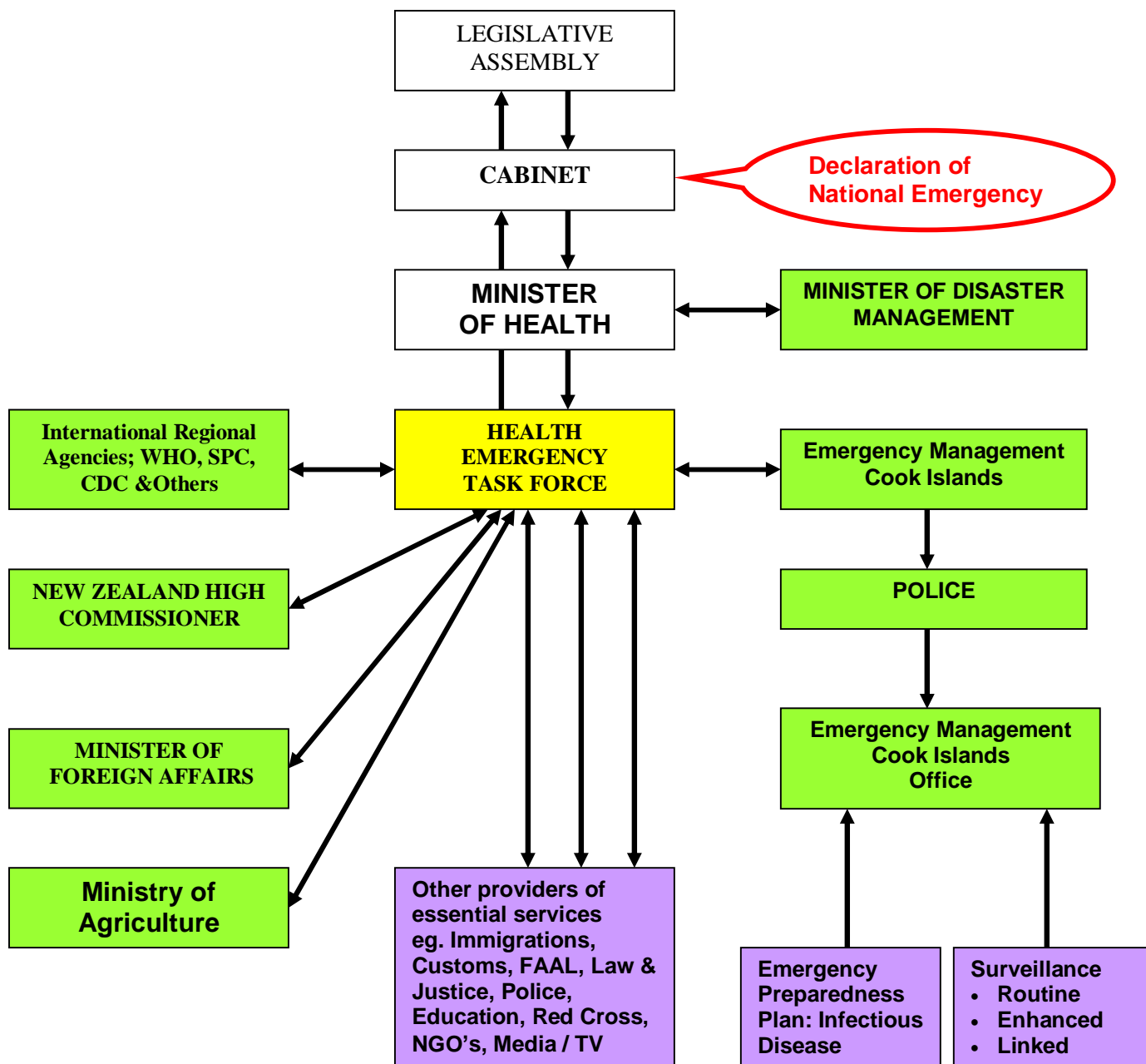
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Abbreviations

| | |
|---------|---|
| AusAID. | Australian AID |
| CIANGO | Cook Islands Association of Non Government Organization |
| CDC | Centre for Disease Control |
| CIRC | Cook Islands Red Cross |
| CNO | Chief Nursing Officer |
| Dir | Director |
| DOCS | Director of Community Services |
| DOHS | Director of Health Services |
| EPI-NET | Epidemiology Network Team |
| FAL | Airport Facilitation Committee |
| GP | General Practitioner |
| HETF | Health Emergency Task Force |
| ILI | Influenza Like Illness |
| INTAFF | Internal Affairs |
| MFEM | Ministry of Finance and Economic Management |
| MOA | Ministry of Agriculture |
| MOE | Ministry of Education |
| MOH | Ministry of Health |
| NGO's | Non Governmental Organization |
| OMIA | Ministry of Outer Island Affairs |
| OPM | Office of the Prime Minister |
| PEP | Post-exposure Prophylaxis |
| PPE | Personal Protective Equipment |
| PPHSN | Pacific Public Health Surveillance Network |
| RAC | Religious Advisory Council |
| SPC | Secretariat of the South Pacific Community |
| WHO | World Health Organization |

Cook Islands Influenza Pandemic Planning Process



Membership of the Health Emergency Task Force:

| | |
|--|---|
| Ministry of Health – Chair | Cook Islands Red Cross |
| Ministry of Finance and Economic Management | Ministry of Education |
| Cook Islands Police | Ministry of Foreign Affairs & Immigration |
| Ministry of Outer Islands Affairs | Crown Law Office |
| Office of the Prime Minister | Ministry of Agriculture |
| Tourism Cook Islands | Air New Zealand Ltd |
| Ports Authority | Business community/Chamber of Commerce |
| Ministry of Justice/Coroner | Cook Islands Airport Authority |
| Te Aponga Uira | TOA Petroleum |
| Ministry of Works (water/sewage) | TRIAD Petroleum |
| Telecom Cook Islands | |
| Cook Islands Association of Non Government Organization (CIANGO) | |

SUMMARY OF COOK ISLANDS PANDEMIC PHASES IN THIS PLAN

| WHO PERIOD | WHO PHASE | COOK IS SCENARIO | COOK IS STRATEGY | MOH ALERT CODE |
|---|----------------------|--|---------------------|---|
| Interpandemic Period (since last one in 1968 to time of another new one) | Phase 1 Phase 2 | Scenario 1 Scenario 2 | Planning | Nil White (Information and advisory) |
| Pandemic Alert Period | Phase 3 | Scenario 1 Scenario 2 Scenario 3 Scenario 4 | | YELLOW (Standby) |
| | Phase 4 | Scenario 1 Scenario 2 | Border Management | |
| | Phase 5 | Scenario 1 Scenario 2 | Cluster Control | RED (Activation) |
| Pandemic Period | Phase 6 | Scenario 1 Scenario 2 | Pandemic Management | RED |
| Post Pandemic Period | Post Pandemic Period | | Recovery | GREEN (Stand down) |

