Introduction

The SARS-CoV-2 (also known as COVID-19), has spread rapidly around the world and is currently affecting 199 countries with a total of 591 971 confirmed cases and 26 990 deaths. In East Africa, Kenya, Rwanda, Tanzania and Uganda have reported cases of COVID-19 and the numbers are bound to increase. Kenya has already reported the first death in a diabetic patient. The scramble is on for getting in place a mechanism for containment and limiting the spread of the disease. This is in the wake of the devastating impact the disease has already had on countries with better health care system than most African countries. In the likely event the disease takes root with establishment of community spread in Africa, it is important that we limit the potential damage and complications whose management will be very challenging for our health care system, resulting in poor outcome for our patients. It is therefore important to identify the most at risk groups and put in place a mechanism to prevent them from contracting the disease. Patient with cancer are among the high-risk groups because both the cancer and the cancer treatment deplete their immune system. However, data on Covid-19 infection in patient with cancer are still limited despite being at high risk of contracting the disease and developing severe complications. In this blog, we share what the Uganda Cancer Institute (UCI) an agency of the government for coordination of cancer services has done in readiness for COVID-19 impact on cancer patients.

Preparedness and response

The UCI constituted an institutional epidemic preparedness and response team (EPR team) whose objective is to prevent the acquisition and spread of corona virus among our community of cancer patients and caregivers. The team developed a framework based on current available knowledge and guidelines to come up with four principal areas of focus namely: 1) General Protection of staff and Patients; 2) Reorganization of functions; 3) Streamlining COVID-19 detection and triage and 4) Management of Information flow. Detailed below are the objectives of each of the focus areas.

1. General Protection of staff and Patients

The main objective is to increase basic knowledge of COVID-19 for both our staff and patients. Especially the presentation, common symptoms and signs, recognition of complications. Specifically, distinguishing mild form of disease and recognition of severe form and complications.

Although over 80% of patients do not develop severe form of disease, our emphasis will be on the 20% likely to develop complication because most likely our target population will be over represented in this group.
For our staff the emphasis will also be on appropriate use of personal protective equipment (PPE) as they attend to patients and potential cases.

2. Reorganization of functions

The objective is to ensure there is availability of essential cancer care and efficiency of service delivery during this crisis. We have put in place stringent adherence to institutional guidelines and basic principles of COVID-19 infection control. We have suspended routine activities such as cancer screening services and outreach programs targeting the general population to avoid crowding and exposure to COVID-19. We have also suspended elective surgeries and procedures to focus resources on emergency preparedness.

To ensure there is an ongoing critical cancer service through a well-controlled patient flow, there is a clear criterion for patient visits and follow-up as shown in the table below:

<table>
<thead>
<tr>
<th>Category of cancer patient</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients referred to Uganda Cancer Institute with cancer diagnosis for the first time</td>
<td>Come to the institute report at the institute’s emergency or patients’ reception</td>
</tr>
<tr>
<td>Patients actively receiving cancer treatment</td>
<td>Continue to make their visits to Uganda Cancer Institute according to their appointment dates</td>
</tr>
<tr>
<td>Patients who completed cancer treatment and are currently on follow-up for a period less than one month</td>
<td>Attend their visits to Uganda Cancer Institute according to their appointment dates</td>
</tr>
<tr>
<td>Patients who completed cancer treatment and are on follow-up for a period of 2 months and above</td>
<td>Stay at home until the Coronavirus outbreak period is over</td>
</tr>
</tbody>
</table>

We have also with immediate effect down scaled our research and training functions to those delivering immediate clinical benefits to participants.

3. Streamlining COVID-19 detection and triage

The objective is to ensure we efficiently identify any potential case of COVID-19. We have established screening points at all entries to the Institute, designated clear isolation area for suspected cases for holding. There is guideline for early detection and screening with common path for risk stratification, sample acquisition, testing, confirmation and referral. A coordination mechanism for referral with the national task force is in place.

4. Management of Information flow

To increase awareness of COVID-19 to the Staff and the patient community at UCI, information about the coronavirus pandemic is shared on a continuous basis by management. This is to empower our community about the pandemic. The messages are transmitted via traditional and social media platforms including voice over messages, on television screens at the institute, posters, fliers, notice boards (on the wards) and UCI website. There are staff on standby answering calls and a toll-free line which is the first place to go to.

Conclusion
With the unprecedented challenge of COVID-19 to health care globally, the impact is likely to be even bleaker in the developing countries such as those in Africa with weak health care systems. Among the worst affected groups will be cancer patients and survivors in these countries. Given this looming danger, developing a realistic plan tailored to our system and available resources is prudent. Having in Uganda a comprehensive cancer care center is a big safety net for cancer patients, protecting them from cutthroat competition for scarce resources, which will most likely happen in a general care setting with the maturation of this pandemic in Africa. It is our hope that sharing our preparedness plan will draw attention towards the plight of cancer patients in the big scheme of things in the midst of this challenge.