Alert for General Practitioners and Private Health Clinics on Coronavirus Disease (COVID-19)

Alert FOR GENERAL PRACTITIONERS AND PRIVATE HEALTH CLINICS ON CORONAVIRUS DISEASE (COVID-19)

Key Points

1. Consider Coronavirus Disease (COVID-19) in patients with acute respiratory symptoms and travel to or transit through countries with community transmission, or contact with someone diagnosed with COVID-19, or health care worker caring for suspected COVID-19 cases, in the 14 days before illness onset.

2. If patients report respiratory symptoms within 14 days of travel from countries where community transmission is established, arrange for testing. Discuss testing options with national public health authority or health department.

3. Use appropriate personal protective equipment and airborne precautions and isolate the patient immediately if potential COVID-19 case.

4. Additionally, people who have travelled to or resided in a country with community transmission or had contact with a case of COVID-19 and have no symptoms, must be informed to remain at home for 14 days from last contact or date of departure and advise the public health department for follow-up.

Background

In 2019, a new coronavirus strain, severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) emerged and has been identified as a betacoronavirus, similar to MERS CoV and SARS CoV. These coronaviruses are believed to have their origin in bats. The disease caused by the new virus has been given the official name coronavirus disease (COVID-19). As of 11 March, the World Health Organization has declared COVID-19 as a pandemic.

Community transmission of COVID-19 has been facilitated through human-to-human contact, mainly by droplet spread. Reported illnesses have ranged from infected people with little to no symptoms, people being severely ill with pneumonia and to death. The likelihood of someone with COVID-19 visiting a primary care private or public health facility is high.

The risk to individuals is dependent on exposure. To date, some people have been found to have an increased risk of infection. The elderly and those with comorbidities such as chronic diseases appear to be more prone to severe illness and death. Children and babies have been infrequently infected based on data available to date. However, in the Caribbean the risk to children may be different and as such children exposed or presenting with ARI symptoms should be assessed for COVID-19. Healthcare workers caring for COVID-19 patients and other close contacts of infected persons are at increased risk of infection. Staff, including those working in reception areas must be informed on these risks, provided with the necessary training and PPE and advised to take the necessary precautions when triaging and assessing patients.
### Case Definitions for COVID-19 (WHO, 2020)

<table>
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<tr>
<th>Type of Cases</th>
<th>Definition</th>
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| **Suspected cases**<br>(two suspected case definitions A or B) | A. A person who meets the clinical **AND** epidemiological criteria: 
Clinical criteria:
1. Acute onset of fever **AND** cough;  
  **OR**  
2. Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhoea, altered mental status.  
  AND  
Epidemiological criteria:
1. Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings, such as camp and camp-like settings for displaced persons, any time within the 14 days prior to symptom onset;  
  **OR**  
2. Residing in or travel to an area with community transmission anytime within the 14 days prior to symptom onset;  
  **OR**  
3. Working in health setting, including within health facilities and within households, anytime within the 14 days prior to symptom onset.  
  
B. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of ≥ 38°C; and cough; with onset within the last 10 days; and who requires hospitalization).  

| Probable cases | A. A patient who meets clinical criteria above **AND** is a contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which has had at least one confirmed case identified within that cluster.  
  
B. A suspected case (described above) with chest imaging showing findings suggestive of COVID-19 disease*  
  * Typical chest imaging findings suggestive of COVID-19 include the following (Manna 2020):  
  - chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution  
  - chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution  
  - lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.  
  
C. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.  
  
D. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or epidemiologically linked to a cluster which has had at least one confirmed case identified within that cluster.  

| Confirmed cases | A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.  

### Contact
A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

A. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes
B. Direct physical contact with a probable or confirmed case
C. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment
D. Other situations as indicated by local risk assessments. Note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.