Based on WHO Guidelines.
Scenarios are based on WHO suggestions.
Refer to Cook Islands MOH Alert Code

Ministry of Health Alert Code Communications and Actions

| FUNCTIONAL AREA | ACTION | RESPONSIBILITY | COMMENTS |
|--|---|------------------------------|---|
| WHITE Information /Advisory Only | Advise all Ministry of Health Staff and services including Outer Islands, private practitioners, Health Emergency Task Force points of contact including Health Executive Team of emerging situation and potential developments | Chairman HETF | Communicate NPOA to all stakeholders |
| | Provide media and public information and advice | MOH, Public Health | Develop Communication Plan and disseminate |
| | Provide case definitions and other clinical and public health advice on control, where possible. | DOHS, DOCS | Training session for clinical and Public Health |
| | Notify private practitioners of case definitions, clinical advice and control measures. | HETF | Private Practitioner involved |
| | Review clinical emergency plan and acquire resources for some surge capacity -stockpile | DOHS, CNO | Health Managers prepare plan and communicate to staff |
| | Inform public of pandemic impact and prepare families, communities, church groupings, schools about extraordinary measures as a rapid response and containment or during pandemic management should Cook Island fail to keep thing out. | HETF DOCS | Develop manual on self and family care, infection control in the home and community |
| | Get transport, Fuel, utilities and water people to prepare - maintaining services during pandemic | Chairman HETF, HETF, DOCS | |
| | Test aspects of preparedness plan | HETF | Plan and implement exercise |

| | | | |
|----------------------------------|--|---|---|
| <p>YELLOW Standby</p> | <p>Activate Health Emergency Task Force</p> <p>Advise and prepare all relevant staff, services and private practitioners</p> <p>Contact all hospitals and health centers in the Cook Islands and advise them of situation.</p> <p>Manage liaison and communications with other government agencies and NGO's including the media</p> | <p>Chairman HETF, DOCS</p> <p>DOCS</p> <p>Chairman HETF</p> <p>DOCS</p> | <p>CIRC</p> <p>Be ready for a rapid response. Outbreak investigation and response</p> <p>CIRC</p> |
| <p>RED Activation</p> | <p>Activate Cook Islands Influenza Pandemic Action Plan Code Red.</p> <p>Inform All Ministry of Health staff and Health Emergency Task Force points of contact.</p> <p>Direct activation of the Health Emergency Task Force.</p> <p>Coordinate response at national level Highlight current situation and action plan based on scenario's</p> <p>Manage liaison and communications with other government agencies and NGO's including the media</p> <p>Keeping pandemic Out - extraordinary measures</p> <p>Rapid response and containment</p> <p>Pandemic management measures When to start prophylaxis</p> | <p>Prime Minister recommended by Health Minister</p> <p>DOHS, DOCS</p> <p>Secretary of Health</p> <p>Chairman HETF</p> <p>Chairman HETF, DOCS</p> <p>Chairman HETF, DOCS</p> <p>Chairman HETF, DOCS</p> <p>DOHS, DOCS</p> | <p>Mount rapid response. Outbreak control</p> <p>HETF co-ordinate emergency centre</p> <p>Strict border control. Close all public gathering, schools, churches, weddings, etc</p> <p>Policies on treatment, prophylaxis</p> |

| | | | |
|--|---|--------------------------|--|
| GREEN Stand down | Moving from red to green, inform all Ministry of Health staff, coordinators and task group members. | Chairman HETF | |
| | Moving from Yellow to Green, inform all Ministry of Health staff., coordinators and Health Emergency Task Force members | Chairman HETF | |
| | Advise media and members of the public | Communication Officer | |
| | Deactivate Cook Islands Influenza Pandemic Code Red | Chairman HETF | |
| | Deactivate Health Emergency Task Force. If pandemic Flu did come to the islands then there is a lot of need to assess impact- death etc and provision of psychological support etc. | DOHS DOCS | |
| | Resume normal functions | | |
| POST STAND DOWN: Evaluate and review of emergency response during influenza period | Chairman HETF | | |

The Cook Islands Influenza Pandemic Action Plan

This plan should be read and used by all individuals in the Ministry of Health and other relevant Government Ministries as well as non governmental agencies who are members of the Health Emergency Task Force as a guide to preparing and responding in the event of a national or regional health emergency. It is particularly recommended to:

- **All Ministry of Health Staff**
 - Health Executives
 - Clinical, Medical, Nursing and Allied Services Staff
 - Public Health Staff
 - Dental Health Staff
- **Emergency Task Force Planners**
- **Private Practitioners**
- **Non government organizations**
- **Private Sector**
- **Religious Advisory Council**

Cook Islands Influenza Pandemic Planning

The Cook Islands Influenza Pandemic planning is based around the following strategy:

A. Planning

Aim: *To put in place a plan to reduce the health, social and economic impact of an Influenza Pandemic in the Cook Islands.*

B. Border Management

In the event of human to human transmission overseas, the Cook Islands will have to close its borders. (This may be decided taking cues from say NZ or Pacific countries or based on risk advise from outside. If NZ shuts its borders, then Cook Islands will certainly do the same in addition to restricting inter-island travel...provided food supply in the islands is adequate and reassured) All travel from overseas will be restricted. Cook Islanders overseas will be asked to remain there until situation improves.

Aim: *To keep influenza pandemic out of the Cook Islands*

C. Cluster Control

The human influenza pandemic strain case(s) found in the Cook Islands
If one case has been detected the Public Health Department will ensure that alertness and awareness among the population is being promoted. Case confirmation will take time meanwhile isolation of cases and isolation of close contacts will be undertaken. Notify WHO under IHR and also discuss Rapid response and containment. Case will / may be treated and contacts put on prophylaxis (may be whole island depending on sound judgment) and all other extraordinary measures activated until absolutely certain that things are confined and under control. All inter-island travel will be stopped (includes maritime and airline)

Aim: *To control and /or eliminate any other cases found in the Cook Islands*

D. Pandemic Management

If more than 5 cases (esp. if suspected that pandemic virus develops in Cook Island – less likely) pandemic management will be triggered, but if NZ is seeing cases and/or PICTs seeing even very few cases, this should trigger taskforce and subsequent state of emergency depending on assessment. Cook Islands will declare arrival of pandemic virus.

