

Opinion**COVID REFLECTIONS**

A series of experiences shared by frontline medical doctors in Fiji during the Covid-19 pandemic

PROVIDING SPECIALIZED CARE IN A QUARANTINE SETTING

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On the 01/10/2020, a group of referred patients from Tuvalu and their care givers came to Fiji on humanitarian grounds. These included both adults and children with various medical conditions. One of them was a prominent politician from that nation.

Given the COVID 19 pandemic, the Ministry of Health and Medical Services (MoHMS) of Fiji had to provide specialized care under a quarantined setting. I was appointed by the CWMH management and MoHMS to lead a team of clinicians and clinical assistants to provide the necessary medical care. As the team leader, I went to assess these patients at Nalagi Hotel, a quarantine facility in Nadi. After accessing them and zoom meeting held between Lautoka Hospital management, Colonial War Memorial Hospital (CWMH) management and the Incidence Management Team (IMT), consensus was made that these patients were to be taken to CWMH for quarantine and further management. Hence I escorted them to Suva in an army ambulance.

The team of medical staff consisted of two registrars (medical and paediatrics), few nurses (psychiatric, medical and surgical), clinical assistants and an allocated driver. We went into quarantine at the De Vous on the park hotel on 2/10/2020 as soon as we came into contact with the patients who were treated in isolation at the Lancaster ward, CWMH.

Although the need to have a consultant surgeon as the team leader was initially questioned, I believe that it was a good decision. It was obvious from the beginning that big decisions needed to be made on the safety of patients on transfer and while in quarantine prior to surgical intervention. The decision to salvage a diabetic foot sepsis during quarantine was an example of such decisions. We nursed all the patients with the help of their care givers within the two weeks of quarantine. Additionally, two of the clinical staff members got unwell with abdominal pain during quarantine. With the

availability of a senior surgeon, the call on operative versus non operative management was easily made. I can only imagine the logistical challenge that would have been faced if surgical intervention was needed for these staff members that got sick and if no senior surgeon was in quarantine with them.

Since this was the first time during this Pandemic that patients were referred from abroad to CWMH for specialized treatment in a quarantined setting, there was very little briefing prior to being taken into quarantine which in itself contributed to the challenges that we faced. We walked into this 'uncharted waters' with no experience yet very mindful of the huge responsibility of having to adhere to two weeks of strict quarantine and observing the 'safe bubble' measures

The two most common challenges shared by the team members were:

The concern or fear of contracting COVID 19.

None of the patients were critically ill; hence treating the patients' medical conditions was not a difficult task. However, we had this lingering fear that we could be exposed to the deadly virus.

The physical and psychological impact of being totally isolated from others.

Under quarantine, the freedom of being able to move around and do as we wish was taken away from us. Food was prepared and delivered to our individual rooms. There were restrictions on interactions with other quarantined staff at the hotel. We were strictly prohibited from leaving our room at any point in time unless it was to visit the isolated patients at CWMH. There were soldiers guarding the hotels during the two weeks to ensure that there is no unnecessary movement to and from the hotel.

The above practice which we see as 'removal of our freedom of movement' and the loss of physical human contact took a toll on us mentally and physically especially when we walked into quarantine not knowing what to expect.

Fortunately none of the patients or any of us became positive with COVID 19. There were a lot of things that we learnt from this challenging experience and I hope that we can improve the impact of being isolated by taking measures to alleviate the challenges discussed above, yet ensure the safety of the patients and our colleagues who will be faced with the same situation. We were the first and certainly not the last Fiji specialized medical team to go into quarantine given this pandemic.

Some of the recommendations I would like to give for the next quarantine teams and decision makers are:

1. Briefing before going into quarantine outlining the Dos, the Don'ts and the expectations of the team as a whole.
2. The team should be informed before going into isolation that there will be army officers monitoring their movements in and out of the quarantine area.
3. Improved facility dedicated for a quarantine that has good services for the comfort and wellbeing of the staff. For example, sports facilities, pool table, a working TV, area for exercise.
4. Balanced meal served on time for the staff.
5. Debriefing post quarantine.

SURVIVING ISOLATION – EXPERIENCE WORKING IN LABASA'S COVID-19 WARD

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Around mid-January this year, I happened to see TV news reports of a new viral illness in China. I didn't pay too much attention to it, just carried on day to day in my little Labasa bubble. As the number of cases soared and the number of countries affected increased, one then started to take notice. Surely this can't be any worse than the bird flu? Looking back, I could not have been more naïve.

