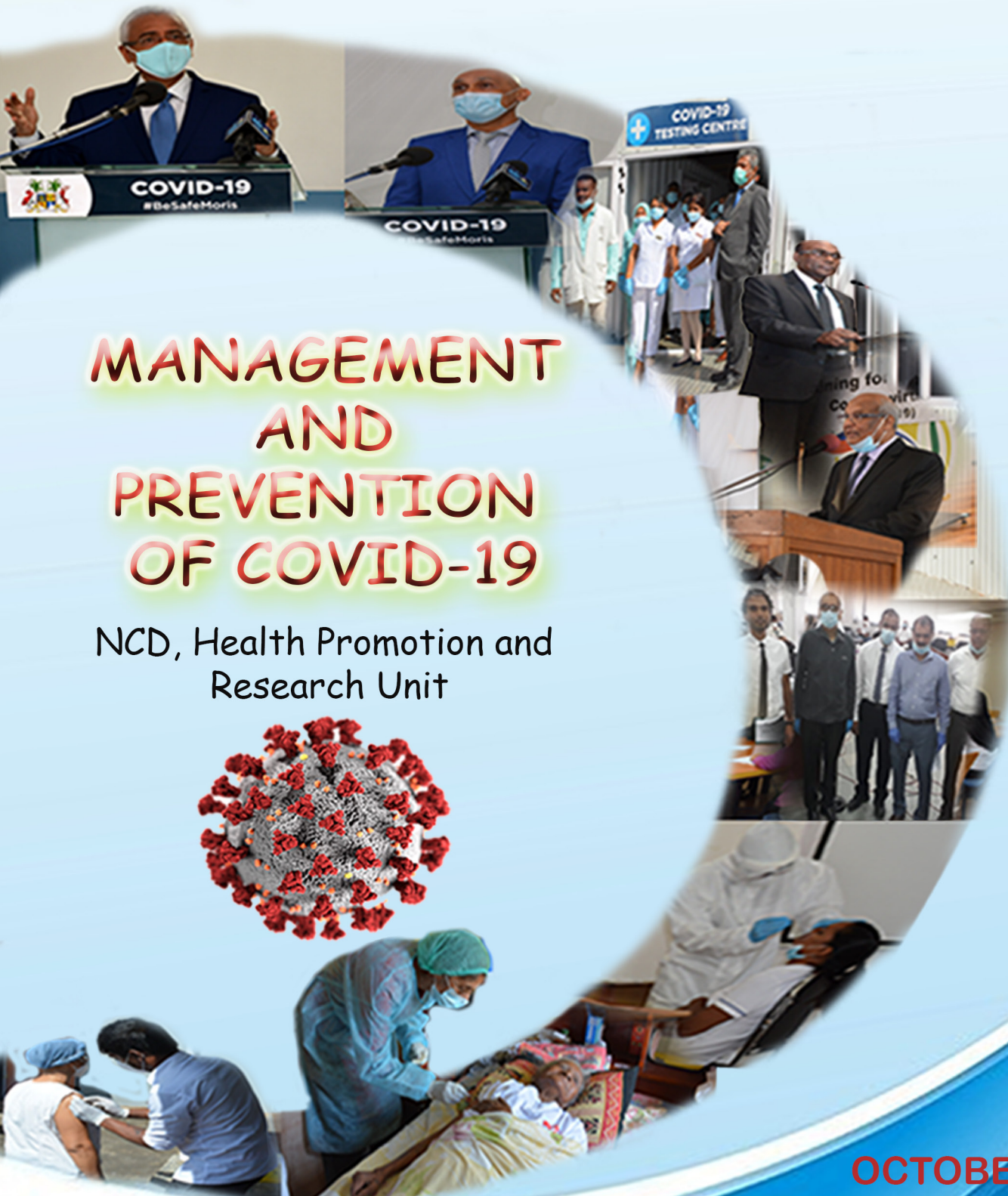




**World Health Organization**

Country Office, Mauritius

Ministry of Health and Wellness



# MANAGEMENT AND PREVENTION OF COVID-19

NCD, Health Promotion and  
Research Unit

**OCTOBER 2020**





MINISTRY OF HEALTH AND WELLNESS

## MANAGEMENT AND PREVENTION OF COVID-19

*THE FUNDAMENTAL KEY TO ADDRESSING A CRISIS IS FOR THE LEADERS TO NOT ONLY BE HONEST ABOUT THE SITUATION AND WHAT YOU ARE GOING TO DO ABOUT IT, BUT THAT YOU DO SO WITH CLARITY HUMILITY AND HEART SO AS TO REMIND PEOPLE WE ARE IN THIS TOGETHER...*

*.. TANVEER NASEER*

COVID-19

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Prime Minister  
Republic of Mauritius

**MESSAGE**

*We can today proudly state that our country is COVID-safe even though the Coronavirus is continuing its spread across the world, with cases on the rise again in some countries and regions that suppressed the first outbreak.*

*The prompt and effective measures adopted in Mauritius during the first weeks following the outbreak in the city of Wuhan in China were effective in containing the spread of the COVID-19 pandemic in our country.*

*We weathered the COVID-19 storm through pragmatism and foresight. We prioritised contact tracing to identify people who had been in physical contact with infected patients. We moved to a national lockdown relatively fast compared to many countries. Our population understood the urgency of the situation and responded positively to our call for observing social distancing and hand hygiene procedures.*

*I am grateful to all those who offered to help the authorities during the sanitary crisis. Their spontaneous collaboration shows that indeed, our strength resides in unity and in our ability to work as one.*

*I would like to extend my sincere thanks to the teams at the Ministry of Health and Wellness for the successful implementation of the various preventive and precautionary measures such as Home Visit Service, Anti-Influenza Vaccination Campaign, support plasmapheresis use, COVID-19 Family Household Survey and Screening of Frontliners using Rapid Antigen Test during the COVID-19 pandemic.*

*I would like to urge you all to maintain the preventive measures being undertaken and take all steps possible to avoid a second wave of COVID-19.*

Pravin Kumar Jugnauth  
Prime Minister

23 October 2020

**COVID-19**



**Message of Dr The Hon K.K. S. Jagutpal**

**Minister of Health and Wellness**

Since the beginning of 2020, the world has been hit by an unprecedented and unexpected invisible enemy. The COVID-19 pandemic is, as we speak, still ongoing. In Mauritius, our monitoring of the sanitary situation pertaining to the novel coronavirus began as early as the start of January. From the city of WUHAN in China, COVID-19 finally spread all over our planet and countries had to adapt and protect themselves from this threat.

Mauritius was flagged by the World Health Organization and other international institutions as being one of the countries the most at risk from the COVID-19 pandemic. It was our duty to act with promptitude and in the most efficient way possible. Our preparedness level was significantly upgraded so as to maintain and uphold the sanitary security of all the inhabitants of our Republic. The Prime Minister himself chaired the High Level Committee on COVID-19 and under his guidance, bold and strong decisions were taken in order to address the impending menace.

Our country registered its first three COVID-19 cases in March and the last, locally transmitted COVID-19 case, as at date, was registered on the 26<sup>th</sup> of April 2020. This remarkable result rests on the various protocols put in place by Government to contain the viral outbreak. The population was sensitized and the sanitary curfew which was strictly adhered to, allowed us to successfully contain the advancement of the coronavirus.

Our contact tracing protocol also proved to be capital in our strategy. Today our country has resumed most of its normal activities and the NCD, Health Promotion and Research Unit of my Ministry were instrumental in this process. Its personnel had to adapt itself overnight and conducted extensive testing of the Mauritian population before the end of the sanitary curfew. Today this unit and the whole of the Health personnel are very much in the forefront of the ongoing battle against COVID-19.

The experience we have amassed up till now is testimony of the medical expertise we possess in the Public Health Sector. The determination of my Ministry's staff is tangible proof of our commitment to uphold our duty and responsibility towards the men and women of our Republic. I am confident that this state of mind and sense of duty will continue to guide our actions. I wish once more to express my admiration and gratitude to our heroes.

**Dr. K.K.S Jagutpal**  
Minster of Health and Wellness

14<sup>th</sup> August 2020





**Mr C. Bhugun**

**Senior Chief Executive, Ministry of Health and Wellness**

COVID-19 has been and remains a big challenge for all of us. It is not merely a medical issue, but it is at the same time, economic, social, psychological and environmental. Since the very beginning of this pandemic, the Ministry of Health and Wellness has been continuously vigilant. Since the detection of the first positive cases, the Ministry has been on the forefront every day to combat the pandemic and to protect our citizens.

The Ministry has been involved everywhere and anytime. Be it quarantine, contact tracing, treatment, surveillance, tests or medical supplies and front liners. On top of that, the Ministry continued to provide the usual services in all our health institutions throughout the whole republic. It has been a tough time.

Yet, we can be proud of the efforts put in and the sacrifices made to protect our citizens. The outcome is a vivid testimony of our contribution in the fight to contain the pandemic. Today, Mauritius is COVID-free. We can walk freely, meet friends, relatives and hold social gatherings safely.

I would personally fail in my duty if I do not pay tribute to the contribution of the staff of the Ministry of Health and Wellness in the fantastic achievement. I heartily thank everybody.

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**Mr. C. Bhugun,  
Senior Chief Executive,  
Ministry of Health and Wellness**







**Dr S. Ramen**

**Director General Health Services, Ministry of Health and Wellness**

It is indeed a privilege to contribute to this report and I thank the organisers for the continued initiatives to keep the staff and the public informed.

I would like to seize this opportunity, as Director General Health Services, to express my heartfelt gratitude and appreciation to all healthcare workers and frontliners.

The COVID-19 pandemic has been a challenging time and has put significant pressure on our healthcare system. It is my ardent hope that all of us continue to work together in providing the best healthcare services to our citizens. The novel coronavirus continues to spread globally and public authorities are implementing various measures to contain it.

During the lockdown, a first in recent decades, our healthcare system was at the frontline and the healthcare leadership had to take the necessary measures to ensure the safety of the staff, patients and the community at large.

Hospital preparedness was an absolute priority and with the support of all the staff we were able to address the highly increased demand for care. In addition, treatment facilities were designated for both mild and severe cases, non-urgent procedures were cancelled, and access to hospitals for visitors was restricted. As we fought COVID-19, we ensured that treatment services for Non-Communicable Diseases continue as people living with NCDs are at higher risk of severe COVID-19 related illnesses and deaths.

Though we minimize non-urgent basic care while tackling the pandemic, we continued to provide most services, including the wide immunization campaign. This prioritization prevented our services from being submerged after the deconfinement period and helped them get back on track smoothly.

The Ministry promptly took all necessary precautions to ensure that there was no shortage of medicines, and diagnosis tools and other amenities.

The unwavering support of the Honourable Minister, the Senior Chief Executive and other senior staff of the ministry was paramount in the confrontation with the invisible enemy.

My special thanks go to Dr S. Kowlessur, Chief Health Promotion and Research Coordinator and his team for the pivotal role in the prevention and management of COVID-19.

Once again, I thank, all our frontliners for their continued support.

**Dr S. Ramen**  
**Director General Health Services**  
**Ministry of Health and Wellness**





**MESSAGE OF DR LAURENT MUSANGO  
WORLD HEALTH ORGANIZATION REPRESENTATIVE IN MAURITIUS**

Mauritius is among the very few countries in the world which have been able to contain the novel coronavirus (COVID-19) in six weeks; that is from the first three cases reported on 18 March 2020 to the non-locally transmitted cases since 26 April 2020.

A strong leadership with clear and comprehensive strategies, as well as a consistent communication and a committed population, have enabled the country to turn the tide, stop the spread of COVID-19 in the community and save lives. This would not have been possible without the full commitment of the population as well as the involvement of a wide range of stakeholders, including the private sector.

The Government of Mauritius was on alert and started to strengthen its preparedness plan at an early stage. Proactive measures were taken as soon as the first cases of the novel coronavirus were recorded in Wuhan (China). A strong surveillance was implemented at the points of entry, starting initially with temperature check and screening of passengers coming from high-risk countries then all incoming passengers.

As WHO Representative, I will start by acknowledging the decision of the Prime Minister, The Honourable Pravind Jugnauth for appointing the WHO Representative as a member of the High Level Committee of COVID-19. and I am pleased to say that all the guidance and advice provided by WHO have been taken on board by the High-level Committee. The country's experience in managing communicable diseases such as malaria, dengue and chikungunya, in addition to the existing mechanism and past experiences in contact tracing have been crucial in tracing and treating COVID-19 cases.

WHO has recorded the country's achievements in fighting COVID-19 through a video, photos and written stories which have been published on the Organization's website. In addition, an Intra Action-Review is currently being finalized to document the best practices of the country in containing the spread of the disease and to identify the areas which can be strengthened in the future.

I wish to express my appreciation of all the efforts made by the Government of Mauritius to save lives and protect the population from the dreadful virus. With the gradual opening of the country's borders, we must all stay vigilant and continue to observe the precautionary measures such as wearing face masks, regular hand washing and keeping physical distancing to avoid a resurgence of the disease in the country.

Let us continue to strengthen the response, act together and invest in the national health system to protect the health of the population and save lives.

Dr. Laurent MUSANGO  
WHO Representative in Mauritius



# FOREWORD



**Dr B. Ori**  
**Director Health Services**



**Dr S. Kowlessur, CSK**  
**Chief Health Promotion and Research Coordinator**

Non-communicable diseases (NCDs) have emerged as leading causes of morbidity and mortality leading to numerous human sufferings over the past few decades in Mauritius. The Ministry of Health and Wellness has put in place a series of health intervention programmes and services in its struggle against NCDs and their risk factors.

The NCD, Health Promotion and Research Unit is one among the several services that have been put in place to fight Non-Communicable Diseases. This unit, over time, has acquired the required human resource capacity, skills and competencies for social mobilization, community participation and empowering the population to fight Non-Communicable Diseases. These resources have also been used in time of crisis of sporadic epidemics of infection.

The NCD, Health Promotion and Research Unit was also one of the services that was put at the forefront of the fight against the epidemics of chikungunya and dengue fever in the 2005.

The occurrence of several epidemics around the world in the past few decades such as the Swine Flu (H1N1) in 2009; the Middle East Respiratory Syndrome (MERS) in 2012, Ebola virus disease in 1976 prompted Mauritius to prepare well in advance to prevent them from reaching the island.

In spite of the fact that the Government of Mauritius took every measure to prevent the novel coronavirus from reaching the shores of Mauritius, unfortunately, three new cases were recorded on 17<sup>th</sup> March 2020 and from there onwards the number of cases kept on increasing.

Since the outbreak of the COVID-19 pandemic in Mauritius, a High Level Committee chaired by the Honourable Prime Minister was set up to monitor the situation on a daily basis and take appropriate actions to control the spread of COVID-19, even though there were little information, no vaccine and no treatment available. In this context, several responsibilities have been entrusted to the NCD, Health Promotion and Research Unit to contribute to the management of the COVID-19 outbreak in Mauritius.

We would like to thank all officers and stakeholders who were directly or indirectly involved in the management and prevention of COVID-19



# **Non-communicable Disease, Health Promotion and Research Unit**

## **Mission and vision**

### **Vision of the NCD, Health Promotion and Research Unit**

A healthy nation with a constantly improving quality of life

### **Mission of the NCD and Health Promotion and Research Unit**

Improve quality of life and well-being of the population through the prevention of Non-Communicable Diseases (NCDs), promote healthy lifestyles and reduce associated environmental risk factors.

Organize, coordinate and execute health intervention programmes pertaining to the prevention of NCDs and health promotion activities.

Harness the potential of information and communication technology to enhance communication among the population using new technologies (ICT) and the health literacy programme.

Ensure that available human, financial and physical resources lead to the achievement of better health outcomes.



## **Objectives of the NCD, Health Promotion and Research Unit**

### **Main objective:**

To prevent or delay the onset of NCDs and their related complications, as well as improve their management, thus enhancing quality of life and promoting the health status of the population.

### **Specific objectives:**

1. To screen as many people as possible for NCDs at worksites, schools and outreach regions and in the community at large.
2. To enhance the health status of the community by means of nutritional interventions and increased physical activity.
3. To improve infrastructural facilities to promote physical activity in the community.
4. To organize and provide health education and counselling services to prevent the onset of NCDs and their complications.
5. To offer opportunities for lifestyle management.
6. To sensitize and mobilize the community and enlist their participation in health activities.
7. To empower the community to take control of their health.
8. To act as a facilitator in national and international conferences and workshops.
9. To organize and conduct research and surveys on NCDs.
10. To contribute to the containment of communicable diseases of national importance.



# MANAGEMENT AND PREVENTION OF COVID-19

## INTRODUCTION:

In early December 2019, several patients from Wuhan, Hubei Province, China presented with an atypical form of pneumonia of unknown etiology. A number of blood samples were studied and a new virus from the coronavirus family was identified. This virus is closely related to the Middle East Respiratory Syndrome virus (MERS-CoV) and the Severe Acute Respiratory Syndrome virus (SARS-CoV). The virus was eventually called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and the disease caused by the virus was named Coronavirus disease 2019 (COVID-19). The COVID-19 outbreak was declared a health problem that constituted a Public Health Emergency of International Concern by the WHO Director-General, in January 2020 and on 11th March 2020, it was declared a pandemic. By that time over 118,000 cases of the coronavirus in over 110 countries and territories around the world were documented and the sustained risk of further global spread was deemed likely.

The word “pandemic” is strong enough to cause widespread panic especially in countries with limited health resources. According to the WHO, a pandemic is the worldwide spread of a new disease.

The origin of COVID-19 has not yet been determined although preliminary investigations are suggestive of it being a zoonotic, possibly originated from bat. Similar to SARS-CoV and MERS-CoV, the novel virus is transmitted from person to person principally by respiratory droplets, causing symptoms such as fever, cough, and shortness of breath after a period of incubation believed to range from 2 to 14 days following exposure to an infected person, according to the Center for Disease Control and Prevention (CDC), USA.

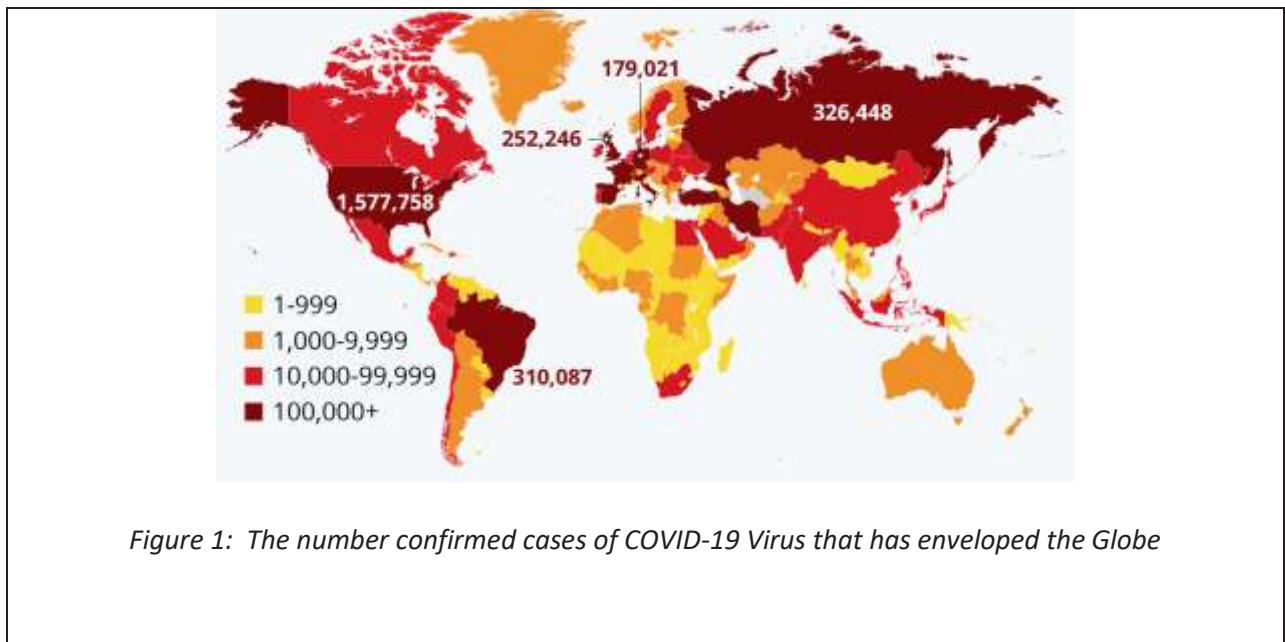


## OVERVIEW OF COVID-19 SITUATIONS

As of 17th July 2020, there were 13,810,534 confirmed cases of Coronavirus disease in the world of which 7,718,606 had recovered; 5,079,680 patients are classified as active and 590,005 deaths have also been reported COVID-19 (<https://www.worldometers.info>).