Aim: *To reduce the impact of influenza pandemic in the Cook Islands and ensure that pandemic measures are put into place to avoid disruption to normal services.*

The population is protected by providing vaccination (This vaccine will be available 5-8 months after the pandemic started?? So this will take time to acquire) and medication (ie Tamiflu is available through NZ for 30% of the population) which should be made available by the Cook Islands Government especially to identified relevant sets of people.

Aim: *To improve/restore the health of the population infected by the influenza pandemic?*

In general pre-pandemic or inter-pandemic vaccine intervention i.e. If resources are available influenza vaccine could help improve population immunity (some evidence of cross protection) and reduces risk of bird Flu virus H5N1 or another becoming pandemic virus in the protected individuals.

E. Recovery

Get society to adjust to the impact especially losses- economic, social, cultural etc

Psychological support needs

Normalising services / get society functioning

Aim: *Is to get the society back to normal functioning and focus on the future including economic recovery*

| INDEX | AGENCY | FUNCTION |
|---|--|---|
| 1. Establish: - EPI Net Team - Infection Team | Health Executives, Red Cross Pandemic Sub Committee | Take stock of Health staff present, retired, voluntary |
| 2. Policy Antiviral and Vaccine | MOH, Secretary of Health, DOCS | Develop Policy Procure Antiviral and Vaccine Listing of who to give Communication plan implementation |
| 3. Identify Official Communication Officer | HETF, DOCS | |
| 4. Chairperson of HETF | Secretary of Health | |
| 5. Monthly Updates on Hospital Surveillance | Director of Health Services | Daily /weekly update including Flu cases/deaths |
| 6. Monthly Update on Animal Surveillance | Animal Health Officer, MOA | Test scenario's SOP's in plan |
| 7. ILI as a reported disease condition in routine disease surveillance form | Dir of Community Services | Regular surveillance |
| 8. Take stock current and retired workers/ possible volunteers/ health care facilities/ traditional hospitals. e.g. Halls | DOHS, Clinical Staff, CNO, DOCS | Supplementary workforce Makeshift Hospital |
| 9. Medications e.g. Antibiotics, IV Fluids, other medical supplies. | DOHS, Clinical Staff, CNO, Pharmacy | Build surge capacity |

A. STRATEGY: PLANNING

INTERPANDEMIC PERIOD PHASE 1:

No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals the risk of human infection or disease is considered to be low

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|---|--|---------------------------------------|--|
| Planning, Coordination and Reporting | <i>Aim: a) To strengthen pandemic preparedness for management of influenza disease</i> | MOH / HETF | EPI-NET Team |
| | a) Develop manual for pandemic Action Plan (Clinical, Nursing, Laboratory, Pharmacy) | MOH DOHS Dir of Nursing | CIRC |
| | b) Review and submit for official endorsement from the cabinet and the legislative assembly | DOCS | |
| | c) Ensure sufficient Personal Protective Equipment and other necessary supplies. | MOH, Public Health | International & CIRC |
| | d) Develop infection control guidelines | MOH, MOA, EPI – Net Team, DOHS CNO | CIRC |
| | e) Establish the legal framework for pandemic interventions | MOH, Crown Law DOCS | Crown Law |
| | f) Border control – Airport and seaports inspection of vessels from affected countries with live animals/bird. | MOH, MOA, MFEM Public Health | |
| | g) Identify focal point to receive, validate, and transmit updated information on pandemic threat to Minister of Health | Chairman of HETF | CIRC |
| | h) Identify official communication officer | MOH, Sec of Health | MOA, Animal Health |
| | i) Prepare communication plan and resources and disseminate information to the public in Cook Islands Maori and English on this influenza virus and management tools for other authorities such as Cook Islands Customs (Border Control) | HETF DOCS | CIRC, Media/TV, OMIA, NGO's, MFEM, Private Practice |
| | j) Ensure that antiviral vaccines and medication is available and develop a policy for their use. | MOH/HETF | CIRC |
| k) Plan laboratory services, assessment facilities, antiviral and medication delivery | MOH/Clinical, Laboratory | Public Health, Private | |

| | | | |
|------------------------------------|--|---|--|
| | <p>mechanisms and registration of all patients who have fallen ill with this influenza virus.</p> <p>l) Plan local quarantine facilities and social distancing measures.</p> <p>m) Continue to provide regular health awareness programs.</p> <p>n) Provide information packs advising on infection control measures to minimize the spread of flu amongst health workers and public at large.</p> <p>o) Minimize the risk of transmission to humans and provide a rapid detection of transmission.</p> <p>p) Assess likelihood of animal/bird infection being the vector to the Cook Islands</p> <p>q) Maintain routine animal surveillance</p> <p>r) Restrict importation of animals/untreated animal products from affected countries</p> | <p>MOH, Public Health</p> <p>MOH, Public Health</p> <p>MOH, Clinical</p> <p>MOA/MOH</p> <p>MOA</p> <p>MOA</p> <p>MOA</p> | <p>Practitioners</p> <p>FAAL/ Police</p> <p>All Stakeholders</p> <p>Public Health CIRC</p> <p>NGO's</p> <p>NGO's, OMIA</p> <p>NGO's</p> <p>MOH, MFEM</p> |
| Monitoring and Surveillance | <p>a) Ensure routine surveillance and continue to monitor the situation offshore</p> <p>b) Plan sentinel sites for limited influenza testing</p> <p>c) Ensure implementation of influenza like illness (ILI) as a reported disease condition in routine disease surveillance forms</p> <p>d) Plan laboratory services and assessment facilities even developing a test-procedure for possible sending samples for analysis to WHO cc. Lab (Melbourne) or as PPHSN – Labnet provides</p> <p>e) Ensure transmission of updated and unusual surveillance findings that PacNet, WHO, FluNet or other credible sources disseminate that is of particular threat to Cook Islands to relevant authorities. I.e. Minister of Health</p> <p>f) Develop feasible and early warning symptoms both humans and animal health surveillance systems</p> <p>g) Linkage surveillance animal and health monthly report</p> | <p>MOH, DOCS, DOHS</p> <p>MOH, DOHS</p> <p>MOH, DOHS</p> <p>MOH, Laboratory</p> <p>Chairman of HETF</p> <p>MOH, Clinical MOA, Animal Officer</p> <p>MOH/MOA</p> | <p>MOA, All stakeholders</p> <p>DOCS</p> <p>DOCS</p> |

