

THE GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR

MINISTRY OF HEALTH AND SPORTS

DEPARTMENT OF MEDICAL SERVICES



## GUIDELINES FOR COMMUNITY FEVER CLINIC

Version- DoMS/COVID-19/Community Fever Clinic/Version 02-2020

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# **Guideline for Community Fever Clinic**

## **(Version 2) as of 17-7-2020**

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## 1. Objectives

### General Objective

To have well-organized and efficient fever clinic which is safe for both patients and health professionals.

### Specific Objectives

- To identify COVID-19 cases in early stage of disease.
- To make sure that a differential diagnosis is approached during the raining season
- To reduce the burden of emergency department at public hospitals.
- To collaborate with general practitioners in prevention and control of COVID-19, and many other transmitted diseases.
- To prevent COVID-19 infections in GP clinics.
- To reduce nosocomial infection among suspected patients.

## 2. Rationale for Community Fever Clinic

- Every fever patient should be suspected and investigated to avoid potential spread.
- Differential Diagnosis can be conducted to confounding fever tropical infectious such as:
  - Dengue/Chikungunya
  - Malaria
  - Enteric fevers and Typhoid fever
  - Typhus
  - Leptospirosis
  - Influenza and Influenza like illness: VRS, Mycoplasma and some others
- Risk of infection to health professionals and the community by COVID-19 shall be reduced by proper organization of community fever clinic.

## 3. Scope and Field of Application

All team members shall be aware of infection control measures. The team will be supervised by the respective township medical officer and shall comprise consultant physician or specialist assistant physician, or general practitioner or medical officer, two nurses, two nurse assistants/workers/volunteers. All medical practitioners must be registered with Myanmar medical council and must have practicing license.

#### 4. Role and Responsibility

##### Nurse aid/ Worker

Shall be responsible for:

- Cleaning the clinic including instruments, door handles, chairs, beds, floors daily before and after the clinic and instructing patients to wear face masks and to do hand washing, supporting transportation of patients and disposal of medical clinic waste.
- Management of patients for line up.
- Preventing crowd of patients.
- Support for practice of social distancing among patients.

##### Nurse

Shall be responsible for:

- Registration and measuring temperature.
- Assisting consultant or specialist assistant physician and general practitioner or medical officer for examination and diagnosis of patients.
- Supervision of nurse aid/ worker.
- Ensure that there is adequate airflow in the fever clinic

##### Consultant Physician or Specialist assistant Physician or General Practitioner

Shall be responsible for:

- Examination of patients and screening or diagnosis of suspect case for COVID-19.
- Conduct differential diagnosis for the other tropical diseases
- Provision of appropriate treatment for other patients.

#### 5. Procedure



Any patients with history of fever shall be eligible to attend the community fever clinic.

Steps	Actions involved	Responsible person and rationale
1.	<p><b>Registration</b></p> <ul style="list-style-type: none"> <li>- Name, age, gender, address , phone number and contact information shall be recorded</li> </ul>	<p>Screening nurse</p> <p>Rationale for registration is to maintain records for further contact tracing.</p>
2.	<p><b>Primary screening</b></p> <ul style="list-style-type: none"> <li>- Any patient with history of fever and/ or cough shall be eligible for primary screening</li> <li>- Measure temperature using infrared non-touch thermometer, SpO2 using pulse oximeter and respiratory rate</li> <li>- Those with fever and SpO2 &lt;93% and or respiratory rate &gt;30/min or unable to talk shall be directly referred to Emergency Department of designated hospital after contact with focal person.</li> <li>- If undetermined, team decision shall be made.</li> </ul>	<p>Screening nurse</p> <p>The rationale for primary screening is to quickly rule out patients who require for hospital admission.</p>
3.	<p><b>Appropriate treatment</b></p> <ul style="list-style-type: none"> <li>- Those with definite etiology of fever and least possibility of COVID-19 shall be given necessary treatment while maintaining precaution measures and otherwise contact to focal person and then refer to designated hospital.</li> </ul>	<p>Consulting physician</p> <p>Rationale is those with disease other than COVID-19 shall be treated.</p>
4.	<p><b>Reporting</b></p> <ul style="list-style-type: none"> <li>- Daily number of patients shall be reported to responsible persons or the respective Township medical officer (TMO).</li> </ul>	<p>Community fever clinic team</p>

## 6. Surveillance Case Definition for COVID-19

Suspect case definition for COVID-19 will be the same as in Clinical Management Guideline for COVID-19 Acute Respiratory Disease version of the Department of Medical Services (Update should be assessed on MoHS official website <https://www.mohs.gov.mm/Main/content/publication/2019-ncov>).