Most COVID-19 patients present with mild to moderate respiratory illnesses and recover without receiving any special or invasive treatment. However, older people and those with underlying medical conditions such as diabetes, cardiovascular disease, chronic respiratory disease and cancer, tend to have a more severe outcome of the disease that may result in death. It is thus vital to create awareness about COVID-19 in the local population in order to limit its spread in the community. This will help protect especially those at risk of severe illness and complications.

Multiple clinical trials for different vaccines and management protocols are currently under evaluation by several countries and hopefully a vaccine will be developed in the coming months.



# CONTROL STRATEGY OF COVID-19 IN MAURITIUS

The first three cases of COVID-19 in the Republic of Mauritius were confirmed and announced to the Nation on Thursday 18<sup>th</sup> March 2020 by the Honourable Prime Minister. The positive cases of COVID-19 were of Mauritian nationality. Two of them had worked in cruise ships prior to their arrivals and were under quarantine. The third person tested positive had recently returned from the United Kingdom. To limit the spread of the virus the Government introduced a number of measures namely the closure of educational institutions on 19<sup>th</sup> March 2020 at 8 p.m. and the national confinement from 20<sup>th</sup> March 2020 at 8 p.m. to 2<sup>nd</sup> April 2020.

## THE MAURITIAN RESPONSE TO THE PANDEMIC

The chronology of the stages of COVID-19 in Mauritius:

- I. 1<sup>st</sup> January: Outbreak of COVID-19, a respiratory illness reported to WHO by China.
- II. 12<sup>th</sup> January: WHO confirms that the novel coronavirus is the cause of the respiratory illness in a cluster of people in Wuhan (China).
  - III. 22<sup>nd</sup> January: High Level Committee chaired by Prime Minister constituted to monitor the situation of COVID-19 in Mauritius on a daily basis and to take appropriate actions. At the meeting, it is decided that 5 passengers who came from Wuhan were to be placed in the isolation ward at the New Souillac Hospital.
- IV. 31<sup>st</sup> January: WHO declares that COVID-19 a Public Health Emergency of International Concern (PHEIC).
- V. 2<sup>nd</sup> February: The High Level Committee meeting announces, travel restrictions for foreigners and nationals coming from or transiting through China.
- VI. 24<sup>th</sup> February: The High Level Committee meeting announces travel restrictions for foreigners and nationals coming from and transiting through South Korea and three provinces of Italy.
- VII. 28<sup>th</sup> February: The High Level Committee meeting announces travel restrictions for foreigners and nationals coming from and transiting through Italy and Iran.
- VIII. 15<sup>th</sup> March: The High Level Committee meeting announces travel restrictions for foreigners and nationals coming from and transiting through European Union countries, the United



Kingdom, Norway, Switzerland, La Réunion and cruise ships at sea at least for 14 days from the last port of call.

- IX. 18<sup>th</sup> March: First three cases announced.
- X. 19<sup>th</sup> March: Regulations made by the Minister under section 4(1)(a) and (b) of the Quarantine Act, as per Annex A.
- XI. 19<sup>th</sup> March: Announcement of 1<sup>st</sup> death nationwide, confinement announced to start on 20<sup>th</sup> March for two weeks, closure of educational institutions work access permit for essential sectors.
- XII. 19<sup>th</sup> March: All passengers entering the Mauritian Territory by air or by sea were subjected to quarantine for at least 14 days.
- XIII. 22<sup>nd</sup> March: Extension of confinement and closure of supermarkets.
- XIV. 30<sup>th</sup> March: Confinement extended till 15<sup>th</sup> April. Supermarkets to reopen from 2<sup>nd</sup> April with strict sanitary measures and alphabetical scheme of work.
- XV. 8<sup>th</sup> April: Confinement extended till 4<sup>th</sup> May.
- XVI. 1<sup>st</sup> May: Confinement extended till 1<sup>st</sup> June.
- XVII. 13<sup>th</sup> May: Amendment of the Quarantine Bill as per Public Health Act, as per Annex B.
- XVIII. 17<sup>th</sup> may: Partial deconfinement announced.
- XIX. 1<sup>st</sup> July: Announcement of return to work with partial deconfinement and access to supermarket.
- XX. 11<sup>th</sup> July: Announcement of resumption most of the other activities under strict sanitary measures.

## Facing the outbreak in Mauritius

At the level of the Ministry, a meeting was chaired by Dr the Honorable Kailesh Kumar Singh Jagutpal, Minister of Health and Wellness, in the presence of Mr C. Bhugun, Senior Chief Executive, Mrs. C.Jhowry, Permanent Secretary, Mrs. S. Lotun, Permanent Secretary, Dr S. Ramen Director General Health Services, Dr (Mrs.) M. Timol, Director Health Services, Dr V. Gujadhur, Director Health Services, Dr R. Domun, Director Health Services, Dr B. Ori, Director Health Services, Dr I. Nawoor, Ag. Director Health Services, Mr.D.Dassaye, Deputy Permanent Secretary, Dr. S.Ramasawmy, Deputy Permanent Secretary, Mr. R. Nursing, Deputy Permanent Secretary, Mr. G.K.R Ramrekha, Deputy Permanent Secretary, Mrs. R D Bissessur, Deputy Permanent Secretary, Mrs. .D KinnooN.D Kinnoo, Deputy Permanent Secretary, Mr J.L. D. Bhujoharry, Assistant Permanent Secretary, Mrs S. K. Chellen, Assistant Permanent Secretary, Dr S. Kowlessur, Chief Health Promotion and Research Coordinator and Members of the World Health Organisation to:

1. Evaluate the pandemic in the country.
2. To set up measures to contain its spread in the community
3. To assess the preparedness of the ministry of health and wellness, in terms of protective equipment; materials and equipment as well as availability of drugs.
4. To set up committees to work on various protocols on different aspects to deal with the outbreak of COVID-19.
5. To set up protocols for the running of all the health services.





*Meeting chaired by Dr the Honourable K.K.S. Jagutpal,  
Minister Of Health And Wellness*

Following this meeting, several meetings were held chaired by the Honorable Minister of Health and Wellness and Senior Chief Executive on a daily basis to monitor the progress of the decisions taken on the previous meetings.

At the start of the outbreak, in one of the meeting it was decided by the Honorable Minister of Health and Wellness that a number of activities pertaining to community mobilization and participation to control the disease COVID-19 be delegated to the Non-Communicable Disease, Health Promotion and Research Unit.



*Dr S. Kowlessur, CSK, CHPRC, leading a meeting with the staff of NCD & Health Promotion*

The unit thereafter undertook the following activities

- Training of trainers for sensitization campaign for the population.
- Hotline Service (8924).
- Home Visit Service.
- Plan of action adopted for the evaluation and monitoring of Quarantine Centers.
- Counseling and motivating recovered COVID-19 positive patients for plasmapheresis.
- Anti-Flu Vaccination Program for Elderly.
- Rapid Antigen Test for Detection of COVID-19 for all frontliners.

# TRAINING FOR TRAINERS ON SENSITIZATION CAMPAIGN ON CORONA VIRUS

- **At Community Level**
- **For Hotel Personnel (AHRIM)**

## **(i) At Community Level**

A half day training was organized on sensitization campaign on corona virus on Monday 16 March 2020 from 0900 hours to noon. This training was organized at Heen Foh Hall, Dr Joseph Riviere Street, China Town, Port-Louis.

The aim of this training was to provide 450 staffs / officers of various organizations information on COVID-19 (mode of transmission, sanitary measure to prevent spread of the disease, on treatment options amongst other information).



*Address by the Honorable Minister of Health and Wellness and Dr Ori, Director Health Services ICW opening ceremony Training for Trainers sensitization campaign on corona virus*

The objective of this training was to create awareness through the promotion of education and social mobilization with the support of the community to sensitize the population at large about the virus.

The Training for Trainers Programme was carried out in order to empower and enable those trained to deliver talks, sensitize and educate the population at large with the support of the community. Increasing emphasis were laid on the development on the community participation and involvement. The concept of social mobilization and community participation would attempt to bridge the gap between the Ministry of Health and Wellness and the community at large.

The sensitization programmes were also carried out with the support of the local health committees which were instrumental in the organization and implementation of the prevention programme for corona virus and in the mobilization of the population.

The personnel who were trained were as follows:

- Ministry of Health and Wellness/ NCD, Health Promotion and Research Unit
- Community Centres
- Social Welfare Centres
- Women Council/ Women Associations
- Citizens Advice Bureau
- Municipal Councils
- District Councils
- Youth Centres
- Occupational Health
- Labour Inspectors

The three main outcomes of this training:

- The personnel would be trained and empowered.
- They would ultimately educate and sensitize the community at large including students of secondary schools regarding the prevention of COVID-19 in Mauritius.
- They would be also involved in social mobilization regarding the preventive measures to be taken against COVID-19.

The following topics were covered during the training of trainers:

The overview of the coronavirus (COVID-19) in Mauritius and challenges ahead; the control measures and prevention of coronavirus (COVID-19); the transmission of the coronavirus (COVID-19); the role of officers in the prevention programme and social mobilisation, as well as an open, platform for discussion were discussed during the half-day training for trainers.





# Registration



# Training Session



*Address by Dr Ramphul, Medical and Health Officer, Resource Person ICW Training for Trainers sensitization campaign on corona virus*



*Address by Dr Soobroyen, Medical and Health Officer, Resource Person ICW Training for Trainers sensitization campaign on corona virus*



*Address on Control Measures and Prevention of Corona Virus (COVID-19) by Dr M. F. Khodaboccus, RPHS*



*Address on Transmission of Corona Virus (COVID-19) by Dr Nuckchady, Specialist In General Medicine and Infectious Diseases*



# Interactive and Summing Session



*Panel of Resource Persons*



*A participant asking question to the panel*



*Interaction between Trainees and Resource Persons at the summing up session*

## **(ii) Hotel Personnel (AHRIM)**

On 22<sup>nd</sup> July, a half-day training programme on COVID-19 awareness and preventive measures for hotel personnel of AHRIM was organized at Henessy Park Hotel, at Ebene from 9 a.m. to noon. About 120 persons comprising operations and process staff, occupational safety and health officers and human resources managers working in the hotels attended the training programme which was launched by Mr Jocelyn Kowk, Chief Executive Officer of AHRIM and Dr B. Ori, Director Health Services.

Dr D. Nuckchady, Specialist in General Medicine and Infectious Diseases, Dr M. F Khodabocus, Regional Public Health Superintendent, Dr S. Kowlessur, Chief Health Promotion and Research Coordinator, Dr Y. Ramphul and Dr D. Soobrayen- Jhugroo, Medical and Health Officer, acted as resource persons.

The following topics were covered during the training for trainers:

The overview of COVID-19 in Mauritius and challenges ahead; the control measures and prevention of COVID-19; the transmission of COVID-19; The role of officers in the prevention programme and social mobilisation and an open platform for discussion were discussed during the half-day training for hotel personnel of AHRIM.





# Training for Hotel Personnel

## Venue: Hennessy Park Hotel, Ebene



*Opening Address by Dr B. Ori to the Audience*



*Address on Control measures and Prevention of Corona Virus (COVID-19) by Dr M. F. Khodaboccus, RPHS*





## HOTLINE SERVICE (8924)

At the request of the Honourable Prime Minister, a hotline service (8924) was launched at Dr A.G. Jeetoo Hospital on 20<sup>th</sup> March 2020. The Mauritius Telecom was proactive to provide Dr Jeetoo Hospital with 10 telephone lines which were increased to 18 on 24<sup>th</sup> March 2020.

The aim of the hotline was to provide an interface between the population and the Ministry of Health and Wellness to answer to their queries with regard to COVID-19 as well as to provide them with advice on medical issues.

The training of the officers for the hotline service was conducted by a team comprising Dr Ori, Director Health Services, Dr I. D. I. Nawoor, Ag. Director Health Services, Dr S. Kowlessur, Chief Health Promotion and Research Coordinator, Dr Ayasamy, Senior Emergency Physician and Dr K. Meethoo-Badulla, Community Physician.

The Hotline Service (8924) was a centralized single toll-free telephone number to receive all calls from the Mauritian population at large.

A number of NCD, Health Promotion and Research Unit staff i.e. Specialized Health Promotion Nurses, Nursing Officers, Specialized Health Care Assistants, and Medical Health Officers, and Community Physicians were trained to provide a 24 hours service to answer queries from the Mauritian population and advised them appropriately.



*Doctor briefing the staff of NCD&HP at the hotline service 8924 (Dr A. G. Jeetoo Hospital)*

The Hotline Service team consisted of 5 Community Physicians, 20 Medical and Health Officers, 4 Specialized Health Promotion Nurse 15 Nursing Officers and 22 Health Care Assistants.



## Activities of the Hotline (8924) Services



## Operational process of the Hotline 8924 Services

Calls were received throughout the island of Mauritius and were handled professionally by the NCDs, HP and Research Unit staff who provided appropriate assistance to the queries of the population at large.

Most of the calls received were related to the following areas:

- Queries pertaining to postponed appointments at regional hospitals, area health centres or local health centres and renewal of medical prescriptions.;
- Transport facilities available to medical institutions;
- Information regarding follow-up of contact of COVID-19 positive patients;
- Queries on how to proceed for further test and screening of contact persons;
- Problems encountered at quarantine centres, as well as calls from Airline officers regarding testing for COVID-19 and contact tracing.

Callers requiring medical advice of various nature were referred to the medical team for necessary explanation and reassurance.



*Medical Health Officers attending calls referred from NCD&HP staffs (8924)*

On a daily basis, the Ministry of Health and Wellness was informed about the evolution of the situation, and a list of callers' names, addresses and contact numbers, nature of complaints and actions taken were submitted. As for callers who had severe flu-like symptoms, their coordinates were relayed to the Regional Public Health Superintendent (RPHS) of the relevant catchment area of the caller for appropriate actions to be taken. The RPHS in turn reassessed the symptoms of the caller and depending on the severity, would either send the Rapid Response Team or the Home Visit Team for appropriate action to be taken or request the caller to report to the nearest flu clinic.

As Mauritius had very few COVID-19 suspected cases many of the callers with mild flu like symptoms such as fever, headache, mild cough and who had no contact with known COVID-19 positive cases were also advised accordingly. In case of doubt or deterioration of condition, they were advised to report to flu clinics in their respective regional hospitals.

Many calls attended at the hotline service (8924) pertaining to a wide range of medical issues and request for information on the medical services were properly handled and all the queries were answered to the satisfaction of the callers. This has been evidenced by the positive response received from many callers.

#### **Follow-up of COVID-19 patients:**

After their discharge from treatment centres, all the COVID-19 patients were followed up weekly for over three weeks by the hotline staff. The discharged patients who complained about any symptoms were followed on a daily basis until their symptoms disappeared. Following their recovery from COVID-19, they were asked questions that would help assess their mental state COVID and none of the patients who recovered from COVID-19 reported any mental symptoms.

The hotline service (8924) proved to be a crucial during the peak of the COVID-19 outbreak to answer the queries from the population and alleviate their sufferings and apprehensions. Its usefulness was demonstrated by the 98,416 calls received from 21<sup>st</sup> March to 12<sup>th</sup> July 2020. Furthermore, 333 recovered cases were followed up for a minimum period of three weeks with success.



# HOME VISIT SERVICE IN THE COMBAT AGAINST COVID-19

## *Introduction*

The Minister of Health and Wellness in his effort to provide a wider range of services to address the COVID-19 pandemic took the decision to put a home visit service at the disposal of the population. This was dictated by the fact that the country was under lockdown with no public transport facilities available. Hence, this would be a means to reach patient who needed medical support and some basic medication. The home visit team would operate from calls relayed from the hotline service that needed on-site re-evaluation.

The setting-up of the home visit service was entrusted to the NCD, Health Promotion and Research Unit by the Minister of Health and Wellness. Thereafter, several meetings were held among Mr Gaoneadry, Permanent Secretary, Dr B. Ori, Director Health Services and Dr S. Kowlessur, Chief Health Promotion and Research Coordinator of the NCD, Health Promotion and Research Unit to develop modalities and logistics for setting-up the service.

It was then decided that doctors and nurses from the Ministry of Social Integration, Social Security and National Solidarity would be enlisted together with the staff of the NCD, Health Promotion and Research Unit and Diabetes Specialized Nurses from the five regional hospitals to carry out this service.

The transport and other logistic such as the space for standby of the staff, provision of additional telephone lines and all medical equipment and drugs that would be used by the team of the home visit were to be provided by the respective regional hospitals.

A meeting was held, at the Ministry of Social Integration, Social Security and National Solidarity on Sunday 29<sup>th</sup> March 2020, chaired by Dr S. Ramen, Director General Health Services. It was attended by Dr Ori, Director Health Services, Dr (Mrs.) Y. Soopal-Lutchmun, Director- Medical Unit, Mr D. Gaoneadry, Permanent Secretary, Dr S. Kowlessur, Chief Health Promotion and Research Coordinator, Dr Khodabaccus, Regional Public Health Superintendent, Mr. Oozeer, Regional Nursing Administrator, with staff of the NCD, Health Promotion and Research Unit among others, in



view of appraising those involved in carrying out the home visit service on the modalities of the implementation of the home visits service, as per Annex C.

The concerned Doctors and Nurses from Ministry of Social Security, Diabetes Specialised Nurses and staff from the NCD, Health Promotion and Research Unit attended the meeting. They were given all necessary information on how the service would be run, as well as their individual responsibilities. It is noteworthy to mention that they all supported and collaborated fully to participate in running the home visits service.

## ***Course of action concerning the home visit service:***

The home visit team consisted of a Medical Practitioner, a Nursing Officer, a Health Care Assistant and a Driver. The team was provided with a means of transport, basic medical equipment and drugs and was responsible for a specific region. Several teams were constituted for each health region.

The home visit service operated from 08:00 a.m. to 06:00 p.m. from Monday to Sunday. Guidelines were adopted for the smooth running of the Unit during this crisis, as per Annexed C summarizing the actions taken.

All calls received on the hotline service from people who had symptoms suggesting COVID-19 i.e. cough, fever  $\geq 37.8$  °C, sore throat, body ache, diarrhea, vomiting, fatigue, running nose, or difficulty in breathing, were referred to the home visit service for on-site intervention according to their region.



