

Papua New Guinea

Coronavirus Disease 2019 (COVID-19) Health Situation Report #57 25 January 2021

Period of report: 18 – 24 January 2021



This Situation Report is jointly issued by PNG National Department of Health and World Health Organization once weekly. This Report is not comprehensive and covers information received as of reporting date.

Situation Summary and Highlights

As of 24 January 2021 (12:00 pm), there have
been 850 COVID-19 cases and nine COVID-19
deaths reported in Papua New Guinea. From the
period of 18 to 24 January, there have been 15
new cases: 12 from West New Britain, 2 from
National Capital District, and 1 from New Ireland.
The total number of provinces that have reported
COVID-19 cases to date is sixteen.

- ☐ Antigen Rapid Diagnostic Test (AgRDT) validation training sessions were conducted in East New Britain and the National Capital District.
- ☐ WHO Incident Management Team and NDOH are supporting the development of the National Control Centre Blueprint for 2021.
- ☐ Laboratory teams are continuing to work with laboratories in Singapore and Australia who have been conducting whole genome sequencing (WGS) on positive COVID-19 samples to gain a better understanding of transmission patterns and clusters in PNG.
- Government issued 12 new Pandemic Act Measures including updating international traveller protocols with mandatory 14 days quarantine for all incoming passengers. All measures are available on the PNG National Control Centre for COVID-19 website: https://covid19.info.gov.pg/

Table 1. COVID-19 IN PAPUA NEW GUINEA¹

	New Cases (18 to 24 January 2021)	Cumulative Total			
National Capital District	2	367			
Western	0	214			
West New Britain	12	168			
East New Britain	0	30			
New Ireland	1	19			
Eastern Highlands	0	13			
Central	0	10			
Western Highlands	0	10			
Morobe	0	6			
East Sepik	0	3			
Enga	0	3			
Milne Bay	0	2			
West Sepik	0	2			
AROB	0	1			
Hela	0	1			
Southern Highlands	0	1			
TOTAL	15	850			
¹ As of 24/01/2021, 12:00 pm, PN	G time				

Table 2. COVID-19 GLOBAL AND REGIONAL UPDATE²

	Confirmed Cases	Deaths				
Global	96 877 399	2 098 879				
Western Pacific	1 336 632	23 149				
² WHO COVID-19 Dashboard as of 24/01/2021, 4:57 pm CET						

Summary Upcoming Events and Priorities

□ Surveillance and Quarantine: AgRDT validation training will continue in Western Province with healthcare workers from Daru and Kiunga to participate. Analysis will be completed on the findings of a Healthcare worker and a report to be prepared for dissemination. Work will be undertaken with the travel desk to provide updates on the surveillance risk assessment tool and guidance on the risks associated with importation of newly circulating strains among incoming international arrivals. Ongoing monitoring of all incoming international arrivals and those in home or hotel quarantine will continue and an analysis will be undertaken of country of origin

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Transmission Assessment

Given the low rates of testing nationally, it is difficult to assess the current level of transmission at a subnational or provincial level with any degree of certainty. Provincial testing rates from March 2020 to January 2021 range from less than 4 tests per 100,000 population to over 3,700 tests per 100,000 population. The number of confirmed cases tends to be higher in provinces which report doing more testing. Provinces with higher testing rates tend to have tighter border controls (e.g. testing at airports or other points of entry) and and often have increased presence of private companies such as mine sites which may require all incoming workers to be tested for COVID-19 through private testing facilities.

Currently West New Britain (WNB) and the National Capital District (NCD) are in Stage 3, large-scale community transmission, with almost all infections locally acquired and not linked to specific groups or locations. Despite reporting the highest number of cases of any province last week, East New Britain remains in Stage 2, localised community transmission, with most cases imported from neighbouring WNB. New Ireland Province and Western Province also remain in Stage 2, localised community transmission. Sixteen out of 22 provinces, including the Autonomous Region of Bougainville, have at least one case since March 2020. However, current rates of testing are inadequate to make a more detailed sub-national transmission assessment within these remaining areas.

More information on the WHO Western Pacific Regional Office COVID-19 transmission stages can be found here: bit.ly/WPRODashboard

Epi Update	Tests	Cases	Deaths	ICU Admissions
COVID-19	162	15	0	0
COVID 13	NAT Tests past 7 days	New cases past 7 days	Deaths past 7 days	ICU Admissions past 7 days

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^{*}Case investigation ongoing

Epidemiology

Figure 1. Epidemiological curve of COVID-19 cases in Papua New Guinea, 15 March 2020 to 24 January 2021

