Circular No (18) تعميم رقم

Date: 06/04/2020

التاريخ: 2020/04/06

To: All Healthcare Service Providers in the Emirate of Abu Dhabi

السادة/ جميع مزودي الخدمات الصحية في إمارة أبوظبي المحترمين

Subject: Epidemiological Surveillance & Reporting of COVID-19 Cases

الموضوع: تعزيز الرقابة الوبائية والإبلاغ عن حالات فيروس كورونا المستجد

Greetings,

تحية طيبة وبعد ،،،

We would like to extend you our greetings wishing you all the best and success.

نتقدم إليكم بخالص التحية والتقدير متمنين لكم دوام التوفيق والسداد.

With the increase in number of detected cases in different countries all over the world, and in order to utilize medical resources in a way that ensures sustainability of health services at all healthcare facilities in the Emirate of Abu Dhabi, all healthcare providers should implement the below:

مع تزايد الأعداد المكتشفة في دول العالم ولتحقيق الاستغلال الأمثل للموارد الطبية بما يضمن استدامة تقديم الخدمات الصحية في كافة المنشآت الصحية في إمارة أبوظبي، يتوجب على جميع مقدمي الخدمات الصحية تطبيق ما يلي:

- Strengthening epidemiological surveillance and enhancing prompt reporting to ADPHC all confirmed COVID-19 cases and Severe Acute Respiratory Infections (SARI) via ADPHC electronic notification system for infectious diseases (appendix-1 case definition).

  Link:
  https://bpmweb.haad.ae/UserManagement/Login.aspx

- تعزيز المراقبة الوبائية وتعزيز الإبلاغ الفوري لمركز أبوظبي للصحة العامة لجميع حالات COVID-19 المؤكدة والالتهابات التنفسية الحادة الوخيمة (SARI) عبر نظام التبليغ الإلكتروني للأمراض المعدية (الملحق رقم-1 تعريف الحالة).

  الرابط:
  https://bpmweb.haad.ae/UserManagement/Login.aspx

- All cases of SARI or high-risk patients presenting with ILI symptoms who are vulnerable for developing complications must be tested for COVID-19 as priority. Other cases that are not at high risk should be tested only if there is no improvement in symptoms, and they should be advised home quarantine for 14 days or until they are symptoms free.

- يجب فحص جميع حالات الالتهاب الرئوي الشديد (SARI) أو المرضى الذين تظهر عليهم أعراض تنفسية خفيفة ولكنهم من الفئة المعرضة لمضاعفات المرض كأولوية. كما يجب فحص الحالات الأخرى غير عالية الخطر في حالة عدم حدوث تحسن في الأعراض ويجب نصحهم بالحجر الصحي المنزلي لمدة 14 يوم أو حتى زوال الأعراض.

- بالنسبة للأشخاص المخالطين لحالات إيجابية مؤكدة ينصح ببقائهم في الحجر في المنزل لمدة 14 يوم كحد أدنى حتى لو كانت نتيجة الفحص الطبي سلبية

- يجب على المختبرات التي تجري اختبارCOVID-19 أن تبلغ فوراً عن أي نتائج إيجابية إلى منشآت الرعاية الصحية المعنية بالإضافة لمشاركة النتيجة مع المعنيين في مركز عمليات دائرة الصحة ومركز أبوظبي للصحة العامة

- يجب أن تكون كل منشأة صحية مسؤولة عن التواصل مع المرضى وتنسيق الدخول إلى المستشفى للمرضى أو إدخالهم إلى المرافق المعتمدة للعزل الصحي (ملحق رقم-2) والاتصال بمركز عمليات دائرة الصحة إذا لم تكن الأسرة متوفرة في منشآتهم.

- يجب على جميع المنشآت الصحية تنفيذ التوصيات بشأن استخدام الأدوية لعلاج الحالات المصابة بفيروس COVID-19 والعلاج الوقائي (يجب تحديد شدة المرض) يرجى مراجعة المحلق رقم-3 حول بروتوكول العلاج.