| | | | |
|--|---|--|---|
| Health Care and Emergency Response | <p>a) Ensure training and preparation of health and essential services</p> <p>b) Develop a Health Emergency Plan & Infectious Disease plan</p> <p>c) Test Plan/ Mock Exercise</p> <p>d) Take stock of health staff (current and retired) their expertise, possible volunteer workers, health facilities, halls, medications eg. IV Fluids, other medical supplies</p> <p>e) Consider planning to secure supplies and equipments including PPE.</p> <p>f) Develop guidelines for management of patients, prioritization of health care service, staff mobilization and related issues.</p> | <p>MOH/HETF, Public Health, Nursing School</p> <p>MOH/HETF DOHS</p> <p>MOH</p> <p>MOH/ Clinical</p> <p>MOH/ Clinical, Pharmacy</p> <p>MOH,HETF DOHS CNO</p> | <p>All stakeholders</p> <p>All stakeholders</p> <p>Public Health</p> <p>Public Health CIRC</p> <p>Working partners Assistance from WHO, PPHSN AusAID.</p> |
| Communications and Health Education | <p>Part 1</p> <p>a) Produce and disseminate information on influenza outbreaks via media</p> <p>b) Check WHO, SPC and CDC websites for regular updates and provide routine media monitoring.</p> <p>c) Reinforce health awareness and inform the public on how they can prepare for an influenza pandemic.</p> <p>d) Stress the key public health message on hygiene and how to care for yourself and your family during an influenza pandemic.</p> <p>Part 2</p> <p>a) Inform key stakeholders of emergence of the new strain and emphasize the following:</p> <ul style="list-style-type: none"> • Personal protection and preparedness • Where to go for help • The likely impact of possible pandemic • What the authorities will do in the event of a pandemic • Travel advice • Review and update communications via multimedia | <p>MOH, HETF, DOCS</p> <p>MOH, DOCS, DOHS</p> <p>CI Red cross, NGO's</p> <p>MOH, Public Health, CIRC</p> <p>MOH, HETF DOCS</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> | <p>All stakeholders</p> <p>Private Practitioner</p> <p>OMIA, Private Practitioner</p> <p>All stakeholders</p> <p>Private Practitioners CIRC</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> |

| | | | |
|--|--|------------------------------------|-----|
| | <ul style="list-style-type: none"> •Prepare religious leaders- to deliver services by alternative means – internet, radio, TV. •Develop Mortuary back up | HETF, DOCS DOHS, Laboratory | MOH |
|--|--|------------------------------------|-----|

INTERPANDEMIC PERIOD PHASE 2 – CODE WHITE

No new influenza virus subtypes have been detected in humans. However infected animals in the Cook Islands pose a substantial risk of human disease in the Cook Islands.

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|---|---|---|---------------------------|
| Planning, Coordination and Reporting | a) Update human detection and clinical care guidelines | MOH/HETF | All stakeholders |
| | b) Develop surveillance of animal workers SOP's for stamping out | MOA, Animal Health /Quarantine | MOH |
| | c) Monitor of poultry imports from affected areas | MOA | MOH |
| | d) Investigate any reported possible human case(s) | MOH/Public Health, Clinical, Laboratory | Private Practitioner |
| | e) Enhance laboratory diagnostic capacity for virus strain | MOH/Laboratory | |
| | f) Target surveillance of humans in area(s) where animals Affected | MOA, Animal Health | MOH/Public Health/Farmers |
| | g) Increase surveillance in both humans and animals | MOA, Animal Health | MOH/ Private Practitioner |
| | h) Ensure appropriate protection and training for any person that are exposed to animals (poultry and pigs) in line with WHO guidelines | MOA, Animal Health | OMIA |
| | i) Restrict the movement of animals or any risk goods from affected areas in the Cook Islands | MOA, Animal Health | NGO's |
| Communications and Health Education | a) Review and update and increase frequency of communications for all health staff and HOMS on the influenza virus | MOH/HETF | CIRC, NGO's |
| | b) Ensure that regular updates are distributed to all Government Ministries as well as NGO's: | MOH | All stakeholders |
| | <ul style="list-style-type: none"> • Ministry of Agriculture Communicates with public regarding safe response to observation and handling of | “ | “ |

| | | | |
|--|--|--|--|
| | <p>dead birds/chicken and risk behaviors when handling poultry</p> <ul style="list-style-type: none"> • Ministry of Education Prepare teachers and children for alternate means of learning, update them about influenza risk and prevention, about school closure • Ministry of Finance & Economic Management Prepare banks and economy • Customs (Border Control – travelers) Get ready for frontline risks of infection, thus control measures • Aid Management Identify key developmental issues where assistance may be needed for preparation of pandemic • Cook Islands Police Maintain law and order even if society fragmented due to deaths • Cook Islands Disaster Management Office Manage incident command centre and room including communications, assist health to HETF or committee • Cook Islands Red Cross Identify volunteers, assist with site and makeshift hospital/relevant stockpile • Tourism Cook Islands Prepare economy /losses • Cook Islands Chamber of Commerce Prepare business community to plan /even in reduce staff conditions • Office of the Prime Minister Support emergency taskforce/ maintain government admin and finance • Public Service Commission Maintain civil function and cope with absentism of civil servants • Border Control Agencies Need to plan self protection, quarantine measures , isolation, and rest that go with actions <p>c) Provide regular updates via multimedia,</p> | <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>MOH, Media, TV</p> <p>MOH</p> <p>MOH, Chairman HETF</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>Chairman HETF, DOCS</p> | <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>OMIA, CIRC, NGO's</p> <p>HETF</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> |
|--|--|--|--|

| | | | |
|--|--|--|--|
| | <p>talkback and monitoring of situation</p> <p>d) Conduct regular updates with HOMS to advise of situation</p> <p>e) Continue to liaise with WHO, CDC, SPC and other regional and international agencies for updates</p> | | |
|--|--|--|--|

PANDEMIC ALERT PERIOD

PANDEMIC ALERT PERIOD PHASE 3 – SCENARIO 1: CODE WHITE

International: Human infection(s) with a new subtype, but no human to human spread or spread by close contact.

