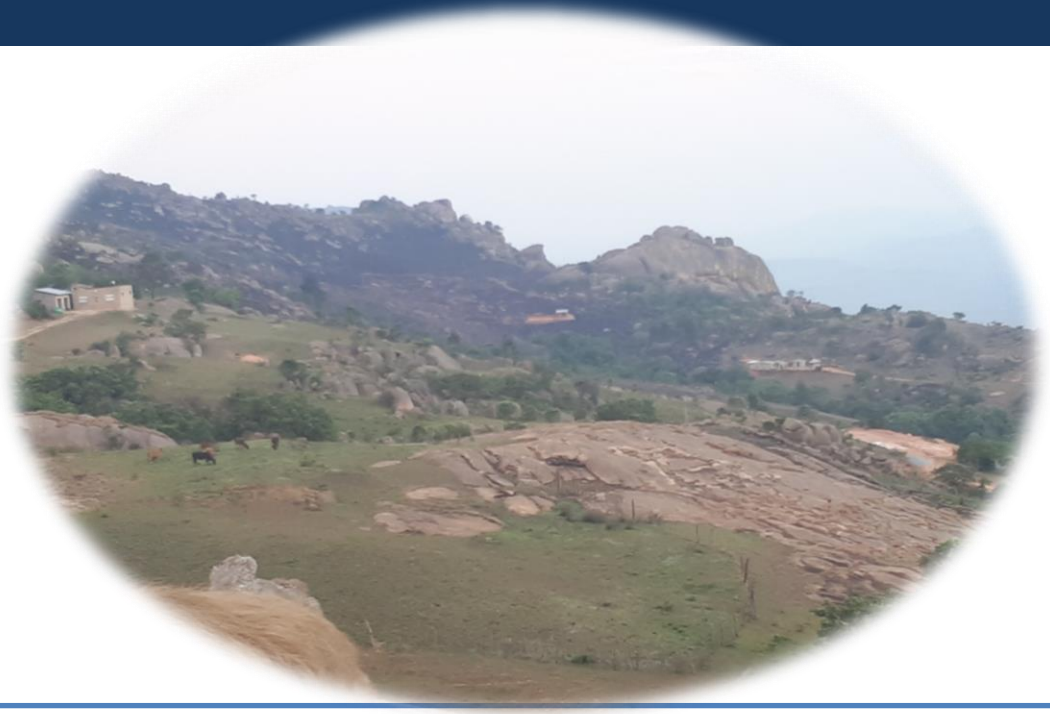
COVID-19 HOME CARE
Management of Non-Severe COVID-19 Patients in Eswatini



Date: 04 August 2021

Presented by Dr. V. Okello

COVID-19 INCIDENT MANAGER 1

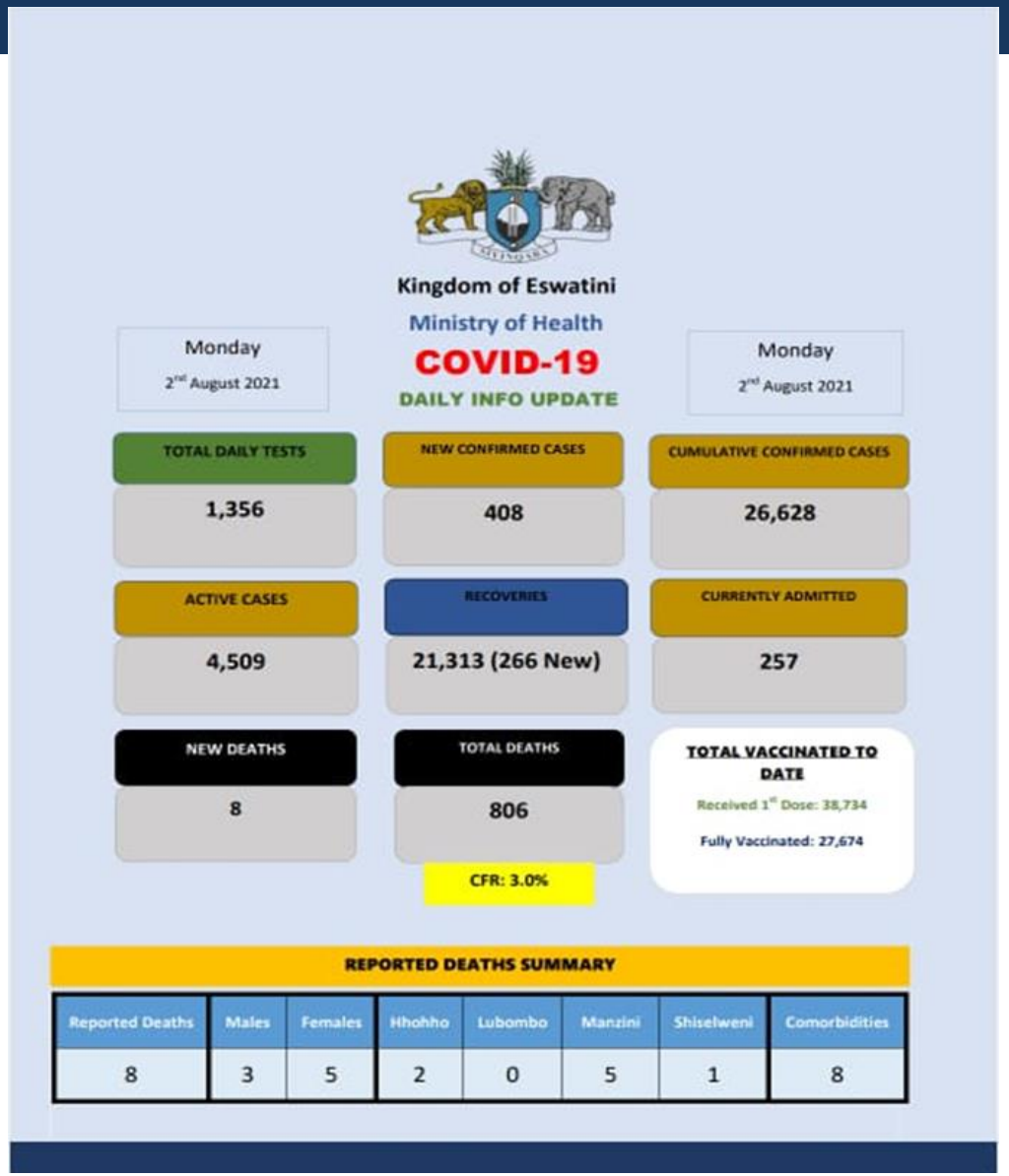
Presentation outline

- Background (1 slide)
- Eswatini COVID-19 Situation (3 slides)
- Description of COVID-19 Care Models (1 slide)
- Homecare Objectives and Process (3 slides)
- Homecare Data (3 slides)
- Successes (1 slide)
- Challenges (1 slide)
- Next steps (1 slide)

