

National Response and Contingency Plan in the eventuality of a resurgence of COVID-19 circulation in Mauritius

Context

The Republic of Mauritius remains one of the very rare examples where the first episode of viral circulation of the coronavirus has been successfully managed and contained. The first 3 cases of COVID-19 were registered on the same day, that is, the 18th of March 2020. All 3 cases were imported cases. These first three cases led to more infections within the local community. The prompt response and the efficacy of the measures devised and adopted at Governmental level, as well as the adhesion of the Mauritian population to the preconized measures, led to a complete halt of the epidemic contamination trend within the local community. The last local case of COVID-19 contamination was registered on the 26th of April 2020. The viral threat was quashed within 39 days. As from the 26th of April 2020, all new cases registered on Mauritian soil were imported cases, all of them were detected in quarantine facilities and these cases did not lead to any new case within the local community.

As from the 1st of October 2020, the Republic of Mauritius will enter a new phase by resuming regular flights on certain destinations. Mauritius will also allow holders of work permits, occupational permits and all foreigners who accept to comply with an initial quarantine period of 14 days, entry on the Mauritian territory.

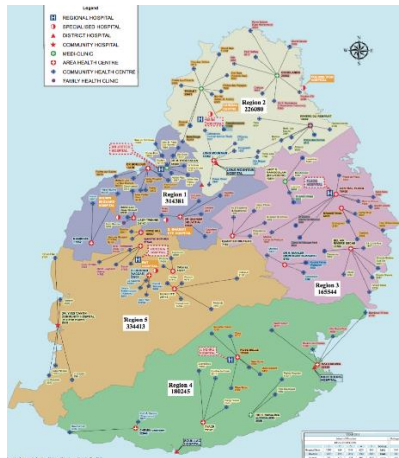
The staff of the Ministry of Health and Wellness, who up till now, were the only ones who had the responsibility of handling passengers in quarantine facilities, will be replaced by hotel staff, except for the purely medical aspect of the quarantine process, which includes: temperature monitoring, daily medical check-ups and supervision in case of medical problems.

Maximum precaution has been taken. The staff working at the airport and in the hotels have been trained to perfectly execute all universal barrier measures, as well as preventive measures specifically applicable to the nature of their respective assignments. A protocol that has been jointly developed by the Ministry of Tourism, the Ministry of Health and Wellness and the Ministry of Foreign Affairs allows to secure as from now, the whole channel through which the passenger go, as from his arrival in Mauritius up till his exit from the quarantine facility.

A media campaign aiming to remind to the population on the necessity to strictly abide to preventive barrier measures will be launched before the 1st of October 2020. It is however equally important to remain vigilant and prepared, should there be a resurgence of COVID-19 infection within the local community. This is the very object of this National Response and Contingency Plan. It takes into account international recommendations and guidelines, including those formulated by the WHO, and also all the best-practices developed and acquired

locally following our experience in responding to the first infection wave registered in Mauritius, even though we cannot really qualify the Mauritian example as being a first wave of the novel coronavirus.

Public Health Structure: COVID 19 Surveillance in Mauritius



Mauritius is divided into 5 regions (map above) with a Regional Public Health Superintendent (RPHS) in each of the five regions. The RPHS is responsible for the surveillance of COVID 19 in his region, and the quarantine centres allocated to him .

The Communicable Disease Control Unit (CDCU) at national level is under the supervision of the RPHS of CDCU and Director Health Services (Preventive). It manages and coordinates the work at regional level, is responsible for the analysis and interpretation of data, submission of reports, essential for the planning, implementation and evaluation of appropriate measures.

Since March 2020, the CDCU has strengthened the surveillance system to rapidly identify and isolate the positive cases and contacts. The CDCU is working closely with the virology laboratory to obtain timely results of PCR SARS Co2 tests. Additional RPHS have been appointed to form part of the Rapid Response Team of COVID 19.

