

COVID-19 Sint Eustatius

Strategy as of the 3rd of January 2022

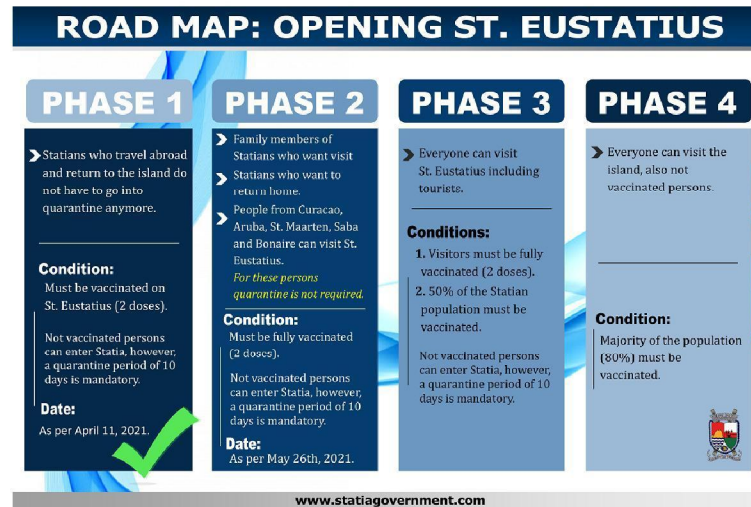
11 November 2021

Overview

- Current status COVID-19 on Statia and the world around us
- COVID-19, vaccines and treatment: knowns and unknowns
- Statia And Covid-19 response
 - Expected disease burden Statia
 - Proposal for strategy change and timing
 - Policy proposals
 - Entry requirements
 - On island measures and alert levels
 - Contact tracing and case finding
 - Communication

Current Situation Statia

- We are in phase 3 of our opening Strategy
 - Open for vaccinated tourist
 - open for workers and family members non vaccinated with quarantine requirements
- Strict entry policy
- Phase 4 for will not be achieved: required 80% vaccinated



Need for development of a new long-term policy.....

Changes in current COVID-19 policy

- Entry testing for very high risk on the airport implemented as of 22-10
- Close collaboration with the testing (test location at the hospital)
 - Travel testing done under responsibility of hospital
 - Other testing among which are the exit test and the entry test upon responsibility of the public health.
- As soon as ferry starts: structural second entry location : harbour

Mid-November

- Wristbands for persons in monitoring and in quarantine
- Outsourcing of the checks at the airport (accessible ventures)

Situation Statia vs world around us I

- vaccination coverage of Dutch territories
 - NL: ≈70% ●SXM: ≈37% ●Aruba: ≈54%
 - Saba : ≈80% ●Cur: ≈ 57% ● Bonaire ≈70%
 - Statia: ≈40% of the whole population
 - 0-12 0%
 - 12-17 21%;
 - 19-59 47%;
 - >60 51%
- Statia very low natural immunity (almost no cases on the island until now)
 - Children under 12! None vaccinated
 - Low vaccination percentage
 - Very Limited amount of COVID cases among Statians (also those who have been abroad)

The world and Covid19 in years to come

- COVID-19 will not go away; herd immunity impossible
 - Almost Everyone will be exposed to virus
 - Pandemic → endemic
- COVID-19 likely endemic disease with peaks in winter, like Flu/RSV/Cold (mostly other corona viruses)
 - Large majority with previous exposure (vaccinated or recovered) will experience mild disease periodically
 - Periodic exposure may act as booster
 - Vulnerable people (elderly and immune compromised) higher risk of severe disease
 - Note: 21/22 Influenza season may be more severe than normal
- New variants expected periodically
 - Vulnerable or all may need shots every 1-5 years

Situation Statia vs world around II

- Statia in phase three of our opening protocols
 - still in containment strategy
 - Fase 4 (80% vaccinated will most probably never be reached)
- Rest of worldwide variety, e.g.:
 - New Zealand/China: strict containment, repeated strict lock downs
 - Denmark , Norway UK, : no more measures in society beyond basic, entry policy and contact tracing.
 - Most European Union country: mitigation measures with Coran certificate
 - USA mitigation, but extensive difference between states
 - CAS/BES: Saba tending to mitigation, others in different forms of mitigation

SARS-Cov-2 development of Knowledge

- No important updates about symptoms, and frequency of hospitalizations ($\approx 15\text{-}20\%$) and mortality (IFR $\approx 1\%$). Elderly still most vulnerable.
- Transmission still mostly through droplets/close contact.
- Delta variant:
 - Much more infectious than original Wuhan virus (R_0 around 6 vs 2.5), adults and children
 - Severity of disease possibly slightly higher
- Long-Covid not fully known
 - Seems more with increasing age
 - Studies ongoing.
- Children:
 - Severe disease very rare
 - Long covid in children possible, but also rare
- After recovery, immunity comparable to vaccination