Cook Islands Scenario 1: No human or animal disease in the Cook Islands

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|---|--|---|--|
| Planning, Coordination and Reporting | <p>As above</p> <p>Consider establishing individual pandemic sub-committee per island group</p> | MOH/HETF OMIA | CIRC/MOA, INTAFF, NGO's |
| Monitoring and Surveillance | <p>a) Increased vigilance and surveillance</p> <p>b) Investigate any reports of suspected ILI cases of acute respiratory illness in community</p> <p>c) Public health Inspectors work at airports and seaports of first arrival to ensure all reports of illness on board incoming aircraft and/or ships are reported to, and responded to by, public health services.</p> <p>d) Airlines and Shipping agents are informed of symptoms of particular concern and reminded of the statutory requirement for all symptoms suggestive of infectious disease to be reported to the destination airport/seaport on arrival.</p> | <p>MOH/HETF</p> <p>MOH</p> <p>MOH, Focal Person Chief Health Inspector</p> <p>MOH/HETF DOCS</p> | <p>MOA Focal Officer</p> <p>MFEM/MOA Port Authority DOCS, DOHS</p> <p>Boarder Control Agencies</p> |
| Health Care and Emergency Response | <p>a) Cook Islands Influenza Pandemic Action Plan</p> <p>b) Review Emergency Plan; Infectious Disease Plan</p> <p>c) Consider vaccination and antiviral policy for accessibility of these agents and those providing essential services.</p> | <p>MOH, Clinical Public Health</p> <p>MOH/Focal Division</p> <p>MOH/HETF</p> | <p>Private GP, CIRC, NGO's</p> |

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| | <p>d) Immunizations Campaign when vaccine available</p> <p>e) Review plan for health care delivery and emergency response at all levels of community, temporary influenza centre, supplies, and equipment.</p> <p>f) Consider negotiation with government and working donors/partners to avail antiviral to Health care workers who may be the most likely to be exposed.</p> <p>g) Keep a record of everyone who was given antiviral dosages, clinical response etc.</p> <p>h) Quarantine planned for travelers, air and ship crew and patients</p> <p>i) Secure supplies</p> | <p>MOH, Public Health</p> <p>MOH, DOCS</p> <p>MOH, Sec of Health</p> <p>MOH/HETF DOCS DOHS</p> <p>MOH/HETF</p> <p>MOH</p> | <p>HETF</p> <p>HETF</p> <p>FAL</p> <p>HETF</p> |
| Communications and Health Education | <p>a) Continue as mentioned above but intensified.</p> <p>b) Review and update the key public health message to reflect changes.</p> <p>c) Provide regular updates via media, talkback and monitoring of situation as per communication plan.</p> <p>d) Conduct regular updates with HOMS to advise of situation</p> <p>e) Continue to liaise with WHO, CDC and other regional and international agencies for updates</p> <p>f) Continue to disseminate brochures/facts sheets in Cook Islands Maori and English and have them available to people in the hospitality and retail industry as well as the transport operators and distribute to the other sectors:</p> <ul style="list-style-type: none"> • Ministry of Agriculture • Ministry of Education • Ministry of Finance & Economic Management • Customs (Border Control – travelers) • Aid Management | <p>MOH/HETF</p> <p>MOH/Focal Division</p> <p>MOH/Focal Division</p> <p>HETF/Chairperson</p> <p>HETF/Chairperson</p> <p>MOH/HETF Public Health</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> | <p>CIRC</p> <p>CIRC, NGO's</p> <p>CIRC, Private GP's, OMIA</p> <p>Director of Public Health</p> <p>CIRC, Private GP's</p> <p>CIRC, All Stakeholders</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> <p>“</p> |

International: Human infection(s) with a new subtype, but no human to human spread or spread by close contact in the Cook Islands or at the most rare instances of spread to a close contact.

Cook Islands Scenario 3: First case reported in the Cook Islands and confirmed by lab test from identification at border. No evidence of human to human transmission as above. No animal case(s) in the Cook Islands

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|---|--|---|---|
| Planning, Coordination and Reporting | <ul style="list-style-type: none"> a) Cook Island Pandemic Influenza Code activated. b) Code: YELLOW nationally and possible red | MOH/HETF | Immigration |
| Monitoring and Surveillance | <ul style="list-style-type: none"> a) Increased vigilance in surveillance b) Ensure laboratory services has sufficient viral test reagents c) Ensure Ministry of Health & Private Sector pharmacies have sufficient stock of Tamiflu d) Advise WHO and SPC of first case identified in the Cook Islands and discuss interventions e) Target surveillance of animals in area(s) where humans affected | MOH Laboratory MOH Chair/HETF MOA | All stakeholders Private Pharmacies MOH OMIA/MOH |
| Health Care and Emergency Response | <ul style="list-style-type: none"> a) Isolate and treat case(s) with Tamiflu b) Contact tracing to provide advice/prophylaxis c) All aircraft and/or shipping vessel reporting a sick person on board, passengers assessed, advised and release in the absence of human to human transmission. d) All national and international agencies are notified. | MOH MOH, Public Health MOH, Immigration, Airport Authority Chairman HETF | NGO's Clinical |
| Communications | <ul style="list-style-type: none"> a) The Secretary of Health to implement media campaign in both Cook Islands Maori and English to include topics such as risk for Cook Islands, How to prepare for an influenza pandemic, how to care for yourself and your family during an influenza pandemic, caring for others, staying safe, limiting the spread, advice on possible school closures and indicate activated centers for handling influenza pandemic patients. b) Review and update documents with | MOH/HETF/Public Health | CIRC, Police, Emergency Management Cook Islands Committee |

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| | reference to border control, tourism and travel sectors and produce pamphlets/flyers for incoming travelers. | | |
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PANDEMIC ALERT PERIOD PHASE 3 – SCENARIO 4: CODE YELLOW

International: Human infection(s) with a new subtype, but no human to human spread or spread by close contact.

Cook Islands Scenario 4 : First case reported in the Cook Islands from community surveillance (within 1-2 weeks of swab taken)

No evidence of human to human transmission as above. No animal case(s) in the Cook Islands

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|---|---|---|---|
| Planning, Coordination and Reporting | a) Cook Island Influenza Pandemic Code Yellow activated. b) Code: YELLOW nationally activated to RED depending on transmission information. c) Maintain consultative process with WHO/SPC | MOH/HETF MOH Chairperson MOA/ Focal officer | |
| Monitoring and Surveillance | a) Advise WHO and SPC of first case identified in the Cook Islands b) Target surveillance of animals in area(s) where humans affected | MOH MOA | MOH/Public Health |
| Public Health Interventions | a) Undertake case surveillance and treatment plus protect others b) Isolate& treat c) If traveled overseas to an infected country and return recently within 8 days, increase monitoring and surveillance at the border. d) Identify exposure to birds/wildlife sources of infection. e) If not traveled within 8 days AND no animal/bird exposure assume human to human transmission f) Contact tracing to provide advice | MOW/ Public Health /Clinical MOH, Border agencies MOA/ Focal officer MOH/HETF MOA/ Focal Animal officer MOH/ Public Health | Boarder Control Agencies MOH Border agencies MOA |

B: STRATEGY: BORDER MANAGEMENT

PANDEMIC ALERT PERIOD PHASE 4– SCENARIO 1: CODE YELLOW

International: Human to human transmission. Small cluster(s) with limited human to human transmission but spread is highly localized and perhaps suggest the virus is not well adapted to human. No animal case reported in the Cook Islands.