Plan Overview

It includes various aspects:

- **Governance**
- **Communication**
- **Prevention**

- Community involvement and education
 - Points of Entry
 - Arrival at the airport
 - Laboratory at the airport
 - Arrival at the port
 - Quarantine centres
- **Surveillance, Rapid Response Teams, case investigation:**
 - Creation of a sentry system for the surveillance of COVID-19
 - COVID-19 screening for health staff and front line workers
 - Isolation of contact cases
 - Comprehensive and extensive contact tracing
 - **Organisation of the biological response: Central Health Laboratory**
 - **Organisation of the logistic response**
 - **Organisation of the COVID-19 therapeutic response while guaranteeing a quality service for other pathologies**

GOVERNANCE

The High Level Committee on COVID 19 has shown its efficacy in terms of governance and management of the COVID-19 crisis. Its composition has remained dynamic and has evolved according to the various needs and challenges that had to be addressed. The High Level Committee on COVID-19 regroups the various Ministers concerned by the management of the situation, the WHO, advisors, cadres from Ministries and it is chaired by the Prime Minister. The High Level Committee on COVID-19 has shown its operational effectiveness before, after and during the first episode of COVID-19 viral circulation in the local Mauritian community. The High Level Committee has remained active but its meetings are no longer held on a daily, but on a weekly basis.

The High Level Committee on COVID-19 has allowed for the exchange of information at the highest level, for the systematic review of various challenges as and when they surfaced and it has allowed for efficient coordination, planning and management of the crisis. It has allowed to unify the national and international response to the situation and has also eased matters related to logistics, international aid; aid from NGOs and support from the private sector. The various stakeholders making up this High Level Committee have a single objective, which facilitates a clear and uniform message given to the population. This message is relayed as and when necessary by the National Communication Committee attached to the High Level Committee on COVID-19. The High Level Committee on COVID-19 will remain the unique and

focal platform for the management of the COVID-19 situation and it will meet whenever necessary.

The Communicable Diseases Control Unit (CDCU) was and will remain activated as the Incident Management Centre within the MOHW. Daily monitoring focuses on the global situation regarding the evolution of COVID-19 island wide.

CDCU is responsible for analysing and collecting data pertaining to COVID-19 both locally and internationally, sensitisation campaign, surveillance at the points of entries, managing the rapid response teams together with the Regional Public Health Superintendents, facilitating the transfers of passengers to be quarantine or suspected cases or contacts to respective locations, coordinating case management and contact tracing and liaising with the private health sector in sharing of information, guidelines and appropriate actions

COMMUNICATION

Inform, educate, reassure and alert

When there is no viral circulation: highlight best practices and achievements and remind preventive barrier measures

Message to the general public

- Mauritius remains a COVID SAFE destination. Explain the necessity to move towards an easing of measures at the level of our borders.
- Who are those eligible to come to Mauritius?
- Information on the preventive sanitary barrier measures currently applicable.
- How Mauritius managed to contain the situation and how this led to our COVID SAFE status.
- Refresh and remind the acquired knowledge on preventive sanitary barrier measures which need to be adhered to (mandatory wearing of face masks, physical distancing, good and frequent hand hygiene)
- Keep the public informed on the evolution of the pandemic worldwide as well as on developments related to treatment and advancements on an eventual vaccine
- Inform the public on measures taken to ascertain that the virus remains contained with the easing of measures at border level
- Inform the public on the measures taken in quarantine centres and on the handling of patients who have tested positive for COVID-19
- Inform the public on public health services which are available in case one of them has symptoms similar to those related to COVID-19 cases.

- Inform the public on legal provisions and obligations in case guidelines and sanitary measures in force are not respected.
- Maintain the regular communication of the MOHW and the National Communication Committee on COVID-19 after each development pertaining to the sanitary situation in the country (new positive cases, successfully treated patients, new measures being put in force)

The aspects mentioned above will be disseminated among the population through the National Communication Committee on COVID-19 with the help of traditional media (radio, television, written press, specialized press, social networks, on board of flights coming to Mauritius, banners, pamphlets, posters distributed in schools and public offices)