*Home Visit Staffs attending calls referred from Doctors at the Hotline Service Station*



## Contact Numbers for Home Visit Services at the five Regional Hospitals

SN	HOSPITAL	NUMBER
1	DR A.G. JEETOO HOSPITAL	2143860 2143861 2143862 2143863
2	SSRN HOSPITAL	2459493 2459495 2459496 2459498
3	FLACQ HOSPITAL	4201368 4201369 4201370 4201371
4	J. NEHRU HOSPITAL (L'ESCALIER MEDICLINIC)	6361527 6361528 6361529 6361531
5	VICTORIA HOSPITAL	4282356 4282357 4282359 4282360

The calls from the hotline were relayed to the home service team of the different regional hospitals. The team would then visit the suspected case of COVID-19. Once a call was attended at home visit services level, the NCD, Health Promotion and Research Unit would collect information through an interview of the caller. The collected data would then be transferred to a registration form, as per Annex D (i).



Then, after being assessed by a doctor from the Health Promotion Unit or Social Security Services, the details about vitals i.e. blood pressure, temperature, random blood sugar were carefully recorded in consultation form as per Annex D (ii). During the visits, all the sanitary precautions have been met under the WHO Protocol.

### ***Provision of medications during home visit***

The home visit team provided medications and basic treatment, if required, during the visit. Those with mild symptoms were given symptomatic treatment. The patients were also advised to contact the team in case of deterioration of their condition.



*Specialized Nurse giving basic treatment to elderly person during Home Visit Service.*

In case any medications prescribed was unavailable in the stock carried by the team, a prescription was given to the patient to enable him/her to get it from the nearest health centres or regional hospitals.

After each visit, all the clinical data were recorded for the patient's follow-up, which was done on the following day, as per Annex D (iii). While the team was out for a visit, two officers were permanently posted at the Unit, in each regional hospital, in order to attend all the incoming calls.

During the period from 31<sup>st</sup> March 2020 to 23<sup>rd</sup> May 2020 a target, 207 home visits were carried out. All highly suspected cases, of COVID-19, were referred to Regional Public Health Superintendent for needful.

The Regional Public Health Superintendent would inform the Rapid Response Team (RRT) to take action. The R R T, comprising one Doctor (fully equipped in PPE), one Helper, one Nursing Officer, would then in turn, attend to the patient after confirmation of the test and transfer the patient to one of the quarantine centers, which were set up for the isolation and treatment of the COVID-19 positive patients. These measures were strictly regulated and daily updates were sent to the Ministry of Health and Wellness.



*Social Security Doctor, specialized nurse attending a senior citizen at her bedside.*

# QUARANTINE CENTRES

## *Setting-up of quarantine centres*

Following the Government's decision dated on 19<sup>th</sup> March 2020 all passengers entering the Mauritian territory by air or by sea were subjected to a fourteen days quarantine. The Government called on to the hotel industry and a number of Government institutions, to provide facilities for quarantine and isolation purposes as it was being practiced in several countries. The hotel industry willingly offered other facilities for these purposes as the tourist industry had come to a halt. Other places such as senior citizens' recreation centres, youth centres and refugee centres were also used.

All arriving passengers were screened at the airport. Those with symptoms like fever and cough were sent to isolation wards in hospitals and those without symptoms were quarantined.

By the end of June 2020, over 3500 passengers were quarantined in these facilities. These facilities were also used to quarantine the health care personnel (doctors, nurses, hospital attendants and drivers) who had been in close contact with COVID-19 positive patients.

## *Arrangements at the quarantine centres*

At the level of the quarantine centres, there were health and security personnel permanently posted on a roster basis over a fortnight to attend to those who were kept there. These people received care from specialized medical and nursing staff and were attended to as and when they had COVID-19 symptoms. All those quarantined had to isolate themselves in their rooms where all their meals were provided. They had their temperature checked twice a day and were told to inform staff on duty of any health problem. Screening for COVID-19 was carried out on day 0, day 7 and day 14. Those tested positive were taken to treatment centres. All those who tested negative on day 14 were allowed to go home and requested to observe one week of isolation.

All quarantine centres had to observe strict sanitary measures to prevent the spread of COVID-19 among passengers and staff. All wastes have to be properly disposed so as to decrease the contamination rate and visitors were not allowed. To this effect, a protocol was developed and staff had to adhere to it at all times.



Around 100 persons were quarantined tested positive and transferred to hospitals and treatment centres. This measure prevented imported cases from mingling with the general population and increasing community spread of the disease in our population.

Daily statistics were compiled and sent to the Prime Minister’s Office. These were broadcasted- on national television, radios and social medias so as to keep the population updated.

### QUARANTINE CENTRES





# Use of plasmapheresis in the management of severe COVID-19 cases

## *Initiation of the use of plasmapheresis in view of COVID-19 in Mauritius*

Plasmapheresis is a process by which plasma, a component of blood is removed from one person in order to be given to another person. Patients who have recovered from COVID-19 developed antibodies to the disease and these were detected in their plasma. Plasma from these patients, when given to seriously sick COVID-19 patients helped the latter to recover rapidly.

Of all the recovered patients, some 180 expressed their wish to donate their plasma, if and when required, for use in patients needing plasmapheresis and four have donated. Three patients received this innovative treatment. This technique has been used in several centres in the world and was initiated in Mauritius to treat some of our seriously sick COVID-19 patients.

Plasma Adsorption (PA) treatment diagram

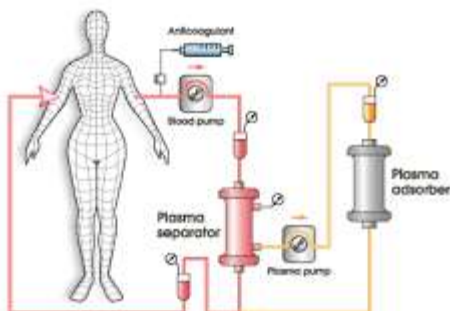


Figure 15: Process of plasmapheresis at different levels.

## ***Follow-Up of patients recovered from COVID-19.***

All patients who had recovered have been followed up by the staff from the NCD, Health Promotion and Research Unit. At the time when there were several severely critically sick COVID-19 patients were hospitalized, an appeal was launched to all these recovered patients to donate their plasma which would be used in the treatment of those in need of it. Following this appeal, over 180 patients responded positively and a list of potential plasma donors was made. Luckily for us, the pandemic did not worsen in an upsurge. It has to be noted that guidelines have been set up in order for the smooth running of the process, as per Annex E.

### ***Data collection and analysis***

Data were collected on a daily basis and were analyzed to find out the trends of the disease progression. These trends were shared with the Prime Minister's Office and communicated to the general population of Mauritius through the media. It enabled the population to follow the situation of the COVID-19 in real time.



*Figure16: Data were further transferred to the Prime Minister's Office*



# ANTI- INFLUENZA VACCINATION CAMPAIGN DURING THE COVID-19 OUTBREAK

## *Introduction*

Home visits were carried out to reach the senior citizens for whom it was difficult to attend medical institutions because of the interruption of the public transport system during the sanitary lockdown. The annual Anti-Influenza Immunization programme had started since 2001 in collaboration with the Ministry of Social Integration, Social Security and National Solidarity and Reform Institution. The aim was to immunize persons at risk, namely health personnel, the elderly, those with chronic non-communicable diseases and those who are immune-compromised from influenza. These persons mentioned above are at a higher risk of developing severe or life-threatening complications resulting from the respiratory infection.

In Mauritius, the immunization campaign for the elderly usually takes place a few weeks before the winter season. The COVID-19 pandemic started during this pre-winter season and the Government had to devise a strategy to immunize the targeted population when a sanitary lockdown was in place.

The Ministry of Social Integration, Social Security and National Solidarity, usually provides immunization for the elderly persons aged 60 years and above or organizes monthly domiciliary visits. With the COVID-19 outbreak, the Ministry was unable to carry out this exercise for the 2020 campaign.

The High Level Committee chaired by the Honourable Prime Minister requested the Ministry of Health and Wellness to support the 2020 Influenza Immunization campaign using its mobile caravan.

A meeting held on 4<sup>th</sup> April 2020 and chaired by Dr the Honourable Kailesh Kumar Singh Jagutpal, Minister of Health and Wellness, and attended by Mr C. Bhugun, Senior Chief Executive, Mrs C. Jhowry, Permanent Secretary, Dr S. Ramen, Director General Health Services, Dr B. Ori, Director Health Services, Dr (Mrs.) Y. Soopal-Lutchmun, Director- Medical Unit, Mr D. Gaoneadry, Permanent Secretary, Dr S. Kowlessur *CSK*, Chief Health Promotion and Research Coordinator, Dr M. F. Khodabaccus, Regional Public Health Superintendent and Mr. M. Bissessur, Director Nursing of the Ministry of Health and Wellness.

During this meeting, it was decided that Dr S. Kowlessur *CSK*, Chief Health Promotion and Research Coordinator and his team would coordinate and organize the Anti-influenza Immunization Campaign during this pandemic. The immunization campaign for elderly persons would be further carried out throughout the island.



In order to carry out the immunization campaign, for the elderly a team comprising of staff from the Ministry of Health and Wellness in collaboration with Ministry of Social Integration, Social Security and National Solidarity (*Social Security and National Solidarity Division*) and Mauritius Police Force was formed. This team of medical and paramedical consisted of some 200 staff who crisscrossed the whole island during this campaign.



*Dr S. Kowlessur, Chief Health promotion and Research Coordinator chairing a committee about the strategies for the immunization campaign*

The programme of the anti-influenza immunization has been thoroughly devised to reach the majority of the senior citizens in their residential areas. This programme has been carried out in collaboration with social security officers, local health committee and members of Forces Vives of each locality together with regional officers posted at the NCDs and Health Promotion Unit. For the exercise to proceed efficiently the protocols (Annex F) for immunization were carefully followed

**Elderly persons vaccinated in their residential areas.**



All the 9 districts, namely: Pamplémousses, Rivière Du Rempart, Port-Louis, Flacq, Plaines Wilhems, Black River, Moka, Grand Port and Savanne, were actively involved in this campaign in order to mobilize most of the targeted population, (As Annex G). ‘Caravanes de Santé’ were used to cover the localities by door-to-door the immunization programme.

Prior to the immunization day, precisely three days earlier, the date /time of the immunization programme were announced through television, radio, speakers, as well as through messages by the members of the Forces Vives, motivators and senior Citizens associations members.

On the day of the immunization, in the morning, additional announcements were made through the use of loudspeakers in vehicles patrolling every previously outlined road. Announcements were made again 15 minutes prior to the exercise, which was done in such a way that the caravan stops each time at the 5<sup>th</sup> house. During this process of handling over of the vaccines, the cold chain process had been carefully and duly abided. Social distancing and wearing of masks were imperative.

The Mauritius Police Force, local health committee and members of Forces Vives were requested to facilitate this exercise to ensure that all lockdown and sanitary measures were respected. This campaign was carried out from 08:30 a.m. to 03:00 p.m. The exercise was carried out efficiently with the cooperation of all the teams involved.



*All the 9 districts covered by the NCD Health Promotion Unit for the vaccination programme*



The first phase of immunization programme lasted from 6<sup>th</sup> to 16<sup>th</sup> April 2020. A total number of 71,682 senior citizens were vaccinated. Due to the depletion of the stock vaccine, the campaign had to be stopped temporarily. Within this short period of time, the response was excellent and the Ministry of Health and Wellness had finally made the arrangements for an urgent procurement of 73,000 additional doses of anti-influenza vaccines from France.



*The first phase of vaccination program lasted from 6th April- 16 April 2020*

The second phase of the immunization programme started from 29<sup>th</sup> April 2020 till 12<sup>th</sup> May 2020. 61,086 senior citizens were vaccinated. Consequently, for both phases a total of 132,768 elderly persons were successfully vaccinated.



## Activities carried out in the anti- influenza vaccination programmes for elderly



COVID-19

## Activities carried out in the anti- influenza vaccination programmes for elderly



*The second phase was carried out on 29th April till 12 May 2020*

**COVID-19**





Honorable Vickram Hurdoyal, Minister of Public Service, Administrative and Institutional Reforms  
encouraging the Medical Team onsite of Vaccination Programme



*Anti- influenza vaccination programmes in due course with maintenance of social distancing*

**Group photos carried out in the anti- influenza vaccination programmes for elderly persons**



**COVID-19**



# MAURITIUS COVID-19 FAMILY HOUSEHOLD SURVEY

The outbreak of “pneumonia of unknown etiology” in Wuhan, Hubei Province, China, early December 2019 has soared into an epidemic that has left China devastated and received worldwide attention. The causative agent soon proved to be a new beta-coronavirus related to the Middle East Respiratory Syndrome Virus (MERS-CoV) and the Severe Acute Respiratory Syndrome Virus (SARS-CoV) 1. The novel coronavirus SARS-CoV-2 disease has been named “COVID-19” by the World Health Organization (WHO) and on 30<sup>th</sup> January 2020, the COVID-19 outbreak was declared as Public Health Emergency of International Concern by the WHO Director-General Dr Tedros Adhanom Ghebreyesus. Subsequently, on 11th March 2020, it was declared a pandemic. By that time over 118,000 cases of the coronavirus illness in over 110 countries and territories around the world were documented and the sustained risk of further global spread was likely. The word “Pandemic” is strong enough to induce widespread panic. According to the WHO, a pandemic is the worldwide spread of a new disease.

A Mauritius COVID-19 household fever survey was carried out for the period 1<sup>st</sup> to 7<sup>th</sup> April 2020 by the NCD, Health Promotion and Research Unit in collaboration with the World Health Organization. The aim of the survey was to identify any suspected case of COVID-19 by interviewing participants by phone about their state of health with an emphasis on the presence of fever in any family member. People who reported having fever were noted down and further history, such as recent foreign travel, contact with any person having returned from a foreign country, upper respiratory illnesses and, or recent COVID-19 exposure was investigated.

The origin of COVID-19 has not yet been determined although preliminary investigations suggested of a zoonotic, possibly of bat origin. Similar to SARS-CoV and MERS-CoV, the novel coronavirus is transmitted from person to person mainly by respiratory droplets, causing symptoms such as fever, cough, and shortness of breath after a period of incubation believed to range from 2 to 14 days following exposure to an infected person, according to the Centers for Disease Control and Prevention (CDC).

In this study, people were surveyed for the main symptom which is fever. Fever or pyrexia is one of the usual clinical features that appear during the course of several infectious diseases. It is a common medical sign when the human body temperature goes above the normal range of 37.5° Celsius. A fever is arguably the easiest identifiable sign of illness. Worldwide and dating back to thousands of years, the general population and physicians alike recognize the correlation between fever and illness.

Viruses and bacteria are responsible for different types of infectious diseases, and while it is of paramount importance to understand the mechanisms of infection, potential effects of fever on this process may have been overlooked. This is especially relevant because during the course of many infectious diseases the host develops fever.

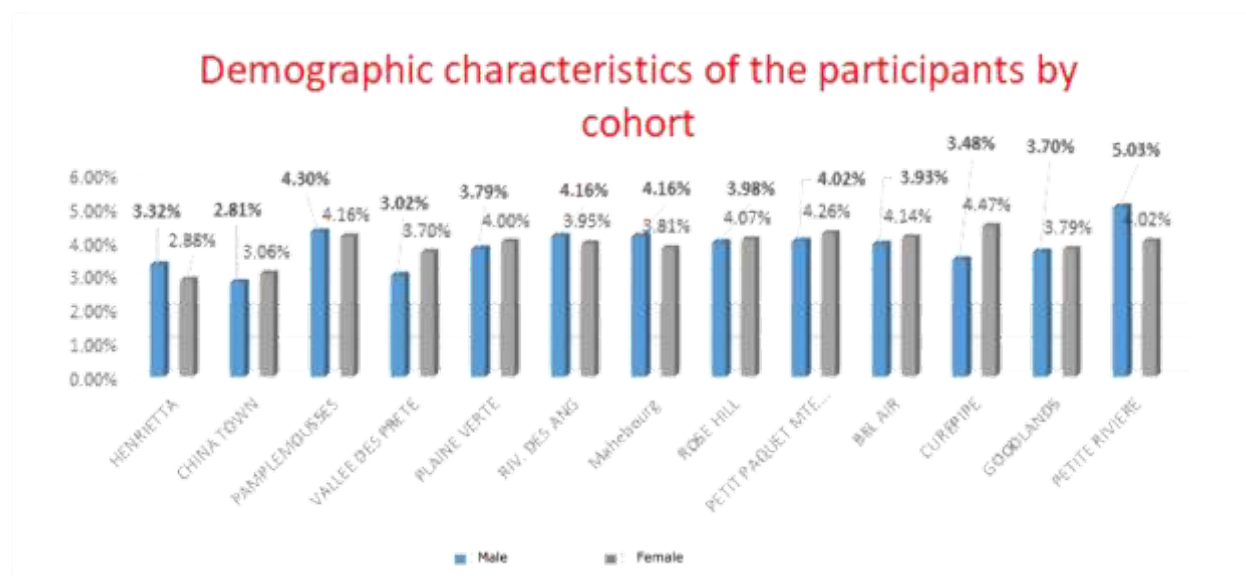


## *Aims and objective*

The aim of this survey was to provide data on self-reported fever in the population. When this was carried out regularly over a period of time, it helped to identify surges and drops in fever cases, which may help in the projection of COVID-19 in Mauritius.

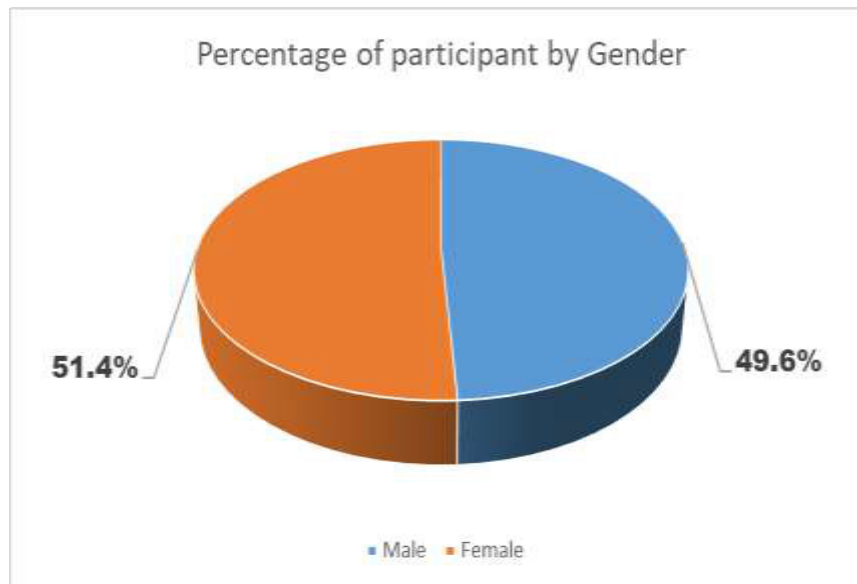
## *Methodology*

A sample of 1,042 households was selected from the Mauritius NCD Survey 2015 enumeration sample. Some 13 clusters were selected which comprised of 8 rural and 5 urban areas. The clusters selected are namely Bel Air, China Town, Curepipe, Goodlands, Henrietta, Mahebourg, Pamplemousses, Petit Paquet, Petite Riviere, Plaine Verte, Riviere des Anguilles, Rose Hill and Vallée des Prêtres. From each cluster, around 80 households were interviewed through phone calls. A questionnaire was designed where parameters like Age, Gender and History of currently having fever were taken. The age group was classified as follows 0-11 years, 12-19 years, 20-39 years, 40-59 years and above 60 years of age. The interview process was conducted through phone calls in order to respect the confinement laws laid down by the Government and to avoid any direct human contact with the persons interviewed.



