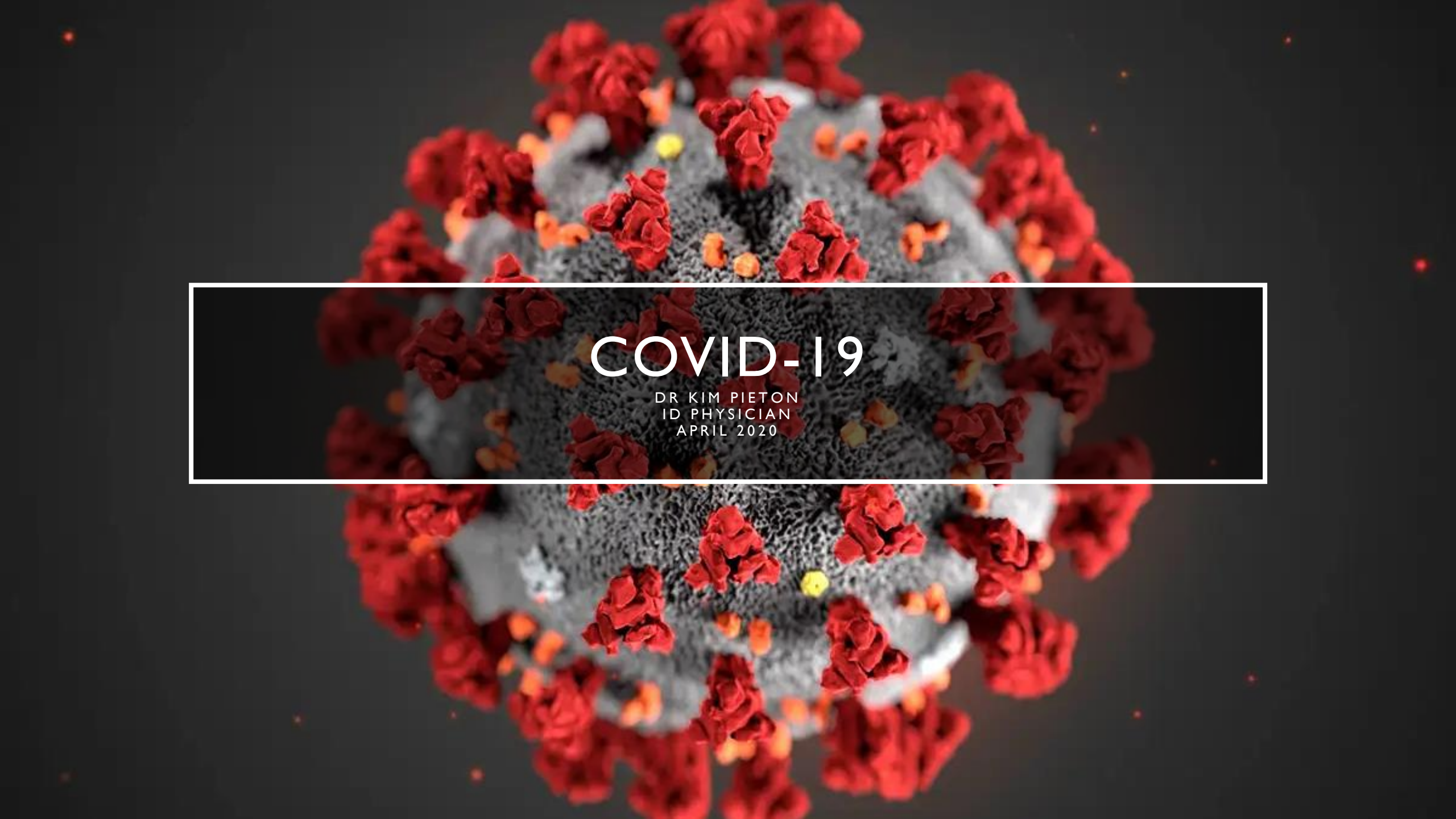




COVID-19

DR KIM PIETON
ID PHYSICIAN
APRIL 2020



**Incubation period
5.2 days**



**80% cases are
MILD**



**FLU-LIKE
symptoms**

Including fever & dry
cough

Rare = rhinorrhea,
sneezing, sore throat



After 1 week

Dyspnoea (1/3)

- 20% require hospital admission
- Pneumonia

CLINICAL FEATURES COVID-19

CLINICAL FEATURES

Now have reports of
mortality 5-10%



The Chinese CDC released
a paper on 17 February :

72,314 cases of COVID-19 in
China



80.9% - mild infections (with flu-like symptoms)
& can recover at home



13.8% - severe infections, developing pneumonia



4.7% - critical patients: respiratory failure, septic
shock, & multi-organ failure



2% - reported cases that are fatal

DIFFERENTIAL DIAGNOSIS

SOUTH AFRICAN WINTER

ALL OTHER viral infections

INFLUENZA

Latest viral URTI epi

Rhinovirus/Enterovirus



Signs and symptoms at admission³

Fever	83%
Cough	82%
Dyspnoea	31%
Myalgia (Muscle aches)	11%
Confusion	9%
Headache	8%
Sore throat	5%
Rhinorrhoea (runny nose)	4%
Chest pain	2%
Diarrhoea	2%
Nausea & vomiting	1%

ANOSMIA & AGEUSIA



Loss of taste and smell



Direct damage of the virus on the olfactory and gustatory receptors



>20%



French & Italian reports



GCChemosensoryR to investigate



CXR

- Normal in early or mild disease
- Hospitalisation: 70% have changes
- Bilateral, peripheral, lower zone, ground glass