- يجب الأخذ بعين الاعتبار فحص المخالطين للحالات المصابة من الأشخاص الأكثر عرضة لمضاعفات مرض كوفيد 19 وكذلك العاملين الصحيين الذين تعاملوا مع مرضى مصابين بدون أخذ الاحتياطات اللازمة.

- تنفيذ نقاط فرز ما قبل الدخول في جميع مداخل المنشآت الصحية بما في ذلك الرعاية العاجلة وأقسام الطوارئ والعيادات أو مراكز جراحة اليوم الواحد.

- يمكن إجراء عملية ما قبل الفرز من قبل العاملين في الرعاية الصحية (الممرضات والأطباء والمتدربين والأطباء المقيمين وطلاب الطب أو مزاولي المهن الصحية من غير هؤلاء) .يرجى الرجوع للملحق رقم-4 لمزيد من التفاصيل حول ما قبل الفرز.

شاكرين لكم حسن تعاونكم معنا ،،،

- As for contacts of positive confirmed cases, they are advised to stay at home quarantine for 14 days minimum even if the test result is negative.

- Laboratories conducting the COVID-19 testing must immediately report any positive results to the concerned healthcare facilities besides sharing the result with the concerned staff in the DoH Operations Center and Abu Dhabi Public Health Center.

- Each healthcare facility must be responsible for communicating with patients, coordinating their admission to the hospital, or admission to other healthcare facilities approved for isolation (appendix-2) and liaise with DOH Operations Center if beds are not available in their facility.

- All HCFs should implement the recommendations on the use of medications for COVID-19 treatment and prophylaxis (The severity of the disease must be determined). Please refer to appendix-3 on treatment protocol for COVID-19

- Close contacts of confirmed COVID-19 cases who are at higher risk of complications from COVID-19, as well as healthcare workers who managed infected patients without taking the necessary precautions, should be tested for COVID-19.

- Implement Pre –Triage Checkpoints at all HCF entrances including urgent care, emergency departments, clinics or day surgery centers.

- Pre-Triage can be performed by any health care professional (Nurses, physicians, interns, residents, medical students or allied health). Please refer to appendix-4 for more details about pre-triaging

Thanking you for your kind cooperation,,,

المرفقات:

1. تعريف الحالة المحدث
2. التعامل مع الحالات
3. بروتوكول العلاج
4. فرز الحالات ما قبل الدخول

Appendices:

1. Updated case definition
2. Case management
3. Treatment protocol
4. Patient's pre-triaging

"هذا التعميم للإجراءات التنظيمية وغير مخصص كمحتوى للنشر الإعلامي".

"This circular is designed for regulatory procedures and should not be used as content for media publication"

دائرة الصحة US 02 DEPARTMENT OF HEALTH

د. جمال محمد الكعبي

وكيل دائرة الصحة بالإنابة

UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION

ABU DHABI PUBLIC HEALTH CENTRE | مركز أبوظبي للصحة العامة

GOVERNMENT OF DUBAI

DUBAI HEALTH AUTHORITY | هيئة الصحة بدبي

DEPARTMENT OF HEALTH | دائرة الصحة

Appendix#1: Case Definition for suspected COVID-19 Case

*Patient present with upper or lower respiratory symptoms "With or Without Fever" AND any of the following:

OR

All Severe acute respiratory infections (SARI) admissions regardless of exposure history

- history of international travel during the 14 days prior to symptom onset
- Close contact with an individual known as confirmed case of COVID-19 within 14 days
- Residing or From a community setting were COVID-19 cases were detected including health care setting
- ILI cases (fever and Cough) without history of travel or known possible exposure

- **Admit according to risk matrix**
- **Apply standard, contact & airborne precautions**

Possibility of COVID-19 infection

- Collect **nasopharyngeal and oropharyngeal** swabs **or sputum or lower respiratory** samples for patients with lower respiratory symptoms **(if available)**
- Advise home quarantine for suspected cases with mild symptoms **till result is available**
- Send samples to reference laboratory in health authority for PCR testing
- If positive, admit for isolation according to the matrix

Notes

SARI case definition: An Acute respiratory infection with:
- history of fever or measured fever of >= 38 C
- And cough
- with onset within the last 10 days
- and requires hospitalization

This flow chart may change as further information emerges.

