

# SEYCHELLES COVID-19 RESPONSE



President chairs meeting of Law Enforcement Services and COVID-19 Response command chain at State House

# THE CASES as at 4/6/20

First case 14<sup>th</sup> March  
2020

Latest case 6th April  
2020

11 sporadic cases, 0  
death, 11 recovered

10 of the 11 cases  
were mild needing  
only symptomatic  
treatment

Zero case for the past  
two months

One case needed  
ventilator

## HOSPITALIZATION STRATEGY

All patients who test positive are hospitalized

1. For treatment if needed
2. To break the chain of transmission

## QUARANTINE STRATEGY

At Beginning

Passengers from high risk areas and close contacts of cases

Now

All incoming passengers and close contacts of cases

## TESTING STRATEGY

Whom do we test?

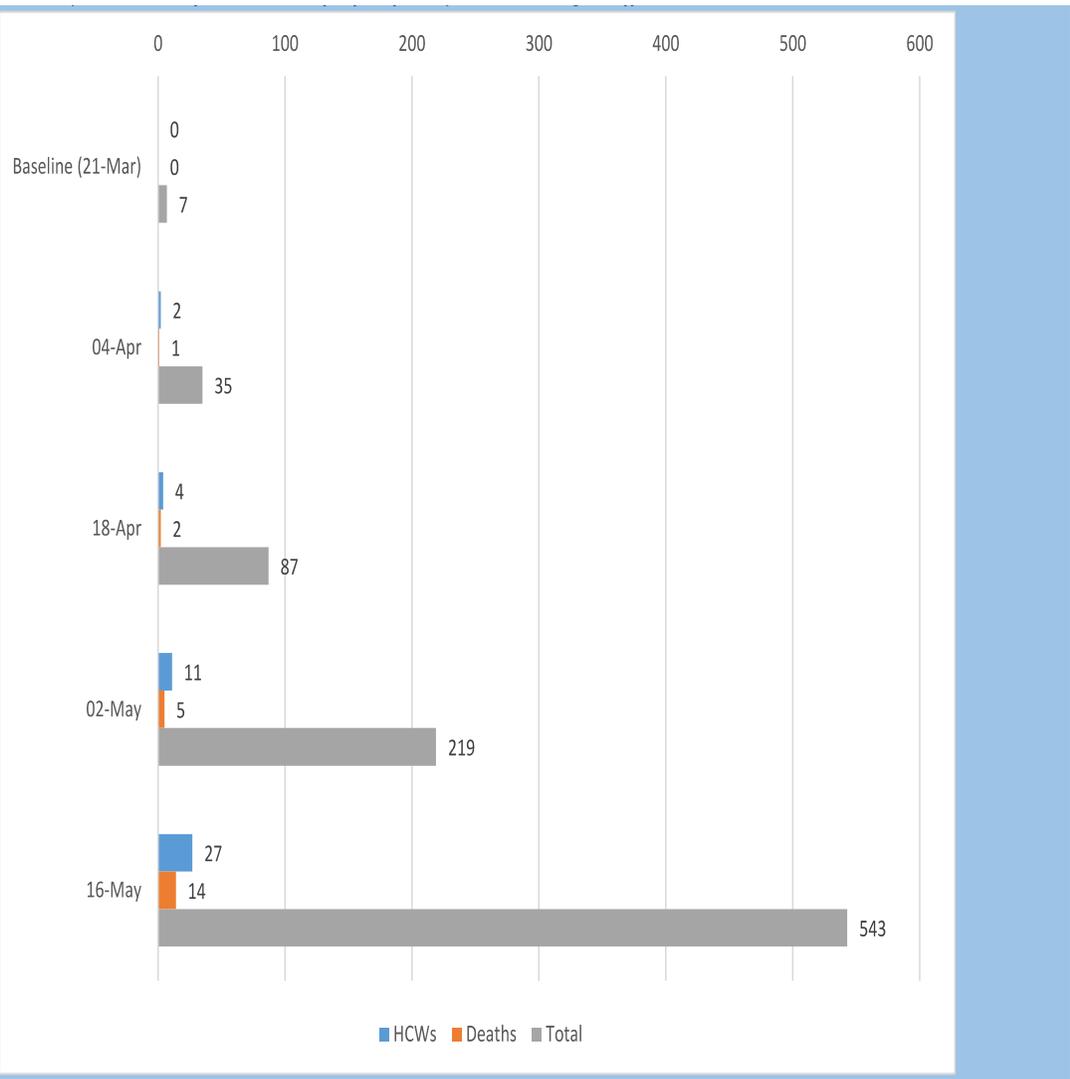
1. Suspect cases
2. Confirmed cases (before discharge from isolation and treatment and before discharge from convalescence)
3. People in quarantine on discharge from quarantine
4. Incoming Passengers (Now)

