Tonga’s first COVID-19 case enters from New Zealand

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The Pacific nation of Tonga last week recorded its first COVID-19 case after a traveller from New Zealand tested positive.

Along with several Pacific neighbours, Tonga was among the few nations in the world to have avoided an outbreak of COVID-19 due to its geographic isolation and strict border closures. The positive case was one of 215 Tongan citizens on a repatriation flight from Christchurch on October 27.

Tonga’s Health Ministry released a statement Wednesday night saying a second test had returned a negative result. Another test is required to confirm this. A genomic study also needs to be done in New Zealand to check if the virus is the Delta variant. Meanwhile, precautions will remain in place.

The Tongan government announced Monday that the main island of Tongatapu would go into lockdown for one week. Banks and the market will stay open, however schools, churches and entertainment venues are closed. All domestic travel has been suspended.

Most of the passengers on the flight were seasonal workers and included the Tongan Olympic team who had been stranded in Christchurch. All were required to have negative COVID tests prior to departure.

The COVID-19 case, a young Mormon missionary, tested positive the day after arriving in Tonga’s capital Nuku’alofa. A spokesman for his church told TVNZ that he had entered New Zealand six weeks earlier after missionary service in Africa.

According to New Zealand’s Ministry of Health, the man, who remains asymptomatic, was fully vaccinated. The passengers have all been placed in managed isolation for 21 days, as well as nearly 100 frontline workers who dealt with the incoming flight. They have all so far tested negative.

New Zealand immunologist Dianne Sika-Paotonu told the Science Media Centre on November 1 that the case “continues to mystify.” Two close contacts were identified in Christchurch and two in Wellington—all tested negative and are in isolation. Links have yet to be established with any of the community cases active in Christchurch and no links to any other known sources have been found.

The arrival of COVID-19 in the tiny kingdom of 105,700 people could prove calamitous if it is not isolated and quickly eradicated. The highly vulnerable country has widespread poverty, high levels of unemployment and a growing methamphetamine epidemic. The health system could not cope with a major outbreak.

Tonga’s Minister of Health Amelia Afuha?amango Tu?ipulotu told the *Guardian* that there is “definitely more urgency” among the population now to be vaccinated. On Monday the number of those fully vaccinated had jumped from 35 percent to 62 percent as people rushed for their second jab. Eighty-eight percent of people have had their first dose.

Viliami Puloka, who has been involved in Tonga’s vaccine rollout, told Radio NZ: “There’s a bit of panic and people just don’t believe that it’s finally got here. I think more of them are disappointed that… our record of being COVID free is now spoiled rather than people are afraid that it can happen to them.”

In fact, the importation of even a single case of the Delta variant can quickly establish a foothold in the vulnerable Pacific countries. In July, Papua New Guinea’s first case entered the country with the captain of a cargo ship, setting off what is now an uncontrolled and deadly surge. Fiji avoided a significant outbreak until April, when a quarantine breach led to more than 50,000 infections and nearly 700 deaths.

Immunologist Dianne Sika-Paotonu told *Stuff* that

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news of the case is “heart-breaking” and if it “is not contained, the potential consequences for the Tongan nation will be catastrophic.” She also warned that the case very likely indicated more COVID-19 spread in the Christchurch community than is currently reflected by official case numbers.

The arrival of COVID-19 in Christchurch followed the Labour-Green Party government’s abandonment of its earlier elimination strategy. The country is in the midst of a rapidly growing outbreak, which began in mid-August in Auckland and has since spread to other regions. There are five active COVID-19 cases registered in Christchurch. Two of these people were previously unvaccinated and one had flown in from Auckland, which was under a stricter lockdown.

Epidemiologist Michael Baker said the government and civic leaders should have done more to keep COVID-19 out of Christchurch, stating there were “very mixed messages” about the need to keep the virus out of the South Island. He also sharply criticised Air New Zealand for accepting unvaccinated passengers.

Prime Minister Jacinda Ardern announced on October 4 that the government would “transition” from its zero-COVID policy, under pressure from big business to “reopen” the economy and allow the extraction of profits from the working class to fully resume. This means that people must now accept “living with” the virus.

The consequences will not be confined within the country’s borders. The Ardern government will bear primary culpability should COVID-19 take off in Tonga. New Zealand, which occupies a position of neo-colonial domination over many Pacific countries, has an appalling history in that regard.

In 2019 nearly 3,000 people across the region fell victim to an outbreak of measles. Gaps in New Zealand’s health system saw the epidemic erupt in Auckland’s working-class Pacific Island communities. It quickly spread to Samoa, causing 5,700 cases and 83 deaths, mostly among children. Tonga had over 100 cases, even though the country previously achieved immunity to measles with 95 percent vaccination rates.

The NZ Ministry of Health warned at the outset that the situation “could become a threat for other countries in the Pacific region.” Dr Helen Petousis-Harris, an immunologist at Auckland University, told Radio NZ she was furious that New Zealand had “exported” measles to Samoa. Michael Baker declared that New Zealand had to get its “act together on public health policy,” a prescient warning given the current COVID crisis.

The measles disaster echoed a previous historic case which still resonates among Pacific islanders. In November 1918, the trading ship SS Talune travelled from Auckland to Samoa, carrying with it as many as 71 passengers and crew infected with a deadly influenza virus. New Zealand’s administrator in Samoa failed to place the vessel under quarantine and allowed passengers ashore.

Within a week, influenza had spread throughout Samoa. Approximately 8,500 people—more than one-fifth of the population—died. The vessel was then allowed to travel on to Tonga and docked in Nuku’alofa, from where the disease again spread. Most of Tonga’s population was infected and between 1,000 and 2,000 people died, an estimated 4 to 8 percent of the population at the time.

Sione Tu’itahi, head of the NZ Health Promotion Forum in Auckland, told Radio NZ last week that the effects of the 1918 flu have been passed down through his family. “I still have stories from uncles and grandparents who were affected, who lost loved ones, so those memories are still vivid and fresh,” he said. It was one of the main reasons that Tonga had closed down its borders so as “not to allow COVID to creep in,” Tu’itahi explained.

In the face of these catastrophic experiences and the current COVID surge, the Ardern government is recklessly expanding its pro-business program and opening up international travel. One-way flights from Pacific countries deemed “low risk” are set to resume on November 8, allowing travellers from Samoa, Tonga, Vanuatu and Tokelau to enter, bypassing isolation and quarantine requirements.

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