BLOODS



Lymphopaenia

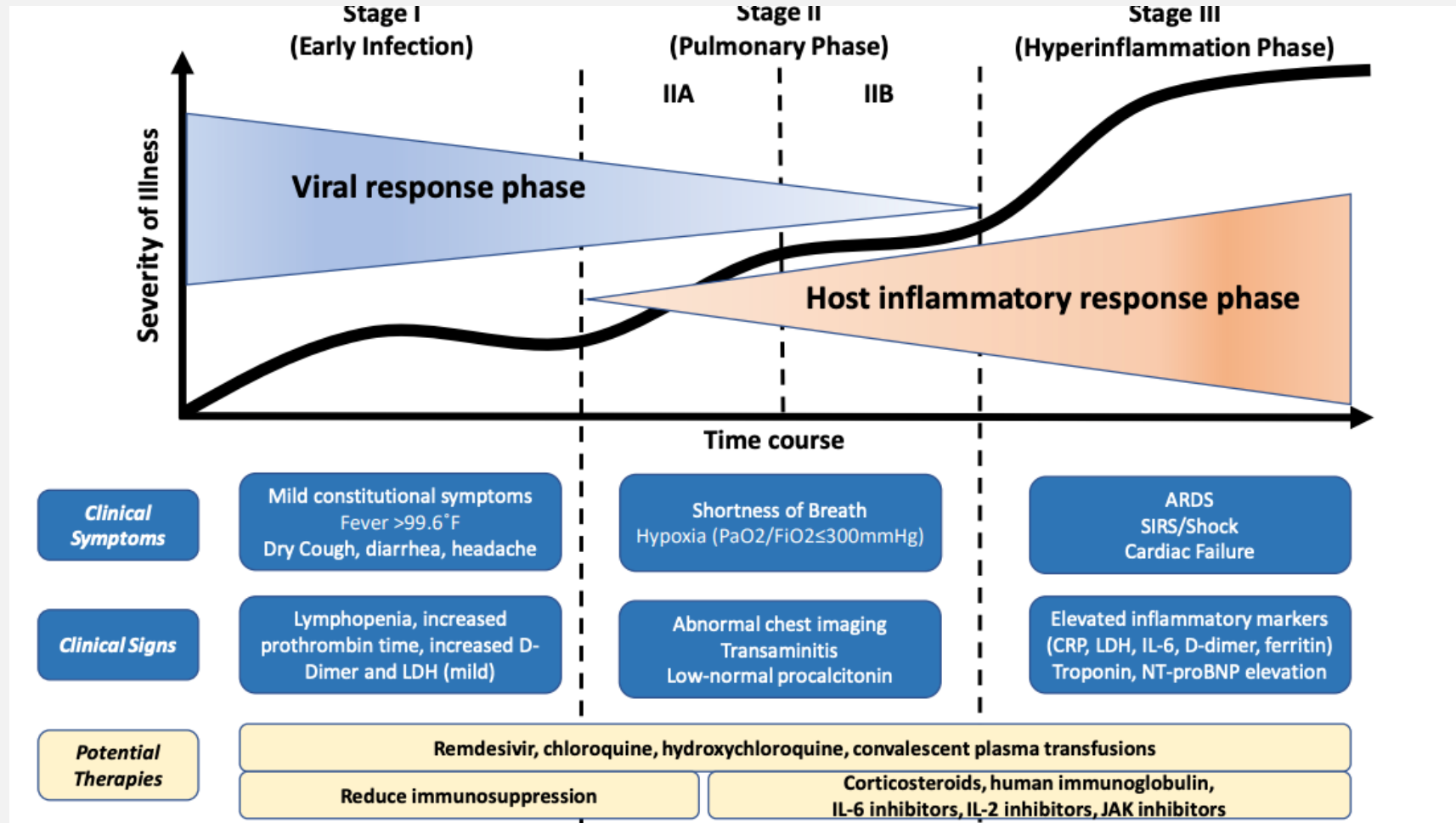


Normal to mildly elevated
CRP



LATE

HIGH CRP,
PCT,
FERRITIN,
ddimer,
ProBNP



WHO CAN BE MANAGED AT HOME?

MILD DISEASE >12yrs

Sats >95%

*RR <25

*HR <120

Temp 36 – 39°C

Normal mental status

*5-12yrs – HR <130, RR <30



MANAGING PATIENTS AT HOME

- ISOLATE

- Separate room with door closed

-

- S

- S

- If

**Regular checkup:
email/telephone,
who to contact if
they deteriorate**

is unavoidable

-

alone

- Maintain >1m distance (if preferable)

- Paracetamol



Assessment of Respiratory Distress by the Roth Score

Ehud Chorin MD, PhD | Allison Padegimas MD | Ofer Havakuk MD | Edo Y. Birati MD |
Yacov Shacham MD | Anat Milman MD | Guy Topaz MD | Nir Flint MD | Gad Keren MD |
Ori Rogowski MD

TABLE 2 Sensitivity and Specificity for Maximal Count and Count Time

	Room Air <95%		Room Air <90%	
	Sensitivity, %	Specificity, %	Sensitivity, %	Specificity, %
Max count				
7	100	30	87	48
10	91	43	78	68
15	83	71	57	100
20	57	87	32	100
Count time, sec				
5	91	34	82	56
6	83	49	71	72
7	83	63	63	88
8	78	71	53	92
9	65	81	41	100
10	57	87		
11	39	89		
12	26	90		
13	17	96		

Abbreviations: max, maximum; sec, seconds.

MRC Dyspnoea Scale	
Grade	Degree of breathlessness related to activity
1	Not troubled by breathless except on strenuous exercise
2	Short of breath when hurrying on a level or when walking up a slight hill
3	Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace
4	Stops for breath after walking 100 yards, or after a few minutes on level ground
5	Too breathless to leave the house, or breathless when dressing/undressing

SCORING DISEASE SEVERITY

THOSE WHO
DETERIORATE USUALLY
REQUIRE ADMISSION
FROM DAY 7/8

STAGE II
VIRAL PNEUMONIA



Shortness of breath

Maybe hypoxic



Worsening cough



Persistent fever



Try to arrange a direct admission with your
referral centre physician



Patient to wear a mask for arrival



IF
IMPROVEMENT
AND NO
SIGNS OF
SEVERITY OR
NO NEED FOR
ADMISSION

- De-isolate after 14 days
- NO NEED to repeat the COVID-19 PCR
 - No need for negative PCR before de-isolation
- Presumed immune for THIS season
 - Case reports of re-infection
 - Like other RTIs, may have repeat infection in subsequent years



That's all Folks!

COVID-19

Infection Prevention and Control Considerations for General Practitioners

Adriano G Duse

Professor and Head:

Department of Clinical Microbiology & Infectious Diseases; School of
Pathology of the NHLS & University of the Witwatersrand, Johannesburg,
South Africa



Presentation design: Lindi Spezialetti

Key principles for general practice

CONSULTATIONS: SOCIAL DISTANCING – BUSINESS NOT AS USUAL

- Avoid unnecessary face-to-face consultations
 - Advance repeat prescriptions for medication
 - Influenza vaccine

- As far as possible, consult remotely
 - Telephonic
 - SMS or similar
 - Email
 - Telemedicine



The background features a stylized DNA double helix on the left side, rendered in a light blue/teal color. On the right side, there is a detailed illustration of a virus particle, possibly a coronavirus, with a red core and blue, spiky surface. The overall background is a soft, out-of-focus blend of light blue, teal, and pinkish-red hues.

For essential face-to-face consultations

1. On basis of triage ...
2. Consider home consultation (remember PPE & hand sanitizer)

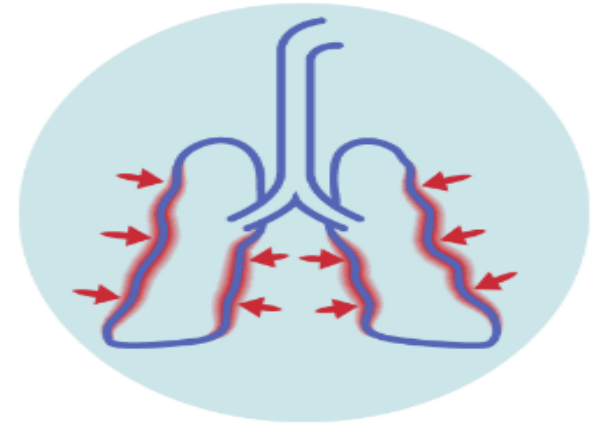
These symptoms may appear **2-14 days after exposure** (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath

Enquire about
possible exposures

A guide to help you make decisions
and seek appropriate medical care.