Term	Symptoms	Clinical Assessment/diagnosis
Asymptomatic	Patient has a positive confirmed laboratory COVID 19 test with no symptoms.	
Mild	Patients with uncomplicated upper respiratory tract viral infection, may have non-specific symptoms such as: • Fever < 38.5°C • Fatigue, • Cough (with or without sputum production) • Anorexia, malaise, muscle pain • Sore throat • Nasal congestion • Headache • Rarely, patients may also present with GI symptoms of diarrhea, nausea and vomiting	Stable Oxygen saturation exceeds 93% Respiratory rate is less than 30
Moderate	Dyspnea and other non-specific symptoms: • Fever < 38.5°C • Fatigue, • Cough (with or without sputum production) • Anorexia, malaise, muscle pain • Sore throat • Nasal congestion • Headache • Rarely, patients may also present with GI symptoms of diarrhea, nausea and vomiting	Signs of Pneumonia, lower respiratory symptoms
Severe	• Patient with pneumonia & respiratory distress	patient with any one of the following criteria: -Respiratory distress (RR>30/min, adults) (RR >40/min, child < 5 yr) -O sat < 93% at rest -PaO2/FiO2 <300 mmhg -Lung infiltrate > 50% of the lung fields in 24-48 hr
Critical	All mentioned above and complicated by: • Persistent pain or pressure in the chest • New confusion or inability to arouse • Bluish lips or face	Acute respiratory distress syndrome Sepsis Septic Shock

https://CoVID-19.uwmedicine.org/Pages/default.aspx

Risk Matrix for COVID-19

to support physicians in the decision making for admission priority and treatment for **confirmed** COVID-19 cases

Risk Category	Asymptomatic Positive COVID 19 test	Mild	Moderate	Severe	Critical
Patient with Risk	Hospital admission/ Institution with medical care	Hospital admission	Admit to Assigned hospital	Admit to Assigned hospital	Admit to Assigned hospital
No risk	Institution admission with medical care	Institution admission with medical care	Hospital admission	Hospital admission	Admit to assigned hospital

Definition of High risk:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised including cancer treatment
  - People of any age with severe obesity (body mass index [BMI] ≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

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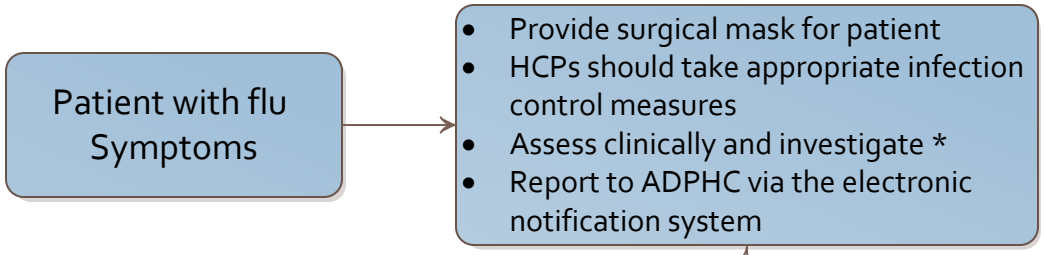
DEPARTMENT OF HEALTH | دائرة الصحة

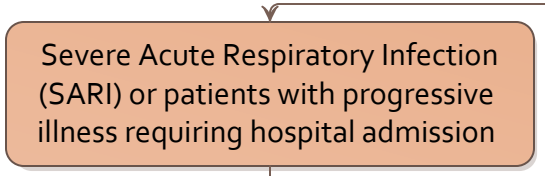
For more information you can visit the below website:

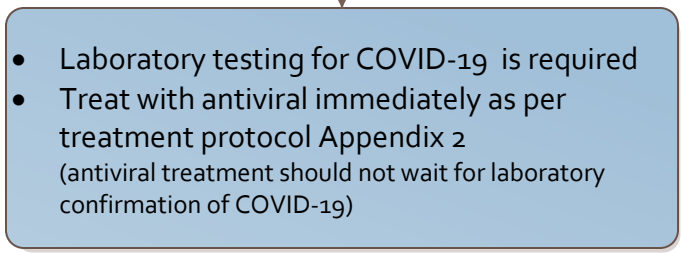
https://www.who.int/emergencies/diseases/novel-coronavirs-2019/situation-reports

