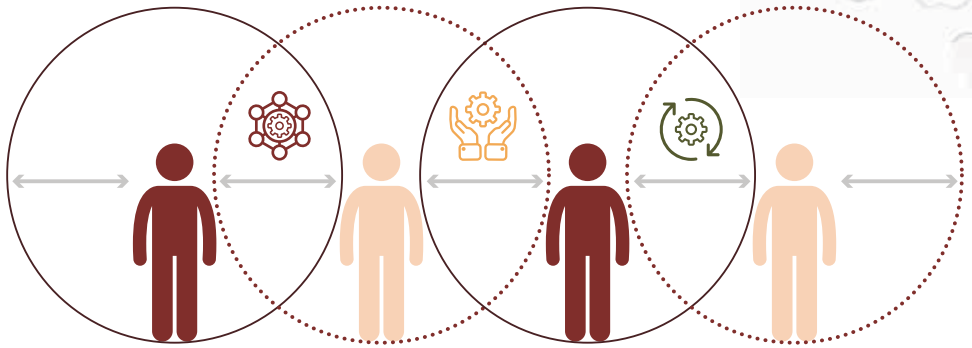


AFRICA CENTRES FOR DISEASE CONTROL AND PREVENTION (AFRICA CDC)

Guidance on Community Social Distancing During COVID-19 Outbreak





BACKGROUND

In Africa, the number of COVID-19 cases and impacted countries has been increasing steadily. As of 12 March 2020, 129 cases have been diagnosed in 12 countries, with one death recorded. The experience in countries outside Africa is that, after initial cases are diagnosed, community transmission occurs rapidly. Member States need to immediately implement individual social distancing and plan to implement community social distancing.

Social distancing is an accepted strategy to delay and reduce the magnitude of outbreaks of pandemic influenza. At the individual level, social distancing involves the use of non-contact greetings, maintaining at least one metre distance between yourself and other people, and staying home when ill. At the community level, social distancing involves closure of any events or settings in which people gather together, including schools, workplaces, houses of worship, and cultural, social and sports events. For COVID-19, social distancing is necessary at the individual and community levels, because transmission occurs frequently from person-to-person and infection causes severe illness in up to 20 percent of people. No population immunity exists, and no vaccine or cure exists yet. Reducing contact between people reduces the cumulative number of opportunities for transmission and it's the only way to help protect people who are at high risk for severe COVID-19 disease.

Little is known about the effectiveness of community social distancing for COVID-19. As of March 2020, what we know is:

1. For influenza virus, which is the most similar comparable infection, **individual and community social distancing, combined with rigorous isolation of people with symptoms** (confirmed or suspected cases), **delays and reduces the magnitude of outbreaks.**
2. **Transmission is facilitated by proximity, duration, and number of contacts.** The aim of community social distancing is to reduce the number, closeness and length of contacts between people as much as possible. Full lockdown may not be feasible, but all effort should be made to prevent as many unnecessary opportunities for contact as possible.
3. **Community social distancing should be instituted,** at a minimum, as soon as there is any evidence of community transmission and then maintained for weeks or months depending on the stage of the outbreak or presence of cases within the community.
4. **The primary outcome of community social distancing is to slow transmission and reduce daily case numbers, to permit:**
 - a. Health facilities to attend to a manageable volume of patients without compromising quality of care;
 - b. Public health officials to apply new knowledge to target interventions more precisely;
 - c. Researchers to develop vaccines and medications.
5. **Specific transmission characteristics of COVID-19 suggest that community social distancing is necessary to delay and reduce the magnitude of outbreaks:**
 - a. Transmission occurs frequently among close contacts.
 - b. Transmission may occur from people who are infected and do not yet have symptoms.
 - c. Transmission may occur from people who are infected and never develop symptoms.

6. **Rigorous application of community social distancing in China has slowed transmission.**
7. **Community social distancing is disruptive, difficult and potentially dangerous.** It is severely and inequitably impacting economic, social, and cultural activity. However, careful community engagement can mitigate these effects.

