

Coronavirus Disease

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. These viruses cause illness ranging from the common cold to more severe diseases such as bronchitis, pneumonia and respiratory and multi-organ failure.

The coronavirus outbreak

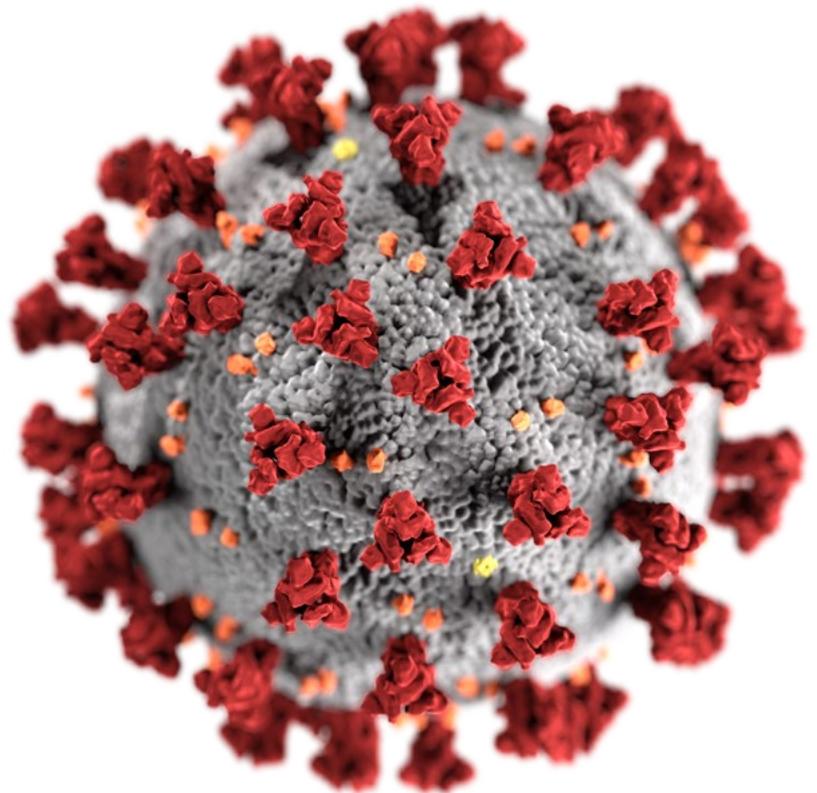
The first coronavirus (COVID-19) cases were reported in early December 2019 in the central Chinese city of Wuhan. On 30 January 2020, the World Health Organization (WHO) declared the outbreak a “public health emergency of international concern”. As of 16 April 2020, more than 2,084,042 confirmed cases have been reported worldwide, and over 134,669 deaths have occurred, and 515,108 individuals have recovered. There are 2,506 confirmed cases of COVID-19 in South Africa to date with 34 deaths reported.

Coronaviruses are also responsible for previous epidemics including severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS). These viruses were originally transmitted between animals and people. In the case of SARS, viruses were transmitted from civet cats to humans while in MERS, the infection travelled to humans from a type of camel. In the case of COVID-19, scientists have pointed to infected animal species, including pangolins and bats as the original source of the virus.

While it is suspected that the initial COVID-19 epidemic started through animal-to-human transmission, the current epidemic is being fuelled by human-to-human transmission.

How is the virus spread?

- Coronaviruses are spread through aerosol droplets that are expelled when an infected individual coughs



or sneezes within a range of about 6 feet (1.8 m). These droplets can contaminate surfaces like door handles or railings. Although coronavirus droplets only stay suspended in the air for a short time, they may remain contagious on surfaces for a few hours. It has also been suggested that COVID-19 may be spread through the faecal-oral route (contact with faeces from an infected person) and via air-conditioning ducts.

- Of concern is the fact that COVID-19 is being transmitted by individuals who are asymptomatic (show no symptoms) of the infection.

Who is at risk and what are the risk factors for acquiring the infection?

Risk factors for acquiring the infection include:

- Individuals with a recent travel history to high-risk countries
- History of exposure to individuals infected with COVID-19

Risk factors for severe disease once infected include:

- Individual 60 years and older: Among more than 44,000 confirmed cases of COVID-19 in China, the case fatality rate was highest among older persons:
 - ≥80 years: 14.8%
 - 70–79 years: 8.0%
 - 60–69 years: 3.6%
 - 50–59 years: 1.3%
 - 40–49 years: 0.4%
 - <40 years: 0.2%.
- Individuals who live in a nursing home or long-term care facility
- People with severe obesity (body mass index (BMI) of 40 or higher)
- Individuals at any age with underlying comorbidities, particularly if not well controlled. Patients with no reported underlying medical conditions have had an overall case fatality of 0.9%, but case fatality was higher for patients with comorbidities
 - Cardiovascular disease
 - Diabetes mellitus
 - Hypertension
 - Chronic respiratory disease
 - Immunosuppression: this could be due to cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with chronic kidney disease under going dialysis
 - People with liver disease

Disease in children appears to be relatively rare and mild with approximately 2.4% of the total reported cases reported amongst individuals aged under 19 years. A very small proportion (2.5%) of those aged under 19 years have developed severe disease, with 0.2% experiencing critical symptoms including death.