Cook Islands Scenario 1: Cluster(s) occurring offshore

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|---|--|--------------------------|--------------------------|
| Planning, Coordination and Reporting | a) Cook Island Pandemic Influenza Code Yellow activated. Alert HETF and stakeholders of developments abroad. Monitoring of developments offshore (liaise with WHO/SPC/PacNet) | MOH, HETF | All Stake holders |
| | b) Review national influenza preparedness plan | MOH, HETF | |
| | Activate Code: YELLOW nationally | | |
| | c) Prepare to release use of antiviral for treatment, post-exposure prophylaxis (PEP) or other use as appropriate if events reach Cook Islands, Develop Log register for those assigned medications. | MOH, HETF | Private GP's CIRC |
| | d) Possible administration of antiviral to health care workers, border control workers, the exposed and cases familiarized/list prepared. | MOH/ Public Health | |
| | e) Prepare plans for release of antiviral to hospitals and pre-position PPE supplies in strategic places and Health care facilities. | DOHS, DOCS | CIRC |
| | f) Communicate with New Zealand/WHO regarding Cook Islands share of vaccines. | Chairman HETF | |
| Routine Monitoring and Surveillance | a) Intensive surveillance of ILI in humans/ Review recent surveillance data | MOH/Clinic/Public Health | Statistic Unit, Hospital |
| | b) Target surveillance of animals in area(s) | MOA/Animal Division | MOH, Public Health |
| | c) Monitor offshore situation | | |
| Public Health Interventions | a) Monitor situation /update HETF | Border Control Team | MOH/HETF |
| | b) Liaise with WHO/SPC/NZ for the latest developments | | |
| | c) Monitor or home quarantine passengers | MOH, Public Health | All stakeholders |

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| | <p>arriving from high risk areas with advise that if they develop fever they must contact the hospital medical officer with relevant information</p> <p>d) Be ready to implement extraordinary measures should events escalate or risks increase for Cook Islands</p> <p>e) Issue travel advisories for affected regions</p> <p>f) Screen incoming crew/passengers by air or sea using case definitions</p> <p>g) If someone sick on board than all should be quarantined (this facility needs to be in place) and sick monitored and or treated</p> <p>h) Make public aware of what is likely to happen if situation worsens and Cook Island is at risk.</p> | <p>MOH/ Public Health, Police</p> <p>FAL, MOH, Police</p> <p>Chairman HETF</p> | <p>All stakeholders</p> <p>CIRC</p> <p>“</p> <p>“</p> <p>All stakeholders</p> |
| Health Care and Emergency Response | <p>a) Check health care surge capacity is in place</p> <p>b) Conduct frontline worker training on use / and refresh use of PPE's and infection control measures</p> <p>c) Track all health staff contacts and review their health status/ address concerns and availability</p> <p>d) Make community assessment centers aware of the situation</p> | <p>MOH</p> <p>MOH, Private Practitioners</p> <p>MOH, Clinical Public Health</p> <p>MOH</p> | <p>Private GP's</p> <p>CIRC</p> <p>INTAFF, CIRC</p> |
| Communications and Health Education | <p>a) Make public aware of extraordinary measures that if things reach Cook Islands the following may be done. Possible closure of schools, cinemas, sporting and cultural events, restaurants and bars, churches and Continue with campaign on a regular basis</p> <p>b) Alert public that these restriction may continue for sometime once they are in place depending on the situation in Cook Islands</p> <p>c) Ensure that regular updates are distributed via mass media</p> <p>d) Establish a 24 hour means of communication as “HOTLINE” service for public</p> <p>e) Ensure alternative methods of supplying</p> | <p>MOH, Police Public Health</p> <p>HETF, Public Health</p> <p>Chairman HETF, MOH/HETF</p> <p>MOH/HETF</p> <p>HETF</p> | <p>All stakeholders</p> <p>OMIA, CIRC</p> <p>MOH</p> <p>CIRC, NGO's, OMIA</p> <p>DOCS</p> |

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| | fever medication and PPE's if events develop further. | DOHS | CIRC |
| | f) Conduct regular updates with Heads of government Ministries(HOMS) to advise of situation | MOH, Chairperson, Focal Division | Private GP's |
| | g) The public should be updated daily by the communication officers after getting updates from reliable sources | Public Health | |
| | h) The government should be informed on daily basis with the progress of the "human to human" transmission and the national situation | Chairman HETF, DOCS | |
| | i) Continue to liaise with WHO, CDC, SPC,NZ and other regional and international agencies for updates and monitoring of situation offshore | | CIRC |

PANDEMIC ALERT PERIOD PHASE 5– SCENARIO 1: CODE YELLOW

International: Human to human transmission. Large cluster(s) with limited human to human transmission but spread is still localized, suggests that the virus is becoming increasingly better adapted to humans, but as yet, is not fully transmissible.

Cook Islands Scenario 1: Cluster(s) occurring offshore

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|--------------------------------------|---|-----------------------------|------------------|
| Planning, Coordination and Reporting | a) As contained in similar section in phases above, and plus | MOH | All stakeholders |
| | b) Intensive monitoring of influenza like illness including suspected events occurring the Cook Islands | MOH/HETF | “ |
| | • Activate appropriate parts of the pandemic preparedness plans | “ | “ |
| | • Review response plan for pandemic influenza event and address any identified gap | “ | “ |
| | • Deployment of HCW's and to make additional personnel for the workforce | MOH, Clinical Public Health | CIRC |
| | • Request for assistance from WHO, SPC/PPHSN – monitor and regular update of the situation on daily basis | Chairman HETF,DOCS | |
| | • Heighten alert, prepare to be able to | MOH/HETF | All stakeholders |