Introduction to Kingdom of Eswatini

- Eswatini: Southern Africa
- Borders: South Africa and Mozambique
- Population; estimated **1 173 000**
- 4 Geographical Regions
- 59 Administrative Constituencies (Tinkhundla)

Covid-19 Situation in Eswatini



Kingdom of Eswatini

Ministry of Health

COVID-19

DAILY INFO UPDATE

Monday 2nd August 2021		Monday 2nd August 2021
TOTAL DAILY TESTS: 1,356	NEW CONFIRMED CASES: 408	CUMULATIVE CONFIRMED CASES: 26,628
ACTIVE CASES: 4,509	RECOVERIES: 21,313 (266 New)	CURRENTLY ADMITTED: 257
NEW DEATHS: 8	TOTAL DEATHS: 806	TOTAL VACCINATED TO DATE: Received 1st Dose: 38,734; Fully Vaccinated: 27,674
	CFR: 3.0%	

REPORTED DEATHS SUMMARY

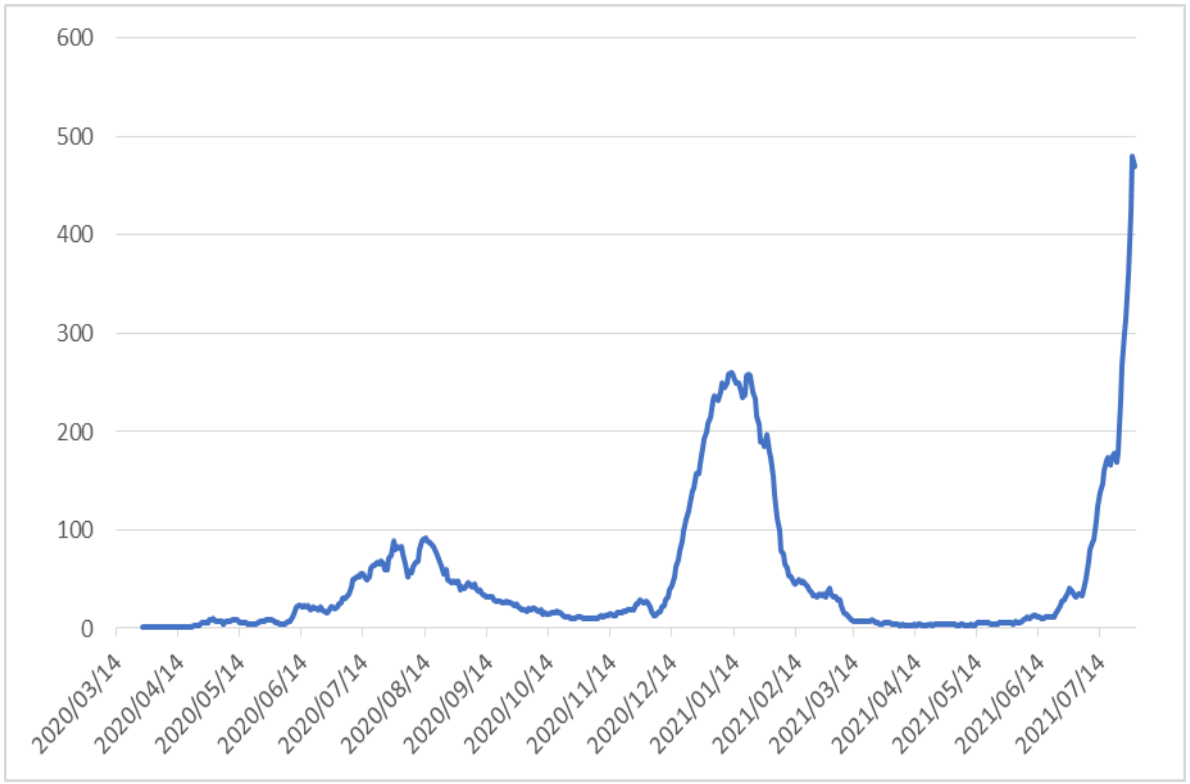
Reported Deaths	Males	Females	Hhohho	Lubombo	Manzini	Shiselweni	Comorbidities
8	3	5	2	0	5	1	8

- First case: 14 March 2020
- Currently experiencing a 3rd wave more severe than first and second wave.

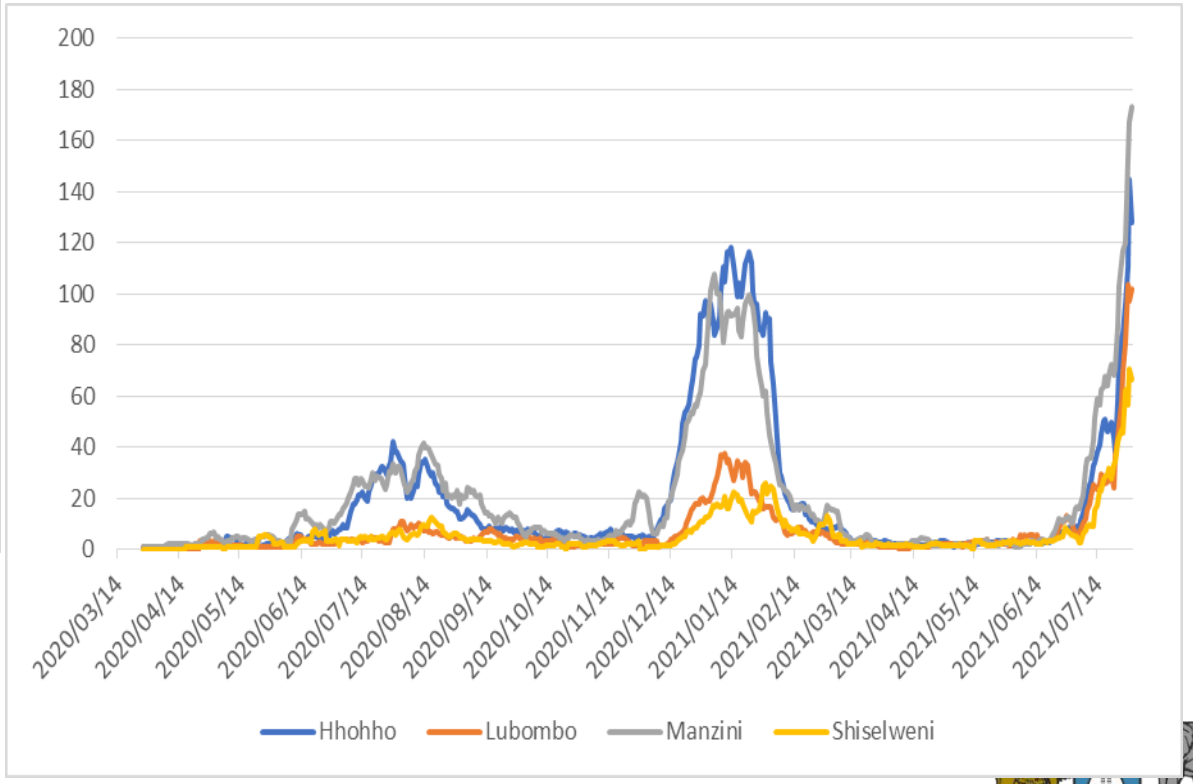
2nd August 2021

- Cumulative Cases: 26,628
- Total deaths: 806
- Case Fatality Rate: 3.0%
- Recoveries: 20,703 (80%)

