

EPI·WIN

WHO Information Network for Epidemics



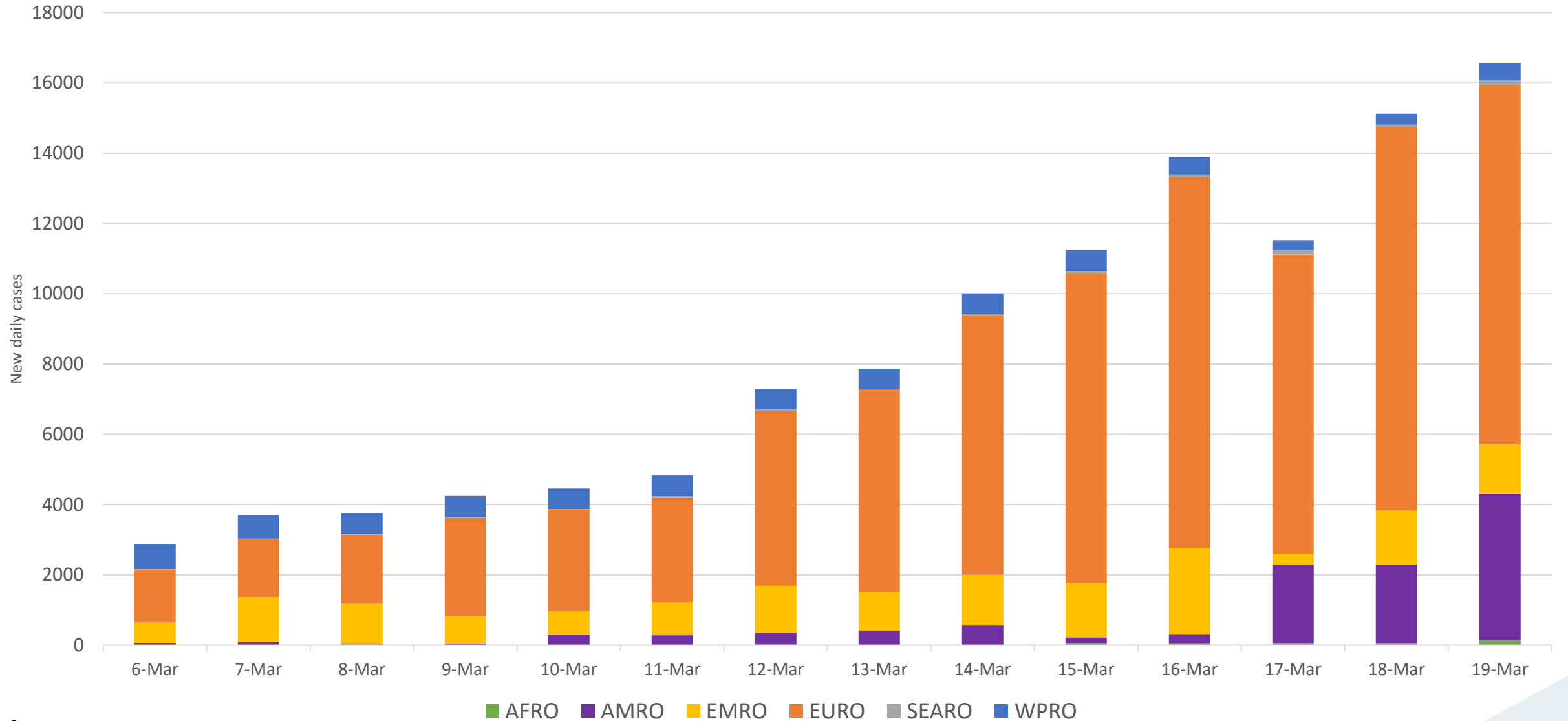
**World Health
Organization**

Coronavirus disease (COVID-19)

