Current Situation

Updates available from the following sources:

1. WHO situation dashboard
   
   [https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd](https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd)

2. WHO Situation Reports
   

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

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

AFRO  AMRO  EMRO  EURO  SEARO  WPRO

New daily cases


AFRO  AMRO  EMRO  EURO  SEARO  WPRO
Prepare the health system to face a significant increase in demand for care.
Severity profile of COVID-19

- **40% mild**
  - Patients require isolation

- **40% moderate**
  - Pneumonia (potential in patient care required)

- **15% severe**
  - Patients need oxygen therapy

- **5% critical**
  - Patients need mechanical ventilation

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>
<thead>
<tr>
<th>Severity of disease, risk factors</th>
<th>Recommendations</th>
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</table>
| Mild                             | 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 no risk factors    |                |
| Moderate, with risk factors      | 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 |
| Severe                           |                |
| Critical                         |                |

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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<tbody>
<tr>
<td>1. No reported cases</td>
<td>• Do active case finding&lt;br&gt;• Prepare all health facilities to screen and assess/riage (see following slides)&lt;br&gt;• Prepare designated COVID facilities/wards&lt;br&gt;• Set up a COVID hotline</td>
<td>• Communicate, communicate, communicate&lt;br&gt;• Quarantine and isolation of cases and contacts&lt;br&gt;• Individual and family measures - clean hands and cough etiquette, protect the vulnerable&lt;br&gt;• Voluntary physical distancing (&gt;1m), staying away from crowded places&lt;br&gt;• Conduct risk assessment for large events/gatherings (large sporting events, festivals, conferences, faith-based events) and implement measures to reduce risks&lt;br&gt;• Protection measures for special populations/ institutions&lt;br&gt;• Adapt and implement stay-at-home measures for:&lt;br&gt;  • schools &amp; tele-study,&lt;br&gt;  • workplaces &amp; tele-working, flexible leave policies, staggered shifts&lt;br&gt;  • public spaces, restaurants, cultural events &amp; entertainment&lt;br&gt;  • places of worship&lt;br&gt;• Adapt or cancel public and private events&lt;br&gt;• Cordon sanitaire/movement restrictions&lt;br&gt;• Cross-border travel measures&lt;br&gt;  ➢ Protect food supply and access to care&lt;br&gt;  ➢ Implement community resilience, mental health strategies&lt;br&gt;  ➢ Mitigate economic impact</td>
</tr>
<tr>
<td>2. Sporadic cases Countries with one or more cases, imported or locally acquired</td>
<td>• Do testing and contact tracing&lt;br&gt;• Screen and triage at all health facilities&lt;br&gt;• Isolate and treat patients in designated facilities/wards</td>
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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 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