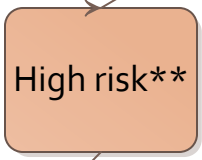
Management of suspected or confirmed COVID-9 cases

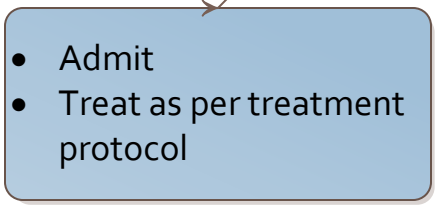
Appendix 2

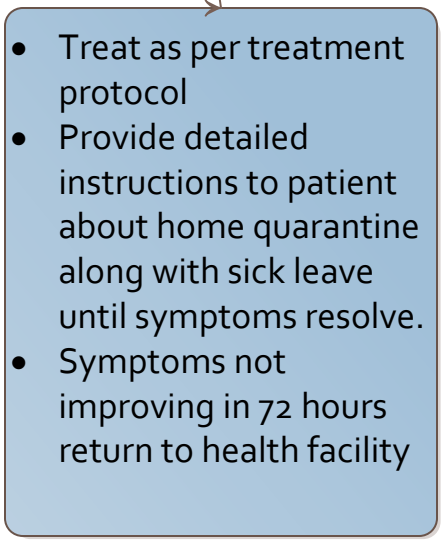












**High Risk

Epi-Category 1:

- Age >55 years
- Pregnant women till 2Wks post partum
- Preexisting pulmonary disease
- Diabetes
- Hypertension
- Cardiovascular disease
- Use of biologics
- History of transplant or other immunosuppression
- HIV patients

Vitals-Category 2:

- Respiratory rate >24
- Heart rate >125 b/min
- SpO2 <90% on ambient air

Labs-Category 3:

- D-dimer >1000 ng/ml
- CPK >twice upper limit of normal
- CRP >100
- LDH>245 U/L
- Elevated tropinini
- Lymphocyte count<0.8
- Ferritin >300 ug/L

Appendix 3

Protocol for Treatment and Monitoring of COVID-19 Cases:

** **Baseline Labs for All patients :**

- CBC, Lytes , Coagulation Profile , CRP, Ferritin, LFT's, Amylase, Lipase, then **to be repeated Q 3 days for the Treatment Duration**
- G6PD baseline, blood glucose monitoring especially if diabetic (if on Chloroquine or Hydroxychloroquine)
-

Baseline ECG and consider repeat for patients suspected to have QTc prolongation (elderly, patients with electrolyte imbalances, history of arrhythmias, Taking other medications prolonging QTc

CONFIRMED CASES :

Baseline CHEST CT (If Symptomatic) or CXR (If Asymptomatic) for ALL CONFIRMED CASES to rule out Pneumonia

**** Treatment Arm :**

PLEASE CHOOSE 1 DRUG , EITHER HYDROXYCHLOROQUINE OR CHLOROQUINE (WHICHEVER IS AVAILABLE)

Asymptomatic (suggested treatment duration 7 days)	**Without radiological evidence of pneumonia:** - **Hydroxychloroquine 200mg PO BID** **With radiological evidence of pneumonia:** - **Lopinivir-Ritonavir (200/50mg) 2 tablets PO BID** - **AND Chloroquine Phosphate 250mg PO BID** - **(OR Hydroxychloroquine 200mg BID)**
Mild URTI only (suggested treatment duration 10 days)	- Lopinavir-Ritonavir (200/50mg) 2 tablets PO BID - **AND** Chloroquine Phosphate 250mg PO BID (**OR** Hydroxychloroquine 200mg BID)
Pneumonia (suggested treatment duration 10-14 days)	- Lopinavir-Ritonavir (200/50mg) 2 tablets PO BID - **AND** Chloroquine Phosphate 250mg PO BID (**OR** Hydroxychloroquine 400mg BID on day 1, followed by 200mg BID from day 2)

