

COVID-19: BREAKING THE CHAIN OF TRANSMISSON THROUGH TESTING, ISOLATION, QUARANTINE

Information for All UN Personnel 20 July 2020

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Break the Chain of Transmission through Early Detection

X X X X X X X X X X







Symptoms To Monitor Daily Amongst UN Personnel

- •Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- •Fatigue
- Muscle or body aches

- •Headache
- •New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea











Who To Test?

- Testing is only one part of response plan
- Testing by itself will not reduce transmission/ morbidity & mortality
- Need to Test all who are SYMPTOMATIC:
 Mask & Isolate ASAP
 Quarantine all close contacts
 Test for COVID-19 via PCR







Who Must Be Quarantined for 14 days?

- All contacts of lab-confirmed or suspected cases
 Incoming staff travelling from countries of community transmission / rotating troops
 - -Monitored them for fever and symptoms twice daily.
 - –Local health authorities may recommend testing of asymptomatic contacts
 - If symptoms develop/ PCR+, immediately mask & isolate





For Uniformed Personnel, please keep as a cohort and away from others:

- 1. Uniformed personnel who are patrolling or who have increased risk of exposure because of their work duties that involve contact with local community
- 2. This cohort should live, work and eat together, and be segregated away from other contingent members to reduce risk of contamination.

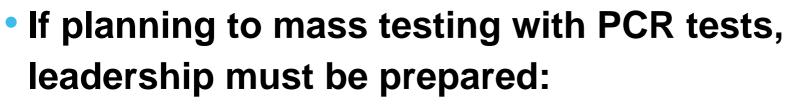




PCR Testing Strategy?

- PCR Tests should be prioritized for
 symptomatic persons
 - or units with PCR+ cases





- -May find many asymptomatic persons who are PCR+
- -Must have isolation area for large number of cases
- -Must have quarantine area for large number of contacts
- -HCW must have sufficient PPE to care for PCR+ cases





Segregate the Different Groups

- ISOLATION: Confirmed PCR+ cases (can be symptomatic or asymptomatic)
 ISOLATION: Suspect (i.e. symptomatic) cases
- **3. QUARANTINE: Contacts**
- Isolation area:
 - Have dedicated bathrooms and no mixing of isolated persons with others
 - -Need to be thoroughly cleaned and disinfected before use by other groups.





When to Release from Isolation?

- COVID-19 who is symptomatic:
 - -At least 10 days have passed since symptoms first appeared AND
 - -At least 3 days without fever and respiratory symptoms
- <u>PCR+ COVID-19 case who is asymptomatic:</u>
 —At least 10 days from specimen collection date





Please urgently notify up the chain:

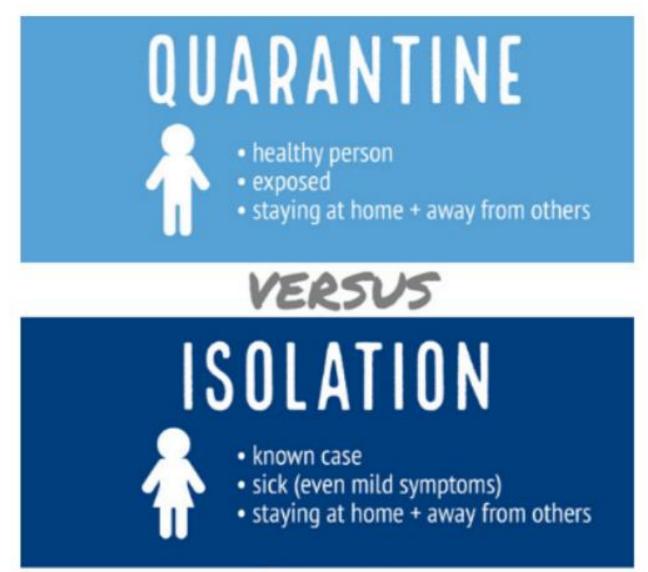
- Anyone with fever and/or respiratory symptoms
- Clusters of >2 persons with fever and/or respiratory symptoms
- Anyone with suspect/confirmed COVID-19
- Anyone with severe shortness of breath without an identified cause
- Sudden death