## ***Findings***

Overall, 1042 households were reached, with a total population of 4276 individuals. From each household approximately 4 people were surveyed – 2125 of the total population comprised male (49.6%) and 2151 females (50.4%). Most of the participants, both males and females, belonged to the age group of 20–39 years, 55% of the sample were from the rural regions and 45 % were from urban areas. Only one participant was found to have fever. During the same period, the medical records unit of the Ministry of Health and Wellness reported an average of 106 patients attending the flu/fever clinics in the main hospitals every day. This level of attendance is in keeping with trends observed in previous years.



*Number of attendance at flu clinics and new positive cases of COVID-19 detected during the period between 1 and 7 April 2020*



SN	DATE	Number of patients	COVID-19 positive
1	1 Apr 2020	123	14
2	2 Apr 2020	108	19
3	3 Apr 2020	122	11
4	4 Apr 2020	82	38
5	5 Apr 2020	94	11
6	6 Apr 2020	98	6

*(Source: Medical records, Ministry of Health and Wellness)*

During the same period, an average of 14 new COVID-19 positive cases were documented on a daily basis. The majority of the cases were identified among contacts of COVID-19 positive cases, travelers who were in quarantine and frontline health and other workers. There was no indication of widespread COVID-19 spread in the community during that period, as the contribution of new cases from flu/fever clinic patients were not overwhelming.

### ***Conclusions***

Fever is not by itself an illness; it is usually a symptom of an underlying condition and most often an infection. For COVID-19, the common symptoms include fever, dry cough, fatigue, and loss of appetite, anosmia, ageusia, diarrhea /vomiting and body ache. Therefore, it can be concluded that the spread of COVID-19 has been well contained in Mauritius since out of a sample population of 4276 only one participant was diagnosed with fever.

# Ministry of Health and Wellness

## Serological survey for exposure to COVID-19 among front liners and neighbours of COVID-19 positive cases

Following the Mauritius COVID-19 family household survey asymptomatic frontliners have been selected to participate in this serological survey.

### *Background*

Many people exposed to the viruses do not have any symptoms (asymptomatic) or people having mild symptoms, which are mistaken for the common flu and are relieved by symptomatic treatment. Around 20-30% develop symptoms with some having serious symptoms that require hospitalization. People who, by virtue of their occupation have increased risks of coming in contact with somebody who is COVID-19 positive, are more likely to be exposed to the virus.

### *Aim*

To determine the level of exposure to COVID-19 among frontline workers. This study will be based on exposure for serological testing of the targeted population. A positive test will mean that the person has been exposed to the virus, whether he/she has had symptoms or not.

After the completion of the Serological survey, the High Level Committee chaired by the PMO along with other Ministries and stakeholders, it was decided that all frontliners would be screened using Rapid Antigen test for Detection of COVID-19.



It has been recommended to do the test for all the front liners/ workers of the essential services as follows:

1. Health care personnel
2. Mauritius Police Force
3. Mauritius Fire Rescue Services
4. Scavenging services personnel
5. Media and journalist
6. Supermarket personnel
7. Civil and security office personnel
8. Bank and financial services personnel
9. Dormitory expatriate personnel

## **CONCLUSION**

A person may be asymptomatic and yet still be a carrier therefore having his test positive. This survey was carried out in view to show that flu symptoms might not be the only point to focus on for being the only criteria for testing. Based on this survey other measure have been opted to detect the presence of this deadly disease in our population, which is the Rapid Antigen Test.



# SCREENING FOR FRONTLINERS USING RAPID ANTIGEN TEST

## ***Introduction:***

The world was ill prepared to cope up with a serious pandemic like COVID-19. People are scared of the disease because it spreads easily, may cause severe illness or death in certain groups such as the elderly and those with chronic illnesses or immune-compromised. Up to now there is no effective treatment or vaccine.

Frontliners belong to the group of people, who during all stages of the outbreak, have been in close contact with the suspected positive cases during the course of their work. The spread of COVID-19 among the frontliners: medical, nursing staff and paramedical personnel of the dedicated COVID-19 treatment hospitals and centres, flu clinics, the quarantine centres, contact tracing teams, teams involved in anti-influenza immunization campaign, staff of private clinics and pharmacies, members of the Mauritius police force, supermarket staff, transport and media personnel. Throughout the screening programme all protocols that have been set up were duly abided as per Annex H (i), H (ii), H (iii) and H (iv).

## **TRAINING OF STAFF AT VICTORIA HOSPITAL**

Prior to the screening exercise, the teams received training. A training session was organized at the Victoria Hospital for Doctors, Health Promotion Nurses, Nursing Officers and Health Care Assistants. The training was scheduled for 3 days: on 24<sup>th</sup>, 25<sup>th</sup> and 26<sup>th</sup> April 2020. During the training, Dr S. Kowlessur, Chief Health Promotion and Research Coordinator, explained the importance of doing the test and the strategy to be adopted in order to accomplish the mass screening. Training of the staff also include the proper filling of personal data forms and consent forms in Annex G.

The training was further elaborated by Dr S. Manraj, Director Laboratory Services and Dr (Mrs) J. Sonoo, Consultant in Charge Of Pathology Services. Dr M. Fhooblall, from the Virology Department and his team as well as doctors from the NCD, Health Promotion and Research Unit, Dr (Mrs) Y. Ramphul and Dr (Mrs) T. D Thyartan, proceeded with the practical part where a demonstration of the



test was performed on how to carry out the rapid antigen test for detection of COVID-19 accurately. An open discussion session was also held in order to clear any doubts pertaining to the rapid antigen test training.

Throughout the training sessions, much focus was given to social distancing, hygienic and sanitary precautions taken with an aim to reduce to risk and mode of transmission of the infection. Staff from all five regional hospitals were selected to participate in this combat against COVID-19. After the training, all the personnel were classified in teams as per their health region. Thus, 42 teams were formed comprising Doctors, Health Promotion Nurses, Nursing Officers, Health Promotion Assistants and Health Care Assistants in order to perform the test.

To reassure these frontliners and their families, a large scale screening programme using rapid antigen testing was carried out, allowing 30,000 frontliners to be screened.

The exercise is ongoing and has been extended to include staff from the following sectors: the fire services, land transport services, Cargo Handling Corporation, Mauritius Ports Authority, Airport And Customs Department, Duty Free Paradise Mauritius, kindergartens, primary and secondary schools, shopping malls, scavenging services, media and call centres, post offices and Bank, the CEB and CWA, bakery and food distribution companies, Telecom and the Mauritius Turf Club. Other high risk categories like detainees of prisons, residents of homes and migrant workers living in dormitories were also screened.



Activities of the Training for Rapid Antigen Test for Detection of COVID-19 at Victoria Hospital





Active preparation and sorting out of COVID-19 kits by the NCD-HP Unit.



## **RAPID ANTIGEN TEST FOR DETECTION OF COVID-19 PROGRAMME**

Following the guided protocol, Annex I, the rapid antigen test was done for persons with no symptoms. Those found having fever, cough or shortness of breath were not tested.

The decision was to proceed with rapid antigen test detection for COVID-19 screening test for all the frontliners, starting with health personnel, Mauritius Police Force/ prison detainees; expatriates dormitory; fire services have been gradually moved to the following fields: land transport services, Cargo Handling Corporation, Mauritius Ports Authority, airport personnel, Customs Officers, Mauritius Duty Free Paradise, pre-primary schools personnel, personnel working in shopping malls, scavenging and cleaning services, media and call centres personnel, post offices, bank personnel; CEB personnel; CWA personnel; bakery personnel; food distribution services personnel; Telecom personnel; to Mauritius Turf Club.



## The course of action for the rapid antigen test for detection of COVID-19





## Arrangements at rapid antigen screening sites.



Prior to the procedure of rapid antigen tests, waiting rooms were identified to be used before and after the test. An isolation room was also retained for all suspected cases of COVID-19 thereby observing all sanitary measures.

On the day the test has to be performed all the staff were carefully briefed about the procedures of the test and those who had any apprehension were invited to ask questions. They were required to fill in a consent form and another questionnaire containing demography and medical history, as per Annex J. Tests were carried out in batches and results were announced to participants individually with the diligence paid to confidentiality and priority. In some cases, the suspected positive results obtained, the participants were requested to repeat the test using PCR. While awaiting PCR confirmation results those suspected cases were isolated. From 27<sup>th</sup> April 2020 to 11<sup>th</sup> July 2020, 158 360 tests were carried out.



# The course of action for the rapid antigen test detection of COVID-19 for the different groups targeted



COVID-19

## Opening of COVID-19 Testing Centres

In order to prevent patients with symptoms related to COVID-19 from mixing with other patients when attending hospitals. Arrangements, were made to channel these patients to flu clinics and dedicated areas where they were tested for COVID-19. A number of these COVID-19 centres and were opened especially in the five major hospitals.



*Inauguration of COVID-19 Testing Centres at Flacq Hospital*







*Inauguration of COVID-19 Testing Centres at Flacq Hospital*



## PAYING TRIBUTE TO ALL THE FRONTLINERS

By the end of April 2020, most of the 325 patients who tested positive had recovered or were under isolation and treatment. Unfortunately, ten COVID-19 cases passed away, including one of our Senior Medical Consultant. Most of those who passed away had underlying medical conditions were under assisted ventilation at some stage.

The Prime Minister, Honourable Pravind Kumar Jugnauth, at a function held at Flacq Hospital for the opening of a COVID-19 Testing Centres, paid a vibrant tribute to the health personnel of the country. He thanked them on behalf of the Mauritian population and in his own name. He added that the frontliners have been our national heroes and thanks to them the present outbreak is contained. The Government has offered a cash bonus of 15,000 rupees to all the frontliners.



 COVID-19

## **Tribute to Dr Bruno Cheong**

Dr Bruno Cheong was one among the ten people who died from Covid-19. Dr Cheong got infected by patient zero whom he had treated before it was confirmed that patient had Covid-19

Dr Bruno Cheong joined the service in 1988 as Medical and Health Officer although holding a post graduate degree (M.R.C.P) in internal medicine from Cardiff, England. However he was soon appointed as specialist in the field of internal medicine and consultant-in-charge in the same field in the year 2008 at Flacq Hospital and has remained in that hospital until his death on the 27 April 2020 in a Covid-19 treatment center.

The death of Dr Bruno Cheong brought great consternation and grief among the medical fraternity and his great number of patients alike.

Dr. Bruno Cheong was an eminent physician of the Ministry of Health and Wellness who treated all his patients with compassion, dedication and a human touch, which demarcated him from his peers. He always found time to teach and mentor junior doctors. His contribution at the ministry level was innumerable; he was instrumental in writing up of many guidelines for Internal Medicine. He formed part of the panel who have worked on the 5 yearly NCD Survey, Tissue Bill and has been member of several committee such as the Trade and Therapeutic committee; Ethic Committee among others.

The Prime Minister was instrumental in honoring Dr Bruno Cheong, an eminent Physician for all his contribution in the advancement of Internal Medicine and his personal fight against a deadly disease, Covid-19 that he contracted while giving care and treatment to a Covid-19 patient, by changing the designated name of Flacq Hospital into that of Dr Bruno Cheong. Hence Flacq Hospital is now known as Dr. Bruno Cheong Hospital; a befitting tribute to one of the front liners that lost his life in the course of his duty.



## ACKNOWLEDGEMENTS

The Management and Prevention of COVID-19 Programme could not have been carried out without the involvement of a large number of individuals. Therefore, it is a great pleasure to thank each and every person who contributed to this programme.

First and foremost, we would like to express our gratitude to Dr the Honourable Kailesh Kumar Singh Jagutpal, Minister of Health and Wellness for his tremendous support and commitment.

Our special thanks to Mr C. Bhugun, Senior Chief Executive and Mr Ragen, Secretary for Public Service for their encouragement, support and guidance. We would also like to thank Mrs S. Lotun, Permanent Secretary, Mrs C. Jhowry, Permanent Secretary and Mrs D. Allagapen, Permanent Secretary for their valuable help.

We would also like to thank Mr N.K. Ballah, Secretary to Cabinet and Head of Civil Service; Mr O.K. Dabidin, Secretary to Home Affairs; Mr D. Gopaul, Ag Permanent Secretary, Home Affairs Division; Mr K. Arian, Senior Advisor, Dr Z. Joomye, Senior Advisor; and Dr (Mrs) C. Gaud, Senior Advisor from the Prime Minister's Office.

We extend our sincere thanks to all who assisted with the implementation and execution of the programme. This includes the Ministry of Health Officials, namely: Dr S. Ramen, Director General Health Services; Dr M. Timol, Director Health Services; Dr B. Ori, Director Health Services; Dr V. Gajadhur, Director Health Services; Dr R.K. Domun, Director Health Services; Dr I.D.I. Nawoor, Ag Director Health Services; Dr Caussy, Director Health Services, Mr D. Dassaye, Deputy Permanent Secretary; Dr S. Ramasawmy, Deputy Permanent Secretary; Mr R. Nursing, Deputy Permanent Secretary; Mr G.K.R. Ramrekha, Deputy Permanent Secretary; Mrs R.D. Bissessur, Deputy Permanent Secretary; Mrs N.D. Keenoo, Deputy Permanent Secretary; Mrs S. Kalasopatan-Chellen, Assistant Permanent Secretary; Mrs S. Meeajane, Assistant Permanent Secretary; Mrs S. Ramjutton, Assistant Permanent Secretary; Ms B.N. Soreefan, Assistant Permanent Secretary; Mrs R.D. Lutchuman-Ramsoorooop, Assistant Permanent Secretary; Mr Z. Nabee, Assistant Permanent Secretary; Mr M. Bissessur, Former, Ag Director Nursing; Mr B. Hurgobin, Ag Deputy Director Nursing; and K. Pultoo, Advisor on Information Matters.

Our heartfelt appreciation to Dr S. Manraj, Director Laboratory Services; Dr (Mrs) J. Sonoo, Deputy Director, Laboratory Services; Dr (Ms) N. Joonas, Head Biochemistry Services; Dr Fooblall, Head





Virology Services; Regional Health Directors; Medical Superintendents; Mr Pentayah, Manager Procurement and Supply; Mr Nundloll, Manager Procurement and Supply; Regional Nursing Administrators; Regional Public Health Superintendents; Mr R. Dhoomun, Manager Financial Operations; Mrs F. Fok-King, Manager Financial Operations; Mr Ramphul, Ex-Director Pharmaceutical Services; Mr Bucktowar, Deputy Director Pharmaceutical Services; Mr B. Gowreesungker, Senior Manager Operations Support Services; Dr M.F. Khodabocus, Regional Public Health Superintendent, Communicable Disease Control Unit; Staff of the Department of Operation Support Services; Mrs Rajanah, Principal Community Health Nurse; Nursing and Para Medical Staff; staff of the Laboratory Services; Mr Namah, Chief Hospital Administrator; Mr Soondar, Manager Procurement and Supply; Mr P. Amoordon, Assistant Manager Procurement and Supply; Mr S. Ramjaun and Mr R. Bhoygah, Senior Procurement & Supply Officers; Mr V. Deebakar; Mrs A. Gobin; Mrs G. Seenevassenpillay; Mr G. Munguldasse; Mr K. Pultoo, Advisor on Information Matters; Medical & Health Officers; Nursing Officers, Health Care Assistants Attendants from the five Regional Hospitals and Drivers who supported the programme.

Our special gratitude to Mr D. Gaoneadry, Permanent Secretary; Mr P. Mawah, Permanent Secretary; Mr Hoolash, Permanent Secretary; Dr L. Musango, WHO Representative in Mauritius; Mr A. Nundoochan and Mrs V. Vythelingam from the WHO Country Office in Mauritius; Dr C. Sookram, WHO Consultant; Mr Jhugroo, Deputy Commissioner of Police; Mr Lutchooman, Police Sergeant; Ministry of Youth Empowerment, Sports and Recreation; Ministry of National Infrastructure and Community Development; Ministry of Education, Tertiary Education, Science and Technology; Ministry of Social Integration, Social Security and National Solidarity; Ministry of Arts and Cultural Heritage; Ministry of Gender Equality and Family Welfare; Ministry of Land Transport and Light Rail; Dr (Mrs) Y. Soopal-Lutchmun, Director, Medical Unit, Ministry of Social Security; Mayors and Chief Executive Officers of Municipal Councils, Chairmen and Chief Executive Officers of District Councils; National Insurance Company; Public Service Commission; SICOM and Mr Basoo Seetaram of KS Business Co. Ltd for the provision of transport.

Our distinct thanks go to all staff of the NCD, Health Promotion and Research Unit for their pivotal role in the organisation and coordination of the programme activities.





# ANNEX A: The Quarantine Act

## LEGAL SUPPLEMENT

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*to the Government Gazette of Mauritius No. 28 of 19 March 2020*

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*Government Notice No. 57 of 2020*

### THE QUARANTINE ACT

#### **Regulations made by the Minister under section 4(1)(a) and (b) of the Quarantine Act**

1. These regulations may be cited as the Quarantine (Quarantinable Diseases) Regulations 2020.
2. In these regulations –
  - “arrival of a conveyance” means
    - (a) in the case of a seagoing vessel, arrival or anchoring in the defined area of a port;
    - (b) in the case of an aircraft, arrival at an airport;
  - “conveyance” means an aircraft, a ship or any other means of transport on an international voyage;
  - “quarantinable disease” means Wuhan Novel Coronavirus (2019-NCov).
3. Where, having regard to the prevalence of a quarantinable disease in any country from which the conveyance originates or transits, the Minister is satisfied that denial of entry of a conveyance in Mauritius is necessary to prevent a danger to public health in Mauritius, including the spread of infection of a quarantinable disease in Mauritius, he may, by order, in respect of any arrival of the conveyance in Mauritius, prohibit the conveyance from entering the territory of Mauritius.
4. Where, having regard to the prevalence of a quarantinable disease in any country to which the conveyance departs or transits, the Minister is satisfied that prohibition from the departure or transit

of the conveyance is necessary to prevent a danger to public health in Mauritius, including the spread of infection of a quarantinable disease in Mauritius, he may, by order, in respect of the departure or transit, as the case may be, of any conveyance from Mauritius, prohibit the conveyance from departing the territory of Mauritius.

**5.** Where the Minister is satisfied that the prohibition of the boarding on, or disembarkment from, the conveyance of a person is necessary to avert a danger to public health, including the prevention of the spread of a quarantinable disease in Mauritius, he may, by order, prohibit any person from boarding or disembarking from a conveyance.

**6.** These regulations shall come into operation on 19 March 2020.

Made by the Minister on 19 March 2020.

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# ANNEX B: GUIDELINES FOR HOME VISIT SERVICES

## THE QUARANTINE BILL (No. II of 2020)

### Explanatory Memorandum

The object of this Bill is to repeal the Quarantine Act, which dates back to the year 1954, and re-enact a reformed and modern appropriate legislative framework with a view to providing more appropriate measures for the prevention and spread of communicable diseases.

2. The new legislation has been rendered necessary on account of the impact of the novel coronavirus (2019-nCov), the infectious disease commonly known as COVID-19.

**P. K. JUGNAUTH**

*Prime Minister, Minister of Defence, Home Affairs and  
External Communications, Minister for Rodrigues,  
Outer Islands and Territorial Integrity*

09 May 2020

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## THE QUARANTINE BILL (No. II of 2020)

### ARRANGEMENT OF CLAUSES

#### *Clause*

1. Short title
2. Interpretation
3. Powers of Prime Minister
4. Powers of Minister
5. Designation of quarantine facility
6. Appointment of quarantine officers
7. Confinement of persons in quarantine facilities
8. Entry into and departure from quarantine facility
9. Duty to provide information
10. Duty to disclose communicable disease
11. Police powers
12. Offences



- 13.Regulations
  - 14.Repeal
  - 15.Savings
  - 16.Commencement
- SCHEDULE

---

## A BILL

### To provide appropriate measures for the prevention and spread of communicable diseases

ENACTED by the Parliament of Mauritius, as follows –

**1. Short title**

This Act may be cited as the Quarantine Act 2020.

