

EDITORIAL

COVID-19 Healthcare Management in Sabah

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Recent Development of COVID-19 Cases in Malaysia

The first case of COVID-19 in Malaysia was detected on 24 January 2020.¹ As of 10 September 2020, when this editorial article is written, the total cases have increased to 9,628 cases, with active cases of 333 are being isolated and undergoing treatment, while 9,167 cases achieved recovery.² The number of deaths in Malaysia due to COVID-19 is 128 people. Within the past few months, there has been increased in the number of clusters of infection in some states including Sabah. The number of cases in Sabah is currently at 592 cases.

Following the increase in the import of COVID-19 cases into the country, the Ministry of Health of Malaysia has developed a risk assessment matrix on countries in the world to measure the risk of importing COVID-19 infection into Malaysia. This is important in deciding the implementation of the Movement Control Order [Perintah Kawal Pergerakan (PKP)] and international border control. Each country is assessed based on the above criteria and placed within a specific risk category. The results of the assessment on all 23 countries that have been restricted to travel to Malaysia are found to have a high risk of bringing in COVID-19 infection into our country. Criteria for assessing the risk of importing COVID-19 infection are based on the Scoring Board: Merit System developed by MOH using data sources from the European Centre for Disease

Prevention and Control (ECDC) and Our World in Data. The six criteria used are the number of COVID-19 cases in the last 14 days, the incident rate per 1 million population in the last 14 days, recent death rates in the last 14 days per 1 million population, cumulative case mortality rate, recovery index and COVID-19 cumulative cases exceed 150,000 cases. However, this risk assessment is one of the mechanisms to assess a country's COVID-19 risks.

The Recovery Movement Control Order (Recovery MCO), which was originally scheduled to end on 31 August, has been extended to 31 December 2020. This was a necessary move to continue to curb the spread of the COVID-19 by reducing the risk of infection through social awareness and individual responsibilities.

Management of COVID-19 by Sabah State Healthcare Providers

The state of Sabah healthcare providers including doctors and nurses as frontliners handling COVID-19 cases can be tricky. It is a new disease that none of the physicians has seen. The challenge for physicians is to recognise the presentations, diagnostic tests as managing the disease and its complications. The symptoms are broad and range from one spectrum to the other. The patients could be asymptomatic but still can spread the disease. In January, when it first alerted an outbreak in Wuhan, China, it was thought that the main presentation involved respiratory systems such as cough, runny nose and shortness of breath. However, as the disease is more widespread to other parts of the world, we learnt that this presentation might be different especially among children and the elder population. It was later by a UK physician that anosmia is also a symptom of the disease. Whereas studies in Spain and Italy have shown children presented with a purpuric-like rash that was not seen or documented at an earlier stage of the disease when it was reported. In terms of complications, in the course of the

pandemic in later March and early April 2020, that the disease is associated with pulmonary embolism and in rare cases can be presented with stroke. A coordinated and comprehensive response in a pandemic requires a public health system.

Management of Personal Protective Equipment (PPE) Shortages and Management of Test Kits

As the disease comes to a pandemic stage where it hits the whole part of the world, personal protective equipment (PPE) supply becomes an issue when each country was seeking for this item that makes it hard-to-get. However, from the joint effort of NGOs, corporations together with Sabah State administration and other key players, the Sabah State Health Department managed to find their connections in many possible ways to connect with people with PPE factories inside and outside the country to supply PPE materials. The Sabah State Health Department also connected with prisons officers to help to sew the PPE.

Likewise, reagents and lab materials were at short in global supply. Thus, again the Sabah State Health Department reached the NGOs and corporations, with all help, managed to secure some of the supplies. The constant help from all parties in securing the PPE and lab materials was real-life evidence that nothing is impossible to achieve if we work together. To safely deliver these PPE and lab materials, the Sabah State Health Department was helped by the Royal Malaysian Air Force to transport these materials twice weekly by aircraft. To send those materials to Sabah requires tremendous and tedious coordination that was carried well by the logistic teams. In terms of logistics, the Sabah Health team has done very tremendously albeit the restriction order limited the people movement. This affects the movement of our COVID-19 samples that need to reach Kota Kinabalu, the state capital from the East Coast of Sabah. Thus, Sabah State

Health Department managed to ensemble the transportation team that will drive 8 hours daily to Lahad Datu with few pit stops along the way to send PPE to the Sabah East Coast districts as well fetch the COVID-19 samples from those districts to bring and run in Kota Kinabalu Public Health Laboratory.

