

FETP NEWSLETTER

JULY 2020

The Voices from the Field
Edition

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EDITOR'S LETTER



We are happy to present to you the third edition of our FETP Newsletter, a special edition that is an authentic account of the experiences, challenges, and triumphs faced by FETP residents, graduates, and other public health professionals in the Eastern Mediterranean Region (EMR) while responding to the COVID-19 pandemic. All the stories you will read in the pages to follow are first-person testimonials sent to us by the FETP residents and graduates from this region alongside other health professionals who were also in the field during these challenging times. These are the entries that were submitted as part of our previously launched writing contest "Voices from the Field". Although we had picked three winners for the contest, we believe that all these stories are worth sharing, as these stories reflect the true heroic nature of the work done by field epidemiologists in response to a pandemic. They reflect the situation on the ground, and they reveal real experiences.

On this occasion, we congratulate everyone who has taken part in our Voices from the Field contest and we especially congratulate our winners.

In this issue, we have a section dedicated to the winners' stories, and this is followed by a section dedicated to all the other entries from FETP Residents and Graduates. We also dedicate a section to the entries sent to us from other public health professionals in the region, and finally we have a third section where we share the stories sent to us in other languages.

We hope you enjoy knowing more about the challenges and achievement shared,

Happy Reading

The Editorial Team

MEET OUR CONTEST WINNERS

FIRST PLACE WINNER THE COVID-19 OUTBREAK RESPONSE, A TIME WHEN I BECAME FEARLESS

By Dr. Bisma Memon- FELTP Pakistan Graduate

My name is Dr. Bisma Memon, I am an FELTP Pakistan Graduate. While training I had investigated many outbreaks including Chikungunya, Measles, Typhoid, and HIV. Currently, I am working within the **National Stop** Transmission of Polio (**N-STOP**) program in Pakistan. But, more specifically I am working now as a technical lead for the COVID-19 pandemic response at my duty station.

During our FELTP training, we were trained to conduct outbreak investigations, but back then the word "Pandemic" seemed bookish, when a pandemic really hit us, it was hard for me to really believe it. Everyone was afraid. A lockdown was imposed and staying at home was the only way for us to be safe, but as a Field Epidemiologist, I had to work and serve my country. Despite the poor health care delivery system, and all other lingering fears of getting infected, I suddenly became fearless.

However, fears were mounting generally in my country, especially around the time of the Tableeghi Jamaa, an Islamic fundamentalist missionary movement, which holds its religious congregation in March every year. Around 70,000 people attend this annual mass gathering from all over Pakistan. The group also includes around 3,000 foreigners. Then, they disperse in groups all over the country's mosques to preach. Naturally, such conditions presented themselves as additional risks.

On March 22, 2020, a 60-year-old man

was admitted to the hospital because he had a fever, dry cough, and was tested positive for COVID-19. It was at that point that my story began.

I investigated the case, prepared a contacts list, and it was then that we found out that the patient also had a history of meeting with pilgrims at the Noor Mosque. This information gave me a clue that the March mass gathering had something to do with this case.

We immediately informed the COVID-19 focal persons to intervene at that particular mosque, where 226 persons, including 71 foreigners were present. To us, that was a huge number and a challenge to handle due to our limited resources.

I started by stopping all activities at the mosque and declared it a quarantined area with closed doors to unnecessary movement. On the next day, a FELTP team and I were on the ground where we conducted registrations. People were line-listed, but we did not have viral transmission mediums (VTMs) to conduct all tests. Initially, two Chinese Nationals were tested for COVID-19 and were shifted to other quarantine centers. On March 25, 2020, one of them tested positive for COVID-19 and was moved to the Isolation center. On March 27, 2020, VTMs were available and two quarantine centers with 71 and 98 rooms respectively were prepared



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in addition to existing facilities. On March 28, 2020, 224 lab tests for the remaining mass gathering attendees were conducted. After sampling, all of those people were moved to quarantine centers in line with standard operating procedures (SOPs).

On the following day, shocking results were received, 84 out of 224 had tested positive. Subsequently, the positive cases were shifted to isolation centers. Over these past eight days, I worked day and night within very stressful conditions.

One week later, I developed some symptoms myself including fever, flu, body ache, and headache, I quarantined myself for three days, but symptoms didn't subside. Later I had my COVID-19 test, and the results were fortunately negative, and I recovered after one week. We then followed up on all positive and negative cases and on the 14th day, 226 persons were retested, and all were recovered except one, who died.

I am glad my timely intervention stopped 84 COVID-19 positive persons from going back to their homes, which means I contributed to stopping 84 families and their contacts from further spreading the virus.

SECOND PLACE WINNER

BEYOND THE HIDDEN ENEMY LINES

By Dr. Mohammad Alhawatat- FETP Jordan

It was midday when Dr. Iblan called me.

He said: "Mohammad are you ready to investigate the positive COVID-19 patients who were just admitted to the Prince Hamza Hospital?"

"Of course, I am" I answered him.

It was a scary moment when the isolation floor doors closed behind me for the first time, it was then that I realized that I will be dealing with my first COVID-19 patient. I entered his room to collect identifying, demographic, clinical information, and the information of the people he was in contact with. This is where my

story began.

"My name is Mohammad Alhawatat, I'm a doctor, an FETP resident, from the Ministry of Health," I said, before starting to collect the information I needed.

To me, every single word the patient had to say was valuable. It was very important to know everything.

From that day onwards, I emphasized with every one of the patients I came across. It was very hard to keep myself away from their stories. At times, it was even hard to hold back my tears. They fell at times behind the face shield, every patient had



his own story, and for me, talking to each patient was a unique experience.

It was very important for me to identify and clarify the natural history of this unknown disease and to control and stop the infection cycle in our country and to protect our people. Finishing my task at Prince Hamza Hospital does not mean the end, the hardest part has just started, I have to keep my family safe. With this, comes a set of unclear emotions, especially when you are forced to keep yourself away from your loved ones.

It is a real challenge to keep your little daughter away from your hugs, her tears will burn you and will break your heart, as she will never accept your unexplainable behavior.

Despite all difficulties faced by me and my family, I am still very proud to do my best every day and to protect our people, even in this high-risk task.

My lovely family, my best friends, my workmates, and my whole country waits for us to defeat this ugly virus and keep all of you safe. I will keep fighting against this hidden ene-

my, and I am sure I will win my own battle.

Sadness, fear, passion, and hope

This is my story with COVID-19.

THIRD PLACE WINNER

THE STORY OF ONE FETP AFGHANISTAN GRADUATE IN CONTROLLING THE COVID-19 PANDEMIC

By Dr. Abdul Shokour Karimi- FETP Afghanistan

As a newly trained field epidemiologist, when I first heard about the COVID-19 outbreak in Wuhan China, I wished I could have been there. I wished I could have been involved in helping the community there to control the outbreak. I wanted to use the knowledge and skills I gained from my studies in field epidemiology.

It did not take long for the virus to spread to my country and province. Due to the local spread of the virus, more people got infected. The spread of the virus and the resultant panic left all provincial health staff confused and frightened. No one knew what to do or how to control the virus or even how to inform the community to fight this virus without creating unnecessary panic.

