Prevention and Control Strategy of COVID-19

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In 2020, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the cause of coronavirus disease 2019 (COVID-19), emerged and caused a pandemic. Presently, the inflection point of this pandemic remains unclear. According to the current trend, the World Health Organization (WHO) believes that, even if vaccines can establish an immune protection barrier, COVID-19 will coexist with humans for a long time. Therefore, adopting more active, precise, and effective strategies for its prevention and control is crucial. Through the years, several practical, proper, and effective practices have been adopted in hospitals based on actual conditions, and some insights and experiences in advancing normalized epidemic prevention and control have been gained, as enumerated below:

1. Persevere and consolidate the ideological foundation for the normalized epidemic prevention and control. The system of the person in charge should be followed. The dean is in charge of the overall planning and coordination, and the functional departments are responsible for the division of labor and specific implementation. Various prevention and control measures were introduced according to local conditions, but the main responsibility should be strengthened further.

2. Strictly implement various measures, such as “checking the code, measuring the temperature, and seeing evidence.” The hospital and the patients must undergo temperature monitoring, health code checking, and appointment vouchers to avoid nosocomial infection.

3. Strengthen the management of fever clinics. Adhering to the principle of “combination of peace and war,” optimizing the fever treatment process, improving the treatment link, standardizing the treatment management, and further guarding the “checkpoint” of early detection should be observed.

4. Standardize and make orderly the diagnosis and treatment actions. This measure includes the following: providing “Internet + medical treatment”; implementing “one doctor, one patient, one consulting room”; strengthening ward management; reducing escort and visits; establishing a health information monitoring platform; implementing a zero report and daily report system for fever symptoms for all the staff; and further improving the “Medical Pass.”

5. Strengthen hospital infection management. Nosocomial infection management should be enhanced to prevent and control hospital epidemic; should be incorporated into the hospital’s entire process, all links, and all elements of the prevention and control system; and should include training, assessment, and supervision in all of the staff to further focus on “sensory control.”

6. Effectively improve the capabilities of nucleic acid testing laboratories. Rapidly improving the nucleic acid detection capabilities of the COVID-19, implementing the “should be checked and willing to check” platform, strengthening the quality and safety management of experimental values, ensuring the detection quality, expanding the nucleic acid detection capacity, improving the detection efficiency, and further ensuring the “inspection clearance” should be undertaken.

In China, the above-mentioned measures have been implemented and strictly followed for the effective control of COVID-19. These measures are feasible, effective, and beneficial in preventing and controlling COVID-19; hence, they can be promoted and used globally. If these positive measures are taken, the trend of COVID-19 spread can be effectively curbed, suggesting that these measures play a positive role in the world’s public health security. Therefore, these practices deserve to be introduced and reported.

References