



MINISTRY OF HEALTH

CHANGES IN THE NATIONAL HEALTH SECTOR RESPONSE IN LIGHT OF RAPIDLY GROWING COVID-19 COMMUNITY TRANSMISSION

Background:

What is known and have been observed about the COVID-19 in our context is that,

- **Coronavirus is highly contagious**
Coronavirus is a highly contagious virus, spread primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks. These droplets are relatively heavy, do not travel far and quickly sink to the ground. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus. These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails, and people can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth.
- **Everyone is at risk of contracting coronavirus**
All people i.e. Adults, adolescent and children are at risk of being infected. Research indicates that children and adolescents are just as likely to become infected as any other age group and can spread the disease and they are less likely to get severe disease, but severe cases can still happen in these age groups. However, all people including children and adolescents should follow the same measures to prevent and manage COVID-19 if there is a risk they have been exposed or are showing symptoms.
- **COVID-19 disease may present with or without symptoms**
The most common symptoms are fever, cough and tiredness. Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discoloration of fingers or toes. These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms. A confirmed case can therefore have no symptoms (asymptomatic or pre-asymptomatic), or be symptomatic with mild, moderate severe or critical disease.

- **Incubation period**

The incubation period (time to being infected to developing symptoms) on average is 5-6 days but range from 1-14 days

- **Vulnerable groups have higher risk of severe disease and death**

The elderly and those of with pre-existing conditions such as diabetes, hypertension, chronic lung diseases, cancers are at increased risk for severe disease and death.

- **No approved medicine to prevent treat COVID-19 disease**

While some western, traditional or home remedies may provide comfort and alleviate symptoms of mild COVID-19, there is no there are no medicines that have been shown to prevent or cure COVID-19 disease. Self-medication with any medicines, including antibiotics, as a prevention or cure for COVID-19 is not recommended by WHO.

- **Oxygen therapy is one of the necessary approaches for supportive care**

Those who develop severe disease need admission and often require oxygen therapy to overcome difficulty in breathing and timely clinical care also prevents complications that may develop due an abnormal immune response to the virus.

- **New evidence released by WHO on discharge of patients from COVID-19 care**

New evidence from WHO indicates that COVID-19 patients can be infectious up to 9 after the onset of symptoms, but the infectiousness reduces drastically or is non-existent after day 9. Patients who tested positive after a negative follow up test on discharge from COVID-19 care were studied and none of these were found to have infectious viruses. Therefore, WHO now recommends discharge from COVID-19 care without PCR testing for both symptomatic and asymptomatic patients. **Symptomatic patients can be discharged from isolation 10 days after onset of symptoms plus at least 3 days with no fever and respiratory symptoms without repeat PCR testing.**

Asymptomatic patients can be discharged from isolation 10 days after a positive test with no need for a repeat test.

(source: <https://www.who.int/news-room/commentaries/detail/criteria-for-releasing-covid-19-patients-from-isolation>)

General Actions for Achieving COVID-19 Epidemic Control

To break the cycle of COVID-19 infections in the community, the strategic response is

1. Find those suspected to be infected, especially those showing symptoms
2. Immediately collect a sample to test them
3. Isolate and provide supportive treatment for all those testing positive
4. Trace high risk contacts and quarantine them for 10 days
5. Observe public health prevention measures
 - a. Frequent washing /sanitization of hands

- b. Proper Wearing of mask
- c. Social distancing of 1 to 2 metres

All the above should be observed as a package to achieve control of the COVID-19 epidemic.

What has been observed in the country

1. A Rapid increase in number of confirmed cases especially in Manzini and Hhohho due to
 - a. Relaxation of partial lockdown and people resuming business
 - b. COVID-19 guidelines not strictly adhered to by populace (including proper wearing of masks, frequent hand washing and social distancing or avoiding crowds)
2. An increasing demand for laboratory testing
 - a. Among suspected cases as a result of the flu season
 - b. Among contacts of confirmed cases
 - c. Patients admitted to COVID-19 care requiring negative test result before they are discharged.
 - d. Worried members of the public who want to know their COVID-19 status
3. Rapidly increasing demand for health care services
 - a. Increasing number of asymptomatic cases who get admitted
 - b. Increase in the number of those requiring intensive care
 - c. Delays in admission of those who present with symptoms, some of whom deteriorate rapidly and demise while waiting for results or evacuation.
4. Increasing number of deaths among those with symptomatic or severe disease, with co-morbidities or the elderly due to:
 - a. Late diagnosis and presentation in health facilities
 - b. Complications exacerbated by the presence of pre-existing medical conditions
5. Increasing number of calls received by 977 toll-free line

Revised National Health Sector Response to COVID-19

Considering the rapidly increasing number of confirmed COVID-19 cases and deaths, and the large number of contacts that need to be traced, the Ministry of Health has revised the current response strategies **for better use of current available resources, while ensuring access to quality care for those who need it the most and reducing the risk of death.**

The Strategic Objectives are to:

1. Rapidly detect COVID-19 and any evidence of human-to-human transmission among contacts
2. Reduce human-to-human transmission, prevent outbreaks, and delay the spread of disease
3. Reduce COVID-19 morbidity and mortality among confirmed cases.