Self-Check



When to Seek Medical Attention

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**. Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

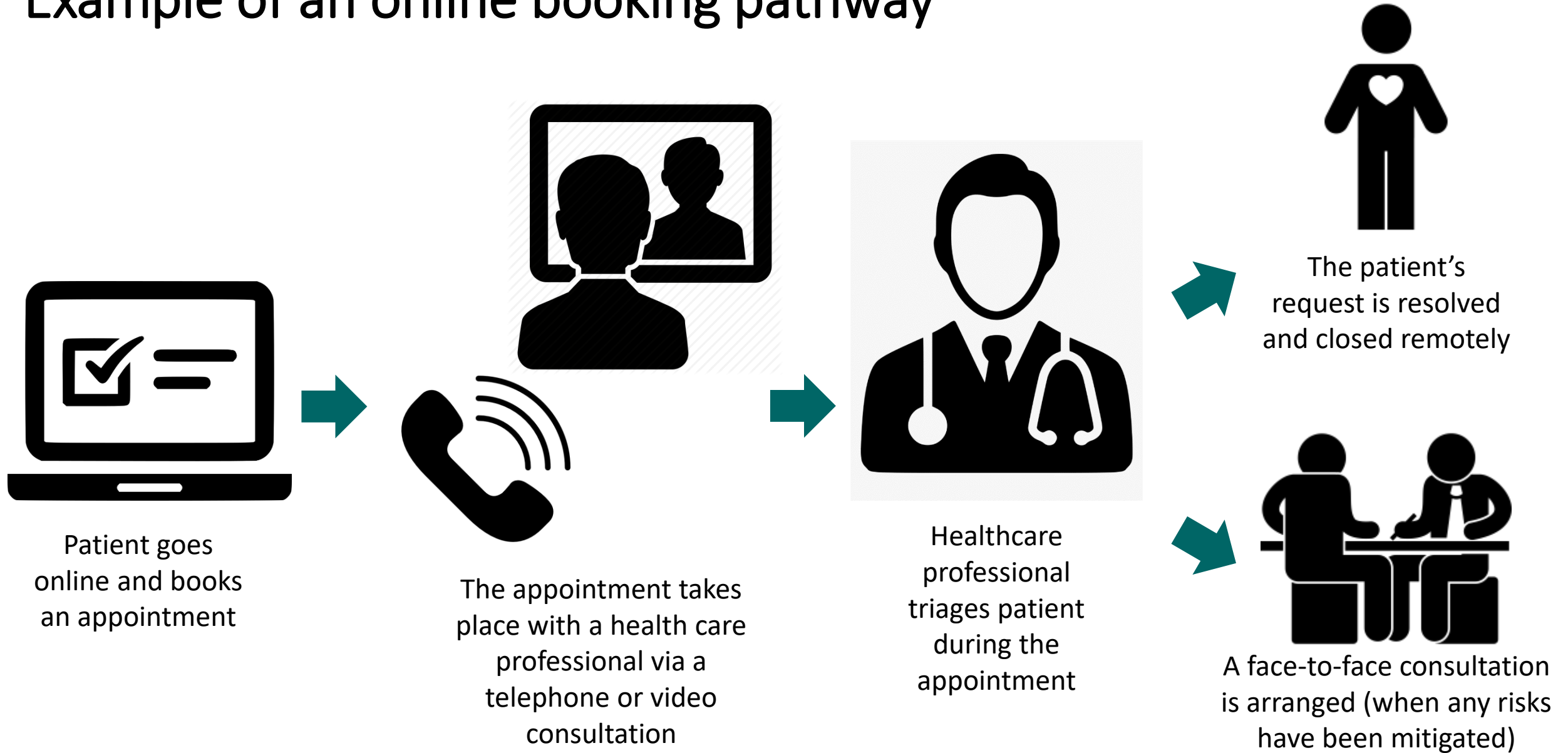


If face-to-face consultation at the practice is necessary, consider

- Staff:
 - OHS Act & HBA regulations require risk assessment of the workplace and COVID-19 risk profile of your personnel must be done
 - Staff entitled to a safe environment with all the necessary IPC provisions
- Avoid walk-in appointments:
 - Online appointments with accompanying **triage** questionnaire & patient risk factors prior to GP room visit
 - Telephonic bookings with receptionist administering the **triage** questionnaire
- Organization of day's appointments into 'cohorts'
- Space out appointments (and stick to time) to ensure sufficient 1 to 1.5 metre spatial distancing (ideally have only one patient at a time in reception area)
- Patients with cough/sneezing given a surgical mask to wear prior to entry into the waiting room
- Collaborative referrals to other practices or 'hubs'



Example of an online booking pathway



Signage for COVID-19

Clear signage should be posted at the entrances to the reception & consulting areas to alert patients and staff to IPC requirements and protocols



COVID-19 droplet + contact precautions



All persons



Perform hand
hygiene



Wear a surgical
mask

Nurses, Doctors, Clinical staff



Wear gloves



Wear an apron
or gown



Wear eye
protection



**For all face-to-face
consultations practice IPC
rigorously**

Transmission routes

- Droplet aerosols
- Contact (e.g. contaminated hands to face
– eyes, nose, mouth)
- Mechanical aerosolization
- ? Faecal-oral

Contact transmission

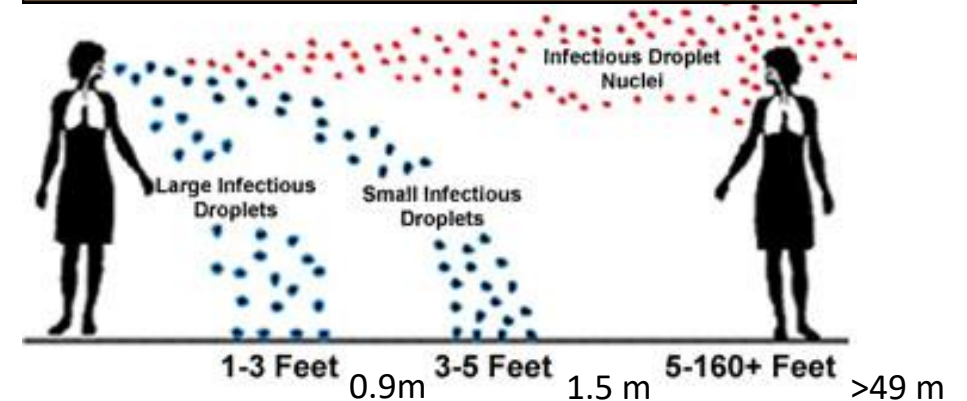
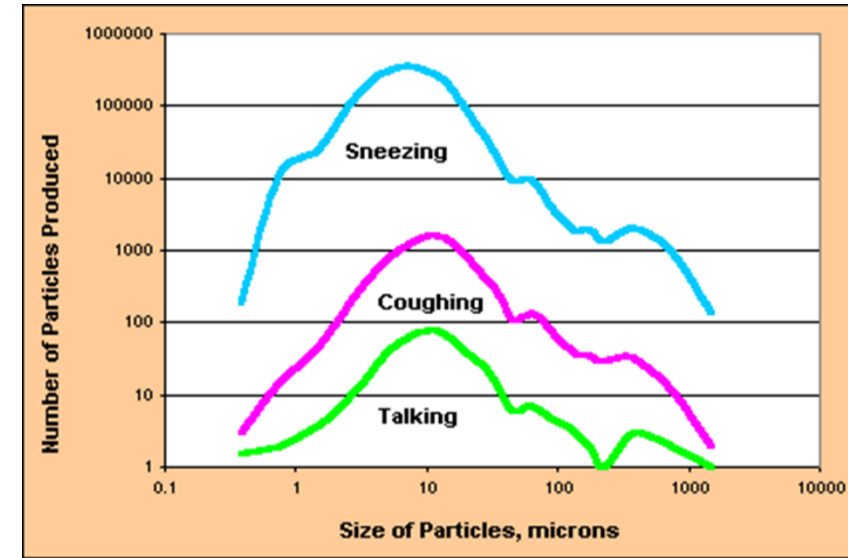
- Patient's respiratory secretions and soiled hands contaminate surfaces
- Viral persistence of contaminated surfaces
 - Also, remember computer keyboards, cell phones
- Contaminated hands touch face – inoculation of virus into eyes, nose & mouth
- Touching face: common habit – most people do it all the time without realizing it. average person touches face between 3 – 50X hour (latter esp. in healthcare)
- Perform hand hygiene as frequently as you can



