

PRIMARY HEALTH CARE RESPONSE TO COVID19 IN DOMINICA

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Commonwealth of Dominica

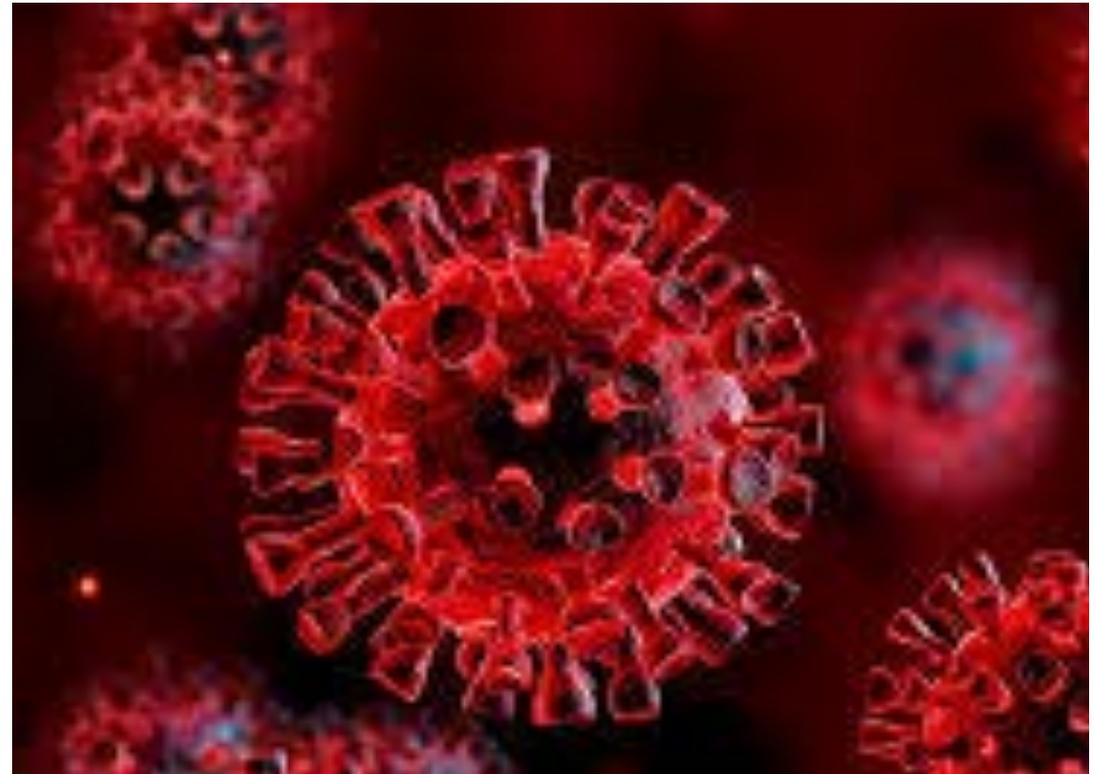
June 30, 2020





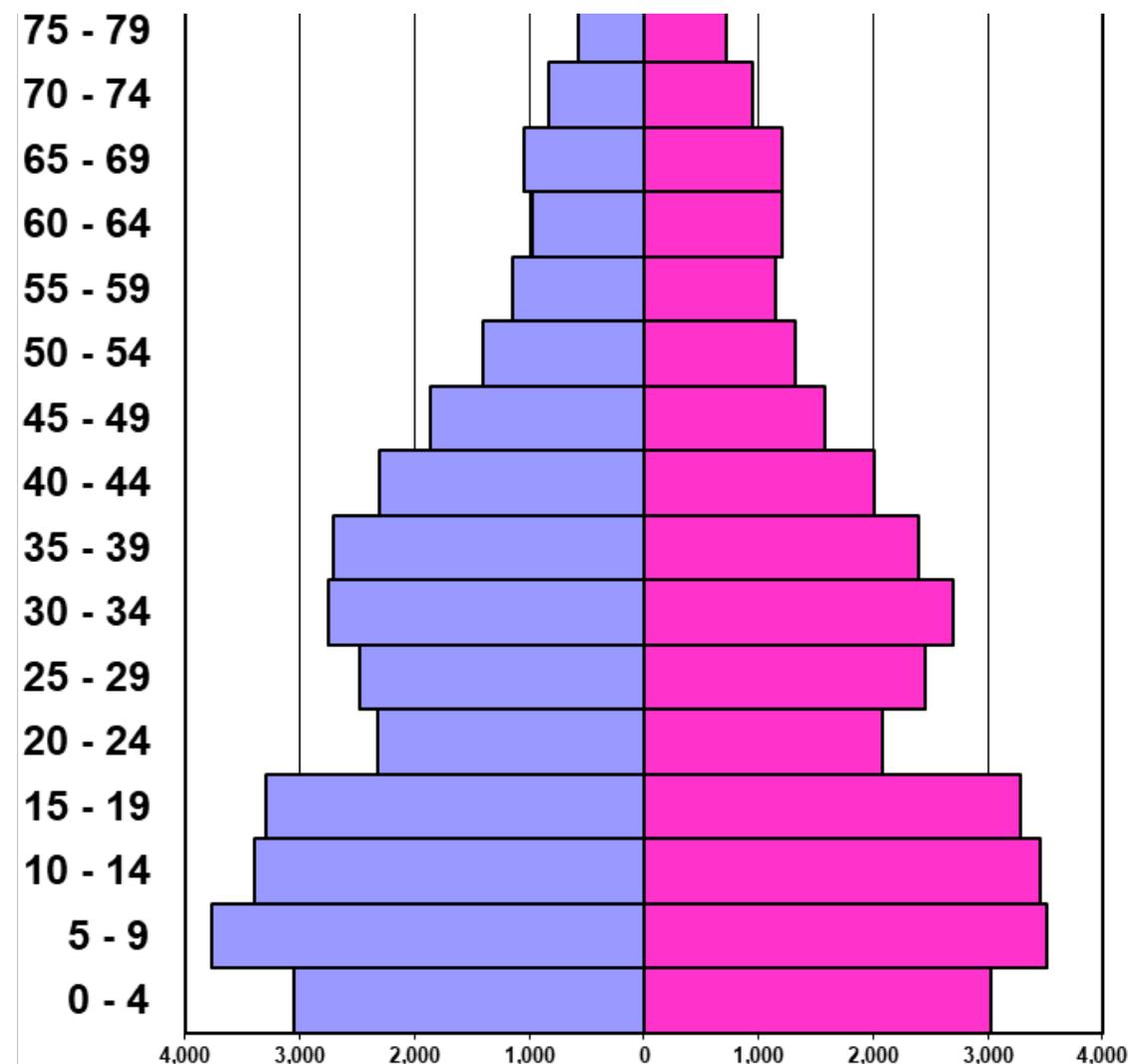
OBJECTIVES TO APPROACH TO COVID-19 RESPONSE