What are the symptoms?

The incubation period (the period between exposure to the virus and the appearance of the first symptoms) is between 10 - 14 days.

The most common signs and symptoms of infection include fever, cough – with or without sputum production, fatigue and tiredness, loss of smell, loss of taste, shortness of breath with or without breathing difficulties, muscle and joint pain, sore throat, headache and chills. Less common symptoms include nausea, vomiting and diarrhoea.

In more severe cases, it can lead to pneumonia, respiratory distress and failure, kidney failure, septic shock and/or multi-organ dysfunction and even death.

Eighty percent of individuals infected with COVID-19 develop mild disease, an estimated 15% develop severe disease, while 5% become critically ill. Infected individuals may also be asymptomatic, meaning they do not display any of the symptoms above, despite having the virus in their systems.

Diagnosis of coronavirus infection

Your doctor or healthcare practitioner will ask you questions about your symptoms, people you have recently interacted with, any history of travel, your work and home environments. A blood test or respiratory specimen test (including sputum, saliva, etc.) may be done to confirm the diagnosis. Infection with COVID-19 is diagnosed in the laboratory. Results are generally available within a few hours to days. Additional specimen types such as stool or urine may also be collected and stored.

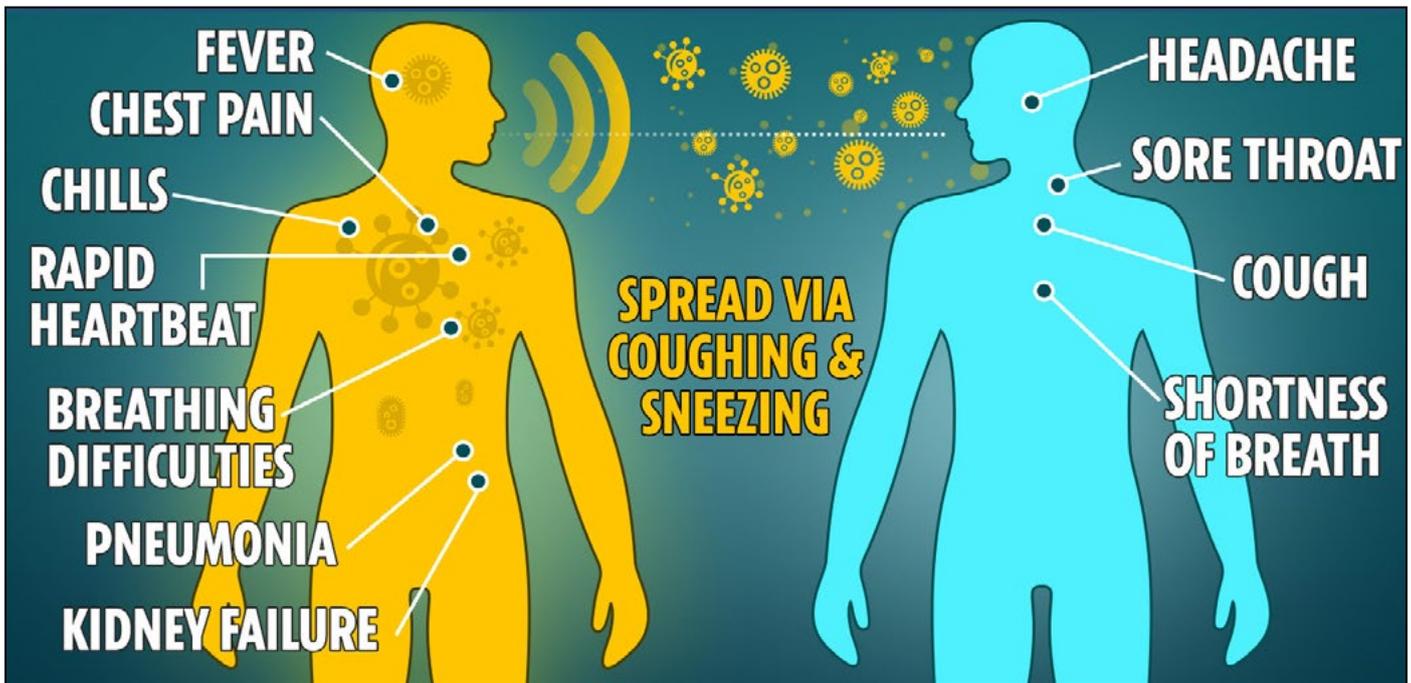
How to prevent coronavirus infection?

To prevent the spread of the COVID-19, global authorities, including WHO and the South African NICD recommends good practice of hand hygiene (hand washing with soap and water for at least 20 seconds), safe cough/sneeze etiquette and adhering to the following:

- Avoiding close contact with people suffering from acute respiratory infections.
- Frequent hand washing, especially after direct contact with ill people or their environment.
- Avoiding visiting markets where live animals are sold.