### Suspect case

1) A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath),

**AND**

a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset.

**OR**

2) A patient with any acute respiratory illness

**AND**

having been in contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms

**OR**

3) A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness breath; requiring hospitalization)

**AND**

in the absence of an alternative diagnosis that fully explains the clinical presentation.

**Differential Diagnosis should take in account:**

**Syndrome Clinique/ Syndromic Approach**

- **Fever with respiratory syndrome**
  - Influenza
  - Covid-19
  - Tuberculosis
  - Other bacterial and atypical pneumonia (Mycoplasma/ VRS)
- **Fever with jaundice**
  - Severe Malaria
  - Severe Dengue Fever
  - Leptospirosis
  - Acute Viral Hepatitis
- **Fever with abdominal pain**
  - Enteric fevers
  - Liver abscess
- **Fever with diarrhea**
  - Nontyphoidal Salmonellosis
  - Campylobacter/ Shigella/ Enteroinvasive E Coli
- **Fever with rash**
  - Dengue/ Chikungunya/ Zika
  - Scrub and murine Typhus
  - Enteric fever
  - Measles/ Meningococcal infection
- **Fever with neurological symptoms**
  - Cerebral Malaria
  - Meningococcal infections
  - Japanese Encephalitis
- **Fever with no localizing symptoms**
  - Malaria
  - Dengue/ Chikungunya/ Zika
  - Typhus
  - Enteric Fever
  - Leptospirosis

- Covid-19

## **7. Patient Record Form**

History taking and physical examination will be recorded for each patient in standard form (attached) as Clinical Management Guidelines for COVID-19 Acute Respiratory Disease version of the Department of Medical Services (Update should be assessed on MoHS official website <https://www.mohs.gov.mm/Main/content/publication/2019-ncov>).

## **8. Required Resources**

### **Accommodation**

- Patient reception area- spacious for about at least 10 patients to separate about 6 feet or more with adequate air flow in both direction
- Registering and screening area with desk and chair for screening nurse
- Examination area- desk, chair, patient bed with good lighting, good ventilation
- Changing area
- Containment area for suspect patients before referral
- Compound shelter if the patients have to wait before entering fever clinic area
- Rest rooms facilities for patients.

### **Protection**

- Use of Personal Protective Equipment (PPE) will be according to instruction by Department of Medical Services dated on 12-3-2020 (attached)
- Proper hand washing or sanitizer before and after every patient encounter.

### **Others**

- All patients must have surgical masks
- Separate hand washing facilities for patients and health care workers
- Contact phone number for fever clinic so that appointments can be scheduled to avoid crowding of patients
- Pulse oximeter
- Emergency medicine box



- Adequate PPE supply (PPE – cap, medical mask, face shield, gloves, disposable gown)
- Proper clinic waste management practice.

When possible, consider the collection of samples for some of the lab examination accordingly:

- CBC
- CRP
- LFT
- Widal test
- Urinalysis
- Rapid test: Malaria/ NS1 Ag/ Chikungunya/ Influenza
- CXR

In case of possibility, some more specific exams can be consider for referral if necessary such as :

- Rapid test for Leptospirosis
- Gene Expert
- PCR: Influenza/ Covid 19
- Serologies: EBV/ CMV/ Mycoplasma pneumoniae/ Weil Felix and IFA/ Hepatitis A/B/C/ Measles

## Patient Record Form for Suspected COVID-19 Acute Respiratory Disease

### Patient's Particulars

Name-----Age-----Sex – M  F  , R/N-----

Date & time of admission-----

Room -----, Occupation-----

Address-----

### Travel & contact history

Travel from-----, Name of Airline-----,

Arrival date & time-----

Contact to live stocks  , How many days ago-----,

Type of exposure – Occupational  , Visit

Contact with sick person  , How many days ago-----,

Type of exposure – Health care worker  , Household contact  , Visit

Is sick person a suspect case  or probable case  or confirmed case

### Patient's Complaint

Fever  , Duration of fever -----Day

Cough  , Sore throat  , Nasal discharge  , Myalgia  , Fatigue

Respiratory difficulty  , Oedema

Vomiting  , Abdominal pain  , Diarrhoea  , Urine output

Others-----  
-----

### Past Medical, Drug & Personal History

Hypertension  , Diabetes Mellitus  , COPD  , IHD  , Heart failure  ,

Renal disease  , Stroke  , Liver problem

Others-----  
-----

Hospitalization-----

Regular Taking Drugs-----

Smoking  , Drinking

**Physical Examination**

Temperature-----‘F, BP-----, PR-----,SpO<sub>2</sub>-----,RR-----

Respiratory Distress  , Cyanosis- Peripheral  / Central  ,

General condition-----, GCS----- , Rash-----, Cervical L/N-----

Petichae  , Purpura  , Bleeding manifestations  Heart-----

-----

Lungs-----

Abdomen-----

Bleeding manifestation-----, Urine output -----

**qSOFA Score-----**

**Quick Sequential Organ Failure Assessment (SOFA) score**

qSOFA (Quick SOFA) Criteria	Points
Respiratory rate $\geq 22$ /min	1
Change in mental status	1
Systolic blood pressure $\leq 100$ mmHg	1