Oral-pharyngeal, respiratory transmission



Particles generated from different events

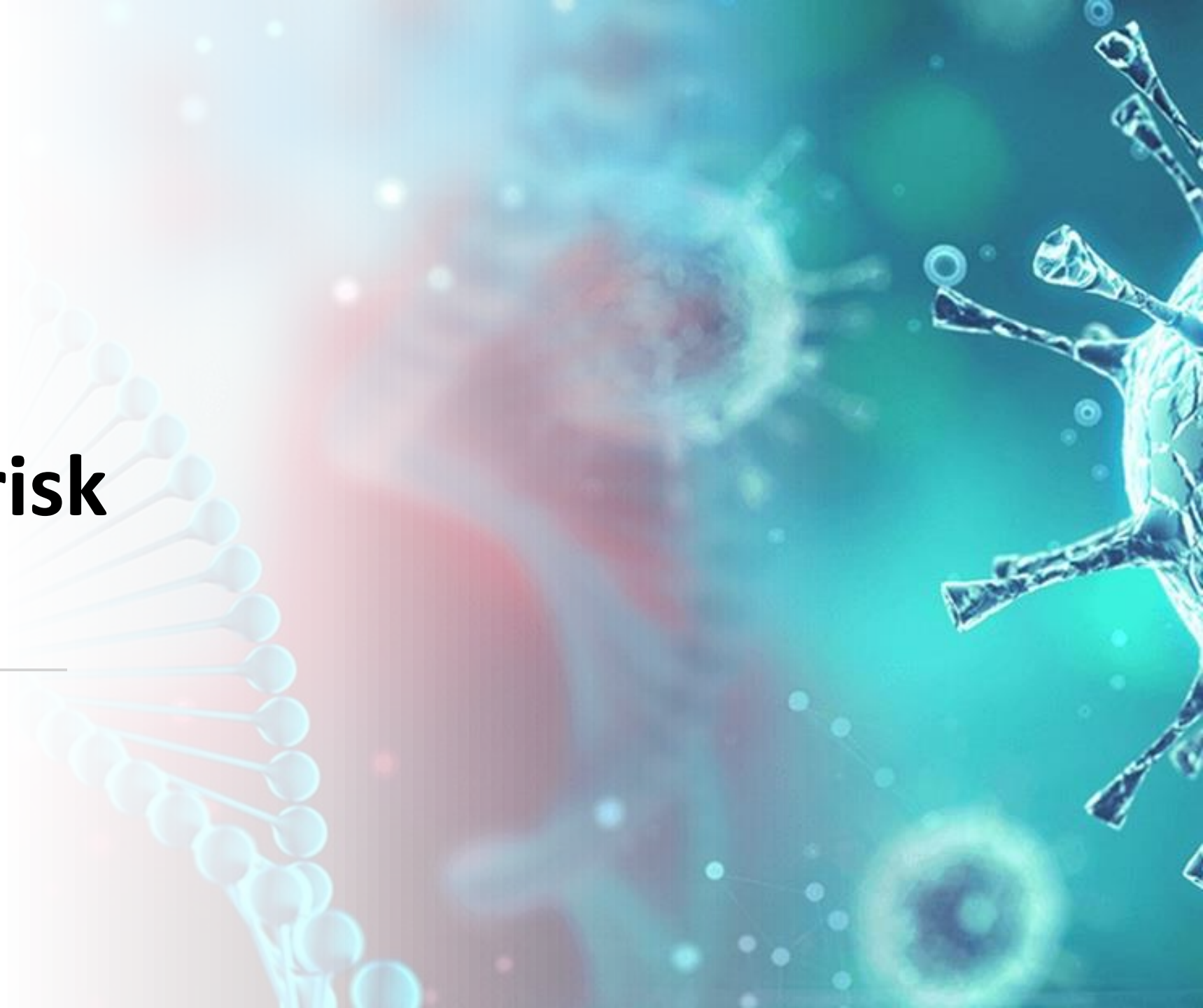


Droplets $> 5 \mu\text{m}$, Droplet nuclei $1-5 \mu\text{m}$,
Airborne $< 1 \mu\text{m}$





Prevention / risk reduction



STANDARD PRECAUTIONS (previously 'Universal Precautions') underpin routine safe practices, protecting both patients and healthcare workers from cross infections.

ALL patients considered potentially infectious, therefore:

ALL contacts with blood, bodily fluids (secretions, excretions) mucous membranes, non-intact skin or soiled items could potentially transmit infectious organisms.

So, SAME principles of practice apply ALL of the time to ALL patients!



Handwashing



Use of gloves



Facial personal protective equipment (PPE)



Use of fluid-resistant gowns/aprons



Safe sharps handling & disposal



Safe handling of waste



Safe handling of linen



Environmental cleaning

Minimise contact with blood and body substances by utilising safe work practices and protective barriers.

STANDARD PRECAUTIONS APPLY TO ALL PATIENTS

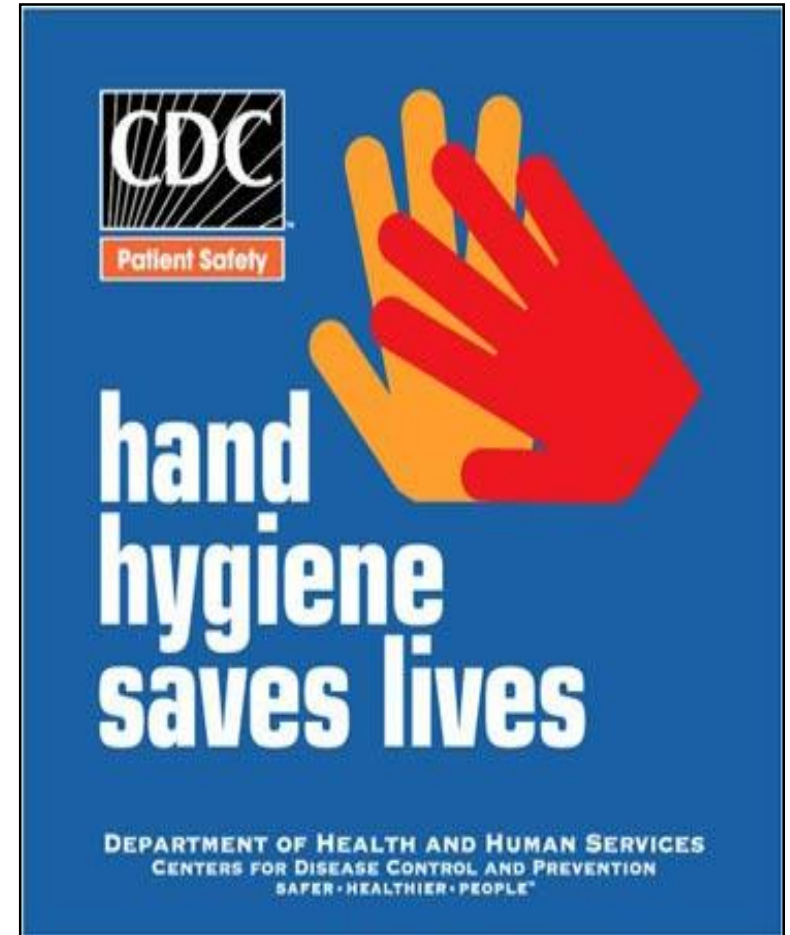


NSW HEALTH
Working as a Team



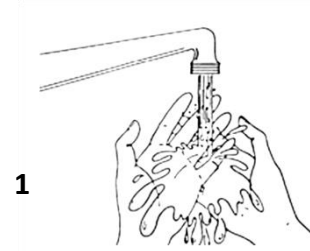
Contact transmission precautions: hand hygiene (HH)