Using the skills, I gained from the Field Epidemiology Training Program I provided solutions for the Sarepol provincial health team. My work included establishing COVID-19 surveillance and creating an enabling environment that facilitates better community cooperation to prevent and fight this pandemic. Having relevant knowledge and skills, I was assigned as a community surveillance and communication officer for COVID-19 in my province. The fact that I was previously an immunization supervisor put me in a better position to perform my new role. I collected relevant information on all volunteers that participated in polio campaigns and who possessed sufficient information on



the community's characteristics. I called them and informed them of the epidemic in our country and province. I requested them to report on all suspected cases which included those individuals with COVID-19 symptoms and those with a history of having been in Iran.

At the start of this phase, my team and I responded to more than 100 calls from the community and we received reports of suspected cases returned from Iran with fever, cough, and other signs and symptoms of COVID-19. Overall, our community showed a good level of cooperation and were more responsive to messages than they were in the past. Sometimes I received calls at midnight from boys joking with me about COVID-19. Due to misperceptions in the community, sometimes positive cases escaped from hospitals.

Initially, most people believed that whoever got this virus and is hospitalized, will die and will be burned by the health department. In order to resolve such misperceptions, we convened various meetings with community elders and provided them with information about this virus and described the detail of what we would do as soon as the patient was hospitalized. Now, suspected cases are mostly referred by the community or patients directly go to the hospitals themselves. All in all, I believe that the COVID-19 pandemic taught us how to work together as one community and how to cooperate towards one goal and that is to beat the virus.

We thank all the FETP residents, graduates, and public health professionals in the Eastern Mediterranean Region who had shared their field experiences with us. The efforts they make to respond to the COVID-19 pandemic enable us all to live in a healthier world.

OTHER FETP VOICES

STORIES OF LEARNING

A COVID-19 STORY

BY DR. ABDUL SATTAR AMANZAI- FETP AFGHANISTAN

The first cases of COVID-19 in Kandahar, Afghanistan were confirmed during the fourth week of March 2020. Social distancing and self-isolation were instructed to minimize social contact and stop the transmission. Additionally, health professionals delivered key messages highlighting methods for COVID-19 prevention. Various channels including social media and religious gatherings were used to educate people on the possible dire impact of COVID-19 on both the health of citizens and the economy, should instructions not be followed.

Despite all these efforts, the local community still believed that the number of existing COVID-19 cases might not be as large as those officially reported.

There are a number of barriers to effective implementation of strategies to control the spread of the virus and the timely response to patients visiting the health facilities. One of these problems is spreading messages that deter communities' trust towards health workers and the health system.

One day, a 28-year-old man came to the health facility reporting a headache, fever, sore throat, and intermittent diarrhea for over a week. He was prescribed antibiotics and pain killers (Azithromycin + paracetamol).

But, when he was asked to be tested for COVID-19 and if positive gets hospitalized, he rejected to follow these instructions. At the time, he believed that those suffering from COVID-19 will be kept for some time in the hospital, and then health workers will intentionally kill them to get more benefits from the health ministry.

I had a lengthy discussion with him to resolve all his misperceptions, and he finally agreed to get tested for COVID-19. He also agreed to carefully follow the required social distancing instructions and to isolate himself from other members of the family. He even used a mask in his home. One week later, the lab test result arrived based on which he was confirmed positive for COVID-19. Fortunately, he agreed to be hospitalized. Now he is just happy that other members of his family are not suffering from this disease.

Part of my job involves visiting people who show symptoms of the disease but are not willing to get tested. They are still afraid that any disclosure of their illness will negatively impact their social status and relations with other members of the community. They believe that people will hate them for being infected.

After a number of discussions, I realized that the community received conflicting messages about COVID-19. The messages delivered in social and mass media came with more harm to the community than good, as they spread fear instead of raising awareness.

I learned that the messages delivered to the community should be clear, and from a single source. We should not frighten people but work with them to raise awareness and knowledge.

MY FIRST DAY IN THE FIELD AS AN FETP RESIDENT

BY DR. HAFIZULLAH NOORI- FETP AFGHANISTAN

I was a resident of the Field Epidemiology Training Program - FETP in my country Afghanistan when Coronavirus (COVID-19) cases were reported in Wuhan China. Outbreak investigations were within our field of study. So, I was keen to learn more about this virus in order to be ready to survey people, should that be needed.

Soon enough, COVID-19 cases were registered in Iran, not only a neighboring country to us but also a place where millions of Afghani refugees and laborers live. As soon as COVID-19 cases increased in number there, the Iranian government expelled Afghani laborers by force. According to the media, thousands of Afghani laborers and refugees were leaving the country, only to return to Afghanistan. By then, I was thinking that the virus might transmit from Iran to Afghanistan, and more specifically to my province.

My province (Ghazni) is located on the highway connecting the provinces bordering Iran to central, eastern, and northern provinces within the country. Thousands of expelled people have been passing Ghazni to reach their hometowns. There were restaurants in the capital of Ghazni where expelled passengers used to stop for food. I was visiting the restaurant area regularly, to both provide awareness sessions on COVID-19 and to ask people if they showed any symptoms of COVID-19 using the field epidemiology (person, place, time) knowledge.

However, my real story began on March 20, 2020, when I found a person among the passengers who were expelled from Iran and who had the most common symptoms of COVID-19. I tried to convince that person that he should not travel in the same bus with around 60 other passengers and that he should stay for testing and treatment. I succeeded and he was moved to the newly established ward for COVID-19 suspected patients. His laboratory result came out positive, marking the first positive case from the Ghazni province.

My guess on positive cases among the expelled people from Iran was true; I proved my new knowledge to the provincial public health team and to my colleagues. The findings guided local decision-makers towards the right direction. The restaurants were advised to consider protection criteria while serving food to the passengers expelled from Iran and to disinfect the space where passengers wait for their food.

A CRISIS THAT HELPED ME KNOW MORE ABOUT MYSELF

BY DR. YAMAMAH AL-HMAID- FETP JORDAN

I am an FETP resident in my second year. The COVID-19 pandemic was a great opportunity for me to practice field epidemiology.

I live in Jordan, specifically in north of Jordan (Irbid city), the city where the COVID-19 pandemic first spread in my country. Despite being a mother, this did not stop me from thinking twice about being of service to my community.

Epidemiological investigation teams were formed by the Jordan Ministry of Health. These teams included FETP residents and FETP graduates and volunteer doctors who all worked together in harmony and cooperation, with each member attending to his/her own duty.

My duty was to record the medical history from patients and to do line listing for their contacts. Additionally, I raised the patients' awareness regarding the disease; how serious it is, and how their body will be affected. I also educated them about the different modes of transmission in order to help them determine the source of their infection and who from their contacts is a source of risk. I also spoke to them about symptoms, incubation period, length of hospital stays, and their chances to develop a severe form of the infection according to their status. I was always sure to provide updated information that is in line with the latest releases from the Centers for Disease Control and Prevention (CDC).

I gave them emotional support, calmed them down, and I assured them that it is a disease like any other and that it may leave some bad effect, or it may go away without any complications. My biggest challenge was the stigma formed in my country about the disease. I sometimes had to deal with patients who were in denial about their infection. I also had to deal with people who hid their contacts and who even refused to give me the information I needed to do my job. This stigma was the hardest obstacle I had to overcome during the outbreak, and it sometimes even prevented me from fulfilling my line testing in an accurate way.

But all in all, this crisis helped me know more about myself. It made me realize that I work well under pressure, and to strengthen my ability to communicate with patients effectively.