Message to service providers in the Front Line

- Inform the service providers on their respective levels of exposition to the virus with the easing of measures at border level.
- Inform the service providers of all the preventive sanitary measures put in place for passengers so as to address any doubts or apprehensions which they might have.
- Inform the service providers of sanitary preventive barrier measures that specifically applies to them and to their level of intervention with passengers from abroad.
- Inform the service providers about the dos and don'ts in case of COVID-19 like symptoms.
- Provide the service providers with informative pamphlets and brochures on the novel coronavirus and on the sanitary measures to be adhered to. The service providers can be empowered so as to allow them to hand over this information to their customers and guests.
- Inform the service providers of their legal obligations in case of COVID-19 like symptoms (the obligation to disclose all information likely to lead to a better understanding of a given situation and facilitate the contact tracing exercise if need be)

The points mentioned above are specific to various service providers who will be called to work, directly or indirectly, with passengers coming to Mauritius. They might be themselves empowered through working sessions provided by health professionals, the objective being to refresh their already acquired knowledge on sanitary preventive barrier measures, to share their concerns, provide medical and scientific answers to questions they might have and also to make an appraisal of their 1st week working with passengers coming from abroad.

In the event of a new viral circulation of COVID-19 in the Mauritian territory

- Automatically resume the daily communication exercise of the National Communication Committee on COVID-19. Only a limited number of journalists will be allowed during press briefings. 2 members per video press agency and 1 member per written and audio press.
- The sensitization campaign designed for the general public and other professionals who are directly or indirectly in contact with persons who are suspected or confirmed COVID-19 positive cases will take place on a daily basis at several times.
- Inform the general public that in case of health issues, mild, severe and decompensation as a result of a chronic disease, the National Regional Hospitals of the island will still cater for these medical cases. Patients should not hesitate to go to Health Care Centres in case of health issues.
- The online platforms and digital apps designed during the first episode of viral circulation in Mauritius should be refreshed immediately. Ideally a single platform should be used for communication purposes, so as to have one single and precise message instead of various sources which might lead to distortions. The online platform will include information on sanitary preventive barrier measures, F.A.Q to address fake news and approximations leading to confusion.
- Put in place a dedicated monitoring team under the PMO which will be assigned to go through various media, flag inappropriate, fake and unverified content about the ongoing viral circulation and provide appropriate and verified information to dissipate all confusion.
- Seek the support and participation of the private sector to assist in the dissemination of communication tools: banners, brochures, flyers, posters, video and audio messages

PREVENTION

1. Education and community involvement:

Community medicine, which was relatively and initially active on certain infectious subjects has gradually shifted its focus on prevention against non-communicable diseases. It has been decided to make the most out of the existing network by adding to its portfolio the surveillance of other infectious diseases, including Dengue and COVID-19. The Primary Health Department of the MOHW has defined a training programme accordingly. In March and July 2020, some 450 officers hailing from various Ministries, including officers from the existing community network and those freshly recruited,

took part in a Training of Trainers workshop. These trained staff are currently deployed and are responsible to train community agents.

The appraisal of those who have been trained will be done through questionnaires before and after the training exercise. The monitoring will be quantitative, qualitative and their efficiency in practice will also be taken into account.

The main assignment of the Community Agents will be to keep the general public updated on the sanitary preventive barrier measures and to facilitate the detection and flagging of possible COVID-19 cases in the community. The Community Agents will inform the Ministry of such cases and direct them to the COVID-19 Testing Clinics in the Regional Hospitals.

2. Points of entry

Arrival at the airport

Since the resumption of flights after the first episode of viral circulation in Mauritius, the passenger circuit has been optimized and rendered more fluid. The staff has been formed as to sanitary preventive barrier measures and these measures are being adhered to as convened and with no room for error. Each staff member has his/her own list of rules and guidelines specific to his/her duty and post held.

At each flight arrival, all the passengers have to undergo a temperature check. The passengers then proceed to immigration and to the health counters. The Day 0 PCR test for COVID-19 swab is harvested at the airport itself. The processing of the swab is explained in the chapter relative to the airport health laboratory. The passenger collects his/her luggage and is transferred to the hotel where he/she will stay during the quarantine period.

Setting-Up of an Airport Health Laboratory

- Like in many other countries, a medical laboratory is being set up at SSR international Airport in the context of opening the borders of Mauritius, in the COVID-19 pandemic period. This will facilitate screening of incoming passengers for SARS-CoV-2 with timely issue of results.
- This is a joint venture between the Ministry of Health and Wellness and ATOL. The laboratory will be located at the VIP Lounge of ex-Airport terminal.
- Swabbing activities will be conducted on passengers by Public Health staff near the Health Check Desk on arrival.
- Staff has been recruited by ATOL to operate the laboratory. High-tech equipment is being install.