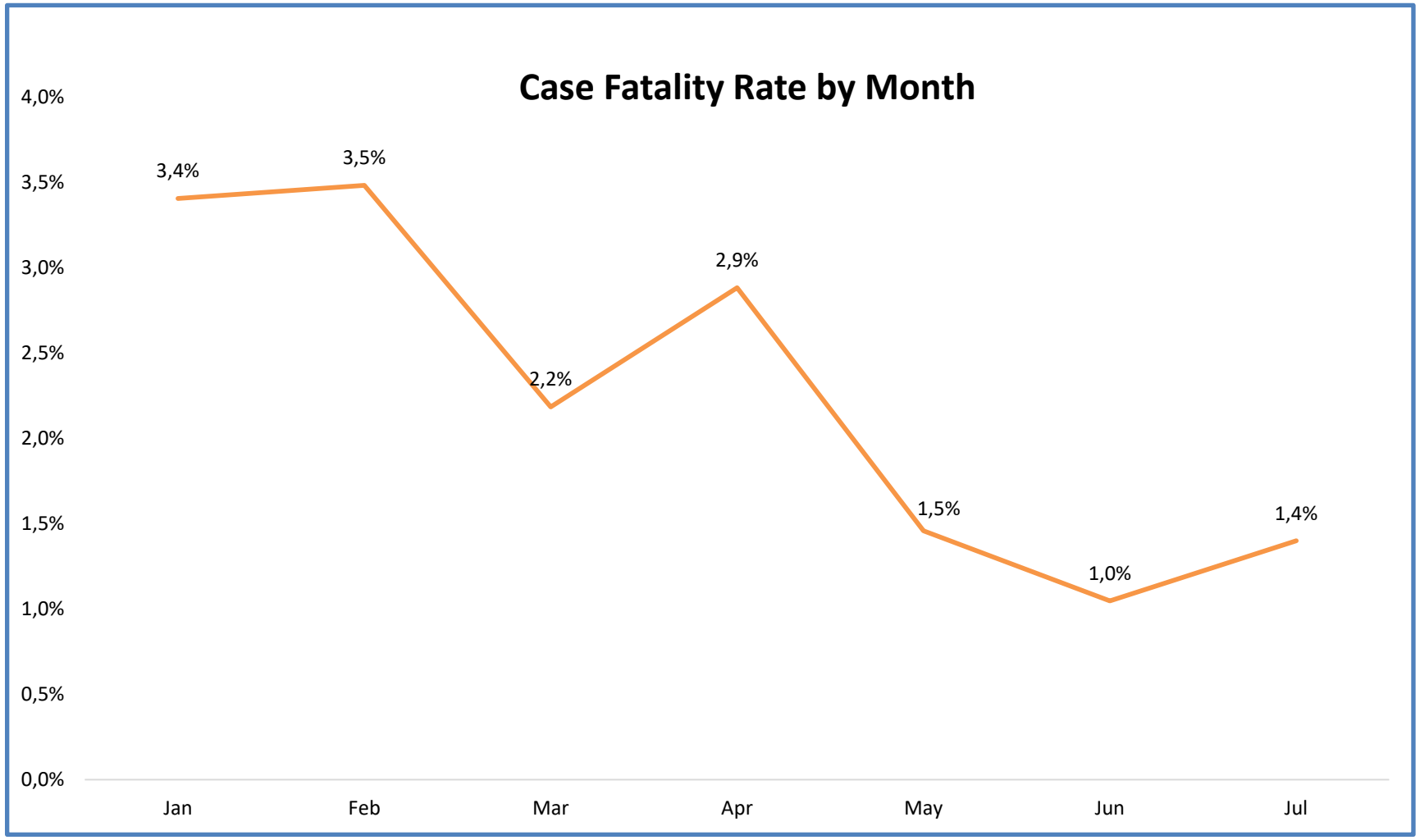
National and Regional 7-Day Moving Average



Week 28	170,29
Week 29	232,14
Week 30	**470,14**



Mortality by month_Jan to 22 Jul 2021



- **Gradual decline in monthly Case fatality rate**
  - Improved Healthcare system preparedness
  - Improved critical care capacity
  - Improved Oxygen capacity

Case Management Models

Facility care (moderate-severe cases)

Home care (mild and asymptomatic cases)

Outpatient care (mild cases)

Self-care (asymptomatic cases)