THE NEW GUIDELINES ARE AS FOLLOWS: (IN LINE WITH GUIDANCE FROM WHO)

1. Laboratory Testing

- a. Testing will be prioritized for all people who meet the case definition for COVID-19 suspects who are showing symptoms of the disease.
- b. All those who are **asymptomatic contacts** will not be tested immediately but should self-isolate for 10 days (counted from day of last exposure to the confirmed case), according to the risk profile. They should monitor themselves daily for development of symptoms and visit their health provider, for assessment when symptoms appear. (observe all precautions, wear mask, hand washing and social distancing when travelling to seek care).
- c. Laboratory testing will not be required for decision to discharge confirmed COVID-19 patients. (see section below)

2. Clinical care

- a. Admission to COVID-19 facilities will be prioritized for patients with moderate to severe and critical illness and those with mild disease with co-morbidities (e.g. 50 yrs and above with underlying medical conditions).
- b. Home care will be prioritized for follow up of patients with mild symptoms and those who are vulnerable (children, people with disability or 50 years and above) who have no pre-existing illness , in order to assess medical care needs and to timely refer those with worsening clinical conditions.
- c. Asymptomatic cases can monitor themselves at home and call 977 (COVID-19 Desk) at onset of new symptoms.
- d. Work on decentralization of COVID-19 treatment centres to regional hospitals, and the use of private hospitals has started.

3. Discharge of confirmed COVID-19 cases from care

All patients being provided COVID-19 care will be discharged from home care or treatment facility based on the following:

- i. Asymptomatic – 10 days after first testing positive (10 days from date specimen with positive result was collected)
- ii. Symptomatic – 10 days after symptom onset, and at least 3 days without symptoms of fever or resolving respiratory symptoms without supportive treatment and other clinical conditions /complications have been managed.

People who are discharged will be provided with a letter that confirms the discharge status.

4. Management of Contacts

- a. Risk assessment will be done for all contacts of confirmed cases.
- b. All people who have been high risk contacts with a confirmed case should isolate themselves at home for 10 days.
- c. High risk contacts should self- isolate for 10 days. These people should daily monitor themselves for development of symptoms and if symptoms develop 977 (COVID-19

Desk) should be contacted. Promote strict adherence to Public health prevention measures.

High Risk Contact is someone who has:

- Face-to-face contact with a confirmed case within 1 meter and for more than 15 minutes.
- Direct physical contact with a confirmed case e.g. touching, hugging or kissing; or sharing eating utensils, drinks or cigarettes.
- Direct care for a patient with confirmed COVID-19 disease without using proper personal protective equipment.
- In a car, bus, aircraft or other transport sitting within two seats (in any direction) of the COVID-19 case. Includes travel companions, persons providing care, crew members, conductors, drivers.

Low Risk Contact:

- Face-to-face contact with a confirmed case more than 1 meter apart and for less than 15 minutes.
- In a closed environment with a known COVID-19 case for less than 15 minutes, with social distancing and face masks.
- Direct care for a patient with confirmed COVID-19 disease with proper personal protective equipment.
- Travelling together with a known COVID-19 case in any mode of transport.

Low risk contacts – Self monitor and report development of any COVID-19 related symptoms, otherwise continue with your normal life.

Health care workers and all other workers will also follow the same guidelines for testing and contact tracing.

5. Slowing and halting transmission of COVID-19 in the Manzini and Hhohho Regions:

- a. A door to door campaign to be conducted from Monday the 20 of July 2020 in Manzini and Hhohho to
 - i. Educate the public about the importance of strict adherence to public health infection and prevention control measures within the home settings and outside.
 - ii. To test all those with symptoms suggestive of COVID-19 and ensure their timely management, including admission, as mentioned above.
 - iii. To trace all contacts of confirmed cases and manage accordingly as depicted above.
- b. Ten teams of 3 people each will be deployed at identified hotspot areas in the two regions to visit households where they will conduct the above activities, beginning on 20th July 2020.
- c. The areas to be visited will be announced through local media
- d. The public is requested to cooperate with the teams as they move around their community and ensure that those available at home provide the necessary information.