COVID-19 was a great opportunity to practice applied epidemiology for FETP residents around the world. I was very lucky to be on this journey as an FETP resident.



MY SKILLS PUT TO THE TEST

BY DR. MUMTAZ ALI KHAN- FELTP PAKISTAN

In the last week of January 2020, Pakistan FELTP was assigned the task of setting up the screening and referral mechanism at all international airports and ground crossings for COVID-19. I was deputed to lead this process. This was a challenging and different experience for me, as I had to work with many stakeholders and ensure that they are all on the same page. I was very apprehensive as this was a big job to cover. It entailed almost five big airports and four main ground crossings across the



country. This time, there were very limited cases in Pakistan but huge outbreaks of COVID-19 in countries surrounding us. I was given 15 days to make all the arrangements on the ground. I worked day and night with my team and focused on accomplishing the tasks that could make a big difference.

There was no screening counter or dedicated staff at all the sites. So, I started with my teams from scratch. I met all the relevant stockholders, requested them to provide sufficient space and necessary furniture along with the dedicated staff. I selected appropriate spaces for screening counters and examination rooms, and I managed to build the counters at some sites. The other challenge was to make the airports' administrations agree to any additional renovation and temporary partitions. So, I arranged training sessions for the teams of immigration, security forces, and civil Aviation. I requested for additional health staff and the availability of ambulances round the clock.

Few border crossings were very much security compromised and every moment there, I felt myself in danger. Crossings with Afghanistan and Iran are mostly used for unregulated transport of goods and interrupting this million-dollar business was another big risk. The residents at the border areas were agitated because of their business and the risk of virus transmission. They even protested against the government in the streets.

I boosted my energy and promised myself to knock every door for help and finally succeeded to establish screening counters at the borders and airports. I trained the relevant staff and installed the necessary equipment. I conducted a simulation exercise and trained the Rapid Response Team (RRT). During that exercise, we tested all the arrangements, starting from the arrival of the passenger, screening, the examination at the airport isolation room, and shifting the suspected case to nearby hospitals. I prepared a list of essential equipment and supplies required at each screening site and handed that over to the management.

I really got to test my management skills!



MY TRUE LEARNING EXPERIENCE

BY DR. ASIM AL-MANJI- FETP SAUDI



The COVID-19 pandemic will never pass without teaching most people, if not all, something new. I am R1 in the Saudi FETP, and I was in my country Oman when Saudi Arabia closed its borders. From that day, I joined the Omani Department of Disease Surveillance and Control and my Director assigned me two jobs at different times. My first mission was to lead the team in the airport clinic, and the second was leading the outreach teams.

I learned a lot at the airport, as I started my duty there when Oman started implementing a set of regulations for passengers who came from specific destinations. These destinations included China, S. Korea, Iran, Italy, and Egypt as they recorded high instances of the virus spread, Oman decided to put passengers who came from these countries under quarantine for two weeks.

I learned how to arrange the teams according to the timing of the flight, how to distribute the declaration forms, and collect them from passengers. I also gave passengers instructions about the importance of home quarantine for them, their families, and their community. So, I can say that this mission taught me good communication skills. I learned how to truly appreciate the work of my team members. I also learned how to trace contacts of the positive cases, by getting information from ROP and Airlines and contacting the people personally.

For my second mission, I was assigned to the outreach teams. After the higher committee decided to put Muttrah Welayate under lockdown, these teams provided medical services for testing symptomatic people and removing confirmed cases for isolation. I formed teams comprising: one doctor, a nurse, and a public health worker. I distributed the teams across different locations. I led the teams in the field and tried to solve any issues they faced. This experience taught me to communicate with the volunteers and involve them in the teams, and also to facilitate their work. I assigned them to specific tasks, like organization and translation to expatriates who do not speak Arabic or English and ensured that they wear proper PPE during the task.

Keeping my teams safe was one of the most important parts of the mission to me. So, I learned to follow up daily on sample results and correlate this with how the virus spreads in one area. I gave multiple interviews in different media and broadcasting agencies and even gave a brief report about the response. These are all skills; I am glad to have learned during the pandemic.

STORIES OF IMPACT

THE COVID-19 OUTBREAK IN BANDR ELFAYOUM DISTRICT

BY DR. SHIMAA ABALLAH SAYED ALI GEBILLI- FETP EGYPT GRADUATE

The spread of COVID-19 has already taken on a pandemic proportion, and in a matter of weeks over 100,000 people were infected in more than 100 countries. A global response to prepare health systems to meet this unprecedented challenge was imperative all over the world.

In February 2020, the first case of COVID-19 was confirmed in Egypt, when an Egyptian who had returned from Serbia had tested positive. On March 19, 2020, the first confirmed case amongst COVID-19 teams at Bandar Elfayoum district was confirmed as positive. According to the updates of the protocol, we followed up with travelers returning or entering the country for 14 days following their arrival. We educated them on how to conduct home isolation. Susceptible cases were reported on the National Electronic Program then a field investigation was carried out. Accordingly, the daily report with epidemiological map was updated to reflect new findings.

Mild positive cases were home isolated with periodic follow up by doctors. Cases that needed direct and continuous health care were hospitalized. Community pharmacists at Bandar Elfayoum were well trained on case definition, infection control protocol, and home isolation. They also encouraged people to call hot lines in case of showing any symptoms of disease.

A total of 784 confirmed cases were reported until May 30 in this area, we can even confirm that the spread of COVID-19 is not controlled yet in Fayoum. Health institutions are suffering shortage of appropriate personal protective equipment (PPEs). About 18% of the health team was infected. Some positive cases didn't adhere to home isolation, as there is a need to raise people's awareness of physical and social distance.

SCREENING AT THE AIRPORT

BY DR. SARA SAEED- FELTP PAKISTAN



It was January 22, 2020, when I came to know about an outbreak of pneumonia-like illness in Wuhan, China through media, probably a new virus. On that same day, my team and I started thermal screening of passengers arriving from China. We checked each and every passenger for fever. On February 4, 2020, I received a call from the Air Traffic Control Tower telling me that a flight is landing from China carrying a passenger with fever. I examined him on board and sent him to the hospital while taking all precautions. He was the first suspected case at Islamabad Airport. Since then, I have been doing surveillance, thermal screening, contact tracing, and Health Education to the passengers. I was distributing brochures, information material, and offering personal briefing. Working at the Airport is a bit different from other health care setups. Initially, screening was done only for those arriving from China, but by the end of February when we had the first confirmed case in Pakistan strict thermal screening also started for those arriving from Iran, Italy, and Afghanistan. A few weeks later, screening was mandatory for every international passenger. Since then my team and I had screened more than 390,000 passengers at Islamabad Airport. In case any person was found symptomatic he/she was separated from the rest of the passengers to an Isolation area at the airport, where they are interviewed, physically examined, and then shifted to designated hospitals through a separate gate with minimum possible interaction with other people.

I experienced a lot of problems due to meager human resource, irrational and uncooperative behavior of passengers due to fear of quarantine, and many times suspected cases misbehaved and tried to escape while on their way to the hospital. On the other hand, I also encountered willing compliant and well-informed people, who followed our SOP's voluntarily. During this pandemic non-availability of a well-equipped and spacious quarantine facility at Islamabad International Airport was badly felt.

After the community spread thermal screening for domestic passengers was also started. Contact tracing and sampling of suspected crew members including cargo staff were conducted by me.