1. Services focused on the response to COVID-19: identify, report, contain, manage, and refer.
2. Maintaining continuity of essential services during community transmission of COVID-19
3. Facillitating a Reduction in non-COVID-19 Hospital Care

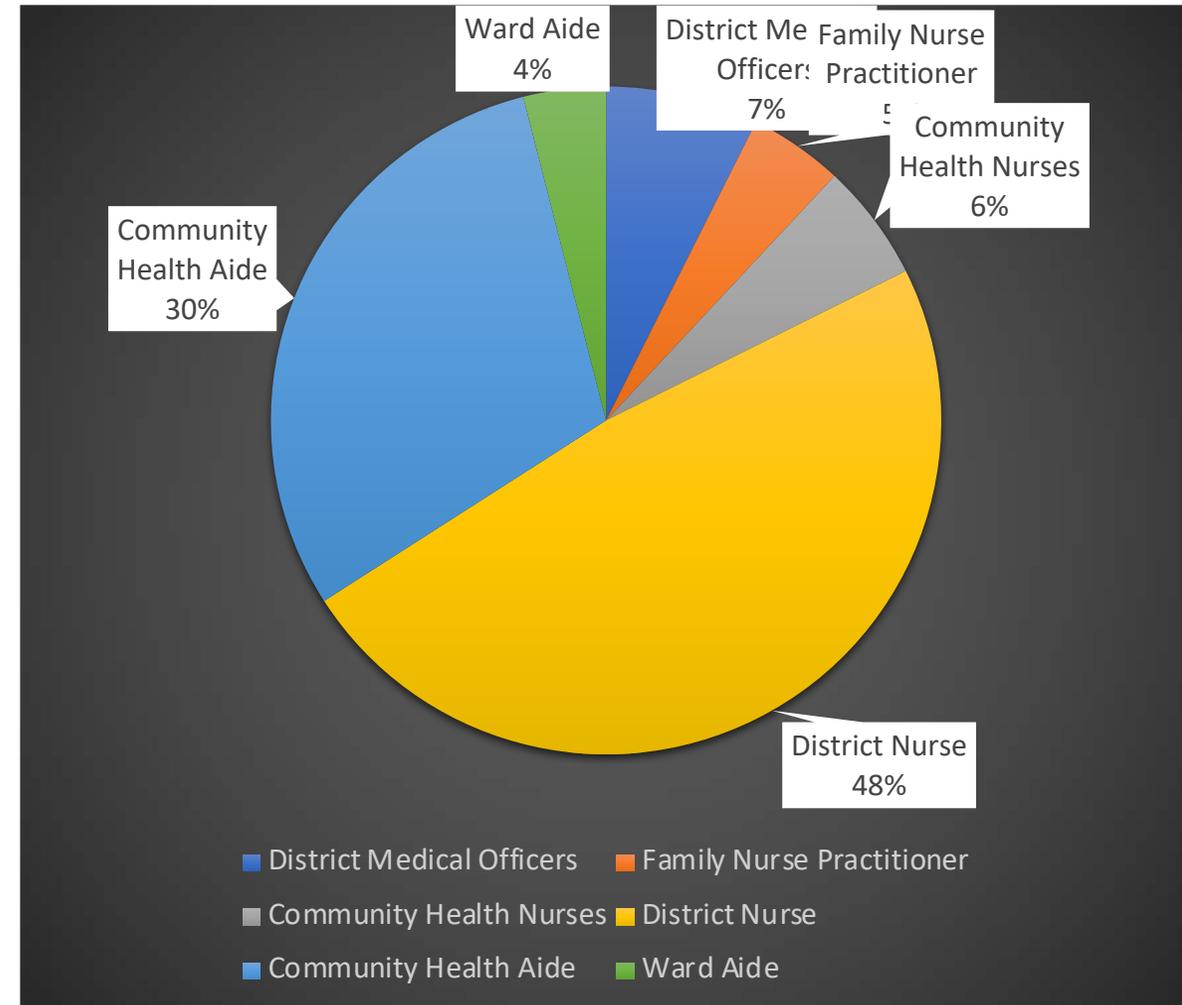


BACKGROUND

- ❖ It is the northernmost and largest and most mountainous of the Eastern Caribbean's Windward Islands.
- ❖ Total population of 71,293 (2011)
- ❖ 10 parishes - Capital Roseau (with 29% of the island's total population).
- ❖ Life expectancy at birth stands at 72.8 for males and 78.9 for females, with average of 75.85 years
- ❖ General mortality rate (per 1,000 inhabitants) – 7.1 (2018)
- ❖ Health expenditure – 11.8% (of total expenditure for 2019-2020)



PRIMARY HEALTH CARE DIVISION