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| | conduct rapid response and containment if things come to Cook Islands. | | |
| Monitoring and Surveillance | a) Monitor all international flights and ships. | MOH, MOA | |
| Public Health Interventions | a) Increase border management and control areas | Ministry of Health Border Control Team | All stakeholders |
| | b) Issue travel advisories or restrictions to those coming from declared affected areas. | MOH, Public Health, MAF, Quarantine team | |
| | c) Quarantine incoming passengers of flights as part of boarder management | Air New Zealand/Pacific Blue/Air Raro | MOH |
| | d) Vigilant screening of sick (ILI) and institute isolation and other measures in any suspicious situation (as per arrangements) | MOH/HETF DOCS | FAL DOHS |
| | e) Provisions for isolation and management activated including selected home isolation | | |
| | f) Assess legal framework to support enhanced surveillance & boarder control management | MOH, DOCS | Justice |
| Communications and Health Education | As per phase 4 | MOH | |
| | a) Review and update frequency of communications for all health staff and HOMS on the influenza virus and advise of situation. | HETF/Focal Division, official communication officer | |
| | b) Ensure that regular updates are distributed to the other sectors: | HETF, MOH, MOE, MAF | Private GP's CIRC |
| | • Ministry of Agriculture | | |
| | • Ministry of Education | “ | |
| | • Ministry of Finance & Economic Management | “ | |
| | • Customs (Border Control – travelers) | “ | |
| | • Aid Management | “ | |
| | • Cook Islands Police | “ | |
| | • Cook Islands Disaster Management Office | “ | |
| | • Cook Islands Red Cross | “ | |
| | • Tourism Cook Islands | | |

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| | <ul style="list-style-type: none"> • Cook Islands Chamber of Commerce • Office of the Prime Minister • Public Service Commission • Border Control Agencies <p>c) Provide regular updates via multimedia, talkback and monitoring of situation</p> <p>d) Continue to liaise with WHO, CDC and other regional and international agencies for updates</p> | “ “ Chairman HETF, “ “ “ “ “ “ “ | MOH “ “ “ “ “ |
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PANDEMIC ALERT PERIOD PHASE 5– SCENARIO 2: CODE RED

C: STRATEGY: CLUSTER CONTROL

International: Human to human transmission. Large cluster(s) with limited human to human transmission. No animal case in the Cook Islands.

Cook Islands Scenario 2: Cluster(s) occurring onshore

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|------------------------------------|--|--|--|
| Planning | a) Rapid response and containment strategy kick in. also discussed with WHO. | Chairman HETF, | All stakeholders |
| | b) Review the current situation of mortuary facilities | MOH Laboratory | MOA |
| | c) Surveillance of unaffected areas.. | Public Health | CIRC |
| Coordination and Report | Declare Code: RED | Prime Minister MOH | |
| Monitoring and Surveillance | a) Monitor situation offshore/onshore/act locally | MOH ,MOA | All stakeholders |
| Public Health Interventions | a) Declare a public health emergency | MOH, National Disaster Committee | All stakeholders |
| | b) Border closures and control measures. Airports and seaports (Also discussed with NZ & WHO) | Chairman HETF, Customs /MFEM | MOH |
| | c) Quarantine incoming passengers of flights Isolation facilities / security/food/ reduce contacts “Don’t Travel” warnings for those intending to travel abroad | MOH Public Health, Customs MOH Public Health, National Disaster | FAL INTAFF, CIRC, All stakeholders |

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| | <p>d) Closure of schools</p> <p>e) Cancel of public gatherings</p> <p>f) Shut outer island travel...air and boats</p> <p>g) Encourage tele-work practices (work from home) including children's classes and church services</p> <p>h)</p> <p>i) Prioritize work activities</p> | <p>Committee</p> <p>Chairman HETF</p> <p>Prime Minister</p> <p>MOH, Cook Islands Police, MFEM, Chamber of Commerce</p> <p>All stakeholders</p> | <p>MOH, MOE, INTAFF, CIRC</p> <p>All stakeholders</p> <p>MOE</p> |
| Health Care and Emergency Response | <p>a) Convert community centers and schools to treatment and isolation centers, monitor resources/food/water supply</p> <p>b) Activate security measures for treatment centers/ clusters need treatment/ contacts on prophylaxis, restrict movement on island, Consider prophylaxis for whole of Raro depending on clusters</p> <p>c) Strict infection measures in place</p> | <p>MOH Public Health, MOW</p> <p>Cook Islands Police, HETF, DOCS, DOHS</p> <p>CNO, Clinical</p> | <p>INTAFF, CIRC</p> <p>Police, MOH, CIRC</p> <p>MOH</p> |
| Communications and Health Education | As per phase 5 Scenario 1 Home care infection control activated | MOH, and entire public service | All stakeholders |

PANDEMIC ALERT PERIOD PHASE 6 - SCENARIO 1: CODE RED

STRATEGY: PANDEMIC MANAGEMENT

International and the Cook Islands: Increased and substantial transmission in the general population. No animal case in the Cook Islands.

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|---|---|---|---|
| Planning, Coordination and Reporting | Code: RED | | |
| | <p>a) Declaration of the pandemic by WHO and is informed immediately</p> <p>b) Full activation of National Health Emergency Coordination Centre</p> | <p>Chairman HETF, HETF Emergency Management Cook Islands</p> <p>All Stakeholders</p> <p>MOH, HETF, CIRC</p> | <p>All Stakeholders</p> <p>All Stakeholders</p> |
| Monitoring and Surveillance | a) Monitor mortality data | MOH, Statistics, Public Health | All MOH Support Services |

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| | <p>b) Maintain routine surveillance Health workers and volunteers and public who recover from illness identified to assist at health facilities or make shift centres</p> <p>c) Epidemiological data analyzed and possibility of sending isolates to WHO cc. Lab (Melbourne)</p> <ul style="list-style-type: none"> • Mortality rate • Infection rate • Adverse events from anti viral medical and vaccination | <p>Public Health, Clinical, Laboratory</p> <p>MOH, Statistics, Laboratory</p> <p>MOH /Statistics</p> <p>MOH /Clinical</p> <p>Public Health DOHS</p> | <p>CIRC</p> <p>Laboratory</p> |
| Public Health Interventions | <p>a) Public Health Emergency continues All extraordinary measures in full operations until further notice</p> <ul style="list-style-type: none"> • Community and Voluntary supported increased • School remain close • Travel restriction maintained • Restriction on public gatherings maintained • Restrict mobilization to affected islands | <p>MOH, HETF National Disaster Committee</p> <p>INTAFF, CIRC</p> <p>MOH/HETF, FAAL</p> <p>Police</p> <p>MOH, DOCS</p> | <p>All Stakeholders</p> <p>“</p> <p>“</p> <p>“</p> <p>Police</p> |
| Health Care and Emergency Response | <p>b) Community based treatment centers for antiviral treatment</p> <p>c) Monitor patient statistics</p> <p>d) Commence vaccination programme after getting vaccines from NZ/WHO (if possible)</p> | <p>MOH/HETF Public Health</p> <p>MOH/Statistics</p> <p>Public Health, Clinical</p> | <p>INTAFF, CIRC</p> <p>CIRC, Private GP's</p> |
| Communications and Health Education | <p>a) Review and update daily frequency of communications for all health staff and HOMS on the influenza virus and advise of situation. – plus health advise to continue on daily basis</p> <p>b) Mass burial – as per agreement with religious advisory counsel and government</p> <p>c) Self help line for patient care maintained</p> <p>d) Ensure daily that regular updates are</p> | <p>MOH/Chairman HETF DOCS</p> <p>Communication Team, CIs Religious Advisory Council</p> <p>Public Health</p> <p>HETF, DOCS,</p> | <p>All Stakeholders</p> <p>“</p> <p>“</p> <p>“</p> |

