



Quarantine management during the COVID-19 Outbreak: A Case of Masindi District

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Summary

On May 1, 2020 Masindi District reported a confirmed case of COVID, identified through the rapid community assessment survey. We supported the district to respond to the outbreak including conducting epidemiological investigations and setting up and managing of quarantine centers to interrupt further transmission of the virus into the communities. Two institutional quarantine centres had been set up in the hospital contrary to the ministry of health recommendation. Additionally the centers were holding more contacts than could be accommodated which necessitated setting up of new ones. Two schools were identified and assessed for suitability to accommodate the direct contacts (according to the National quarantine guidelines) to the COVID-19 confirmed case. A total of 125 contacts were quarantined and monitored for development of COVID-19 related symptoms. They were discharged at the end the 14 days after showing no symptoms and testing negative for COVID-19.

BACKGROUND

On May 1, 2020 Masindi District reported a confirmed case of COVID-19, identified through the rapid community assessment survey. At the time Uganda had reported 83 COVID-19 positive cases with 52 recoveries (74 imported cases). By May 2, 104 persons had been identified to have been in direct contact with confirmed case-patient shortly before his evacuation. 34 of these were army officers and were being quarantined at Masindi Army barracks Secondary School, 28 who included family members of the case-patient and workmates who were in Masindi General Hospital quarantine whereas 42 were inmates in Masindi Police cells. The number of quarantined persons in the hospital increased (from 28 to 49 people) as more people were admitted, claiming to have been in contact with the case-patient and this caused congestion. Males and females were sharing the same toilet and bathroom facilities. At some point, male and female quarantined persons were sharing the same ward and much as the newly recruited contacts were being put in a separate wing of the ward, they could still cross to the wing of those who had been recruited earlier. The location of the Hospital quarantine was in itself not appropriate as it could expose the hospital staff given that the centers were holding high risk contacts. At the same time, the inmates were granted a police bond but they could not be left to return to the communities.



Some of the facilities lacked records on when the contacts were last with the case and when they were recruited into the facility.

Security was lacking at first which led to entry and exit of unauthorized people in the quarantine facilities. We supported Masindi District to respond to the outbreak including conducting epidemiological investigations and setting up and managing of quarantine centers to interrupt further transmission of the virus into the communities. In this article, we describe how the quarantine centres were set up and managed in order to interrupt the spread of the disease to the rest of the community members.

Methods

Set up and management

The Masindi District Task Force identified two schools (Masindi Public School and Kabalega Secondary School) which had the potential of being used as quarantine facilities. We assessed the schools for suitability to accommodate the contacts based on the provisions of the National Quarantine Guidelines of the Ministry of Health. According to the Uganda National Quarantine Guidelines, quarantine centers should have adequately ventilated spacious rooms in which beds could be placed at least 1 metre apart; adequate food, water, and hand hygiene provisions for the quarantine period; toilet, bathrooms and waste disposal facilities; provision for regular cleaning and disinfection of the rooms, toilets and bathrooms; possibility for daily follow up of quarantined persons; and security measures

We liaised with the area police and military personnel to help with enforcement and ensured quarantined persons stayed in the facilities throughout the 14-day period. The security personnel also ensured that unauthorised people do not get into and out of the quarantine facilities. In addition, we developed registers which were given to the security personnel at the entrance/exit of the facilities for easy monitoring of the people entering the facilities.

We checked the temperatures and monitored development of symptoms of the quarantined persons on a daily basis. All the details of the individual quarantined person were recorded using contact follow up forms. Appropriate samples of all quarantined persons (Oral-pharyngeal swabs) were collected and sent to the Uganda Virus Research Institute (UVRI) for testing. These samples were collected twice during the quarantine period, i.e. at the beginning and of the quarantine period (day 1 and day 13) to ensure none of them is discharged with the disease.

We provided psychosocial support by visiting every quarantine facility at least twice a week and explained to the quarantined persons how COVID-19 is transmitted and the rationale of their quarantine. We also taught them good personal hygiene practices and measures to minimise contact with other quarantined persons.



We ensured availability of transport to the hospital just in case anyone of the quarantined persons had developed a fever and other COVID-19 related symptoms or even other illnesses.

While in the quarantine, we ensured all residents were provided with three meals a day; i.e.; Breakfast, lunch and dinner as well as adequate safe drinking water

Achievements

A total of four institutional quarantine centres were set up and 125 persons who had been in direct contact put in quarantine. We relocated and redistributed contacts to the newly set up centers in order to adhere to the holding capacity given the space and other facilities.

The setting up of new institutional quarantine facilities helped to reduce on the number of people accommodated in the respective facilities and this in turn facilitated maintenance of the recommended space and a distance of 1 metre between beds in the rooms.

Adequate hand washing facilities provided in all the quarantine facilities prevented crossing of contacts from one wing to another to search for the same; hence there was no mixing.

Separate toilet and bathroom facilities (for males and females) also prevented sharing by the different sexes.

Waste bins were provided and placed adjacent to each room to ensure that there was no littering and a clean environment could be maintained. In addition, all the rooms were cleaned and disinfected twice every day, which provided a clean and friendly environment for the quarantined persons to stay.

Daily follow up of quarantined persons was achieved which involved checking their temperatures and monitoring them for development of COVID-related symptoms.

All quarantine facilities were enclosed in fences to ensure security of the quarantined persons and at the same time, the area Police and Military personnel were deployed for enforcement.

Lessons learnt

The district needed prior knowledge on the standard requirements for quarantine facilities including location, number to hold given the space among others. Inadequate knowledge on who to be recruited in the quarantine facilities by the District teams led to congestion of the facilities

There is need for the Ministry of Health to assess all quarantine centres in the country for suitability to accommodate contacts/suspects.



Psychosocial support and provision of appropriate environment keeps the quarantined persons happy which in turn leads to adherence to quarantine rules and regulations and easy management.

Record keeping is vital in quarantine management as it enhances proper monitoring of the quarantined persons while in the facility.

Collaboration with other stakeholders such as Security is critical in the management of institutional quarantines to enforce adherence to quarantine rules and regulations.

Challenges

The greatest challenge during the interventions was the limited financial resources in the district budget which delayed setting up of the required facilities such as hand washing facilities and establishment of water collection points in the quarantine

Conclusion

By the end of the response to COVID-19 outbreak in Masindi District, we had established and functionalized 4 institutional quarantine facilities and followed up 125 contacts.

The overall management improved characterized with less congestion in the facilities, proper record keeping was achieved, strengthened security, and appropriate use of hygiene facilities.

References

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