Adapting Ascension's COVID-19 Protocols

Preparations for transitioning to 'Living with COVID-19'

18 May 2022

Contents

Background

1. Since 2020, a suite of preventative and responsive public health measures have been in place in Ascension to manage and mitigate the threat that COVID-19 poses to the island community.

2. These are detailed in various policies and protocols, but are most accessibly highlighted and structured through the Ascension COVID-19 Response Level Protocol public health framework.

3. Broadly, preventative measures are currently designed to safeguard against the transmission of COVID-19 into the island community. These are therefore mainly focused on procedures for the management of arrivals through a quarantine and screening process, to give confidence that anyone entering the community does not pose a risk of infection to others.

4. However, responsive measures have also been put in place to ensure that were the preventative protocols to fail, authorities had the tools available to them to be able to get on top of an outbreak before it overwhelms the community. These include public health measures ranging from a comprehensive contact tracing program to targeted restrictions on particular activities.

Issue

5. Since February 2021, Ascension has been offering COVID-19 vaccinations to the local population. At present it is estimated that 82% of the population[1] are currently fully vaccinated[2]. This includes 97% of 5 – 17 year olds, who have been offered vaccination as part of two government programmes since November 2021.

6. As of January 2022, the Omicron variant has become the most widespread and dominant of all COVID-19 variants around the world (and importantly therefore also in Ascension's feeder territories). The Omicron variant is significantly less likely to cause severe illness and death in fully vaccinated persons when compared with previously dominant variants such as Alpha and Delta[3].

7. COVID-19 specific therapeutic medicines have also recently become available, of which Ascension has secured a supply for use in exceptional cases, and since September 2020 Georgetown Hospital has had an industrial oxygen generating machine at its disposal as well as a number of smaller portable oxygen machines. Together, this greatly enhances Ascension's ability to effectively manage and treat more severe COVID-19 illness.

8. Taken in combination, these conditions have reduced the threat that COVID-19 poses on both an individual and community level, and provides an opportunity to drastically alter the approach taken to managing COVID-19 in Ascension.

9. Before being able to adapt the preventative measures currently in place however, it is essential that authorities and stakeholders adapt their responsive and mitigating protocols to better align with a shift in policy objective to stably managing COVID-19 within the community, as opposed to keeping it out entirely.

Principles

10. Assuming that AIGs revised mitigations are in place and identified criteria met, it is possible to adapt the responsive public health measures that are currently in effect. The key principles of adapted public health measures are that they should seek to:

    A. Ensure resilience of critical services through effective business continuity.
    B. Prevent the unmitigated and uncontrolled spread of the virus throughout the community by;
        i. Identifying symptomatic positive cases and isolating them.
        ii. Slowing the spread of virus through the community to ensure that crucial island functions can continue to operate.

[1] Estimated from figures provided by employing organisations between 14 April and 26 April 2022
[2] As defined in AIGs Policy on the Isolation On Arrival of Persons Travelling from Affected Areas
[3] People with Omicron less likely hospitalised compared to delta variant – 17 March 2022

11. Revised public health measures are not designed to:

    C. Prevent people contracting COVID-19 entirely.

12. In order to do this, revised protocols will need to be put in place for the identification of potentially positive persons, the testing of those persons, and the isolation of those persons, with appropriate guidance for them and their close contacts.

Criteria

13. In order for revised responsive public health measures to be put in place, the following criteria must first be met:

    A. Optimal vaccination of all eligible persons (including children aged five years and older).
    B. Adequate available testing capacity and resilience.
    C. On island availability of therapeutic pharmaceuticals.
    D. Well-developed business continuity and resilience protocols for all critical island organisations and operations, including emergency and medical services.
    E. Clear and consistent public communications and guidance.

Actions

14. A number of actions are proposed to adapt the responsive public health measures in place to align with this shift in principles.

15. When considering these actions it is important to note that measures will no longer be designed to suppress transmission entirely, but rather just slow transmission to ensure that the burden of illness within the community at any one time does not overwhelm critical island and organisational services.

Definitions

16. **Household** – Someone who shares a common living area (such as a house). This does not include persons who only share bathroom / toilet facilities or who only share outside spaces.

17. **Isolation** – A state or period of remaining apart from others, in order to prevent the transmission of COVID-19.

18. **LFT –** Lateral Flow Test.

19. **Positive result** – A result returned from a test conducted by a healthcare worker (either at Georgetown Hospital, or at a medical clinic on the USAF base or RAF base).

Testing

20. The testing approach will be shifted to target those that are known to pose a risk of infection to others. As such, whilst testing will be offered widely, testing will only be applied to persons that display symptoms consistent with COVID-19. This is because the risk of transmission is most pronounced in symptomatic persons. It is therefore reasonable to target testing at those who pose the greatest risk of significant onward transmission.

