



Advisory on Mitigation Strategies Covid-19

GOVERNMENT OF PAKISTAN

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Executive Summary

As the number of covid-19 cases triple during the last 48 hours¹, the need for mitigation in consequence to containment occupies the center stage. The risk of secondary transmission multiples and the exposure of indigenous populations shall become the main cause of concern in the battle against covid-19 for Pakistan. Meanwhile as the disease has limited itself to importations and geographical zone, time has come to assess the needs for mitigation and its implementation mechanism. Uniform strategic implementations across Pakistan is warranted via national and international guidelines for mitigation.

The early phase of case detection followed by more than 70% tracking and tracing of contacts will give good confidence of not missing any circulation and henceforth early detection of what was supposed to be a major outbreak. Similarly community being the major stake holder in the outbreak would require efficient risk communication targeting both the health and social perspective of the disease. The stigma of being a carrier of a notorious outbreak to self-quarantine and social distancing will play a pivotal role for denying the virus of successive hosts. The places for decontamination will not be limited to health sectors yet the identification of places for decontamination will depend on the understanding the retrospect of suspected and confirmed cases.

Knowing the weaknesses in the health system of the country, it is of utmost importance to imply science in operational modalities. Till this day² the mild cases covers 80% of the total disease burden, giving enough confidence for management customization of cases with covid-19. The document does describe in depth the difference between quarantine and isolation with further explanation on both in effects to the occurrence, intensity, contact and exposure of the individuals. Decontamination as a common base to all the facilities shall ensure a challenge to the spread of the disease. The inclination of avoiding hospitalization for mild cases to the capacity building (Both in logistics and HR) for severe cases remains the forte of mitigation strategy. However the home quarantine/isolation with proper decontamination techniques and self-protection would remain issues of concern for the public perception and social understandings.

Finally cases with critical needs and hospitalization would require prioritization as per SOPs due availability of resources in bigger outbreaks. The management routine for all the patients under hospitalization should follow the same routine and handling of such needs to be done by trained human resource with decontamination protocols in place.

¹ 10th and 11th March 2020

² 11th March 2020



COVID-19 Mitigation strategies - Advisory

The Government of Pakistan has been actively taking measures for the prevention and the containment of the COVID-19, since the start of the outbreak. Pakistan isolated its first Corona case on 26th February, and we have reached a total of 19 cases as of now³ (4 in Gilgit Baltistan and 15 in Karachi- Sindh). All of the cases have a travel history suggesting transmission elsewhere being imported in the country.

However, in the last 48 hours, 12 new cases have been reported. There is no evidence of secondary transmission as of now, but with an increment in imported cases, the exposure to indigenous population and the track of contacts expands. Therefore, the risk of secondary infections cannot be ruled out in the coming days.

Keeping in view the current scenario, it is crucial to not only continue *containment* but also to actively prepare for *mitigation* and immediately share advisory on mitigation measures to all the concerned audience.

Mitigation measures:

1. Early case detection and Tracing and tracking of contacts:

- For all mild and otherwise cases, contact tracing is critical.
- All the available methods should be used to trace contacts.
- For mild and moderate symptoms in contacts, guide people to go for home quarantine. (Refer to the Home quarantine for the details). Regular follow up of these cases is critical. The decision is also to be made after review of the house and possibility of home isolation in the room.
- Suspect (and positive cases) not requiring clear medical reasons for admission should not be admitted in Hospitalization avoid unnecessary spread of infection to other people and hospital staff. This will prevent increased number of acquired hospital infections and unnecessary deaths from other causes and pressure on hospital capacity. This will also protect our health care staff from overcrowding and increase risk of them being infected as happened in Wuhan and Italy.
- In case, any of these contacts becomes positive, the same pattern is to be followed; i-e contact tracing and follow up.

