

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

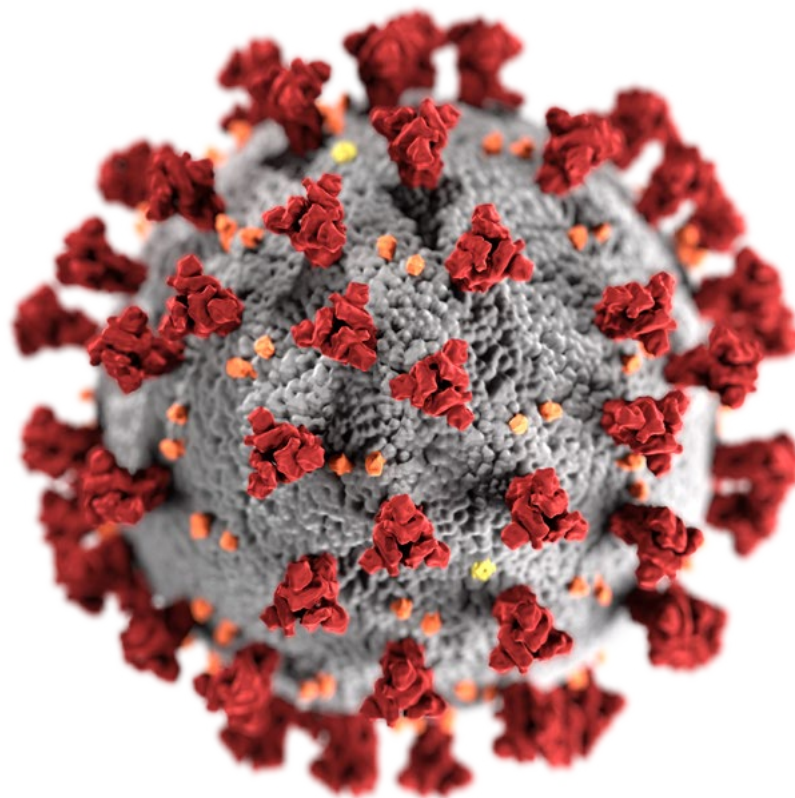
The first coronavirus (COVID-19) cases were reported in early December 2019 in the central Chinese city of Wuhan. On 30 January 2020, the World Health Organization (WHO) declared the outbreak a “public health emergency of international concern”. As of 4 March 2020, more than 90,893 confirmed cases have been reported worldwide, and over 3,190 deaths have occurred, but there have been no confirmed cases of COVID-19 in South Africa.

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 which are expelled when an infected individual coughs or sneezes within a range of about 1.8m.



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?

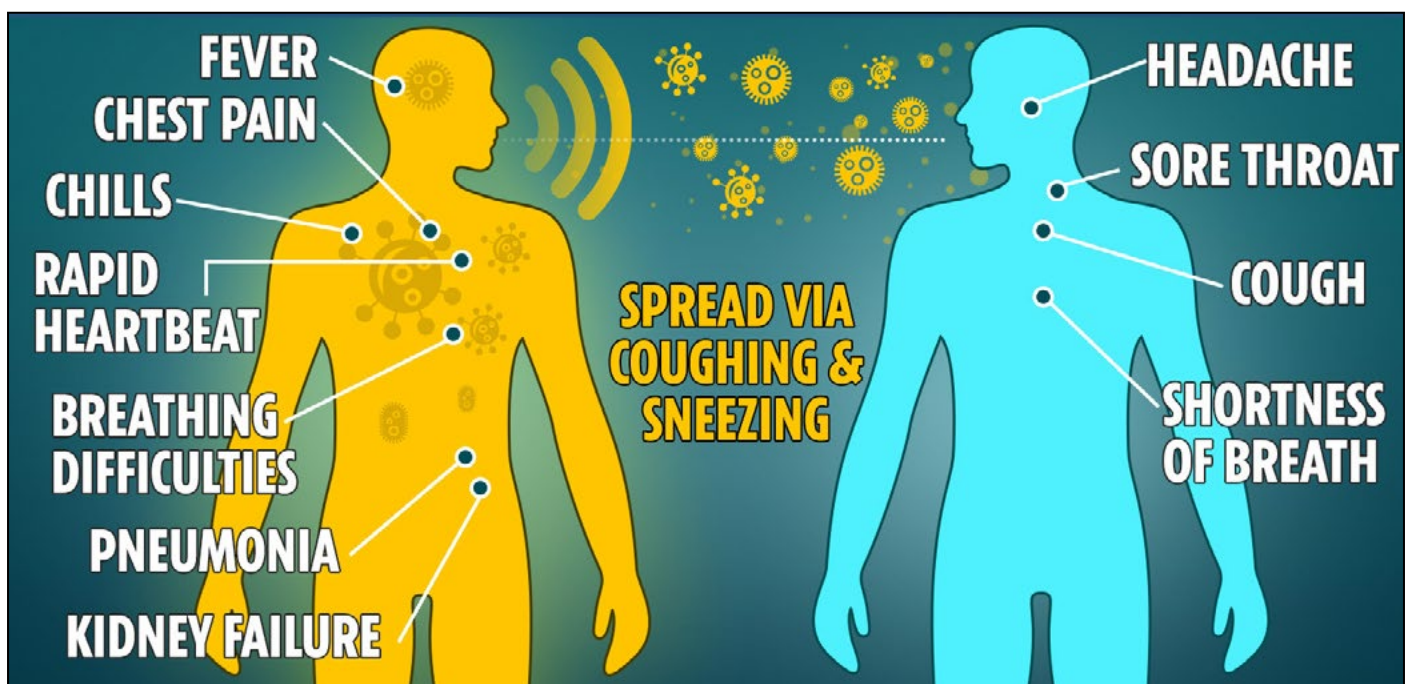
Risk factors include:

- Individuals with a recent travel history
- History of exposure to individuals infected with COVID-19
- Individuals with unprotected exposure to farm/wild animals
- Individuals with pre-existing conditions, such as diabetes mellitus, asthma, cancer and other immunosuppressive conditions like pregnancy.
- Individuals over the age of 50 years
- Children
- Smokers

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 be collected and stored as well.