Being an Airport health officer, I am looking after all agencies, airlines, and cargo along with passengers. All agencies and airlines were educated regarding personal protection, disinfection protocols, and random checks.



A SHORT COVID-19 STORY

BY DR. SAIF ADNAN YACOB ALFAKHOURY- FETP JORDAN

I am a member of the rapid response and epidemiological investigation teams. My experience in the COVID-19 pandemic in Jordan included participating in many missions with the main goal of controlling and preventing the disease from affecting my country.

At the Queen Alia International Airport, I followed up and checked on passengers coming from infected countries. I tested them using thermal scanners to isolate those who showed symptoms. I was also responsible for coordinating the public health team at the airport as well. In the hotels, I also followed up with people quarantined at hotels, and I collected random samples for PCR sampling at refugee camps.

At many states in Jordan especially Amman, Irbid, Jerash, Ajloun, Balqa, Madaba, Zarqa I also collected many random samples for PCR by the epidemiological investigation.

All in all, I had a great experience in which I learned a lot.



AN OUTBREAK LEADING TO A PANDEMIC

BY DR. AYAZ NASIR CHOCHAN- FELTP PAKISTAN GRADUATE

Like any other year, December of 2019 was a pleasant winter month with some foggy and other sunny days. It was during that pleasant time of year that I started hearing about COVID-19 in Wuhan China. At first, my interest in the matter was that of the common TV viewer. But with the passage of time, my interest in the matter grew. When the disease crossed many Asian country borders, I finally understood its potential to become a nightmare. Being an epidemiologist, I was keen to know about its incidence rate and prevalence, its case fatality rate, and its speed of spread. I did not imagine back then that it will become an issue we all had to deal with, but yet, in a few weeks' time, I asked deputy Commissioner Dr. Khurram Sahahzad to make a plan to face the condition of such a disease outbreak.

The population of the Gujrat District in Pakistan is more than 2.8 million with a large number of the community members working abroad in Italy and Spain, both of which are epicenters for the disease.

We planned to confront the expected outbreak and we developed a strategy that included collecting data from airports and borders to Track, Trace and Test (TTT). Then, we developed a Hospital Triage comprising a treatment center with 800 hospital beds, a field hospital Isolation center with 400 beds, and 1476 beds for quarantine. A tested suspected case had to be admitted to an isolation center until the result of the test is out. Negative cases were sent to quarantine and positive cases were sent to the hospital. Lockdown and partial lockdowns were implemented according to the number of patients in that area.

But March 16, 2020, marked a terrible day in Pakistan when a traveler from Spain arrived in my city Gujrat. At first, we isolated him in order to test him for COVID-19. When the results came back positive, the traveler was transferred to Aziz



Bhatti Shaheed teaching hospital (ABSTH) Gujrat. We traced all of the traveler's contacts and they were all tested. Thanks to early arrangements we did not face any difficulty and we managed to respond to the pandemic smoothly. Thank God case fatality rates are low, and I attribute this to timely case tracing tracking and treating.

THE FRONTLINE WORRIERS

BY DR. KHURRAM SHAHZAD AKRAM- FELTP PAKISTAN GRADUATE

It is a blessing to be a doctor but also an immense responsibility, but treating the sick is always a source of solace at the end of the day. For me, life was smooth until the first COVID-19 case was reported in Pakistan. The whole nation was taking this pandemic very lightly but we, the health care workers could hear the alarm bells go off.

It was time to serve our nation. as there was havoc all around. In this chaotic situation, every person reacted differently. Some people acted as responsible citizens and took the measures seriously while some took on a more casual attitude. For me, this pandemic had a huge impact on my daily life. In the hot weather of Pakistan, it was difficult to breathe and work while wearing an N-95 mask and PPE.

On April 5, 2020, when I was returning home from my duty, I received a call from the NIH lab where I came to know



that a doctor of a tertiary care hospital in Islamabad tested COVID-19 positive. I immediately rushed back to the NIH, gathered my team and we went with our protective gear to the hospital. The moment I entered the doctor's hostel, I saw that there was chaos everywhere. Media and commoners gathered outside the hostel and were curious to know what will happen next to the doctor.

I cleared the way, calmed people down, and went inside. All the residents were panicking and clueless about the situation. I calmed them down too and then went to the doctor's room. After reassuring the flustered doctor, I took him to the isolation ward of the hospital and arranged for him to receive proper health care and medical assistance.

I then took samples from the doctor's fellow residents and I disinfected the hostel. After that, we sanitized ourselves properly because we all had families waiting for us at home whose lives we did not want to risk. This is a very hard time for all of us and it demands of us to work together to combat the pandemic.

For frontline worries, life is strenuous, and I salute every frontline warrior be it doctors, nurses, sanitary workers, people from the forces, lab technicians. I salute all those who are working day and night irrespective of the life-threatening consequences.

THE PANDEMIC WAR

BY DR. KHALID ABEDALNASSER MOHAMMAD ABU AJAMEYEH- FETP JORDAN

My story started towards the end of 2019 and in the beginning of 2020 when the news of COVID-19 in China caught my attention.



A Disease Far from Home

I started browsing the WHO website and other global sites, where I first read that it was simply a set of respiratory symptoms affecting a small number of people working in the markets of Wuhan, China. I did not realize, at the time, that it was in fact a disease. To me, the symptoms described were the same as those of the flu and China seemed too far away for us to feel any real threats.

The WHO, at the time, advised people not to panic as there was no need for fear. Of course, this perception changed when China announced a new generation of Coronavirus that caused the number of cases to increase. At that point, I felt that danger was coming closer to us. When I knew about the complete closure of the city of Wuhan and the besieging of 10 million people within it, as well as the rapid spread of the disease and the enormous capabilities that were required to deal with it, I felt the pandemic's serious threat. Jordan is a small country with limited resources and these facts increased my fears.

However, the procedures taken by the Jordanian Government were timely and thoughtful. The government started to prevent arrivals from Wuhan where the pandemic began. Then, it started preventing arrival from China as well as other countries where the disease began to spread.

The Start

At that point, my work began, at Queen Alia International Airport. I was responsible for checking the temperature of all arrivals coming to the homeland. My team was the first line of defense.

At times I felt that we were fighting a war against the anonymous. The scientific reports available at the time were not comprehensive, transmission methods at that point were still uncertain. Furthermore, the incubation period was still unknown and the ability of the virus to remain on the surfaces was also not confirmed, and of course, there was no known treatment. While working, I used all the means to protect my body because I was afraid to transmit the disease to my family and children.

Then, on March 2, 2020, the first COVID-19 case was registered in Jordan, hearing the news, I held my breath as I wondered if it was discovered during my shift.

Meanwhile, the disease continued to spread widely around the world, and on Wednesday, March 11, 2020, the WHO declared COVID-19 a global pandemic.



Jordan Goes into Lockdown

The airports were closed in Jordan on March 17, 2020, and all arrivals were quarantined by the order of His Majesty King Abdullah II in hotels across Amman and the Dead Sea.

At that point, I was transferred to the hotels to follow up with people coming from abroad and to perform the necessary checks for them in case of any symptoms.

