Coronavirus disease (COVID-19)
2019 - 2020
Update #18   20.03.2020
Current Situation

Updates available from the following sources:

1. WHO situation dashboard
   https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd

2. WHO Situation Reports
   https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

3. UNWFP World Travel Restrictions
   http://unwfp.maps.arcgis.com/apps/opsdashboard/index.html#/db5b5df309ac4f10bfd36145a6f8880e

Source: WHO
Number of new cases of COVID-19 per day, by WHO Region

New daily cases

AFRO  AMRO  EMRO  EURO  SEARO  WPRO


World Health Organization
Prepare the health system to face a significant increase in demand for care
Severity profile of COVID-19

- **5% critical**: Patients need mechanical ventilation
- **15% severe**: Patients need oxygen therapy
- **40% moderate**: Pneumonia (potential in patient care required)
- **40% mild**: Patients require isolation

There is no data from populations with high prevalence of HIV, malnutrition etc.
Operational considerations for case management of COVID-19 in health facility and community

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Recommendations for the care of patients based on disease severity

<table>
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<tr>
<th>Severity of disease, risk factors</th>
<th>Recommendations</th>
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| Mild Moderate with no risk factors | 1. Patient self-isolates and calls the COVID-19 information line/health to find out about testing  
2. Patient is tested either in health or community facilities  
3. Patient remains at home (see guidance on home care for patients) |
| Moderate, with risk factors Severe Critical | 1. Patient self-isolates and call COVID-19 hotline/emergency services immediate transport to hospital  
2. Patient is isolated in hospital and receives inpatient treatment |

Risk factors for severe disease: age over 60, hypertension, diabetes cardiovascular disease, chronic respiratory disease, immunocompromising conditions.
<table>
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<tr>
<th>Scenario</th>
<th>Health system priorities</th>
<th>Public health measures/ social distancing</th>
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| 1. No reported cases | • Do active case finding  
• Prepare all health facilities to screen and assess/triage (see following slides)  
• Prepare designated COVID facilities/wards  
• Set up a COVID hotline | • Communicate, communicate, communicate  
• Quarantine and isolation of cases and contacts  
• Individual and family measures - clean hands and cough etiquette, protect the vulnerable  
• Voluntary physical distancing (>1m), staying away from crowded places  
• Conduct risk assessment for large events/gatherings (large sporting events, festivals, conferences, faith-based events) and implement measures to reduce risks  
• Protection measures for special populations/ institutions  
• Adapt and implement stay-at-home measures for:  
  • schools & tele-study,  
  • workplaces & tele-working, flexible leave policies, staggered shifts  
  • public spaces, restaurants, cultural events & entertainment  
  • places of worship  
• Adapt or cancel public and private events  
• Cordon sanitaire/movement restrictions  
• Cross-border travel measures  
  ➢ Protect food supply and access to care  
  ➢ Implement community resilience, mental health strategies  
  ➢ Mitigate economic impact |
| 2. Sporadic cases Countries with one or more cases, imported or locally acquired | • Do testing and contact tracing  
• Screen and triage at all health facilities  
• Isolate and treat patients in designated facilities/wards |  |
| 3. Clusters of cases Countries experiencing cases clustered in time, geographic location or common exposure | • Screen, triage and treat as above  
• Expand designated treatment areas/hospitals  
• Manage mild/moderate/low risk cases in community settings or at home to avoid over-burdening the health system |  |
| 4. Community transmission Countries experiencing larger outbreaks of local transmission | • In addition to the above, consider new or temporary structures for treating patients  
• Implement a “hub and spoke” referral strategy (next slide)  
• Continue testing as long as possible particularly if cases emerge in new areas.  
• If capacity is limited, consider not testing mild/moderate patients who can self-isolate at home |  |
Screening for COVID-19

SCREEN FOR COVID-19 AT FIRST POINT OF ACCESS TO THE HEALTH SYSTEM USING WHO CASE DEFINITIONS* (fever, cough, dyspnea)

Hospitals, clinics, health posts
Ambulances
Phone/telemedicine
Pharmacies
Community health workers

People NOT suspected to have COVID-19 follow routine care

People suspected to have COVID-19 are isolated and referred for testing/care

TRIAGE IN A MEDICAL SETTING TO IDENTIFY:
1. COVID-19 PATIENTS IN NEED OF IMMEDIATE CARE,
2. COVID-19 PATIENTS THAT CAN SAFELY WAIT AND
3. COVID-19 PATIENTS THAT NEED TO BE REFERRED TO A SPECIFIC SETTING

*Find WHO case definitions here
Considerations for primary care

1. Anticipate many patients with respiratory illness
   • Make sure everyone knows where to access COVID advice, testing and care
   • Coordinate with public health unit/district medical officer, emergency services, clinics, seniors and community care services

2. Organize consultations and community care
   • Book appointments further apart and book potentially infected patients at the end of the day
   • Disallow accompanying persons to appointments (spouse, family) and remove half the chairs from waiting room
   • Long-term care - limit multiple facility or cross-practice visits to avoid infecting the elderly
   • On rounds, see higher risk/respiratory/feverish patients last, and wear full PPE
   • Create referral COVID unit in a single hospital in network, rather than wards in several hospitals

3. Train yourself and educate your community
   • Access courses at https://openwho.org/ and guidance
   • Connect with your Ministry of Health, national or local public health unit for information

4. Protect yourself and staff
   • Triage, advise by phone or video (telemedicine)
   • Allow receptionists to wear masks or put up a plexiglass screen
   • Confirm prescription renewals by phone or other means, or ask pharmacists to extend for routine medicines
   • If your practice requires N95 fit testing, don’t delay, get your fit-test done