2. Risk communication:

It is of prime importance to ensure that all the critical information (e.g. basics of the disease and what to do in case of a suspicion) is cascaded to all the cadres and people belonging to all walks of life. Not every flu/fever needs hospitalization. Ideally, self-quarantine is the best strategy while staying in telephonic or electronic contact with the healthcare provider, or via family members. An effective risk communication strategy is critical in ensuring the awareness at the grass root level around these matters.

³ 11th March 2020



- **Dissemination of basic practices to the masses to avoid transmission:**

- Panic should be avoided by informing that 80% have mild symptoms and low mortality rate.
- Clarity on use of face masks from top medical professionals; should only be used in very limited circumstances. This includes use by persons who are coughing and sneezing – to prevent spread to others.
- Hand hygiene with soap and water and use of hand sanitizers should be practiced
- Covering the face while coughing and sneezing.
- Maintain suitable distance from the people, to avoid unexpected transmission.
- If sick stay at home.

- **For organizations and employees:**

- Proper COVID-19 awareness materials should be provided in all the offices/institutions.
- In case of any concern of mild symptoms of employees, relief from work/work from home should be suggested to avoid any contact.
- Organizations should avoid face to face meetings in case of any such concern.
- Information on disinfecting surfaces of offices (Floor, Tables, lift, stair railings etc)
- All the offices should have work modalities policies in place, in advance.

- **The COVID-19 Risk Communication Package for Healthcare Facilitiesⁱ:**

This package provides healthcare facility management and healthcare workers with an overview of the key actions required to keep safe and healthy in the workplace.

- Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette
- Post information, like posters and flyers, that remind patients and visitors to practice good respiratory and hand hygiene.
- Strict (Limit) visitor access to hospitals.

- **Avoid stigma:**

- Train the health care providers on counselling of the patients around COVID—19.
- It is critical to convey to the community that this is another respiratory infection, like many others, and the patients should not be stigmatized by it.
- Engage social influencers for such as religious leaders or respected celebrities on prompting reflection about people who are stigmatized and how to support them.
- Identify community influencers (e.g., community leaders, religious leaders, health workers, traditional healers, alternative medicine providers) and networks (e.g., women's groups, community health volunteers, youth associations, religious groups, unions, and social mobilizers for polio, malaria, HIV) that can help with community engagement.



- Health care providers and community influencers must be trained on counselling regarding how home quarantine can reduce the risk of the disease and improve situation.
- Engage through social media: proactively inform audiences and collect and answer all questions.

3. Social Distancing:

- Avoid big gatherings and crowded places, especially when in closed spaces.
- Super-spreading events are inevitable, and could overwhelm the contact tracing system, leading to the need for broader-scale social distancing interventions.
- CFR increases sharply with age and is higher in people with COVID-19 and underlying comorbidities. Targeted social distancing for these groups could be the most effective way to reduce morbidity and concomitant mortality.
- Pro-active or reactive school day closures can be exercised.

4. Quarantine/Isolation:

- **Quarantine**

Separation and restriction of movement of persons who are exposed to a patient with COVID-19 disease to see whether they develop the infection. Quarantine may be at home or in a facility

- **Isolation**

Separation of patients infected with proven or suspected COVID-19 to prevent the spread of the infection. Isolation may be at home or in the hospital

Case Definitions

1. A patient with at least one of the following symptoms: Fever, Cough or Shortness of breath

AND

A history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset. A list of the countries can be found in the latest WHO situational report at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

2. A patient with at least one of the following symptoms: Fever, Cough or Shortness of breath

AND

Contact with a confirmed or probable COVID19 case in the last 14 days prior to the onset of symptoms;

3. A patient with at least one of the following symptoms: Fever, Cough or Shortness of breath

AND

Requiring hospitalization with no other etiology that fully explains the clinical presentation.