The presence of 2 or more qSOFA points near the onset of infection was associated with a greater risk of death or prolonged intensive care unit stay.

**Diagnosis : Suspect case**  , **Confirmed case**

**No Pneumonia**  , **Mild Pneumonia**  , **Severe Pneumonia**

**ARDS**  , **Sepsis**  , **Septic shock**  , **Other**-----



COVID-19 Acute Respiratory Disease နှင့် ပတ်သက်၍ Personal Protective Equipment ဝတ်ဆင်ရန် လုပ်ငန်းလမ်းညွှန် (Version 2) (as of 1-7-2020)

အကြောင်းအရာ	Medical Mask	N95 mask	Gown	Gloves	Eyes protection (Goggles or face shield)	Boots/ closed shoes
ပြင်ပလူနာ ဌာန၌ Screening ပြုလုပ်ခြင်း	(+)	(-)	(-)	(-)	(-)	(-)
လူနာများအား သံသယရှိပါက သီးခြား စမ်းသပ်ခန်း (Fever room/ Temporary isolation room) ၌ စမ်းသပ်ခြင်း	(+)	(-)	(+)	(+)	(-)	(-)
သံသယလူနာများ (Person under investigation/ suspected) လူနာခန်း၌ စမ်းသပ်ခြင်း/ ကုသခြင်း	(+)	(-)	(+)	(+)	(+)	(-)
ဓာတ်ခွဲစစ်ဆေးမှုပြုလုပ်သူများ/ Sample ယူခြင်း	(-)	(+)	(+)	(+)	(+)	(-)
Aerosol-generating procedures များ (e.g; tracheal incubation, non-invasive ventilation, tracheostomy, cardio pulmonary resuscitation, manual ventilation, bronchoscopy) ပြုလုပ်ခြင်း	(-)	(+)	(+) Apron ပါ ဝတ်ဆင်ရန်	(+)	(+)	(-)
လူနာများအား လူနာတင်ယာဉ်ဖြင့် သယ်ပို့ ရာတွင်	(+)	(-)	(+)	(+)	(+)	(-)

အကြောင်းအရာ	Medical Mask	N95 mask	Gown	Gloves	Eyes protection (Goggles or face shield)	Boots/ closed shoes
အသက်ကယ်ကုသမှု ပြုလုပ်မည့် အထောက်အကူပြု ဝန်ထမ်းများ/ လူနာအား ထိတွေ့ကိုင်တွယ်မည့်သူများ						
လူနာခန်းအား သန့်ရှင်းရေးပြုလုပ်သူများ	(+)	(-)	(+)	(+)  (Heavy duty gloves)	(+)	(+)

Reference : Rational Use of Personal Protective Equipment for Coronavirus Disease 2019 (WHO)

**မှတ်ချက်**

- ကျန်းမာရေးဝန်ထမ်းများသည် လူနာများအား ထိတွေ့ကိုင်တွယ်ခြင်း မပြုမီ နှင့် ထိတွေ့ကိုင်တွယ်ပြီးနောက် လက်ကို (Alcohol hand sanitizer/ ဆပ်ပြာနှင့် ရေဆေးခြင်းဖြင့်) စနစ်တကျ ဆေးကြောရမည်။
- သံသယလူနာများအား စမ်းသပ်စစ်ဆေးရန် မလိုအပ်သူသည် (ဥပမာ - Screening ပြုလုပ်ခြင်း/မေးမြန်းခြင်း၊ လူနာတင်ယာဉ် ယာဉ်မောင်း) လူနာနှင့် အနည်းဆုံး တစ်မီတာခွဲ သို့မဟုတ် ခြောက်ပေ ခွာ၍ သတိပြု နေထိုင်ရပါမည်။
- လူနာများတွင် အသက်ရှူလမ်းကြောင်းဆိုင်ရာ ရောဂါလက္ခဏာများ ရှိပါက လူနာအား Medical Mask တပ်ဆင်ပေးရမည်။