



URGENT CALL ON GOVERNMENT TO REVIEW COVID-19 QUARANTINE AND ISOLATION GUIDELINES TO MINIMISE RURAL HEALTH SERVICE DELIVERY INTERRUPTIONS.

17th December 2021

The Rural Doctors Association of South Africa note with dismay the extraordinary infectivity and spread of the Omicron variant of COVID-19. We are relieved that the death rate is still much lower than previous waves; but note, with concern, the impact COVID-19 isolation and quarantine rules on rural health care facility functioning and service delivery.

December is always a challenging time as many health care workers take leave during the Christmas holidays. Staff shortages are compounded by unprecedented amounts of Covid-19 related sick leave or quarantine due to exposure to COVID-19 from family members, or simply a day off waiting for a test result. We have reports of rural hospitals in Kwa-Zulu Natal with over 50% of their doctors off and having to stop surgery taking place. This is not only effecting doctors at hospitals; therapy departments (KZN) and community clinics (FS) are being closed as staff are infected. In addition some referral hospitals in Eastern Cape are experiencing critical staff shortages and we are unable to refer to their adult or paediatric high care and ICU wards.

Shabir Madhi, Jeremy Nel and Francois Venter make an excellent case for the futility of quarantine as a public health intervention (https://www.dailymaverick.co.za/article/2021-12-15-covid-19-in-south-africa-its-time-to-ditch-quarantining-and-contact-tracing/?fbclid=IwAR1F-S1YQmTnOt62Vv_At6kV1r1Am61VQgT-Z4F4SjP3wf4dyx1mdHpPfp0). Academics from University of Cape Town and Western Cape Department of Health are also calling to end health workers quarantining after contact with a person infected with COVID-19, and to reduce the isolation time, after testing positive for COVID-19, to 5-7 days.

Quarantining a small number of known exposed people have little impact on the spread of COVID-19. If we can assume that many of our colleagues at one time or another have had asymptomatic COVID infection we have to act accordingly. We have to accept imperfect infection control for the greater good: keeping hospitals open and functional. The core of our strategy should be strengthening our usual safety measures such as mask wearing and ventilation, and increasing vaccination coverage.

Every day the strain on our health care facilities is increasing, and we have no Plan B if half our staff suddenly call in sick or take time off for quarantine. As these issues are already under high level discussions RuDASA makes an urgent call on government to review COVID-19 quarantine and isolation guidelines to minimise rural health service delivery interruptions.