Symptomatic CLOSE CONTACTS OF ALL CONFIRMED CASES:

- Screen for COVID 19 PCR
- Treat With Hydroxychloroquine 200mg PO BID for 7 days **awaiting results**

IF COVID TURNS POSITIVE, Move to Above Treatment arm and modify treatment accordingly if needed

REST OF THE CONTACTS:

- Isolate and Monitor for symptoms .
- To screen for COVID-19 if develop any symptoms and treat if positive . Follow above treatment protocol

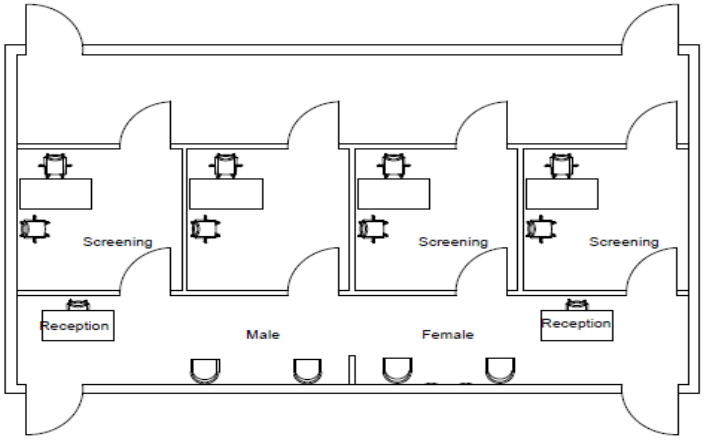
Pre-triage

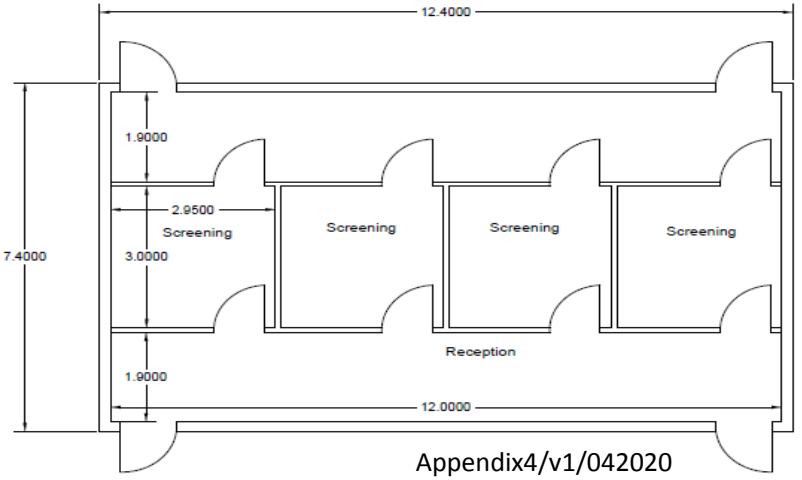
- Implement Pre –Triage Check points at all HCF entrances including Urgent care, emergency Departments and Clinics or Day surgery centers.
- Pre-Triage can be performed by any health care professional (Nurses, physicians, interns, residents, medical students or allied health)
- The check point goals is to keep patients with influenza like illness away from HCF and instruct them to self isolate till symptoms improves on the other hand capture those who have CoVID risk factors (Travel in the past 14 days or contact with confirmed CoVID case) and isolate then test them.
- All Emergency Departments and Urgent care centers need to designate Influenza Like illness (ILI) assessment area that separate these patients from patients presenting with other emergencies
- If ED or Urgent care centers space dose not allow them to segregate ILI then they need to build temporary appropriate temporary building (prefab, precast, steel structure, container home, portable cabin, etc..). See appendix for design

Appendix4/v1/042020

Pre-triage - design concept

- To be located outside hospital ED/ UCC
- Temporary building (prefab, precast, steel structure, container home, portable cabin, etc..)
- No waiting inside
- Two Clinical staff per room with full PPE
- Patients to be directed to ED if sick or to go home for home isolation if ILI till swab result is out or symptoms resolution.
- Disinfection between patients