By the end of January WHO declared the outbreak a public health emergency of international concern. With social media and mainstream media bombarding us with everything COVID- related, colleagues started discussing it in passing. With the world's focus on this new disease, there was papers' being published on an unprecedented scale. Front liner accounts, patient stories, health worker experiences were being shared over and over again. I am ashamed to say both reliable and unreliable sources were being touted as hard truths.

Late February to mid-March we were in full COVID prep mode. The team had come up with a COVID roster that

was to be activated should Labasa get COVID positive case requiring anaesthesia or intensive care. We updated our knowledge on Intensive Care COVID management via online webinars and going through the different guidelines of the different societies and institutions that we managed to find. We also reviewed infection control procedures and droplet or aerosol protection tactics. At that time there was no word from upper management about the required PPE's needed. So, we as a team collected funds to buy our own. Face shield, Dust masks, Gum boots, coveralls, aprons were all procured from the Hardware shops in town. I was even more anxious about the PPE's as I was to be one of the two COVID anaesthesia first responders.

Meanwhile, Fiji's first positive case was reported on March 19th. Labasa also had a few covid negative scares up until April 9th when the first Labasa case became positive. I discussed with my wife that I would be going into the COVID any time soon. At that time, the highlight on the News too was Health worker infections and deaths. I decided to get my affairs in order. A Will and testament was drawn up and I had to update the beneficiaries on my superannuation and insurance.

Sleep was difficult on the night before checking into the Isolation quarters. The uncertainty of seeing loved ones again made it so. The first day at work in COVID isolation was frenzied. The nursing team we met had been working non-stop since the first suspect case more than a month ago. They were tired and burnt out. They told us of the hardships they faced with irregular PPE supply and feeling homesick. 3 days later they were relieved by a fresh vibrant group of nurses.

One of the things implemented by my senior colleague was a systematic usage and disposals of PPE's according to the level of exposure. It was fortunate that all the cases had mild symptoms and none required invasive ventilator support. Because wearing the Level 3 or 4 PPE is challenging. The goggles and shield fog up. With triple gloving the digital sensation is reduced. The N95 mask is difficult to breathe in. With the 2 layers of the coveralls combined with the ward humidity, expect to sweat like a monkey at the circus. We wore Level 3 when doing the daily rounds (or taking a throat swab); Level 4 when we had to scrub down the recently vacated room or ward; and Level 2 at the Nurses' Station.

Four days in, the senior anaesthetic colleague developed symptoms of fever, productive cough and headaches. He and I shared the matchbox quarters in the quarantine area. I had to move to our kitchen just 4 metres away from the beds. Luckily the throat swab came back negative. From that period the team started the day with prayers and thanksgiving. Regrettably it took the near miss of a friend to get me to seek for God's grace.

Homesickness was remedied by the camaraderie and fellowship developed by everyone working in the ward. A happy highlight was the birthday we celebrated for our youngest paediatric patient. Cake and present was left for her during rounds and the team sang happy birthday to her over the phone. Her squeals of joy uplifted our spirits.

At the end of our attachment the team was sent to quarantine a further 2 weeks at Malau station. Sea view, sunshine, fishing and eating made us forget about the dreariness of isolation. Refreshed and reenergized Malau got us ready to re-integrate back into normal society again. This unique experience has taught me lessons of preparedness, appreciation of family and faith in God.

COVID-19 – THE QUARANTINE EXPERIENCE

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Medical Registrar

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I never knew that 2nd of October 2020 and the following 14 days would engrave an experience of a lifetime. After working first half of the day in the department, I was released to go home and pack. At 5pm, my team and I welcomed 9 Tuvaluan patients with 10 relatives/carers, who came ashore for expert medical care at Pacific Specialist HealthCare. Our smiles were hidden behind masks, even if it did reach our eyes, they were too shielded by protective etiquette. The famous Bula smiles and friendly hugs were maintained at a 2m distance from day 1.

Our team encompassed a surgical consultant who led the team, a paediatric registrar, medical registrar (myself), nurses from medical, surgical wards and from St Giles hospital, and clinical assistants and a designated driver. Having volunteered, way earlier in the year, to represent my department and serve in challenging times, I was privileged to be part of this chosen team.