EVOLUTION OF COVID-19 OUTBREAK AND IN-COUNTRY ACTIVITIES

WHO Announcement

Dec 30, 2019

Cluster of cases of pneumonia of unknown origin reported to China National Health Commission

Jan 7, 2020

Novel coronavirus isolated

Jan 20, 2020

China confirms human to human transmission

Jan 22, 2020

1st WHO Emergency Committee

Jan 30, 2020

WHO declared this event as Public Health Emergency of International Concern (PHEIC)

Dominica Response

Jan 10, 2020

Alerted our health care doctors at the DCFH and PHC

Jan 21, 2020

Assessed country capacity to deal with COVID19 and identified gaps at the weekly surveillance meeting

Jan 27, 2020

IHR Steering Committee, a multi-sectoral and multidisciplinary team met and discussed a way forward

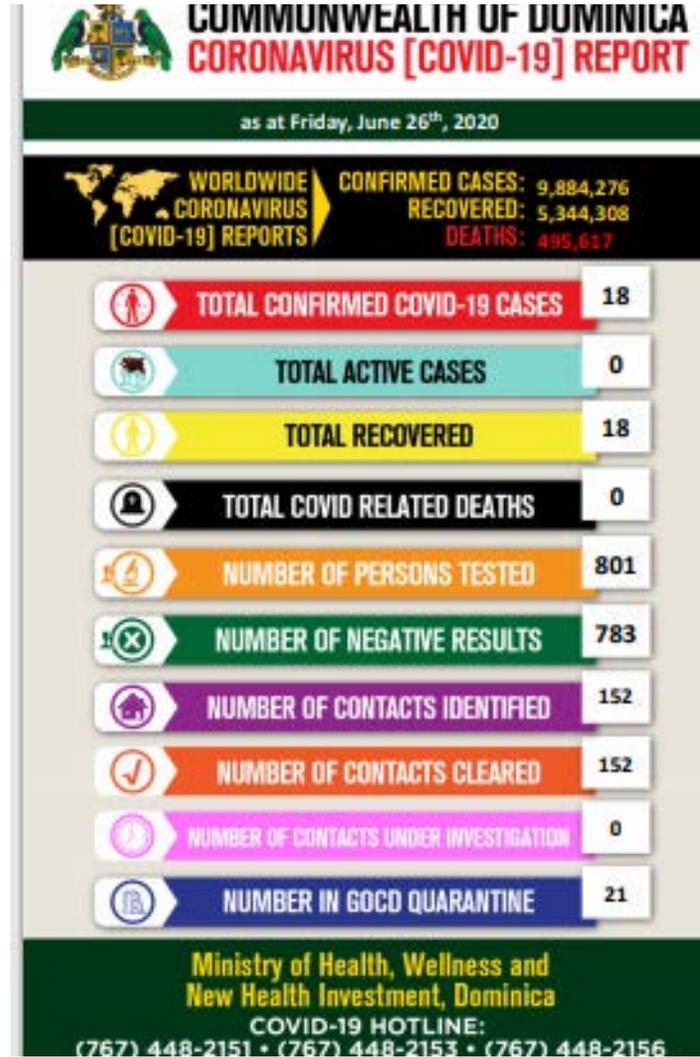
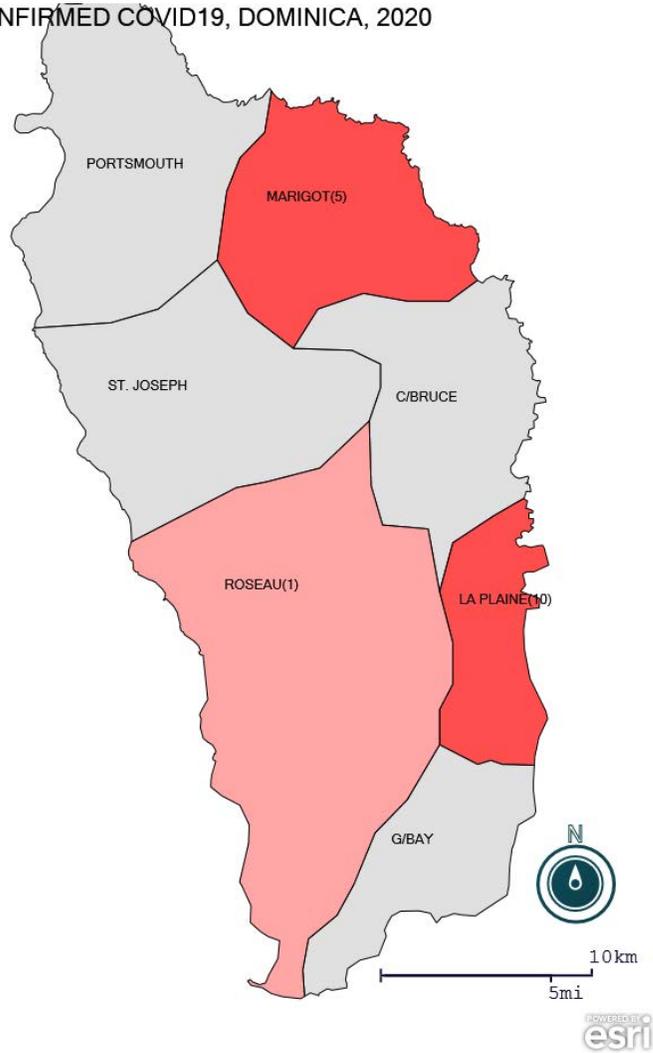
Jan 29, 2020

