

C VID-19

REGULAR UPDATE: PREPARATION AND MANAGEMENT OF COVID-19

Last updated June 2020

Paediatric-Adolescent  Treatment Africa

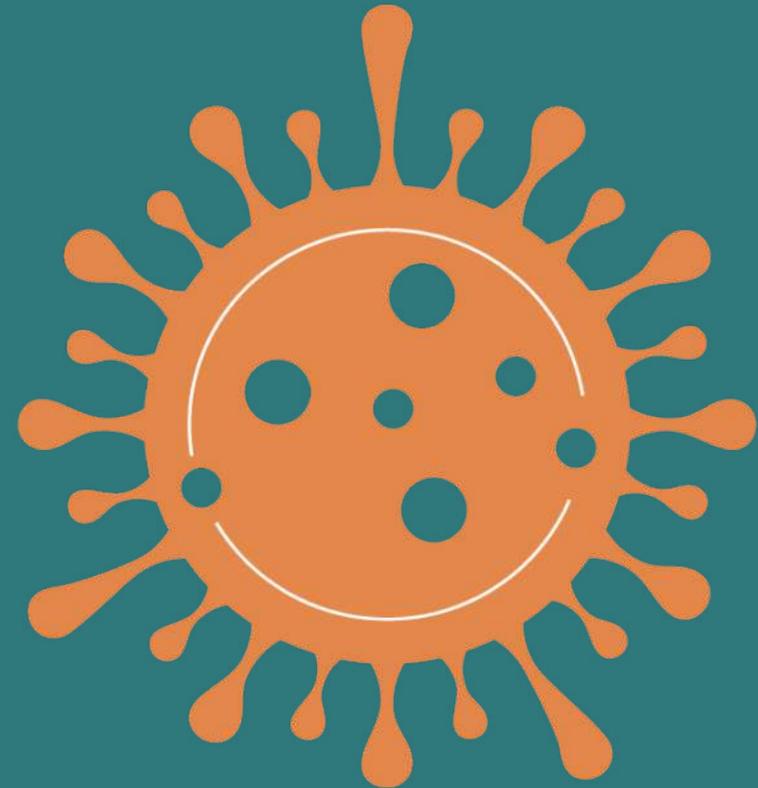


Basic preparedness advice for health providers

- Course of 66 slides
- Learning objective: To guide frontline health providers in preparing for and managing cases of COVID-19
- Duration: approximately 45 mins
 - Module A – Basic Information on COVID-19
 - Module B – Epidemiology
 - Module C – Preparation of health facilities and health providers
 - Module D – Protection of health providers
 - Module E – Community preparedness
 - Module F – COVID-19 and HIV
 - Key definitions, Q&A, other resources

Module A

Basic Information on COVID-19



What is novel coronavirus?

Novel = a new virus, not previously identified in humans

Coronavirus

- Large family of viruses that can infect animals and/or humans
- Symptoms can range from mild (common cold) to severe (SARS, MERS)
- Respiratory and gastrointestinal symptoms

What is COVID-19?

CO stands for Corona

VI stands for Virus

D stands for Disease

19 first identified in China in 2019

is the infectious disease caused by the most recently discovered (novel) coronavirus

How does Coronavirus spread?

Transmission can be:

- **Airborne** through respiratory droplets (cough, sneezing, talking)



- **Direct contact** with infected persons

- **Indirect contact** with contaminated objects and surfaces

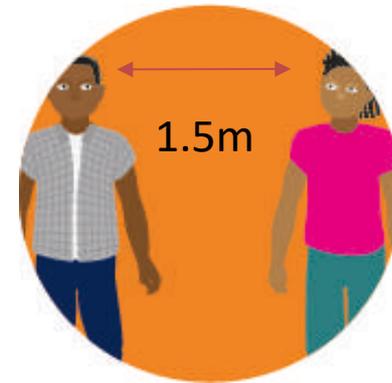


How to prevent Coronavirus spread?



- Avoid mass gatherings
- Keep social distance
- Cover your mouth/nose when sneezing/coughing
- Wear face masks

- Avoid physical contact



- Wash your hands regularly with soap/water for at least 40 seconds
- Avoid touching your eyes/nose/mouth
- Disinfect surfaces

COVID-19: Symptoms

People infected with COVID-19 can present with mild symptoms ranging to severe illness.

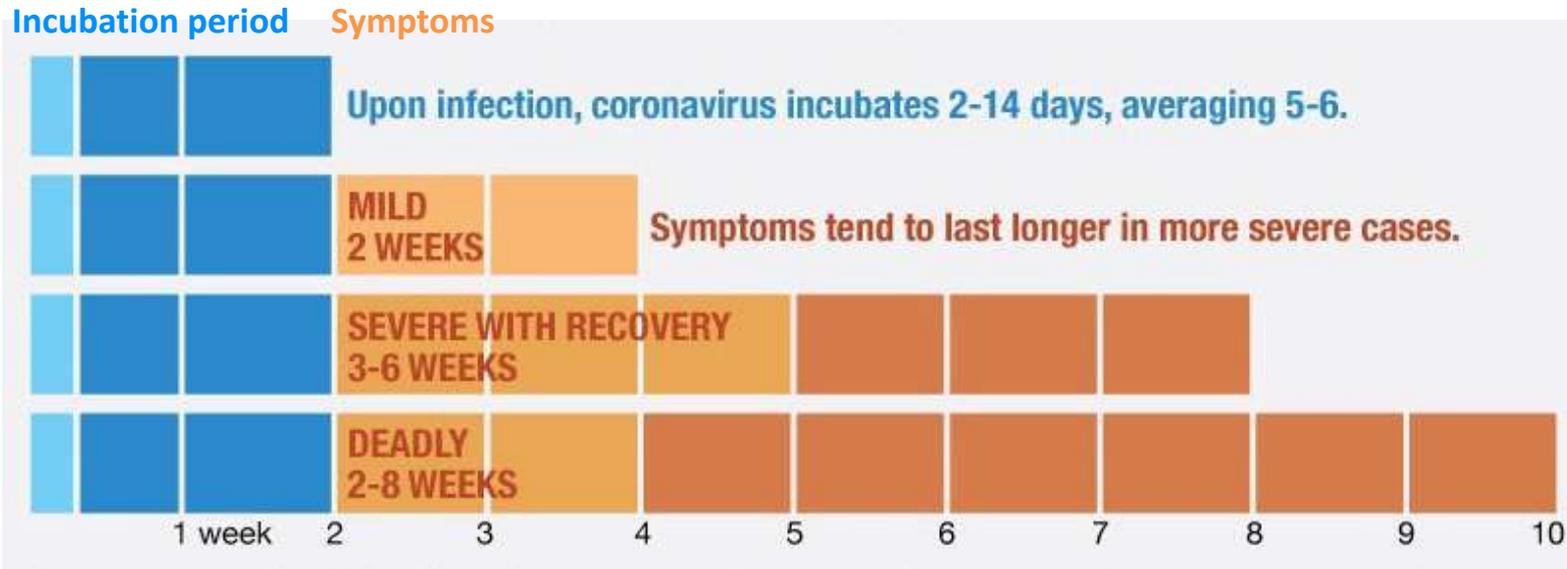
Primary symptoms:

- ✓ Fever
- ✓ Cough
- ✓ Shortness of breath

Less common symptoms:

- ✓ Fatigue
- ✓ Sore throat
- ✓ Muscle pains
- ✓ Loss of smell/taste
- ✓ Gastrointestinal symptoms

COVID-19: Timelines of the illness



Sources: Mark Cameron & Robert Salata, Case Western Reserve University; Bruce Ayward et al; WHO; Additional interviews and research. Graphic by Robert Roy Britt

A person can be **infectious**:

- before symptoms start until symptoms are gone, with a peak about 5 days after symptoms onset
- as an asymptomatic carrier

COVID-19: Diagnosis

1. Clinical

Through patient history (contacts, symptoms)

2. Laboratory

a) Testing for the virus

- Determines current infection
- Based on sample from the nose/long swab) – see following slides
- Requires laboratory analysis – can take days

b) Testing for antibodies

- Determines previous infection
- Based on blood sample (fingerprick/venous blood)
- Quick results – but less reliable