**2. Interpretation**

In this Act –

“certificate of quarantine” means a certificate issued under section 7;

“communicable disease” –

- (a) means a human disease specified in the Schedule; and
- (b) includes a human disease which is transmissible by contact with –
  - (i) an infected person, his bodily discharges or fluids;
  - (ii) contaminated surfaces or objects;
  - (iii) contaminated food or water; or
  - (iv) an insect or animal capable of transmitting a communicable disease;

“Minister” means the Minister to whom responsibility for the subject of health is assigned;

“Ministry” means the Ministry responsible for the subject of health;

“owner” includes a lessee;



“Quarantine Authority” means the Director General Health Services of the Ministry;

“quarantine facility” means a place designated by the Minister for the confinement of persons;

“quarantine officer” means a person designated by the Quarantine Authority under section 6;

“quarantine period” means the period to be specified in the notice pursuant to section 4;

“quarantined person” means a person who is confined in a quarantine facility under section 7;

“vector” means an insect or animal capable of transmitting a communicable disease.

### **3. Powers of Prime Minister**

(1) During a quarantine period, the Prime Minister may, by Order, published in the Gazette –

- (a) prohibit the entry of aircrafts and ships into Mauritius;
- (b) order that all persons shall remain indoors –
  - (i) within such area and during such period; and
  - (ii) under such terms and conditions,as he may specify;
- (c) order that commercial premises or offices specified in the Order shall remain closed for such period and under such terms and conditions as he may specify.

(2) Notwithstanding subsection (1)(b), the Commissioner of Police may issue a permit to a person to be outdoors for such purpose and on such terms and conditions as the Commissioner of Police may specify in the permit.



#### **4. Powers of Minister**

(1) Where the Minister considers that it is necessary and expedient to prevent the introduction and spread in Mauritius of a communicable disease, he shall, by notice published in the Gazette, declare that –

- (a) there is or is likely to be an epidemic of the disease; and
- (b) a quarantine period shall be in force in Mauritius, or part thereof, as from such date as may be specified in the notice.

(2) Where the Minister considers that there is no longer a threat of an epidemic, he shall, by notice published in the Gazette, declare the end of the epidemic.

#### **5. Designation of quarantine facility**

(1) Following the publication of a notice under section 4, the Quarantine Authority may, for the protection of public health, designate such premises as he considers appropriate to be a quarantine facility.

(2) Where the Quarantine Authority –

- (a) considers that private premises are required for use and occupation as a quarantine facility; and
- (b) has reached an agreement in writing with the owner and occupier of those premises on such terms and conditions as the Minister may approve,

the Quarantine Authority may use and occupy those premises as a quarantine facility.

(3) A quarantine facility shall be under the control of a quarantine officer who may, for that purpose, be assisted by such other officer as the Quarantine Authority may designate.

(4) An agreement under this section shall be exempt from the provisions of the Public Procurement Act.

#### **6. Appointment of quarantine officers**

(1) The Quarantine Authority may designate a medical practitioner to be a quarantine officer.



#### **4. Powers of Minister**

(1) Where the Minister considers that it is necessary and expedient to prevent the introduction and spread in Mauritius of a communicable disease, he shall, by notice published in the Gazette, declare that –

- (a) there is or is likely to be an epidemic of the disease; and
- (b) a quarantine period shall be in force in Mauritius, or part thereof, as from such date as may be specified in the notice.

(2) Where the Minister considers that there is no longer a threat of an epidemic, he shall, by notice published in the Gazette, declare the end of the epidemic.

#### **5. Designation of quarantine facility**

(1) Following the publication of a notice under section 4, the Quarantine Authority may, for the protection of public health, designate such premises as he considers appropriate to be a quarantine facility.

(2) Where the Quarantine Authority –

- (a) considers that private premises are required for use and occupation as a quarantine facility; and
- (b) has reached an agreement in writing with the owner and occupier of those premises on such terms and conditions as the Minister may approve,

the Quarantine Authority may use and occupy those premises as a quarantine facility.

(3) A quarantine facility shall be under the control of a quarantine officer who may, for that purpose, be assisted by such other officer as the Quarantine Authority may designate.

(4) An agreement under this section shall be exempt from the provisions of the Public Procurement Act.

#### **6. Appointment of quarantine officers**

(1) The Quarantine Authority may designate a medical practitioner to be a quarantine officer.



(2) The Quarantine Authority shall issue to the quarantine officer an identity card which the quarantine officer shall wear at all times so as to be clearly visible to other persons.

## **7. Confinement of persons in quarantine facilities**

(1) During a quarantine period, a person who –

- (a) travels into Mauritius from abroad;
- (b) has been or may have been in contact with a person who has or may have a communicable disease; or
- (c) has otherwise been exposed to a communicable disease,

may be confined in a quarantine facility for such period as a quarantine officer shall determine.

(2) Where a person is to be confined in a quarantine facility under subsection (1), the quarantine officer shall –

- (a) cause that person to be conveyed to a quarantine facility; and
- (b) issue that person with a certificate of quarantine in such form as may be prescribed.

(3) A quarantined person shall undergo such medical examination as the quarantine officer may require.

(4) Subject to subsection (5), where the quarantine officer considers that a quarantined person is in need of medical treatment, the quarantine officer may request a specialist to examine the person in the quarantine facility and, where necessary, transfer him to a hospital on the advice of the specialist.

(5) Notwithstanding subsection (4) –

- (a) (i) where a quarantined person makes a request to follow medical treatment in a private health institution at his own cost; and

- (ii) the quarantine officer is satisfied that the private health institution has adequate facilities for treating the disease from which the quarantined person is suffering,

the quarantined person shall be confined in that private health institution under such supervision as the quarantine officer may direct, subject to such private health institution being designated as a quarantine facility under section 5; or

- (b) the quarantine officer may instruct the person referred to in subsection (1) to isolate himself at his residence and to comply with such measures as the quarantine officer may impose on him.

(6) Where a quarantine officer considers that a quarantined person –

- (a) does not suffer from a communicable disease; and
- (b) poses no risk of harm to public health,

he shall discharge the quarantined person on such conditions as the quarantine officer may impose.

(7) Where a quarantined person –

- (a) has been discharged under subsection (6);
- (b) has failed to comply with a condition imposed under subsection (6); or
- (c) causes a risk of harm to public health,

the Quarantine Authority may, at any time, order that he shall be readmitted into a quarantine facility under such terms and conditions as the Quarantine Authority may determine.

## **8. Entry into and departure from quarantine facility**

No person shall enter or leave a quarantine facility without the authorisation of a quarantine officer.

## **9. Duty to provide information**

(1) Every person shall provide such information as the quarantine officer may reasonably require to ascertain if the person –



- (a) presents any symptom of a communicable disease;
- (b) is infested with vectors;
- (c) has been in contact with any person who has or may have a communicable disease; or
- (d) has otherwise been exposed to a communicable disease.

(2) Any person who fails to comply with subsection (1), or who provides false or misleading information, shall commit an offence.

#### **10. Duty to disclose communicable disease**

- (1) Any person who suspects that he –
  - (a) has, or may have, a communicable disease;
  - (b) is, or may be, infested with vectors; or
  - (c) has, or may have, been in contact with a person who has or may have a communicable disease,

shall accordingly forthwith inform a quarantine officer.

(2) Any person who fails to comply with subsection (1) shall commit an offence.

#### **11. Police powers**

A police officer –

- (a) shall provide such assistance as may be reasonably required by a quarantine officer under this Act;
- (b) may –
  - (i) board a ship or an aircraft;
  - (ii) enter premises without a warrant;



- (iii) arrest, without a warrant, a person whom he has reasonable cause to believe has committed an offence under this Act or any regulations made under this Act.

## **12. Offences**

Any person who –

- (a) refuses to answer or knowingly gives a misleading answer to an inquiry made under the authority of this Act;
- (b) intentionally withholds any information reasonably required of him by a person acting under the authority of this Act;
- (c) knowingly furnishes to a person any information which he knows to be false;
- (d) refuses or wilfully omits to do an act which he is required to do by this Act;
- (e) refuses or wilfully omits to carry out a lawful order, instruction or condition made, given or imposed by a person acting under the authority of this Act;
- (f) assaults, resists, insults, wilfully obstructs, or intimidates a person acting under the authority of this Act;
- (g) whilst being in a quarantine facility, damages any property therein; or
- (h) otherwise contravenes this Act or any regulations, Order or notice under this Act,

shall commit an offence and shall, on conviction, be liable to a fine not exceeding 500,000 rupees and to imprisonment for a term not exceeding 5 years.

## **13. Regulations**

(1) The Minister may make such regulations as he thinks fit for the purposes of this Act.

(2) Without prejudice to the generality of subsection (1), any regulations made under subsection (1) may provide for –



- (a) the location, design, construction, installation, operation, maintenance, marking and modification of a quarantine facility;
- (b) information to be provided by a person entering Mauritius by air or sea;
- (c) the delimitation of the limits of quarantine facilities;
- (d) the control and management of quarantine facilities;
- (e) the levying of fees and charges;
- (f) the amendment of the Schedule.

#### **14. Repeal**

The Quarantine Act is repealed.

#### **15. Savings**

(1) Any reference to the Quarantine Act in any other enactment shall be construed as a reference to the Quarantine Act 2020.

(2) The following regulations shall be deemed to have been made under this Act –

- (a) Quarantine Regulations 1953;
- (b) Quarantine (Aircraft Landing Restriction) Regulations 1954;
- (c) Quarantine (Yellow Fever) (Fees) Regulations 1968;
- (d) Quarantine (Charges for Services) Regulations 1997;
- (e) Quarantine (Charges for Services) Rules 1997;
- (f) Quarantine (Quarantinable Diseases) Regulations 2020.

#### **16. Commencement**

This Act shall come into operation on a date to be fixed by Proclamation.



**SCHEDULE**  
[Section 2]

Active pulmonary tuberculosis

Anthrax Charbon

Argentine hemorrhagic fever

Bolivian hemorrhagic fever

Botulism

Brazilian hemorrhagic fever

Cholera

COVID-19

Crimean-Congo hemorrhagic fever

Diphtheria

Ebola hemorrhagic fever

Lassa fever

Marburg hemorrhagic fever

Measles

Meningococcal meningitis

Meningococccemia

Pandemic influenza type A

Plague

Poliomyelitis

Poliomyelitis Meningococccemia

Rift Valley fever



Severe acute respiratory syndrome

Smallpox

Typhoid fever

Venezuelan hemorrhagic fever

Yellow fever

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# ANNEX C: GUIDELINES FOR HOME VISIT SERVICES



Ministry of Health and Wellness

## GUIDELINES FOR HOME VISIT SERVICES

At present 8924 is the hotline for the population to get information and counselling on medical issues in relation to COVID-19 and other minor ailments. The Doctors posted at 8924 will continue to function as at present. However in any case of doubt then these cases will be referred to the Home Visit Service through the Health Promotion Unit of the concerned Hospital region.

### **1. Introduction**

1.1 Any person having a combination of any three of the undermentioned symptoms including fever and cough may have the Home Service.

1.2 The symptoms refer to :  
Cough, fever above 37.8<sup>0</sup> C, sore throat, body ache, diarrhea, vomiting, fatigue, running nose and difficulty in breathing.

### **2. How to access the Home Visit Service**

2.1 Any person having a combination of the symptoms has to call on the Central Hotline **8924** of the Ministry of Health and Wellness.

2.2 The Central Hotline will immediately relay the information at the Regional Hospital level through the regional telephone numbers of the Health Promotion Unit.

2.3. The Regional Health Promotion Office will refer the information to the **Home Visit Team** in the region.

### **3. Home Visit Team**

3.1 One ( 1 ) Home Visit Team will operate in each Regional Hospital.

3.2 Each team will operate in a shift system namely 08 00 hours to 18 00 hours.

3.3 Each team will constitute of one doctor as Team Leader and one Nursing Officer.

3.4 A transport facility will be attached to each team.

3.5 Each team will be provided the necessary protective equipment.





#### **4. Medication**

4.1 Each team will carry in their transport conveying them appropriate medication to dispense to patients with simple medical conditions under Home Service.

4.2 The Director Pharmaceutical Services will ensure that the regional pharmacies prepare daily medication kits for the team for both shifts.

4.3 The Medical Team will decide on the frequency for reviewing the patients depending upon their conditions or refer to any health facility in the region.

#### **5. Treatment**

5.1 The Home Visit Team should examine the patient in a proper environment at the domicile of the patient.

5.2 Any suspected case of COVID 19 shall be referred to the Regional Public Health Superintendent ( RPHS ) who will do needful.

5.3 The contact details of the RPHS of each region are as follows :

1. Jeetoo Hospital : Dr ( Mrs ) Rambhojan 57077273
2. SSRN Hospital : Dr ( Mrs ) Potheeram 59421445
3. Flacq Hospital : Dr ( Mrs ) Gopaul 57741323
4. J.Nehru Hospital : Dr ( Mrs ) Beejadhursingh 59156805
5. Victoria Hospital : Dr ( Mrs ) Bundhoo 57807647 / Dr Khodabaccus 57872535

5.4 For all other cases, the team will provide advice and simple treatment as necessary.

5.5 Patients having a history of recent travel ( 3 weeks ), or history of close contact with somebody who has travelled in the past 3 weeks, or been in contact with an infected patient should also be referred to the RPHS for needful.



**Ministry of Health and Wellness**

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**6. Home Service**

6.1 The team is expected to provide advice on Home Visit Service to any patient who has been referred to the RPHS.

6.2 The team will also conduct appropriate counselling to the family members.

For further information you may contact :

1.Mr D.Gaoneadry ( Permanent Secretary) on 52548071

2.Dr B.Ori ( Director Health Services ) on 52501560

3.Dr S.Kowlessur ( Chief Health Promotion and Research Coordinator ) on 52507581

4.Dr Soopal-Lutchmun ( Director Medical Unit Ministry Of Social Integration,Social Security and National Solidarity ) on 59233951

5.Mrs S.Kalasopatan-Chellen ( Assistant Permanent Secretary) on 52557906

6.i. Ag Regional Health Director, Dr A.G.Jeetoo Hospital  
Dr S.Hemoo 52506402

ii. Medical Superintendent  
Dr ( Mrs ) Kowlessur 52531870

7.i. Regional Health Director, SSRN Hospital  
Dr V.Dinnasing 59438742

ii. Medical Superintendent  
Dr Emmamally 2434950



**Ministry of Health and Wellness**

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- 8.i. Regional Health Director, Flacq Hospital  
Dr ( Mrs ) S.Ramsewok 52593062
- ii. Medical Superintendent  
Dr Ahsien 59444574
  
- 9.i. Regional Health Director, J.Nehru Hospital  
Dr R.Goordoyal 59421974
- ii. Medical Superintendent  
Dr Raghoobur 52542345 / 57252584
  
- 10.i Regional Health Director, Vicoria Hospital  
Dr B.S.Caussy 52571960
- ii. Medical Superintendent  
Dr Poonith 57950617

**27 March 2020**









# **Annex E: Protocol for Treatment by Convalescent Plasma of COVID-19**

## **Patients**

Convalescent plasma that contains antibodies to severe acute respiratory syndrome coronavirus 2 or SARS-CoV-2 is being studied for administration to patients with COVID-19. Use of convalescent plasma has been studied in outbreaks of other respiratory infections, including the 2003 SARS-CoV-1 epidemic, the 2009-2010 H1N1 influenza virus pandemic, and the 2012 MERS-CoV epidemic.

### **PLASMA COLLECTION**

#### **1. DONOR ELIGIBILITY**

- a) COVID-19 convalescent plasma shall be collected from individuals who meet all donor eligibility requirements and the additional donor eligibility requirements for the collection of plasma by plasmapheresis.
- b) COVID-19 convalescent plasma is collected from individuals who meet the following:
  - Having been tested positive for COVID-19 documented by a RT PCR laboratory test on a nasopharyngeal swab;
  - Having a positive serological test for SARS-CoV-2 antibodies after recovery;
  - Completed resolution of symptoms at least 14 days prior to donation AND tested Negative for COVID-19 on two consecutive nasopharyngeal swab specimens by RT PCR done at an interval of 24 hours;
  - Aged 18 to 60 years; and
  - With body weight of 50kg or more.

#### **2. Donor Recruitment, Information and Consent**

All COVID-19 recovered patient shall be recruited as potential convalescent plasma donors at the time of their exit testing from Treatment Centres. Donors eligible for donation of convalescent plasma shall be provided with relevant information emphasizing that their plasma could be useful as an empirical treatment of COVID-19 patients. The names and contact details



of donors willing to be enrolled as plasma donors shall be forwarded to National Blood Transfusion Service. A written consent shall be obtained from the donor after assessing all eligibility criteria.

### 3. Collection of plasma

Plasma shall be collected either through a conventional blood donation exercise using multiple bag system or through plasmapheresis.

### 4. Blood grouping and TTI screening

All plasma donors shall have ABO blood grouping and TTI screening done. Besides, the donors will also undergo a COVID-19 antibody screening for presence of IgG antibodies.

### 5. Storage of plasma and inventory management

All convalescent plasma shall be frozen within 8 hours of collection and stored at minus  $-20^{\circ}\text{C}$  as Fresh Frozen Plasma for period not exceeding one year. All units shall be appropriately labeled and stored separately. A careful inventory management shall be carried out to minimize any loss due to expiry date of the collected units.

### 6. Release of plasma for transfusion

An EDTA sample shall be obtained from the patient accompanied by an appropriately filled request form. Confirm patient's ABO blood group. Select same blood group or AB group plasma and thaw plasma at  $37^{\circ}\text{C}$ . transfuse within 6 hours of thawing.



## CONVALESCENT PLASMA ADMINISTRATION

### 1. Patient Eligibility

These criteria include:

- Laboratory confirmed COVID-19; and
- Severe or immediately life-threatening COVID-19, for example
  - Severe disease is defined as one or more of the following:
    - Shortness of breath(dyspnoea);
    - Respiratory frequency $\geq$  30/min;
    - Blood oxygen saturation $\leq$  93%;
    - Partial pressure of arterial oxygen to fraction of inspired oxygen ratio  $<$  300; and
    - Lung infiltrates  $>$ 50% within 24 to 48 hours
  - Life- threatening disease is defined as one of the following:
    - Respiratory failure
    - Septic shock and
    - Multiple organ dysfunction or failure.

2. Informed consent provided by the patient or healthcare proxy.

3. Administration of convalescent plasma.

Administer two or three 150 to 200ml doses of plasma to the patient on alternate days. Repeat transfusions should be considered based on clinical response.

4. Patient monitoring

Monitor patient closely for any adverse reactions at the time of plasma transfusion. A close clinical monitoring and monitoring of laboratory parameters of the patient to assess clinical benefit should be done after each dose of plasma.



Laboratory parameters should include but are not limited to:

- FBC
- FERRITIN LEVEL
- C REACTIVE PROTEIN
- COAGULATION PROFILE AND D-DIMER; AND
- RENAL and LIVER FUNCTION



# ANNEX F: Anti-Flu Vaccination Programme

## Ministry of Health and Wellness

### Anti-Flu Vaccination Program for Elderly

As a public health emergency of international concern, the COVID-19 pandemic (caused by the novel SARS-CoV-2 virus) has drawn global attention and response. This pandemic initiated a range of measures to mitigate the transmission of SARS-CoV-2 and to reduce the impact of the outbreak on healthcare systems, including shifting of healthcare resources to the COVID-19 response. There is a risk of disruption to the immunization activities due to both COVID-19 related burden on the health system and decreased demand for vaccination because of physical distancing requirements or community reluctance. Disruption of immunization services, even for short periods, will result in an accumulation of susceptible individuals, and a higher likelihood of vaccine preventable diseases (VPDs) outbreaks. Such outbreaks may result in VPD-related deaths and an increased burden on health systems which is already strained by the response to the COVID-19 outbreak.