Ist Press Brief

Jan 30-Mar 2, 2020

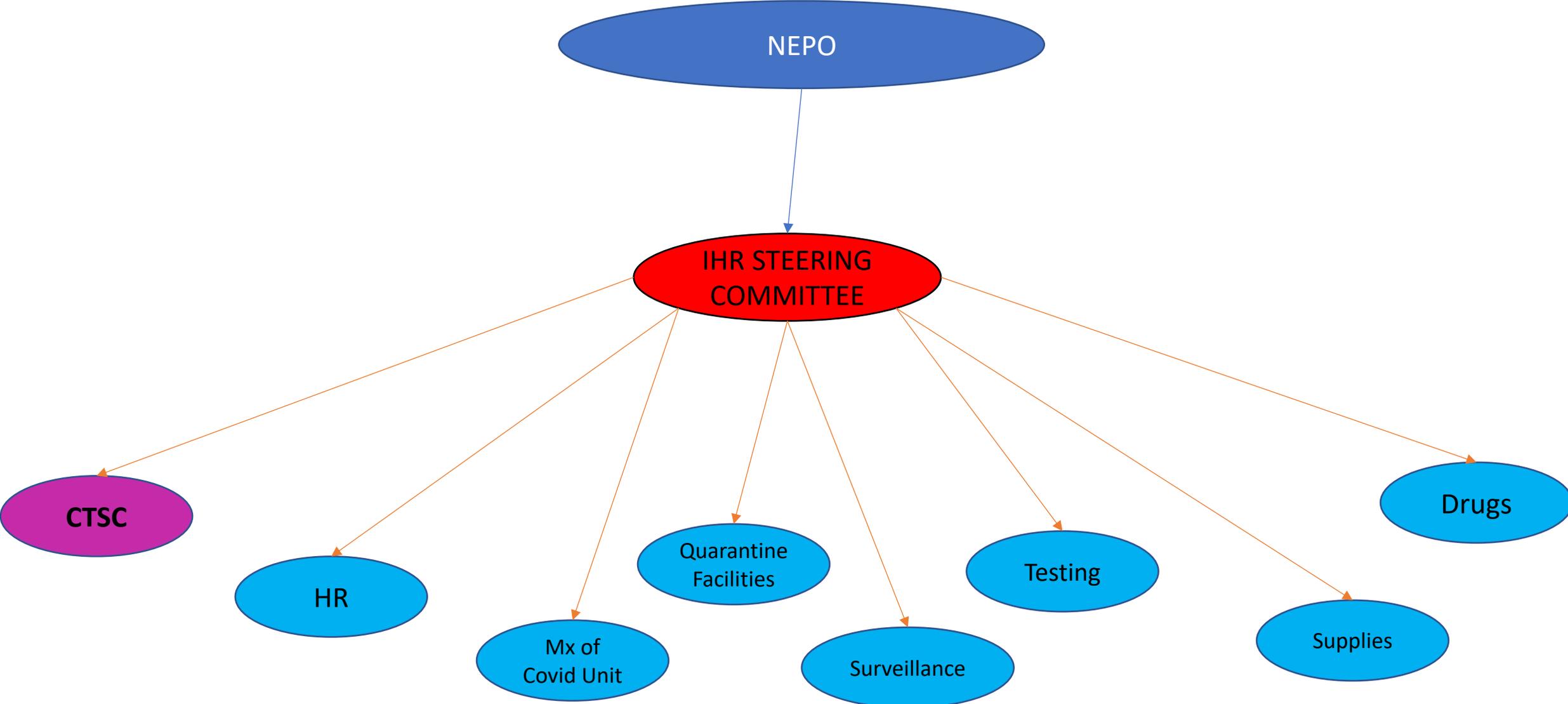
- Training sessions for health care workers
- Training sessions for Customs
- Training sessions for Immigration
- Talking point in all radio stations
- Two sessions on Marpin and GIS
- On going preparation in surveillance, case-management, points of entry and infection prevention and control
- Lab capacity for in-country testing

