



Letter to the Editor

COVID-19 prevention and control strategy: Management of close contacts in Hangzhou City, China



Coronavirus disease 2019 (COVID-19) has been spreading rapidly across the country since its discovery, causing the epidemic in communities, families and hospitals. On February 28, World Health Organization announced that it would raise the level of global communication and impact risk to “very high”. How to effectively block the transmission of COVID-19 has become an urgent public health problem. In the whole stage of prevention and control, how to effectively manage close contacts is very important [1].

In Hangzhou, what we have done was an intensive medical observation of close contacts according to Prevention and Control Project established by National Health Commission of the People's Republic of China [2]. Close contacts are defined as those individuals who have not taken effective protection and come into close contact with suspected and confirmed cases within 1 meter. The definition of time is from the 7 days before the onset of symptoms of suspected and confirmed cases, or 7 days before the sampling day of asymptomatic infections. Management measures include: (1) The body temperature and health status of close contacts shall be monitored twice a day; (2) Close contacts once have any symptoms, including fever, chills, cough, runny nose, sore throat, headache, muscle pain, shortness of breath, vomiting, diarrhea and so on, immediately report to the local health department and sent to designated medical institutions for diagnosis and treatment. (3) At the end of the medical observation period, throat swab specimens will be sampled and tested for 2019-NCoV Nucleic acid detection by Real-Time PCR.

We supervised sixteen medical observation sites in seven districts and counties (Table 1). All sites have a medical team, a daily life supply team, and a vehicle for transferring the patients under observation to the designated treatment hospitals in case of manifestation fever, cough, diarrhea and other related gastrointestinal and respiratory symptoms.

Table 1

The classification of medical observation sites.

	Number	Constituent ratio (%)
College	1	6.25
Apartment	2	12.50
Elderly care institution	1	6.25
Militia training base	1	6.25
Hotel	11	68.75
Total	16	100.00

During the supervision, the following issues were recognized. Due to the centralized medical observation sites were temporarily requisitioned, there was no possibility to perform a completely separate decontamination of passageway, so it is recommended to concurrently disinfect the passageway after use. The waste generated in the sites was defined as medical waste, which should be collected by a designated person who was only responsible for collecting and transporting medical waste and stored in a temporary storage room conforming to the requirements medical waste management. During the supervision, it was found that some temporary storage room had potential leakage just like that the medical waste would be taken away or residents living nearby would enter the room, which could not be locked, or was not convenient for routine disinfection. At one observation site, the medical staff entered the room of close contacts to measure body temperature twice a day. However, this practice was considered as increasing the risk of infection among medical staff as well as the increasing the consumption of personal protective equipment. Therefore, in most of the centralized medical observation sites, the body temperature monitoring was performed by the observed individuals themselves, then text the body temperature data and their health status to the medical staff by point-to-point WeChat and recorded. Another objective monitoring method was to take a throat swab for detecting 2019-NCoV nucleic acid three times. One was within three days after entered in the medical observation room, the other two was just before be dismissed and the interval time needed to more than 24 hours.

COVID-19 can be effectively controlled by setting up the centralized medical observation points, controlling infection sources and cutting off the route of transmission.

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Competing interests

None declared.

Ethical approval

Not required.

References

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