Up and Down Referrals

977 Alerts and EMS Ambulance System

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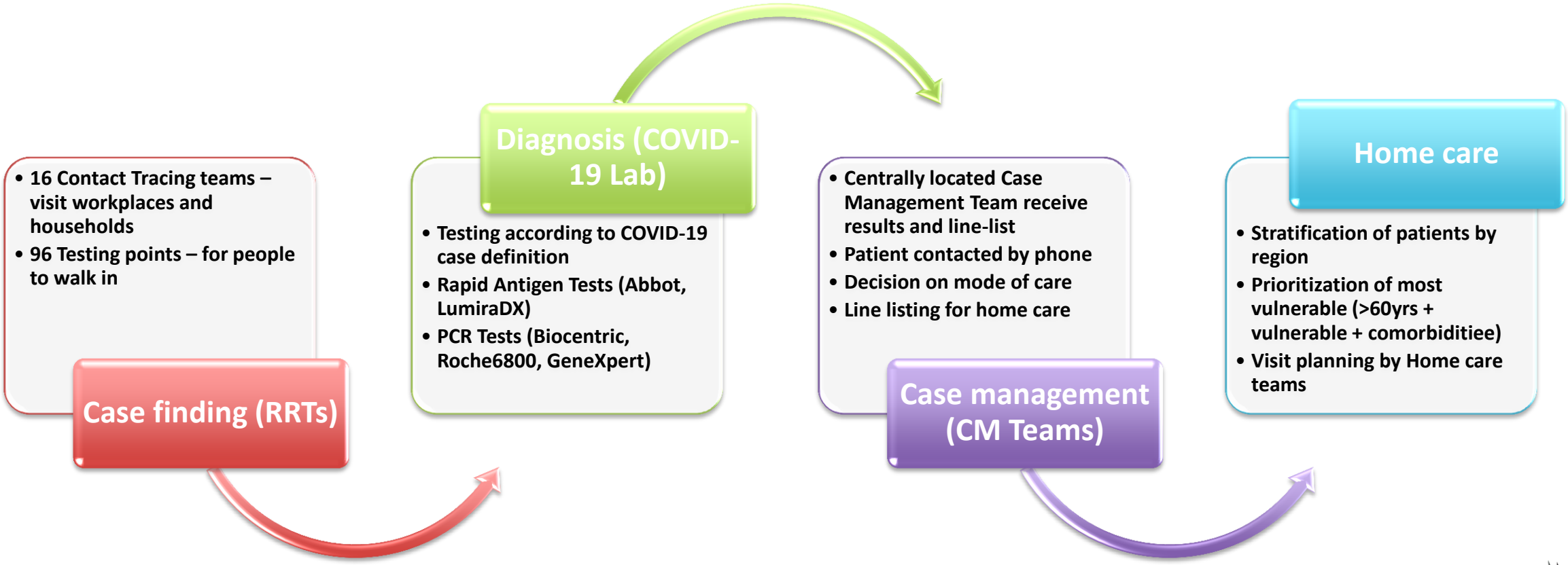
Covid-19 Case Management Process Flow



Eswatini COVID-19 Care Flowchart

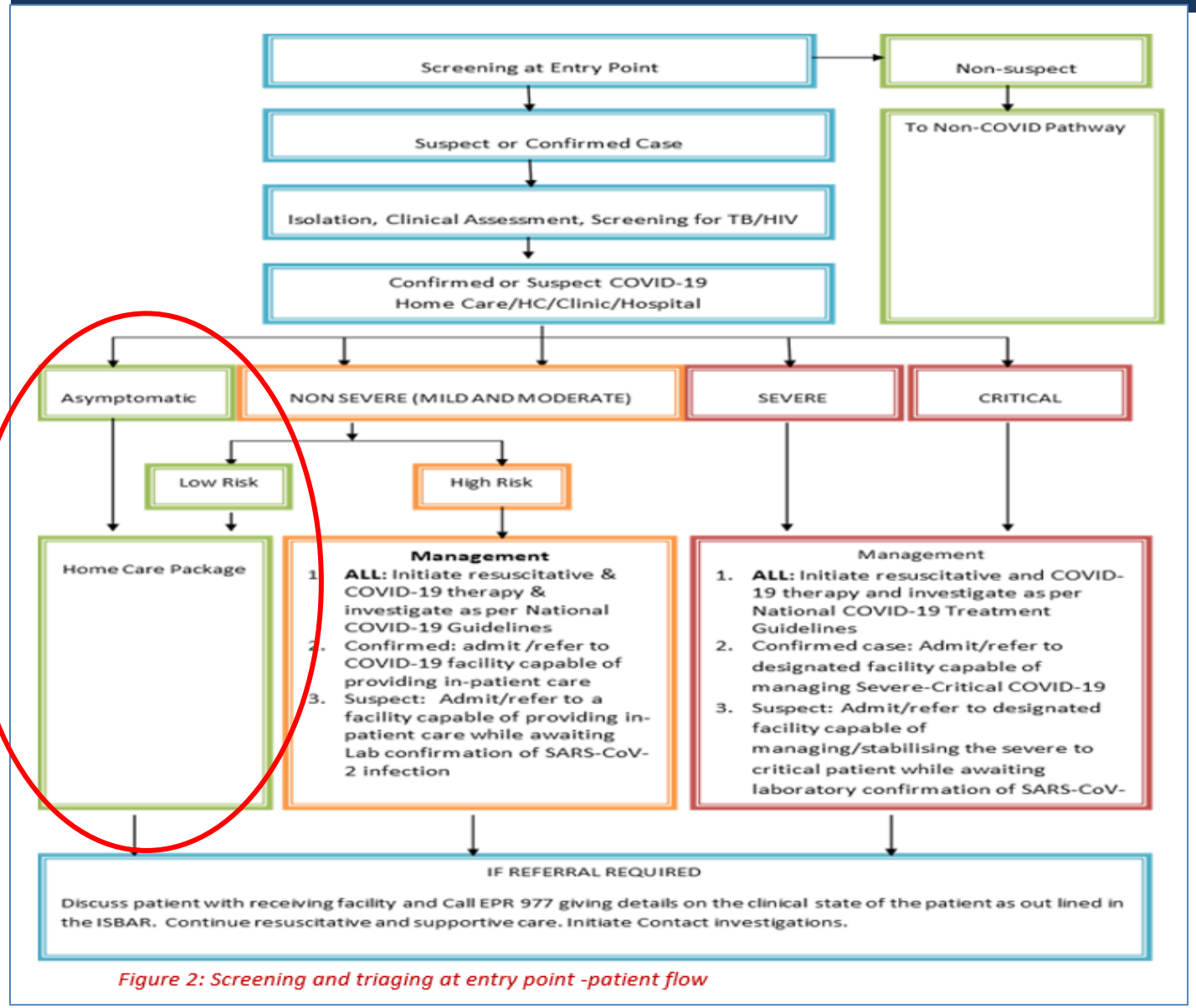


Figure 2: Screening and triaging at entry point -patient flow

A confirmed COVID-19 patient is admitted into homecare if they meet the following criteria;

- Classified as having a **non-severe condition** with no risk factors for severe disease
- A confirmed Covid-19 patient who has a **suitable home environment** for home isolation.
- A confirmed Covid-19 patient who **refuses to be admitted** in a treatment facility

Homecare Goals

Description: Homecare refers to care that is provided to all confirmed Covid 19 cases who are not hospitalized.