Many questions exist about community social distancing for COVID-19, including:

1. How effective is individual social distancing in delaying and reducing the magnitude of outbreaks without or when combined with community social distancing?
2. For community social distancing, how effective is school closure, particularly for different levels of schools (e.g. primary, secondary, tertiary)?
3. How effective is community social distancing if other contact activities such as work and public transport continue? What measures can workplaces take to reduce transmission?
4. How severe are the harms from community social distancing on individuals and communities, including physical health, mental health, social cohesion, and economic life?
5. How feasible and acceptable is community social distancing in different communities and cultures, particularly if people cannot earn income, cannot purchase goods at markets, and cannot attend religious services?

RECOMMENDATIONS



Engaging Communities for Social Distancing

1. Member States, at all levels of government, **should implement prominent public messaging about individual social distancing**, specifically by:



- a. Using non-contact greetings.



- b. Practicing good hand and cough hygiene.



- c. Maintaining distance of one metre between yourself and other people when in public and where feasible.



- d. Staying home if you have fever, cough, shortness of breath, or other respiratory symptoms, and isolating yourself from people in your household as much as possible, especially elderly people.



- e. Seeking medical care only for severe symptoms such as difficult breathing.

2. Member States, at all levels of government, **should begin risk communication now with key opinion and faith leaders and the general public about the future possibility of community social distancing**. Messaging must be clear, consistent, and culturally respectful. Information must be

provided about why such measures are important and must be provided far in advance of their application to give people time to prepare psychologically and practically.

3. **Acceptance of these measures can be improved by emphasizing personal/social responsibility** and that social distancing is a means of protecting oneself.
4. **Public acceptance of social distancing measures will be facilitated by advertising them with an anticipated end-date**, but it should also be made clear that this could be extended if there is another wave of transmission.
5. As much as possible, **community social distancing should be implemented with community consent and by encouraging social responsibility through trusted authorities and channels**. As a last resort, governments should review their laws at national and sub-national levels to ensure that they have the authority to implement community social distancing.
6. Governments and public health agencies **should identify trusted channels and actors to explain community social distancing measures** and to listen to concerns and obstacles to community social distancing.
7. **Risk communication should consider different audiences** (e.g. by including minority languages).



Implementing Social Distancing

1. **Community social distancing should be implemented immediately** after populations have been sensitized and with considerations for the social and political situation, as well as epidemic phase (see Table).
2. The signal to implement community social distancing is **indicated when any cases or deaths are detected outside of known chains of transmission.**
3. Member States, at all levels of government, **should monitor compliance in healthcare facilities and congregate settings,** such as prisons and nursing facilities, with individual social distancing and infection prevention and control standards.
4. After it has been instituted, community social distancing **should be maintained for a sustained period and reviewed carefully** before it is withdrawn.
5. Community social distancing **should only be used in the most limited geographic unit necessary to achieve the desired impact.**
6. Member States should **ensure that any legal enforcement** of community social distancing, isolation, and quarantine **is conducted with full respect for human rights and dignity.**
7. Several layers of social distancing **should be instituted simultaneously, rather than one by one** (see Table).
8. Community social distancing should also include:
 - a. **Working with faith leaders to adapt religious services to support social distancing,** e.g. worshipping outdoors, maintaining a minimum distance of one metre between worshippers and avoiding the sharing of utensils or consumables.