21. Anyone who develops symptoms consistent with COVID-19 will need to contact medical authorities and arrange to present themselves to Georgetown Hospital (or a base medical

clinic if their employment is related to either the USAF or RAF operations). Once there, a healthcare worker will test that person.

22. If the result of the test is positive, that person will be expected to isolate. They will be provided with a supply of LFTs for use in self-testing not earlier than the fifth day (96-120 hours) of isolation.

23. Those that share a household with a confirmed positive will be provided with a supply of LFTs and guidance on how to use these. They will be instructed to take an LFT every 48 hours, and if one returns a positive result will be advised to contact medical authorities and may be asked to present themselves to Georgetown Hospital (or a base medical clinic if their employment is related to either the USAF or RAF operations). If so, a healthcare worker will conduct a confirmatory test on that person.

24. If Employers wish to test staff daily, they will need to organise this themselves. If organisations do want to consider this, AIG would welcome forewarning of what framework they intend to use for this (e.g. only critical messing staff / ATC staff / operator staff / etc.) so that other organisations can consider how best to message this to their own staff.

25. If the result is negative, the individual will not be expected to isolate. However, as that person may be displaying some symptoms consistent with COVID-19 they will be provided with several masks, advised to observe basic public health measures (such as masking, distancing, etc.) and asked to monitor their own health for further signs of COVID-19 illness. If they remain symptomatic 48 hours later they will be instructed to contact medical authorities and arrange to present themselves to Georgetown Hospital (or a base medical clinic if their employment is related to either the USAF or RAF operations) to seek another test.

Isolation

26. Any person that returns a positive result from a test conducted by a healthcare worker will be expected to isolate. Someone that tests positive from a test conducted by themselves (such as from a self-sourced test or from a test provided by their employer), will need to arrange for a follow-up test to be conducted by a healthcare worker as soon as is practical to confirm the infection.

27. Isolation should be for at least five days (120 hours), and ordinarily no longer than 10 days.

28. On the fifth day of isolation (counted as the period 96-120 hours following a confirmed positive test result), a person can begin self-testing using LFTs in line with the flowing criteria.

29. If they are not symptomatic on Day 5 they will be advised to take an LFT at home.

    a. **Negative result** – contact medical authorities and arrange to present themselves to Georgetown Hospital (or a base medical clinic if their employment is related to either the USAF or RAF operations) to seek a confirmatory test, to be conducted by a healthcare worker the following day (Day 6). If the confirmatory result is negative, they will be advised they can end isolation.

    b. **Positive result** – wait 48 hours (until Day 7) and retest using at home using an LFT.

a) If that test (Day 7) provides a negative result they will be advised to contact medical authorities and arrange to present themselves to Georgetown Hospital (or a base medical clinic if their employment is related to either the USAF or RAF operations) to seek a confirmatory test, to be conducted by a healthcare worker the following day (Day 8).

b) If a positive result is returned from either the home test on Day 7 or the test conducted by a healthcare worker on Day 8, the person will be advised to remain in isolation until Day 10.

30. If the person remains symptomatic beyond Day 5 they will be advised to consider whether or not testing is appropriate given they may still be infectious, and will be encouraged to only consider home testing when they are feeling otherwise well.

31. Further information on the evidential basis for this regimen is provided at Appendix A.

32. Any person who is no longer symptomatic on Day 10 will be advised that they can end their isolation. Advice provided by UKHSA indicates that even if a person tests positive by LFT or PCR on Day 10, if they are no longer symptomatic they are likely to pose little risk of infection to others. As such they can be confident in ending their isolation.

33. If a person is still symptomatic on Day 10, they will be advised to contact medical authorities to discuss their health, and may be advised to seek a test prior to ending isolation.

34. During isolation, persons will be instructed to monitor their own health, and inform their medical point of contact if their condition deteriorates. They will also be encouraged to check-in regularly with their employer.

35. Persons in isolation will be advised to ask for assistance from family and friends to help support them, such as with adequate supplies of food. They will also be advised to contact their employer for support where help from friends and family is not possible. As such, employers will need to ensure that they have made suitable preparations to enable these support functions for their staff.

36. If persons are fed by their employer through messing facilities, ordinary protocols may be adapted. This might include scheduling of meal times, implementation of separate or additional facilities, or reduced dining in.

37. If a positive person lives in a household with others, the other members of their household will not be expected to isolate if they have not provided a positive result from a COVID-19 test. However, they will be advised to follow guidance intended to reduce the risk of intra-household transmission, and will be directed to guidance regarding how they may want to reduce the risk of passing on an as yet unidentified infection to others in the community or their workplace. They may also be provided with home test kits and advised to self-test every 48 hours.

