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## **Management Protocol for Covid-19 Acute Respiratory Disease** (Version 09)

## Attendance of patients in hospital, OPD and community clinics



## At triage area

History of travel to or residence in an \*\*affected area within past 14 days *OR* 

History of close contact with a confirmed or probable COVID-19 case within past 14 days
\*\* affected area will be area with confirmed cases in Myanmar and countries with confirmed cases

Acute onset of fever AND cough; OR

Acute onset of *ANY THREE OR MORE* of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhoea, altered mental status *OR* A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified

Presenting fever, symptoms of severe acute respiratory disease with onset within the last 10 days

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B



Death – proper disposal of the dead person

- Report to respective State and Regional or District or Township Health Department
- Facility quarantine for 21 days
- Follow CEU guidelines for specimen collection
- Isolate the patient in a separate room (e.g., Fever room)
- Take strict IPC measures depending on severity
- Take complete and detail history and physical examination
- Inform immediately to DoMS [09 449621202], CEU [067 3420268], State and Regional or District or Township Health Department
- Inform Regional/ Facility Level Clinical Management Committee

Person Under Investigation (PUI) for suspected pneumonia

• Move the patient to isolation room

Treatment of complications

Refer to designated hospital with standard

precaution and considering risk and benefit Isolate patients for 21 days (after last exposure)

• Take specimen and send to NHL/PHL/DMR (To follow specimen collection guidelines)

В

C

- If clinician strongly suspect possibility of COVID-19 infection, second swab should be considered
- Follow "Clinical Management Guidelines for Corona virus disease (COVID-19)"