Tests not available on request if not a medically determined suspect case

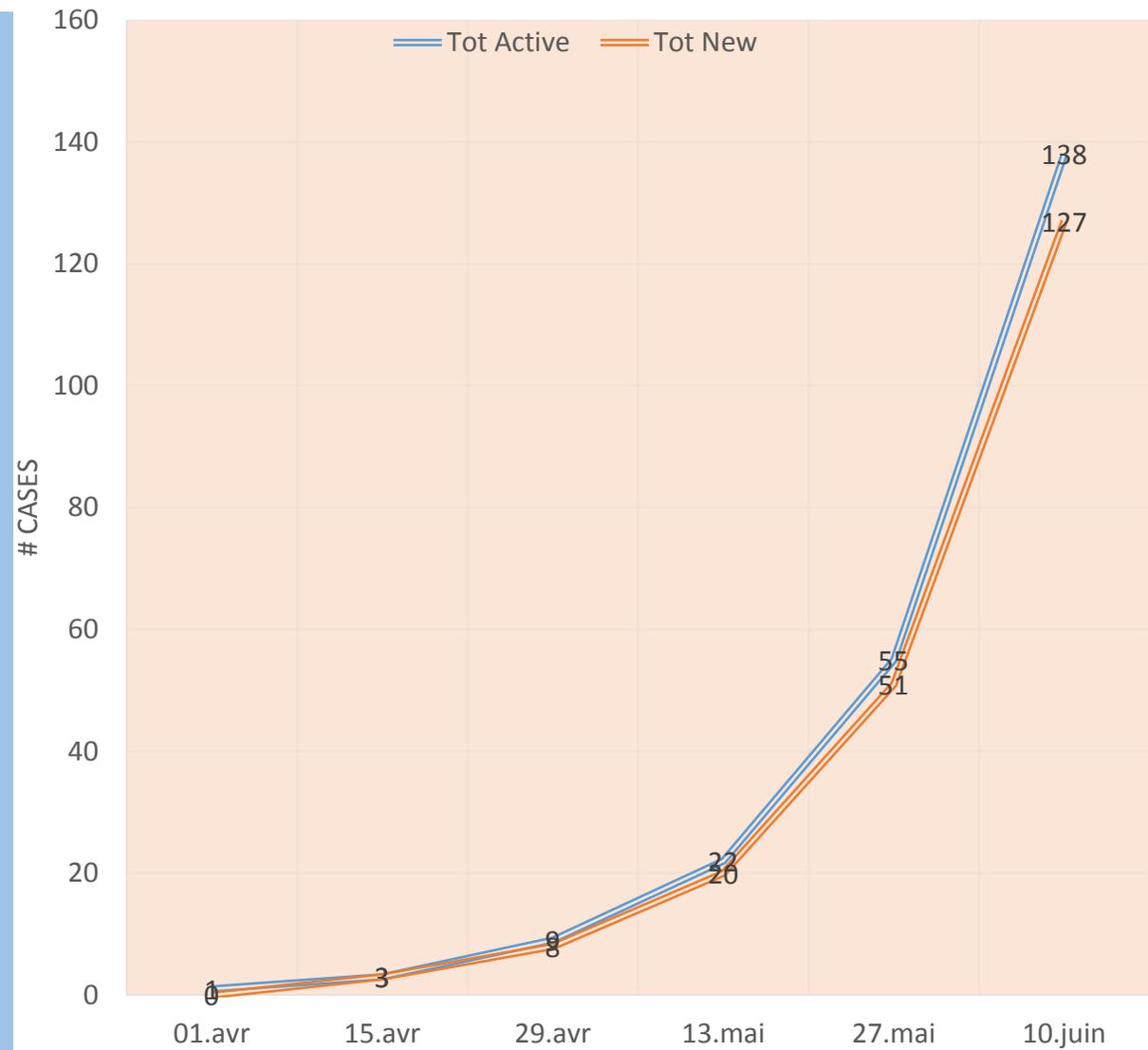
	SEX	AGE	NATIONALITY	
1	F	67	SEYCHELLES	Airline Passenger
2	M	62	SEYCHELLES	Airline Passenger
3	M	59	NETHERLANDS	Airline Passenger
4	F	54	NETHERLANDS	Airline Passenger
5	M	24	UKRAINE	Airline Passenger/Hotel staff
6	F	20	MAURITIUS	Hotel Staff
7	F	24	SEYCHELLES	Hotel Staff
8	M	22	SEYCHELLES	Airline Passenger
9	M	66	SEYCHELLES	Airline Passenger
10	F	76	SEYCHELLES	Airline Passenger
11	M	26	SEYCHELLES	Airport Staff