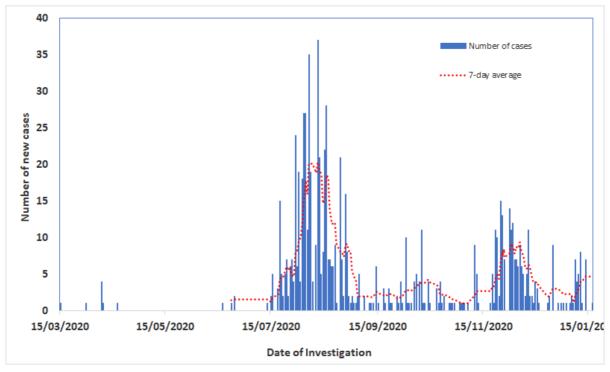
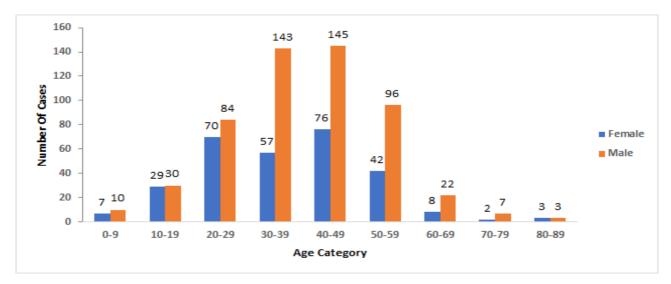


Figure 2. COVID-19 cases by age-group and sex in Papua New Guinea, 15 March 2020 to 24 January 2021



- For the period of 18 to 24 January, the COVID-19 National Hotline received 2,903 calls. Of these, 34 (about 1.2%) were health-related calls. Twenty-eight (28) of these were referred to Rapid Response Team/PHA. As of 24 January, the hotline had received a total of 157,754 calls. Of these, 4,990 (3.2%) were health-related calls. A total of 1,706 calls to date have been referred to Rapid Response Team/PHAs.
- Papua Province in Indonesia is continuously reporting COVID-19 cases in areas that border Sandaun and Western Provinces. While the border is officially closed, traditional border crossing continues, and the threat of case importation remains high. As of 24 January, Papua Province has reported a total of 6,533 confirmed cases and 138 deaths among people who confirmed to have COVID-19 by RT-PCR (data accessible at https://dinkes.papuabaratprov.go.id/).

Table 3. Persons Screened by Point of Entry

	Tota	13,407
	Taka	12 407
	Land	6
	Sea	671
Total Number of Travelers Screened after SOE (17 June – 17 January)	Air	12,740
Total Number of Travelers Screened during SOE (23 March – 16 June)		3,788
Total Number of Travelers Screened before SOE (until 22 March)	29,387	

Strategic Approach

National and Provincial Public Health Response

- ☐ The Pandemic Response Coordination Group and the Health Operations Team continue to meet regularly at the National Control Centre.
- ☐ A provincial surge plan template has been drafted for use by provincial health authorities.

□ National Capital District

WHO and NDOH staff conducted Ag-RDT for 12 NCD PHA staff on 21st & 22nd January. The training will now enable the roll out of the NCD COVID testing Plan scheduled to run between

25th January to 28th February 2021. This plan aims to collect 800 samples across 9 testing sites within 35 day and is supported by partners FHI 360 and MSF.

Tests are free, and will be available at the following sites:

- 1.Taurama Clnic
- 2. Badili Clinic
- 3. Tokara Clnic
- 4. Gordons Clinic
- 5. Lawes Road Clinic
- 6. Kaugere Clinic
- 7. Morata Clinic
- 8. Bomana Cis Clinic
- 9. Bomana Police College Clinic

☐ West New Britain

- WHO and NDOH staff were in West New Britain for 2 weeks supporting local teams and implementing the Ag-RDT rollout.
- Work was undertaken with the Provincial Health Authority to develop a provincial surge plan which has now been activated to level 3.
- Training was also provided to 14 participants on Ag-RDT and swabbing to health staff from Kimbe Provincial Hospital, Mosa Clinic, Bialla Hospital, Hargy Clinic, Valoka Hospital and Kimbe Urban Clinic.

□ East New Britain

- WHO and NDOH staff were in East New Britain from 20th 23rd January providing Ag-RDT training to 14 PHA participants.
- Day 1 of the training focused on theory and questions and answers. Most discussion
 questions were based on isolation, quarantine and discharge. Pre and Post Tests
 were conducted and there were improvements on certain technical questions.
- Day 2 of Training was focused on practical activities including set up of triage and testing using Ag-RDT. A Collaborative team effort was observed and there is high confidence that the ENB team has grasped the concept of the difference between validation and diagnostics algorithms.

Communication, Community Engagement and Non-Pharmaceutical Interventions (Social Measures) – NIUPELA PASIN

A draft implementation/activity plan for the RCCE Cluster has been developed in line with the NCC Blueprint. The RCCE Cluster Lead is working on analysing the results of the survey on people's knowledge, attitudes, perceptions and practices on COVID-19. Results will inform future communication messages, delivery and content.

The virtual art festival on Healthier Together campaign continues to be aired on ad-hoc basis on EMTV. The campaign also featured Niupela Pasin champions and as well as COVID-19 Facts.

ANNEX D - Photos







Photos 1,2,3: Antigen rapid diagnostic test (AgRDT) validation training with healthcare workers in National Capital District





Photos 4,5: Antigen rapid diagnostic test (AgRDT) validation training with healthcare workers in East New Britain

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