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An Effective Model for the Outpatient Management of COVID-19

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To the editor:

A novel coronavirus named as 2019-nCoV (now named as SARS-CoV-2) quickly attacked China and multiple countries^{1,2}. Epidemiologically, the novel coronavirus is highly contagious^{3,4}. According to previous research, assumed that hospital-related transmission of SARS-CoV-2 was suspected in 41% of patients⁴. In China, most people with a fever choose to go to the hospital Fever Clinic as a top priority during this special period, therefore, the densely populated hospital outpatient is a great underlying danger. In addition, these patients may be Coronavirus Disease 2019 (COVID-19) may also be other infectious disease such as seasonal influenza, and also include people who have fever or respiratory symptoms for other unknown reasons. As a result, there is an extremely high risk of cross-infection among them. Thus, there is an urgent need for a reasonable patient screening and disposal process in the outpatient department.

The Xiangya Hospital of Central South University has achieved much experience in screening and treatment of patients associated with COVID-19 and reduced the risk of cross-infection. First of all, the process of pre-examination and triage has been strengthened. The attending physicians or above with rich experience in infectious diseases are mainly take charge of screening patients, ensuring the accuracy of different triages. However, in normally the position of triage is usually only one or two nurses. Second, after the triage, patients will be arranged to go to the general clinic or Fever Clinic according to their epidemiological history and clinical characteristics. Actually, the Fever Clinic is divided into three areas: COVID-19 screening area (for patients with suspected or identified COVID-19), common fever screening area (including patients with fever other than suspected COVID-19 or other

respiratory diseases) and pediatric non-COVID-19 with fever screening area. These three areas are strictly separated, which can effectively prevent cross-infection among patients. Third, a consultation team consisting of doctors from infectious disease, respiratory, and imaging department is arranged for timely consultation and screening of suspected patients with COVID-19. Last but not least, healthcare workers should do a good job of self-protection, and the distribution process of personal protective equipment should be optimized.

On January 30, 2020, the World Health Organization declared SARS-CoV-2 to be a Public Health Emergency of International Concern⁵. Soon afterwards, WHO made the assessment that COVID-19 can be characterized as a pandemic on March 11⁶. Lately, other countries subsequently declared SARS-CoV-2 outbreak “emergency”—the highest warning tier, especially Italy, South Korea and Iran, considering where have a large-scale increasing tendency². In order to prevent further spread of infections in these countries, emergency measures must be taken to manage outpatients. Hence, the practical diagnosis and treatment scheme of outpatients in Xiangya hospital has an admirably guiding effect on China, as well as other countries and regions around the world. More importantly, this will potentially provide a typical example for the prevention and control of infectious diseases in the future.

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Conflicts of interest.

All authors report no conflicts of interest related to this work.

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