**Context of the Coronavirus Outbreak:**

An outbreak of the novel coronavirus was declared on the 31st of December with the epicenter of the outbreak in Wuhan Province in China. As of the 9th of February 2019, there have been 37,558 confirmed cases (2,676 new cases in last 24 hours) and 813 deaths (1 in the Philippines). Confirmed cases have been reported in 25 countries including China as the epicenter. The virus is spread through respiratory transmission, but some transmission patterns indicate that it could also be spread through the fecal-oral route. Reports have noted that about 20% of cases have complications including pneumonia or respiratory failure. Complicated cases are more likely in the elderly or those with chronic medical conditions. Children appear so far to only have mild disease symptoms. (info from GOARN conference calls and WHO Sitrep 20). The virus itself can be considered as a “good virus” in that it tends to not cause death allowing itself to continue to propagate and spread from person to person in pattern that can be paralleled with Measles vs. a virus like Ebola which tends to be more lethal and therefore has less ability to spread more rampantly.

This document is designed to allow in-country health advisors to ensure their teams are ready for the potential of active case transmission of the novel coronavirus. Following this checklist will help ensure you are able to act fast to protect your teams and also ensure the health care facilities and community health workers you support can also be prepared and protected as much as possible.

\*It is recommended to write up a brief contingency plan which notes a brief context of the outbreak, your context – i.e. What is your current programming and how might it be affected?; a potential strategy you would consider based on this background, and then note the key details highlighted below. It may be helpful for the contingency plan to include a table of triggers for interventions as well and who will be responsible once that occurs. A brief template to get you started can be found here: <https://app.box.com/s/vh2rghq94lf7258i51txe15gfkeam4d4>

**Surveillance and Monitoring:**

* **Case Definition** – printed and shared with training to all Medair health staff, local health facility staff, and community health workers; Most countries using the WHO standard which can be found here. If country specific case definitions are provided, they should be utilized over the general international guideline. <https://app.box.com/s/8ql0jy1n5axusumuybaa5h9eumd20ylj>
* **Triage** – Medair staff and health facility staff know what to do if they have a suspected case; where will they isolate the patient?, who will they call?, what is the number? – good to write up an algorithm of “what to do with a suspect case” – this will likely be provided by the cluster or sector coordination team in each country; However, in the absence of direct guidance, the team should create a simple algorithm with this information while awaiting a finalized version from the local MOH.
* **Community Surveillance** – community health workers are aware of what they should do in event they come into contact with a suspect case while doing community messaging or other work
* **Linelisting** – a linelisting form should be shared with all facilities to have ready in order to document all alerts raised and their dispositions (where did they go, what happened). <https://app.box.com/s/8ypkm4qv0zof0nh4qs56eixydpqrrxbs> This information will need to go to the MOH, but Medair donors may also request this information so be sure to keep record internally using the same excel database.
* **Sample collection** – If a Medair facility would be the first to identify a case, it may be required that Medair takes the sample for testing. It is important to understand from the local MOH who will be allowed to collect samples, what samples are needed, and how and where they will need to be sent for testing. A link to the WHO guide on lab testing for coronavirus is found here: <https://app.box.com/s/a2xwu3wzbs5590lwuud792ttc6u2baid>
* **Quarantine –** there is a significantly stronger push for quarantine in the coronavirus outbreak than in other similar outbreaks. It is important to understand what the local government and MOH will chose to do in this regard. If quarantine is planned, consider the needs of the quarantined population and who may support them. If someone is quarantined for 14 days in their home, what would they need in your context – Food, water, batteries for power, phone credit; who will provide hygiene and protection information to them to ensure they know how to prevent spread to the best of their ability if someone were to get sick; how to raise an alert if they have complications; do they have the supplies they need to carry out the hygiene recommendations? Medair in the past has supported quarantine in Sierra Leone during Ebola and partnered with a local organization who provided food while Medair supported with hygiene kits and health promotion on a daily basis allowing for “contact tracing” activities as well.

**Community Engagement:**

* **Case Definition** – as above CHWs should be trained in the case definition. This may be somewhat different to the health care workers, but should follow the above guidelines.
* **Key messages** – Locally appropriate key messages need to be identified, translated if necessary, and ready on hand (printed, on a shelf or in a file in the office) to utilize should transmission begin in your country. CHWs will need to be trained in the correct key messages to be shared once cases are identified in your country – what is the disease, what are the symptoms, how is it transmitted, what should someone do if they are sick, how do they seek health care, how do they prevent getting sick or contracting the illness from someone else. <https://app.box.com/s/6h5qz77o4rgq1ux09qrjyzn6y3azq4yg> It is not recommended to provide training to the CHWs until there is an active threat of cases – ie. Do not start training until there is a confirmed case in your location.
* **Contingency plan** – consider where and how the community engagement team will work. Who and how many staff? How will they share the messages – door to door, groups? To whom – mothers, religious leaders, community leaders, women’s associations, taxi groups, traditional healers, pharmacists – consider your local context and who would need to have the information to influence the most people. Consider your pre-existing programmes and consider how you will utilize those to spread messages (care groups, chws, pss women’s groups, etc)
* **Consider HR** – as you consider how you might respond, consider what staffing you may need in addition or how you may shift or utilize the staff you have. If you may need additional staff, consider creating or finding JDs in advance to speed up the recruitment process should an outbreak occur.