- b. **In routine gathering places**, such as bus stations and markets, **people maintaining individual social distancing precautions**, e.g. one metre distance from other people, non-contact greetings.
- c. **Employers working with their staff to increase physical distance between employees**, including changing shift patterns and staggering work schedules, allowing work-from-home, moving work activities outdoors, and limiting work-related gatherings.
- d. **Employers providing paid sick leave**, support for parents to provide childcare, and incentivizing workers to stay at home if they have any respiratory symptoms.
- e. **Prominent public messaging encouraging people aged 60 or older and people with chronic lung or heart disease to strictly limit their time in public and restrict travels.**
- f. Prominent public messaging instructing people with fever, cough, shortness of breath, or other respiratory symptoms to:
 - **Immediately isolate themselves** in their home and contact relevant public health agencies.
 - **Only seek medical care** if they have severe symptoms, such as difficult breathing.
 - **Follow effective infection prevention in the household** and receive support from government and/or community to do so.¹

1 [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts))



Supporting Organizations and Individuals to Practice Social Distancing

1. All levels of government and non-government entities **should ensure widespread availability of hand hygiene materials at the entrance of every building and in every bathroom facility**, such as soap and water and alcohol-based hand rub.
2. Public transportation **should be kept open to facilitate access to food, medical services and other social support.**
3. Physical force **should not be used to restrict movement of people outside their homes or outside the geographic unit** that is implementing community social distancing.
4. Government agencies **should consider all possible mechanisms to provide food, financial support, medicines, religious support, and social support to all individuals adversely impacted by community social distancing**, with attention to vulnerable groups.
5. Authorities **should proactively address the potential stigma associated with quarantine** by promoting a sense of solidarity in the population: **“everyone is at risk”, and “we are all in this together”.**

Table: Individual and Social Distancing Measures

Individual Social Distancing		
Social distancing measure	Description	Rationale
Stay-at-home recommendations	Recommendation for the public to stay at home, avoid mass gatherings and close contact with persons, particularly targeting the known high-risk groups	Recommendations for voluntary social distancing of persons, particularly the high-risk groups, to reduce transmission, reduce morbidity, and thereby decrease the pressure on the health system.

Community Social Distancing		
Social distancing measure	Description	Rationale
Closure of educational institutions	<ul style="list-style-type: none"> ▪ Schools (including day care centres, pre-school, primary and secondary schools) ▪ Closure of higher educational institutions (including universities, research institutes) 	<ul style="list-style-type: none"> ▪ Preventing contact among children is a known prevention measure in influenza outbreaks ▪ Universities and other educational institutions are also areas where large numbers of people congregate in confined spaces ▪ In studies of influenza outbreaks, both measures usually have the biggest effect when applied early in transmission phase and when they last until the circulation of the pathogen decreases (i.e. after several weeks) ▪ Need to also prevent gathering of youths outside school to ensure effectiveness

Community Social Distancing

Measures for special populations

- Measures to limit outside visitors and limit the contact between inmates/patients in confined settings, such as long-term care facilities for the elderly, or persons with special needs, psychiatric institutions, homeless shelters, prisons
- These institutions house a large percentage of people in high-risk groups for severe disease and poor outcome, are often densely populated, and outbreaks of COVID-19 can lead to significant morbidity and mortality
- Measures should be applied early in the outbreak and should be continued until the circulation of COVID-19 decreases in the community

Mass gathering cancellations

- Cultural events (theatres, cinemas, concerts, etc.)
- Sporting events (football, indoor and outdoor athletic games, marathon runs etc.)
- Festivals
- Conferences, meetings, trade fairs, etc.
- The aim is to avoid transmission among large numbers of people in confined spaces
- For some events – even though they may be conducted outdoors (e.g. football matches) – attendees may be in close contact on public transportation, at the entrance and exit, etc.

Cordon sanitaire/ mandatory quarantine of a building or residential area(s)

- Refers to the quarantine and closing of a building or whole residential area (city, region, etc.)
- Aims to limit contact between high- transmission areas and those with no or low levels of transmission
- This measure implies that the measures above (e.g. school and higher education closures, cancellation of mass gatherings) are also implemented to maximise social distancing within the cordon sanitaire

'Lockdown'

- Only essential movement is permitted within a defined area
- Aims to address continued high rates of transmission, despite implementation of previous social distancing efforts.
- This is an extreme measure.



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