Vaccines

- Waning protection against infection (VE infection 60-90%)
- Some waning but still very protective against severe disease and death (VE >90%)
 - Moderna > Pfizer (higher dose, longer interval)
- Breakthrough infections:
 - Severe disease mostly in elderly and immuno-compromised
 - Similar viral load, but shorter duration of infectiousness
- 3rd vaccination for risk groups in fall 2021
 - On Statia as of the 10th of November
 - Booster shots for 60+ , people with underlying conditions and immune compromised
 - In other countries generic booster shots
- Vaccination of <12?
 - Pfizer 5-12 late fall 2021 likely FDA approval
 - Likelihood Dutch health council recommends relatively low
 - <5 2022?

Treatment of Covid19 - developments

No medicine available yet

- Supportive treatment, improved with more experience/research
- Some effect of early monoclonal bodies (logistics challenging)
- First anti viral medication registered in the UK (moderna)
 - Registration in EU in progress
- Research ongoing for anti-viral medication, (promising is Pfizer)

Potential COVID-19 disease burden Statia

- Unvaccinated adults and adolescents: \approx 1350 on Statia
 - Severe disease/Hospitalisation rate: 15-20% of symptomatic patients
 - For Statia : 200-300 persons
 - Mortality rate: 1.1% (average; higher in older/lower in younger)
 - For Statia this could mean 15-30 persons
 - Long COVID 2-5%
 - For Statia this could imply 25 - 70 persons
- Vaccinated adults and adolescents on Statia: \approx 1250
 - Risk of severe disease and death about 25X lower (Note: estimates have wide range)
 - 10-15 vaccinated adults may need hospitalization
 - 0.7 vaccinated adults may die of covid
 - Note 1: 3rd vaccination may lower this risk

RIVM COVID-19 guideline –CDC data

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/why-measure-effectiveness/breakthrough-cases.html>

COVID-19 disease burden Statia II

- Children (<12)
 - 0.1-1.9% of known covid19 cases in children need hospitalization
 - Statia ≈ 480 children <12 → if all get infected, between 0 and 10 children may require hospitalization
 - ≈ 1 in 3 hospitalized may need ICU care
 - **Hospitalization rate lower than for seasonal influenza and RS virus**
 - 0.00-0.03% of known covid cases in children result in death
 - Statia: even if all infected, chance of a child on Statia dying of Covid19 is small
 - **Mortality risk comparable or lower than for seasonal influenza**
 - Long COVID also at lower rate for children

CDC data September 2021 - AAP data September 2021

<https://www.cdc.gov/flu/highrisk/children.htm>

<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/children-and-covid-19-state-level-data-report/>

Preparedness of the Medical sector for treatment of COVID-19 patients

- The hospitainer is fully operational
- QBMC has the protocols in place
- COVID-19 patients will, if their health is deteriorating be transferred to Sint Maarten in an early stage to assure the most optimal care
- If an outbreak occurs on Statia there are agreements in place to receive assistance with medical capacity and the transfer of patients.
- The caseload of patients cannot be handled on Sint Maarten if the hospitalisations are all in a short period of time and the average stay of a COVID patient is weeks.

Conclusions for Statia

- As the vaccination rate will not grow drastically **the impact of an outbreak will be high.**
- Measures are needed as an uncontrolled outbreak will have a huge impact
 - Overwhelmed medical care
 - A number of deaths within the population.
- Future outbreaks will occur
 - Controlling through contact tracing is needed
 - If containment of an outbreak is not quickly achieved, harsh measure ('lockdown') can be needed.
 - With a four-week lock down (two infection cycles of 14 days) eradication of the virus on the Island is possible.
 - A slow developing/controlled outbreak could be accepted as changing the game

Conclusions for Statia II

- Statia cannot stay closed, further opening is needed.
 - This will most probably lead to outbreaks on the Island which need to be controlled
- Statia is because of the own low vaccination percentages partly dependent on the COVID-19 developments in the World for further easing of measures
 - Amount of infections world wide is at the moment declining (but a new peak is still possible)
 - More countries, among which are the main source of visitors of Statia Netherlands, USA, Sint Maarten will most probably have a declining amount of COVID cases
(on the long run as waves of higher infection rates will keep appearing)

If new waves worldwide occur or new variants of the virus developed the situation can be even less positive for relaxation of measures

current response strategy: Statia

- Containment by
 - strict entry policy, including quarantine and testing
 - alert levels to contain virus after introduction
- Consequences:
 - Economic stimulus package ends October
 - Entry policy acts as barrier:
 - for tourism and business/services to Statia
 - trips off island for Statians (medical, business/administrative, leisure)
 - No circulation of virus means:
 - Risk perception most Statians stays as it was since March 2020
 - No periodic exposure to virus, which would likely delay waning immunity
 - Not feasible for ever and very dependent on government measures
 - Current measures not proportional in relation to e.g. Influenza or RS virus

