
26 March 2020
China, South Korea and Europe have been pursuing a similar approach: Supress, Test, Revive

Cushion peak pressure on the health care system

Suppress

Stop the contagion

Test

Ease economic burden

Revive

As testing kits become more available throughout Asia and Europe, there is beginning to be a move from Supress to Test in several countries, and for China, a move towards Revive.
In the absence of testing capacity, Africa will spend longer in a **suppression** phase than Asia or Europe…

**Suppress**

**Cushion peak pressure on the health-care system**

**Stop the contagion**

**Test**

**Suppression phase**

- **No Cases**
  - No recorded cases
  - Early detection

- **Imported Cases**
  - 1 or more cases confirmed or suspected among those travelling from overseas.
  - Containment

- **Clusters**
  - Local transmission, in 1 or more clusters
  - Cluster containment

- **Community Transmission**
  - Widespread transmission or multiple cases where transmission can not be traced.
  - Mitigation

**Reduction**

- Reduction of new cases, possibly with ongoing localised clusters

**Vigilance**
Each stage requires a tailored response strategy

<table>
<thead>
<tr>
<th>PHASE</th>
<th>No Cases</th>
<th>Imported Cases</th>
<th>Clusters</th>
<th>Community Transmission</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEFINITION</td>
<td>No recorded cases</td>
<td>1 or more cases confirmed or suspected among those travelling from overseas</td>
<td>Local transmission, in 1 or more clusters</td>
<td>Widespread transmission or multiple cases where transmission cannot be traced</td>
<td>Reduction of new cases, possibly with ongoing localised clusters</td>
</tr>
<tr>
<td>STRATEGY REQUIRED</td>
<td>Early detection</td>
<td>Containment</td>
<td>Cluster containment</td>
<td>Mitigation</td>
<td>Vigilance</td>
</tr>
<tr>
<td>EMPHASIS REQUIRED</td>
<td>Aggressive screening</td>
<td>Screening and contact tracing</td>
<td>• Screening and contract tracing</td>
<td>• Surveillance</td>
<td>• Testing</td>
</tr>
<tr>
<td></td>
<td>• Public education</td>
<td>• Enforced quarantine</td>
<td>• Widespread community surveillance</td>
<td>• Move to self-isolation and social distancing</td>
<td>• Enforced quarantine</td>
</tr>
<tr>
<td></td>
<td>• Readying crisis-response mechanisms</td>
<td>• Public education &amp; social-distancing restrictions</td>
<td>• Enforced isolation of clusters</td>
<td>• National hotline</td>
<td>• Public comms</td>
</tr>
<tr>
<td>CONTINGENCY PLANNING</td>
<td>Quarantine facilities</td>
<td>Crisis-management structure ready</td>
<td>• Behaviour change</td>
<td>• Prioritise vulnerable groups in the health system</td>
<td>• Rapid response planning</td>
</tr>
<tr>
<td></td>
<td>• Health-worker training</td>
<td>• Clinical protocols and training</td>
<td>• National hotline</td>
<td>• Public comms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• PPE and test kit supplies</td>
<td>• Testing resources</td>
<td>• Test kits</td>
<td>• Isolation and contact tracing equipment on standby</td>
<td></td>
</tr>
<tr>
<td>EXAMPLE COUNTRIES</td>
<td>Antarctica</td>
<td>Treatment equipment</td>
<td>• Surveillance and isolation supplies</td>
<td>• Oxygen therapy in health facilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>El Salvador</td>
<td></td>
<td></td>
<td>• Health-care worker training</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Burkina Faso</td>
<td></td>
<td></td>
<td>• Security services on standby</td>
<td></td>
</tr>
<tr>
<td></td>
<td>South Africa</td>
<td></td>
<td></td>
<td>• Test kits</td>
<td></td>
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<tr>
<td></td>
<td>China</td>
<td></td>
<td></td>
<td>• Surveillance</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Isolation and contact tracing equipment on standby</td>
<td></td>
</tr>
</tbody>
</table>
A core set of approaches should be used throughout the outbreak; precise activities will vary according to phase