On one particular day, I was contacted because of the appearance of some symptoms on a woman in her 50's who was coming from Spain with her husband. I went to the hotel to take a PCR accompanied by an ENT doctor, then I knew after a day that she had the disease and I did not calm down before getting tested myself, thank God, my results were negative. For the next 14 days, I worked continuously at the hotels, before being transferred to start a new task of following up cases at the Prince Hamzah Hospital and to complete the database in the Jordan Ministry of Health.

I was in direct contact with all cases in the Kingdom, and I was trying to raise the morale of patients because I know the benefits of psychological health and the extent of its positive impact on raising the immunity of the patient. From that point, I joined the epidemiological investigation teams to fill random surveys and I am still doing so until this moment

My Story with COVID-19 Continues

My experience with COVID-19 did not end until this moment, but it showed me how small the world is. The greatest danger to humanity is not weapons of mass destruction or nuclear bombs, but it may be the fight against disease X.

A 100 PERCENT CURE RATE

BY DR. AKBAR ALI GHANGHRO- FELTP PAKISTAN GRADUATE



It was March 6, 2020, when I received a late-night call from the Coordinator Provincial Emergency Operation Center in Karachi. On that call, Sindh informed me that we were supposed to quarantine at least 800 pilgrims returning from Qom, Iran, as they were suspected to have been exposed to COVID-19. On that mission, I was to play the lead role in supporting the Health Department in preparedness and response activities.

A 2000 room building was converted into a quarantine center for this purpose. Moreover, the basic needs of the patients were catered to by the provision of essential amenities. A total of 1,124 pilgrims were enrolled in the last 15 days of March; whereby one room was allotted for each pilgrim after he/she was tested upon arrival. Out of those tested, 24% (273) were identified as positive. Subsequent health assessments were done for all positive cases and then those people were shifted to separate residential blocks. This was followed by a meticulously done daily follow-up until each patient was tested negative twice. The first batch of pilgrims has been cured and all 273 returned to their homes safely.

A few challenges were encountered during the exercise such as ensuring proper use and disposal of PPEs, assuring patients of the utility and importance of medical services as a means to save their lives, and of course, there was the risk of human errors during sample labeling, the risk of false-negative cases at the time of sample collection, the reception of timely results from referral labs, and others.

When it came to personal care I never compromised on PPEs. I implemented SOPs of IPC (Infection Prevention Control) at the workplace, and social distancing remained a priority.

As every crisis comes with both opportunities and challenges, so came this one. Along with Health authorities we dealt with the challenge well as the cure rate remained 100% for all confirmed cases. All the while, almost every person in proximity remained protected and safe from the virus. This applied to health staff, food handlers, as well as cleaning, municipal, and revenue staff. Among the above groups, we tested 125 persons from time to time and a doctor, and sanitary worker were discovered positive. They too were immediately quarantined and subsequently cured within 14 days. We managed to forge trust with local populations and administrative tiers at multiple levels.

In recognition of the services rendered, I was awarded an appreciation letter by Provincial Health Department and Directorate General Health Services, Sindh.

BREAKING THE CHAIN OF INFECTION TRANSMISSION AND STOPPING EXPECTED EXPONENTIAL GROWTH OF COVID-19

BY DR. SANAM HUSSAIN- FELTP PAKISTAN



On April 24, 2020, at 2:00 pm, I was working as an NSTOP officer in district-X of Sindh, Pakistan when I received information about the shifting and burial of a positive COVID-19 dead patient in my assigned district. So, I immediately communicated and coordinated with the Deputy Commissioner and other parties concerned for confirming the news, and for tracing locations of the deceased and related contacts. Within half an hour, all information was verified as true and we immediately

blocked and locked-down the identified area and its surroundings to control infection spread.

Being an FELTP trained epidemiologist, I took the lead of the Rapid Response Team involved. We reached the site where we had to conduct a detailed investigation. This involved contacts tracing and sampling. We found out that the deceased lady had a case of chronic renal failure. She went to one of the renowned hospitals of Karachi for renal dialysis on April 22, where her condition deteriorated. The staff suspected her to have COVID-19 and had sent her samples for testing. In the meantime, her condition worsened, and she passed away on April 23. Rather than waiting for her test results, the hospital administration handed her body over to her family at 4:00 pm, without following any COVID-19 SOPs and they did not share information with the concerned district. The deceased family reached their house in Taluka X, with a body that was COVID-19 positive. At 8:00 pm they buried the deceased after performing all routine formalities, in a local graveyard and without following any COVID-19 related SOPs or precautionary measures. When it was confirmed that the diseased had COVID-19 we traced down all households, relatives, contacts, attendees of the condolence ceremony, and all who were involved in the burial procedure and put them in-home quarantine. We directed them to follow control and preventive guidelines. We also took samples of 15 close contacts and sent them for testing on April 24. Simultaneously, all precautionary measures were taken. By April 25, two of the tested contacts were COVID-19 positive. We shifted both secondary cases straightaway to the isolation center for proper care and management.

Such speedy infection transfer from the diseased to the living is evidence of the disease's seriousness. By taking quick, timely decisions with the urgent implementation of control and preventive measures against COVID-19, we ultimately had broken down the transmission chain and stopped person to person exponential growth.

MY COVID-19 DIARIES

BY DR. NADIA NOREEN- FELTP PAKISTAN GRADUATE

The past four months will stay in my memories for a lifetime. Working as a frontline responder to the COVID-19 pandemic has been a blend of diverse emotions, and unique and daring experiences.

Strategically located between the world's first two epicenters for the disease, China and Iran, Pakistan was at an increased risk for virus importation. Fortunately, the Government of Pakistan took early containment steps.

As a first line of action, syndromic screening at Points of Entry were conducted. Being a public health professional working in a Central Health Establishment (CHE) and government organization, I was responsible for the implementation of International Health Regulations (IHR). In doing so, I was to provide a public health response in regard to the international spread of diseases. More specifically, I was entrusted as the Team Lead for the screening team at Islamabad International Airport (IIAP).

This was the first time that the knowledge I gained from my FELTP training was being applied on the ground and in the context of a rapidly spreading viral illness. It was a manifestation of all the skills and learning I gained from the books, ranging from involvement of stakeholders, handling the political pressure, and public anxiety, to psychological dealings, and cross-departmental dealings for enhanced



cooperation. It was a real but stressful experience. The successful implementation of a screening system for travelers at Islamabad International Airport which was termed as a "gold standard" for the rest of the country. I had to demonstrate keen technical and communication skills. So, I had to ensure the active involvement of all stakeholders. My job involved the management of the technical teams, maintaining up-to-date knowledge of changing viral behaviors, reporting accurate and timely data to stakeholders, and higher authorities, as well as the deliverance of timely response on a daily basis. I also had to absorb political pressure and public anxiety. I can say that it has been a unique sacrificial experience of staying away from home and family for extended hours. It was a fight with an invisible enemy.

Being a real frontline responder is daring. Seeing my coworkers getting infected with COVID-19s as well as the psychological trauma of getting tested myself is an experience that has changed my outlook on life.

During the whole ongoing journey, I have witnessed those stressing times when nerves were near crashing but the technical guidance, psychological support, and appreciation from our FELTP secretariat, kept me going in this national cause. It has enabled me to pass these tight ropes successfully.

