Containment Efforts against COVID-19 in Guangzhou

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Overview of Guangzhou

- Total population of **22 million**
- More than **10 million** short term residents
- **7434** square kilometers
- **11** administrative districts
- More than **2.33 million** entities/enterprises
As of March 24, 388 confirmed cases have been reported, of which, 337 patients discharged from hospital (cure rate 87%), and 1 death (mortality 0.26%).

- The development of COVID-19 can be divided in to three-phrases in China.
- From Jan. 21 to Feb. 14, new confirmed cases domestically increased rapidly. With all-out containment efforts, epidemic was effectively controlled with zero community transmission.
- From Feb. 15 to Mar. 14, new sporadic imported cases from abroad have been found. March 24 saw 40 imported cases from overseas, of which 1 indigenous COVID-19 case infected by imported patient. Zero transmission by community gathering was reported.
2. Major Challenges

- Emergency Situation Abroad: WHO announces COVID-19 outbreak as pandemic, a tough battle for all of us.

- Higher Risk of Imported Cases from overseas: Guangzhou is a comprehensive gateway and transportation hub in China. Some 5,000 travelers cross the border per day, of which 2,000 entries.

- Greater Challenges of Containment in Communities: Guangzhou has a large population and high density. Since the resumption of work and production from March 9, we are faced with greater challenges of possible rebounding of new cases.
3. Containment Efforts

Containment Measures

- EARLY DETECTION, EARLY REPORT, EARLY ISOLATION and EARLY DIAGNOSIS
- Centralized patient treatment in dedicated facilities by senior medical professionals from all over the city and with all necessary resources
- Strengthen coordination at different levels of authorities and society-wide efforts to prevent and control the pandemic
December 31, 2019
Guangzhou issued an emergency notice, requiring that hospitals report suspected cases and prepare response measures immediately after Wuhan reported a pneumonia outbreak of unknown origin.

January 23
Activation of level-1 public health emergency response.

January 28
Enterprises were instructed to cease operations. The start of the school term was postponed.

February 24
Adjustment to level-2 public health emergency response.

Conduct a region-specific, multi-level targeted approach to pandemic prevention and control.

January 21
The first 2 cases that were introduced from outbreak areas were confirmed. On the same day, the municipal outbreak containment command center was established.

January 24
Temperature checks were implemented at transport stations, airports and ports of entry.

January 29
All large-scale activities were cancelled; All patients with fever symptoms were screened.

February 7
Residential community grid management was intensified to implement entry and exit controls.

March 22
Guangzhou announces that all travellers arriving in Guangzhou should self-quarantine at home or quarantine at designated facilities.
(2) Community participation

Comprehensive public health guidelines
- Specific guideline of different places (hospitals, schools, enterprises, institutions and rural area) have been published.

Intensified publicity efforts
- General public is kept aware of regional case distributions and treatment outcomes by daily updates.

Participation by residents
- With a daily average of 80,000 person times community patrols and other efforts have been carried out.
(3) Science-based Measures Taken Differentially

1. Maintain joint transport check points
2. Tighten community prevention and containment
3. Reinforce the role of medical facilities
4. Adjust to public health emergency response. Conduct a region-specific, multi-level targeted approach to pandemic prevention and control
5. Set up segmented management by trinity mechanism: emergency taskforce formed by municipal, district and street level
(3) Science-based Measures Taken Differentially

Strict implementation of the *Four 3s* mechanism

**Keeping 3 Records**
- Permanent residents records
- Records of visitors to Guangzhou
- Records of persons from major outbreak areas

**Checks at 3 Networks**
- Screening networks along routes in and out of the city
- Screening networks for urban public transport
- Temperature checks networks in public places

**Establishing 3 Teams**
- Residential community 3-person team
- Traffic quarantine 3-person team
- Epidemic containment supplies 5-person team

**3 Managements**
- Home health management
- Centralized health management
- Centralized medical observation
(3) Science-based Measures Taken Differentially

Screening Outcomes

- Jan 21-29, voluntary screening ratio increased from 0 to **34.56%**
- Jan 30 to Feb 5, voluntary screening ratio increased to **68.11%**
- Feb 6 to 11, voluntary screening ratio increased to **78.38%**
- Since Feb 12, voluntary screening ratio has reached **100%**
### (4) Centralizing all resource for treatments

<table>
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<th>Centralized Treatment</th>
<th>Dedicated resources</th>
<th>Designated senior medical professionals</th>
<th>Isolate the Infected</th>
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<td>• 13 provincial and municipal hospitals are designated for admitting Covid-19 patients.</td>
<td>• 1,478 specialist physicians, 3,702 nurses and 3,900 beds have been assigned to designated hospitals.</td>
<td>• Top experts from the region worked closely together for group consultations to optimize treatment plans.</td>
<td>• Negative pressure ambulances are assigned to transfer. • Confirmed cases are treated in designated medical institutions.</td>
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(5) Open, Transparent and Educational Publicity

- General public is kept aware of regional case distributions and treatment outcomes by daily updates
  - Timely update and response to the public concerns

- A series of guidelines have been published
  - Facilitate a better understanding of policies and better self-prevention of the people
Thank you for your attention!