- Cases 1 and 2 were a couple detected in quarantine after arriving from Italy
- Cases 3 and 4 were another couple detected after they presented with symptoms at health facility. Arrived on same flight as cases 1 and 2 but seated in different segments of the airplane.
- Case 5 arrived from overseas (Dubai), infected cases 6 and 7 who worked with him. Did not infect anyone else. Cases 6 and 7 were detected through contact tracing
- Cases 8, 9 and 10 were detected in quarantine after arriving from overseas in two different airlines
- Case 11, was an airport employee. Other than that we do not know how he might have been infected. Did not infect anyone around him.

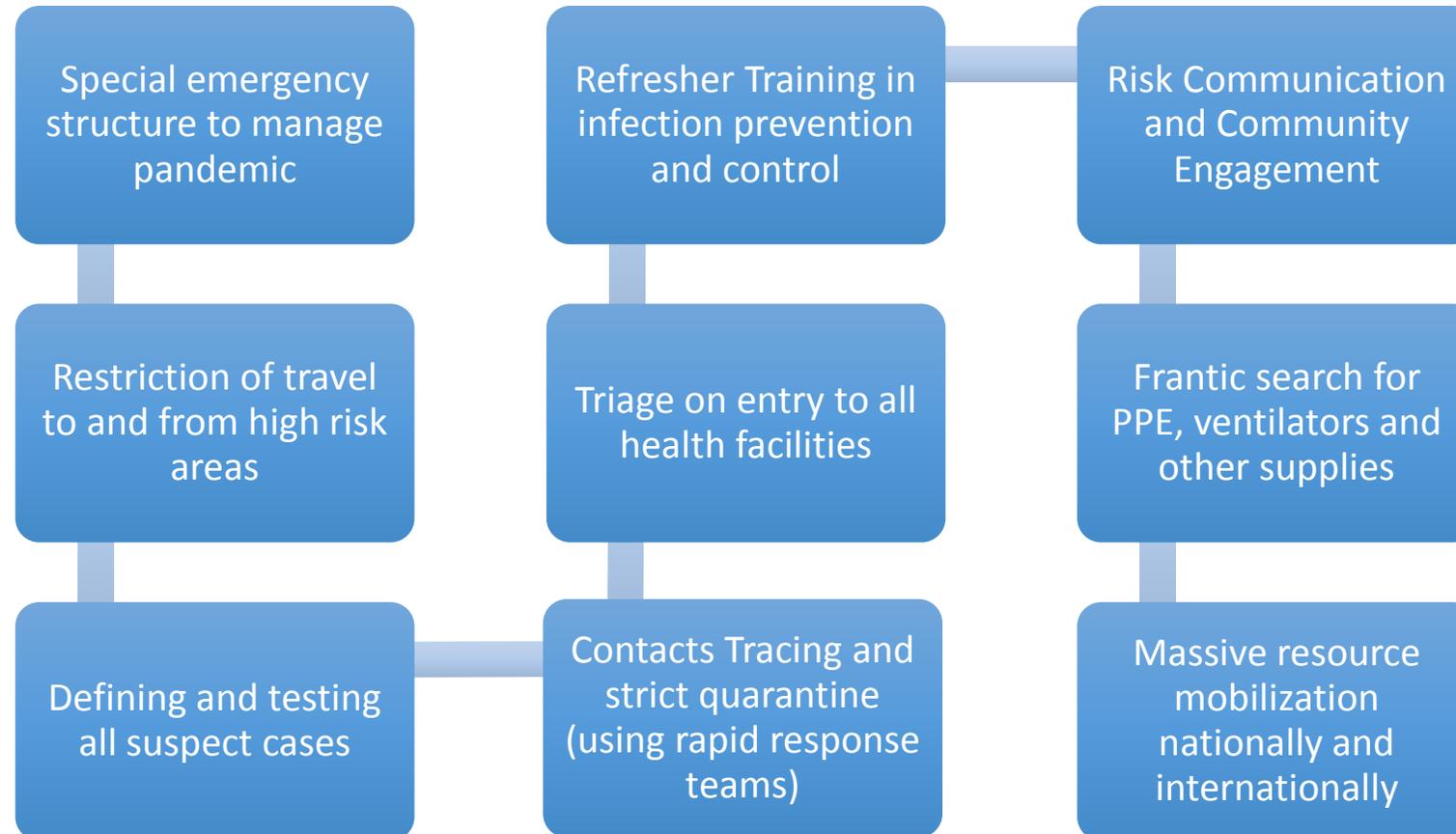
# 1st Worst Case Scenario Modelling in February 2020



# 2nd Modelling in late March 2020



# Strategy: Prevent Community Transmission at all cost but prepare for it



# Success factors



## Some of the Support

- Jack Ma Foundation
- Chinese Government
- Indian Government
- US Government
- Kenyan Government
- World Health Organization
- Japanese Government
- **Many** national companies and individuals - too many to mention here

# Strengths of health system

Good health system with a strong integrated disease surveillance and response infrastructure

Strong PHC network of health centres with substantial capacity to diagnose, treat or refer patients