BEHIND THE FIRST MASS QUARANTINE IN PAKISTAN

BY DR. JAN INAYATULLAH- FELTP PAKISTAN

Being an FELTP Pakistan Resident, I was closely observing the public health strategies of developed countries. I became very disappointed on February 3, 2020, when my Technical Support Officer (TSO) informed me that the Pakistani citizens who are returning from China are only screened at airports with thermal guns and then allowed to go to their homes. He added that we needed to call them for 14 days for any development of signs and symptoms. With no enthusiasm, I was calling and taking interviews from the Pakistani travelers of China, who were wandering in different cities of Baluchistan while not observing the home quarantine. On February 20, 2020, Iran also reported its cases and deaths. This news was alarming, as we had more than 5000 religious' travelers (Zahireen) in Iran. Furthermore, Baluchistan was the main gateway for all those Zahireen who travel by road.

One day we were called by the Health Secretary to be at the Army Airbase within an hour. We were to be deputed to the Iran border. In a single dress and office bag, we left for the national cause of saving the lives of our people.

After a detailed discussion with my TSO, we reached the historic decision of declaring the first-ever mass quarantine in Pakistan. We took almost four hours to convince all stakeholders of the importance of closing the border. Every border movement was ceased, trade stopped, and even the 370 Iranian drivers along with their trolley trucks were stuck in Pakistan. I felt proud when I saw the Al-Jazeera news ticker stating, "Pakistan quarantine 270 individuals on Pak-Iran border Taftan". This news gave me hope that now all points of entries including airports would implement the strategy of quarantine. As a student of field epidemiology, it was a lifetime experience to become the signatory of implementing the first-ever mass quarantine in the history of Pakistan.



THE SOLDIERS IN WHITE UNIFORMS

BY DR. EHSAN AHMED LARIK- FELTP PAKISTAN

The news of deaths and morbidity due to COVID-19 from a border country, Iran, was disturbing and it put me into a state of deep sorrow. On February 22, 2020, the Provincial Health Ministry sent a team of FELTP Alumni to become the first-line defender at the Taftan Iran Border. They were on a mission to save a population of 210 million by setting all necessary control measures against COVID-19.

Leaving my wife and two kids behind at Quetta did not hinder my courage and decision. Lifted by Army Helicopter at 11 pm only to be dropped at the border at 3 AM, was another experience. After only five hours of sleep, I was called to a meeting with border commands and security forces, acting like true field epidemiologist. Crucial decisions were taken to close the border and thus starting the first COVID-19 quarantine in Pakistan.

All decisions were taken to defend our border. This was done with support from the NIH team and the Health Department of Baluchistan. It was not an easy job. The setting up of a screening counter at immigration, the mapping of buildings for quarantine and isolation units, conducting risk assessments at the border, implementation of IPC, screening of pilgrims at Pakistan house and conducting simulation exercise for screening, were just a few of the things that needed to be done.

Health care providers were trained in a short period of time and the Federal Health Minister gave words of appreciation to the FELTP Pakistan team.

The border risk assessment and strengthening of COVID-19 response after 12 days of hard work brought us back to Quetta (duty station).

The war against this enemy still didn't end as the soldiers in white uniforms continue to fight. This war was further fought by delaying COVID-19 spread and by conducting border risk assessment and strengthening point of entry at the borders of Noshki, Gwadar, Kech Panjgoor, Killa Saif Ullah, Zohb and Killa Abdullah Districts.

"I don't know what I have done, nor what I have won, they say I have saved the day' no one knows what others have seen, who crossed the plain, who climbed the hill because it was there".



VOICES FROM OTHER PUBLIC HEALTH PROFESSIONALS

DESPITE THE COVID-19 PANDEMIC, ACHIEVEMENTS STILL EMANATE FROM THE GAZA "THE PRISON"

BY DR. KHAMIS ELESSI
NEUROREHABILITATION AND PAIN CONSULTANT
HEAD OF EVIDENCE-BASED MEDICINE, ISLAMIC UNIVERSITY GAZA, PALESTINE



My name is Dr. Khamis Elessi, a Neurorehabilitation and Pain Consultant, and I am also the head of the Evidence-Based Medicine Unit in the Islamic University-Gaza.

With the WHO's declaration of COVID-19 a global pandemic, the world has been in a state of lockdown. Palestine was no exception, as a state of lockdown and social distancing was declared there on all public gatherings.

The burden of this national emergency on the Gaza Strip was much greater, given that this tiny enclave of more than two million inhabitants has already been under strict air, land and sea blockade for more than 14 years. The Gaza Strip was also home to three devastating wars and dozens of sporadic Israeli attacks. So, the prospects of an outbreak of the pandemic in Gaza, which is one of the most densely populated areas in the world, would be catastrophic.

Being proactive in nature, and as the COVID-19 pandemic was looming overhead, I decided to take bold and necessary steps to help fight the disease. I was inspired to spread hope and sound knowledge about it in my community.

One of my proud achievements was to establish the first-ever Palliative Care teams within two main hospitals in Gaza.

These teams had the job of managing pain and body complaints among patients with cancers. To carry out this duty effectively, a series of lectures and training sessions were given to 38 health professionals including doctors, nurses, pharmacists, psychologists, and physical therapists. These sessions focused on the art and practice of palliative care.

My second achievement also left a positive impact on the lives and health of hundreds of millions of people worldwide.

Here I am referring to my participation in the Evidence Aid Organization's advisory panel tasked to select, prioritize, and scrutinize major COVID-19 related research.

This platform published around 250 research summaries in seven languages including Arabic (see link <https://evidenceaid.org/evidence/coronavirus-covid-19/>). This work was instrumental in filtering out untrusted research findings, disseminating medical information, and raising awareness about the global pandemic.

My third achievement was more in the public sphere, as I made numerous media appearances at local and international media outlets such as Aljazeera, Al-Arabiya, and Sky News TV. In doing so, I sought to inform health professionals, decision-makers, and the general public about the best recommendations and evidence-based practices to prevent or fight the disease.

In summary, I have been working tirelessly to make a difference in people's lives despite the challenges, obstacles, and meager resources. To me, these messages send Gaza's message of hope in the face of adversity, a message of resilience in times of uncertainty, where all humanity is called upon to rally efforts to preserve the sanctity of human life.

VOICES IN OTHER LANGUAGES

A' LA ME'MOIRE DES MILLIERS DE VOIX SANS VISAGES

BY DR. SOFIA AZRIB- FETP MOROCCO GRADUATE

Au début de l'épidémie du coronavirus au Maroc, le ministère de la santé a mis à la disposition de la population un Numéro économique baptisé « Allo Veille » pour consultation et tout autre renseignement concernant le COVID-19. Autant que médecin FETP travaillant au sein du service de santé publique au niveau de la région de Casablanca-Settat, la plus grande région du Maroc (20% de la population) et celle qui concentrait le plus grand nombre de cas confirmés (30% des cas COVID-19 du pays), j'étais responsable de la cellule régionale « Allo Veille ». Je chapotais une équipe de six médecins dont le rôle était de contacter les personnes qui appelaient, répondre à leurs questions, et identifier les cas suspects afin de les orienter vers les structures de dépistage. L'identification des patients suspects se faisait selon la définition des cas adoptée par notre ministère de la santé et des fois je me fiais à mon instinct, comme les cas qu'on a recruté pour une anosmie avant même que ce symptôme ne soit reconnu comme signe du COVID-19.

Chaque jour ; je vivais des expériences inoubliables avec des gens dont je garde seulement la voix comme souvenir, des voix stressées au début quand ils me décrivaient leurs symptômes, étranglées de panique et d'impatience au moment de l'attente des résultats et enfin, des voix disparaissant carrément à l'annonce de ces derniers laissant place à des sanglots ou à des cris de joie.