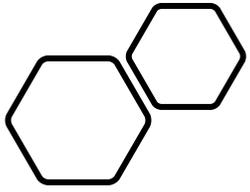
CONFIRMED COVID19, DOMINICA, 2020



GEO-DISTRIBUTION OF CONFIRMED COVID-19

HEALTH SERVICES FOCUSED ON RESPONSE TO COVID-19





CONTACT TRACING AND EARLY DETECTION



PORT HEALTH
FORMS



FLIGHT MANIFESTO



SURVEILLANCE
CAMERAS



STUDENTS AND
PARENTS LOG



MONITORING OF
SHIFT SYSTEM



GUEST LIST

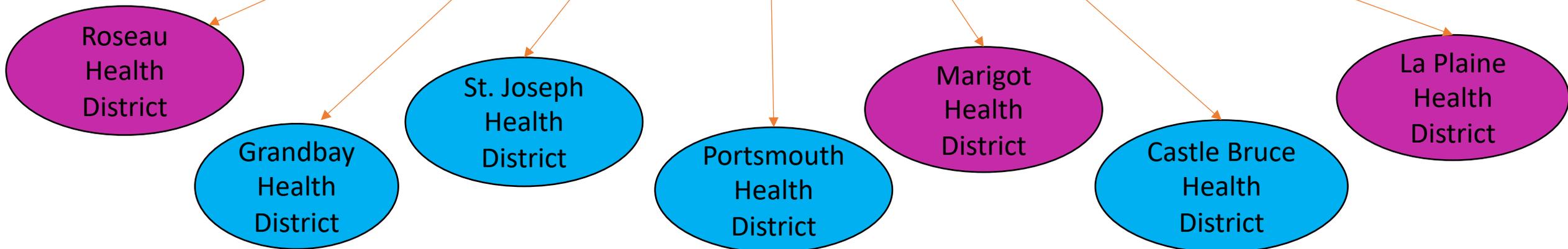


ANONYMOUS CALLS



COMMUNITY
TRACING/WORD OF
MOUTH

CONTACT TRACING AND SAMPLE COLLECTION COMMITTEE





IDENTIFICATION AND MONITORING (OLDER ADULTS)

Before Outbreak

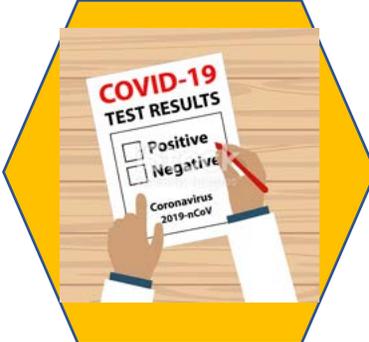
- Home & Household Visits (Shut-inns)
- Comprehensive clinics conducted
- Chronic Disease Registers
- Flu-Shots

During Outbreak

- Monitoring from COVID Hotline
- Telephone Consultations
- Appointment System
- Pre-triage/Triage of respiratory patients
- Temperature Screenings



PROTOCOL FOR REPORTING



DIAGNOSIS OF INDIVIDUALS WITH COVID-19

Surveillance case definitions for human infection with novel coronavirus (nCoV) Interim guidance v2 15 January 2020



This document summarizes WHO recommendations for surveillance of the novel coronavirus (nCoV) recently identified in Wuhan, China (2019-nCoV). WHO will update these recommendations as new information becomes available on the situation.

This interim guidance was adapted from WHO's guidance materials published for Middle East Respiratory coronavirus (MERS-CoV) and will be updated regularly.

Objectives of surveillance

- The primary objectives of surveillance are to:
1. Detect cases/clusters of nCoV infection and any evidence of amplified or sustained human-to-human transmission;
 2. Determine risk factors and the geographic risk area for infection with the virus.
- Additional clinical and epidemiological investigations are needed to:
1. Determine key clinical characteristics of the illness, such as incubation period, spectrum of disease, and the clinical course of the disease;
 2. Determine key epidemiological characteristics of nCoV infection, such as exposures that result in infection, risk factors, secondary attack rates, and modes of transmission.