<table>
<thead>
<tr>
<th>Surveillance</th>
<th>Isolation</th>
<th>Clinical</th>
<th>Behaviour Change</th>
<th>Contingency Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Cases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Widespread surveillance</td>
<td>• Quarantine facilities identified and readied</td>
<td>• Health-care workers prepared and trained</td>
<td>• Communities socialised to what to look out for.</td>
<td>• Health crisis-management system prepared</td>
</tr>
<tr>
<td>• Port/border screening and follow-up</td>
<td></td>
<td></td>
<td></td>
<td>• PPE procured for all health workers</td>
</tr>
<tr>
<td><strong>Imported Cases</strong></td>
<td>• Regular screening at borders and community level surveillance</td>
<td>• Identified cases put straight to 14 days quarantine in pre-arranged facilities</td>
<td>• Special treatment facilities prepared</td>
<td>• National hotline</td>
</tr>
<tr>
<td>• Contact tracing</td>
<td></td>
<td>• Health workers start following SoPs</td>
<td>• Public awareness</td>
<td>• Social-distancing restrictions in place</td>
</tr>
<tr>
<td><strong>Clusters</strong></td>
<td>• Ongoing community surveillance</td>
<td>• Quarantine or monitored and enforced isolation for any suspected cases for 14 days</td>
<td>• All patients at health facilities screened</td>
<td>• Enhanced restrictions, esp for cluster communities</td>
</tr>
<tr>
<td>• Contact tracing</td>
<td></td>
<td>• PPE worn for every appointment</td>
<td>• PPE worn for every appointment</td>
<td>• Comms and social distancing enhanced</td>
</tr>
<tr>
<td><strong>Community Transmission</strong></td>
<td>• Continue to track reported cases and identify hotspots</td>
<td>• Prioritise shielding of vulnerable groups</td>
<td>• Reconsider effectiveness of harsh restrictions so far</td>
<td>• Prioritise treatment in health facilities</td>
</tr>
<tr>
<td><strong>Reduction</strong></td>
<td>• Contact tracing for final cases</td>
<td>• Identified cases put to quarantine or enforced isolation for 14 days</td>
<td>• Maintain vigilance across health-care settings. Continue to use protective measures</td>
<td>• Plan for economic recovery and what support will be needed</td>
</tr>
<tr>
<td>• Widespread surveillance</td>
<td>• Maintain vigilance across health-care settings. Continue to use protective measures</td>
<td>• Allow some relaxing of restrictions</td>
<td>• Plan for economic recovery package</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Maintain social-distancing policies</td>
<td>• Distil lessons learned for future use</td>
<td></td>
</tr>
</tbody>
</table>
There are specific triggers that signal the need to move from one phase to the next.

- **No Cases**
- **Imported Cases**
- **Clusters**
- **Community Transmission**
- **Recovery**

First suspected case (meets the case definition)

First case recorded not on a recent travel list or under surveillance as a contact

Surveillance and/or enforced isolation systems cannot keep up with cluster size or occurrence. *If cluster mitigation is effective it may be possible to skip this stage.*

Depending on testing capacity – either new case numbers start to drop, or randomised testing indicates such

Movement through the phases is uneven, and can take just a few days, so preparedness for the next phase is vital, including for the potential of regression post-recovery.
Your **Imported Cases** phase may be brief; use it to plan ahead and raise community awareness

### What is an Imported Cases Phase?
- Only a few confirmed or suspected cases, of which all are travellers from overseas
- You need to deploy a containment strategy, with emphasis on surveillance, enforced isolation and readiness for local transmission (especially as there could be asymptomatic imported cases)

### How should I implement a containment strategy?
- Ensure that all suspected and known cases are quarantined in appropriate facilities, for a minimum of 14 days,
- Track and trace. Review entry forms, establish contact with all who entered country in last 15 days, assess risk, start contact base
- Track movement of non-suspected cases, in case asymptomatic
- Focus surveillance and awareness-raising in private clinics, embassies, NGOs, hotels, airports as these are ‘high risk’ areas given travellers are likely members of the local elite
- Ensure contact tracing to discover those who have made contact with known/suspected cases
- Test those who are suspected to have Covid-19 (if testing kits are available) and test known contacts