Immunization services are an essential component of health services. Therefore, routine immunization sessions should be maintained as long as COVID-19 response measures allow. Yet the complexity and global reach of the COVID-19 response with respect to mandatory physical distancing (also referred to as social distancing) and economic impact on households is unprecedented for public health.

Influenza is an infection of the upper airway caused by the influenza virus. It is a serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Even healthy people can get very sick from the flu and spread it to others. “Flu season” in the Mauritius can begin as early as in May and persist throughout the winter season. During this time, flu viruses are circulating at higher levels in the Mauritian population. An annual seasonal flu vaccine is the best way to reduce the chances of getting seasonal flu and spread it to others. It is important for the elderly to get the influenza vaccine before the influenza season starts since the elderly aged 65 or above are at high risk of developing seasonal flu and related serious complications.

#### Benefit of the Vaccine

- Flu vaccination will minimize the risk of one getting sick with flu and prevents millions of illnesses and flu-related doctor’s visits each year.
- Reduces Hospitalization and Death
- Reduces Risks for Major Cardiac Events



## **Anti-Flu Vaccination Program**

The vaccination program will cover the whole island and will be performed district wise.

Nine buses (30 seats) will be provided by the Police Force and each bus will circulate in a specific district. Each bus will be equipped with all the necessary materials and comprise of 5 nurses who will administer the vaccine.

The vaccine will be kept in the nearby health centres of the locality whilst maintaining cold chain system. On the day of vaccination, the required amount of vaccines will be fetched from these health centres and kept in cooler boxes.

## **Mode of Conducting the Vaccination**

The senior citizens will be asked to stay at their place and it is the bus which will come at their itinerary to do the needful. There will be a loud speaker which will announce the arrival of the bus, upon listening to the announcement only the designated person need to come out of the house and receive his/her vaccine. Only person who need assistance or on wheelchair will be accompanied by a member of the house.

## **Sensitize the Public**

Three days' prior the vaccination the Constituency clerks, President of Senior Citizen and Women association will contact the elderly citizens which is on their list by phone and will sensitize them on the nature and importance of the vaccine. They will be briefed on the vaccination program and mode of behavior during the vaccination program in order not to disrupt the standard precaution in line with Covid-19.

## **Vaccination will not be performed under the following conditions:**

- The person has fever
- The person has egg allergy



SN	DATE	LOCALITY
1	MON 06, THURS 16 , THURS 30 APRIL 2020	PAILLES
2	TUES 07, WED 29 APRIL 2020	VALLEE DES PRETES
3	WED 08, TUES 05 MAY 2020	PLAINE VERTE
4	THURS 09, SAT 09 MAY 2020	WARD 4
5	SAT 11 APRIL 2020	POINTE AUX SABLES
6	MON 13, MON 11 MAY 2020	ST CROIX
7	TUES 14, WED 29 APRIL 2020	VALLEE PITOT
8	WED 15 APRIL 2020	ROCHE BOIS
9	THURS 16, THURS 30 APRIL 2020	TRANQUEBAR
10	SAT 02 MAY 2020	GRANDE RIVIERE NORTH WEST
11	SAT 02 MAY 2020	CAMP CHAPELON
12	WED 06, MON 11 MAY 2020	TOMBEAU BAY
13	THURS 07 MAY 2020	CAMP YOLOFF
14	THURS 07 MAY 2020	ST FRANCOIS XAVIER
15	FRI 08 MAY 2020	CITE LA CURE
16	FRI 08 MAY 2020	PAUL TOUREAU
17	TUES 05 MAY 2020	CHAMP DE MARS
18	WED 05 MAY 2020	CHINATOWN
19	SAT 02 MAY 2020	CITE VALLIJEE
20	SAT 02 MAY 2020	COROMANDEL
21	TUES 05 MAY 2020	CASSIS
22	TUES 05 MAY 2020	BELL VILLAGE
23	WED 06 MAY 2020	LA TOUR KOEING
24	WED 06 MAY 2020	RICHELIEU

## REGION: RIVIERE DU REMPART

SN	DATE	LOCALITY
1	MONDAY 6 APRIL 2020	ROCHES NOIRES
2	TUESDAY 7 APRIL 2020	POUDRE D'OR VILLAGE
		POUDRE D'OR VILLAGE
3	WEDNESDAY 8 APRIL 2020	GOKHOO LAH AMITIE
		BARLOW
4	WEDNESDAY 8 APRIL, SATURDAY 11 APRIL, TUESDAY 5 MAY 2020	PITON
5	THURSDAY 9 APRIL, SATURDAY 2 MAY, SATURDAY 9 MAY 2020	GOODLANDS
6	FRIDAY 10 APRIL 2020	RIVIERE DU REMPART
7	SATURDAY 11 APRIL 2020	PLAINE DES ROCHES
8	MONDAY 13 APRIL 2020	PETITE JULIE
		BELLE VUE MAUREL DES JARDINS
9	TUESDAY 14 APRIL, MONDAY 04 MAY 2020	GRAND GAUBE
10	WEDNESDAY 15 APRIL 2020, WEDNESDAY 29 APRIL 2020	PETIT RAFFRAY REUNION MAUREL
		VALE
11	THURSDAY 16, THURSDAY 30 APRIL 2020	GRAND BAY SOTTISE
12	MONDAY 04/05/2020	ROCHE TERRE
13	WEDNESDAY 6 MAY 2020	L'ESPERANCE TREBUCHET
		COTTAGE
		COTTAGE
14	THURSDAY 7 MAY 2020	POUDRE D'OR HAMLET
		PTE DESLASCAR
		PANCHVATI
15	FRIDAY 08/05/2020	MAPOU
		CALODYE ST FRANCOIS
16	SATURDAY 09 MAY 2020	ROCHES NOIRES
		PLAINE DES ROCHES
17	MONDAY 11 MAY 2020	POSTE DE FAYETTE
		MONT CHOISY PEREYBERE
18	MONDAY 13 APRIL, TUESDAY 5 MAY 2020	AMAURY

## REGION: FLACQ

SN	DATE	LOCALITY
1	WEDNESDAY 08 APRIL 2020 WEDNESDAY 29 APRIL 2020	CAMP DE MASQUE
		BEL ETANG
		PONT BLANC
2	FRIDAY 17 APRIL 2020	MONT IDA
3	WEDNESDAY 29 APRIL 2020	ST JULIEN VILLAGE
		BONNE MERE FLACQ
4	THURSDAY 30 APRIL 2020	ISIDORE
		CAMP ITHIER
		PALMAR
		QUATRE COCOS
		NEHRU NAGAR
		POSTE DE FLACQ
		CAMP MARCELIN
		HERMITAGE FLACQ
5	SATURDAY 02 MAY 2020	LA LUCIE ROY BEL AIR
		GRSE
		ERNEST FLORENT
		BEAU CHAMPS
6	MONDAY 04 MAY 2020	DEEP RIVER
		OLIVIA
		BELLE RIVE
7	TUESDAY 05 MAY 2020	BELLE ROSE (BEL AIR)
		CLEMENCIA
		CAROLINE
		PETIT BOIS
8	WEDNESDAY 06 MAY 2020	RICHE MARE
		ARGY
		BRAMSTHAN
		QUEEN VICTORIA
		ECROIGNARD
9	THURSDAY 07 MAY 2020	SEBASTOPOL
		PELLEGRIN
		CLAVET
		LESUR
10	FRIDAY 08 MAY 2020	GRANDE RETRAITE
		PETITE RETRAITE
		BOIS D'OISEAUX

## REGION: MOKA

SN	DATE	LOCALITY
1	MONDAY 06 APRIL 2020	ST JULIEN D'HOTMAN
		CAMP THOREL
2	TUESDAY 07 APRIL 2020	DAGOTIERE
		VALETTA
3	WEDNESDAY 08 APRIL 2020	VERDUN
		ALMA
4	THURSDAY 09 APRIL 2020	MOKA
5	FRIDAY 10 APRIL 2020	ST PIERRE
		TELFAIR
6	SATURDAY 11 APRIL 2020	L'AGREMENT
		REDUIT
		PETIT VERGER
		COTE D'OR
		MONT ORY
7	MONDAY 13 APRIL 2020	CIRCONSTANCE
		L'AVENIR
		LA LAURA
		MALINGA
		RIPAILLES
		NOUVELLE DECOUVERTE
8	TUESDAY 14 APRIL 2020	QUARTIER MILITAIRE
		BONNE VEINE
9	WEDNESDAY 15 APRIL 2020	VUILLEMIN
		PROVIDENCE
		L'ESPERANCE





## REGION: PLAINES WILHEMS

SN	DATE	LOCALITY
1	MONDAY 06, MONDAY 13 APRIL 2020	PLAISANCE RH
2	WEDNESDAY 08 APRIL 2020	CANDOS
		KENNEDY
3	FRIDAY 10 APRIL , MONDAY 11 MAY, TUESDAY 12 MAY 2020	BEAU BASSIN
4	SATURDAY 11 APRIL 2020	PHOENIX
5	SATURDAY 11 APRIL, MONDAY 11 MAY 2020	HENRIETTA
6	MONDAY 13 APRIL 2020	DUBREUIL
		PLAISANCE RH
		SODNAC
7	MONDAY 13 APRIL, SATURDAY 09 MAY 2020	MIDLANDS
8	MONDAY 13 APRIL, TUESDAY 05 MAY 2020	BELLE ROSE
		ST JEAN
9	TUESDAY 14 APRIL, WEDNESDAY 06 MAY 2020	HIGHLANDS
10	TUESDAY 14, THURSDAY 30 APRIL 2020	ST PAUL
11	TUESDAY 14 APRIL 2020	TREFLES
12	TUESDAY 14, WEDNESDAY 29 APRIL 2020	CAMP LEVIEUX
13	WEDNESDAY 15 APRIL, THURSDAY 16 APRIL, FRIDAY 08 MAY 2020	CUREPIPE FOREST SIDE
14	WEDNESDAY 15 APRIL, TUESDAY 29 APRIL, THURSDAY 30 APRIL, MONDAY 11 MAY 2020	LA CAVERNE
15	THURSDAY 16 APRIL, THURSDAY 07 MAY 202	ROCHE BRUNES
16	THURSDAY 16 APRIL 2020	MONT ROCHES
17	THURSDAY 16 APRIL, THURSDAY 07 MAY 2020	MONT ROCHES
18	THURSDAY 30 APRIL, WEDNESDAY 06 MAY 2020	CASTEL
19	THURSDAY 30 APRIL, WEDNESDAY 06 MAY, SATURDAY 02 MAY 2020	MESNIL
20	MONDAY 04, SATURDAY 09 MAY 2020	FLOREAL
21	WEDNESDAY 06 MAY 2020	LA MARIE
22	WEDNESDAY 06, MONDAY 11 MAY 2020	HOLLYROOD



<b>SN</b>	<b>DATE</b>	<b>LOCALITY</b>
23	FRIDAY 08, SATURDAY 09 MAY 2020	BASSIN RD
24	MONDAY 11, TUESDAY 12 MAY 2020	CUREPIPE
25	MONDAY 11 MAY 2020	GRANUM
26	THURSDAY 07, MONDAY 11 MAY 2020	PALMA
27	SATURDAY 02 MAY 2020	CINQ ARPENTS
		HERMITAGE
28	MONDAY 04, TUESDAY 09 MAY 2020	QUATRE BORNES
29	THURSDAY 16, WEDNESDAY 29, THURSDAY 30 APRIL 2020	ROSE HILL
30	THURSDAY 09 APRIL 2020	ALLEE BRILLANT
31	FRIDAY 10 APRIL, MONDAY 04 MAY 2020	RESIDENCE MANGALKHAN
32	THURSDAY 09 APRIL, MONDAY 04 MAY 2020	EAU COULEE
33	TUESDAY 07 APRIL 2020	STANLEY
34	WEDNESDAY 08 APRIL 2020	CAMP FOUQUEREAU
35	WEDNESDAY 08 APRIL 2020	LA SOURCE
36	THURSDAY 07 MAY 2020	CITE ATLEE CAMP BOMBAYE
37	FRIDAY 08 MAY 2020	LA PEYROUSSE
		LA MAIREE
		ENGRAIS MARTIAL
		GLEN PARK
38	SATURDAY 09 MAY 2020	CITE MALHERBES
		LA BRASSERIE
39	WEDNESDAY 06 MAY 2020	ROBINSON RD
		CAMP CAVAL
40	MONDAY 04 MAY 2020	PETIT CAMP VALENTINA



## REGION: GRAND PORT

SN	DATE	LOCALITY
1	TUESDAY 05 APRIL 2020	BALISSON
2	MONDAY 06 APRIL 2020	FERNEY
		ST HUBERT
		ST HILAIRE
		RICHE EN EAU
		NOUVELLE FRANCE
3	TUES 07, THURS 30 APRIL 2020	PLAINE MAGNIEN
4	WEDNESDAY 08 APRIL 2020	MARE D'ALBERT
5	THURSDAY 09 APRIL 2020	QUATRE SOEURS /DEUX FRERES
		GRAND SABLE
		PETIT SABLE
		BAMBOUS VIRIEUX
6	THURS 09, SATURDAY 02 MAY 2020	PROVIDENCE/ANSE JONCHEE/ BOIS DES AMOURETTES
7	FRIDAY 10 APRIL 2020	NEW GROVE
8	SATURDAY 11 APRIL 2020	OLD GRAND PORT
		RIVIERE DES CREOLES /FERNEY
9	MONDAY 13 APRIL 2020	MAHEBOURG
10	TUESDAY 14, WEDNESDAY 29 APRIL 2020	ROSE BELLE
11	WEDNESDAY 15, WEDNESDAY 29 APRIL 2020	LA ROSA
		MARE TABAC
12	WEDNESDAY 16 APRIL 2020	VILLE NOIRE
13	THURSDAY 30 APRIL 2020	BEAU VALLON
		UNION PARK
14	MONDAY 04 MAY 2020	CLUNY
		BANANES
15	THURSDAY 07 MAY 2020	PETIT BEL AIR
		GRAND BEL AIR

## REGION: SAVANNE

SN	DATE	LOCALITY
1	MONDAY 06, THURSDAY 16 APRIL 2020	RIVIERES DES ANGUILLES
2	TUESDAY 07 THURSDAY 09 APRIL 2020	SOUILLAC
3	TUESDAY 07, THURSDAY 09, THURSDAY 30 APRIL 2020	SURINAM
4	FRIDAY 10 APRIL 2020	L'ESCALIER
		PLEIN BOIS
5	SATURDAY 11 APRIL 2020	BOIS CHERI
		LA FLORA
6	SATURDAY 11, TUESDAY 12 MAY 2020	GRAND BOIS
7	MONDAY 13 APRIL 2020	RIAMBEL
		BAIE DU CAP
		RIVIERE DES GALETS
		CHAMAREL
8	TUESDAY 14 APRIL 2020	RIVIERE DU POSTE
9	WEDNESDAY 15 APRIL 2020	CAMP DIABLE
10	THURSDAY 16 APRIL 2020	CHATEAU BENARES
11	FRIDAY 17, SATURDAY 2 MAY 2020	TYACK
12	SATURDAY 18, WEDNESDAY 29 APRIL 2020	CHEMIN GRENIER
		CHAMOUNY
13	SATURDAY 02 MAY 2020	ST AUBIN
14	MONDAY 04 MAY 2020	TROIS BOUTIQUES
		CAMP CAROL
		LE BOUCHON
		CARREAU ACCACIA

## REGION: BLACK RIVER

SN	DATE	LOCALITY
1	MONDAY 06 APRIL, TUESDAY 04 MAY 2020	PETITE RIVIERE
2	TUESDAY 07 APRIL, TUESDAY 04 MAY 2020	BAMBOUS
3	WEDNESDAY 08 APRIL 2020	RIVIERE NOIRE
4	THURSDAY 09 APRIL 2020	LA GAULETTE
		CASE NOYALE
		COTTEAU RAFFIN
5	FRIDAY 10 APRIL, SATURDAY 02 MAY 2020	FLIC EN FLAC
6	FRIDAY 10 APRIL 2020	CASCVELLE
7	THURSDAY 07 MAY 2020	BEAU SONGES
8	FRIDAY 08 MAY 2020	ALBION
		CANOT
		GROS CAILLOUX

## REGION: PAMPLEMOUSSES

SN	DATE	LOCALITY
1	Monday 06 April 2020	LONG MOUNTAIN
2	TUESDAY 7 APRIL 2020	PAMPLEMOUSSES
3	WEDNESDAY 8 APRIL 2020	CONGOMAH
4	WEDNESDAY 8 APRIL 2020	NOTRE DAME
5	THURSDAY 9 APRIL 2020	TRIOLET
6	FRIDAY 10 APRIL 2020	PTE AUX PIMENTS
7	SATURDAY 11 APRIL 2020	FOND DU SAC
8	WEDNESDAY 15 APRIL 2020	CALEBASSE
9	MONDAY 13 APRIL 2020	PLAINE DES PAPAYES
10	THURSDAY 16 APRIL 2020	TERRE ROUGE
11	WEDNESDAY 15 APRIL 2020	ARSENAL
12	TUESDAY 14 APRIL 2020	MORCELLEMENT ST ANDRE
13	THURSDAY 9 APRIL 2020 TUESDAY 12TH MAY 2020	TROU AUX BICHES
14	MONDAY 11 MAY 2020	CREVE COEUR
15	SATURDAY 9 MAY 2020	CAP MALHEUREUX
16	MONDAY 11 MAY 2020	LES MARIANNES





## PROTOCOL FOR THE CORRECT USE OF ANTIGEN TESTS

Prior to carry out test, officers explained the particulars about the rapid antigen test to the patient.

### **Consent form:**

Sign consent form.

### **Before testing**

#### **Traceability:**

- Name, Surname, Gender, Date of Birth, Occupation, Site of work, Place and Time Rapid Test is being carried out and results.
- Name of officers who have carried out the tests

### **In case the result is considered as doubtful are positive by the person carrying out the test:**

- If the test is interpreted as negative, inform the person screened. No further investigation is necessary.
- If the test is interpreted as positive or doubtful, the person carrying out the test should sign, insert date and time on the report, specifying that the test is uncertain and doubtful and one PCR test is to be carried out immediately and sent to virology laboratory. The request for PCR test should be signed, dated and time inserted. All precautionary measures should be taken before any announcement. You should indicate that the screening test result is doubtful or positive. The person screened should at no time, at this given stage, be informed that he/she is positive (bear in mind that the test is positive, not the person screened). You can inform the person screened for the following:

*“Your test result is doubtful or positive. For the time being there exists a doubt, we will therefore undertake a swab for a PCR verification test. The result from the PCR test will be obtained within some hours, in the meantime, and there is a doubt, you will be placed in isolation. If the confirmation PCR test gives a negative result, you are not contaminated and you will be allowed to leave as soon as the result are known. If the confirmation PCR test is positive, you are contaminated and you will be sent to a COVID-19 treatment centre where you will be medically handled.*

- It is important that as from this stage, the person is reassured and he/she should be provided with some brief information concerning COVID-19.
  - COVID-19 infection is mild in 80% of cases
  - Covid-19 is deadly only in 0,5% of cases
  - You have no need to worry, you will be correctly handled by our medical teams.

