Guidance Document for a Differentiated Response to COVID-19 Outbreak in Urban and Rural settings
Introduction and background

The coronavirus disease 2019 (COVID-19) outbreak is rapidly evolving in Africa. The continent recorded its first case in Egypt on 13 February 2020. Three months into the outbreak in the continent, all countries have reported COVID-19. The initial confirmed cases were imported through international travel, however, now more than a half of the countries in the region are experiencing community transmission of COVID-19. There are also increasing incidents of cross-border transmission of COVID-19 between countries mainly through long-distance truck drivers and illicit movement through porous borders. The numbers of reported cases and deaths have been increasing exponentially in recent weeks, raising fears that Africa might be the next global epicenter of the pandemic, with severe public health consequences and devastating societal and economic disruptions. This latest trend calls for African governments and all stakeholders, using a whole of government and whole of society approach, to step up their readiness and response measures, focusing on decentralizing interventions to subnational levels and to all communities.

Recent analyses of the evolution of COVID-19 outbreak in the region show variable distribution of the disease within countries, with differing risk levels. In many countries, the outbreak has mainly affected the capital cities and large urban centres, with most rural communities either free of COVID-19 or reporting sporadic cases.
This distribution pattern, therefore, calls for a differentiated approach in response to the outbreak within a country, with a focus on containing the disease in the rural, relatively unaffected communities, and mitigating the outbreak in the urban setting where transmission is high.

This guidance document provides a differentiated approach in response to the COVID-19 outbreak in urban and rural settings. The interventions are customized in each setting based on the local COVID-19 transmission pattern, as defined by WHO\(^1\).

### Table 1: Definition of the categories for transmission pattern

<table>
<thead>
<tr>
<th>No.</th>
<th>Transmission classification</th>
<th>Definition of transmission pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No cases</td>
<td>Area with no cases</td>
</tr>
<tr>
<td>2</td>
<td>Sporadic cases</td>
<td>Area with one or more cases</td>
</tr>
<tr>
<td>3</td>
<td>Clusters of cases</td>
<td>Area with multiple clusters of cases in time</td>
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<tr>
<td>4</td>
<td>Community transmission</td>
<td>Area experiencing larger outbreaks of local transmission defined by:</td>
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<tr>
<td></td>
<td></td>
<td>- Large numbers of cases not linkable to known transmission chains</td>
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<td></td>
<td></td>
<td>- Large numbers of cases from sentinel lab surveillance/community survey</td>
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<td>- Multiple unrelated clusters in several areas</td>
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The effectiveness of a differentiated approach is rooted in a robust evidence-based, timely analysis of the outbreak data in time, person and place (geographical context) to help design a risk-based response approach at local level. This should premise on the principles of Integrated Disease

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Surveillance and Response (IDSR) strategy and basic field epidemiology practices. It should also be noted that urban settings have diverse subpopulations with different sociocultural needs and vulnerabilities, which each require special attention.

Some of the major issues are overcrowding and substandard housing, lack of access to safe water, sanitation and hygiene facilities, and economic distress (exacerbated by lockdowns), all affecting uptake of preventive and containment measures. There is also a differential access to medical care within the country, with many rural areas having limited access to healthcare services as opposed to most urban centres.

Finally, this guidance should be used in conjunction with specific thematic-area guidelines, guidance documents and standard operating procedures elaborating the implementation of individual interventions.
Table 1: Matrix for a differentiated response to COVID-19 outbreak in Urban, Peri-urban and Rural settings

<table>
<thead>
<tr>
<th>Transmission classification</th>
<th>Urban</th>
<th>Peri-urban/informal settlement (slum)</th>
<th>Rural</th>
</tr>
</thead>
</table>
| No cases                   | - The city/urban authority to include COVID-19 as an IDSR priority and immediately notifiable disease  
- Disseminate COVID-19 IDSR section 11 for surveillance of COVID-19 to all public and private health facilities  
- Include suspected COVID-19 in the IDSR immediate case-based and weekly reporting forms  
- Establish and widely publicize hotlines and activate alert management system for reporting alerts and suspected COVID-19 cases  
- Establish a log book for recording alerts and rumors  
- Institute zero reporting from all HFs  
- Monitor the respiratory diseases (SARI & ILI) trends to detect COVID-19  
- Re-activate local rapid response teams (RRTs)  
- Train alert/contact tracing teams  
- Deploy RRTs to investigate all verified alerts and suspected cases meeting COVID-19 case definition  
- Collect specimens from all suspected cases meeting COVID-19 case definition and from contacts (if identified in the local area)  
- Refer specimens to the laboratory for testing  
- Set up triage in all health facilities and ensure IPC measures  
- Prepare isolation and treatment centres (structure, staffing, protocols and training). | - The local authority to include COVID-19 as an IDSR priority and immediately notifiable disease  
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### Social measures
- Promote hand hygiene, respiratory etiquette, practice social and physical distancing
- Promote use of non-medical masks
- Strengthen risk communication using appropriate channels
- Engage local partners (NGOs, CSOs) and community leaders in readiness and response activities.

