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Screening and triage at health-care facilities in Timor-Leste during the COVID-19 pandemic

We read with great interest the correspondence from Rodgers Ayebare and colleagues,¹ and commend the authors for their contribution to the coronavirus disease 2019 (COVID-19) response in settings with limited diagnostics and resources. This approach is particularly relevant in Timor-Leste, a small and young island nation with a fragile health-care system that is a challenging context in which to provide care during the current pandemic. Until March 21, 2020, no confirmed cases of COVID-19 had been reported in Timor-Leste,² but we now face the challenge of effectively containing the spread of the virus and minimising the impact of local transmission. At present, all suspected cases are referred to the COVID-19 Isolation Centre in Dili, where patients are tested and isolated pending test results; contacts are traced and isolated. The Ministry of Health releases a daily update on the number of people tested and cumulative numbers of positive and negative cases. Anybody entering Timor-Leste is quarantined for 14 days in facilities advised by the government.

A working group of doctors, nurses, and midwives—from the Ministry of Health and non-governmental organisations—with experience in local systems of both hospital and primary health care, has designed a screening and triage framework, developing key aspects of the proposed algorithm from Ayebare and colleagues.¹ We would like to share this as a reference for others in similar low-to-middle-income settings who are endeavouring to write their own guidelines (figure).

The key aims of this guideline are to minimise nosocomial transmission of COVID-19 and, in particular, to protect health-care workers in an environment in which limited resources have a substantial effect on the availability of personal protective equipment, laboratory testing, and trained clinicians. We also hope that by prioritising urgent care, we can enable health-care systems to function in the face of the growing pandemic and prevent them from becoming overwhelmed by COVID-19-related illness. The screening and triage algorithm will be used in conjunction with a rapid questionnaire to optimise the integration of a new system into an established clinical triage protocol in Timor-Leste, to avoid the creation of new pathways. This approach will also facilitate effective documentation and communication between health-care facilities, and support surveillance efforts. We are cascading this core framework through all national health-care facilities using small teams of doctors and nurses to educate, communicate, and adapt the framework in consultation with local health-care workers. By April 24, 2020, we should have reached every government hospital and community health centre in the country (>80 health-care facilities).

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- 1 Ayebare RR, Flick R, Okware S, Bodo B, Lamorde M. Adoption of COVID-19 triage strategies for low-income settings. *Lancet Respir Med* 2020; published online March 11. [https://doi.org/10.1016/S2213-2600\(20\)30114-4](https://doi.org/10.1016/S2213-2600(20)30114-4).
- 2 WHO. Coronavirus disease 2019 (COVID-19) situation report number 62. 2020. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200322-sitrep-62-covid-19.pdf?sfvrsn=f7764c46_2 (accessed April 6, 2020).



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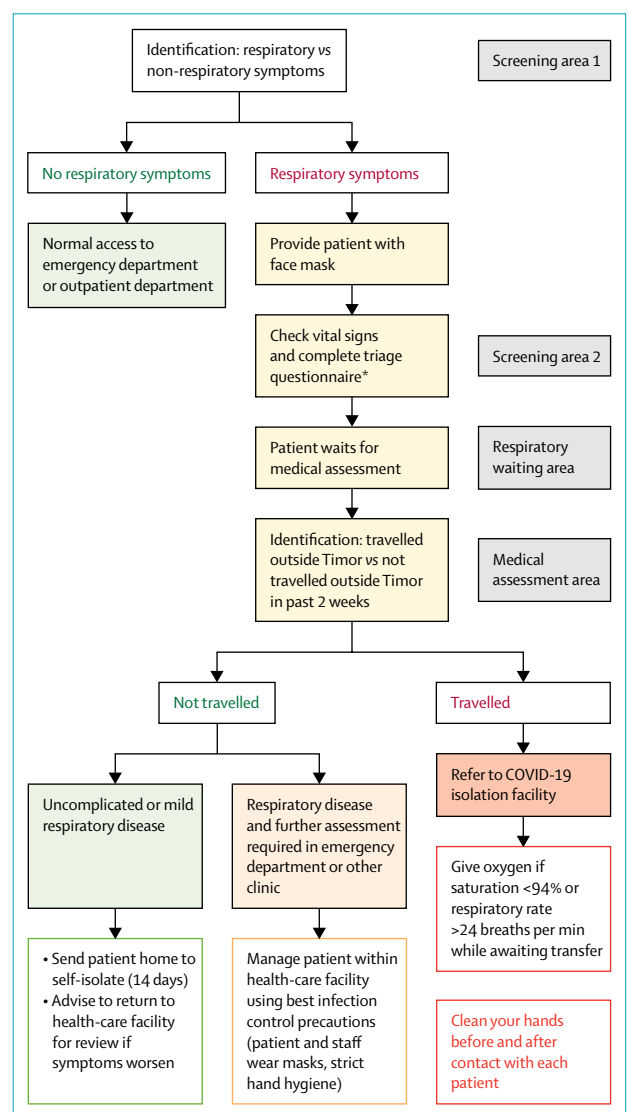


Figure: Triage for acute respiratory disease during the COVID-19 pandemic. COVID-19=coronavirus disease 2019. *Available on request from the corresponding author.