President chairs meeting of Law Enforcement Services and COVID-19 Response command chain at State House
First case 14th 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

THE CASES as at 4/6/20

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
<table>
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<th>NATIONALITY</th>
<th>Role</th>
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<tr>
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<td>11</td>
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<td>SEYCHELLES, Airport Staff</td>
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</table>

- 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

- Special emergency structure to manage pandemic
- Restriction of travel to and from high risk areas
- Defining and testing all suspect cases
- Refresher Training in infection prevention and control
- Triage on entry to all health facilities
- Contacts Tracing and strict quarantine (using rapid response teams)
- Risk Communication and Community Engagement
- Frantic search for PPE, ventilators and other supplies
- Massive resource mobilization nationally and internationally
Success factors

- Strong political and public health leadership
- Close monitoring of international and regional trends and evidence-based decision making
- Legal instruments to support measures starting with declaration of public health emergency on 20th March after 5th Case
- Inter-sectoral and Multi-sectoral collaboration

International 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

- Restrictions of entry into Seychelles for passengers coming from high risk countries
- PCR tests (or failing that antigen test) required for all incoming passengers
- All incoming passengers to be quarantined at official quarantine facilities except if they are to be restricted in a resort
- Home quarantine permitted in exceptional circumstances
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