### Social measures
- Promote social and physical distancing
- Promote hand hygiene and respiratory etiquette
- Provide water and detergents
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### Public health measures
- Target 24 hours for all activities with decentralized teams
- Enhance active case finding and alert management system (hotlines, log book for recording alerts and rumors, staffing)
- Institute zero reporting from all HFs
- Deploy RRTs to investigate all alerts and suspected cases
- Collect samples from all suspected cases
- Refer specimens to the laboratory for testing
- Call for an ambulance with IPC team if the case is a suspect that meets the COVID-19 case definition
- Isolate and treat all confirmed cases
- Identify and quarantine all contacts
- Collect samples from all contacts and test
- Send an investigation report, line list and list of all contacts
- Set up triage in all health facilities and ensure service continuity

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- Call for an ambulance with IPC team if the case is a suspect that meets the COVID-19 case definition
- Isolate suspects at health facility or community treatment centre while waiting for the medical team and/or the ambulance
- Isolate and treat all confirmed cases in designated treatment centre
- Identify and quarantine all contacts
- Collect samples from all contacts and test

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### Sporadic cases

- **Social measures**
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  - Call for an ambulance with IPC team if the case is a suspect that meets the COVID-19 case definition
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  - Identify and quarantine all contacts
  - Collect samples from all contacts and test
  - Set up triage in all health facilities and ensure service continuity
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**Social measures**
- Provide psycho-social support to patients, families and contacts.
- Promote hand hygiene, respiratory etiquette, practice social and/physical distancing.
- Conduct risk communication activities using appropriate channels.
- Engage partners (NGOs, CSOs) and community leaders in response activities.

**Social measures**
- Practice and sustain hand hygiene, respiratory etiquette, practice social and/physical and social distancing.
- Provide water and detergents.
- Promote use of non-medical masks.
- Conduct risk communication activities using appropriate channels.
- Engage local partners (NGO, CSOs) and community leaders in response activities.
- Pay special attention to vulnerable high-risk groups (age over 65, co-morbidity).

**Social measures**
- Send an investigation report, line list and list of all contacts.
- Set up triage in all health facilities and ensure service continuity.
- Provide psycho-social support to patients, families and contacts.
- Promote use of non-medical masks.
- Conduct risk communication activities using appropriate channels.
- Engage local partners (NGO) and community leaders in readiness and response activities.
- Provide psycho-social support to patients, families and contacts.
- Pay special attention to vulnerable high-risk groups (age over 65, co-morbidity).
### Social measures
- Collect samples from all suspected cases and from contacts of probable and confirmed cases
- Conduct community survey to assess extent of disease spread, based on risk
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### Public health measures
- Scale up and decentralize response teams covering all communities with 24-hour target for all activities
- Conduct active case finding, focusing on the most affected areas (guided by data)
- Continue alert management system and daily reporting from all HF
- Investigate alerts and suspected cases, especially new clusters and newly affected areas
- If capacity exists, collect specimens from all suspected cases meeting COVID-19 case

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### Community transmission

- Promote hand hygiene, respiratory etiquette, practice social and physical distancing
- Promote use of non-medical masks
- Intensify risk communication for behavioural change using appropriate channels
- Engage partners (NGOs, CSOs) and community leaders in response activities

### Social measures
- Practice and sustain hand hygiene, respiratory etiquette, practice physical and social distancing
- Provide water and detergents
- Promote use of non-medical masks
- Intensify risk communication for behavioural change using appropriate channels especially youths, women groups, NGOs and religious organizations
- Pay special attention to vulnerable high-risk groups (age over 65, co-morbidity)
definition and contacts of probable and confirmed cases. Otherwise, collect specimens from 10-15 suspected cases in new clusters/new area and count and treat all symptomatic cases in the cluster/new area.

- Conduct contact tracing (where possible) for all probable and confirmed cases, especially in newly affected areas, quarantine of contacts, and isolation of cases (suspected and confirmed)
- If capacity is limited, implement self-quarantine of contacts, and home isolation of mild cases (suspected and confirmed)
- Implement institutional isolation for symptomatic cases with moderate/severe illness
- Implement appropriate triage system in all HF's and ensure health service continuity
- Provide psycho-social support to patients, families and contacts.

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<td>- Isolate suspects: mild at home or at community treatment centre and transfer severe cases to the isolation/treatment centre with the appropriate triage system for health service continuity</td>
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