**MINISTRY OF HEALTH AND WELLNESS****GUIDELINES FOR RAPID TEST FOR COVID-19**

Where there are multiple choices, tick the appropriate box/es unless otherwise specified hereunder.

No	Field to be filled	Guidelines
1	Location/site	Name of institution and address to be filled
2	Surname & other Names	Name of person to be recorded in full. No initials to be used.
3	National Identity Number	Should be recorded as appropriate.
4	Sex	Tick as appropriate.
5	Date of Birth	Is recorded as 00.00.0000(date/monthly/year)
6	Age	Completed number of years is recorded.
7	Address	Full address of the person should be recorded mentioning house number, street/road, locality and village/town whichever is/are available.
8	Tel No.	More than one telephone number may be recorded.
9	Occupation	Occupation of the person who is being screened is recorded
10	Place of work	Full detailed of Company or Ministry
11	Test for COVID-19 history	Tick as Appropriate
12	Rapid antigen Test	Tick as Appropriate
13	Results	Tick as Appropriate
14	Remarks	Any information that cannot be recorded elsewhere can be recorded here. Referral can also be recorded here.

# ANNEX H (iv): Management of Suspected/ Confirmed cases of COVID-19



Ministry of Health and Wellness  
Mauritius

## PROTOCOL FOR MANAGEMENT OF SUSPECTED CASE OF COVID 19 INFECTION

### **Suspected case presenting at the fever clinic in hospital**

Patient attending the fever clinic should be given a mask immediately. Suspected case is a patient with a history of cough, fever, breathlessness together with a history of recent travel (3 weeks), or history of close contact with somebody who has travelled in the past 3 weeks, or been in contact with an infected patient. Or none of the above but still suspicious in view of severe respiratory signs and symptoms with abnormal CXR.

In elderly patients the symptoms may be gastro-intestinal or just severe generalized weakness.

### **Management**

- Isolate patient immediately and transfer to dedicated isolation ward in each regional hospital.
- Implement standard precautions at all times.
- Staff to wear a surgical mask, with appropriate gown, cap, eye protection (goggle or face shield).
- Use single use or disposable equipment.
- Avoid aerosol generating procedures.
- Investigations: FBC, U&E and creatinine, LFT, SGOT, SGPT, coagulation profile,
- Throat swab to be sent to virology lab, by special dispatch, (to inform lab at Virology Unit VH,)
- Blood culture if required
- Test for influenza virus as well.
- For patient with lower respiratory track signs and symptoms it is preferable to collect specimen from the lower respiratory tract such as sputum or tracheal aspirate.
- Staff collecting specimen (Nasopharyngeal or oropharyngeal) should wear a N-95 mask.
- Monitor BP, SpO<sub>2</sub>, temperature, respiratory rate
- Baseline Chest X ray for all suspected case in isolation ward with portable machine

### **IF COVID 19 NEGATIVE**

- Can be discharged on symptomatic treatment
- Repeat Test day 7 or earlier if symptoms worsen - to be followed up (organised by RPHS)
- Patient advised to use surgical mask at home and self isolate.

### **IF COVID 19 POSITIVE**

- Transfer to New Souillac Hospital (at present), or to designated hospital (Montagne Longue Hospital, Mahebourg Hospital, ENT Hospital), **but eventually will be admitted in the dedicated wards in each regional hospital**. Transfer to be made by ambulance if general condition satisfactory or by SAMU if SpO<sub>2</sub> less than 90 % or respiratory rate more than 22 per minutes.

### **Mild cases**

- Monitor SpO<sub>2</sub>, temperature, Blood Pressure, Respiratory Rate
- Start recommended treatment:



- 
- Hydroxychloroquine 200mg TDS X 6 days (caution for patients on amiodarone due to risk of torsade de pointes)
  - Azithromycin 500mg OD Day 1 then 250mg OD for 4 days
  - Paracetamol 1 gram TDS for fever (Maximum dose).
  - Avoid anti-inflammatory drugs
- Investigations
    - ECG to check QT interval if Required ECG machine to be disinfected after each use.
    - U & E and creatinine.
    - LFTs.
    - Coagulation profile.
    - Repeat CXR if required - (use portable xray machine which must be properly disinfected after each use).
  - Avoid IV fluids

#### **Moderate or Severe Cases**

- Respiratory rate > 22/min
  - SpO<sub>2</sub> < 90% on air
  - Altered mental state
  - Systolic BP <100 mmHg
  - Xray – lung Infiltration
- Transfer to Souillac Hospital immediately by **SAMU**
    - Same treatment protocol as for mild case
    - Add Rocephine 2g stat then 1g IV OD X 5 days
  - Daily monitoring as for mild cases

#### **Discharge Criteria**

- After treatment repeat throat swab
  - If negative repeat test after 24 hrs. If still negative can be discharged but to self isolate at home for one week.
  - If still positive but well, to stay in hospital for observation. Repeat test on day 14.

#### **Medical Staff in contact with Covid Positive patient**

- Send Nasal and Throat swab for covid PCR on single properly filled request form
- Ensure mentioning – contact with Positive patient on top
- If asymptomatic, self isolation awaiting PCR results
- If negative repeat PCR on day 7 or earlier if symptoms appear



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### **Referral to Chest Physician**

- Any patient with respiratory symptoms with suspicious lung infiltrate on Xray with or without covid PCR Results

### **Referral to Anaesthetist even if Covid Test negative / Not available**

- Deterioration of mental state, confusion, coma GCS less than 8/15
- Sign of respiratory distress tachypnea + tachycardia
- Blood pressure Drop > 20 mm Hg or BP <100/80 mmHg
- SPO2 <90% on air
- CXR bilateral infiltrate
- Staff doing intubation to observe all infection control procedures and with full PPE including N95 Masks
- Covid negative intubated patient must be ventilated in regional Hospital
- Covid Positive intubated patient - transfer to Soulliac Hosp

### **GENERAL MEASURES**

- Apply a strict BBE (*Bare Below Elbows*) rule (*no foreign objects under the elbows, not even long sleeves*). Hands free of objects such as rings, bangles and watches, fingernails trimmed.
- Wipe stethoscopes after each use.
- Tie long hair at the back so that it does not fall onto the patient and increase the risk of propagation of the infection.
- Use complete protection equipment when examining patients.
- Do not wear a tie.

### **Future Protocol**

Should there be several thousand suspected cases.

- The patient with symptoms at home will call a mobile team. The team will see the patient at home. Nasopharyngeal/throat swab despatched from home to Central Laboratory, Candos. If symptoms mild patient can stay at home on treatment and isolation. The patient will be monitored by a mobile team daily.
- Patient staying at home should be confined to a single room which is well aerated/ventilated and separated from rest of the family members. Keep door closed and mask should be worn by patient and all members of family looking after patient.
- If possible, persons at risk e.g. elderly, diabetics with complications, chronic lung disease should not stay in the same place.
- Patient to monitor temperature and respiratory rate twice a day.

---

## Precautions to consider in some specific categories of patients:

1. **Patients on chemotherapy/radiotherapy** with symptoms, to attend fever clinic and handled as per protocol. Generally, drug regime suggested is safe. **Contact treating doctor for advice if needed.**
2. **Patients on treatment for HIV/AIDS** with symptoms, to attend fever clinic and handled as per protocol. Efavirenz has major interactions with Hydroxychloroquine and Azithromycine should be used with caution in patients with CD4 count<50 cells/mm3 who are at high risks of Mycobacterium Avium. **Contact treating doctor for advice if needed.**
3. **Patients on treatment for epilepsy/psychiatric conditions** – Hydroxychloroquine may potentiate the effects of antidepressants/antipsychotics (e.g. amitriptyline, tramadol), it can increase frequency of seizures and its side effects may become more frequent/pronounced. **Contact treating doctor for advice if needed.**
4. **Patients on dialysis** with symptoms, to attend fever clinic and handled as per protocol. Once diagnosis is confirmed patient to be transferred to Souillac Hospital for continuation of treatment and dialysis. **Contact treating doctor for advice if needed.**
5. **For any other chronic conditions contact treating doctor for advice if need.**

### Definition of Contact Person

A contact is a person who experienced any one of the following exposures during the two 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 one meter and for more than 15 minutes.
2. Direct physical contacts with a probable or confirmed case
3. Direct care for a patient with probable or confirmed Covid 19 disease without using proper protective equipment

### Level of Protective material to be used

1. **Flu/Fever Clinic**
  - a. Direct Admission to isolation ward of suspected covid cases
  - b. Protective equipment (cap/Goggle/Disposable gown/Gloves, Face Mask N95)
  - c. All patients attending Fever Clinic must have Face mask
2. **For Isolation Ward (MHO, SP, Nursing Officer, HCA/ Hospital attendant)**
  - a. Full Protective PPE
3. **Medical Wards/Non Medical wards** – Surgical Mask / Glove
4. **Non Medical Staff in non isolation wards** - Surgical Mask / Glove

**Note:** This guideline will be updated as and when more relevant information become available





## **Annex I: PROTOCOL FOR RAPID ANTIGEN TEST FOR DETECTION OF COVID-19 PROGRAMME**

Rapid Antigen Tests for Detection of COVID-19 will be carried out on targeted group of persons (Essential Services) the test should be carried out on asymptomatic persons.

Persons with fever/cough/shortness of breath should not be tested.

If the result of the Rapid Antigen Test is Positive, the person should be requested to stay in isolation and the Regional Public Health Superintendent of the Respective Regional Hospitals should be informed accordingly. Arrangements will be made by the Regional Public Health Service with the Rapid Response Team (RRT) for appropriate treatment and follow up.

# ANNEX J: PASSPORT DATA / CONSENT FORM FOR RAPID ANTIGEN TEST FOR DETECTION OF COVID-19

## Ministry of Health and Wellness Rapid Antigen Test for Detection of Covid-19

Locality/Site:																							
Surname:																							
Other Name		Sex : .	Mr <input type="checkbox"/>																				
		M <input type="checkbox"/>	Mrs <input type="checkbox"/>																				
		F <input type="checkbox"/>	Miss <input type="checkbox"/>																				
National I .D . No.																							
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																							
Date of Birth:		Age: Yrs																					
Address		Occupation	Tel. No.																				
		Place of Work	Mob:																				
Have you been tested for Covid-19 recently?		Yes <input type="checkbox"/>	No <input type="checkbox"/>																				
If yes, What was the result		Positive <input type="checkbox"/>	Negative <input type="checkbox"/>																				
Rapid Antigen Test Performed		Yes <input type="checkbox"/>	No <input type="checkbox"/>																				
Results		Positive: <input type="checkbox"/>	Negative: <input type="checkbox"/>																				
REMARKS:																							

.....  
Signature & Name of Officer

## MINISTRY OF HEALTH AND WELLNESS RAPID ANTIGEN TEST FOR DETECTION OF COVID 19 PROGRAMME CONSENT FORM

SURNAME:..... NAME:.....  
 GENDER: ..... Age: ..... yrs  
 ADDRESS: .....  
 NIC NUMBER: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

<p>1. I, the undersigned hereby consent to my participating in the 'Rapid Antigen Test for Detection of Covid 19 Programme' which is being carried out by the Ministry of Health and Wellness.</p> <p>2. I acknowledge that the nature, purpose and contemplated effects of the programme so far as it affects me have been fully explained to my satisfaction by the staff and my consent is given voluntarily.</p> <p>3. I also understand that I will be asked to provide some socio-demographic information and nasopharyngeal swab / throat swab.</p> <p>4. I have been informed that information regarding me will not be divulged to unauthorized persons and that the results of the test involving me will not be published in such a way as to reveal my identity.</p> <p>5. I have also been informed that officers of the Ministry of Health and Wellness involved in this detection programme and who are pledged to preserve the confidentiality of my involvement may be authorized to contact me, if required.</p> <p>Signature ..... Date: .....</p>
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## List of staff who worked on the Anti-Flu Vaccination Program for Elderly

Medical & Health Officers	Medical & Health Officers	Specialised Nursing Officers	Specialised Nursing Officers
<b>District: Port-Louis</b>	<b>District: Plaines Wilhems</b>	<b>District: Port-Louis</b>	<b>District: Flacq</b>
Dr Naiken	Dr R.A. Jogendranath	Mrs Jacquin D. (Social Sec.)	Mr K. Fowdar (HP)
Dr Rassool (Social Sec.)	Dr H. Kureemun	Mr Gungabissoon L. (Social Sec.)	Mrs F. Chutory (HP)
Dr Sagum	Dr Buttonky	Mr Prodigue M	Mr Y. Gokhoolsigh(PHNO)
<b>District: Pamplemousses</b>	Dr Madan	Mrs Timmiah	Mr S. Jhoty (PHNO)
Dr (Mrs) Naiken G.	Dr Bouluick	Mrs Damree F.	Mr A. Jhugooroo
Dr Busgeet S. (Social Sec.)	Dr K. Najyah	Mrs Jeetun R. (DSN)	Mrs R.Jaypaul(DSN)
<b>District: Riviere du Rempart</b>		<b>District: Pamplemousses</b>	Mrs J. Jhugeer (DSN)
Dr Krishna-Reddy	<b>District: Black River</b>	Mr Auladin A.S (PHNO)	Mrs R. Kaullysing (DSN)
Dr Dinassing P.	Dr Rajarai A. J.	Mr Boodhoo S. (HPN)	Mrs S. Myram (DSN)
Dr (Mrs) Ramphul .Y	Dr Beeharry P	<b>District: Riviere du Rempart</b>	<b>District: Plaines Wilhems</b>
<b>District: Flacq</b>	<b>District: Grand Port</b>	Mr Boodhun D. (PHNO)	Mrs P.Patel (HP)
Dr (Mrs) Kailaysur S	Dr Allusaib N	Mr Ganowa D.K (PHNO)	<b>District: Moka</b>
Dr (Mrs) Naraidoo (Min. Soc. Sec)	Dr Butonkee	Mrs Kurmoo (HPN)	Mrs Jeenally(PHNO)
<b>District: Moka</b>	<b>District: Savanne</b>	Mrs Butan A. (HPN)	Mrs Ghoolet(PHNO)
Dr Allusaib	Dr (Mrs) Kalisetty		Mrs Murugen C.
Dr Moussa	Dr (Mrs) Sultana B. I	<b>District: Flacq</b>	Mrs Seeparsand(DSN)
Dr Khodabux		Mrs B. Gokhool (DSN)	Mrs Shanto R. (DSN)

## List of staff who worked on the Anti-Flu Vaccination Program for Elderly

Nursing Officers	Nursing Officers	Nursing Officers	Nursing Officers
<b>District: Port-Louis</b>	<b>District: Pamplemousses</b>	<b>District: Riviere du Rempart</b>	<b>District: Flacq</b>
Mrs Ramful S.	Mr Gunpath M.	Mrs Bhojraz A.	Mr M.F. Jaumbocus
Mrs Rambarran G.	Mr Potiah V.	Mr Hurrunghee S.	Mrs N.D. Gopaul
Mr Pawan Anjoree	Mrs Senee S.	Mr Pierre-Louis Jacques H.	Mr J.G.Y Vigoreux
Mrs Pokhun P	Mrs Goomany P.	Mr Ramdheean M.	Mr S. Bissumbhur
Mrs Shibdoyal D.	Mrs Bangee D.	Mr Jhangai S.	Mrs Mala Sooknauth
Mr Kaundun P. Kumar	Mrs Chundoo L.	Miss Fekna J.	Mrs S.Oozeer
Mrs Thomas D.	Mr Ramcharrun K.	Mr Beedassy R.	Mrs S. Gungaram
Mr Beeharry	Mr Jogessur J.	Mrs Dookhi G.	Mrs P. Rambhojan
Mrs Chintamonee G.	Mrs Seeparsad D.	Mrs Lolldhary V.	Mrs P.B.I Begum Lalloo
<b>District: Pamplemousses</b>	Mrs Ramjeeawon N. D.	Mr Subron A.	Mrs G.A. Beehusharam
Mr Nagessur N. (CN)	Mrs Abbana P.	Mr Nobin-Bhupendranath S.	Mrs D. Bajadhur
Mrs Subrotee S. (CN)	<b>District: Riviere du Rempart</b>	Mrs Pursonowa M.	Mr S. Reesaul
Mr Poonith P. (CN)	Mr Bachoo NGK	Mr Auchaybar S.	Mr B.K. Seesa
Mrs Tirbooman S.	Mrs Emrith P. Z.	<b>District: Flacq</b>	Mr P. Joodheea
Mr Ramdawah P.	Mrs Mothoora B.Y	Mrs Gopaul N	Mr M.V. Jaudoo
Mr Boodhoo A.	Miss Ramdin V.	Mr Vigoureux J	Mr M.N. Nayede
Mr Emambaccus M.	Miss Fagoo S.	Mr Bissumbhur S	Mrs G. Bustom

## List of staff who worked on the Anti-Flu Vaccination Program for Elderly

Nursing Officers	Nursing Officers	Specialised Health Care Assistant	Specialised Health Care Assistant
<b>District: Flacq</b>	<b>District: Plaines Wilhems</b>	<b>District: Port-Louis</b>	<b>District: Grand Port</b>
Mrs S. Dawochand	Mrs Vigoureux	Mrs Lutmanin A.	Mrs Guess
<b>District: Moka</b>	Mrs Beeharry-Panrey	Mrs Bhoyroo	
Mr Nursiah V.	<b>District: Black River</b>	<b>District: Pamplemousses</b>	
Mr Legrand J.D.J	Mrs Issimdur	Mrs Bachoo	
Mr Vishnoo N.	Mrs Kureeman	<b>District: Flacq</b>	
Mrs Saminaden S.	<b>District: Grand Port</b>	Mr J.Guanjur	
Mr Neyhaul N.	Mr Nursiah Vishnoo	Mrs S. Seeboruth	
Mrs Moolchun M.	Mr Legrand Jean David Josue	<b>District: Plaine Wilhems</b>	
Mrs Dulloya G. Devi	Mr Nursiah Vishnoo	Mrs R. Rumjaune	
Mrs Ramnihora T.	Mr Legrand Jean David Josue	Mr S. Koonjooah	
Mrs Balloo Neeta	Mr Nursiah Vishnoo	<b>District: Plaines Wilhems</b>	
Mr Ako	Mr Nursiah Vishnoo	Mrs A.Bibi Jhungeer	
Mr Boodhoo K.	Mr Legrand Jean David Josue	Mrs Bholah	
Mrs M.P. Gopaul		<b>District: Savanne</b>	
<b>District: Plaines Wilhems</b>		Mr Prakash	
Mr Gopaul		Mrs Appiah	
Mr Jaumoccus			