Appendix4/v1/042020

Patient ED / UCC Flow Strategy

1 Pre-Triage check point

- Determine Influenza Like illness (ILI) or other non respiratory/ non infectious chief complain
- If ILI to proceed to ILI triage check point
- If other chief complain to proceed to ED/UCC as per regular flow process

2 ILI Triage Check point

- To determine if Risk factors and CoVID exposure risk (exposure to possible or confirmed case, travel history)
- If only ILI to send to ILI designated area

3 ILI assessment "Healthy / Mildly Sick"

- Refer to the risk matrix attached
- Take samples for RT-PCR test for signs of upper or lower respiratory.
- Home Quarantine counseling till test result is negative or symptoms resolution
- If test negative, patient will get text message
- If test positive, The health care facility should call and case will be managed as per positive test protocol

CoVID risk factors

- Send RT-PCR
- Home Quarantine counseling till test result is out.

Appendix4/v1/042020

→ = regular flow

⇢ = emergency healthcare flow

Risk Matrix for COVID-19

Developed in Abu Dhabi to support physicians in the decision making for admission priority and treatment for confirmed COVID-19 cases

Risk Category	Asymptomatic Positive COVID 19 test	Mild	Severe	Critical
Patient with Risk	Hospital admission/ Institution with medical care	secondary Hospital admission	Tertiary assigned hospital	Tertiary assigned hospital
No risk	Isolation/Institution with medical care	Isolation/Institution with medical care	Secondary hospital	Tertiary assigned hospital

Definition of High risk:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
  - People with chronic lung disease or moderate to severe asthma
  - People who have serious heart conditions
  - People who are immunocompromised including cancer treatment
  - People of any age with severe obesity (body mass index [BMI] ≥40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Appendix4/v1/042020

Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

Clinical Assessment for patients suspect COVID-19

Term	Symptoms	Clinical Assessment/diagnosis
Asymptomatic	Patient has a positive confirmed laboratory COVID 19 test with no symptoms.	
Mild	Patients with uncomplicated upper respiratory tract viral infection, may have non-specific symptoms such as: • Fever < 38.5°C • Fatigue, • Cough (with or without sputum production) • Anorexia, malaise, muscle pain • Sore throat • Nasal congestion • Headache • Rarely, patients may also present with GI symptoms of diarrhea, nausea and vomiting	Stable Oxygen saturation exceeds 93% Respiratory rate is less than 30
Severe	Dyspnea and other non-specific symptoms: • Fever < 38.5°C • Fatigue, • Cough (with or without sputum production) • Anorexia, malaise, muscle pain • Sore throat • Nasal congestion • Headache • Rarely, patients may also present with GI symptoms of diarrhea, nausea and vomiting	Signs of Pneumonia, lower respiratory symptoms
Critical	All mentioned above and complicated by: Persistent pain or pressure in the chest • New confusion or inability to arouse • Bluish lips or face	Acute respiratory distress syndrome Sepsis Septic Shock

https://CoVID-19.uwmedicine.org/Pages/default.aspx

CoVID-19 Algorithm in Ambulatory Services

Does the patient has symptoms of acute respiratory infection? Such as fever, cough, shortness of breath, myalgia?

No → Proceed as a routine visit

Yes

During rooming
- Give patient mask
- Keep patient in private room
- Keep distance (6 feet)
- Manage patient in private room
- Put sign on the door

Assessment, Testing and Treatment Plan
- Notification of healthcare professional to take care of the case
- HCP assess the patient for acute respiratory symptoms and follow recommendations as per criteria