Goals:

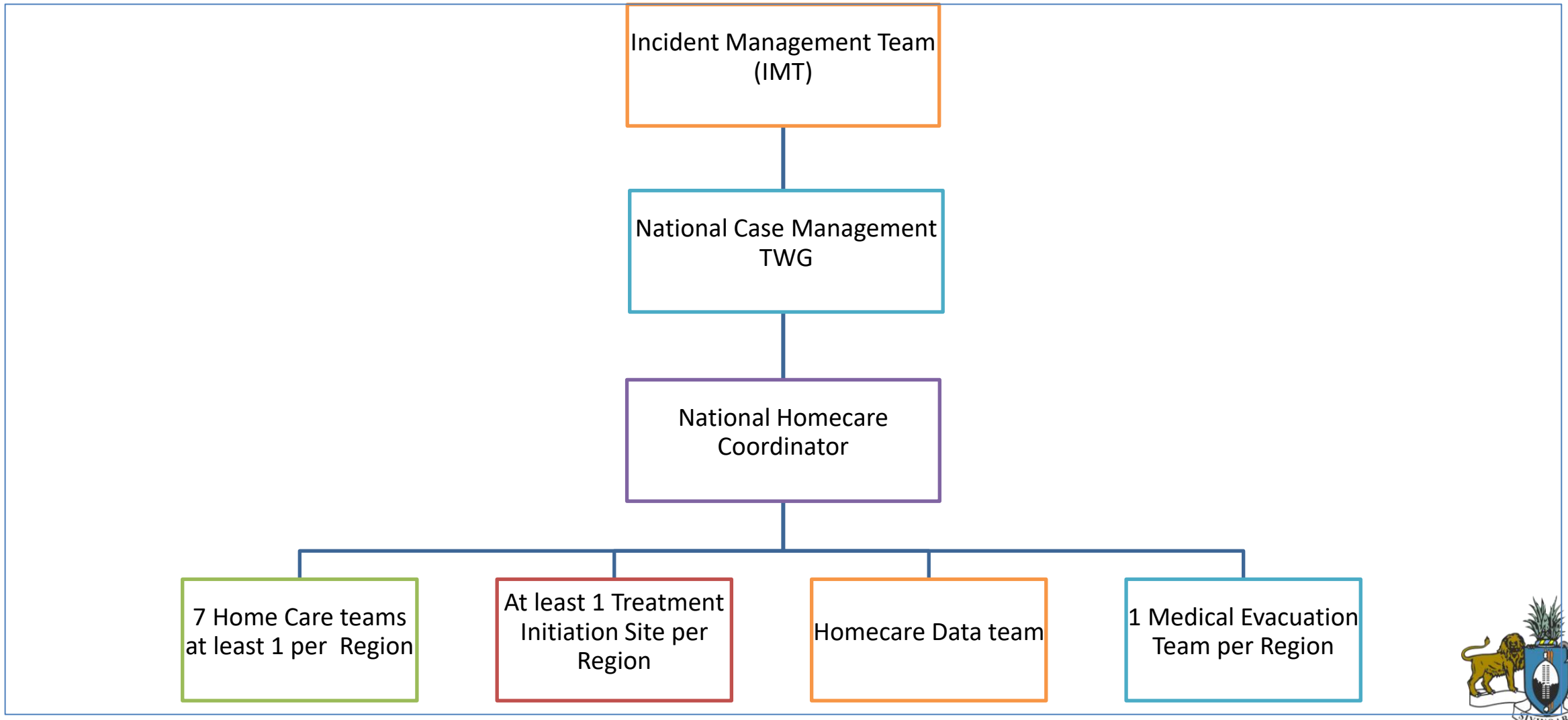
i. Reduce morbidity and mortality among COVID-19 cases through early detection of complications and evacuation for appropriate care.

ii. Decongest admitting facilities and allow severe and critical patients space and resources for inpatient care.

iii. Early identification of worsening patients for early evacuation to admitting facilities.

iv. To support self isolation, IPC and minimize the risk of transmission at home.

Homecare Coordination



Homecare Team Composition

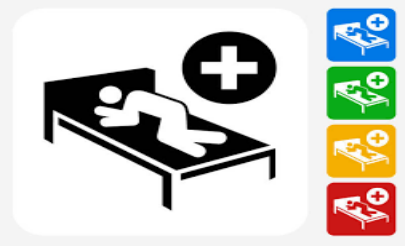
Who is involved in provision of homecare?

- 6 Homecare teams and 1 Home Care Coordinator - supported by the National COVID-19 Case management Team

- The 6 home care teams comprise of:
  - 6 Medical officers: Clinical leadership for patient care and follow up.
  - 18 EPR personnel: Support medical and clinical care plans

- 4 Evacuation teams under EPR/EMS for patients evacuation from homecare to admitting Covid-19 treatment facilities
- One data personnel supporting Homecare data management

COVID-19 Homecare Package



Triaging of confirmed cases

- Assess severity of disease
- Baseline vitals:
- SpO2, RBS, BP, T
- Within 24hrs of diagnosis

Initiation of care

- Treatment starter pack (Vit C, Zinc, Flu tabs) +/- Azithromycin
- DM, HT
- Treatment initiation done at home or homecare initiation points + kiosks

Psychosocial support

- Counselling and IPC education
- Home situation assessment
- Hygiene pack (jik, soap, sanitizer, medical masks)
- Hotline (Toll free **977** and other number

Follow up care

- Telephonic – day 3, 7, 11
- Worsening symptoms – team visitation
- Discharged on day 11 if no symptoms

Medical Evacuation

- Worsening symptoms – call 977 or designated mobile number
- Evacuation team alerted – use ambulances equipped with ALS equipment

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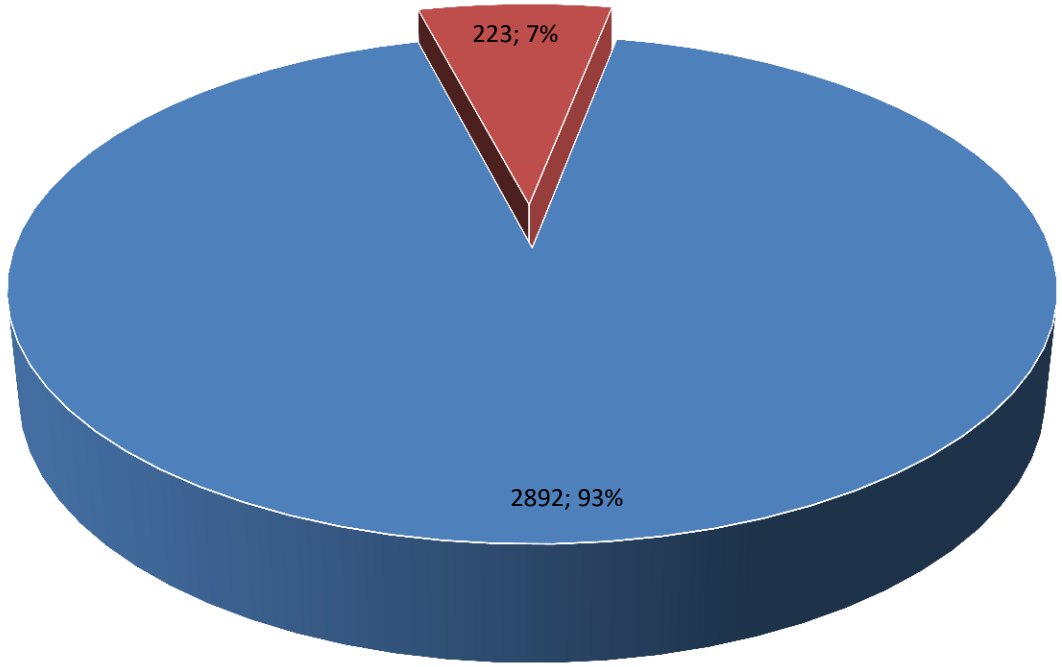
Homecare as a model of care_28 July 21

