

This article is an early release of information from Inform'ACTION No. 31, which will be published very soon.

Tokelau – Influenza A (H1N1): ZERO cases

Introduction

Tokelau is a small Pacific Island country approximately 260 nm north of Samoa. It has a total land mass of 12.7 sq km, is 4 m above sea level and comprises three atolls. The population of 1466 is spread across the atolls. The only means of transport to Tokelau is the supply ship that leaves from Apia every two weeks.

Despite its isolation, Tokelau is vulnerable to communicable diseases. The passengers who travel to Tokelau are usually family returning home or visiting or other travellers such as Tokelau public servants, contractors, or travellers who have been given permission to visit Tokelau. These passengers are in Samoa in transit and so are susceptible to potential communicable disease infections there or wherever they come from.

Three weeks prior to the Influenza A (H1N1) 2009 outbreak, Tokelau experienced an epidemic likely caused by a parainfluenza virus, a respiratory syncytial virus or an adenovirus, and affected mainly children. The Health Department worked closely with the New Zealand Ministry of Health, Samoa Ministry of Health, the Secretariat of Pacific Community and the World Health Organization (WHO) regarding this epidemic and when the existence of H1N1 became known, Tokelau essentially carried on with the processes that had been put in place for the previous epidemic.

What did we do?

In the first four weeks:

- After we became aware on 26 April of the pandemic influenza A (H1N1) outbreak, we ensured that each atoll had the supplies required to manage a pandemic.
- We established relationships with key stakeholders in Samoa, New Zealand and New Caledonia.
- We developed processes for communication locally and internationally.



- We ordered extra supplies of gloves, masks and gowns to send to each atoll as well as digital thermal tympanic thermometers to assist with monitoring.
- The Health Department developed a strategic action plan involving members of the Senior Management Team and each of the General Managers of the Taupulega (Village Councils) and health staff across the three atolls.
- We strengthened public health messages using Tokelauan children and appropriate language (see poster above).
- We worked closely with Dr Seini Kupu and the team of the Secretariat of the Pacific Community to develop specific public health messages. which included Health Screening Arrival and Departure Card specific for Tokelau.
- We followed WHO messaging for management, containment and reinforcement of public health messages regarding influenza A (H1N1) 2009.
- We linked closely with New Zealand Ministry of Health National Coordination Centre regarding reports.
- We developed a health screening tool (see document below), based on Samoa's tool, for all passengers arriving in Samoa for travel to Tokelau and all passengers sailing to Tokelau.
- We implemented a 14-day stand down in Samoa for all travellers travelling to Tokelau. During that 14-day stand down period, the department screened all passengers daily. If they did not meet the 14-day stand down requirement, they could not travel.
- Potential passengers who were symptomatic – with two or more of the seven symptoms (see list in the health screening tool) plus a temperature – were not allowed to travel to Tokelau. They were isolated at home, along with their family members and they were checked daily until symptoms resolved.
- Those who were diagnosed with H1N1 were hospitalised and quarantined after assessment by a Samoa Ministry of Health public health doctor. All people who had been in close contact with them were traced and monitored daily for seven days following diagnosis.
- At one point, Tokelau Health Department team (3 staff) were monitoring up to 60 people across eight villages in Apia 24 hours per day, every day of the week.
- Swab samples from suspected H1N1 cases were sent to New Zealand for analysis as the Rapid test was unreliable.
- The captain and crew were given a pandemic kit with standing orders.
- An area on the boat was identified as a quarantine area should a passenger become unwell during the trip, which can take up to 36 hours (to the furthest atoll).
- Passengers disembarking in Tokelau on each atoll were also screened.
- Tokelau Department of Health sent weekly updates to the community in Tokelau and to Tokelauans in New Zealand.
- After one month, the Government of Tokelau, with advice from the Department of Health, reduced the 14-day stand down to seven days but the same process applied. This took place when the seven-day quarantine upon arrival in Tokelau was introduced (see below).