3. Radiological

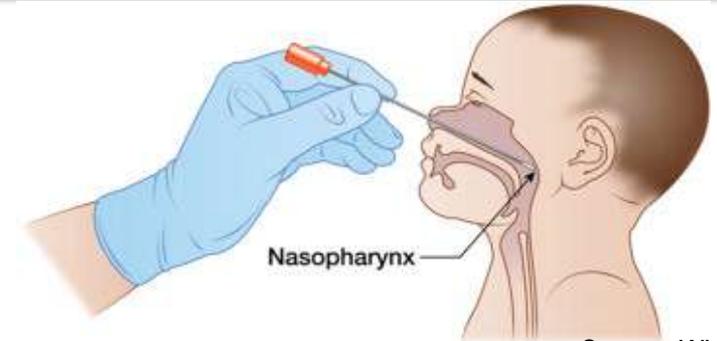
Through Chest x-ray – unspecific signs of pneumonia



COVID-19: Diagnosis

How to take a nasopharyngeal swab

1. Start with hand hygiene
2. Put on PPE
3. Explain the procedure and gain consent from the patient
4. Tilt patient's head back 70 degrees. Stand to one side of the patient to stay out of line of droplets produced by cough/sneeze during the procedure.
5. Insert the dry **swab** through one nostril straight back horizontally (NOT upwards), along the floor of the nasal passage until you reach the posterior wall of the **nasopharynx**. Swab should reach depth equal to distance from nostrils to outer opening of the ear.
6. Rotate the swab twice (2 x 360 degree turns) against the turbinate in the nostril to ensure the swab contains epithelial cells (not mucus) from the nostril.
7. Gently withdraw the swab from the nostril.
8. Place tip of swab into sterile viral transport media tube and snap/cut off the applicator stick.

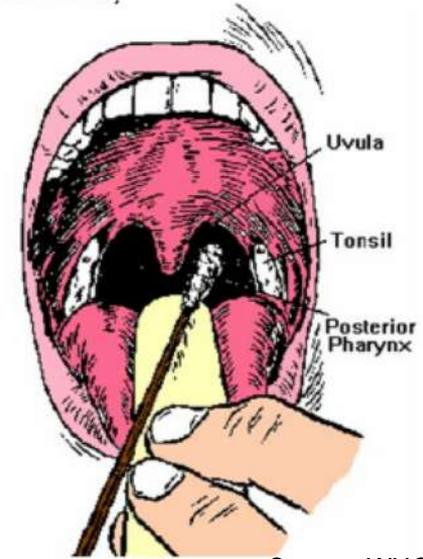


Source: WHO

COVID-19: Diagnosis

How to take a oropharyngeal swab

1. Take a second dry polyester swab
2. Ask the patient to open their mouth and depress their tongue
3. Insert the second swab into the mouth and swab the posterior pharynx and tonsillar areas (avoid the tongue)
4. Remove the swab, release the patients tongue and place tip of swab into the same tube as the nasopharyngeal swab and cut off the applicator tip
5. Seal the container and ensure the sample container is labelled



Source: WHO

COVID-19: Diagnosis

Storage of COVID-19 samples

Specimen type	Collection materials	Transport to laboratory	Storage till testing	Comment
Nasopharyngeal and oropharyngeal swab	Dacron or polyester flocced swabs*	4 °C	≤5 days: 4 °C >5 days: -70 °C	The nasopharyngeal and oropharyngeal swabs should be placed in the same tube to increase the viral load.

- ✓ Place swabs in viral transport medium
- ✓ Swabs stored for ≤5 days should be refrigerated at 2 - 4 °C (coldchain)
- ✓ Maintain coldchain (4 °C) during shipping to the laboratory
- ✓ Note: COVID-19 is classified as a Class 1 notifiable medical condition.

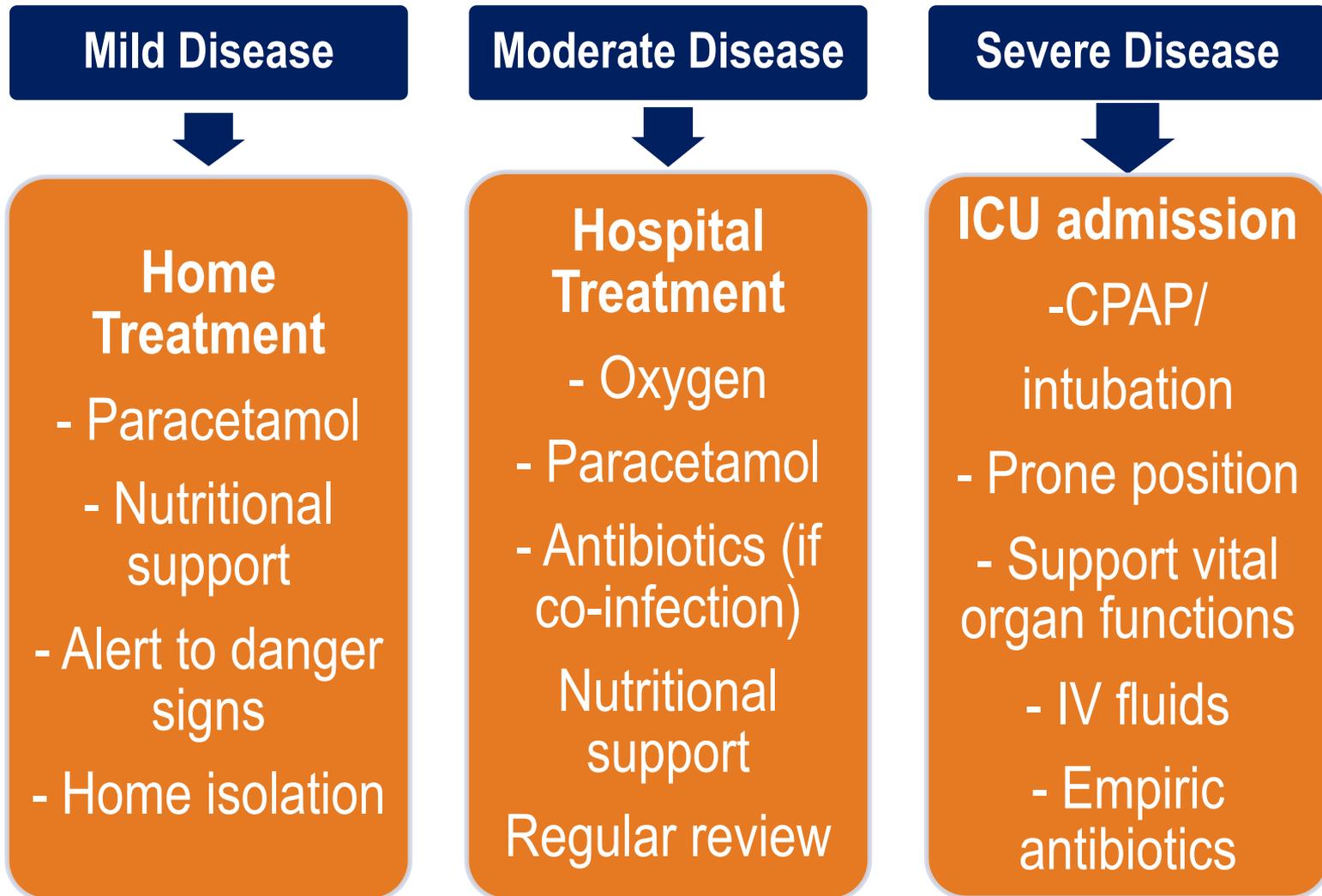
See WHO guidance for additional information on lab guidance:

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

COVID-19: Treatment

- Currently there is **no vaccine and no specific treatment or cure for COVID-19**
- Generally treatment is supportive and directed at relieving symptoms or addressing complications
- Most people – around 80% - have an asymptomatic or mild infection which can be treated at home. About 15% of the people who contract COVID-19 will need hospital care and oxygen, and 5% require intensive care support

COVID-19: Treatment



COVID-19: Treatment

- Globally, as we speak, there are numerous clinical trials evaluating the potential of a number of antiviral or immunomodulatory drugs as treatment options
- For now, medical products that claim to cure COVID-19 are unproven or fake
- There is currently **NO** evidence that **Chloroquine, Hydroxychloroquine, Azithromycin, Tamiflu, HIV drugs (Kaletra)** are effective