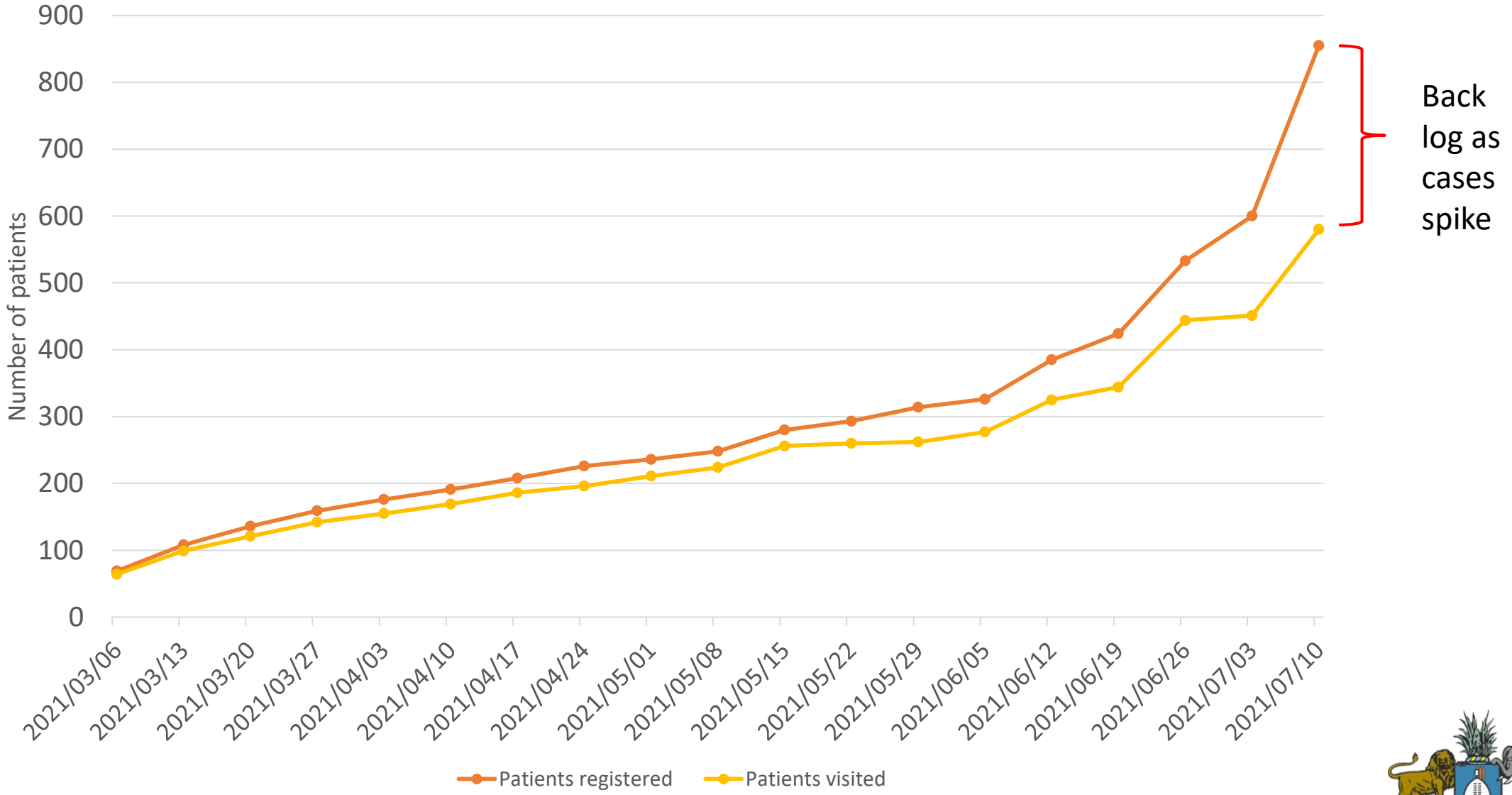


Total currently active

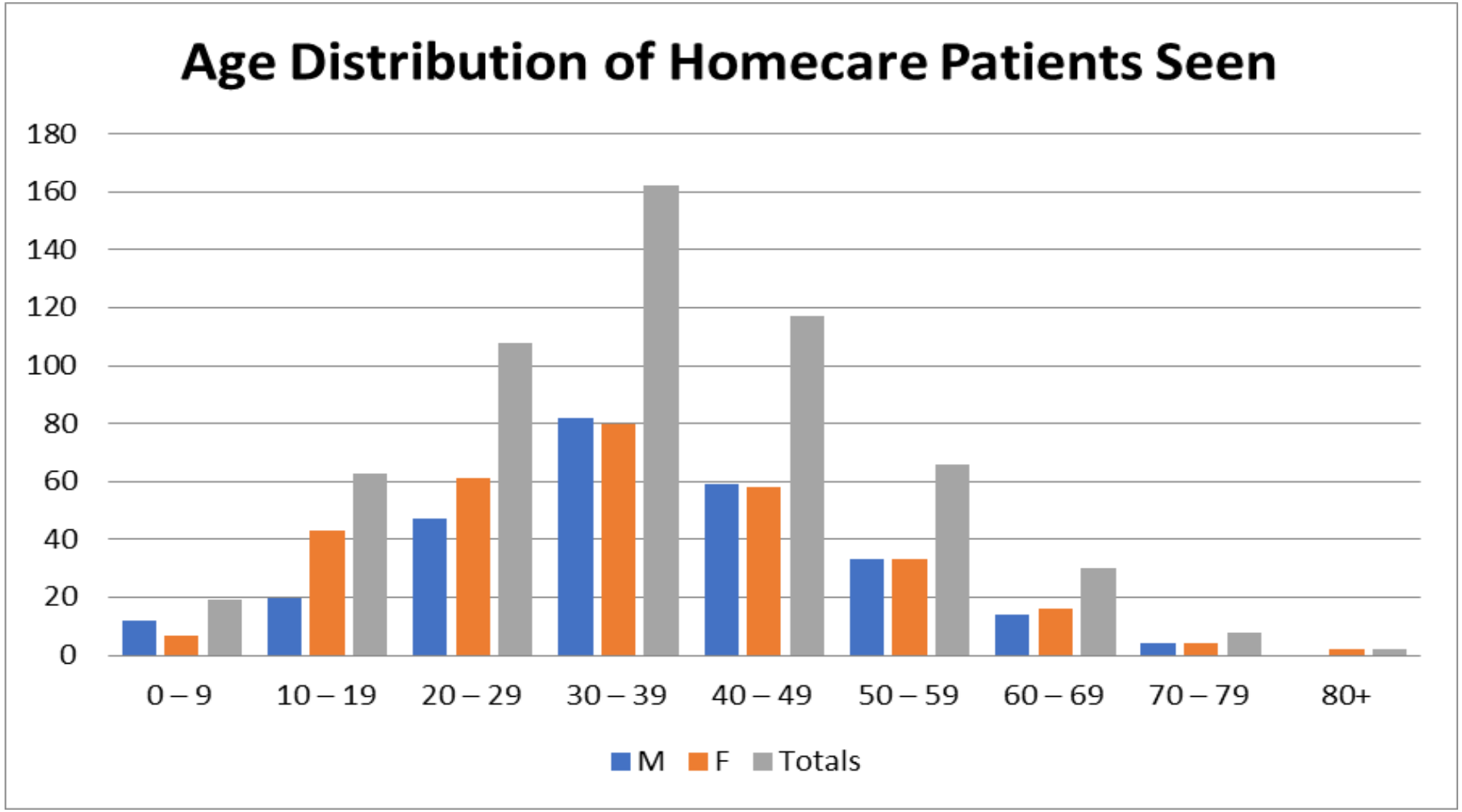
3115

Proportion in homecare