Subsequent weeks to date

The department reviewed the H1N1 events daily and health screening continued, as did the updates, which were linked to the New Zealand reports.

Six positive cases were picked up in Samoa. These patients were either quarantined in hospital or isolated at home in Samoa. No members of these families were permitted to travel to Tokelau for at least two weeks. They were screened every day by Department of Health staff who did home visits.

The Taupulega of one atoll initiated a quarantine period of seven days and assigned two islets for this purpose. The other two atolls followed suit but opted to have houses declared quarantine areas.

Processes and plans were developed on each atoll for quarantine, communication, monitoring, data collection and security. Health committees that had been established during the epidemic played a much larger role and each of the communities became one team.

The Medical Officer on each atoll boarded the ship as it arrived and screened all passengers. They were provided with masks and taken directly to the designated quarantine areas. Initially, there was resistance but once people understood and experienced quarantine, they did not want to leave as they were treated very well (like "royalty").

Each quarantine area had security to keep people from leaving. On one atoll, people cleaned up the Islet and left a sign, saying they were the first people to be quarantined in Tokelau.

We decided to use the passenger list as the data collection tool. This meant we could track passengers and record and comment on any findings. The passenger list was sent to each atoll so officials there could also keep records on the same sheet. Once quarantine was complete, the passenger list was sent back to the department in Apia.

The processes included planning for medivacs, but the key message was prevention. The department also worked with health staff to make plans in anticipation of clinical deterioration, should such a scenario occur, so we could make logistical arrangements if the boat was in Apia.

Inter-atoll travel was banned initially; later inter-atoll travel was allowed but travellers had to go into quarantine on the atoll of arrival. This caused issues for contractors who had planned to visit all three atolls. They had a seven-day stand down in Apia, and then seven days in quarantine on each atoll, which was not financially viable for some contractors. This meant delays to development work, which impacted fiscally on the Tokelau budget and services.

Currently, the seven-day stand down has been lifted; passengers travelling to Tokelau are screened every day up to the day of departure. On arrival in Tokelau, screening continues for five days and includes family or those present wherever the passenger is staying.

Lessons learned

- People have access to a wide variety of media and therefore become informed and 'experts' on topics. The pandemic was no exception. The department was constantly questioned regarding decisions and was under pressure to make exceptions. The Government of Tokelau endorsed and supported the actions taken to protect our population.
- Consistent communication, kept simple, translated and regularly updated, kept the communities informed.
- Anticipatory planning is just as important as public health messages of prevention. Anticipatory planning enables different scenarios to be discussed and planned.
- Documentation of data collected and verification of information collected are very important. Honesty of information becomes an issue for many reasons.
- Rapid test kits were unreliable.
- Relationships with key stakeholders and clear communication are very important.
- Tokelau was in a unique position being accessible only via another country, but the advantages of this situation included the ability to integrate into Samoa's processes for samples, and access to its laboratories, hospitals and Public Health Team.

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DEPARTMENT OF HEALTH

HEALTH SCREENING TOOL

Date...../...../.....

Name.....

Address in Samoa.....

.....

Contact in Samoa.....

Date of Arrival in Samoa...../...../.....

Vessel.....

Date of Departure.....

Passport #.....

Signature.....

Fakamolemole oi lihi uma ki lalo na fenua na i te 30 aho kua teka (Please list all countries visited in the last 30 days)

Fakamolemole oi fakailoga mai kafai ei ia te koe he tahi o auga ienei. (Please tick the boxes if you have one or more of the following symptoms).

Fever (Fiva)

Headache (Tiga ulu)

Runny or Stuffy nose

(Fegufegua -Tafe te ihu)

Muscle Aches

(Tigaga na maho ote tino)

Diarrhea, nausea, vomiting

(Fakafaufaum Puai, Manava tata)

Dry Cough

(Tale mago - heai he fatu tale)

Sore throat (Tiga te fai)

Health Worker: Temperature.....°C

Signature.....