The following people should be investigated and tested for nCoV infection

- Case definitions for surveillance
3. Severe acute respiratory infection (SARI) in a person, with history of fever and cough requiring admission to hospital, with no other etiology that fully explains the clinical presentation¹ (clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised);

AND any of the following:

- Testing should be according to local guidance for management of community-acquired pneumonia. Examples of other etiologies include Streptococcus pneumoniae, Haemophilus influenzae type B, Legionella pneumophila, other recognized primary bacterial pneumonias, influenza viruses, and respiratory syncytial virus.
- Close contact is defined as:
 - Health care associated exposure, including providing direct care for nCoV patients, working with health care workers infected with nCoV,

- a. a history of travel to or a person who lived in Wuhan, Hubei Province China in the 14 days prior to symptom onset; or
 - b. the disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel.
2. The person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation.
3. A person with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposures:
 - a. close physical contact² with a confirmed case of nCoV infection; or
 - b. a healthcare facility in a country where hospital-associated nCoV infections have been reported; or
 - c. visiting or working in a live animal market in Wuhan, China
 - d. [direct contact with animals (if animal source is identified) in countries where the nCoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission.]³

¹ This is a draft. The content of this document is not final, and the text may be subject to revisions before publication. The document may not be reviewed, abridged, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means without the permission of the World Health Organization.

- ² visiting patients or staying in the same close environment of a nCoV patient.
- Working together in close proximity or sharing the same classroom environment with a with nCoV patient
 - Travelling together with nCoV patient in any kind of conveyance
 - Living in the same household as a nCoV patient
- The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration.
- ³ To be added once/ animal source is identified as a source of infection

Case-based form for the asymptomatic passengers coming from China/Hotspot

(Assumption: the passenger is a Dominican citizen)

Demographic

Passenger's name: _____ Age: _____ Sex: _____
 ID (passport): _____ Address: _____
 Tel. no.: _____ Date of arrival: _____
 Departure date (China): _____ if resident of China, City & Province: _____

If not a resident of China, but tourist/in-transit passenger through China,
 Name of the hotel/accommodation: _____
 Address of the location (City & Province): _____
 Time period: date of entry in China _____ date of departure (China) _____

Signs & symptoms

Temperature (measured at the time of visit): _____
 if the client had fever within 14 days prior to arrival (Fever/No): _____
 Onset date of fever (if yes to the above question): _____

If "Yes" to the above, the passenger should be transferred to the nearest isolation unit (health facility) for further investigation and management.

Additionally, tick all that apply to a suspected case

General weakness Shortness of breath Cough Sore throat
 Runny nose Headache Diarrhea Nausea
 Irritability/Confusion Rash Itch _____

Reporting person
 Name: _____ Designation: _____
 Tel. no.: _____ Reporting site: _____

Case reporting form for COVID-19

Date of reporting to Health Information Unit: []/[]/[]

Reporting site: _____

Case classification: Confirmed Probable

Section 1: Patient Information

Name of the patient: _____
 Date of Birth: []/[]/[] or estimated age [] years
 Sex: Male Female
 Address in Dominican Republic: _____
 Next of kin (name, address & telephone number): _____

Occupation (tick any that apply):
 Student Health care worker Other, specify: _____
 Working with animals Health laboratory worker

Section 2: Clinical Information

Patient clinical course

Date of onset of symptoms: []/[]/[] Asymptomatic Unknown
 Admission to hospital/clinic: Yes No Unknown
 First date of admission to hospital: []/[]/[]
 Was the patient confirmed? No Yes Unknown
 Health status at time of reporting: Recovered Not recovered Deceased Unknown
 Date of death or discharge: Resolved: []/[]/[] Unknown: []/[]/[]

Patient symptoms (check all that apply)

Fatigue/loss of energy Shortness of breath Pain (check all that apply)
 General weakness Diarrhea Headache Chest pain
 Cough Nausea/vomiting Abdominal pain
 Sore throat Rash Itch
 Runny nose Irritability/Confusion
 Other, specify: _____

Patient signs

Temperature: []/[]/[]
 Check all observed signs:
 Feverish/febrile Spine/tenderness Abnormal lung & Ray findings
 Conjunctival injection Rhymer/hypertonia
 Tachycardia Abnormal lung auscultation

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



US MANUFACTURED

CONTAINING THE EXPANSION

- 14 day Mandatory Quarantine Vs Immediate Isolation of COVID+
- Establish CTSC for Aggressive Contact Tracing & Monitoring
 - Composition of Team (Integration of CHAs)
- Shut down of all non-essential services
- Observance of Protocols re Public Health Measures
 - Cough etiquette and hand hygiene
 - Physical distancing
 - Mandatory wearing of masks
 - Early isolation of patients with respiratory symptoms
- Regular Press Briefings re COVID-19 status
- State of Emergency and Curfews Enacted
- Multi-sectoral collaboration with international agencies (eg PAHO)
- Support and Commitment of Cabinet: Availability of Resources





COMMUNICATION ON GUIDANCE ON PUBLIC HEALTH MEASURES

- Training Staff - Infection Control Prevention
- IEC materials updated and available
 - Eg Hand washing flyers strategically placed
- PSA's for Community Awareness and Education
- Radio Campaigns & Press Briefings
- Issuance of COVID-19 alert card in various languages
- Special measures for the care of the elderly
- Emergency Provisions and No mass gatherings
- **Stigmatization- from a patient perspective**