On the evening of the arrival day, with assistance from nurses, I managed to swab 16 adult patients for Covid-19. Initially, I only had 2 cases that needed medical evaluation and care. However, as days progressed, few of other patients and carers required the medical eye, some for treatment and others, for pure observation.

Newer ways of communication with other specialties (pharmacy, labs, records, kitchen, etc) were learnt. We may have lagged in terms of technology in the past years, but Covid-19 got us zooming all the way, each

mane, at the least. Patient care was never compromised, thanks to the ever so ready medical consultants at standby (Dr Ane, Dr Anishma, Dr Ravi, Dr Ana), available at the other end of the phone.

Living at De Vous, surrounded by the same 4 walls for 14 days was a challenge that I was definitely not prepared for, but managed. It may sound odd, but daily ward rounds at Lancaster ward in CWM Hospital, was a luxury, enabling me to move out of my confinements for an hour or two. It must be one of the many other 1sts, where living in a paid accommodation was less than attractive.

I incorporated creative ways to my daily routines, like reading hard copies of books, catching on some medical readings, watching movies on my laptop, exercising whenever possible in the room and catching up with some much-needed rest. Each morning began with standing on the 1m by 1m balcony, watching the rays of the sun struggle its way between the buildings to reach me, to warm my heart. I would stand and feel the fresh air blown from the harbour to help me wake up proper. The evenings were welcomed with a cup of tea at the same place.

Not everything was rosy, I had occasions where I didn't get meals, had to manage with tea and apple, was not allowed to go for walks outside, couldn't mingle with other colleagues and at the end, weight gain was another concern.

Graciously, families and friends were allowed to drop-off food and things with the IMT team, who would courteously deliver to our rooms. Others may agree, a glimpse of another familiarly foreign face, was a joyful sight. Maintaining the distance was remarkably difficult, but we all surpassed successfully. All measures taken eventuated to a safe ambience, and none of the visitors tested positive, nor did any healthcare worker.

All in all, I made new professional friends, and while caring for our neighbourly brothers and sisters, I unintentionally forged a bond of understanding and cooperation. It seemed the 14th day was dragging itself to us all, like a snail.

Additional to everything, as an individual, being in quarantine helped me rediscover myself. The nation celebrated 50 years of independence, I heard the celebration within the confines of quarantine, and there couldn't be any better irony. I penned down a few stanzas on my Fiji Day of the 50th independence.

50th: 10th October (2020) since 1970

Sitting in that room,

*In the JJz on the park,
I distantly hear,
The passing of the army band.*

*I was so close to the celebration
At the Albert Park,
Yet, not so near.
I was, and was not part of the national celebration, at the same time.*

*The different instruments,
Composing collectively,
Oh! The music that breathes,
It forced my legs to extend.*

*I get up,
Standing on the balcony,
I am blinded by the concrete forest.
But the rhythm fails me not!
The music from the band attunes to my ears,
Music never fails to creep into my heart.*

*It's not about actions, sometimes,
But sometimes it's about the feeling.
Closing your eyes and just feeling it through.*

*That's how I celebrated the 50th Independence Day for Fiji
Stuck in that four walls of the hotel room,
But glad for a beautiful sight,
Sight of sea, the distant ocean, the ships,
The harbour and its breaking daylight.*

*Not what I expected but,
Not disappointed.
Just a bit saddened to not being able to share it with that lady,
Who was an 8-year-old child,
Sitting at the road side,
50 years ago,
Waving the Fiji flag in her small hands,
My mom. xo*

10/10/20 1.16pm

This is genuinely a once in a lifetime experience, and I am glad I was part of it. It is an incredible feeling to be able to serve my country amidst a crisis. I thank God for keeping all of us safe and healthy, my employer and department for the honourable opportunity and for looking after us in the quarantine, my friends for the things you guys dropped off and the phone calls to just check on me, and my family, for unquestionable support.

Covid-19 is a generous teacher!

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COVID-19 IMPACT AT NAQALI MEDICAL AREA

Dr. Kavish Bhagwat Maharaj

Medical Officer, Naqali Health Centre

I am the sole medical officer at Naqali Health Centre. I am writing up my team and my experience in dealing with Para- Covid-19 issues in Naqali, Naitasiri. We didn't have any positive cases in our medical area but we had thoughtfully prepared well for any such incidents. My team and I had monitored patients in self quarantine and had to handle the Suva lockdown which had placed us in an exceptional situation in Naitasiri.