## List of staff who worked on the Anti-Flu Vaccination Program for Elderly

Health Care Assistant	Nursing Officers	Nursing Officers	Community Health Development Motivator
<b>District: Port-Louis</b>	<b>District: Flacq</b>	<b>District: Plaine Wilhems</b>	<b>District: Port-Louis</b>
Mr Joomun M.Z	Mrs A. Foolessur	Mrs Sonoo	Mrs Bissesur
Mrs Dinaully	Mrs Narsomooloo	<b>District: Black River</b>	<b>District: Riviere du Rempart</b>
Mrs Issobe	Mrs Meetooah	Mrs Seekisson	Mrs Purmessur
	Mrs Hossenboccus	Ms Mourat	<b>District: Flacq</b>
<b>District: Pamplemousses</b>	Mrs Chellapen	Mrs Dhorah	Mrs Jeetunshiv
Mrs Sooknah	Mrs Maudhoo	Mrs Kisto	<b>District: Plaines Wilhems</b>
Mrs Shankar	Mrs Sooky	<b>District: Grand Port</b>	Mrs S.Sobrun
Mrs Falee	Mrs Domah	Mrs Cowlessur	<b>District: Savanne</b>
Mrs Poonuth	Mrs Dursun	Mrs Jowaheer	Mr Moongah
Mr Mungroo	Mrs Kissoon	<b>District: Savanne</b>	
Mr Ragoonauth	<b>District: Moka</b>	Mrs Goolaup	
<b>District: Riviere du Rempart</b>	Ms Raumoo	Mr Neeamuth	
Mrs Doorgah	Mrs Edouard	Mrs Pydegadoo	
Mrs Prayag	<b>District: Plaines Wilhems</b>	Mrs Boodhoo	
Mrs Manikon	Mrs Jhunkeer	Mrs Raghoobar	
	Mrs Konayernkunowdoo	Mrs Benedin	
	Mrs Lotun		



## List of staff who worked on the Anti-Flu Vaccination Program for Elderly

General Worker/ Attendant	General Worker/ Attendant	General Worker/ Attendant	General Worker/ Attendant
<b>District: Port-Louis</b>	<b>District: Black River</b>		
Mr Katoo	Mrs R. Sooklall Umme		
Mrs Mahomed			
<b>District: Pamplemousses</b>	<b>District: Grand Port</b>		
Mr Jharia	Mr Soomrah		
	<b>District: Savanne</b>		
<b>District: Riviere du Rempart</b>	Mr Torul		
Mrs Seenarain			
<b>District: Flacq</b>			
Mrs Ruttan			
Mr Saboruth			
<b>District: Moka</b>			
Mrs Chakoree			
Mr Mayeputh			
<b>District: Plaines Wilhems</b>			
Mrs A. Antooaroo			

## List of staff who worked on the Rapid Antigen Test for Detection of COVID-19 Programme

Medical Officers	Specialized Nursing Officers	Specialized Nursing Officers	Specialized Nursing Officers
<b>Dr A. G. Jeetoo Hospital</b>	<b>Dr A. G. Jeetoo Hospital</b>	<b>Victoria Hospital</b>	<b>J. Nehru Hospital</b>
Dr (Mrs) Bhowany (AIDS Unit)	Mr Marie (CN)	Mr Puncheye R. (DSN)	Mrs Teeha (HP)
	Mrs Kallooa (HP)	Mrs Lallmohamed (HP)	
<b>SSRN Hospital</b>	Mrs Ramjuttun (HP)	Mrs Luximon (HP)	
Dr (Mrs) Y. Ramphul	Mrs Parlakee (HP)	Mrs Timmeah (HP)	
Dr (Mrs) Thyartan-Palian	Mrs Bonomally G (HP)	Mr Jeetun (DSN)	
Dr Shayamalia	Mrs Choycho Z (HP)	Mrs Doomun Nandita (DSN)	
Dr Joomun	Mrs Bhowany (AIDS Unit)	Mrs Hurdoyal Pratimah (DSN)	
<b>Flacq Hospital</b>		Mrs Joomun Noorjahan (DSN)	
Dr Kallychurn Y.	<b>SSRNH</b>	Mrs Ramkalam Sudha (DSN)	
Dr(Mrs) Khamajeet	Mrs Fowdur (HP)	Mrs Maherally D (DSN)	
<b>J. Nehru Hospital</b>	Mrs Kurmoo (HP)	Mrs Suttan (CN)	
Dr Subun	Mrs Rama (HP)	Mrs Dauhoo V. (DFC)	
	Mr Boodhoo (HP)	Mrs Sokchiniah N. (CN)	
<b>Victoria Hospital</b>	<b>Flacq Hospital</b>	Mrs Ramburrun S. (DSN)	
Dr Bertarnd-Chung	Mrs Gopee (HP)	Mrs Chuttoo R. (DSN)	
Dr Naiken	Mr Fowdar (HP)		
	Mrs Butan (HP)		

## List of staff who worked on the Rapid Antigen Test for Detection of COVID-19 Programme

Specialized Nursing Officers	Specialized Nursing Officers	Nursing Officers	Nursing Officers
<b>Dr A. G. Jeetoo Hospital</b>	<b>SSRN Hospital</b>	<b>SSRN Hospital</b>	<b>Flacq Hospital</b>
Mr Farla	Mr Bachoo NGK	Mr Chatorgoon	Mrs Vanessa P.
Mr Golam	Mrs Bundhoo	Ms Gyan	Mr Dhanoo
Mr Gurvesh Soondur	Mr Nohar	Mrs Bhim S.	Mrs Daharee
Mr Janoo	Mr Nohur E.	Mr D. Baboolall	Mr Arthemither
Mr Korimbacus	Mrs Bangee	Ms Putaroo	Mrs Budruudeen
Mr Korimbocus Neerza	Mrs Bhim Seeburn	Mrs Bundhoo	Mr Dinauth
Mr Mungur	Mrs Goburdhan	<b>Flacq Hospital</b>	Mrs Goodhai
Mr Noormohamed	Mrs Putaroo	Mr Daharee	Mr Desigan A.
Mr Rajub	Mrs Ramtohul	Mr Dinauth	Mrs Poorun
Mr Rishi Etwa	Mrs Ramtohul M	Mrs Kowal	Mrs Pretibha Budhai
Mr Rujub Mohamad Nawaz	Miss Moidin	Mr Lobin	Ms Doolooa A.
Mrs Bhowany	Mr S. Baboolall	Miss Bithioo L. Devi	Mrs M. Sooknath
Mrs Ramah	Mr Magun	Miss Doharee	<b>J. Nehru Hospital</b>
Mr Boyjah	Mrs Coolen	Miss Veronique K.	Mr Assiriah
Mrs Arasen	Mr Joomun	Mr Bence B.	Mr Chummun
	Mrs Chutory F	Mr Chekoory M	Mr Gopee

Nursing Officers	Nursing Officers	Nursing Officers	Nursing Officers
Mr Gungaram	<b>Victoria Hospital</b>	<b>Victoria Hospital</b>	
Mr Manikam	Mr Gowreesun	Mrs Persand-Luchmee N.	
Mr Manikkum	Mr Narsinghen	Mr Sultan N.	
Mr Rughoobur	Mr Ramkalam	Mr Gajadhur R	
Mrs Begoo	Mr Seetamoree Vicky	Mr Bablee Bhodrasen N.	
Mrs Toofany	Mr Sobee	Mrs Sobrun R.	
Mrs Gaboss	Mr Beedassy	Mr Jhingoor N	
<b>J. Nehru Hospital</b>	Mr Beesoon	Mrs Rughoo D.	
Mrs Bhugbuth	Mr Beesoondoyal		
Mrs Gowreea	Mr Bissoon Shakeel		
Mrs Kulputeeah	Mr Gorosin		
Mrs Sukai	Mrs Somma N.		
Mrs Beegoo	Mrs Beesoo-Bhamini		
Mrs Gowreea	Mr Khundoo-Shivajee A.		
Mrs Sukaye	Mrs Bohanee S.		
Mr Aukhajah	Mr Noormohamed K.		
	Mr Jeean A.		

Health Care Assistant	Health Care Assistant	Health Care Assistant	Health Care Assistant
<b>Dr A. G. Jeetoo Hospital</b>	<b>SSRN Hospital</b>	<b>Flacq Hospital</b>	<b>J. Nehru Hospital</b>
Mr Alexis	Mrs Doorgah V.D	Mr Jeetoo Sonika	Miss Hurboseea
Mr Bartonee	Mr Neemdharee	Miss Rajapundit	Miss Hurbosseea
Mr Belogué	Mrs Jankee	Mrs Jeetoo Sarika	Mrs Boochoa
Mr Ghoorbin	Mrs Ramjeeawon	Mrs Madhoo	Mrs Boochoa
Mr Mohurun Gianeswar	Mrs Ramsurn P.S.	Mrs Pourun Jayentee	Mrs Ransoo
Mr Moosafeer Ajay	Mr Aukhajah	Mrs Rajapundit	Mrs Samul
Mr Mosafeer	Mrs Padachy	Mrs Mudhoo S.	Miss Hurboseea
Mr Souci	Mrs Raumoo	Mr Joomuck	Mrs Jowaheer
Mr Boodhoo	Mr Faugooa	Mrs Narsomooloo	Mrs Goolaub
Mrs Dinaully	Mr Jaulim	Mrs Meetooah	Mr Neeamuth
Mrs Raumoo	Mrs Punchcoory	Mrs Chellapen	Mrs Pydegadu
Mrs Latchoumanin	Mrs Sookna	Mrs Maudhoo	Mrs Boodhoo S.
Ms Issobe	Mrs Shanker	Mrs Sooky S	Mrs Ragoobar
Mr Joomun	Mrs Fallee	Mrs Domah	Mrs Benidin
Mrs Edouard	Mr Mungroo	Mrs Dursun	Mrs Boodhoo
Mr Sobah	Mr Ragoonath	Mrs Kissoon	

Health Care Assistant	General Worker/ Attendant	General Worker/ Attendant	General Worker/ Attendant
<b>Victoria Hospital</b>	<b>Victoria Hospital</b>	<b>Dr A. G. Jeetoo Hospital</b>	<b>Victoria Hospital</b>
Mr Dargahai	Mrs Konaydu-Gurboo S.	Mr Katoo	Mrs Sooklall
Mr Dargahee Yashin	Mrs Jhungeer	Mr Mayputh	Mrs Anthoaroo
Mr Ganoonapjee Oomesh	Mrs Konayernkunowdu	Mrs Foolchurn	Mrs Koleepha
Mrs Ganoo-Bapjee O	Mrs Lotun	<b>SSRN Hospital</b>	
Mr Gungaparsad	Mrs Sonoo	Mrs Seenarain	
Mr Soodun	Mrs Sreekisson	Mr Jharia	
Mrs Mookan	Ms Mourat	Mrs Ramkissoon	
Mr Phoolchund P	Mrs Dhoorah	Mrs Meera	
Mr Souci-Wesley	Mrs Kisto	Mrs Vyapooree	
Mr Rohoman-Mohamedally H.	Mrs Sobrun	<b>Flacq Hospital</b>	
Mrs Boodhoo A.		Mr Mungrah Sujit	
Mrs Gungapersand R		Mr Dookhamun D.	
Mrs Ramma-Bibi R.		<b>J.Nehru Hospital</b>	
Mrs Sooka G.		Mr Torul	
Mrs Sooka G.		Mr Somrah	



## Staff Working in Hotlines 8924

Medical Officers	Medical Officers	Medical Officers	Specialized Nursing Officers
Dr K.Meethoo Badulla	Dr. Sumser	Dr.Ramyead	Mr Boodhoo S.
Dr. S.Valaydon	Dr. Vencatasamy	Dr.Soondron	Mrs Kallooa P.
Dr M. Issany Khodabux	Dr. Soobrayen	Dr.Balnak	Mrs B. Z. P. Lallmahomed
Dr N. Seetahul	Dr. Astruc	Dr. Raghoonathsingh	Mrs Ramjattun I
Dr Z. Mownah Jauferally	Dr. Joyekurun	Dr. Ramjaun	Mrs Purlackee M.
Dr Y.Ramphul	Dr. Purahoo	Dr.Rajkumar	Mrs Bonomally G
Dr D.Soobrayen Jhugroo	Dr. Peerbux	Dr. Jahadjee	Mrs Gopee O.
Dr L.Cundasamy Nunkoo	Dr. William	Dr. Y.Buchoo	Mrs Timmiah V.
Dr. T.Thyartan-Palian	Dr. Berony	Dr. Seecharan	Mrs Fowdar T.
Dr B. Buchoo	Dr.Gujadhur		Mr Gaujee
Dr Muttarooa	Dr.Teeluck		Mrs Mohungoo
Dr Ramdour	Dr.Sreebhahun		Mrs Audith
Dr Peeraully	Dr. Caulachand		Mrs Seeparsad
Dr C.Wun Sek Law	Dr. Jahan		Mr Bhowan
Dr Ramkissen	Dr.Z.Moideen		
Dr.(Mrs) L. Mootoosamy	Dr. Lotun		

Nursing Officer	Specialised Health Care Assistant	Health Care Assistant	Health Care Assistant
Mrs Bundhoo	Mrs Guiness	Mrs Doorgah V.	Mrs Jhungeer-Aukin B. P.
Ma Nahoor M. Ali Araf	Mrs Ramjaune	Miss Falee A.	Mrs Dinaully U H
Mrs Soobroyen R	Mrs Persand	Mrs Punchcoory R. Devi	Mrs Prayag D.
	Mrs Bholah	Mrs Bachoo D.	Mrs Boodhoo S.D
		Mrs Poonuth D.	Mr Koonjooah S.K
		Mrs Ramjug B	Mrs Nirsimooloo
		Mrs Lallbeeharry S. D	Mr Mohabeer
		Miss Issobe S.B	Ms Yaroo
		Mrs Bholah M.	Mrs Audit
		Mrs Persand D.	Mrs Chellapen
		Mrs Lotun-Gogoah B.S	Mr Neeamuth
		Mrs Hossenbaccuss.B	Mrs Pydeegadu
		Mrs Raumoo K	Mrs Ragoobar
		Mrs Latchoumanin A	Mrs Cowlessure
		Mrs Rumjaune R.B	Mrs Appiah
		Mrs Domah K.	Mrs Jowaheer
		Mrs Chellapen A.	
		Mrs Pyla-Ramana M.	
		Mrs Seboruth S.	

**List of staffs who are posted in NCD, Health Promotion and Research Unit**

**Medical & Health Officers**

**Region 1: Jeetoo Hospital**

Dr(Mrs) Sagum  
Dr (Mrs) Raghoobur

**Region 2: SSRN Hospital**

Dr (Mrs) T.D Thyartan-Palian  
Dr (Mrs) Y. Ramphul

**Region 3 : Flacq Hospital**

Dr (Mrs) L. Nunkoo-Candasamy  
Dr (Mrs) D. Soobrayen Jhugroo

**Region 4: J. Nehru Hospital**

Dr(Mrs) Sujeebun  
Dr (Mrs) Bholah

**Region 5: Victoria Hospital**

Dr (Mrs)Bissessar  
Dr (Miss) Nyaken

**Specialised Health Promotion Nurse**

**Region 1: Jeetoo Hospital**

Mrs Ramjattun  
Mrs Bonomaully  
Mrs Purlakee  
Mrs Choychoo  
Mrs Kallooa  
Mrs Timmiah

**Region 2: SSRN Hospital**

Mr Boodhoo  
Mrs Fowdur  
Mrs Ramah  
Mrs Kurmoo

**Region 3 : Flacq Hospital**

Mr Fowdar  
Mrs Butan

**Specialised Health Promotion Nurse**

**Region 4: J. Nehru Hospital**

Mrs Teeha

**Region 5: Victoria Hospital**

Mrs Timmiah  
Mrs Luximon  
Mrs Lallmahomed  
Mrs Patel

**Nursing Officer**

**Region 1: Jeetoo Hospital**

Mrs Ramful  
Ms Arasen

**Region 2: SSRN Hospital**

Mr Bachoo NGK  
Mrs Bundhoo I

**Region 3: Flacq Hospital**

Mrs Budruddeen  
Mrs Chutory

Mrs Sooknath

**Region 4: J. Nehru Hospital**

Mrs Choolan  
Mrs Rungen

Mrs Boyjoo

Mrs Baboolall

Mrs Toufanee

**Region 5: Victoria Hospital**

Mr Ernest  
Mrs Soobroyen

**Specialised Health Care Assistant**

**Region 1: Jeetoo Hospital**

Mrs Bhoyroo  
Mrs Latchman

**Region 2: SSRN Hospital**

Mrs Bachoo

**Region 3 : Flacq Hospital**

Mr Gaonjar  
Mrs Seeboruth

**Region 4: J. Nehru Hospital**

Mr Gaoneadry  
Mrs Guness

Mrs Appiah

**Region 5: Victoria Hospital**

Mr Koonjooah  
Mrs Ramjaune  
Mrs Bholah  
Mrs Persand

**Health Care Assistant**

**Region 1: Jeetoo Hospital**

Mrs Issobe  
Mr Sunkur  
Mrs Raumoo  
Mrs Edouard  
Mr Sobah  
Mr Joomun  
Mrs Dinaully

**Region 2: SSRN Hospital**

Mrs Prayag  
Mr Mungroo  
Mrs Punchcoory  
Mrs Sooknah

Mrs Shanker

Mrs Prayag  
Mrs Manikon  
Mrs Fallee

Mrs Poonuth

Mrs Hossane  
Mr Raghoonath

**Region 3 : Flacq Hospital**

Mrs Foolessur  
Mrs Narsimooloo  
Mrs Mudhoo  
Mrs Meetooah  
Mrs Hossenbaccus

Mrs Maudhoo  
Mrs Domah

**Region 4: J. Nehru Hospital**

Mrs Cowlessur  
Mrs Jowaheer

Mrs Goolaub

Mrs Boodhoo  
Mrs Pydegadu  
Mrs Ragoobur

Mrs Benidin

**Region 5: Victoria Hospital**

Mrs Mourat  
Mrs Jhungeer  
Mrs Sreekeesoon  
Mrs Lotun  
Mrs Sonoo



Community Health Development Motivator	General Worker	Hospital Care Attendant	Driver
<b>Region 1: Jeetoo Hospital</b> Mrs Baurhoo	<b>Region 1: Jeetoo Hospital</b> Mr Shiek Sillar	<b>Region 1: Jeetoo Hospital</b> Mr Emmamally	<b>Region 1: Jeetoo Hospital</b> Mr Rawah
<b>Region 2: SSRN Hospital</b> Mrs Purmessur	Mr Hossenbocus Mr Foolchand	<b>Region 2: SSRN Hospital</b> Mr Dhanee	<b>Region 2: SSRN Hospital</b> Mr Appadoo
<b>Region 3 : Flacq Hospital</b> Mrs Jeetunshiv	Mr Khadoo Mr Chatooree	<b>Region 4: J. Nehru Hospital</b> Mr Sumrah	<b>Region 3 : Flacq Hospital</b> Mr Tirbanee
<b>Region 4: J. Nehru Hospital</b> Mr Moongah	Mr Mayput	<b>Region 5: Victoria Hospital</b> Mr Tohul	<b>Region 4: J. Nehru Hospital</b> Mr Gajhadhur
<b>Region 5: Victoria Hospital</b> Mrs Sobrun	<b>Region 2: SSRN Hospital</b> Mr Jharia Mr Seenarain	Mrs Koleepa Mrs Malloo	<b>Region 5: Victoria Hospital</b> Mr Hans
Community Health Care Officer	Region 3 : Flacq Hospital		
<b>Region 2: SSRN Hospital</b> Mr Bookal	Mr Bhoolloo Mrs Ruttun		
<b>Region 5 : Victoria Hospital</b> Mrs Dhorah	Mr Pandoo Mr Seebaruth		
Data Entry	Region 4: J. Nehru		
<b>Region 1: Jeetoo Hospital</b> Mr Boodhoo	Mrs Prayag		
<b>Region 2: SSRN Hospital</b> Mrs Doorga Mrs Sankhur Mrs Punchcoory	<b>Region 5: Victoria</b> Mr Ghurburrun Mrs Anthoorao Miss Sooklall Mrs Bholah		
<b>Region 3 : Flacq Hospital</b> Mrs Audit Mrs Chellapen Mrs Sooky			
<b>Region 4: J. Nehru Hospital</b> Mrs Guuess Mr Neeamuth			
<b>Region 5: Victoria Hospital</b> Mrs Konayenkunowdu			