In addition:

- High risk individuals are advised to delay all non-essential travel until the situation abates.
- Individuals with symptoms of acute respiratory infection should practice cough/sneeze etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing and wash hands thoroughly).
- Health practitioners should provide travellers with information to reduce the general risk of acute respi-



ratory infections, via travel health clinics, travel agencies, conveyance operators and at points of entry.

- In cases of symptoms suggestive of respiratory illness either during or after travel, travellers are encouraged to self-report or seek medical attention early and share their travel history with their health care provider.
- Healthcare facilities should enhance their standard infection prevention and control practices in hospitals, especially in emergency departments.

Treatment and management

Anyone who experiences flu-like symptoms with a travel history or contact with someone who has recently travelled or who has been diagnosed with COVID-19 infection, particularly to China, should seek immediate medical attention by calling the National Institute For Communicable Diseases (NICD) helpline 0800 029 999 or seeking attention at their nearest clinic, GP or hospital.

All individuals with suspected COVID-19 infection should:

- Perform hand hygiene frequently, particularly washing hands thoroughly with soap and water. If this is not possible using alcohol-based antiseptic hand rub is an alternate option;
- Keep distance from healthy individuals as much as possible (at least 1 - 3 meters);
- Wear a face mask as much as possible if tolerated to contain respiratory secretions.
- For individuals who cannot tolerate a medical mask, he/she should rigorously apply respiratory hygiene, i.e. cover mouth and nose when coughing or sneezing with disposable paper tissue. Dispose of the ma-

terial immediately after use. Clean hands immediately after contact with respiratory secretions;

- Improve airflow in living space by opening windows and doors as much as possible.

Management of individuals with suspected COVID-19 infection centres around prompt diagnosis and notification, categorisation of disease (mild, moderate, severe), prevention of spread as well as supportive care. In all cases, a pragmatic approach, including hospitalisation with isolation or quarantining of all infected individuals and treatment with anti-viral medications are indicated.

Any medicines, including vaccines that become available for COVID-19 and listed on the National Essential Medicines List are recommended as PMB level of care.

Telemedicine

To further reduce the person-to-person risk of transmission and reduce the number of patients at health providers' rooms, Telemedicine and Telehealth are recommended.

Telemedicine refers to the practice of medicine using electronic communications, information technology or other electronic means between a healthcare practitioner in one location and a healthcare practitioner in another location for the purpose of facilitating, improving and enhancing clinical, educational and scientific healthcare and research.

Telemedicine in South Africa is required to be in line with applicable legislation, in particular the National Health

Act No. 61 of 2003 (as amended). The National Department of Health's e-Health Strategy South Africa (2012 – 2016) specifically refers to Telemedicine as "a tool that could bridge the gap between rural health and specialist services".

The Health Professions Council of South Africa (HPCSA) and the Allied Health Professions Council of South Africa have issued guidelines on Telemedicine and Telehealth in South Africa. These statutory bodies outline the requirements all health care professionals and allied health care professionals must adhere to in order to provide Telehealth services in the management of suspected COVID-19 infected cases.

Healthcare practitioners registered with the HPCSA who provide Telemedicine are required to do so in line with the provisions of the Health Professions Council Act No. 56 of 1974 (as amended). The HPCSA calls upon registered healthcare practitioners providing Telemedicine to do so in line with applicable legislation and guidance provided in the HPCSA's General Ethical Guidelines for good practice in Telemedicine (HPCSA Booklet 10).

Allied health care professionals are permitted to practice telehealth and/or telemedicine for new and current patients of the practitioner or therapist, as long as various criteria are fulfilled. Importantly, in order to practice telehealth and/or telemedicine, the informed consent of the patient must be obtained prior to providing the service.

Any advice and/or prescription of medication will be in accordance with the SAHPRA and AHPCSA guidelines. Any suggested treatment regimen is limited to only that which a patient may reasonably understand correctly and to be able to carry out safely.

These services should be reimbursed as PMB level of care in line with the latest Health Professions Council of South Africa (HPCSA) communication "Notice to amend clause (b) & (c) of the guidance on the application of telemedicine guidelines during the COVID-19 pandemic."

What is covered under PMB level of care?

Screening, diagnosis and management of COVID-19 infection has been included as a new Diagnosis Treatment Pair included as part of the Prescribed Minimum Benefits (PMBs) diagnoses list. In addition, any complications arising from infection with COVID-19 such as pneumonia, respiratory failure, renal failure, complete or partial lung collapse, amongst others, are also included

in the list of existing PMB conditions and should be treated as specified for each condition. These complications would also usually qualify as emergency medical conditions and are therefore PMBs. All medical schemes are required by law to pay for the diagnosis, treatment and care costs for this condition in full irrespective of plan type or option.

Medical schemes may not fund PMB conditions from a member's Medical Savings Account, as this would be a violation of the PMB Regulations.

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WHAT ARE PRESCRIBED MINIMUM BENEFITS?

Prescribed Minimum Benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our [website](#)

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