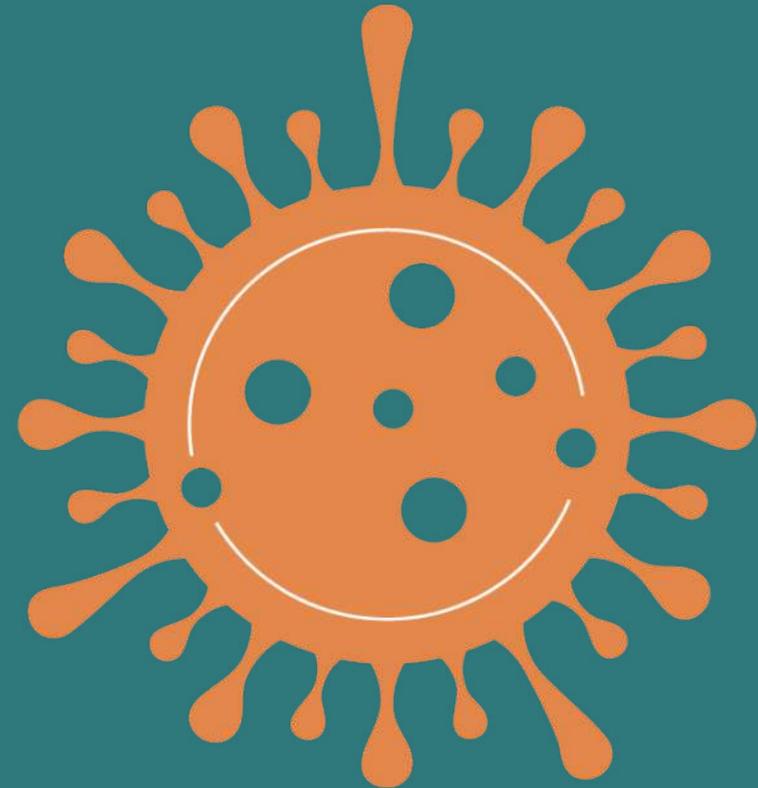
For detailed evidence-based case management guidance see [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

Risk factors for severe disease

- ✓ People 65 years and older (Mortality rate 15%)
- ✓ People of all ages with **underlying medical conditions including**
 - Chronic lung disease
 - Serious heart conditions
 - Immunocompromised such as cancer treatment, disease specific immunodeficiencies, undiagnosed or uncontrolled **HIV/AIDS**, prolonged use of corticosteroids
 - Severe obesity
 - Diabetes
 - Chronic kidney or liver disease

Module B

Epidemiology



COVID-19: Epidemiology

- ✓ Global pandemic: COVID-19 cases in every continent, and almost every country
- ✓ Global Coronavirus cases above 5 million (May 2020)
- ✓ Rapidly evolving, for up to date and country specific data refer to:
 - <https://africacdc.org>
 - <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>
 - <https://www.worldometers.info/coronavirus>
 - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

COVID-19: Epidemiology

- ✓ True number of cases likely to be much higher than reported
- ✓ Worst hit European countries have passed through the peak
- ✓ Rising case numbers in low and middle income countries
- ✓ Latin America currently the centre of the epidemic (WHO)



COVID-19: Epidemiology in Africa

- ✓ 1st case in African region - 25 Feb 2020 (Algeria)
- ✓ Confirmed cases now in all 47 member states in the WHO African Region
- ✓ Cases and deaths increasing exponentially in recent weeks
- ✓ Community transmission present, but notably, in most countries, the disease is still localized to large urban centres (most rural communities relatively unaffected)
- ✓ Increasing incidents of crossborder transmission between countries in the continent (long-distance truck drivers and movement through porous borders)

COVID-19: Global Response

- ✓ GLOBAL health crisis – GLOBAL response
- ✓ Collaboration of global experts, governments and partners
- ✓ Tracking the outbreak, mapping epidemiological and behavioural trends
- ✓ International scientific cooperation in the development of diagnostics, treatments and vaccines
- ✓ Advice on the scale up of preventive measures to limit the spread of the disease
- ✓ Reduce secondary effects of the crisis
- ✓ Investment in an emergency health fund

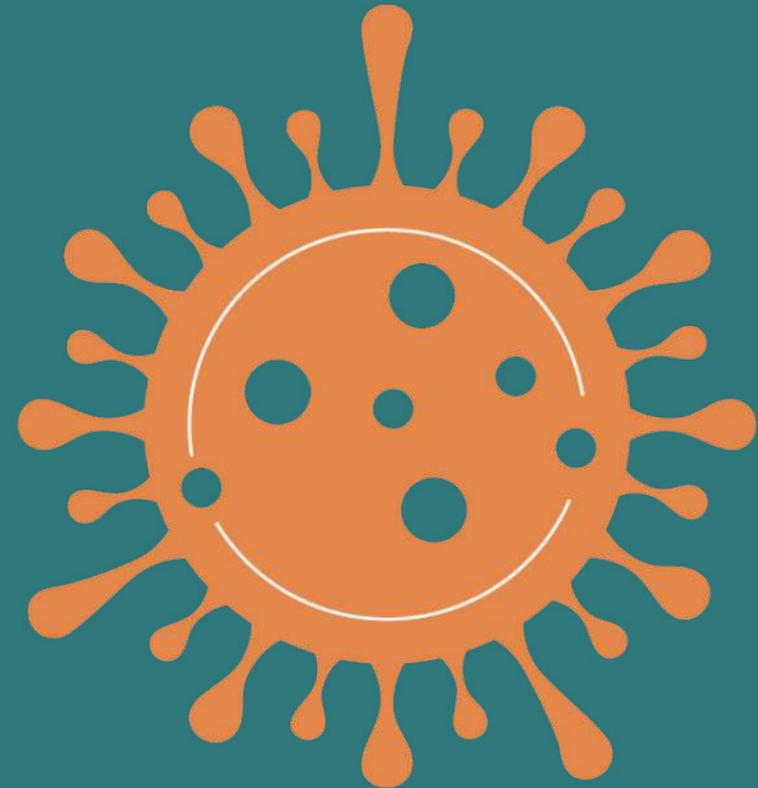
COVID-19: Country level preparation



- ✓ Prepare national Contingency Plan
- ✓ Implement national disease specific surveillance system including system for contact tracing
- ✓ SOPs for all levels of the health care delivery system in place
- ✓ Introduce IPC measures – including restrict mass gatherings, institute community physical distancing, home isolation for mild cases, community/country lockdown, travel restrictions up to full border closure
- ✓ Develop communication and community mobilisation plans

Module C

Preparation of health facilities and health providers



Preparation of health facilities

1. Coordination

Establishment of a **core COVID-19 team** or a designated **reference person** = specifically trained health care personnel with assigned responsibilities including:

- To watch local epidemiology trends
- To lead preparedness activities (human, material and facility capacity)
- To liaise with district to address gaps in capacity
- To report COVID-19 cases for contact tracing
- To refer COVID-19 cases for further treatment



Preparation of health facilities

2. Human capacity

- ✓ Staff training in:
 - Infection Prevention and Control measures
 - Patient pathways
 - COVID-19 testing
 - Clinical management of patients with COVID-19
 - Reporting & referral protocols
 - Decontamination and waste management refresher
- ✓ Update sick leave policy (stay at home if symptomatic, when to return to work post illness)
- ✓ Make contingency plans for increased staff absenteeism



Preparation of health facilities

3. Facility capacity

- ✓ Ensure adequate stock levels for equipment and consumables
 - ✓ Personal Protective Equipment
 - ✓ Diagnostic materials
 - ✓ Symptomatic treatment
- ✓ Ensure sufficient numbers of communication tools
 - ✓ Posters, flyers, patient leaflets
 - ✓ Diagnostic algorithms
 - ✓ Case reporting guidelines and forms
 - ✓ Treatment protocols
- ✓ Clear signage at the entrance to direct suspected cases to a separate patient pathway



STOP!