- The laboratory will conduct COVID-19 PCR tests in two shifts per day. Initial testing capacity is expected to be around 500-1000 tests daily. Passengers will be informed of their results by electronic means using the passenger-LIMS computerised system.

Actions to be taken at Port

- Boarding of ships and cruises are checked by the Senior Public Health and Food Safety Inspector with verification of the Maritime Declaration Certificate and the last 10 ports visited; and
- Collection of the Health Declaration Form, and eliciting information about the health status of the travellers, as well as on the possible risk of exposure to the virus while in the high risk country, at the Health Counter before proceeding to the Immigration Counter of the *Aurelie Perrine* Passenger Terminal at the Port.
- All passengers and crew members of the ships or cruise vessels will have their temperature recorded manually by the health staff before disembarkation. Passengers and crew members of the cruise vessels also undergo screening by a thermal scanner at the cruise terminal.
- Members of the staff at the Port Health Offices verbally inform the respective Regional Health Offices and the respective Principal Public Health and Food Safety Inspector at the earliest, of incoming passengers. In case any passenger is showing signs and symptoms of the disease, the RPHS of the region or on call is immediately notified. As there is no isolation ward in the port, the passenger will be sent to the isolation ward of Jeetoo Hospital by the rapid response team. The passenger is then admitted for further investigation and management as appropriate.

Procedure for Boarding of Vessel at Port

- All Agents of incoming vessels have to submit the following information by email 24 hours before the arrival of any vessel at Port Louis Harbour: -
 - a) The Maritime Declaration of Health;
 - b) The 10 last ports of call of the vessels;
 - c) Any specific crew change undertaken within the last 14 days prior to arrival to Port-Louis.
- If no crew change has been effected the last 14 days, green light is granted and the vessel is allowed to enter port limits for authorised operations prior to free “pratique”.
- Operational procedures for boarding of cargo vessels are as follows (All officers boarding the ship should wear full PPE before getting the negative PCR test of all crews and passengers)

- a) Only one SPHFSI or PHFSI (Senior / Principal Public Health and Food Safety Inspector) is scheduled for daily boarding of all vessels according to a roster.
- b) Notification of arrival by Mauritius Port Authority (MPA)/Shipping Agent.
- c) The vessel is boarded by the Public Health and Food Safety Inspector (PHFSI) with Objectives:
 - To ensure that incoming passengers and crew are in good health.
 - To ensure that no condition exists on board which may lead to spread of diseases.
- d) PHFSI to ensure that the Quarantine Flag is at post before boarding of ship.
- e) The PHFSI meet the Ship Master and request him to produce the maritime declaration of health, vaccination list, last ports of call list, crew list (including date of crew change), passenger list, list of narcotics, nil list, ship sanitation control certificate or ship sanitation control exemption certificate and cargo list for food in bulk that require fumigation.
- f) The PHFSI verifies all documents.
- g) If the ship has left the last port more than 14 days, the PHFSI can give free pratique and order the Ship Master on-board to lower down the Yellow Flag.
- h) If the ship has left the last port in less than 14 days, it has to wait for 14 days since departure from last port.
- i) A PCR test will be done on arrival of ship for all crew members and passengers on board.
- j) If a person develops symptoms, a medical team with full PPE will come aboard as soon as possible to investigate. If needed, the person will be hospitalised in the isolation room and will receive appropriate treatment.

3. Quarantine Centres

The quarantine centres are set up in hotels and the number of centres in operation can increase or decrease according to the needs at a given point in time. 1 doctor and 1 nursing staff are posted 24/7 per hotel. The hotel staff, which has already been trained as to sanitary preventive barrier measures will be responsible for all the duties related to house-keeping services and catering. The duration of the quarantine period is actually of 14 days. The PCR tests are conducted at Day 7 and Day 14 of the quarantine period. The passengers, if tested negative can leave the quarantine on Day 14 or Day 15, depending on the timing of their last PCR test and the availability of the results. In the event of a positive PCR COVID-19 test result, the Rapid Response Team of the MOHW will transfer the patient to the New ENT Hospital or in another designated place as defined by protocol.

