

COVID-19 control on Saba after May 1st 2021

Updated discussion March

Objectives COVID-19 control Saba

Primary objectives

- Low COVID19 disease burden by protecting risk groups from infection
- Healthcare system fully operational: capacity for regular and COVID19 care on Saba and on referral islands

Secondary objectives

- Stimulate a healthy living environment and mitigate impact of measures on the community (social and mental health) and economy/low level of poverty
- 'Regular' life on island where possible: open schools and workplaces; open hospitality; regular gatherings with friends and families; regular events; regular church services
- Minimal barriers to travel

Caveats

1. This discussion is based on 'regular' strains: so far, the Moderna vaccine appears to work against the current known strains, though there may be somewhat lower effectiveness against strains with certain mutations (e.g. E484k). The main concern for the months to come is the emergence of a COVID19 strain against which the vaccine provides no or much lower protection. That will negatively impact the measures described below.
2. Also, current knowledge is limited about potential infectiousness of vaccinated people. If research shows that infectiousness is non-existent or extremely minimal after vaccination, that can positively impact the measures described below.

Vaccination coverage Saba on May 1st:

Based on the results of the vaccination week from February 22nd till March 1st, we estimate to have the following vaccination coverage on May 1st.

- >85% of risk groups fully vaccinated with Moderna
- >85% of adult population fully vaccinated
- >70% of entire population fully vaccinated

Note: a large influx of non-vaccinated people to Saba, impacts the vaccination coverage. This could mainly be an issue, should medical students come to Saba in large numbers. However, this will likely not impact the vaccination coverage of our risk groups. The MoH has agreed to providing sufficient vaccines for at least 100 new students between May and August.

Strategy

Until now Saba has followed a containment strategy: very strict entry measures to keep COVID19 from circulating on Saba.

Once a large percentage of risk group persons on Saba are protected by vaccination, introduction of the virus will have a much lower impact on the primary objectives (COVID19 disease burden, and healthcare capacity).

Saba can therefore safely move to a level of mitigation, meaning that measures can be loosened to where we accept the risk that SARS-CoV-2 is introduced on Saba from time-to-time.

PH advises that for the months to come measures will be kept in place to still limit the risk of introduction, to limit the risk of circulation after introduction, and that chosen measures are flexible to adjust to new realities.

Entry Policy for Transition period after May 1st

Saba will continue the policy in which incoming travelers need to request permission through

5.1.2e

Saba will move to 2 category system: high vs low risk. Countries/territories are considered low risk if there is no active local circulation of SARS-CoV-2 over the past 14 days.

Important to advise Saba residents who are travelling to adhere to local guidelines when off-island, and to take measures to prevent infection (masks, physical distancing, hand hygiene)

Fully vaccinated adults:

	Pre-travel test* ¹	Quarantine	Rapid test on arrival	Rapid test day 5	Masks* ³ for 5 days
High risk	yes	no	no	TBD later* ²	TBD later* ²
Low risk	no	no	no	no	no

Non-vaccinated adults:

	Pre-travel test* ¹	Quarantine	Rapid test on arrival	Rapid test day 5 ¹	Masks* ³ for 5 days
High risk	yes	Yes, 5 day	no	yes	n.a.
Low risk	no	no	no	no	no

Non vaccinated persons <18 years old:

	Pre-travel test* ^{1*4}	Quarantine	Rapid test on arrival* ⁴	Rapid test day 5 ^{2*4}	Masks* ³ for 5 days
High risk	yes	No, but 5 days no school/daycare/after school care/ child focus	no	yes	Yes (for >10 years old)
Low risk	no	no	no	no	no

Note: Saba will need to be able to impose quarantine for vaccinated people coming from areas where a proven vaccine-escaping variant circulates.

- 'Day-trippers to Saba
 - Only vaccinated people
 - Pretravel test as regular travelers (see above)
 - Mask wearing during visit to be decided later
 - No individual permission through 5.1.2e needed

*¹: Pretravel test required if more than 48 hours spent in high-risk area.

*²: The need to test vaccinated people or require masks will depend on whether vaccinated people can still easily transmit the virus. Studies are ongoing to determine potential infectiousness of vaccinated people.

*³: mask wearing will be required indoors in public places (including schools and work places), outdoors when physical distancing not possible (1.5m), and when visiting/with vulnerable people (people over 60 years old or people with pre-existing health conditions)

*⁴: for children from 2 to 10, a throat swab can be accepted if a deep-nose swab is not feasible. Also, for children from 2 to 10, a test-on-arrival is acceptable instead of a pre-travel test.

Measures On island after May 1st

Basic hygiene measures

The main infection prevention measures need to be reinforced strongly at all times:

- Stay home with symptoms, even if mild, until tested negative
- Hand hygiene

Surveillance

- Find and test all with symptoms, with PCR test
- Send suitable positive samples (CT<25) for genetic sequencing for variants

Source finding and contact tracing:

- Isolation of case
 - Isolation unit for first cases; Altagrasia in case of more than 2; home isolation in case of more than 5-8 cases
 - End of isolation: at least 10 days since start symptoms, plus minimally 3 days without symptoms. Rapid AG test on day 3 and 4 without symptoms
- Quarantine of close contacts 10 days, plus end-of-quarantine test (rapid AG-test)

Alert levels:

- Imported case: remain at level 1
- Community case or Multiple community cases that are part of one cluster: scale up to level 2

- Multiple community cases, from different clusters: scale up to level 3
- Local transmission with potential vaccine-escaping strain: consider scaling up to level 4 or 5

Healthcare after May 1st

Second-line healthcare

Over the last year, regular 'second-line' healthcare was negatively impacted by COVID19 measures. Much effort was invested in continuing elective care in as safe a way as possible.

Some of those efforts and changes can be scaled down, where others need to remain in place, or actually formed an improvement and can therefore remain in place.

Preferences for second-line healthcare:

1. The preferred method will remain video-consultations where possible
2. If video-consultation not sufficient/possible, the preferred option is to have a medical specialist/professional visit Saba
 - a. Vaccinated: pre-travel test and basic hygiene measures
 - b. Non-vaccinated: pre-travel test; consultations with PPE and hygiene measures; semi quarantine for specialist
3. If off island healthcare is needed, good to be aware that the 'ZVK bubble' will likely be discontinued, meaning Saban patients have more chance to move around the island of referral

Measures after returning to Saba can be in line with above 'Entry Policy':

- i. Vaccinated patients: Same as regular travelers
- ii. Non-vaccinated patients: Same as regular travelers.

On-island healthcare

- Saba Healthcare foundation will continue a triage system by phone for non-emergency care.
 - Conversations with Saba Healthcare Foundation are taking place to see if they can have protocols that are more visitor friendly that still takes into consideration the similar level of safety
- Saba Healthcare Foundation staff will continue to wear PPE during interactions with patients/clients.

¹ The RIVM guidelines advice to test people after 5 days. Testing at 5 days pick up 95% of positive people.

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