38. Whilst positive persons will be expected to isolate to help slow the spread of the virus in the community, there may be instances where despite being positive, they are otherwise well enough to work (much like if someone had a cold). If the number of staff that can deliver a critical task is extremely limited, firms may implement measures in a risk assessed work environment that would facilitate a positive (but otherwise well) critical member of staff

attending the workplace to deliver that function. Firms will need to assure themselves that in doing so the positive person is kept separate from others to prevent further transmission. At all times other than being present in work to deliver that critical function, the positive person in question will be expected to isolate in line with isolation guidance.

General public health guidance

39. There will be no legal enforcement of the wider public health measures described in this section, although firms and businesses may implement their own requirements for anyone entering their properties and / or work sites.

40. Guidance will however be issued advising the public to consider:

- Regular hand washing.
- Ensuring the observation of excellent cough hygiene.
- Monitoring their own health for signs of potential infection and reporting this to medical authorities.
- Masking indoors or in enclosed spaces.
- Ventilating when indoors with others for prolonged periods.
- Observing social distancing and / or avoiding large crowds where possible.
- Observing reasonable transmission reduction measures where someone shares a household with a person that has returned a positive result.
- Identifying friends and family that can act as a support network in case isolation is required.

Business continuity measures

41. By having mitigations in place to prevent severe illness in individuals, the burden of illness on a personal level will be managed as effectively as it is currently possible to do. However, in accepting community transmission of COVID-19, there will nonetheless be a burden of illness at a community level that will need to be carefully managed.

42. Even though most vaccinated positive people who become symptomatic will only have a brief mild to moderate illness[4], an uncontrolled wave of infections is likely to see significant and widespread infection concentrated within a three to six week period, with associated high-levels of absenteeism in workplaces. Given Ascension's unique nature as a working island, this has the potential to have a significant impact on the ability of organisations to deliver critical island and critical organisational tasks.

43. The public health measures identified are designed to flatten the wave of infection in order to mitigate the community-level impacts of this, but businesses will nevertheless need to take steps to ensure that their operations retain the ability to function effectively. Whilst it will not be possible to police people's behaviours outside of work, firms should seek to establish proportionate measures in the workplace to reduce transmission where possible. In this regard, the focus for employers should be "how do I protect my ability to operate my business" rather than "how do I avoid absolutely transmission from occurring in my workplace amongst my staff".

44. Where critical points of failure are likely to occur, such as with small teams delivering specialist tasks, firms will need to assess how it might be possible to manage the risk of

[4] Comparative analysis of the risks of hospitalisation and death associated with SARS-CoV-2 omicron (B.1.1.529) and delta (B.1.617.2) variants in England: a cohort study

transmission in the workplace between those individuals. This could include shift working, masking and physical distancing in the workplace, working from home, etc.

45. Where employers have employees with childcare responsibilities, they will need to make provision to accommodate that employee's childcare responsibilities in the event that their child is expected to isolate following a positive test (even if the employee themselves are not).

46. Given the inter-connected nature of Ascension, firms are encouraged to liaise with each other when developing organisation specific mitigation and business continuity measures. Whilst each firm will have business specific measures in place, doing so will help to ensure that all members of the community, regardless of the nature of their occupation or their employer, feel confident in the consistent measures in place across organisations.

47. Whilst only those that have a confirmed positive result will be expected to isolate, there is a risk that with established COVID-19 transmission within the community, some individuals will seek to avoid attending workplaces due to concerns about catching the virus. Ensuring organisations have well established and well communicated internal COVID-19 mitigation protocols will therefore also likely help to alleviate the potential for elective absenteeism from their staff. AIG will also develop public guidance and communication materials to compliment this.

48. Firms may also want to work with others to ensure that where possible, mutual support can be provided in case one or more has significant absenteeism due to COVID-19 illness and / or isolation.

Response Level Protocol

49. With a shift in the policy objectives regarding the responsive public health measures to be observed during an outbreak, the Ascension COVID-19 Response Level Protocol will need to be reviewed and amended accordingly.

50. Until such time that the practical steps required to implement these changes have been made, most notably firms establishing sufficient business continuity plans and Georgetown Hospital bolstering testing capacity and capability, the Response Levels will remain in place.

51. Following this, the Response Levels will either be heavily adapted or removed at the point at which the preventative public health measures (i.e. quarantine of arrivals) are also adapted. If the quarantine of arrivals is entirely removed then it is likely that the Response Levels will be replaced with general guidance in line with that outlined above.