The hotel staff deployed in the Front line and the officers of the MOHW will reside in the quarantine centre until the end of the quarantine period of the passengers and they will undergo a COVID-19 test on the same day as the passengers on their Day 14 test. The hotel staff working in the back office will be allowed to return to leave the quarantine centres after their daily shifts.

SURVEILLANCE, RAPID RESPONSE TEAMS AND CASE INVESTIGATION

The surveillance of COVID 19 patients is the ongoing, systematic collection of data on suspected, probable and confirmed cases of COVID 19.

Definition of suspect, probable and confirmed COVID 19 cases

The definition of a suspect, probable and confirmed case of COVID 19 is as follows according to the World Health Organisation (WHO).

Suspect COVID 19 case

A. A person who meets the clinical AND epidemiological criteria:

Clinical Criteria:

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, dyspnea, anorexia/nausea/ vomiting, diarrhea, altered mental status

AND

Epidemiological criteria:

Residing or working in **an area with high risk of transmission of virus**: closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset;

OR

Residing or travel to an **area with community transmission** anytime within the 14 days prior to symptom onset;

OR

Working in **any health care setting**, including within health facilities or within the community; anytime within the 14 days prior to symptom onset.

- B. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of $\geq 38\text{C}^{\circ}$; and cough; with onset within the last 10 days; and requires hospitalisation)

Probable COVID 19 case

- A. A patient who meets **clinical criteria** above AND is a **contact of a probable or confirmed case**, or epidemiologically linked to a cluster with at least one confirmed case
- B. A **suspect case with chest imaging** showing findings suggestive of COVID 19 disease*

*Typical chest imaging findings suggestive of COVID 19 include the following

- Chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
 - Lung ultrasound: thickened pleural lines, B lines (multifocal, discrete or confluent), consolidative patterns with or without air bronchograms.
- C. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause
- D. **Death**, not otherwise explained, in adult with **respiratory distress** preceding death AND **was a contact of a probable or confirmed case** or epidemiologically linked to a cluster with at least one confirmed case. A CT scan of the thorax, will confirm the case of COVID, even post mortem.

Confirmed COVID 19 case

- A. A person with **laboratory PCR test confirmation of COVID 19 infection**, irrespective of clinical signs and symptoms.

Note: Clinical and public health judgement should be used to determine the need for further investigation in patients who do not strictly meet the clinical or epidemiological criteria. Surveillance case definition should not be used to guide clinical management.

Surveillance of COVID 19 patients in Mauritius

- **Surveillance of incoming passengers**

The last local case of COVID 19 was the 26 April 2020. Since then, several imported cases of COVID 19 have been detected in incoming passengers. The quarantine of incoming passengers has therefore shown to be effective at protecting the population of another wave of COVID 19 among community.

The nasopharyngeal / throat swab of all incoming passengers is taken at Day 0, 7 and 14 of date of arrival and sent to the central health laboratory for PCR testing. The resident is then discharged on Day 14 or 15 if all PCR tests are negative for SARS CoV2. More detail is given above in section Point of Entry, Quarantine centre.

A weekly report of the quarantine centres and the number of residents is submitted to the WHO, DHS, RPHS of CDCU and the Minister of Health and Wellness

- **Surveillance of COVID 19 in health institutions and hotline**

- A circular with the definition of suspect, probable and confirmed cases will be sent to doctors of all the health institutions (public and private sector) of Mauritius, as during the first viral circulation. A nasopharyngeal swab (or throat swab if nasopharyngeal is not possible) will be sent to the central laboratory in all cases of suspect or probable case of COVID 19. The patient is placed in the isolation ward of the hospital while awaiting the PCR test for SARS CoV2 results.
- A doctor is available through a hotline for all contacts or persons with suspected symptoms of COVID 19. If the doctor believes it is a suspected or probable case, he will refer the patient for A PCR test for SARS CoV2 at COVID testing centre of the regional hospital or will activate the rapid response team respectively. At the beginning of the epidemic, one rapid response team (consisting of an ambulance, a driver, a nursing officer and a medical doctor, all with full PPE), will be available in each region. In the event of aggravation of the epidemic, the number of rapid response team per region, will be increased progressively to five, that is, twenty-five teams for the island of Mauritius.