**Infection Prevention and Control for Health Facilities:**

* **Personal Protective Equipment (PPE) –** It is recommended that each country programme ensure they have a minimum stock of supplies appropriate to protect health care workers from contracting the illness. This may also need to be used for staff health should an outbreak become widespread. The recommendation is to have a set of 100 pieces minimum per health facility and 250 patient masks. A PR can be found here based on 10 health facilities: <https://app.box.com/s/pavssqt5sfcbz9b3x6xh82iq5lj2cfnm>
* **PPE Donning and Doffing (putting on and taking off) –** There are good standard signs which are useful to post in health facilities to remind them of how to put on and take off the appropriately. Some examples are here: <https://app.box.com/s/52hsp9hjjde6lqi41awuyx9jezhhrsbn>
* **Contingency plan:** 
  + **Safe Triage** – Consider your context – how will you establish a safe triage system for your health facilities? Is there already a triage system that exists? Would it be safe to help prevent spread of a respiratory illness? What would need to be added?
  + **Isolation** – consider your context – how will you safely isolate patients without causing significant stigma within the facilities you support? Will construction be required – if so, consider a design in advance and work with the WASH or Shelter teams to come up with a design and BOQ; what materials might you need? Will people be transported quickly or is there a chance they will need to stay overnight? What is Medair’s capacity in country – can Medair consider supporting inpatient isolation centers for non-complicated cases? This would require doctors, nurses, and monitoring tools such as pulse oximeters, etc. It will be unlikely with current staffing Medair would be able to surge in a large number of health care workers to support from outside – discuss with your Senior Health and Nutrition Advisor for updates.
  + **Inpatient Monitoring** – if you have inpatient observation beds in your facility, you will need to ensure these patients are screened regularly for potential missed cases. Some reports for coronavirus have noted patients presenting with stomach pains and vomiting or diarrhea initially, then later having the respiratory symptoms. A system should be established to rescreen inpatients to avoid missing a case and exposing many to the illness. Link: under development
  + **Health Facility Hygiene** – what are the guidelines for cleaning and waste management for coronavirus as compared to your baselines? Consider if new materials or solutions will need to be procured to ensure sufficient hand hygiene and facility cleaning should an outbreak present.
* **Consider HR** – as you consider how you might respond, consider what staffing you may need in addition or how you may shift or utilize the staff you have. If you may need additional staff – health, but also HR support to hire additional staff, finance, logs, etc, consider creating or finding JDs in advance to speed up the recruitment process should an outbreak occur.

**Staff Health:**

* **Staff health guidelines –** memos and guidelines for staff to consider travel and to protect themselves are in box here: <https://app.box.com/s/cy866z0oraos8eo8y61fk7lh8snvqjc6> However, all staff should check either the WHO or CDC websites for updated travel recommendations before booking flights and making plans for any travel including RnR. [**https://app.box.com/s/gn2x56m95r3rk4fpn6z1ymv4aogw9r4s**](https://app.box.com/s/gn2x56m95r3rk4fpn6z1ymv4aogw9r4s)
* **Triage at base –** Should transmission occur in your country, you will likely need to consider setting up screening at the main office and bases. The screening should ensure anyone with respiratory symptoms does not enter. Increase hand hygiene in the office – hand washing stations or alcohol hand gel at entrance and in various locations throughout the office. Staff with symptoms should remain home and follow the home care guidelines: **<https://app.box.com/s/8dq8bx5ka67x506ds6hz9vc6v9lvzzpj> ENG;** [**https://app.box.com/s/7fb2j7eni3wt71fos0nroxm9d5hoqmix**](https://app.box.com/s/7fb2j7eni3wt71fos0nroxm9d5hoqmix) **FRENCH**
* **Staff Travel for Medair and RnR –** Medair would recommend that all staff consider their travel movements and avoid areas where there is active transmission of cases. Updated travel advisory information can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>. Anyone traveling is always recommended to maintain good hand hygiene to prevent even the common cold while traveling.
* **MASKS –** it is not currently recommended for all staff to start using masks to prevent contracting the illness. Masks should be reserved for sick staff (surgical mask) and for health care workers caring for them (N95 masks). However, if staff are sick, they should isolate themselves to a single room while they are ill. They should stay in isolation until they recover or if they require additional medical care at the local hospital.

**Other Resources:**

nCOV Online Training Course: <https://openwho.org/courses/introduction-to-ncov>

Myth Busters – WHO on nCOV: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>

Coronavirus Tool Kit: <https://app.box.com/s/ao4u4vh3btisqfldssihdtc4h740mtwy>

Johns Hopkins nCOV Data map: <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

Latest Epi Data: <https://www.worldometers.info/coronavirus/>

MAP: <https://infographics.channelnewsasia.com/covid-19/map.html>