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), cough etiquette, avoiding contact with animals when in high-risk countries, and adhering to the following:



What are the symptoms?

The signs of infection include fever, cough, shortness of breath, and breathing difficulties. In more severe cases, it can lead to pneumonia, kidney failure and even death. The incubation period (the period between exposure to the virus and the appearance of the first symptoms) is between 10 - 14 days.

Infected patients can also be asymptomatic, meaning they do not display any of the symptoms above, despite having the virus in their systems.

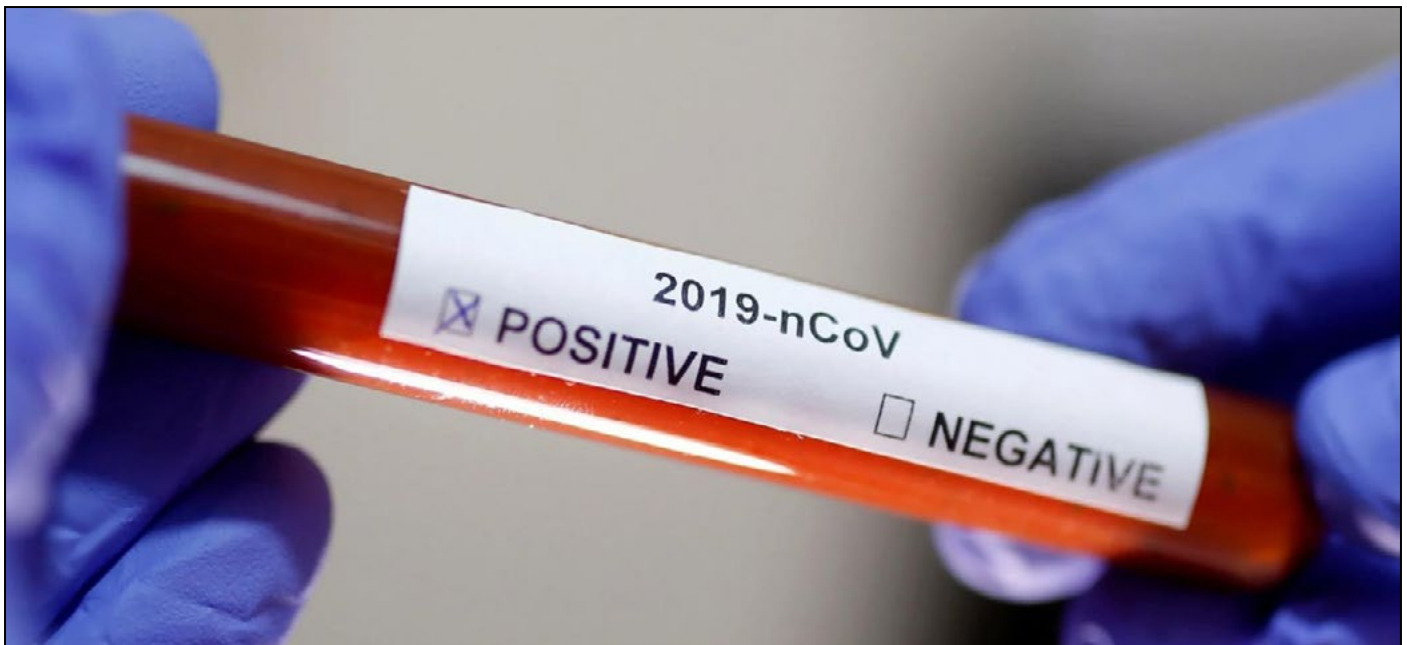
Diagnosis of coronavirus infection

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

- Avoiding close contact with people suffering from acute respiratory infections.
- Frequent handwashing, 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 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 respiratory 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, 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 to high risk countries, should seek immediate medical 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 well individuals as much as possible (at least 1 meter);
- Wear a medical mask that should be provided to the individual and be worn as much as possible, if it can be 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 material 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, hospitalisation with isolation or quarantining of all infected individuals and treatment with anti-viral medications are indicated.

All testing for the coronavirus should be referred to State laboratories and not private labs, as advised by the Department of Health.

What is covered under PMB level of care?

Diagnosis and management of uncomplicated COVID-19 infection is not included in the Prescribed Minimum Benefits (PMBs). COVID-19 infection may, however, result in various complications as listed above. Most of the complications are included in the PMBs and should be treated as specified for the specific condition. One of the most common complications of COVID-19 infection - Pneumonia - is a prescribed minimum benefit (PMB) condition under the Diagnosis and Treatment Pair (DTP) code 903D. This DTP refers to "Bacterial, viral, fungal pneumonia". The treatment component for this condition is specified as "Medical management, ventilation".

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 are not allowed to fund PMB conditions from a member's Medical Savings Account, as this is not in line with the PMB Regulations. In cases of uncomplicated COVID-19 infection where there are no PMB-eligible conditions, the scheme may fund all health care costs as per scheme rules.

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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](#)

The Communications Unit would like to thank the Clinical Unit for assisting with this edition of CMScript

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