Quarantine

Facility level

- **Infrastructure**
 - No universal guidance regarding the infrastructure for a quarantine facility
 - Space should be respected not to further enhance potential transmission
 - Living placement should be recorded for potential follow up in case of illness.
- **Accommodation and supplies**
 - Travelers should be provided with adequate food and water, appropriate accommodation including sleeping arrangements and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible, in a language that they can understand and other appropriate assistance.
 - A medical mask is not required for those who are quarantined
- **Communication**
 - Establish appropriate communication channels to avoid panic and to provide appropriate health messaging so those quarantined can seek timely appropriate care when developing symptoms.
- **Respect and Dignity**
 - Travelers should be treated with respect for their dignity, human rights and fundamental freedom and minimize any discomfort or distress associated with such measures

Duration

- Up to 14 days

Home Quarantine

- **Recommendations for persons under quarantine**
 - Stay in a well-ventilated single room
 - Avoid gatherings and crowded spaces.
 - Must stay at home
 - Perform hand hygiene frequently
 - Alcohol-based hand rubs should be used if hands are not visibly soiled or with soap and water when hands are visibly soiled
 - Cover nose and mouth while sneezing and coughing with flexed elbow or paper tissue, dispose the tissue immediately after use and perform hand hygiene.
 - Avoid touching the face
 - Dustbin should be lined with a bag and the bag tied tightly before throwing
 - No need for the person under quarantine or household members to wear a mask
 - Watch for Signs and Symptoms.



- If fever, cough or shortness of breath develop then inform contact number provided
- Dedicated Linen and utensils are not required
- Routine cleaning of the house is recommended

Monitoring of Quarantined Persons

- **Self-monitoring**
 - People should monitor themselves for fever by taking their temperatures twice a day and remain alert for a cough or difficulty breathing.
 - If they feel feverish or develop measured fever, cough, or difficulty breathing they should self-isolate, limit contact with others, and contact the helpdesk at 1166
 - Persons should practice hand hygiene regularly and cough etiquette.
- **Active monitoring**
 - Provincial health department and NIH assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever, cough, or difficulty breathing.
 - Calls should be sent every 48 hours to assess for the period of the quarantine

Isolation

Guidelines for hospital isolation

- Areas should be identified where patients will be housed
- For all areas
 - Ensure either single-use and disposable or dedicated equipment (e.g., stethoscopes, blood pressure cuffs, and thermometers) is present in each room
 - If equipment needs to be shared, clean and disinfect it between use for each patient (e.g., by using ethyl alcohol 70%)
 - Ensure adequate environmental cleaning consistently and correctly
 - Manage laundry, food service utensils and medical waste in accordance with safe routine procedures
 - Avoid moving and transporting patients out of their room or area unless medically necessary
 - Use designated portable X-ray equipment and/or other designated diagnostic equipment, whenever possible.
 - If transport is required, use predetermined transport routes to minimize exposure for staff, other patients and visitors.
 - The patient should use a medical mask during transport
 - Ensure that HCWs who are transporting patients perform hand hygiene and wear appropriate PPE
 - Notify the area receiving the patient of any necessary precautions as early as possible before the patient's arrival
- Admitted patients WHO DO NOT REQUIRE SUCTIONING, should be placed under both Droplet and Contact precautions



- Single room is preferred
- If not available, patients can be housed together in a dedicated ward
- Maintain at least 1-meter distance between patients
- All health care workers must take the following precautions when entering the room/ward
 - Wear a surgical mask at all times during patient care
 - Observe STRICT hand hygiene
 - Avoid touching eyes or the mask
 - Wear clean, long sleeve non-sterile gowns
 - Remove PPE before leaving the room/ward and immediately perform hand hygiene
- Admitted patients WHO REQUIRE SUCTIONING, should be placed under Airborne isolation with Contact precautions
- Single room isolation with negative pressure isolation
 - If negative pressure isolation is not available then place in a room with ample ventilation. A fan facing away from the door, towards the outside of the building is encouraged if possible
 - Do not place patient in a room in which air is recirculated (e.g. centrally air-conditioned area without special air handling)
- All health care workers must take the following precautions when entering the room
 - Wear N-95 mask at all times
 - Observe STRICT hand hygiene
 - Avoid touching eyes or the mask
 - Wear clean, long sleeve non-sterile gowns
 - Remove PPE before leaving the room/ward and immediately perform hand hygiene
- Patients can be moved out of isolation only when symptoms improve AND two consecutive swabs (sent one day apart) are negative
- If the patient has no symptoms but the swab is positive, the patient may be moved to home isolation