expected to grow as daily cases increase

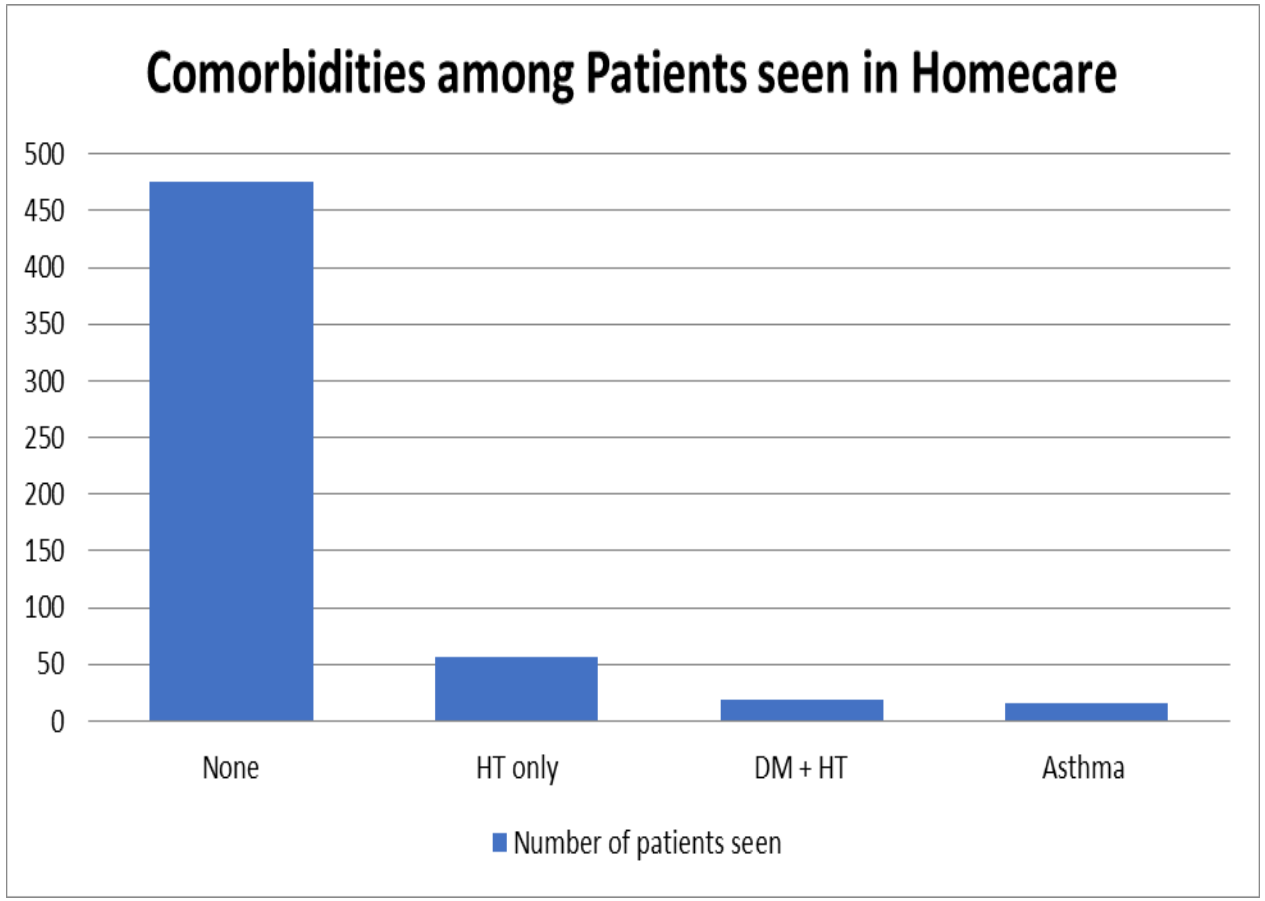
Cumulative Patients registered vs patients visited