Le fait d'accompagner ces patients pendant toutes ces étapes et de partager ces moments difficiles avec eux m'a fait gagner leur confiance, un privilège dont j'ai profité pour passer tous mes messages de sensibilisation à propos du respect des mesures de protection et des gestes barrières. Certains patients continuent à m'appeler même en étant pris en charge ou carrément guéris pour demander un avis ou partager un souci. Il y'en a même qui m'ont invité à prendre un café après la fin de l'épidémie ; enfin pourquoi pas ; peut-être aurais-je enfin l'occasion de mettre des visages sur ces voix qui m'ont longtemps hanté.

Avec des milliers d'appels reçus et des centaines de patients investigués et détectés, ce numéro vert nous a permis de dépister des malades à temps, de détecter des foyers, de faire de l'IEC (Information, Education et Communication) et d'assurer le soutien psychologique des personnes vulnérables.

الجهود المبذولة لمكافحة وباء الكورونا في السودان

By Dr.Babiker Ahmed Ali Maghoul- FETP Sudan Director

بتاريخ ١٣ مارس ٢٠٢٠ أعلنت وزارة الصحة السودانية الحالة الأولى المؤكدة لوباء الكورونا وكانت لمواطن سوداني قادم من خارج البلاد وعلى أثر ذلك أعلنت حزمة من القرارات الاحترازية تمثلت في إغلاق المطارات الجوية والموانئ البرية والبحرية ، وتعليق الدراسة للمراحل التعليمية ، على صعيد الأنشطة الصحية تم تهيئة المرافق العلاجية ومراكز العزل والإيواء وذلك حسب موجهات منظمة الصحة العالمية مع تكثيف أنشطة التوعية الصحية وتعزيز المشاركة المجتمعية . سبقت هذه التدخلات أنشطة الاستعداد تمثلت في تقوية الرصد المرضي ، تدريب الكوادر الطبية ، إعداد وتجهيز المرافق العلاجية متضمنة رفع القدرات التشخيصية وتجهيز مرافق الحجر الصحي وذلك وفق خطة وطنية شاملة لجميع المحاور المطلوبة لمرحلتنا الاستعداد والاستجابة والتي تمت بمشاركة خريجي برنامج الوبائيات الحقلية في خمس ولايات ، نجحت وزارة الصحة بتوفير الإمداد الدوائي ، الأجهزة ومعدات السلامة الشخصية والمطهرات وتوزيعها لجميع المرافق الصحية على مستوى ولايات السودان .

بعد مضي اسبوعين من ظهور أول حالة بدأ الانتشار المحلي لفترة قصيرة ثم الانتقال لمرحلة الانتشار المجتمعي في النطاق الجغرافي لولاية الخرطوم وبناء على ما استجد من تطورات تم فرض حظر التجوال الكامل الذي جاء متدرجا ، ومنع الحركة غير الضرورية والانتقال بين الولايات وتعطيل الخدمة العامة باستثناء الفئات المطلوبة لتشغيل الخدمات الاستراتيجية .

حتى تاريخه بلغ إجمالي الحالات المؤكدة في السودان ٥٣١٠ حالة مؤكدة متضمنة ٣٠٧ حالة وفاة بمعدل إماتة يبلغ ٥,٨٪

وكانت ولاية الخرطوم أكثر الولايات تأثرا حيث سجلت ٧٨٪ من الحالات المؤكدة و ٣٥٪ من الوفيات .

الوضع الوبائي الراهن يعكس الانتشار الجغرافي بجميع ولايات السودان والذي بدأ بولايته النيل الأبيض والجزيرة بحكم جوارهما مع ولاية الخرطوم ، تلي ذلك دخول الولايات الأخرى .

من التحديات التي واجهت جهود الاستجابة لهذه الجائحة، الأزمة الاقتصادية التي تعاني منها البلاد والتي تمثلت في أزمة الوقود،الغاز والقمح، الأمر الذي كانت له اثار سلبية وشكل عقبة في الحد من التجمعات ،كما كانت للامزمة الاقتصادية اثار سلبية على النظام الصحي ذو الخلفية الهشة والذي يتصف بعدم جاهزية المرافق الصحية وندرة الدواء ومحدودية القدرة الاستيعابية لمرضى الكوفيد والحالات الطبية الأخرى بالإضافة الى ازمت امنية تمثلت في العديد من الصراعات القبلية المتعددة .

وبالرغم مما ذكر من تحديات إلا انه هنالك جهود مبذولة عكست التزام سياسي عالي، وانهاج مبدأ للشفافية أدى إلى تملك الحقائق مما عزز الثقة بين الدولة والمجتمع وكان حافزا لبروز دور مجتمعي متمثل في مشاركة رجال الأعمال والشركات الوطنية وأبناء السودان المغتربين بالخارج وأفراد لجان المقاومة وتمخض عن ذلك تكريس مبادئ المساواة في بناء وتأهيل المرافق الصحية وتوفير الخدمات بصورة نالت رضا جميع فئات المجتمع .

تجربتي مع وباء كورونا COVID-19

By Dr. Mohsen Yousef Majali

من بدايات العام ٢٠٢٠ ومع توارد الالباء بحدوث اصابات بفايروس جديد من سلسلة فايروسات كورونا بدأت بالتعاون مع جمعية الكرك للرعاية الطبية الخيرية والتي اتشرف اني عضوا فيها، بتسليط الضوء على العدوى التنفسية وانعكاس ذلك على المحاضرات التوعوية الموجهة لكل الناس وأهمها المدارس وتنظيم أيام توعوية شاملة كانت الوقاية من الامراض السارية وتحديدا العدوى التنفسية جزءا منها وكذلك تم التنسيق لعقد حلقات توعوية في المساجد في محافظة الكرك الى ان تم تفعيل قانون الدفاع وبعدها لم نستطع المضي في برامج المحاضرات التوعوية المعدة بالتعاون مع الشبكة الشرق اوسطية للصحة المجتمعية (EMPHNET).

بعد قانون الدفاع والذي يحظر التجمع لأكثر من عشرة اشخاص كان من غير الممكن المضي في تنفيذ المحاضرات وكان المنفذ الوحيد هو رسائل من خلال الفيس بوك حول ضرورة التقيد بالإجراءات للحد من انتشار الفايروس وتقليل عدد الحالات ما أمكن لتخفيف العبء على النظام الطبي لاستيعاب جميع الحالات وتقديم الرعاية المناسبة لهم .

