COVID-19 HOME CARE
Management of Non-Severe COVID-19 Patients in Eswatini

Date: 04 August 2021
Presented by Dr. V. Okello
COVID-19 INCIDENT MANAGER 1
Presentation outline

• Background (1 slide)
• Eswatini COVID-19 Situation (3 slides)
• Description of COVID-19 Care Models (1 slide)
• Homecare Objectives and Process (3 slides)
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Introduction to Kingdom of Eswatini

- **Eswatini**: Southern Africa
- **Borders**: South Africa and Mozambique
- **Population**: estimated 1,173,000
- **4 Geographical Regions**
- **59 Administrative Constituencies** (Tinkhundla)
Covid-19 Situation in Eswatini

- First case: 14 March 2020
- Currently experiencing a 3rd wave more severe than first and second wave.

2nd August 2021
- Cumulative Cases: 26,628
- Total deaths: 806
- Case Fatality Rate: 3.0%
- Recoveries: 20,703 (80%)
National and Regional 7-Day Moving Average

<table>
<thead>
<tr>
<th>Week</th>
<th>Average</th>
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<tbody>
<tr>
<td>28</td>
<td>170,29</td>
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<tr>
<td>29</td>
<td>232,14</td>
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<td>30</td>
<td>470,14</td>
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Mortality by month Jan to 22 Jul 2021

• Gradual decline in monthly Case fatality rate
  – Improved Healthcare system preparedness
  – Improved critical care capacity
  – Improved Oxygen capacity
Case Management Models

- **Facility care** (moderate-severe cases)
- **Home care** (mild and asymptomatic cases)
- **Outpatient care** (mild cases)
- **Self-care** (asymptomatic cases)

**Up and Down Referrals**

**977 Alerts and EMS Ambulance System**
Covid-19 Case Management Process Flow

- **Case finding (RRTs)**
  - 16 Contact Tracing teams – visit workplaces and households
  - 96 Testing points – for people to walk in

- **Diagnosis (COVID-19 Lab)**
  - Testing according to COVID-19 case definition
  - Rapid Antigen Tests (Abbot, LumiraDX)
  - PCR Tests (Biocentric, Roche6800, GeneXpert)

- **Case management (CM Teams)**
  - Centrally located Case Management Team receive results and line-list
  - Patient contacted by phone
  - Decision on mode of care
  - Line listing for home care

- **Home care**
  - Stratification of patients by region
  - Prioritization of most vulnerable (>60yrs + vulnerable + comorbidities)
  - Visit planning by Home care teams
A confirmed COVID-19 patient is admitted into homecare if they meet the following criteria:

- Classified as having a **non-severe condition** with no risk factors for severe disease
- A confirmed Covid-19 patient who has a **suitable home environment** for home isolation.
- A confirmed Covid-19 patient who **refuses to be admitted** in a treatment facility
Description: Homecare refers to care that is provided to all confirmed Covid 19 cases who are not hospitalized.

Goals:

i. Reduce morbidity and mortality among COVID-19 cases through early detection of complications and evacuation for appropriate care.

ii. Decongest admitting facilities and allow severe and critical patients space and resources for inpatient care.

iii. Early identification of worsening patients for early evacuation to admitting facilities.

iv. To support self isolation, IPC and minimize the risk of transmission at home.
Homecare Coordination

- Incident Management Team (IMT)
- National Case Management TWG
- National Homecare Coordinator
  - 7 Home Care teams at least 1 per Region
  - At least 1 Treatment Initiation Site per Region
  - Homecare Data team
  - 1 Medical Evacuation Team per Region
Who is involved in provision of homecare?

• 6 Homecare teams and 1 Home Care Coordinator - supported by the National COVID-19 Case management Team

• The 6 home care teams comprise of:
  o 6 Medical officers: Clinical leadership for patient care and follow up.
  o 18 EPR personnel: Support medical and clinical care plans

• 4 Evacuation teams under EPR/EMS for patients evacuation from homecare to admitting Covid-19 treatment facilities

• One data personnel supporting Homecare data management
COVID-19 Homecare Package

**Triaging of confirmed cases**
- Assess severity of disease
- Baseline vitals: SpO2, RBS, BP, T
- Within 24hrs of diagnosis

**Initiation of care**
- Treatment starter pack (Vit C, Zinc, Flu tabs) +/- Azithromycin
- DM, HT
- Treatment initiation done at home or homecare initiation points + kiosks

**Psychosocial support**
- Counselling and IPC education
- Home situation assessment
- Hygiene pack (jik, soap, sanitizer, medical masks)
- Hotline (Toll free 977 and other number)

**Follow up care**
- Telephonic – day 3, 7, 11
- Worsening symptoms – team visitation
- Discharged on day 11 if no symptoms

**Medical Evacuation**
- Worsening symptoms – call 977 or designated mobile number
- Evacuation team alerted – use ambulances equipped with ALS equipment
Proportion of patients by model of care

- Home care cases: 223 (7%)
- Admitted cases: 2892 (93%)

Total currently active: 3115

Proportion in homecare expected to grow as daily cases increase.
Cumulative Patients registered vs patients visited

Back log as cases spike
Age Distribution of Homecare Patients

Age Distribution of Homecare Patients Seen

- 0 – 9
- 10 – 19
- 20 – 29
- 30 – 39
- 40 – 49
- 50 – 59
- 60 – 69
- 70 – 79
- 80+

Legend:
- M
- F
- Totals
Comorbidities Among Homecare Patients Seen since March 2021

 Majority of cases are non-severe. Severe cases under homecare:
• Admission refusals
• Unavailability of admission space
• Deaths in transit during evacuation
5 Deaths under homecare:

Four >60 yrs age
Two died at home and three died in transit to hospital.

Four had comorbidities: HT/DM or both.
Successes

• Homecare model was established early in the COVID-19 response and improved along the way.
• Homecare is now working as the main model of care for the majority of COVID19 patients (>80%).
• Appointment of a National Coordinator has assisted in streamlining processes and improving availability of equipment and drugs.
• Establishment of Homecare initiation stations per region, a model now being replicated in other communities where kiosks are available.
• Development of the homecare SOP, M&E tools and patient care IEC materials
Challenges

• Limited resources – pandemic growth in number of cases has been distinctly increasing with each wave: inadequate doctors, airtime, fuel and vehicles
• Worsening patients refusing to be referred and evacuated to admitting facilities
• Unavailability of inpatients bed space for patients who deteriorate while in homecare when inpatient capacity is reached at the peak of the waves,
• Delayed enrolment to homecare leading to delayed visitation and care
Thank you. Siyabonga.