



EXECUTIVE SUMMARY

This updated guidelines' document for clinical management of Covid-19 in Rwanda comes with important highlights on changes that are obtained from the recommendations of frontline clinicians and public health experts. These recommendations are based on the local context of Covid-19 management and are aiming to recalibrate the care being given to Covid-19 patients in Rwanda, both in Home-Based-Care and Facility-Based-Care. The highlighted changes are as follows:

Public health:

Highlight no. 1. The isolation time for Covid-19 patients has been adjusted from 14 days to 10 days; time at which the control Covid-19 test should be made. Exception is made for patients who receive the therapeutics in the category of monoclonal antibodies (i.e. Bamlanivimab & Etesevimab); for whom a control Covid-19 test can be scheduled much sooner based on the clinician's judgement.

Highlight no. 2. The maximum efforts must be spent on the early identification of positive Covid-19 cases and the early detection of danger signs for a progressing disease. All patients with confirmed Covid-19 disease must undergo daily monitoring of SpO₂, either by self-checking or facilitated by trained local community health worker.

Highlight no. 3. The continuation of essential services, especially for patients presenting to hospitals in need of emergency services is of great focus: every patient presenting to the emergency room; regardless of their Covid-19 status must be evaluated and stabilized by a healthcare provider before transfer to any other given next level of care as needed.

Laboratory science:

Highlight no. 1. If the testing modality for Covid-19 is RT-PCR, the cut off of CT values for a positive PCR test is now 37 cycles (targeting two or three genes). This means that CT values equal or greater than 37 cycles corresponds to a negative test. This is based on the available scientific information regarding non-replicating virus or viral fragments that are often picked up by the testing modalities using the PCR method.

Highlight no. 2. For "presumptive test results", a repeat fresh sample is taken on the same day in order to clarify the patient's Covid-19 status.

Highlight no. 3.

The use of rapid diagnostic tests (RDTs) is evolving rapidly. The Rwanda Biomedical Centre/national reference laboratory will continue to conduct internal validations of all new test kits and update the

national testing algorithm regularly. The possibility of self-testing will be availed in the near future (specific guidelines for “self-testing” will be disseminated at the most opportune time).

Highlight no. 4. Rare situations would require to undergo both OP and NP swabbing to establish the Covid-19 status at the request of a treating physician or epidemiology expert. For a better characterization of the virus parameters (i.e. strain identification, CT values etc.), both the OP and NP swabs are mixed in one VTM, and then forwarded to the laboratory for Covid-19 testing using the RT-PCR method.

Clinical care:

Highlight no. 1. The referral pathway of a Covid-19 patient is now well aligned to the existing public healthcare facilities and the clinicians working in Rwanda must properly use the existing clinical care expertise, especially the use of Provincial Covid-19 High Dependency and Intensive Care Units across Rwanda.

Highlight no. 2. All high risk Covid-19 patients (especially those aged 50 and above, who are not yet fully vaccinated) must be facilitated to receive monoclonal antibodies therapy against SARS-CoV-2 virus (i.e. Bamlanivimab and Etesevimab), that is readily available at the designated regional/provincial infusion centers. The available therapeutics with antiviral effect in Rwanda are Ivermectin, Favipiravir, and Bamlanivimab combined with Etesevimab. They shall be used for patients with Covid-19 diagnosis, and initiated as soon as the Covid-19 diagnosis is established. A regular review in their efficacy in the presence of different viral strains will be carried out, and the information will be regularly updated and shared as we know more.

Highlight no. 3. Covid-19 clinics must be strengthened to allow a robust and comprehensive care for outpatient Covid-19 patients in Rwanda, and also will be used to provide a continuous care for Post Covid-19 patients in need of continued care for the disease sequelae; either physical or mental health components.

Highlight no. 4. The prescription of Physiotherapy and Rehabilitation for Covid-19 patients in Rwanda has been developed, and it must be implemented by all healthcare facilities (public and private). We continue to work closely with the professional societies in this domain, in order to ensure that not only these services are available, but also are of a high quality, enabling the recovering patients to resume their functional status as soon as possible.

Highlight no. 5. The mental health component and appropriate accompaniment of bereaving families are provided with an updated guidance. The management of the bodies of individuals who succumb to Covid-19 is highlighted in a way that enable the family to be provided with the needed time and privacy for funeral arrangements. Restrictions to funeral attendance by the relatives are updated, to allow family members to safely attend and pay their last respect to their beloved ones, in a way that is scientifically sound, safe and appropriate.

Highlight no. 6. At the moment, there are no highly efficient therapeutic approaches for severe and critical Covid-19 disease, and our survival rate among patients supported with mechanical ventilation remains very low in Rwanda. In this document, we encourage the use of anticoagulant and dexamethasone coupled with interleukin 6 inhibitors (i.e. Tocilizumab, Sarilumab etc.) as a potential attractive adjunct therapy for severe and critically ill Covid-19 patients. A close monitoring and treatment of elevated blood glucose levels must be carried out at all healthcare facilities, as the majority of fatal complications are closely linked to hyperglycemia and related hyperglycemic emergencies.

Covid-19 vaccination:

Highlight no. 1. The clinical management of a clinically ill Covid-19 who had been partly or fully vaccinated require the same level of vigilance, monitoring and therapeutic approach. This is also the same for the need to constantly remind all the vaccinated individuals to respect all the preventive measures for Covid-19.

Highlight no. 2. The successful control of this pandemic will depend on the pace of Covid-19 vaccination for the target population in Rwanda (i.e. at minimum 7.5 million Rwandans must be fully vaccinated as soon as possible). We call upon all clinicians practicing in Rwanda to make the necessary identification of patients under care at all healthcare facilities and make the necessary recommendations for vaccination, especially for the at-risk population under clinical care for other comorbidities such as diabetes mellitus, hypertension, chronic kidney disease, cancer, morbid obesity, chronic respiratory disease etc.

Dear Readers,

Covid-19 disease management is not static, and regularly updated guidance on the most appropriate (clinical and public health) management approaches will be obtained as we obtain more information on SARS-CoV-2 viral parameters related to the pathogenesis and the host response. Several researches are currently undergoing in Rwanda, in order to better understand the dynamics of this virus (i.e. including the genomic surveillance) which will further inform targeted interventions for a better and strongly calibrated response. We strive to be the first country to eradicate Covid-19 disease on the African continent, and we aim for a continued and timely sharing of positive experience towards that common goal.

Should there be a need for further details on Covid-19 management in Rwanda, please visit: www.rbc.gov.rw