- **Sentinel surveillance of COVID 19**

If there are local cases of COVID 19, it is critical to strengthen the surveillance at community level. A PCR test of SARS CoV2 should be made available at community level for all suspect or probable cases. Those persons with symptoms or suspected exposure to positive cases can do their PCR test of SARS COVID19, and detection for influenza and dengue at COVID testing centre. Those centres are in the five regional hospital premises away from the usual consultation area. This surveillance will enable the detection of COVID 19 among asymptomatic patients and mild cases. Isolating those patients will help in reducing the transmission of COVID 19 and identifying new clusters of the disease. Depending on the case, the doctor in charge of the centre, will put the person in isolation ward or request the person to self-isolate at home till the result is available. In case of doubt, the doctor in charge can contact the RPHS of the region.

- **Screening of frontliners**

- All frontliners at the ENT Hospital, and eventually others COVID treatment centres, will be continuously on duty for one week. Then they are sent to a quarantine centre where they will be screened with PCR on day 0 and day 7. If negative, they are then required to self-isolate for another week at home.

- All frontliners exposed to a confirmed case of COVID without wearing a full personal protective equipment (PPE) are screened for SARS CoV2 and put in isolation for a period of 14 days.

Deaths due to COVID 19

Definition of death due to COVID-19

A COVID-19 death is defined as a death resulting from a clinically compatible illness in a probable or confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 disease (e.g. trauma). There should be no period of complete recovery between the illness and death. In case of uncertainty, a post-mortem thoracic scan can be done.

All deaths due to COVID 19 are reported immediately to the RPHS CDCU, DHS (preventive), Minister of Health and Wellness and WHO.

Contact tracing and Isolation of contacts

- **Contact tracing preparedness, readiness and action will depend on the four main transmission scenarios:**
 1. No cases: a well-trained contact tracing workforce should be identified, trained and on standby ready to respond to first cases.
 2. Sporadic cases or clusters: exhaustive contact tracing is essential for rapidly suppressing transmission.
 3. Clusters: contact tracing is essential for suppressing transmission and reducing transmission within clusters.
 4. Community transmission: contact tracing may be difficult when transmission is intense but should be carried out as much as possible, focusing on household contacts, health care workers, high-risk closed settings (dormitories, institutions, long term-care homes), and vulnerable contacts, as well as maintaining strong contact tracing capacity in areas with smaller clusters of cases.

In Mauritius, each region has a team responsible for contact tracing consisting of Health Surveillance Officers, Public Health Inspectors and Community Physicians under the supervision of the RPHS of each region. These data are compiled and reported on a daily basis to CDCU Headquarters.

- **Definition of a contact**

A contact is a person who has experienced any one of the following exposures during **the 2 days before and the 14 days after the onset of symptoms** of a probable or confirmed case:

1. Face-to-face contact with a probable or confirmed case within 1 metre and for at least 15 minutes
2. Direct physical contact with a probable or confirmed case
3. Direct care for a patient with probable or confirmed COVID-19 disease without using recommended personal protective equipment

- **Management of contacts**

- All contacts have to be screened for SARS CoV2 by PCR test.
- Contacts should report any signs and symptoms to the hotline
- The detection of contact cases is treated as priority and follows a clearly defined protocol (choice of sample contact cases and laboratory tests)

Suspected cases at specific places

All industry captains, directors of the educational sector, directors of public institutions, NGOs, health care professionals in the public and private sectors and the general public are now aware of the conduct to adopt when dealing with a person suspected to be infected by the novel coronavirus. Isolation rooms are identified in work places (airport, hotels, enterprises, educational institutions, public offices). The officer in charge should call the Hotline and the OIC will be directed as to the conduct to adopt while waiting for the health care professionals.