The year 2020 started well for our medical area. We were fresh off, successfully dealing with the Measles outbreak of the end of 2019. Towards the end of December, 2019, we heard about a new coronavirus outbreak in China which at first was thought to be contained in China well, hence, our attention was not focused a lot on this new outbreak called Covid-19.

Later on it was discovered that containment in China had failed. Then, January 25 when Australia had its first case we came to the realization that it would be more of when, rather than if, the virus infects a Fijian. March 19 our fears were realized when we had the first case of Covid-19 in Fiji. Before this we had trained ourselves with processes regarding the virus and had laid out a plan to successfully contain a suspected case in our health centre.

The Naqali Health Centre Foyer had numbers placed on them so that patients can socially distance. In the event we did have a suspected case present to our health centre, the available emergency room was cleared and the suspected patient was to be isolated there with the emergency trolley, ECG machine, and cardiac monitor. The examination couch being moved out of the room and into the foyer turned the foyer into a temporary ER.

This room was chosen as it is downwind from the foyer and close to a washroom, which would be available to the suspected patient only. Every non emergent case in the foyer was to have their correct detailed home address taken and sent home, anyone that needed attention was to be seen and sent home with a correct home address. We also activated our MORT (Medical area Outbreak Response team) which consisted of just me and one clinic nurse. This team was responsible for actively monitoring travellers in quarantine and by the end we had about 23 patients on our list that were monitored actively.

We had sent out 3 swabs for patients in quarantine but all 3 were negative. This involved a lot of late nights and long hours at work as monitoring was done after hours, defined by 2 weeks in which the team had spent 100 hours individually working. So we went into the routine

of: eat sleep Covid, and repeat until community transmission had stopped.

Case number 9 of Covid-19 brought a unique challenge to Naitasiri, the resultant lockdown, locked us out of exit point at Sawani and cut us off from all the business centres. Essentially we were locked inside Naitasiri and there were no more scheduled bus trips, a mode of transport that our population of near 7000 relies on heavily. This meant that our population had limited access to our services as they couldn't transport themselves. With flu season present plus the high number of asthmatics in our population, an asthmatic developing the flu and not having transport to obtain nebulised salbutamol and supportive oxygen could be lethal. We decided that we will place all Influenza like illnesses into home quarantine and monitor them also, regardless of their travel history, to make sure we can

contain a flu outbreak before it starts. Transport remained an issue; we activated village health committees and asked them to find a transport in their village or a neighbouring one. If none was present then they could contact us directly if there was a sick person that needed to be brought over. These two measures helped us have an incident free lockout.

Covid-19 has affected health systems all across the world. It has made us more proactive rather than reactive, thus highlighting the need for the public health physician. We serve an essential part in the system, especially, when it comes to dealing with pandemics. If I may repeat the over said rhetoric that; we are at war with the virus, specialists win us battles within the war but to end it all a great public health effort is required.

Figures from article: Back to the Future: Putting: Primary Back into the Kiribati Health System

Figure 1: Kiribati Policy Framework and Timeline

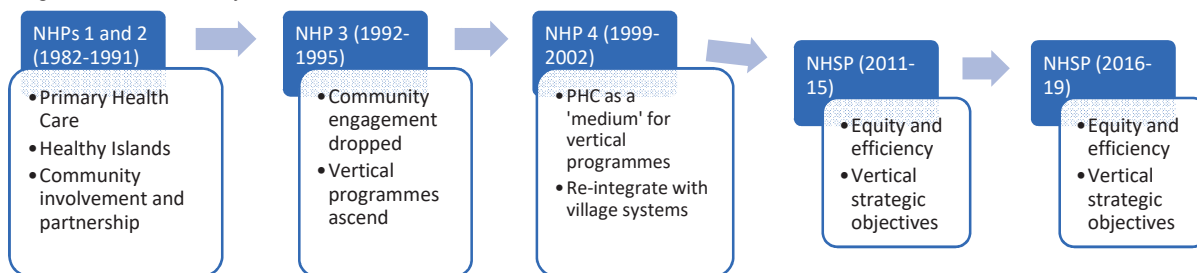


Figure 2: Facility Performance based on 1st and 2nd supportive supervision visits