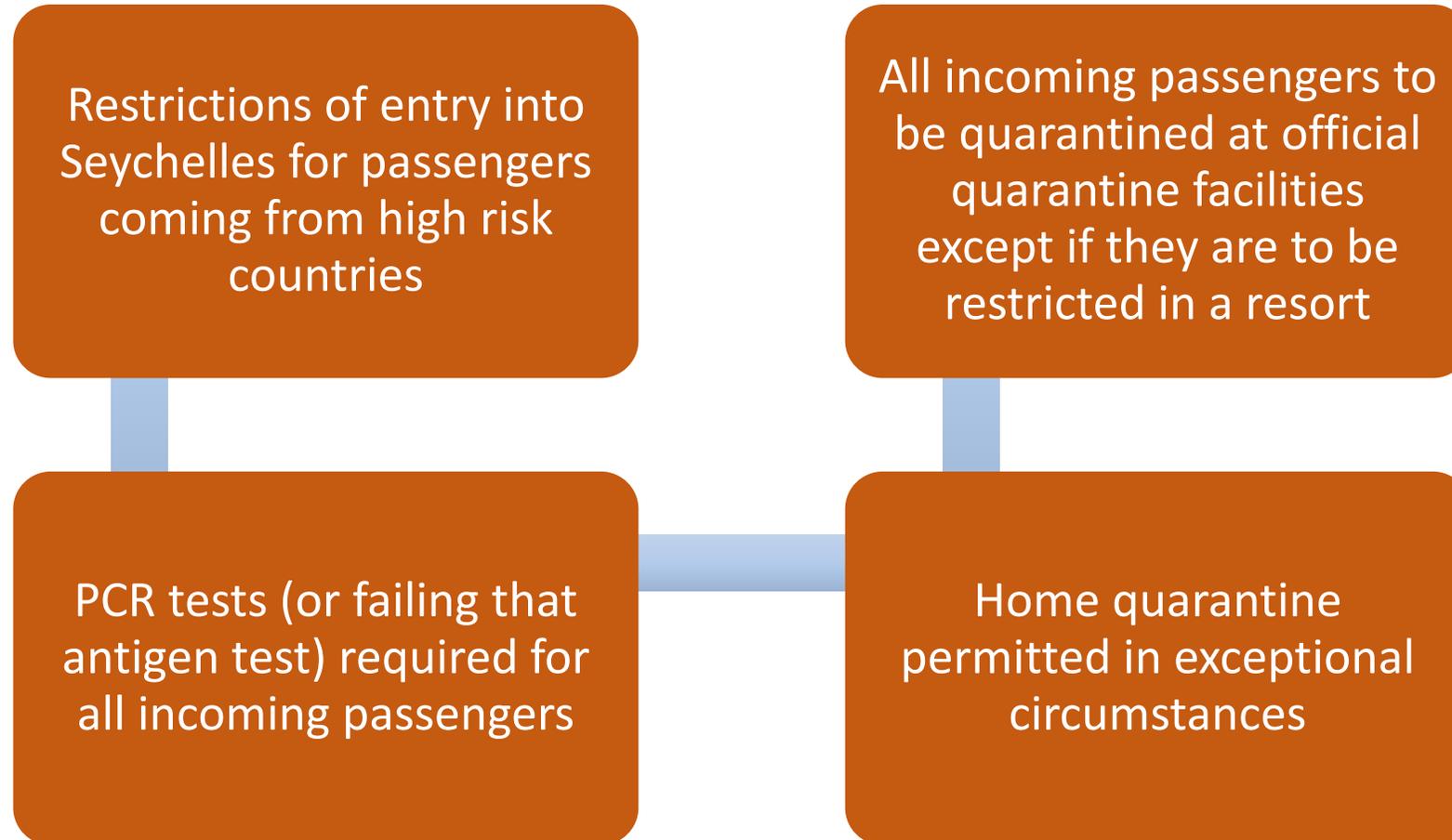
Strong public health enforcement at main points of entry despite technically porous borders

Existence of 2 smaller hospitals that could easily repurposed as treatment and isolation facility for COVID 19

Existence of facilities which could be easily repurposed for quarantine facilities

Mobilisation/ re-deployment of workforce

# Preventing New Cases Today



# Challenges

## Public Health

- Number of cases expected to rise with opening of borders – strategy remains to detect early and contain
- No case, no fear attitude of some segments of population – challenge to sustain the habit of social distancing
- Human resources for health remain a challenge as even in normal circumstances many doctors (60%) and nurses (10%) come from overseas. Exhaustion, attrition are likely if cases surpass capacity
- Small country and population with many islands and porous sea border

## Socio Economic

- Collapse of the tourism industry and all tourism associated activities
- Devaluation of the national currency by 30%, in effect health budget decreased by that much as a result
- Poverty and dependence on social safety nets likely to increase leading potentially to health issues and social ills

# Parting Thoughts