- HH is the most effective method of reducing the direct transmission of infections



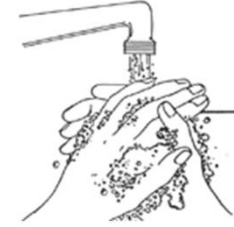
HH: hand washing

- Use soap: water alone does not remove soil and grease which can trap microbes
- Wash your hands for **at least 20 seconds** using the following steps



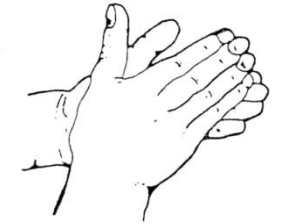
1

Remove all jewelry and wet hands with warm water



2

Apply soap to hands



3

Rub hands together



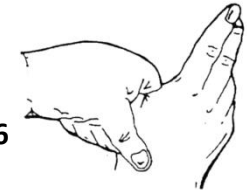
4

Cover all surfaces of the hands and fingers



5

Clean knuckles, back of hands and fingers



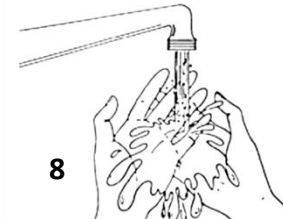
6

Clean the space between the thumb and the index finger



7

Cover the fingernails by working the fingertips into the palm



8

Rinse well under warm running water



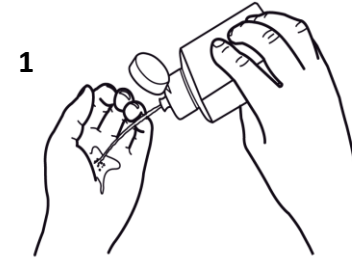
9

Dry with a disposable paper towel, then use the towel to turn off the tap



HH: hand sanitizing

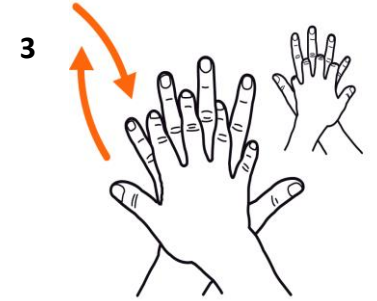
- Rub hands for hand hygiene!
- Wash hands when visibly soiled
- Duration of the entire procedure is 20-30 seconds (no value of extending it beyond 15 seconds? –*Infect Control Hosp Epidemiol* 2017;38:547-552)
- The antimicrobial activity of alcohols results from their ability to denature proteins
- Alcohol solutions containing 60–80% alcohol are most effective, with higher concentrations being less potent



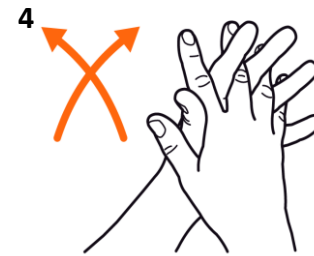
1
Apply a palmful of the product in a cupped hand covering all surfaces



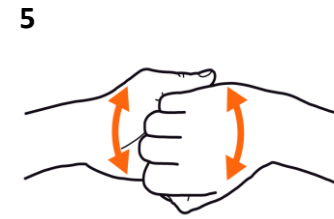
2
Rub hands palm to palm



3
Right palm over left dorsum with interlaced fingers and vice versa



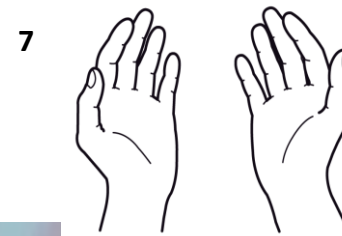
4
Palm to palm with fingers interlaced



5
Backs of fingers to opposing palms with fingers interlocked



6
Rotational rubbing, backwards with clasped fingers of right hand in left palm and vice versa



7



Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

Guide to Local Production:
WHO-recommended Handrub Formulations

To the people who have bought 27 bottles of soap leaving none on the shop shelves for others, you do realise that to stop getting coronavirus, you need other people to wash their hands too,



Contact transmission precautions: gloves (important to remove them safely & wash hands after removal!) and disposable plastic apron

1



2



3



4



5



6



7



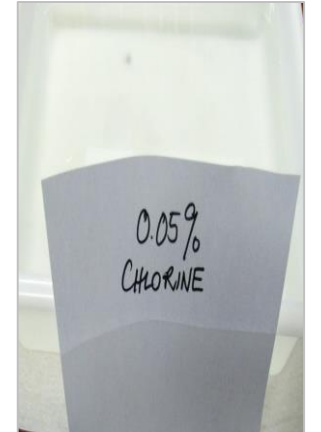
8



9



10



Respiratory droplet transmission precautions

Droplet precautions

- Examples of diseases spread by this route:
 - Meningitis
 - Pneumonia
 - Whooping cough ('pertussis')
 - Diphtheria
 - Influenza
 - **COVID-19**
- Precautions
 - Ensure good ventilation (e.g. open windows)
 - Wear a standard surgical mask (single-use) when working within 1-2m of the patient
 - Goggles / visor (re-usable after washing with soap and water & wiping down with 60%-80% alcohol)



Do's and don'ts of medical masks

- Place mask carefully to cover mouth and nose and tie securely to minimise any gaps between the face and the mask
- While in use, don't touch the mask
- Remove the mask by using appropriate technique (i.e. do not touch the front but remove ties from behind)
- After removal or if you inadvertently touch a used mask, clean hands by using an alcohol-based hand rub or soap and water if visibly soiled
- Replace masks with a new clean, dry mask as soon as they become damp/humid
- Do not re-use single-use masks
- Discard single-use masks after each use and dispose of them immediately upon removal



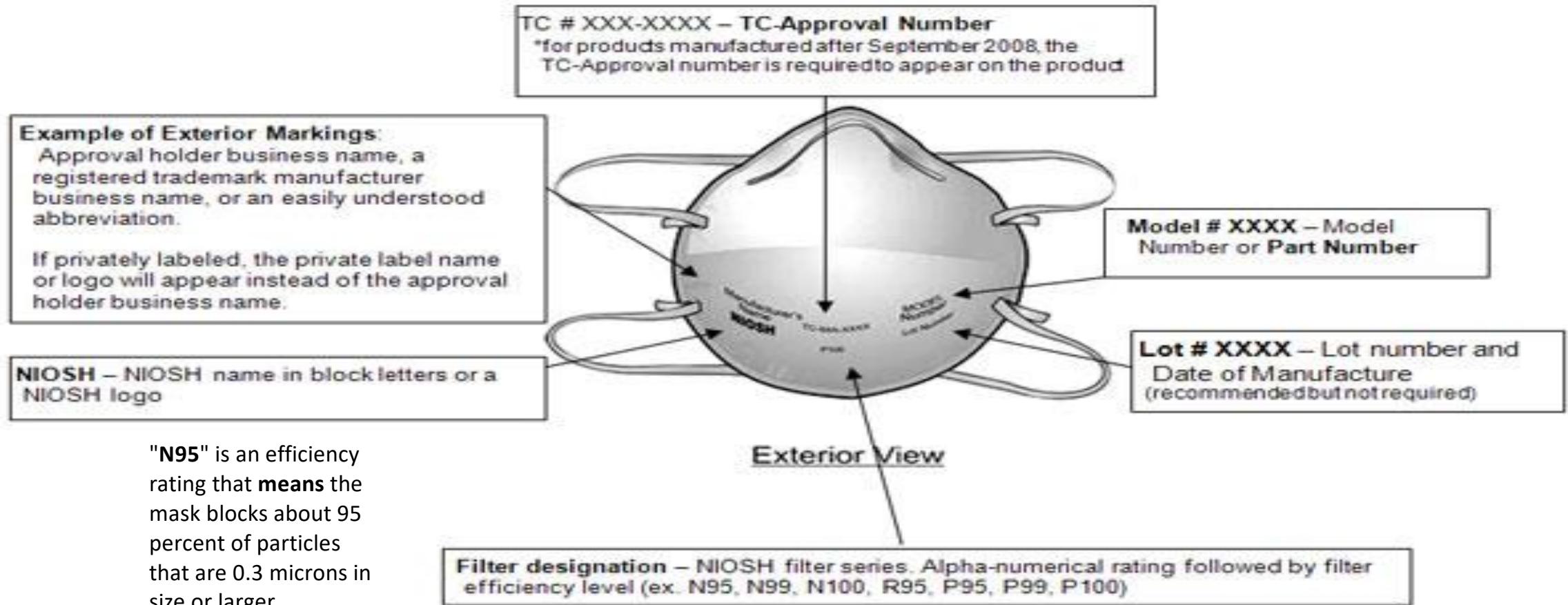
Airborne (droplet nuclei) transmission precautions:

Airborne precautions

- Examples of diseases spread by this route:
 - TB, Chickenpox, Measles
- Precautions
 - Isolation,
 - Special 'mask' called a respirator e.g. N95 (or equivalent) respirator
 - Patient: Ensure cough etiquette; place a surgical mask on the patient if necessary



PPE controls: N95 respirators - if a particulate filtering face piece respirator does not have these markings as identified below and if it does not appear on one of the NIOSH lists, it has not been certified by NIOSH for occupational use.



Reference: Rengasamy,S.,W.P.King, B.C.Eimer and R.E. Shaffer.(2008). Filtration performance of NIOSH-approved N95 and P100 filtering face piece respirators against 4 to 30 nanometer-size nanoparticles. *Journal of Occupational and Environmental Hygiene* 5(9):556-564

Mask versus respirator: which to wear when ...

Surgical mask:

- Previously thought it was not necessary to wear in public spaces; now endorsed by several countries
- Necessary for healthcare workers applying droplet precautions including collection of nasopharyngeal swabs



N95 respirator:

- During cough-inducing or aerosol-generating procedures on infectious patients (e.g. sputum / tracheal aspirate collection)
- In other situations of communicable infections e.g. TB, measles and chickenpox
- Manufacturer's instructions are that it is a single use item ...



STAFF CATEGORY	HAND HYGIENE	EYE PROTECTION	N95 *** RESPIRATOR	SURGICAL MASK	APRON	GOWNS (Disposable)	GLOVES (Disposable)
Reception staff	Yes						
Triage Staff	Yes			Yes			
Healthcare worker* attending to the patient (routine examination)	Yes	Yes		Yes	Yes		Yes
Healthcare worker* Performing aerosol generating procedures ** and caring for a confirmed case or very ill patient	Yes	Yes	Yes		Yes (if gown is not available)	Yes	Yes
Housekeeping staff	Yes			Yes	Yes		Yes
Security officer/porter	Yes			Yes (only if the patient does not wear a mask)			
Staff transporting	Yes						



DONNING YOUR PPE

DOFFING YOUR PPE



Environmental decontamination & how to get different concentrations of hypochlorite

Following **thorough cleaning**, surfaces are wiped (NOT SPRAYED) with disinfectants such as chlorine or 70% alcohol, as recommended

- Universal wipes which combine cleaning and disinfection are impregnated with peracetic acid and/or hydrogen peroxide and may be used but these are expensive
- Soap and water followed by 70% alcohol wipe for certain items e.g. goggles / visors
- Hypochlorite must be used at the correct dilution to ensure maximum efficiency

Product	Chlorine available	How to dilute to 0.5%	How to dilute to 1%	How to dilute to 2%
Sodium hypochlorite – liquid bleach	3.5%	1 part bleach to 6 parts water	1 part bleach to 2.5 parts water	1 part bleach to 0.7 parts water
Sodium hypochlorite – liquid bleach	5%	1 part bleach to 9 parts water	1 part bleach to 4 parts water	1 part bleach to 1.5 parts water
NaDCC (sodium dichloroisocyanurate) – powder	60%	8.5 grams to 1 litre water	17 grams to 1 litre water	34 grams to 1 litre water
NaDCC (1.5g/tablet) – tablets	60%	6 tablets to 1 litre water	11 tablets to 1 litre water	23 tablets to 1 litre water
Chloramine - powder	25%	20 grams to 1 litre water	40 grams to 1 litre water	80 grams to 1 litre water

Ref: National IPC Manual 2020



Thank you!



COVID-19

Laboratory Diagnosis

Lucille Blumberg
National Institute for Communicable Diseases



David Goodsell -
computational biologist, science illustrator

Who should be tested?

Person under investigation (PUI) i.e. a person to be tested for COVID-19

Pneumonia (hospitalized)

Health care worker (and related)with respiratory symptoms

Persons with acute respiratory illness with sudden onset of at least one of the following: cough, sore throat, shortness of breath, fever $>37^{\circ}\text{C}$ (measured), anosmia (loss of smell), ageusia (loss of taste)

Symptomatic contact of positive case/PUI in past 14 days *

As part of community door –to- door screen and test

Travel ...

*Asymptomatic contacts should not routinely be tested

www.nicd.ac.za

(updated 2 April 2020)



Collection of naso/oropharyngeal swabs (combined) for detection of respiratory viruses

CRDM specimen no: _____ CRDM lab no: _____ Tick no: _____ Date received: _____

Centre for Respiratory Diseases and Meningitis

Specimen Submission Form

Patient Information		Submitting Information (person for sample)	
Identified as Meningitis		Surname	
Sex		First name	
First name		Laboratory	
Age/Date of birth		City, Country	
Gender		Contact number (include +)	
Facility/Hospital		Postal address	

Specimen Details

Specimen collection date: _____

Specimen type:

☐ Combined NP/OP swab	☐ Oropharyngeal (OP) swab	☐ Nasal swab
☐ Respiratory (R) swab	☐ Bronchoalveolar lavage (BAL)	☐ Sputum
☐ Oropharyngeal (OP) swab	☐ Pleural fluid	☐ CSF
☐ Tracheal aspirate (TA)	☐ Blood culture	☐ Serum
☐ Whole blood	☐ Other, specify:	

Laboratory Test Details (please consult with centre if testing other than influenza, RSV or pertussis is required)

Tests requested:

☐ Acute influenza	☐ Influenza / RSV	☐ M-HS GAD	☐ Rhinovirus
☐ Respiratory syncytial virus	☐ Coxsackievirus	☐ Atypical pneumoniae	☐ Bacterial meningitis
☐ C. diphtheriae	☐ Respiratory panel (bacterial & viral)	☐ Viral meningitis	
☐ Group A streptococcus	☐ Community-acquired pneumonia (bacteria)	☐ Other, specify:	
☐ Group B streptococcus	☐ Hospital-acquired pneumonia (bacteria)		

Clinical Presentation and Outcome

Date of symptom onset: _____

Clinical diagnosis:

☐ Acute rheumatic fever	☐ Meningococcal disease	☐ Lower respiratory tract infection
☐ Diphtheria	☐ Influenza-like illness	☐ Upper respiratory tract infection
☐ Pertussis	☐ Measles	☐ Other, specify:

Symptoms:

☐ Fever (≥38°C)	☐ Sore throat	☐ Cough	☐ Headache	☐ Stiff neck
☐ Shortness of breath	☐ Vomiting	☐ Diarrhoea	☐ Paroxysmal cough/inspiratory wheeze	
☐ Apnoea	☐ Other, specify:	☐ Unknown	☐ None	

Underlying risk factors:

☐ Asthma	☐ Chronic Lung Disease	☐ Diabetes	☐ HIV	☐ Pregnancy	☐ TB
☐ Heart Disease	☐ Other, specify:	☐ Unknown	☐ None		

Hospital history:

☐ Outpatient	☐ Still hospitalized
☐ Inpatient - not admitted to ICU	☐ Deceased
☐ Inpatient - admitted to ICU	☐ Died
☐ Unknown	☐ Unknown

Insurance History

Did the patient travel in the 14 days prior to symptom onset? ☐ Yes ☐ No ☐ Unknown

Area/Country travelled to: _____ Date of travel to this area: _____ Date of travel from this area: _____

1. _____

2. _____

Did the patient have animal contact in the 14 days prior to symptom onset? ☐ Yes ☐ No ☐ Unknown

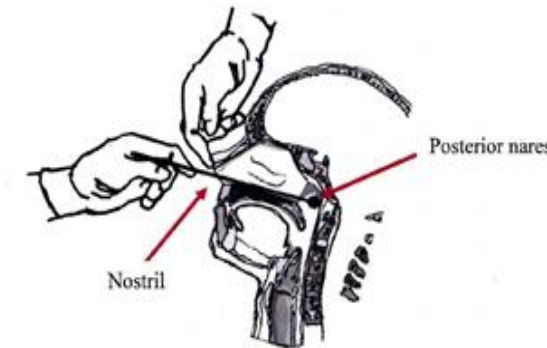
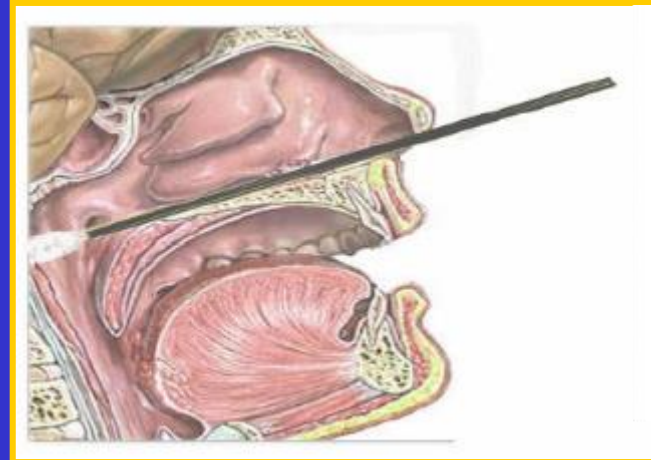
Animal type: _____ Date of exposure: _____ Exposure type: _____

☐ None ☐ Wild birds ☐ Poultry (eg. chickens, geese, ducks) ☐ Other, specify: _____

tel: +27 (0)21 222 0000 | fax: +27 (0)21 222 0000 | email: respiratory@nicd.ac.za | www.nicd.ac.za | Please attach any relevant information

CRDM Specimen Submission Form V2, Aug 2020

Date entered: _____ Initials: _____



Lower respiratory tract infection - samples (sputum, tracheal aspirates, bronchoalveolar lavage fluid). Do NOT perform sputum induction

PCR: molecular test -diagnostic method of choice

- Highly sensitive and specific for SARS-CoV-2
- RT- PCR
- GeneXpert®- rapid, near patient test
- Repeat testing if initial negative + COVID-19 likely
- Good quality specimens NB



Consider tests for diff diagnosis of fever (malaria) / resp infections

Covid -19 Serology- NO

- ‘Rapid tests, point of care’ - IGG, IGM
- Sensitivity and specificity problems
- False negatives in first week of illness
- DO NOT USE FOR DIAGNOSIS OF COVID- 19 IN PERSONS WITH ACUTE RESPIRATORY ILLNESS

De-isolation of COVID + persons

- Mild cases: - 14 days after symptom onset
- Severe disease: - 14 days after clinical stability achieved
- **NO indication for repeat PCR testing-** PCR won't differentiate viable virus v presence of RNA

Contact Tracing

Dr Linda Erasmus

National Institute for Communicable Diseases

Who is a close contact?

A person having had face-to-face contact (≤ 1 metre) or in a closed space with a COVID-19 case for at least 15 minutes.

This includes, amongst others:

- All persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case.
- A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection).
- A contact in an aircraft sitting within two seats (in any direction) of the case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the case was seated.

Contact line list:

- Ideally should be completed when patient identified as Person under Investigation
- Check with local laboratory
- Laboratory/ Patient/Doctor to complete
- E-mail to: ncov@nicd.ac.za
- App being developed for patient to self-complete

Confirmed case: A person with laboratory confirmation of SARS-CoV-2 infection (using an RT-PCR assay), irrespective of clinical signs and symptoms.

Symptomatic cases are considered infectious from 2 days before symptom onset to 14 days after symptom onset.

Contact line List



2019-nCoV CONTACT LINE LIST

Complete a contact line list for every case under investigation and every confirmed case



Details of case under investigation/confirmed case				Details of health official completing this form		Today's date	
NICD Identifier		Date Symptom Onset	DD/MM/YYYY	Surname		Name	DD/MM/YYYY
Surname		Name		Role		Facility name	
Contact number		Alternative number		Email address		Telephone number(s)	
Travel (provide details of all: 7 days before onset)			Travelled by	Bus ☐ Plane ☐			
Air/bus line		Flight/bus #		Seat #			

Details of contacts (With close contact¹ 7 days prior to symptom onset, or during symptomatic illness.)

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case ²	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW? ³ (Y/N) If Yes, facility name
1						DD/MM/YYYY				
2						DD/MM/YYYY				
3						DD/MM/YYYY				
4						DD/MM/YYYY				
5						DD/MM/YYYY				
6						DD/MM/YYYY				
7						DD/MM/YYYY				
8						DD/MM/YYYY				

¹ Close contact: A person having had face-to-face contact (≤ 2 metres) or was in a closed environment with a 2019-nCoV case; this includes, amongst others, all persons living in the same household as a 2019-nCoV case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a 2019-nCoV case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the 2019-nCoV case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. ² Chose from: Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle. ³ Healthcare worker.

How to do contact tracing and monitoring of close contacts

If laboratory testing confirms COVID-2019 infection:

- Provincial CDCC needs to contact close contacts, or complete contact line list if not already done [https://www.nicd.ac.za/wp-content/uploads/2020/03/COVID-19 Contact Line List v6 08.03.2020.pdf](https://www.nicd.ac.za/wp-content/uploads/2020/03/COVID-19%20Contact%20Line%20List%20v6%2008.03.2020.pdf)
- EVERY contact to complete the contact demographic section on the contact monitoring form [https://www.nicd.ac.za/wp-content/uploads/2020/02/COVID 19 Symptom Monitoring tool v6 14.02.2020.pdf](https://www.nicd.ac.za/wp-content/uploads/2020/02/COVID%2019%20Symptom%20Monitoring%20tool%20v6%2014.02.2020.pdf)
- Close contacts to self-quarantine at home for 14 days since exposure to the confirmed COVID-2019
- Take their temperature daily and monitor for symptoms.
- Monitoring of close contacts may be telephonic or through self-monitoring

Quarantine: separating asymptomatic individuals potentially exposed to a disease from non-exposed individuals

Close Contact Monitoring Tool



2019-nCoV DAILY SYMPTOM MONITORING TOOL



Complete for each contact of confirmed case.