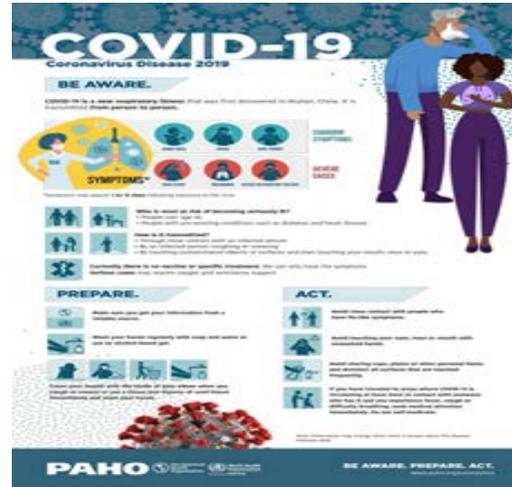
MANAGEMENT OF COVID-19



- Re-allocation of Primary Health Care Staff
- Surge Capacity/Cuban Medical Brigade
- Structural-Biomedical-Laboratory-Supplies Preparedness
- Infection Control Workshops/Clinical Management Training
- Medical Treatment and Psychosocial Support
- Collaboration of other Stakeholders (DFAS, DPF, DASPA)

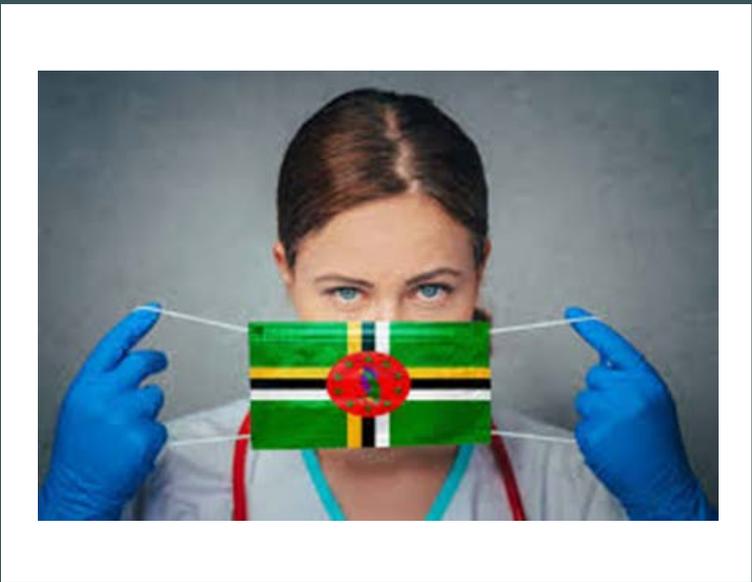
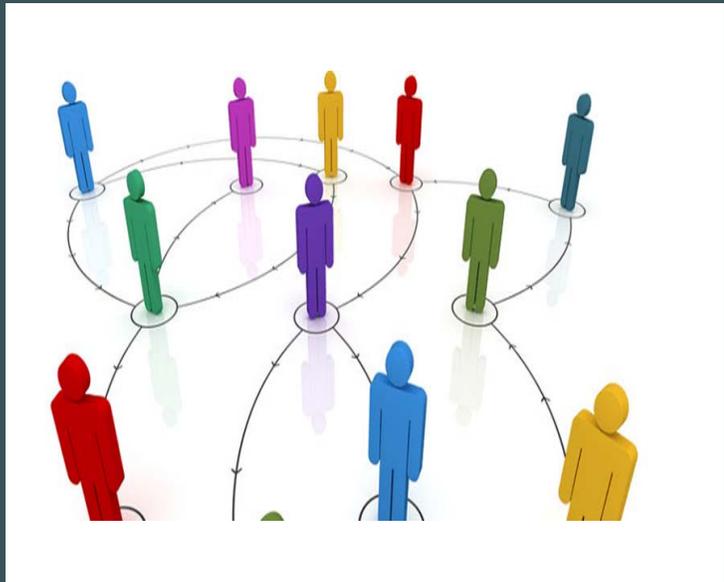
Focus : Identify-Test-Transfer-Isolate-Treat all COVID+





CASES /CONTACTS:
PRE-TRIAGE AND TRIAGE





COVID-19

Coronavirus Disease 2019

BE AWARE.

COVID-19 is a new respiratory disease that was first discovered in Wuhan, China. It is transmitted from person to person.

SYMPTOMS*

- Fatigue
- Loss of taste or smell
- Shortness of breath
- Cough
- Fever
- Sore throat

PREPARE.

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

ACT.

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

PAHO

BE AWARE. PREPARE. ACT.