وكانت رسائلي تنصح المسؤولين بالتركيز على الهدف وهو رفع الوعي الصحي من خلال تبني مشروع تثقيفي موجه بعناية للناس مع الاخذ بعين الاعتبار السلوك الصحي وتغيير السلوك الخاطى الى سلوك صحي سليم مع التخفيف من اجراءات الحظر للحد المعقول بحيث انه يجب التفكير بعقلانية وشمولية ان الصحة العامة كل لا يتجزأ بمعنى ان لا تكون الاجراءات الخاصة بمحاربة COVID-19اسبب في تراجع مؤشرات صحة اخرى لعل من اهمها المؤشرات المتعلقة بالصحة الانجابية وصحة المرأة والطفل ومؤشرات السيطرة على الامراض المزمنة . الإجراءات اصابت للاقتصاد بمقتل وأدى ذلك الى التأثير المباشر على الوضع الاقتصادي والاجتماعي للأفراد والاسر وهذا حتما سيكون له انعكاس كارثي على الصحة العامة خاصة ان الوضع المالي للحكومة اصلا يعاني من عجز ومن المتوقع ان يتزايد هذا العجز بعد تطبيق اجراءات الحظر وخاصة ان المسألة ستطول وليس من الممكن اقتصاديا من عزل الدولة عن محيطها الخارجي وكذلك بالنسبة للداخل قطاعات اقتصادية كاملة تم وقف العمل بها وتشكل نسبة كبيرة من عدد السكان تأثرت بشكل مباشر مما سينعكس على الزيادة في نسب الفقر والبطالة والتي سيكون حتما لها مردود سلبي على الصحة.

طالما كانت العدوى التنفسية تحديا للعالم ولذلك يجب التركيز عليها من قبل الحكومات والمنظمات الدولية وتبني رسائل صحية سليمة وبرامج ومشاريع تثقيفية تركز على محاربة السلوكيات الخاطئة وتعظيم السلوك الصحي السليم بحيث ان هذا هو الاثر الايجابي الذي سيقمى بعد التوقف عن اجراءات الحظر سواء في الداخل او الخارج وذلك ببساطة الحياة يجب ان تستمر والسلوك الصحي السليم من خلال رفع الوعي للمجتمعات هو الرصيد الحقيقي الذي من خلاله سنواجه جميع الوبئة ودمتم بخير. .

تجربتي مع كورونا

د.صهيب ابو الفيلات

مقيم طب مجتمع - إدارة الرعاية الصحية - وزارة الصحة الأردنية

ما هذه الطواير التي في بدايتها درج كهربائي في مطار ونهايتها تجمع للناس بوجوه متسائلة داخل ساحةٍ مغلقةٍ خارج المبنى محاطة برجال من الشرطة يعلمون عنا ما لا نعلم؟

وهل أنا فعلاً واحدٌ من هؤلاء الناس؟

كل ما اعلمه بأنني عائد من بعثةٍ علميةٍ للمشاركة في مؤتمرٍ طبيٍ يقام كل عام في مثل هذا الوقت وقد عدت قبل انتهاء المدة بعد اعلان رئيس الوزراء بانه سيتم اغلاق المطار قبلها بيوم وليلة.

«احنا شعب ما بيحي إلا بالتخويف دكتور يسعد أم الخوف.»

هذا كلام السائق الذي اوصلني إلى ميدان عمل معين ضمن قائمة تتبع المخالطين والتي هي ضمن مهامني كطبيب مجتمع في وزارة الصحة وقسم الأمراض السارية والرصد.

قالها ممتعضاً من بعض المخالفات التي يرتكباها المواطنين بعدم الالتزام بالحجر وخروجهم أثناء فترات الحظر ،وقد كنت اعلم ماهو الحجر فقد كنت للتو قد انهيت فترة حجر ما بعد السفر قبل عودتي الى الميدان وكنت قد أقنعت نفسي أثناء حديثه متأملاً تعابير وجهه بأنني طالما أردتُ أن أعلم الجواب على بعض الاسئلة المُلخّة رغم أنها لم تكن مُلخّة ولم تخطر على بالي من قبل أصلاً.

كيف سيتفاعل الشعب -اقصد الشعب الأردني- في حالة حدوث حرب او كارثةٍ ما لا سمح الله ،وهل تتظاهر باهتمامي بهذا السؤال سيجعلني أبدو واعياً أو ذكياً؟ هل العالم هش فعلاً رغم قوته أم أن العكس صحيح؟

وهل هذه صدفة تعيسة أم أتني محظوظ فعلاً بكوني في الخطوط الامامية لمواجهة كارثة عالمية تهددنا مباشرة بأغلى ما نملك؟

بدأت المنصات الاعلامية تثنم جهودنا كأطباء وبدأنا نسمع مصطلح الجيش الابيض وتفاعل الناس معنا على أرض الواقع وعلى مواقع التواصل الاجتماعي بكلمات الشكر تارة وينشر بعض صورنا أثناء التقصي الوبائي تارة أخرى حتى على مستوى المعارف الشخصية بدأت الاتصالات والاستفسارات وحتى اصبحت إجاباتنا عبر الواتس توضع للنشر على حالات الواتس ومنصات التواصل كعبارات مقتبسة لطبيب وبائيات من وسط الحدث والميدان..

تعلمت من الكورونا

د ماريا عبد الله عبد الواحد - السودان

أنا ماريا عبد الله عبد الواحد اعمل في منظمة صندوق إعانة المرضى – السودان كمنسق صحة لمحلية همشكوريب وهي تقع شرق السودان من محليات ولاية كسلا تبعد حوالي (١٩٣) كيلومتر م يعادل أربع ساعات ونصف عن مدينة كسلا وهي منطقة جبلية لها حدود مع دولة اريتريا.

تقديم المنظمة خدمات الرعاية الصحية الأساسية لعدد (١٠) مراكز صحية في عدد (١٠) قرية من المحلية تبعد كل قرية عن المحلية حوالي ساعتين إلى ثلاث ساعات. تم عقد اجتماعات مع وزارة الصحة بولاية كسلا ولجنة الطوارئ لمحلية همشكوريب لتحديد ما تحتاجه المحلية لمجابهة جائحة کرونا.

قمت بعمل تدريب أثناء العمل للمساعدين الطبيين عن فيروس كوفيد ١٩ (الأعراض ، العلامات، طرق الانتقال، طرق الوقاية من المرض) وأن يحرصوا على التباعد الاجتماعي بين المواطنين أثناء انتظار دورهم وتوفير صابون لغسل اليدين ومعقمات وكمامات في كل مركز.

الإشراف على المكان الذي تم اختياره كعزل صحي للمرضى حسب البرتوكول والإشراف على حملة التوعية بالميكروفون داخل المحلية وتوزيع الملصقات والنشرات التي تحتوي على معلومات عن كوفيد ١٩ والطريقة الصحيحة لغسل اليدين.

وفي أثناء زيارتي للقرى قمنا بعمل توعية صحية باللهجة المحلية للمواطنين عن طريق الميكروفون، استفدت من انتظار النساء لدورهن في جلسات التغذية وطلبت من مرشدة التغذية أن توصل لهن معلومات عن كوفيد ١٩ باعتبار دورهن الفعال في الأسرة وضرورة غسل اليدين بالطريق الصحية في عشرة خطوات ولمدة (٤٠) ثانية.

و بعد بدء حظر التجوال في المدينة ومنع السفر للمحليات عملت في مركز الاستعلام والبلاغ عن كورونا الذي يتبع لوزارة الصحة – ولاية كسلا طبيعة العمل فيه ملء استمارة التقصي الأولي للحالة (الاسم – العمر – النوع – العنوان بالتفصيل – رقم الهاتف – مكان العمل – تاريخ بداية ظهور الأعراض) مع التأكد من صحة المعلومات حتى يتمكن فريق الاستجابة السريعة من الوصول للحالة وملء استمارة التقصي التفصيلي بالإضافة للرد على أسئلة المواطنين وتمليكمهم المعلومات الصحيحة عن مرض كوفيد١٩ وعن الوضع الحالي للوباء في الولاية بالحد المسموح به.