



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



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INTERNAL MEMO

Date:	7 August 2020		
To:	Minister ZL Mkhize, Honorable Minister of Health	From:	Ministerial Advisory Committee (MAC) on COVID-19

MANAGING OUTBREAKS IN COMMUNITY FACILITIES

Problem statement

- With the easing of the lockdown and return to “normality”, and in the absence of a vaccine or infection-induced immunity, it is likely that outbreaks will become increasingly common.
- This has already become apparent in the Western Cape, Eastern Cape, KwaZulu-Natal and Gauteng provinces with outbreaks in healthcare settings; supermarkets; schools; at funerals; faith based gatherings and workplaces.
- Specific advisories have been prepared for healthcare settings and schools.
- This advisory focuses on outbreaks in community facilities including workplaces, faith-based institutions, hostels for workers, and other community centres; and provides guidance on how to support outbreak investigations in these community facilities

MAC considerations:

- Key components of the COVID-19 response includes:
 - i. Granular epidemiological data to monitor trends in cases, stratified by hospital and community-based cases.
 - ii. Geo-spatial monitoring and mapping of newly diagnosed cases; including the place of residence in relation to the closest public health clinic;
 - iii. Implementation and adherence to the combination of non-pharmaceutical interventions in all settings including: handwashing/sanitising; adequate social distancing; regular sanitising of commonly touched areas in the work and home environment; use of appropriate masks; daily symptom screening and testing if indicated; self- or community isolation facilities; contact tracing and quarantine of new cases;

- iv. Outbreak investigation and field investigation teams;
 - v. Daily monitoring and reporting of healthcare service utilisation to ensure sufficient bed capacity, healthcare worker (HCW) availability and projections for immediate future needs;
 - vi. Communication plans, including community-mobilisation; and
 - vii. Step down, isolation and quarantine facilities
- The goal of an outbreak investigation is to identify the drivers of disseminated infection and contain further spread; thereby slowing down onward transmission of the virus and mitigating further demands on healthcare services especially hospital admissions. Current estimates are that eighty percent of infections are caused by 10% of infected people; suggesting a role of “super-spreaders”. In containment of community transmission super-spreaders should be identified quickly before they create major epidemics.
 - At this point in time, what constitutes a community outbreak will vary by province and district based on the current incidence rate in each province and by district. For example, if a district has 0 infections a single case identified in that district will constitute an outbreak and warrant an outbreak investigation. Similarly, if a province currently has 20 cases and there is an increase in a week to 40 cases, an outbreak investigation should be initiated. Another example is where there have been declines in the number of cases over 28-day period and then a sudden increase in number of cases. A caveat to this characterisation, however, is its sensitivity to the rate of testing and threshold used for testing. The ability to undertake widespread community-testing in South Africa is constrained by the ability to test for active cases, and have a rapid turn-around time.
 - Notwithstanding the challenges due to testing constraints in active case finding due to shortages of qPCR and other diagnostic kits and reagents, data from passive case finding can be utilised to shape responses to outbreaks and guide what appropriate interventions should be initiated. The geo-location of each new case identified at a hospital, workplace, school or other local public event or space could be a trigger for community outbreak investigations and ongoing monitoring. If not feasible to undertake geo-spatial mapping to an individual household level, geo-spatial mapping should be done in relation to landmark sites (e.g. closest clinic in relation to place of residence).
 - Outbreak investigation teams should be strengthened nationally and at a provincial level. Daily trends in infections should be reported and updates provided on the number of cases; geospatial maps of cases; heat-maps of localised high concentration of infection areas.
 - Field investigation teams should be trained at a district level. The district field investigation teams should comprise Infection and occupational health professionals; the District Health Manager; community leaders from each ward in the district; community care givers; the district contact tracing teams and Environmental Health officers. The district field investigation teams need to receive training and multiple expert teams could be established within to deal with outbreaks e.g. in schools, or health facilities; or the workplace or in the

community e.g. from mass gatherings or weddings or attendance of faith based events.

- Prototype outbreak investigation protocols should be developed. This should include guiding the interventions that need to be instituted to contain the outbreak; and determine when the outbreak has ended.
- There needs to be ongoing monitoring and review outcomes from outbreak investigations.
- Priority should be placed on establishing provincial outbreak investigation teams in those provinces with few cases and district intervention teams in those districts with no or few cases with the target of having an intervention team in every district.
- Outbreak investigation data collection templates and Standard Operating Procedures (SOPs) should be in place to ensure that information can be collated in a systematic manner to facilitate understanding of the outbreak, data to be collected, interventions that need to be instituted, monitoring and containment of the outbreak and public/key stakeholder communication throughout and at conclusion of the outbreak.
- Depending on the current number of infections in a district, identification of new cases in schools, workplaces and healthcare facilities, does not necessarily infer an outbreak.
- The National Institute for Communicable Diseases (NICD) has developed a detailed guideline for outbreak investigations that provides clear definitions of what constitutes an outbreak; constituting an outbreak response team; how to undertake and document an outbreak investigation; interventions that should be put in place; communication during an outbreak and monitoring and surveillance systems and definitions for ending an outbreak.

Recommendations

- Outbreak investigation teams need to be convened at provincial and district levels and include experienced infection control, occupational health and environmental health officers together with other relevant public health personnel to provide guidance on how to undertake outbreaks investigations.
- Field investigation teams need to be in place at a district level to monitor trends at a district level and who can rapidly respond to an escalation in cases or outbreaks.
- Training of field investigation teams need to be undertaken on a regular basis and as the epidemic matures.
- Guidelines for outbreak investigations need to be regularly reviewed and updated, if indicated.
- Guidelines for prioritisation of deployment of outbreak investigation and field investigation teams need to be in place.
- Outcomes from outbreak investigations need to be reviewed regularly and interventions put in place as needed or indicated.

Thank you for your kind consideration of this advisory from the MAC on COVID-19.

Kind regards,



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OVERARCHING CHAIRPERSON: MINISTERIAL ADVISORY COMMITTEE ON COVID-19

DATE: 7 August 2020

CC:

- » **Dr S Buthelezi (Director-General: Health)**
- » **Dr T Pillay (Deputy Director-General: National Health Insurance)**
- » **Dr S Zungu (Project Lead: Sectoral Response to Covid-19)**
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