New Statia Covid-19 response strategy **Mitigation** objectives

- Primary objectives:
 - Limit burden of severe Covid19
 - Keep healthcare system operational, clinical and public
 - Including second and third line care (= care off Island)
- Secondary objectives:
 - Limit societal disruptive measures
 - Economy
 - Schools
 - Travel
 - Freedom restrictions

Statia's Covid-19: proposed response strategy

- Mitigation of the impact of COVID-19 on Statia
 - **Accepting** introduction of COVID
 - Preventing an uncontrolled outbreak
- This requires maintaining entry restrictions and on-island measures
 - Measures in place to control size of ongoing outbreak
 - Entry requirements: slowly easing
 - Case finding and Contact tracing intensified
 - Introduction of Self testing
 - On-island measures
 - Improved ventilation in work and educational settings (!)
 - Stay/work from home with (mild) respiratory symptoms & test
 - Hand hygiene - cough hygiene - limit physical contact
 - Measures in case of an outbreak (group size limitations/closing businesses/ curfew)

Type of measures	Very light Mainly restrictions on incoming people	Light Gathering 50 people	Moderate Gathering 25people	Stringent Gathering 15 people	Stringent/curfew w No gatherings Curfew from 19.00-05.00	Lockdown No gatherings
	I	II	III	IV	V	VI
Amount of COVID cases	None or imported fully contained cases	One limited not fully contained cluster	One not contained cluster Possible local spread	One large non contained cluster Most probably local spread	Non contained cluster and several hospital admissions	Several non contained clusters and several hospital admissions
Public gatherings	No restrictions, stringent event policy, no < 200 persons on events	Max 50 persons	Max 25 persons.	Max 15 persons	No gatherings	No gatherings, All non essential services closed
Schools	Open	open	open	Open groups of 15 persons	closed	closed
Restaurants/bars	Open, according to license	Max 50 persons or 50% capacity	Max 25 persons or 50% capacity	Max 15 persons or 50% capacity	Closed only delivery	closed
COVID 19 Selftests (2 x a week)		Available on decision of public health	Available for Auxillary home, daycare staff and schools (teachers)	Available for companies and schools	Available for companies	Available for companies

Measures in case of an outbreak
updated

Entry policy, current situation

	Pre-travel test	Vaccinated	Non Vaccinated
• Very High-Risk	PCR test <48 hours	Antigen test upon entry 5 days monitoring Exit antigen test	10 days quarantine Exit antigen test
High risk	PCR test < 48 hours	5 days monitoring Exit antigen test	10 days quarantine Exit antigen test
Low risk	PCR test < 48 hours	-	10 days quarantine Exit antigen test
• Very Low risk	no	-	-

Figures and prognose of persons entering

- Approximately 80% of the visitors is coming from 6 countries
 - Bonaire, Curacao, the Netherlands, Saba, Sint Maarten and USA.
- Amount of persons entering
 - non-vaccinated stable around 20-25 per week at the moment.
 - Vaccinated 200 per week and increasing
- Increase of persons entering (mainly vaccinated) is expected)
 - with the start of the tourist season (Only vaccinated persons).
 - When risk level of Sint Maarten will decrease (expected soon)
 - When ferry service starts (cheaper travel with high capacity)
- Elected care off Islands is on track and will lead to a stable contribution of persons in quarantine and monitoring

Entry policy proposal principles

- Proposed is a phased easing of the entry requirements during the time.
- Each 3 months it will be evaluated if a next step in easing is possible
- For easing four steps are developed.
 - Each step introduces risk of persons developing COVID while 'free' on the Island without measures
 - the risk is also dependent on the risk level of the countries where people travelling from (so easing is more possible if more countries become a low risk)
 - Easing will only take place if the load of covid cases on the island will allow it
- Tightening is still possible if needed due to new variants f.e.

Entry policy: decision criteria for changing

- Easing is only possible at a certain moment if:
 - The actual case load on Statia is low and controlled
 - Healthcare capacity is available for coping with an outbreak
 - Off-Island and On Island
 - Public health and hospital
 - The amount of COVID-19 cases is:
 - Stable or decreasing worldwide
 - Stable or decreasing in the main 6 countries persons of incoming travellers
 - No new variants of concern are increasing in the 6 main countries of incoming travellers

Entry policy proposal I

- Step 1 (As of the start of the mitigation period)
 - monitoring for non-vaccinated persons from low risk
 - No pcr test required for vaccinated entering from low risk