ORGANISATION OF THE BIOLOGICAL RESPONSE OUTSIDE THE AIRPORT

1. Central Health Laboratory and in particular its Molecular Biology department has contributed to our National COVID-19 pandemic preparedness and response program since early this year.
2. COVID-19 qRT PCR testing, as recommended by WHO has been introduced as from beginning of February 2020.
3. Testing capacity has been increased to above 1000 tests daily with support from High level committee. Sophisticated equipment and reagents have been purchased, as well as automatic RNA extractors. Staff have been trained and a COVID-LIMS have been developed with UNDP assistance. Connection to the Flu clinics installed in our regional hospitals has been achieved to facilitate transmission to relevant authorities for immediate action.
4. Tests have been conducted, on a significant basis on quarantined passengers and for contact tracing as well as for monitoring patients in view of discharge.

5. Besides RT-PCR tests, rapid antigen and antibody tests have also been introduced in Mauritius as well as a rapid PCR platform using Gene Expert equipment. The latter is also available in the private sector (Laboratoire C- Lab) and in Rodrigues.
6. All this has contributed to the control of the pandemic in Mauritius with no local transmission for more than four months now.
7. In the context of opening of borders, first with repatriation of Mauritians, CHL has still increased further its testing capacity (to nearly 1400 tests daily). Stock of PCR reagents presently reach more than 180 000 tests. 79 344 PCR tests have been conducted as at today and more than 160 000 Antigen tests.
8. CHL is also actively participating in the setting-up of an Airport Health Laboratory, and it will supervise the forthcoming conduct of tests there as well as provide additional manpower to operate the Airport laboratory in case of increasing needs.

ORGANISATION OF THE LOGISTICS RESPONSE

The Ministry of Health and Wellness has conducted an inventory on available drugs and medical consumables so as to have an overview, and to forecast necessary stocks, up till a scenario of a severe resurgence of the epidemic.

The inventory exercise has taken into account drugs and medical consumables used for COVID-19 (swabs, PPE, laboratory reagents, hypnotics, resuscitation consumables...), as well as drugs and consumables used for other pathologies which should not be impacted in the event of another episode of local viral circulation (insulin, anti-retroviral therapy, methadone, cancer drugs...).

Thanks to this inventory exercise, the Ministry of Health and Wellness has been able to conduct a mapping of existing stocks and forecast of materials needed for COVID-19 response.

The drugs and medical consumables for COVID-19 have been stocked under one roof.

In case of severe crisis, the resources available at the level of the Ministry of Health and Wellness and other Ministries will be mobilised and required to work as one same team.

ORGANISATION OF THE COVID-19 THERAPEUTIC RESPONSE WHILE MAINTAINING A QUALITY SERVICE FOR OTHER PATHOLOGIES

The Mauritian Republic has chosen, as from the very first episode of COVID-19 viral circulation, to isolate positive COVID-19 patients and place them in specific and dedicated wards and units, completely detached from the wards and units offering other services for other pathologies. With this mode of operation, the possibility of nosocomial COVID-19 infection from infected patients to patients coming for treatment for other pathologies, does not exist.

Isolation wards in Regional Hospitals will resume operation and will cater for symptomatic patients waiting for their COVID-19 PCR test results, high risk contact cases and already hospitalized patients who are suspected of being COVID-19 cases.

The New ENT Hospital has been designated as the COVID-19 Treatment Centre. This newly built hospital is ideally located, in the central part of the island. It is equipped with a modern resuscitation unit, with a recovery unit which can be transformed into a resuscitation unit and a scanner which is capital in the medical handling of these type of patients.

The New ENT Hospital can theoretically accommodate 90 patients in wards and 6 patients in the resuscitation unit. The graduation of treatment capacities will be as follows:

- Phase 1, moderate epidemic: The New ENT Hospital will cater for all COVID-19 positive patients:
 - o **60 patients for ordinary service**
 - o **20 patients in resuscitation**

- Phase 2, epidemic of average gravity:
 - o The New ENT Hospital will only cater for patients who will necessitate oxygen treatment or who have a higher risk of decompensation: senior citizens, morbid obesity, pronounced comorbidities and patients in resuscitation **20 patients in resuscitation and 60 patients prone to risks or/ necessitating oxygen support**
 - o Mild patients will be transferred to a designated Hotel which will be able to accommodate up to 130 patients without any gravity and risk factors. The hotel will be slightly medicalised. A doctor and 2 nursing officers will be posted at the designated Hotel.