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| | distributed to the other sectors: | DOHS | |
| | • Ministry of Agriculture | “ | |
| | • Ministry of Education | “ | |
| | • Ministry of Finance & Economic Management | “ | |
| | • Customs (Border Control – travelers) | “ | |
| | • Aid Management | “ | |
| | • Cook Islands Police | “ | |
| | • Cook Islands Disaster Management Office | “ | |
| | • Cook Islands Red Cross | “ | |
| | • Tourism Cook Islands | “ | |
| | • Cook Islands Chamber of Commerce | “ | |
| | • Office of the Prime Minister | “ | |
| | • Public Service Commission | “ | |
| | • Border Control Agencies | “ | |
| | c) Provide regular updates via multimedia, talkback and monitoring of situation | Chairman HETF, DOCS | DOHS, CIRC |
| | d) Continue to liaise with WHO, CDC and other regional and international agencies for updates | Chairman HETF, DOCS | |

PANDEMIC ALERT PERIOD PHASE 6– SCENARIO 2: CODE RED

D: STRATEGY: PANDEMIC MANAGEMENT

International and the Cook Islands: Wave decreasing; detection of next wave. No animal case in the Cook Islands.

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|---|---|--|--|
| Planning, Coordination and Reporting | Daily Briefing (ETF) Consider Re-opening the border | MOH, HETF, MATF, CIRC | |
| Monitoring and Surveillance | a) Continue Increase laboratory surveillance b) Continue monitoring c) Analyze epidemiological data <ul style="list-style-type: none"> • mortality rate • infection rate • adverse events from antiviral medication and vaccination d) Target surveillance of animals in area(s) where human affected | MOH, Laboratory HETF Statistics, Clinical, Laboratory, Public Health MOA | Clinical CIRC HETF, CIRC |
| Health Care and Emergency Response | Continue monitor community/patient | DOCS, Public Health | CIRC |
| Community and Health Education | a) As above b) Review and update frequency of communications for all health staff and HOMS on the influenza virus and advise of situation. c) Ensure that regular updates are distributed to the other sectors: <ul style="list-style-type: none"> • Ministry of Agriculture • Ministry of Education • Ministry of Finance & Economic Management • Customs (Border Control – travelers) • Aid Management • Cook Islands Police • Cook Islands Disaster Management Office • Cook Islands Red Cross | MOH HETF MOH Communication Team “ “ “ “ “ “ “ “ “ HETF HETF | CIRC Media All stakeholders “ “ “ “ “ “ “ “ All Stakeholders |

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| | <ul style="list-style-type: none"> • Tourism Cook Islands • Cook Islands Chamber of Commerce • Office of the Prime Minister • Public Service Commission • Border Control Agencies | Chairman HETF “ “ “ | |
| | d) Provide regular updates via multimedia, talkback and monitoring of situation. | MOH, Official Communication Person | CIRC |
| | e) Continue to liaise with WHO, CDC and other regional and international agencies for updates | MOH, Chairman HETF | CIRC |

POST PANDEMIC PERIOD: CODE GREEN

E: STRATEGY: RECOVERY

Pandemic is over.

| FUNCTIONAL AREA | ACTION | LEAD AGENCY | SUPPORT AGENCY |
|---|---|-------------|------------------|
| Planning, Coordination and Reporting | • Recovery/ psychosocial counseling services | MOH, HETF | All Stakeholders |
| | • Debriefing | “ | |
| | • Lesson Learnt | “ | |
| Health Care and Emergency Response | • Recovery | MOH, HETF | |
| | • Debriefing | “ | |
| | • Lesson Learnt | “ | |
| Communications and Health Education | a) As above | MOH, HETF | All Stakeholders |
| | b) Review and update all health staff and HOMS on the influenza virus and situation. Distribute information to the other sectors: | “ | “ |
| | • Ministry of Agriculture | “ | “ |
| | • Ministry of Education | “ | “ |
| | • Ministry of Finance & Economic Management | “ | “ |
| | • Customs (Border Control – travelers) | “ | “ |

| Agency | Name | Contact Number | Email Address |
|-----------------------------------|--------------------------|-----------------------|--|
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| Air New Zealand | Mr David Bridge | 26300 | david.bridge@airnz.co.nz |
| Air Rarotonga Ltd | Mr Tua Pittman | 22888 | checkin@airraro.co.ck |
| Chamber of Commerce | Mr Ian Kristensson | 20925 | chamber@commerce.co.ck |
| Ministry of Justice/Coroner | Mr Noopii Tearea | 29410 | offices@justice.gov.ck |
| | Ms Claudine Anguna | 29410 | offices@justice.gov.ck |
| Cook Islands Airport Authority | Mr Joseph Ngamata | 25890 | aaci@airport.gov.ck |
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| Sea Port Authority | Mrs Apii Ben | 21921 | apii.ben@ports.co.ck |
| CIANGO | Mrs Vereara Maeva-Taripo | 29420 | ciango@oyster.net.ck |
| Tourism Cook Islands | Mr Rairi Rairi | 29435 55842 | PapaRa@cookislands.gov.ck |
| National Counsel of Women | Mrs Rongo File | 29418 | cincw@oyster.net.ck |
| Pacific Blue | Mr Tua Pittman | 24040 | tua.pittman@airraro.co.ck |
| Air Raro | Ms Ingrid Kelly | 22888 | checkin@airraro.co.ck |
| Religious Advisory Council | Pastor Tutai Pere | 21767 55177 | tpere@oyster.net.ck |
| Te Aponga Uira | Mr Apii Timoti | 20054 | Atimoti@electricity.co.ck |

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