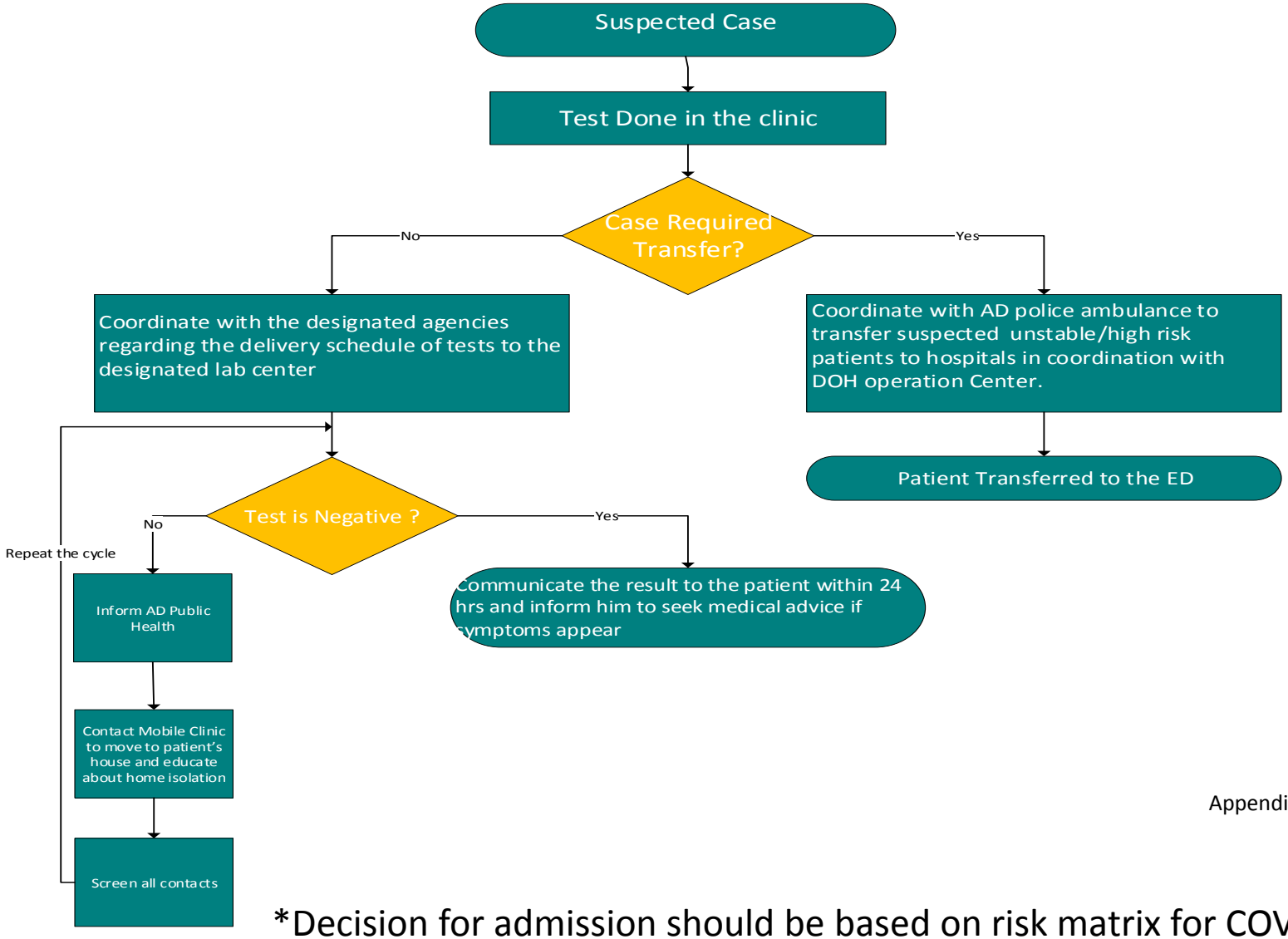
Patient Disposition
- Home with instructions
- Hospitalization with reporting

Post-discharge Cleaning
- Decontamination the room after the patient in suspected or confirmed patient
- Regular cleaning if CoVID-19 is not suspected

Appendix4/v1/042020

https://CoVID-19.uwmedicine.org/Pages/default.aspx

CoVID-19 Algorithm in Ambulatory Services



Appendix4/v1/042020

*Decision for admission should be based on risk matrix for COVID-19

CoVID-19, Visiting Hospitalized Patient

The following apply on CoVID-19 patients admitted in hospital

- Visiting patients should be discouraged and replaced by phone or virtual means
- On admission, the hospital should initiate credentials for tele-visit to which allow remote, virtual visit to patient rather than physical visit and exposure to infection

Less recommended :

- Limit visit to the patient to only one visitor at a time to limit their exposure.