If you are experiencing cold or flu symptoms like:

- Fever
- Cough
- Shortness of breath

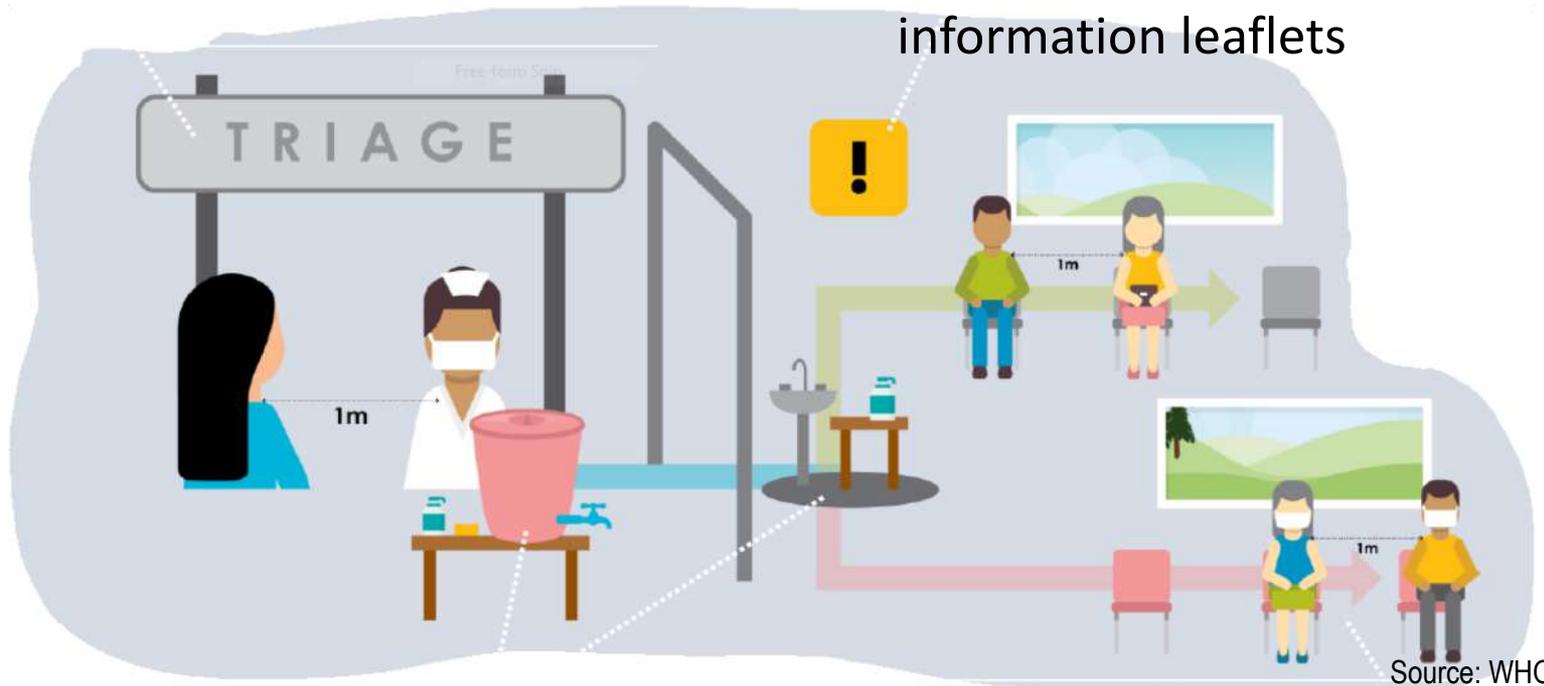
Report to field tent registration desk (to the left of the main entrance)

Preparation of health facilities

3. Facility capacity

Secure patient pathways

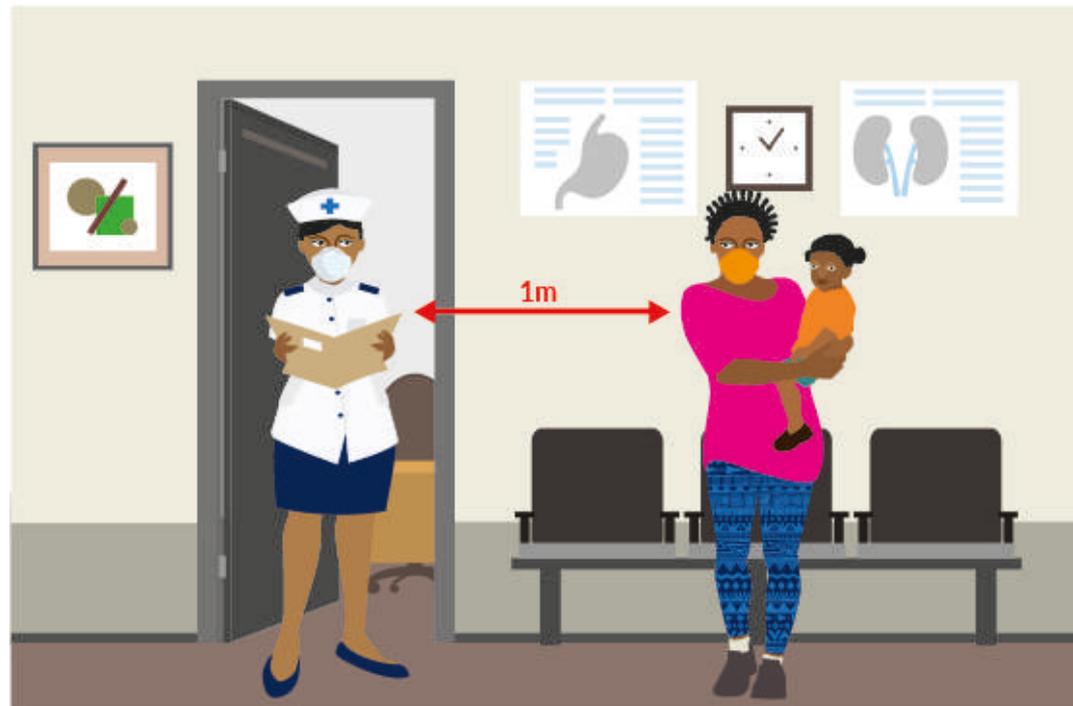
- ✓ Single point of entry into facility premises,
- ✓ Designated registration desk with physical barrier, if possible outside the clinic
- ✓ Patient and HCW sanitation station,
- ✓ Screening/testing station,
- ✓ Well defined and separate waiting areas
- ✓ Ensure supply of surgical masks and patient information leaflets



Preparation of health facilities

3. Facility capacity

- ✓ Standardized triage algorithm - <https://knowledgetranslation.co.za/resources/covid-19-hwe-resources>
- ✓ Limit visitors!!! Ideally no visitors



Preparation of health facilities

3. Facility capacity

Managing placement



- ✓ Ideally patient isolation in adequately ventilated single rooms, if group rooms ensure bed spacing (>1 metre)
- ✓ Dedicated team of HCWs
- ✓ Bundle healthcare activities to reduce how many times you need to enter isolation rooms
- ✓ Maintain a record of all persons entering a patient's room

Preparation of health facilities

3. Environmental controls

Cleaning

- ✓ Frequent cleaning (x2/day) with water/detergent, followed by wipe down with disinfectant (0.5% chlorine solution)
- ✓ Monitor cleaning schedule with checklist



Preparation of health facilities

3. Environmental controls

Waste management

- ✓ Waste (soiled linens, other waste) should be stored in leak-proof and puncture proof bags handled by staff in PPE



- ✓ Treat Coronavirus waste as normal infectious waste according to national standards
- ✓ There may be a need to incinerate waste, but burning waste is not necessary



Preparation of health facilities

3. Environmental controls

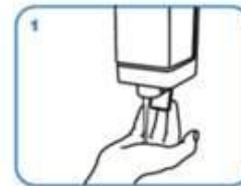
Hygiene

Installation, supervision and maintenance of a sufficient number and easily accessible handwashing facilities (providing water/soap or alcohol based handrub, paper towels, bin)

Dissemination of handwashing promotion messages



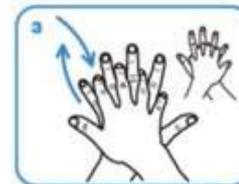
Wet hands with water



apply enough soap to cover all hand surfaces.