Further adaptions

52. The adapted responsive protocols outlined here will be in place until authorities are confident that the transitory phase to a state where COVID-19 becomes endemic in the community has been effectively managed. This will likely be when a significant proportion of the population has been confirmed as having had a positive COVID-19 test result, and therefore the daily incidence rate of new cases detected has reduced to a level that no longer poses a significant risk to the continued operation and delivery of critical services.
53. When combined with vaccination, previous infection provides an even stronger defence against future infection and particularly severe COVID-19 illness and / or death. As such, it is expected that a sharp decline in the incidence of new infections will be observed once a sufficient number of people have been exposed to the virus. At this lower level of community

transmission there will be less risk posed to the ability of organisations to deliver critical island and critical business functions. As this is the primary driver for the adaptions to the public health measures identified, it is reasonable to draw down these measures once the threat of this has passed.

54. In doing so, the public health strategy will shift focus to living with COVID-19 as an endemic illness within the community. Responsive measures will therefore be able to be reduced further and / or removed.

Timelines for implementation

55. Once the conditions for implementing these reactive changes have been met, the preventative protocols currently in place can also be amended. This is because authorities can be confident that all parties are equipped to effectively manage the consequences of doing so.

56. However, bringing these changes in will have a number of impacts and as such it is critical that all affected parties are fully prepared to deal with these impacts head on.

57. In order to get to this stage, organisations will need time to prepare their business continuity procedures, and need time to procure stocks of appropriate workplace PPE for their workforce and workplaces. Georgetown Hospital also needs time to procure and take delivery of the testing stock required to effectively manage this new system.

58. Additionally, transition to these new procedures will necessitate a significant shift in the public mind set. This will require consistent and comprehensive messaging in the lead up to this, and time for the public to adapt to this before the changes are brought in.

59. Conversations with officials in St Helena indicate that the current expectation is that the COVID-19 management policies in place there are likely to remain as they are for the next three to four months. If Ascension adapts local protocols prior to St Helena, it can be assumed that St Helena will remove the ability for travellers from Ascension to forgo the requirement to quarantine on arrival at St Helena. Nearly 120 travellers are due to depart Ascension on the Airlink services in July, many of which have already scheduled travel to St Helena on the premise that they will not have to quarantine on arrival.

60. As COVID-19 still poses a significant risk to the health of unvaccinated persons, consideration will also need to be given to whether new rules are introduced for unvaccinated persons, notably to prevent or limit their entry to Ascension. Given vaccines are freely available to all those eligible to receive them, such persons are disproportionately at risk of requiring significant medical intervention, and therefore utilising the limited resources available to the island. It is therefore reasonable to consider steps to prevent this from occurring at the point at which preventative measures currently in place are adapted.

61. Noting these considerations, and assuming the conditions for adapting the responsive protocols are met, it is proposed that adaptions to the preventative measures currently in place be considered for implementation by 01 August 2022.

Appendix A – Symptomatic Person Flow Chart

Appendix B – Utilising LFTs for Early Release from Isolation

1. The aim of isolation is to prevent the onward transmission of infection to others. Therefore, release from isolation whilst someone is still infectious should be avoided as far as possible. However, given a proportion of persons will recover during isolation, it is reasonable to put in place protocols to limit the excess time spent in isolation for a person that is no longer infectious given they no longer not pose a public health threat.

2. As it is expected that the period immediately after the lifting of quarantine restrictions will see high COVID-19 prevalence in the community, minimising the excess time spent in isolation for those who are no longer infectious will help to alleviate the pressure on the economy and businesses that are may be experiencing high levels of absenteeism.

3. Current available evidence[5] indicates that applying two LFTs after completion of day five, spread at least 24 hours apart (and assuming both are negative), reduces the release of infectious persons into the community by up to 74% when compared with a policy of releasing everyone from isolation after a period of five days.

4. This modelling is based on the assumption that isolation begins at the onset of symptoms. As such, persons will be advised to seek a test from a healthcare worker when they develop symptoms consistent with COVID-19 infection.

5. However, real world evidence suggests that whilst applying testing following a five day period of isolation can help to reduce excess time spent in isolation for a person that is no longer infectious, the number of persons that qualify for release may be limited. Gibraltar implemented a programme in line with these principles and reported that after a period of seven days of isolation ~30% of persons tested by healthcare workers using LFTs had provided two negative results, and were therefore able to end isolation[6].

6. Although this suggests that a minority of persons will qualify for release before Day 10, given the potential to reduce excess time spent in isolation it is proportionate to apply this regime in spite of the resource burden of doing so.

[5] https://www.medrxiv.org/content/10.1101/2022.01.25.22269818v1.full-text

[6] Information provided by Government of Gibraltar officials during a UKHSA OT Programme teleconference on 03 February 2022