	Pre-travel test	Vaccinated	Non Vaccinated
Very High-Risk	PCR test <48 hours	Antigen test upon entry 5 days monitoring Exit antigen test	10 days quarantine Exit antigen test
High risk	PCR test < 48 hours	5 days monitoring Exit antigen test	10 days quarantine Exit antigen test
Low risk	PCR test < 48 hours only for non-vaccinated	-	10 days monitoring Exit antigen test
Very Low risk	no	-	-

Entry policy proposal II

- Step 2 Easing the measures for persons entering from high risk countries

:

	Pre-travel test	Vaccinated	Non Vaccinated
Very High-Risk	Pcr test <48 hours	Antigen test upon entry 5 days monitoring Exit antigen test	10 days quarantine Exit antigen test
High risk	PCR test < 48 hours	No measures	10 days monitoring Exit antigen test
Low risk	PCR test < 48 hours, only for non-vaccinated	-	10 days monitoring Exit antigen test
Very Low risk	no	-	-

Entry policy proposal III

- Step 3 Abolishing the measures on the Island for all but the very high risk countries

	Pre-travel test	Vaccinated	Non Vaccinated
Very High-Risk	Pcr test <48 hours	Antigen test upon entry 5 days monitoring Exit antigen test	10 days quarantine Exit antigen test
High risk	PCR test < 48 hours	No measures	No measures
Low risk	PCR test < 48 hours only for non vaccinated	-	No measures
Very Low risk	no	-	-

Entry policy proposal IV

- Step 4 Abolishing the pre-travel test for low-risk countries

No entry tests And only monitoring measures for very high risk

Meanwhile we hope that the amount of countries in the higher risk categories will decrease over time

	Pre-travel test	Vaccinated	Non Vaccinated
Very High-Risk	Pcr test <48 hours	No entry test 5 days monitoring Exit antigen test	10 days monitoring Exit antigen test
High risk	PCR test < 48 hours	No measures	No measures
Low risk	no	-	No measures
Very Low risk	no	-	-

Case finding and contact tracing proposal

- Case finding:
 - Entry policy tests
 - Testing symptomatic persons
 - Exit test
- Contact tracing
 - Cases isolate at home.
 - Household & close contacts:
 - Vaccinated: 10 days quarantine and exit test,
 - Unvaccinated 14 days quarantine
 - Youth < 12 according to the regime of the parents
 - Easing of the 10/14 days can be possible (on decision of the public health) based on
 - The overall situation on the island (level of containment of an outbreak)
 - The intensity of the contact with the positive cases

Communication Strategy

- Communication Strategy
 - . targeted approach
 - . objective: increased awareness of the necessity for self protection + an increased number of vaccinated persons :-)
- Presentation to the following target groups
 - . Island Council Members (closed session) /Central Committee
 - . Business Association (including tourism sector)
 - . Directors and Unit Managers OLE
 - . Schools Directors
 - . Clergy

Communication: Organisation and Means

- **Public Communication**

- after the presentation to target groups
- **Group Presentations**
 - divide residents in 4 groups according the alphabet
 - Pre-announced by video message Government Commissioners to invite them
- **Supported by Radiospots & Videospots: key influencers :**
 - for youngsters Ish and
 - for older group Ishmael Berkel
 - for the middle group, t.b.d.
- **Communication needs to include focus on own responsibility for health**

Communication: Key messages

- We will further open the island
 - there will be an increased risk –
 - we will get COVID cases on the island
- We have measures in place to manage this risk
 - (e.g. intensified contact tracing including Quarantine, wrist bands, mouth caps, social distance, events, etc, e.g. show the phases)
- HOWEVER, we heavily depend on your cooperation in this :
 - Self protection and adhere to measures
 - if one of the fam members is infected stay away etc)
 - You can still get the vaccine,
- If you do not cooperate an *uncontrolled* outbreak is possible...and the consequences can be :
 - xx death and xxx severe illness (refer to statistics adapted for Statia ; based on CDC.

Proposal for policy as of the 3rd of January

- Changing the COVID-19 policy to Mitigation
 - Accepting cases on the island
 - Accepting people dieing from COVID-19
- Slowly easing the entry restrictions
 - Phased easing monitoring, quarantine and testing requirements
- Controlling the case load by
 - Contact tracing and quarantine in case of an outbreak
 - Using restrictive measures on the Island if needed
 - Introduction of self tests
- Preparing the public
 - Public information
 - Call on own responsibility to protect

Requirements for going to mitigation

- Public acceptance of the Strategy
 - Public needs to be fully informed on the strategy
- Acceptance of the Strategy by VWS
 - Including guarantee of delivering of capacity in case of an outbreak
- Outsourcing of the entry process needs to be finished
- Wristbands need to be fully implemented
- Availability of self tests
- Cooperation with the QBMC
 - Procedures and plans in place to deliver covid treatment as well as regular treatment
 - Capacity and willingness to implement the plan
- Extra public health capacity available in case of an outbreak