

CASE MANAGEMENT STRATEGY

RATIONAL

Experience from other countries affected by COVID-19 shows that no health system is adequately prepared enough to handle the rapid spread of and increase in the number of cases of COVID-19. Even the best of the health care delivery settings across the globe are overwhelmed with the sudden surge of cases in short intervals of time.

In addition, essential health care service delivery is seriously impacted by the pandemic, in crowded health care facilities as well as, as the health care workers get infected, making the health care facilities hubs for spread of infection in the community.

The context in South Sudan is no different and is further challenged by a limited and evolving health care delivery system that is still recovering from decades of conflict and related crisis. It is therefore anticipated that the current capacities are not adequate to deal with the pandemic of the magnitude of COVID-19. The current Infrastructure is not enough even for routine health services, Health Workers are not sufficient and those available are not adequately trained and prepared to cope with pandemic while being protected.

Currently there is no curative treatment or vaccine for COVID-19. Supportive care is the only approach with critical cases needed management with IV fluid, supplemental Oxygen, ventilator and other sophisticated support measures. Not many hospitals in South Sudan are equipped with O2 equipment or ventilators and only few have staff trained to operate this equipment.

Based on data, 80% of COVID-19 will be mild or moderate that do not need any specific treatment or particular sophisticated monitoring. Placing these patients in hospitals or in specific facilities will not only overwhelm the resources and drain them away from those who need it the most but will also put health care workers at risk of getting infected.

It is therefore facility-based management of all COVID-19 cases is not recommended, as this might paralyze the delivery of essential health services by overtaking the already small number of health workers and care resources.

On the other hand, seriously ill and critical cases will need facility based supportive management. In view of this, we suggest 2 approach of management of Confirmed COVID-19 patients in South Sudan based on severity of their symptoms:

1. HOME-BASED ISOLATION

Patient will remain in his/her room separated from other family member as much as possible. Symptomatic management of fever might be required. This should be done together with a robust risk communication. A guidance on Home-care isolation will be annexed to this document that will explain Safe isolation measures as well as guide for self-monitoring of symptoms.

Criteria for home-based Isolation:

- Contact of patient confirmed COVID-19 within 14 days
- Asymptomatic patients: Laboratory confirmed with no symptoms
- Mild symptoms: Cough and sore throat, Low grade fever <38 C, Respiratory rate of 12-20/min, Heart rate <100/min, O2 Saturation on room air >94%
- Moderate symptom: Cough, sore throat, Fever > 38 C, Myalgia, Shortness of breathing with no signs of sepsis or ARDS, Respiratory rate of 20-30/min, Heart rate 100-120/min, O2 Saturation on room air 90-94%

Special consideration: Patient with co-morbidities being managed at home

Asymptomatic, mild and moderate patients with co-morbidities have more risk of degrading to severe and critical form of COVID-19. We therefore recommend that a team of Trained Community Health Workers ensure regular monitoring of this category of patient at home and raise the alert to

the management team when required. The CHW will be trained on PPE, safe monitoring of pulse rate, BP and SpO2. They will also be equipped with a checklist of sign to monitor

This category include patient with:

- age > 60 years
- Smoker
- Cardiovascular disease
- Diabetes
- Hypertension
- Immune deficiency
- Chronic kidney disease
- Chronic Respiratory disease
- Chronic Liver Disease
- Malnutrition
- Ongoing treatment of cancer patients

2. FACILITY BASED MANAGEMENT

Patient to be admitted in a **designated COVID-19 ward** for supportive management. A COVID-19 ward will be designated in each County Hospital. Within the county hospital a separate room with up to 10 beds will be reserved for supportive treatment of COVID-19¹. Hospital staff will be trained on admission criteria, PPE donning and doffing, COVID-19 supportive case management and end of life support. In Juba where the existing Infectious Disease Unit will be used for supportive treatment of COVID-19 patients.

Admission Criteria:

- **Severe patients:** Pneumonia with ARDS, Sepsis/Septic Shock and multi-organ failure, Cough, sore throat, Fever > 38 C, Myalgia, Shortness of breathing with signs of sepsis and/or ARDS, Respiratory rate of >30/min, Heart rate >120/min, O2 saturation on room air <90%
- **Critical:** Acute and potentially reversible organ dysfunction poorly responding to initial resuscitation, Severe respiratory failure or intubated (SpO2 /FiO2 ratio < 200), Refractory circulatory shock (SBP < 90 mmHg, Lactate > 4), More than single organ failure

3. OTHER COVID-19 STRATEGIC RESPONSE ELEMENTS

- Mental Health and Psychosocial Support for COVID-19 Patients, HCWs and Caregiver will be provided from the time of declaration of laboratory results and throughout the duration of treatment as needed.
- All COVID-19 Patients in isolation will be given nutritional support in terms of prevention, screening for malnutrition and treatment of those identified with acute malnutrition, as per national protocol.

¹ Subjected to the findings of the ongoing facility mapping