### What activities may be important during this phase?
- Mobilise your public-health emergency-response structure, to oversee the day-to-day management of the situation
- Prepare national health facilities for the treatment of Covid-19 patients
- Ensure all health-care workers start wearing PPE
- Set up a national call centre to take calls from anyone who suspects they have Covid-19
- Engage civic and religious leaders to prepare them for next phase of response
- Begin a campaign of community awareness-raising – focus on 'social distancing' and hand-washing/sanitation
- Engage international partners and others in plans for facilities, health workers, protective equipment and other supplies

### What activities should you be preparing for next?
- Work with Cabinet/Ministers to plan for scale-up. Key issues will include how best to affect behaviour change and physical distancing (restricting contact and movement) and training health workers. Preparations may be needed to close certain public spaces and limit public gatherings in the next phase
- Quarantine may need to ramp up, so identify facilities now and consider how supplies could be provided
- Build your pipeline of PPE and test kits
Cluster Transmission requires a ramp-up in response and awareness-raising, though accurate data may not be available.

What is cluster transmission?
- Localised community clusters of cases who can be traced to contacts, likely friends/family of imported Phase 1 cases
- Emphasis should be on targeted containment and surveillance and preparation for further transmission

How should I implement a cluster containment strategy?
- Ensure that all suspected and known cases are quarantined in appropriate facilities, for a minimum 14 days, where possible. If facilities do not exist, consider options to isolate a local cluster or enforce self-isolation and make provision for food and supplies
- Ensure contact tracing is underway to discover those who have made contact with known/suspected cases
- Activate clinical protocols to protect health workers and the health system
- Use the national hotline as an additional data point; it may give you real-time information on new hotspots to get ahead of transmission patterns in the absence of widespread testing

What are the activities that should be happening now?
- Focus on containing transmission within clusters, while intensifying national readiness
- Decide how and when to close spaces that may lead to unnecessary spread of the virus, where social distancing will be difficult. This may mean closing schools, religious institutions and limiting public movement (e.g. closing district borders to contain the outbreak, or introducing potential curfews)
- Engage the public in behavior change. This means using traditional government channels, as well as using civic and religious leaders, and other trusted sources of advice
- Mobilise your Cross Government National Crisis Management System (and ensure the right people are in the room to take decisions)
- Widescale equipping of the health-care system with personal protective materials, to be worn for all appointments –
- Provide hand-washing support to communities where sanitation is difficult

What activities should you be preparing for next?
- Plan for treatment options and prioritising care. Decide what groups are ‘vulnerable’ or need priority if facilities become overwhelmed
- Develop strategies and contingency plans in case of civil unrest, where facilities and services come under further strain and economic consequences impact livelihoods
In **Community Transmission**, cases increase significantly, and there is consequent strain on services.

**What is community transmission?**
- Transmission is so widespread that tracking and isolating cases goes beyond the capacity of the state.

**How should I implement a mitigation strategy?**
- Consider the urge to institute harsher shutdowns in light of the potentially limited health benefits (as the health system is already under strain) against the likely severe social and economic consequences.
- Consider prioritising health care strictly for vulnerable groups in dedicated treatment centres.
- Maintain social mobilisation for behaviour change to minimise transmission.

**What activities may be important during this phase?**
- Strict prioritisation of limited resources to mitigate mortality among vulnerable groups.
- Consider the need to prioritise non-Covid health-care for women and children.
- Deliver economic support to communities now affected by prolonged restrictions.
- Regular public communications on behaviour change and strategies for coping in the crisis.
- Deploy limited testing capacity strategically and track that data alongside your hotline data to keep track of trends.
- Coordinate with international partners and others to expand facilities, health workers, protective equipment and other necessary supplies.

**What activities should you be preparing for next?**
- Mortality rates could increase rapidly, causing outcry from communities in the absence of treatment options.
- Non-Covid mortality rates will also be affected.
- Preparing for when restrictions can be lifted due to reduction in cases, with a strategy to ensure vigilance in the health system and public thereafter.