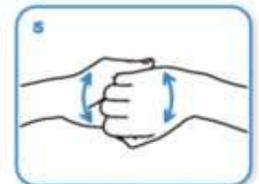
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



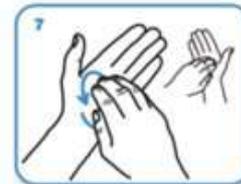
palm to palm with fingers interlaced



backs of fingers to opposing palms with fingers interlocked



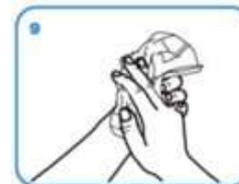
rotational rubbing of left thumb clasped in right palm and vice versa



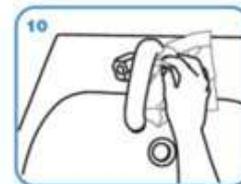
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



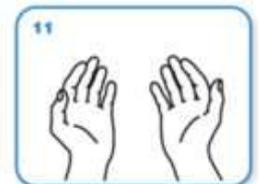
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

Preparation of health facilities

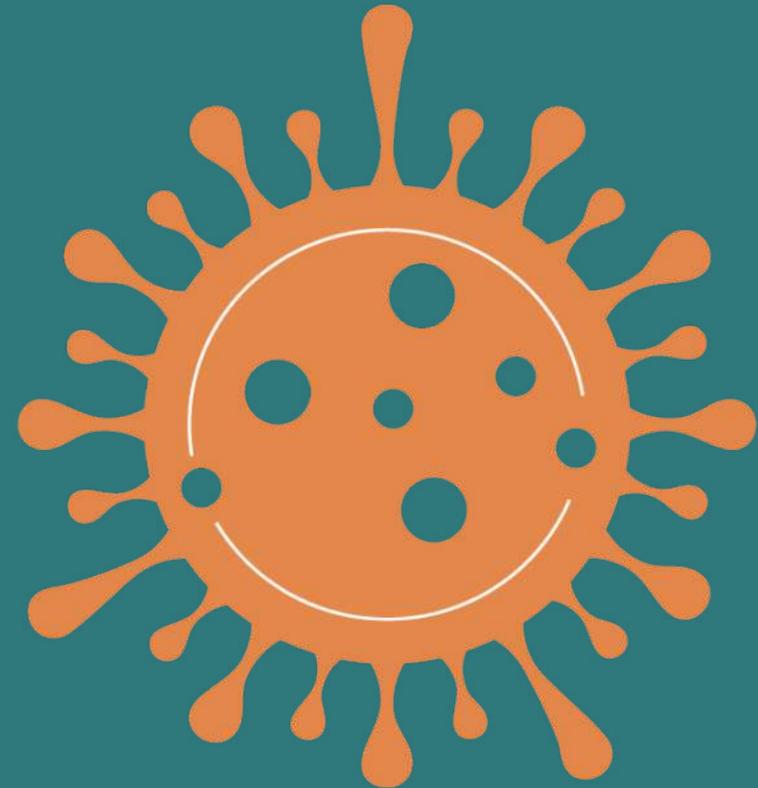
3. Surveillance

- Awareness of the need for rapid case identification
- Familiar with the requirements for case reporting (data collection forms, reporting lines)
- Understanding of the existing system for contact tracing
- Implement local data analysis to identify cluster outbreaks
- Mindful of larger epidemiological trends of your outbreak



Module D

Protection of health providers



Protection of health providers

General precautions



Wash your hands with soap and water for 40 seconds or use an alcohol-based hand rub regularly, especially before and after engaging with each patient

Don't touch your eyes, nose or mouth or eat food without washing your hands



Practice respiratory hygiene in health facilities by covering your nose and mouth with a tissue or flexed elbow when coughing and sneezing

Don't ignore symptoms if you develop them. Inform your workplace and your local health authority if you think you have COVID-19



Protection of health providers

5 moments for hand washing

Use alcohol-based hand rub or wash hands with soap and water:

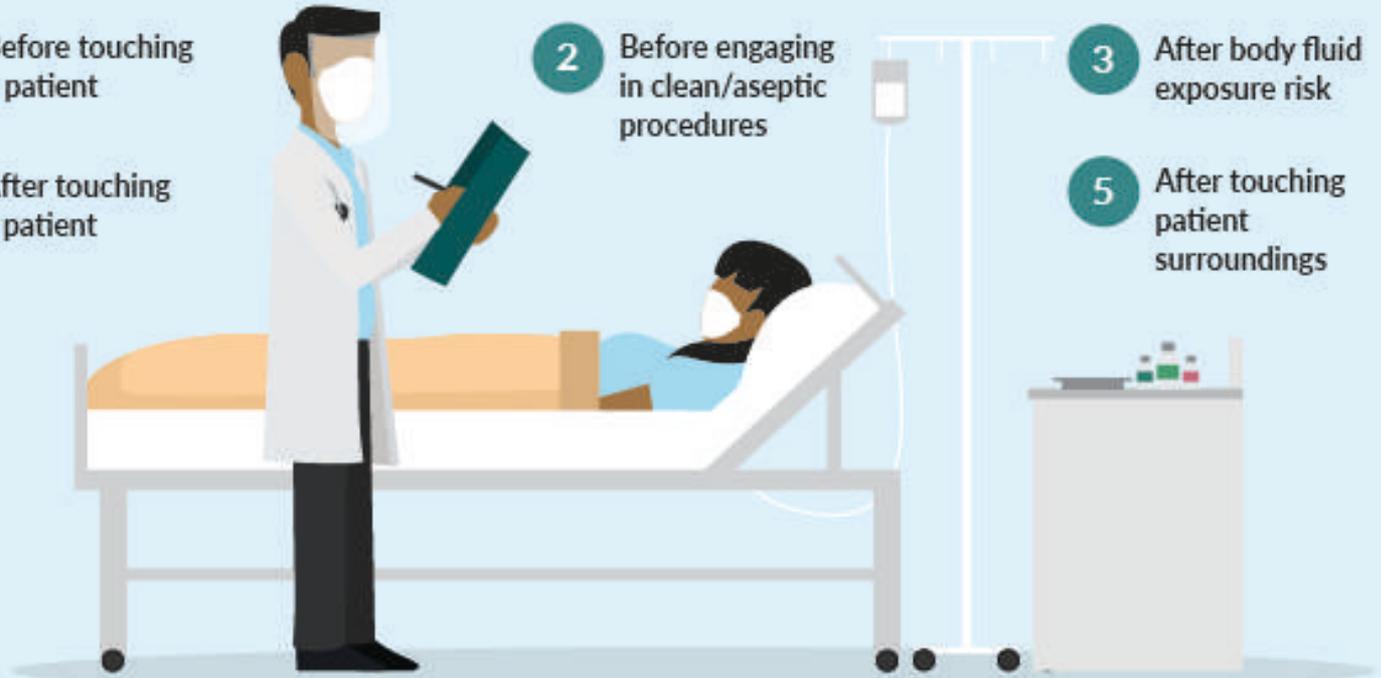
1 Before touching a patient

2 Before engaging in clean/aseptic procedures

3 After body fluid exposure risk

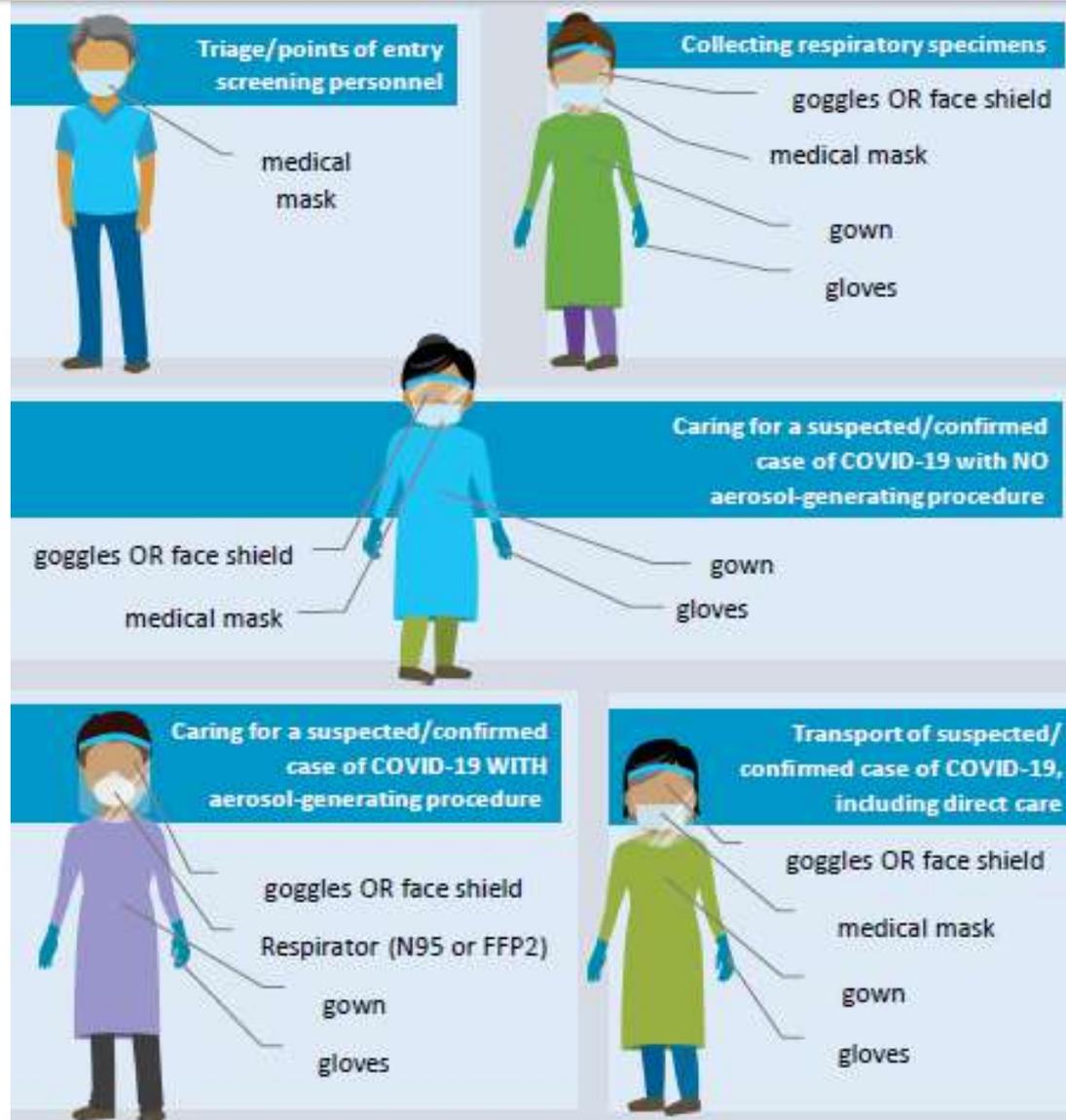
4 After touching a patient

5 After touching patient surroundings



Protection of health providers

Personal Protective Equipment per activity



How do I put on PPE correctly?

1 Clean hands for at least 20 seconds

- Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.



2 Put on gown/apron

- If gown, fully cover torso from neck to knees, arms to end of wrists, and wrap around back. Fasten at back of neck and waist.
- If apron, place loop over head and fasten around waist.
- When fastening, use bow (not a knot) for easy release.



3 Put on mask/respirator

- Secure ties or elastic bands at middle of head and neck.
- Mould flexible band to nose bridge (do not pinch).
- Ensure mask is pulled down under chin.
- If respirator, check good fit by breathing in and out: mask should move in and out with breath.



4 Put on goggles/visor

- Place over face and adjust to fit.



5 Put on non-sterile gloves

- Extend gloves to cover wrists/end of gown.



How do I remove PPE safely?

1 Remove gloves

- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.
- Discard in medical waste bin.



2 Remove gown/apron

- If wearing a visor (not goggles), remove visor as below before removing gown/apron.
- Unfasten gown/apron ties. Ensure sleeves don't touch body when doing this.
- If gown: pull gown away from neck and shoulders, touching only inside of gown. Turn gown inside out.
- If apron: pull over head and roll downwards, touching only outside of apron.
- Fold or roll in to bundle and discard in medical waste bin.



3 Clean hands for at least 20 seconds

- Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.

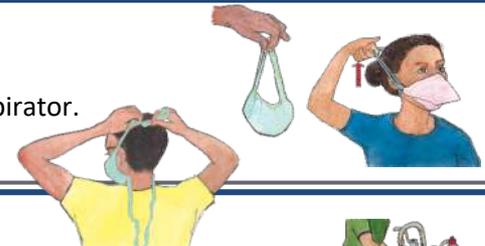
4 Remove goggles/visor

- Remove goggles/visor from back by lifting head band or ear pieces.
- Place in container for reprocessing.



5 Remove mask/respirator

- If mask, first untie/break bottom ties, then top ties and remove without touching front of mask.
- If respirator, first grab bottom elastic, then top elastic and remove without touching front of respirator.
- Discard in medical waste bin.



6 Clean hands for at least 20 seconds

- Disinfect hands using alcohol based hand rub, or thoroughly wash hands using soap and water.



How do I change my PPE?



- ✓ Change gloves between each patient
- ✓ Change apron/gown if wet/dirty/damaged or after performing aerosol-generating procedure



- ✓ Medical mask may be used continuously for up to 6 hours if severe shortage of supply
- ✓ Discard after 6 hours of use or sooner if displaced, touched by unwashed hands, gets wet/dirty/damaged or difficult to breathe through



- ✓ Ideally **N95 respirator** should be used once only and then discarded, but may be used up to 1 week if severe shortage of supply



- ✓ Avoid touching outside surface of respirator at all times

Protection of health providers

More about PPE

- ✓ Differentiate clean areas (where PPE is put on) from potentially contaminated areas (where PPE is removed)



- ✓ If utilizing single-use personal protective equipment (e.g. single-use masks, gloves, face shields), dispose in an infectious waste bin with a lid and wash your hands thoroughly
- ✓ Anything single-use cannot be reused or sterilized
- ✓ Reusable equipment should be attended to separately, for cleaning and disinfection

Protection of health providers

Mental health



It is normal to feel sad, stressed, or overwhelmed during a crisis

Talk to people you trust or a counsellor



Maintain a healthy lifestyle: proper diet, sleep, exercise and social contacts with friends and family

Don't use alcohol, smoking or other drugs to deal with your emotions



Protection of health providers

Mental health



If you have concerns, talk with your supervisor, and if you start feeling unwell tell your doctor immediately

Identify and share:

- ✓ Key national COVID hotline telephone number
- ✓ Other local and charity run mental health helplines
- ✓ Self-help resources
- ✓ Information centres

Hello!



Hello colleagues,

It is important that while you are working on the frontlines of the COVID-19 response that you feel strong, safe, healthy and well supported. Talking in confidence about your feelings and anxieties with somebody you can trust, will help.



**ACCESS
THE PATA
DEBRIEF
PLATFORM
HERE**

#NothingForUsWithoutFrontlineHealthProviders

#MentalHealth #EndCOVID19

Protection of health providers

Mental health

10 TIPS TO REDUCE COVID-19 ANXIETY



Focus on things you can control, such as your thoughts and behaviors.



Control how often you check the latest news.



Keep the big picture in mind. Humankind will survive this.



Model peaceful behavior for those around you.



Remember that the size of news coverage may not equal the size of a threat.



Evaluate your own health behaviors and be a model for others, including children.



Let wisdom and logic guide you.



Feeling too isolated? Maintain digital connections with people.



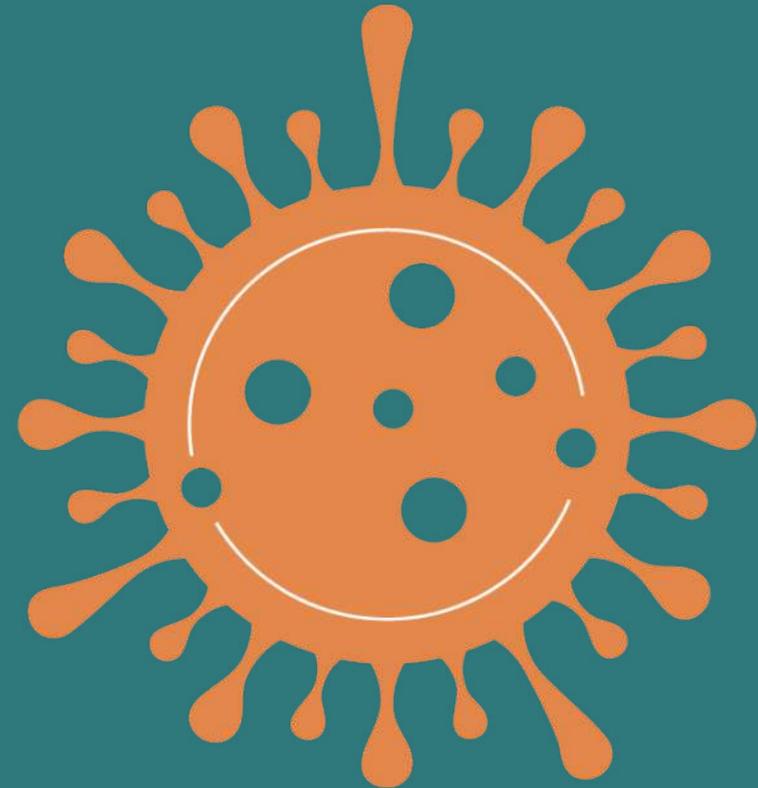
Turn to reputable sources for your news.