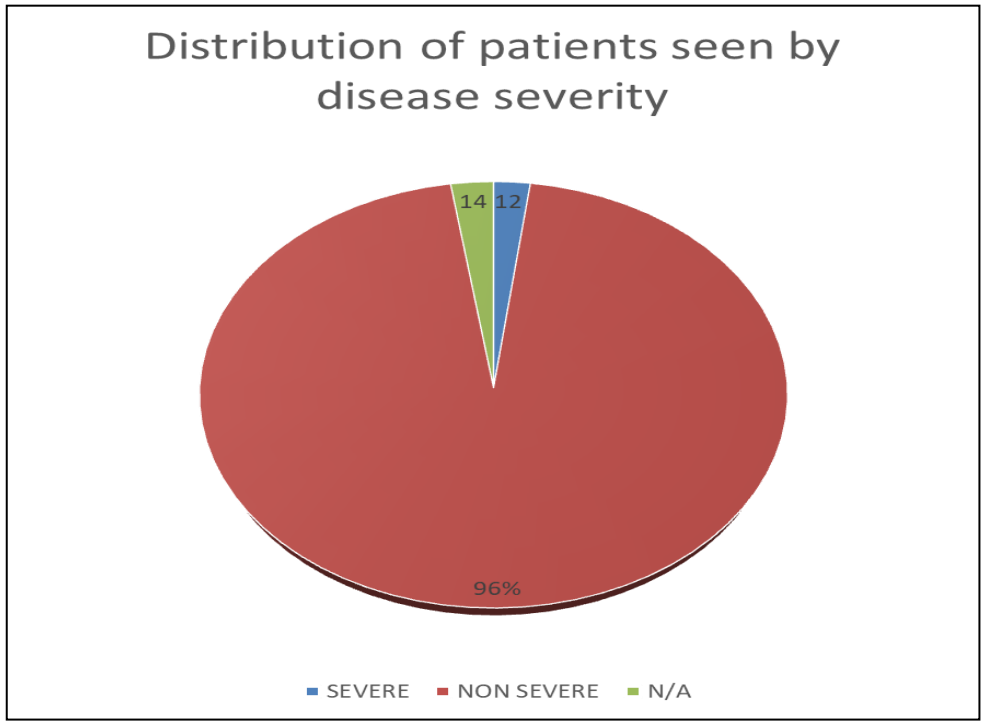


Age Distribution of Homecare Patients



Comorbidities Among Homecare Patients Seen since March 2021

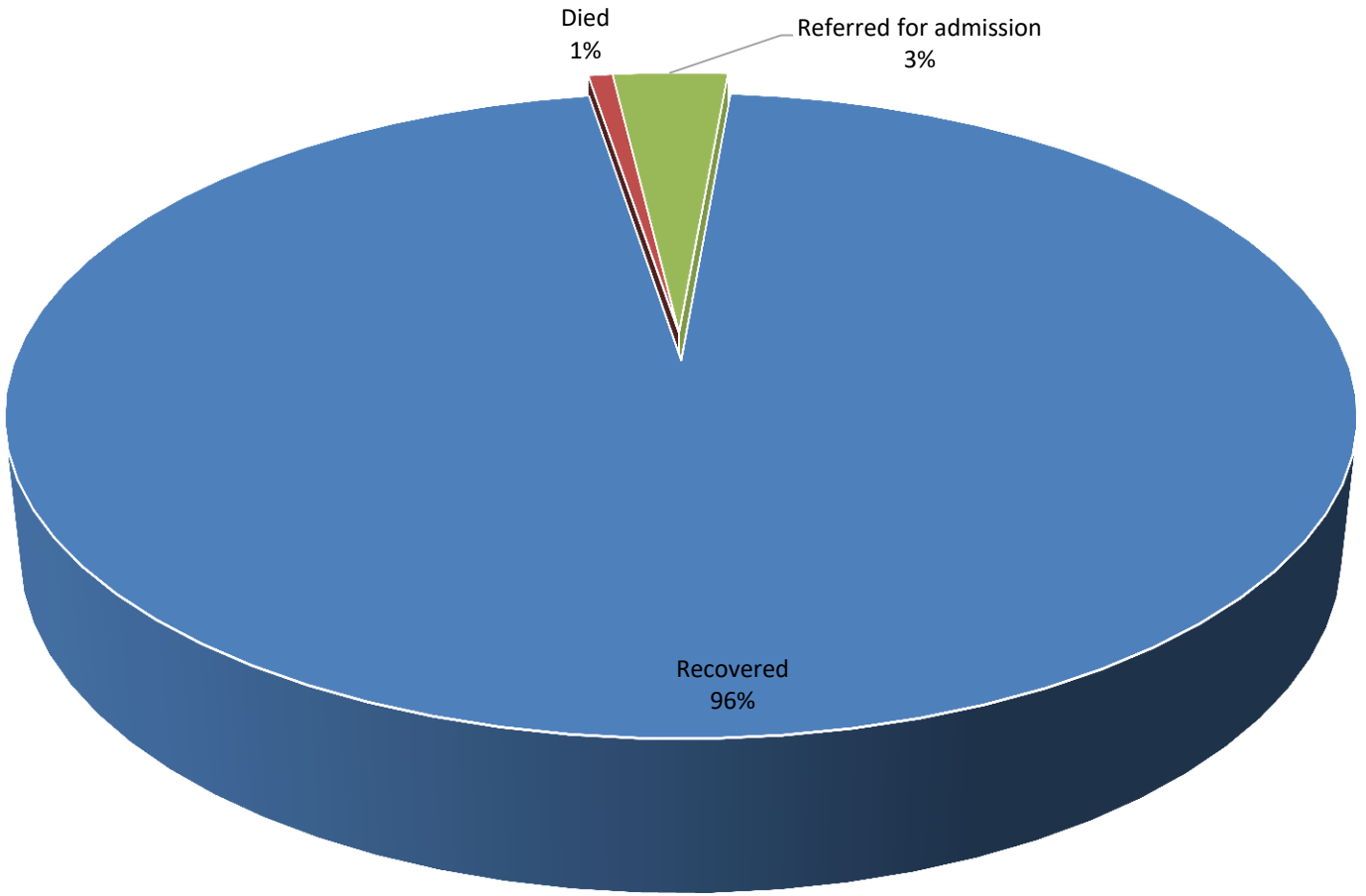




Majority of cases are non-severe.
Severe cases under homecare:

- Admission refusals
- Unavailability of admission space
- Deaths in transit during evacuation

Homecare Outcomes From January to July 2021



5 Deaths under homecare:

Four >60 yrs age
Two died at home and three died in transit to hospital.

Four had comorbidities: HT/DM or both.

Successes

- Homecare model was established early in the COVID-19 response and improved along the way.
- Homecare is now working as the main model of care for the majority of COVID19 patients (>80%).
- Appointment of a National Coordinator has assisted in streamlining processes and improving availability of equipment and drugs.
- Establishment of Homecare initiation stations per region, a model now being replicated in other communities where kiosks are available.
- Development of the homecare SOP, M&E tools and patient care IEC materials

Challenges

- Limited resources – pandemic growth in number of cases has been distinctly increasing with each wave: inadequate doctors, airtime, fuel and vehicles
- Worsening patients refusing to be referred and evacuated to admitting facilities
- Unavailability of inpatients bed space for patients who deteriorate while in homecare when inpatient capacity is reached at the peak of the waves,
- Delayed enrolment to homecare leading to delayed visitation and care

Thank you. Siyabonga