**St. James COVID Unit in
Portsmouth**

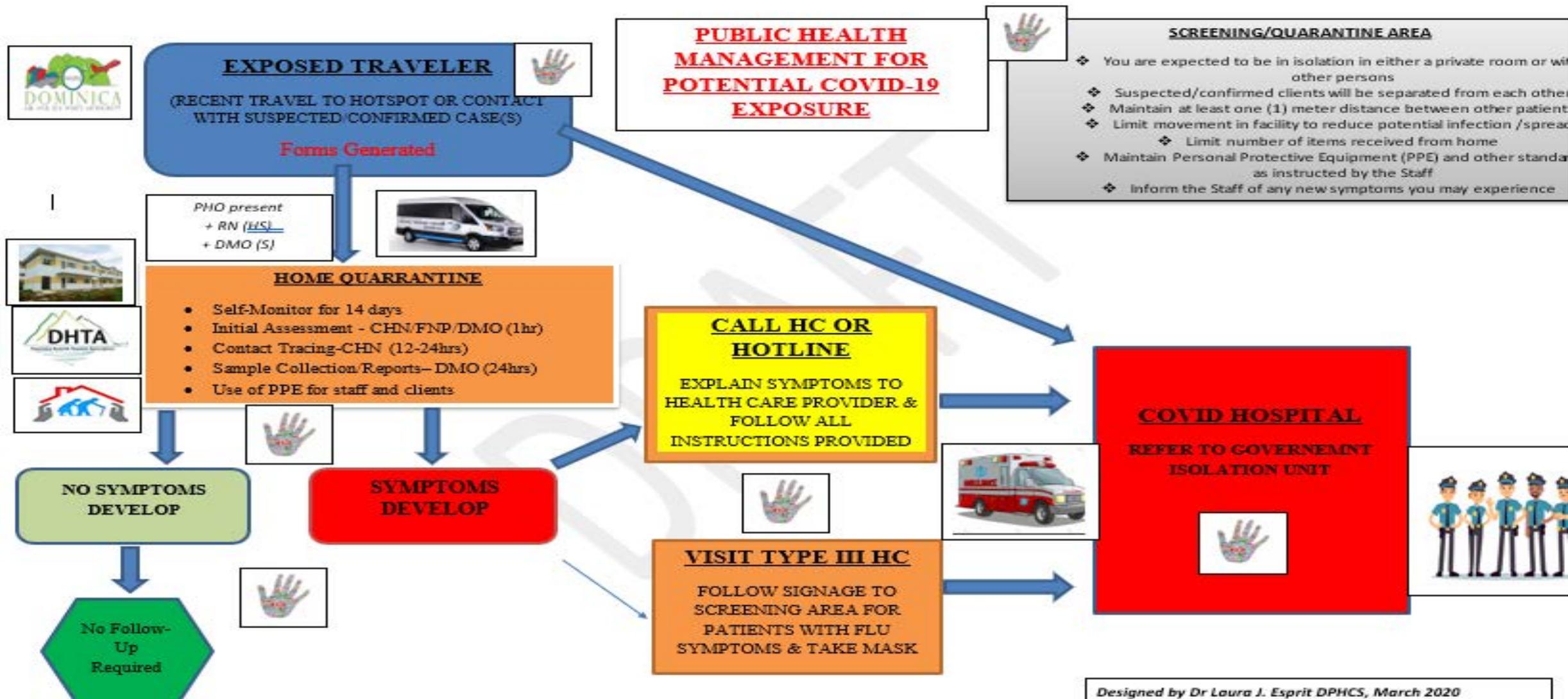


COVID Isolation Unit PMH



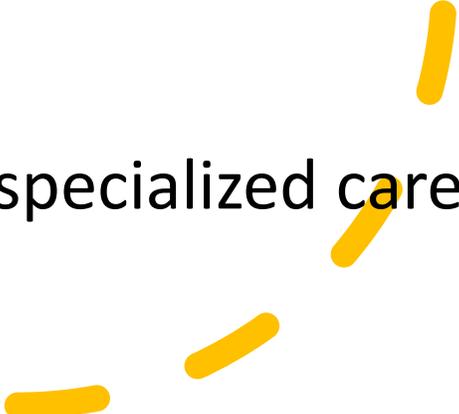
**Seven (7) Government
Operated Quarantine Facilities
in Portsmouth**

REFERRAL OF CLIENTS





MAINTAINING ESSENTIAL PRIMARY HEALTH CARE SERVICES

- Scale Down Approach
 - Immunization Program continued
 - Regular Maternal & Child Health Clinics
 - Pharmacy services continued
 - Respiratory clinics conducted
 - Wound care for ambulatory clients
 - Dental services for emergencies
 - Referral of clients for emergency/specialized care
- 

SPECIAL CONSIDERATIONS

- Tents for patients with flu-like symptoms
- Seating Arrangements
- Access to Masks
- Sanitization and Disinfection
- Strengthen triage system
- Proper Ventilation of facilities
- Reassignment/Hiring of New Staff
- Continuous Health Education/Awareness
- Establishment of Appointment System
 - Medical Clinics /Lab Services
- Effective Client Monitoring (Home Quarantine)

SURVEILLANCE SYSTEM



- Active Community Surveillance
 - Community Testing
 - Seven (7) Health Districts
 - Sample size 2% of total population:
 - 1428 persons from 600 households
- Activated 'Event-based' surveillance
 - All Health Centres remain open
 - Monitoring all alerts at the community level
 - Actively tracing clients/monitoring sentinel sites
 - Fear of complacency





Thank You COVID
WARRIORS