Don't let fear influence your decisions, such as hoarding supplies.

Module E

Community preparedness



Community preparedness

Strategies for success

- Engage community leaders and volunteers
 - ✓ To help disseminate accurate and credible information in the communities
 - ✓ To ensure compliance with interventions
 - ✓ To mobilize community resources
 - ✓ To deal with rumours
- Communication strategy, communication materials, advocacy posters
- Identify key NGOs and CBO partners in the community who can support issues related to food security, GBV, child welfare and COVID related stigma

Community preparedness

Key messages: Good hygiene

Follow the 5 Golden Rules of Good Hygiene to stop the spread of coronavirus:

1

Wash your hands often for at least 20 seconds with soap and water.



2

Do not touch your face with unwashed hands.



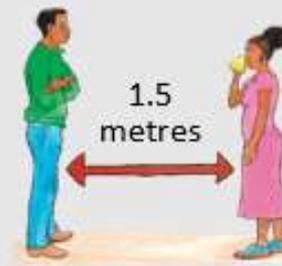
3

Cough or sneeze into a tissue or your elbow. Safely throw away the tissue.



4

Keep 1,5 metres apart from others.



5

Stay home if unwell. Contact a hotline or your health worker.



Community preparedness

Key messages: Social distancing



Avoid public spaces and public transport if possible.

Do not shake hands, hug or kiss anyone outside those in your home.



Cancel your social plans: no parties, sports events, meetings or group religious activities.

Show care for your community while practising social distancing.

Community preparedness

Key messages: Facial masks

- ✓ Wash your hands before putting on your face covering
- ✓ Make sure it covers both mouth and nose
- ✓ Everyone (> 2years) should wear a cloth face mask whilst in public
- ✓ Don't touch your face mask
- ✓ Take off your face covering when at home, and wash your hands immediately afterwards



Community preparedness

Key messages: Stigma

**STOP
STIGMA**

**LET'S FIGHT THE VIRUS,
NOT EACH OTHER**



DO

- Show empathy to those who are at-risk, awaiting test results & testing positively for COVID-19
- Share accurate information from reputable sources, raise awareness & avoid causing panic
- Talk about "people who may have COVID-19"



DON'T

- Intimidate, bully or threaten those who need help
- Repeat or share unconfirmed rumours, wrong information
- Talk about "COVID-19 suspects" or "suspected cases"



**All of us are at risk & we're
all in this together**

**Let's be kind & support
each other**

Community preparedness

Key messages: High risk groups



COVID is often more severe in:

- ✓ People over 60 years
- ✓ People with underlying medical conditions (including chronic lung, liver, kidney, heart disease, diabetes, hypertension, cancer, severe obesity, organ transplant, conditions that compromise the immune system)

Community preparedness

Key messages: High risk groups

What you can do to prepare? – if you are a high risk patient

- ✓ Follow IPC measures as closely as possible
- ✓ Shielding (=self-isolate)
- ✓ Plan ahead with your doctor on when seek routine medical care
- ✓ Prepare (sufficient quantity of regular medicine, vaccs up to date)

What you can do to help? – if you are a social contact

- ✓ Run errands for those at higher risk
- ✓ Be supportive and communicate by phone or messaging
- ✓ Postpone social gatherings

How to support and protect people at high risk? – if you are a health care worker

- ✓ Stay in communication with people at risk in the community
- ✓ Identify (patient history/screening) patients at risk of more severe disease

Community preparedness

Key messages: COVID-19 and children

Far fewer cases of the virus and milder infections compared to adults or older people BUT:



✓ Economic and financial shocks leading to increased food insecurity



✓ School closures leading to disrupted academic progress and loss of supportive social network



✓ Loss of household income and social distancing resulting in fear, stress and anxiety

Children need care and protection now more than ever



Community preparedness

Key messages: COVID-19 & pregnancy/breastfeeding



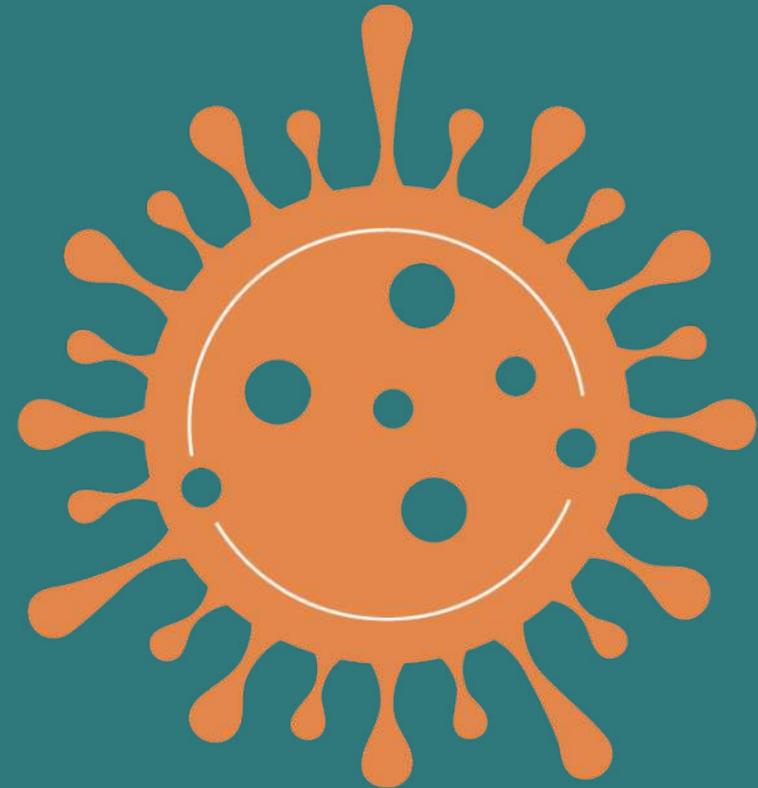
- ✓ No greater risk of becoming seriously unwell than other healthy adults
 - ✓ For now, no evidence for increased risk of miscarriage, still birth or birth defect
 - ✓ Unlikely to cause problems with the baby's development
 - ✓ No evidence for vertical transmission
-
- ✓ Coronavirus has not been found in breastmilk
 - ✓ But COVID-19 can spread to the infant through tiny droplets during talking, coughing or sneezing
 - ✓ Breast milk provides protection against many illnesses and is the best source of nutrition for the infant



For more information: <http://www.emro.who.int/nutrition/nutrition-infocus/breastfeeding-advice-during-covid-19-outbreak.html>

Module F

COVID-19 and HIV



COVID-19 and HIV

People living with HIV and on effective ART are currently *not* at an increased risk of getting coronavirus, or developing severe symptoms.

People living with HIV not on treatment or virally suppressed may be at a greater risk.

This is why – now more than ever - we need to

- ✓ Identify people living with HIV (Self-testing, mobile testing platforms, early infant diagnosis)
- ✓ Initiate PLWHA (who know their status and are not yet on antiretroviral treatment) on ARVs without delay
- ✓ Support adherence (multi-month dispensing, decentralized medication delivery, adherence clubs)

COVID-19 and HIV

Preparing for COVID-19 if you're living with HIV

TAKE ACTION TO AVOID COVID-19



Follow the general prevention advice.

CONTINUE YOUR TREATMENT



Take your **ART** to keep your immune system healthy.

STOCK UP ON ART



Have a **30-DAY** supply of your ART, ideally 3 months.

CHECK YOU'RE UP TO DATE...



...with your immunisations.

HAVE A PLAN IN PLACE...



...for if you feel unwell and need to stay at home.

LOOK AFTER YOURSELF



Eat well, exercise and look after your mental health.

HIV care in the time of COVID-19

- ✓ PLWHA to maintain at least a 30-day (ideally 90-day) supply of antiretroviral (ARV) drugs and other medications
- ✓ Some ARV agents are being evaluated in clinical trials. To date, persons with HIV should not switch their ARV regimens or add ARV drugs to their regimens for the purpose of preventing or treating SARS-CoV-2 infection
- ✓ Together with their health care providers, PLWHA should weigh the risks and benefits of attending, versus not attending in-person, HIV-related clinic appointments at this time
- ✓ Telephone advice for routine or non-urgent care or different drug collection modalities should be explored as alternative to face-to-face encounters
- ✓ Routine medical and laboratory visits should be postponed to the extent possible

PATA's action plan for — COVID-19 —

PATA is committed to support frontline health providers during this global pandemic. Over the coming months, we will focus on the current actions:

- **Survey across the PATA network** to gain insight on current COVID-19 preparedness on the frontline of health services. Key data will assist the amplification of local realities, concerns and challenges. It will inform PATA's response and determine the focus of advocacy efforts.