MANAGEMENT OF A POTENTIAL CASE OF COVID-19 AT YOUR HEALTH CLINIC

i. General:
   • General Practitioners should identify and report potential cases as soon as possible to the public health authority, in keeping with National protocol and procedures.
   • Implement infection prevention and control measures to prevent transmission of COVID-19 to staff, other patients and client attending your facility.
   • Avoid direct contact and exposure by ensuring to take the necessary IPC measures by wearing personal protective equipment (PPE) in line with standard infection control protocols when evaluating the patient.
   • Develop and implement business continuity plans to guide operations for managing potential COVID-19 case at private health clinics.

ii. At registration and reception
   • Patient booking an appointment via telephone and meets case definition for COVID-19 should be referred to the public health authority in keeping with national protocol.
   • A travel and exposure history of all unwell patients on registration at reception to the health clinic should be elicited, if a relevant travel or exposure history is present then patient should be placed immediately in a room away from staff and other patients. No one should be allowed to enter the room except for the relative/guardian/friend accompanying the patient.
   • If symptoms suggestive of potential COVID-19 case but no exposure history the patient should be placed immediately in a room away from staff and other patients. No one should be allowed to enter the room except for the relative/guardian/friend accompanying the patient, and they should also be provided with a mask.

iii. Patient clinical evaluation
   • Patient should be given a mask upon arrival and placed in a room away from other patients.
   • Avoid direct contact and exposure by ensuring to take the necessary IPC measures in line with standard infection control protocols when evaluating the patient.
   • Personal protective equipment should be worn in line with standard infection control protocols before engaging the patient by health care workers.
   • If patient is critically ill, then inform the public health authority and designated COVID-19 hospital of the potential COVID 19 case and arrange for transfer via ambulance to the designated COVID-19 health facility. No patients with suspected COVID-19 should be instructed to use public transport or taxis to get to hospital.
   • The General Practitioner or nurse should reassess and ask patients if they have travelled to or transited through countries with community transmission and have experienced any respiratory symptoms. Carefully document all travel and exposure history and symptoms. This may be done via telephoning the patient.
• Note that over time some patients without travel history or known exposure may present with illness. These patients could be infected from exposure to imported cases or it can be an indication of local transmission or community transmission in a country where this has been declared.

• If patient meets the case definition, then the national public health authority should be contacted immediately and follow national protocol and guidelines for transfer and referral.

iv. Requirements for Sampling of Suspected Cases

• The national guidelines for sample collection for SARS-COV-2 should be followed. In the absence of national guidelines, the General Practitioner may take samples if airborne infection prevention and control procedures are used (a P2/N95 mask, disposable gown, gloves, and eye protection must be worn) in keeping with national protocols. If the patient coughs while the sample is being taken, the room should be cleaned and not used for patient consultations for at least an additional 30 minutes.

• Samples can be taken from as early as day 0 to as much as ten (10) days following the onset of symptoms.

• Recommended specimens are:
  ○ a sole nasopharyngeal swab.
  ○ Please note that it is extremely important to take the sample from the pharynx; swabbing only within the nostrils can produce false negative results on the test.

• If appropriate PPE is not available to safely collect the sample, refer patients to the designated health facility according to national public health authority and guideline.

• Inform the patient of how and when to expect their results

• Explain to the patient about COVID-19, what to expect and on what the results mean and to manage their mental health.

Visit CARPHA’s website https://carpha.org/What-We-Do/Public-Health/Novel-Coronavirus for updated technical guidance including an Algorithm for the clinical management of COVID-19 cases.
v. **Environmental cleaning following a possible case**
   - Once the patient has been transferred then the room that was used by the patient should be closed and not used until it is cleaned and disinfected in keeping with national infection control protocol and where one does not exist refer to World Health Organization protocol.
   - Communal areas should also be cleaned and disinfected.

vi. **Health and Safety of Staff**
   - Encourage clients to call ahead and provide a mask to cases who report with Acute Respiratory Infection (ARI) symptoms immediately upon arrival.
   - Provide adequate and appropriate signage on infection control and hygiene for staff and clients
   - Develop business continuity plans to guide operations
   - Develop standard operating procedures for staff to follow if they have an unprotected exposure (i.e., not wearing recommended PPE) to a confirmed or possible COVID-19 patient.
   - Advise staff who develop symptoms consistent with COVID-19 (fever, cough, or difficulty breathing), not to report to work.
   - Provide PPE to reception and other frontline staff and guide them in the safe use and disposal of PPE

vii. **Mental Health and Psychosocial Support**
   - Provide staff with options for psychosocial support
   - Manage stress and fears expressed by staff
   - Provide a means for staff to report their illness
   - Manage stigma and discrimination by staff and against staff.

FOR FURTHER INFORMATION PLEASE CALL YOUR LOCAL PUBLIC HEALTH DEPARTMENT OR MINISTRY OF HEALTH

**References:**