Quarantine vs Isolation – Word on Terminology









Strict Segregation of Different Groups

- DO NOT mix the following 3 groups.
- Keep each group under strict isolation/quarantine and way from each other
- 1. Suspect COVID case
- 2. Lab Confirmed COVID cases

3. Contacts who are well but was exposed





Segregate Strictly These Different Groups No Mixing Of These Groups with Each Other / Well Persons

ISOLATION

Suspect COVID Case (symptomatic but labs not done/pending)

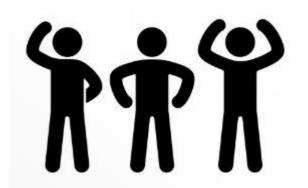
QUARANTINE

Well Contacts

(non-sick people but who were exposed to a COVID case)

Lab Confirmed COVID Case (can be symptomatic or asymptomatic)

REGULAR INDIVIDUALS

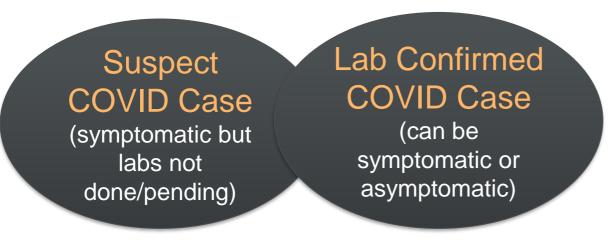






When to Release from Isolation or Quarantine? (Please consult also your Local Health Authorities)

ISOLATION



<u>Symptomatic patients: Release 10 days after</u> symptom onset, plus at least 3 additional days without symptoms

<u>Asymptomatic cases: Release 10 days after</u> <u>PCR positive test result</u>

QUARANTINE

Well Contacts (non-sick people but who were exposed to a COVID case)

Release only after 14 days from date of exposure to case

<u>*If become symptomatic, start</u> <u>isolation process ASAP</u>



You Can't Say It Enough.....





Repeat Preventive Messages, Adapt in Local Language





https://openwho.org/channels/covid-19-national-languages



About this channel

Current courses



Vírus respiratórios emergentes, incluindo COVID-19: métodos de...

Self-paced

Os coronavírus são uma grande familia de vírus que causam doenças que variam do resfriado comum a doenças mais graves, como a





COVID-2019 dahil, ortaya çıkan solunum yolu virüsleri: tanı yöntemleri, önleyici...

Self-paced

Koronavirüsler hafif nezleden Orta Doğu Solunum Yolu Sendromu (MERS) ve Şiddetli Akut Solunum Yolu Sendromu (SARS) gibi daha





ویروس های تنقسی نوظهور، که شامل COVID-19 می شود



قاریم رگے از ویرویں ہا ہیتد کہ یا غ

کروناویروس ها خلواد، بزرگی از ویروس ها هستند که با توجه به شواهد به نظر میرسد میتوانند عامل بروز بیماری هلی مانند یک سرماخوردگی سفد، تا بیماری های شدینتری چون سندرم

w course details



Koronavirusi su velika familija virusa poznatih po

Novonastali respiratorni

metode za otkrivanje,...

Self-paced
 српски језик

virusi, uključujući COVID-19:











Take the Threat Seriously – You Set the Tone as Leaders

- Develop a clear COVID-19 SOP for outbreak prevention and management
- Run a simulation drill for your office / duty station







and STOP THE SPREAD

Protect against COVID-19 Thank you



Any Questions for the Public Health Team: dos-dhmosh-public-health@un.org

UN Guidance: https://www.un.org/en/coronavirus/referencedocuments-administrators-and-managers

WHO Guidance: https://www.who.int/emergencies/diseases/novelcoronavirus-2019





WHO Case Definition

• <u>https://www.who.int/publications/i/item/global-surveillance-for-covid-19-caused-by-human-infection-with-covid-19-virus-interim-guidance</u>

Suspect case

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR

C. A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.





WHO Case Definition

Probable case

A. A suspect case for whom testing for the COVID-19 virus is inconclusive.¹

OR

B. A suspect case for whom testing could not be performed for any reason.

Confirmed case

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

See laboratory guidance for details: <u>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance</u>





WHO Case Definition

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:

- 1. Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes;
- 2. Direct physical contact with a probable or confirmed case;
- 3. Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; ²OR
- 4. 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.