- **Resource hub on the PATA website** to share knowledge, information and resources for health providers, including global (normative) guidance, national guidelines, toolkits, IEC materials, courses and webinars.



- **Share key messaging** and support engagement with frontline health providers across social media and online platforms as well as WhatsApp groups to facilitate peer-to-peer support and knowledge exchange.



- **Report stock outs** of PPE and ARV. Advocate across national and global platforms for an emergency responses to accelerate PPE access for health providers and differentiated treatment and care options for children, adolescents and young people living with HIV.



- **Linkage to rapid response opportunities** to accelerate localised clinic-community (C³) initiatives that support the COVID-19 response, offering information, care and support for frontline health providers and the children, adolescents and communities they serve.



- **Set up an online debriefing support structure** for PATA frontline health providers.



- **Develop a web based platform** for individuals and communities to voice their support, appreciation and acknowledgement of frontline health providers during this challenging time.

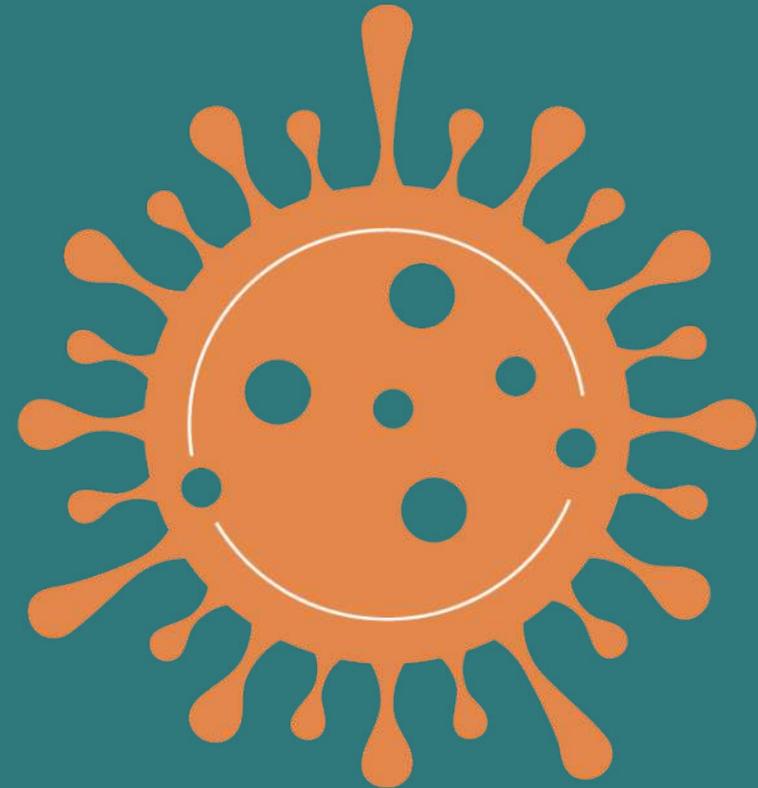


#NothingForUsWithoutFrontlineHealthProviders



FIND OUT MORE ABOUT PATA'S ACTION PLAN

Key definitions, Q&A, other resources



Resources

1. Key definitions

A **SUSPECT CASE** is either

(a) a patient with acute respiratory illness AND a history of travel to or residence in a location reporting community transmission 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 case, OR

(c) A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease eg cough, SOB and requiring hospitalization) AND in the absence of an alternative diagnosis.

A **PROBABLE CASE** refers to (a) a suspect case for whom testing is inconclusive or (b) a suspect case for whom testing could not be performed for any reason.

A **CONFIRMED CASE** refers to a person with laboratory confirmation of COVID-19 irrespective of clinical signs and symptoms.

Resources

1. Key definitions

For COVID-19, a **CONTACT** is defined as anyone who has been within 2 metres of a person infected with the virus for a prolonged period of time or has had direct contact with the infected person's secretions.

CONTACT TRACING refers to a process of identifying and following up persons who may have come into contact with a person infected with COVID.

Resources

2. Q&A

Q: What is the future of COVID-19?

A: *Experts aren't sure what will happen. Some things that may influence what happens with coronavirus include:*

- ✓ *How effective areas are at controlling its spread*
- ✓ *How long it takes to develop medicines to treat coronavirus*
- ✓ *How long it takes to develop a COVID-19 vaccine*

Q: Does taking PrEP prevent you from getting COVID-19?

A: *There is no evidence that PrEP prevents you from getting COVID-19 or that it will help you recover quicker if you use it*

Q: How long does the virus survive on surfaces?

A: *Not sure (few hours to few days). Dependent on temperature, humidity, material*

Resources

2. Q&A

Q: Can ARVs treat COVID-19?

A: *Up to now, no vaccine or medicine can prevent or treat COVID-19. In most cases, symptoms are mild or can be managed and most patients recover. Research is ongoing to find the best treatments and vaccines.*

Q: What about PLHIV who are living with or have survived TB co-infection?

A: *While there is no available data yet on how COVID-19 impacts people co-infected with HIV and TB, people living with HIV who are also living with TB or who are TB survivors often have lung damage. They therefore may be more susceptible to COVID-19 and may develop serious illness. Infection control practices, such as physical distancing is particularly important for them.*

Resources

2. Q&A

Q: Is soap and water as effective as hand sanitizer in killing coronavirus?

A: *Washing your hands with soap is one of the simplest and most effective ways of killing off the coronavirus, but you have to wash your hands properly for at least 20 seconds. If soap and water are not available, it may be convenient for consumers to use an alcohol based hand sanitizer that contains at least 60% alcohol.*

Q: Can disposable face masks be sterilized and reused?

A: *No. Disposable medical face masks are intended for a single use only.*

Resources

2. Q&A

Q: Can babies get Coronavirus?

A: *We know it is possible for people of any age to be infected with the virus, but so far there are relatively few cases of COVID-19 reported among children.*

Q: I have heard reports about a new syndrome affecting children with COVID-19?

A: *Isolated cases of kids developed more serious symptoms, similar to the known Kawasaki's disease. This new pediatric multisystem inflammatory syndrome (MIS-C) is rare, presents several weeks after being infected with the virus and can be treated with anti-inflammatory medicines.*

Resources

3. eLearning: Guidelines & Tools

- *WHO - COVID-19 Resources for Frontline Health Providers:*
You can also access all *WHO resources here.*
- *WHO - The COVID-19 Risk Communication Package For Healthcare Facilities*
- *WHO - COVID-19: Operational guidance for maintaining essential health services during an outbreak*
- *ITPC - Coronavirus - What You Need To Know:* You can find more ITPC resources *here.*
- *PEPFAR - Technical Guidance in Context of COVID-19 Pandemic:* Please note that this updates regularly as the pandemic unfolds.
- *UNAIDS - What People Living With HIV Need to Know About COVID-19*
- *Frontline AIDS - Information note on COVID-19 and HIV*

3. eLearning: Guidelines & Tools

- *Fatima talks about COVID-19*: Meet Fatima from Zvandiri in Zimbabwe.
- *REPSSI - COVID-19 posters for your health facilities*
- *Knowledge Translation Unit (KTU) online school training courses*
- *International AIDS Society <https://www.iasociety.org/covid-19-hiv>*

Resources

3. eLearning: Webinars

- *WHO - IPC - Online trainings for healthcare staff*
- *PAHO – Video explaining how to take viral swabs*
- *SafeCare - Webinar recording: Infection Prevention and Control: Preparing health workers for COVID-19*: You can also find more SafeCare resources for health facilities in resource-restricted settings, including posters for your health facility, a preparedness checklist and preparedness guidelines [here](#).
- *WHO - Interactive chatbot on Viber*: Get accurate information about COVID-19 in multiple languages.

[ACCESS ALL PATA RESOURCES HERE](#)



We stay at work for you

Please stay home for us!

#EndCOVID19



Thanks for the many valuable contributions from:



South African
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Health providers at the frontlines of service delivery