Guidelines for Home Isolation

- **Indications**

- Home Isolation may be considered in the following patients
 - Those with a separate room to stay in
 - Those with mild or asymptomatic disease
 - Those consenting for isolation

- **Guidelines**

- Place the patient in a well-ventilated single room (i.e., with open windows and an open door).
- Limit the movement of the patient in the house and minimize shared space.
 - Ensure that shared spaces (e.g., kitchen, bathroom) are well ventilated (e.g., keep windows open).



- Household members should stay in a different room
- Limit the number of caregivers.
 - Ideally, assign one person who is in good health with no underlying chronic or immunocompromising conditions.
- Visitors should not be allowed until the patient has completely recovered and has no signs and symptoms.
- Perform hand hygiene after any type of contact with patients or their immediate environment.
 - Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet and whenever hands look dirty.
 - If hands are not visibly dirty, an alcohol-based hand rub can be used.
 - For visibly dirty hands, use soap and water.
 - When washing hands with soap and water, it is preferable to use disposable paper towels to dry hands.
 - If these are not available, use clean cloth towels and replace them when they become wet.
 - The patient must use their own towel
- A medical mask should be provided to the patient and worn as much as possible.
- Mouth and nose should be covered with a disposable paper tissue when coughing or sneezing and discarded after use
- Caregivers should wear a surgical mask that covers their mouth and nose when in the same room as the patient.
 - Masks should not be touched or handled during use.
 - If the mask gets wet or dirty from secretions, it must be replaced immediately with a new clean, dry mask.
 - Remove the mask using the appropriate technique – that is, do not touch the front, but instead untie it. Discard the mask immediately after use and perform hand hygiene.
- Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool.
 - Use disposable gloves and a mask when providing oral or respiratory care and when handling stool, urine and other waste.
 - Perform hand hygiene before and after removing gloves and the mask.
- Do not reuse masks or gloves.
- Use dedicated linen and eating utensils for the patient
 - Items should be cleaned with soap and water after use and may be re-used instead of being discarded.
- In the room where the patient is being cared for, clean and disinfect daily surfaces that are frequently touched, such as bedside tables, bedframes and another bedroom furniture.
 - Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (i.e., equivalent to 5000 ppm or 1-part bleach to 9 parts water) should be applied.
- Clean and disinfect bathroom and toilet surfaces at least once daily.



- Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite should be applied.
- Clean the patient's clothes, bed linen, and bath and hand towels using regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and dry thoroughly.
 - Place contaminated linen into a laundry bag.
 - Do not shake soiled laundry and avoid contaminated materials coming into contact with skin and clothes.
- Gloves and protective clothing (e.g., plastic aprons) should be used when cleaning surfaces or handling clothing or linen soiled with body fluids.
 - Perform hand hygiene before and after removing gloves.
- Gloves, masks and other waste generated during at-home patient care should be placed into a waste bin with a lid in the patient's room before being disposed of as infectious waste.
- Avoid other types of exposure to contaminated items from the patient's immediate environment (e.g., do not share toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, washcloths or bed linen).

Proper case management:

- Clinical management of severe acute respiratory infection when novel coronavirus (2019-nCoV) infection is suspected:
 1. Triage: recognize and sort patients with SARI
 2. Immediate implementation of appropriate infection prevention and control (IPC) measures
 3. Early supportive therapy and monitoring
 4. Collection of specimens for laboratory diagnosis
 5. Management of hypoxemic respiratory failure and acute respiratory distress syndrome (ARDS)
 6. Management of septic shock
 7. Prevention of complications
 8. Specific anti-nCoV treatments
 9. Special considerations for pregnant patients