2019 - 2020

Update #18 20.03.2020

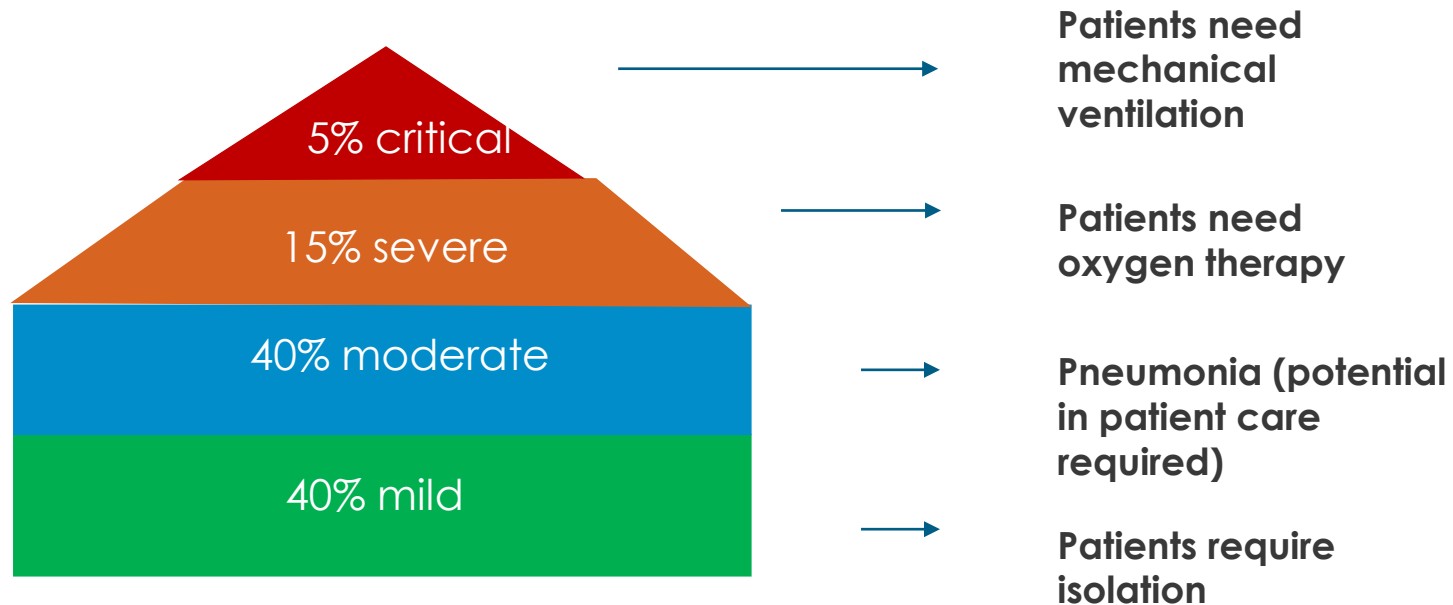
Number of new cases of COVID-19 per day, by WHO Region





Prepare the health system to face a significant increase in demand for care

Severity profile of COVID-19



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

Published 19 March 2020

https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf

Recommendations for the care of patients based on disease severity

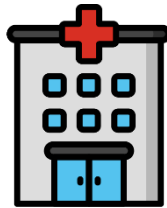
Severity of disease, risk factors	Recommendations
Mild Moderate with no risk factors	<ol style="list-style-type: none">1. Patient self-isolates and calls the COVID-19 information line/health to find out about testing2. Patient is tested either in health or community facilities3. Patient remains at home (see guidance on home care for patients)
Moderate, with risk factors Severe Critical	<ol style="list-style-type: none">1. Patient self-isolates and call COVID-19 hotline/emergency services immediate transport to hospital2. Patient is isolated in hospital and receives inpatient treatment

Scenario	Health system priorities	Public health measures/ social distancing
1. No reported cases	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Communicate, communicate, communicate • Quarantine and isolation of cases and contacts • Individual and family measures - clean hands and cough etiquette, protect the vulnerable
2. Sporadic cases Countries with one or more cases, imported or locally acquired	<ul style="list-style-type: none"> • Do testing and contact tracing • Screen and triage at all health facilities • Isolate and treat patients in designated facilities/wards 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • schools & tele-study, • workplaces & tele-working, flexible leave policies, staggered shifts • public spaces, restaurants, cultural events & entertainment • places of worship
3. Clusters of cases Countries experiencing cases clustered in time, geographic location or common exposure	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Adapt or cancel public and private events • Cordon sanitaire/movement restrictions • Cross-border travel measures
4. Community transmission Countries experiencing larger outbreaks of local transmission	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> ➤ Protect food supply and access to care ➤ Implement community resilience, mental health strategies ➤ Mitigate economic impact

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

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