COVID-19 Crisis Preparedness and Response Centre (CPRC)

Since 12th of March where the first case of COVID-19 in Sabah was detected, Sabah State Health Department CPRC COVID-19 team have worked tirelessly days and nights. Mainly become the technical advisor, liaison officers, risk communicator, Protocol and Standard Operation Procedure (SOP) development as well as coordinating the needs of the districts in terms of human resources and others. Daily CPRC led by the State Health Director, Datuk Christina Rundi would host reporting and sharing of confirmed and suspected cases from the districts, the meeting might last from 2 – 6 hours of discussions. Through this meeting, any issues that need urgent attention are discussed as well as coordinating resources to its maximum capacity. The daily meeting is important as districts shared their experience with others as well as be informed of any issues. CPRC also will report the cases to the Ministry of Health daily. During this meeting too, any new instructions, SOPs or protocols will be shared and discussed. This is to ensure that all instruction will be conveyed to the ground level.

COVID-19 Personal Preventive Measures

Since there is no safe and effective medicine against COVID-19, the WHO has developed a strict guideline to adhere to during the pandemic. Standard precautions are especially important to set out and adhere to curb the spread of SARS-CoV-2 worldwide. Preventive measures such as regular handwashing with soap or sanitizer, avoiding handshaking, wearing masks and gloves, social distancing of

1 – 2 metres apart, coughing into disposable tissues or a flexed elbow, self-isolating if symptomatic, avoidance of gatherings and unnecessary travel to affected areas can suppress the spread of viral infection.

Sabah State Protecting Its Borders

The Sabah State Government has issued restriction on in-bound travellers via air, land, or sea with a history of travelling to mainland China. Through a state document dated 7 February 2020, all foreigners and non-Sabahans with history of travelling to mainland China within 14 days prior entry to Sabah, including transit passengers from mainland China are prohibited from entering Sabah effective from 8 February 2020. Sabahans, permanent residents or residents of Sabah under work pass, student pass, long-term social visit pass or any exemption order, returning from mainland China would be subjected to compulsory 14-day home quarantine. Chinese nationals who were in the state at the time of issuance of order were advised to depart before the expiry of their visa. On 29 February 2020, travel restrictions on arrivals from South Korea were imposed and later 10 March 2020, immigration restriction included Iran and Italy.

Mass Students Movement Incident

On the 26 April 2020, the Minister of Higher Education issued a statement to allow students who were stranded on campus due to the movement control order to be sent home to their respective hometowns. The movement was to commence on the following day, involving travels via air flight and land. For Sabah alone, an estimated 11,000 students were involved in this mass movement inter-states and intra-state. The flights started from 30 April through 4 June 2020. All the students outbound to Peninsular, Sarawak and Labuan were performed PCR. The approval for departure only after a negative result was obtained. Students bound from Peninsular, Sarawak and Labuan are expected

to have their COVID-19 testing done before arrival, otherwise, they will be sampled upon arrival and be quarantined until negative results obtained.

Public information by Sabah State Health Department

The Director of Sabah State Health Department, Datuk Dr Christina Rundi issued a daily press statement on the status of COVID-19 in Sabah with statements include a description of cases, specific advice for people in Sabah on protection against infection, as well as introduced special commemorative dates on health celebrated either nationally or internationally.

Strategic Control by Sabah Disaster Management Committee, State and District Level

Sabah Disaster Management Committee Command Centre started daily meeting since 10 March 2020, with the Malaysian Civil Defence Force as secretariat and technical input from Sabah State Health Department, National Security Council, Malaysian Royal Police Force, Malaysian Royal Army Force, Fire Brigades, Welfare Department, RELA Voluntary Department and Information Department. The committee discusses operational issues on the state level, while individual districts run groundwork with committee mirroring the state set up.

Conclusion

Overall, the work accomplished has been tremendous and praised by many parties both locally and international recognition. The works may be seemingly smooth sailing but there are many challenges faced and continued to be faced daily, as one of the hindrances would be the lack of communication between decision-makers and technical members of the committee before any state regulation are made and released. Unless there is an effort to combine the strength of each team member, the optimum cost benefits or cost-utility will not be attained.

References

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