- Phase 3, severe epidemic:
 - o The New ENT Hospital will be completely converted in a treatment centre for severe cases: resuscitation and intensive care. The maximum capacity of the New ENT Hospital under this particular configuration will amount to 47 beds. If this figure is insufficient, the cardiac unit of the Victoria Hospital which offers an additional 14 beds, will allow to upgrade the bed capacity for resuscitation and intensive care to 61. The amount and quality of medical and paramedical staff for the resuscitation services will be according to Mauritian standards. As was the case during the first episode of viral circulation, the pool of anaesthetists will consist of junior officers, they will however be supervised by senior officers who will be posted there itself or who will visit the facility for systematic reviews of the patients' files. The same formula will apply to General Practitioners who will be supervised by Specialists. As for the nursing staff, half of the personnel should be seasoned and experienced in resuscitation and/or anaesthesia. A physiotherapist will be present on a daily basis.

- Patients with high risk factors and comorbidities, obesity or senior patients will be hospitalized at the Souillac Hospital and they will be subject to a rigorous surveillance monitoring specially for signs of respiratory decompensation. In this given configuration, the Souillac Hospital will be able to accommodate 40 patients. 1 doctor will be posted for each 30 patients and 2 nursing officers for each 15 patients. A junior anaesthetist will also be posted at the Souillac Hospital under this configuration.
- Mild patients will have their medical follow-up in hotels: 130 in the designated hotel for phase 2, and a second hotel which will be able to accommodate another 110 patients, which amounts to a total of 240 places.

In all, there would be a bed capacity of 61 in resuscitation, 40 for unstable patients and 240 for asymptomatic patients or patients with mild symptoms and without any risk factor.

Maintaining quality health care for other pathologies:

The progressive management of staff and the respective posting of its members, as required by the gravity of the COVID-19 crisis, the forecasted stock for drugs and medical consumables for other pathologies and a weekly monitoring of stock levels, a better follow-up of isolated and unstable cases by means of tele-medicine.

- Phase 1, moderate epidemic

In this scenario, all normal hospital activities can be maintained, however, preparation to phase 2 should be anticipated if need be.

- Phase 2, epidemic of mild gravity

In this scenario, non-essential activities will be reduced by 20% so as to make more staff available and reinforce the manpower engaged in the COVID-19 fight. The reduction of activities can be achieved by postponing non-essential medical appointments for patients suffering from stabilized chronic diseases. Non-urgent surgical interventions will also be postponed.

All essential services will continue to operate, including the casualty medical and surgical services for adult and paediatric cases. The maternity unit and all appointments for non-controlled chronic diseases and severe diseases will also remain operational.

The delivery and availability of all treatments should continue as usual and without any interruption, including the distribution of methadone in the various methadone dispensing centres.

If the event of a prolonged epidemic of mild gravity, a tele-consultation service will be set up and the medical prescriptions given for stable patients undergoing chronic treatment could cover a larger span of time.

Particular and rigid attention should be paid to the respect of the vaccination schedules for children.

- Phase 3, severe epidemic

In such an event, non-essential activities will be reduced by 40%. Only genuine and urgent casualties will be handled at hospital level, however, the medical teams will be directed to systematically carry out regular tele-consultations.

Particular attention should be paid to patients who are isolated (living alone), senior citizens and patients suffering from psychological pathologies.

It should however be noted that face to face consultations will be maintained for patients suffering from an important aggravation of chronic diseases.

CONCLUSION

Even if the Mauritian Republic remains one of the rare countries that has been able to fight and eradicate the first episode of COVID-19 circulation, the country has learned from the various challenges it has had to address, particularly concerning the procurement of medical supplies, medical equipment and drugs in a period when the international market and international travel was marked by deep disruption and tension.

The country has taken all the necessary steps to ascertain that it remains prepared and ready in the event of a second episode of COVID-19 circulation within the local community.

This preparedness plan remains a dynamic one, and might be subject to modifications in the light of evolving scientific data and of the evolution of the COVID-19 pandemic.