Use electronic database if possible.

If not captured electronically at site, forward to ncov@nicd.ac.za, on completion of last day of monitoring.

Details of contact of case under investigation/confirmed case			
NICD Identifier	Date last contact	DD/MM/YYYY	Place last contact
Surname	Name		
Date of birth	Age (Years)	DD/MM/YYYY	Sex M ☐ F ☐
Contact #	Alternative contact #		
Relation to case	Place of contact		
Healthcare worker	Facility name	Y ☐ N ☐	
Traced	Contact type*	Y ☐ N ☐	Close ☐ Casual ☐
Email	Monitoring method**		Direct ☐ Self-digital ☐ Self-telephonic ☐ Active-telephonic ☐
Quarantine	Home ☐ Facility ☐		Facility where quarantined
	Physical address (for next month, in South Africa)		
House #	Street		Suburb
Town	Municipality		
District	Province		
Name, surname	Next of kin or alternative contact person details		
	Contact number(s)		

Details of health official completing form		Today's date
Surname	Name	DD/MM/YYYY
Role	Facility name	
Email address	Telephone number(s)	

Instructions for completion: Mark "Y" if symptom present and "N" if not. If any symptoms are present collect, contact _____ immediately and make immediate arrangements for the collection of a combined nasopharyngeal and oropharyngeal swab. Refer to 2019-nCoV Quick Guide on the NICD website for additional details.

DAY	1	2	3	4	5	6	7
Date (DD/MM)							
Fever (≥38°C)	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Chills	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Cough	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Sore throat	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Shortness of breath	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Myalgia/body pains	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Diarrhoea	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

DAY	8	9	10	11	12	13	14
Date (DD/MM)							
Fever (≥38°C)	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Chills	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Cough	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Sore throat	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Shortness of breath	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Myalgia/body pains	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
Diarrhoea	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

PDF version at: https://www.nicd.ac.za/wp-content/uploads/2020/02/COVID_19_Symptom_Monitoring_tool_v6_14.02.2020.pdf

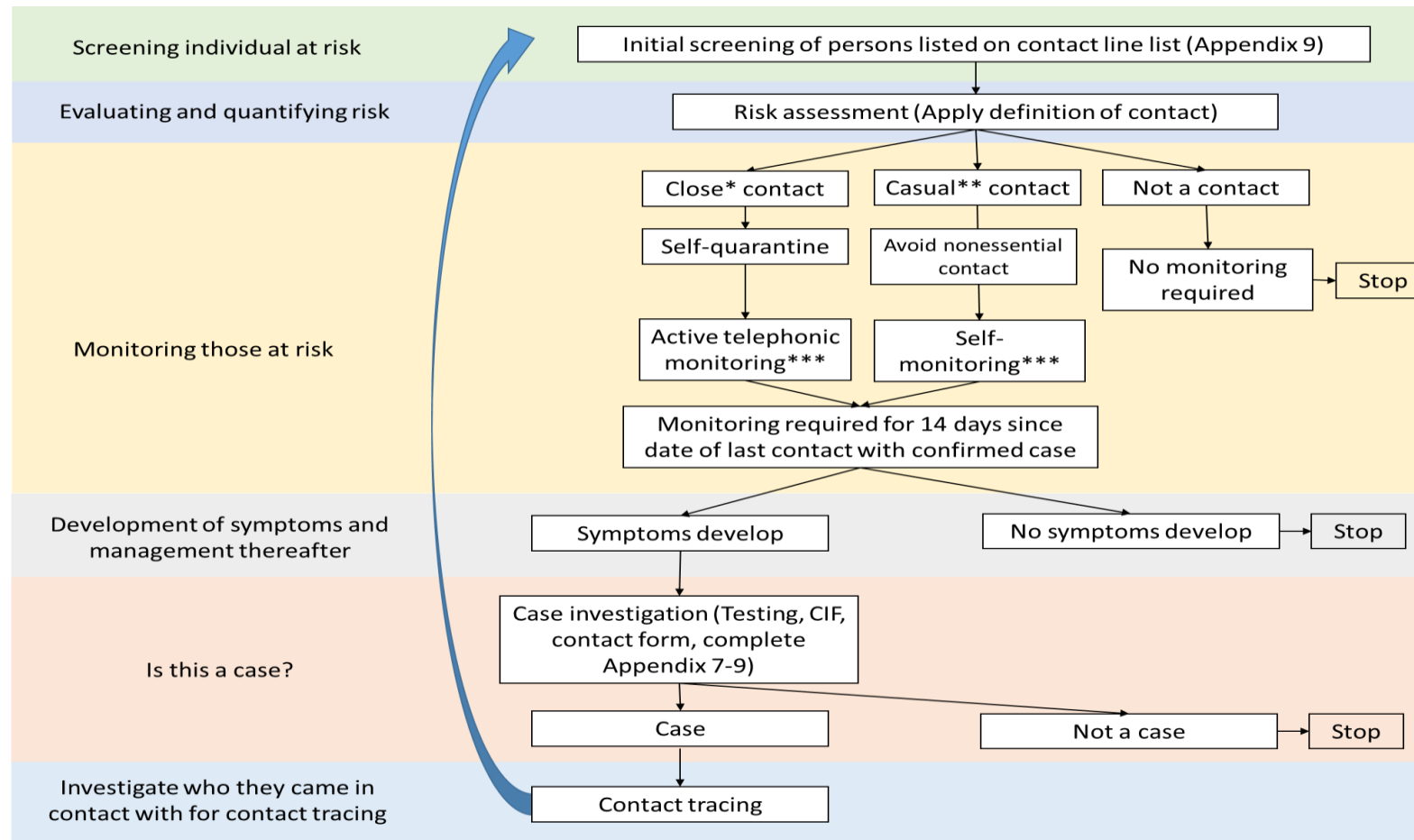
Management of close contacts who develop symptoms

- Should a contact develop symptoms, the provincial CDCC team should be informed
 - Patient should have specimen collected on the same day
 - If the contact tests negative, they should still remain in quarantine for the full 14 days after last exposure to known case. If symptoms persist or worsen, repeat testing may be indicated
-
- Individuals not meeting definition of a close contact but with possible exposure advised to contact health care practitioner if any symptom develop within 14 days since exposure

Monitoring of close contacts and Health workers with occupational exposure

- **Close contacts under monitoring should be advised to:**
 - Remain at home
 - Do not go to work, school or any public areas
 - Avoid unnecessary social contact
 - Do not use public transport, do not travel
 - Do not have visitors
 - Stay in a separate room away from other people in your household if possible
 - Or keep to one area , at least 2m away from other people
 - Cough etiquette
 - Wash hands regularly using soap & water (at least 20 seconds) or alcohol-based sanitizers (at least 60% alcohol)
 - Separate bathroom if possible or clean after every use
 - Avoid using kitchen at same time as other
 - Do not share utensils
 - Refer to: <https://www.nicd.ac.za/what-to-do-if-i-am-a-close-contact-of-a-person-with-confirmed-disease-and-am-asked-to-home-quarantine/>

Contact tracing summary



* *Close contact*: A person having had face-to-face contact (≤ 2 metres) or was in a closed environment with a 2019-nCoV case; this includes, amongst others, all persons living in the same household as a 2019-nCoV case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a 2019-nCoV case, while **not** wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the 2019-nCoV case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated.

** *Casual contact*: Anyone not meeting the definition for a close contact but with possible exposure.

*** *Monitoring methods*: Active-telephonic monitoring: NICD call centre will phone person who is home-quarantined each day for a symptom report; Self-monitoring: person to consult healthcare practitioner in the event of symptom development.