

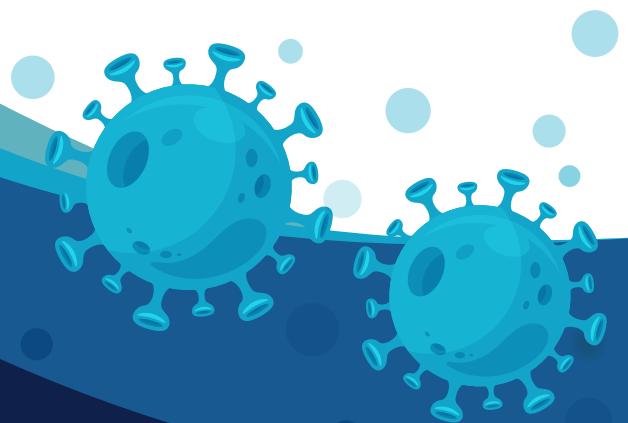


National Guidance on Surveillance and Contact Management of COVID-19 for Timor-Leste

(Ver. 6, updated 22 February 2021)

**Ministry of Health
Republic Democratic of Timor-Leste**

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Preface

On December 29, 2019, a hospital in Wuhan, Hubei Province, China reported an outbreak of severe pneumonia. The disease was later named as coronavirus disease 2019 (COVID-19). In January 2020, the outbreak of COVID-19 was declared as a public health emergency of international concern (PHEIC) by the World Health Organization (WHO), which subsequently became the first pandemic to be ever caused by a corona virus.

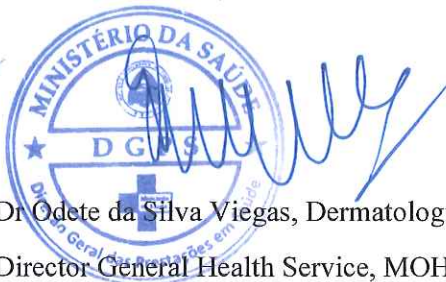
In the absence of vaccines and therapeutics, rapid identification (of cases) and management of contacts of probable and confirmed cases of COVID-19 is central to breaking the transmission chain and containing spread of the virus.

This document summarizes the interim recommendations for surveillance and contact management for COVID-19 in Timor-Leste. It also includes steps and operations for quarantine and provides guidance for scaling up laboratory testing as part of active surveillance.

It is developed through extensive consultations with all relevant departments of the Ministry of Health and other national and international partners. The development of the document was informed by currently available scientific evidences, technical guidelines of WHO, and review of local context and international best practices.

The document provides a standardized and coordinated approach to implementing active surveillance and response activities at all levels and in all municipalities. The successful implementation requires continued and sustained political commitment and concerted efforts from all stakeholders.

Given the novel nature of the virus and COVID-19, the document is expected to be updated regularly. We welcome comments and suggestions from all the implementers and partners.



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1. Introduction

This guidance is developed based on the World Health Organization's technical guidance on surveillance of COVID-19, with consultations and inputs from partners and stakeholders. It provides guidance and steps for surveillance and contact management, with the purpose of rapidly identifying imported and local cases for containment. It also outlines guidance and measures for quarantine and laboratory testing of COVID-19 as part of the surveillance.

2. Objectives

- 2.1 Rapidly detect new COVID-19 cases.
- 2.2 Rapidly identify, quarantine and manage contacts of suspected and confirmed cases.
- 2.3 Collect and analyze epidemiological information to conduct risk assessment and to guide preparedness and response measures.

3. Case detection

3.1 Case definition

The case definitions for COVID-19 are based on the most recent WHO guidance¹ (16 December 2020) for public health surveillance for COVID-19.

Suspected	Probable	Confirmed
<p>A. A person who meets the clinical AND epidemiological criteria:</p> <p>Clinical criteria:</p> <p>-Acute onset of fever AND cough;</p> <p>OR</p> <p>-Acute onset of ANY THREE OR MORE of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhoea, altered mental status.</p> <p>AND</p> <p>Epidemiological criteria:</p> <p>-Residing or working in a setting with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings, such as</p>	<p>A. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case or is linked to a COVID-19 cluster.</p> <p>B. A suspected case (described above) with chest imaging showing findings suggestive of COVID-19 disease.</p> <p>C. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.</p> <p>D. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or confirmed case or linked to a COVID-19 cluster³.</p>	<p>A. A person with a positive Nucleic Acid Amplification Test (NAAT)</p> <p>B. A person with a positive SARS-CoV-2 Ag-RDT</p> <p>AND</p> <p>meeting either the probable case definition or suspected criteria A OR B</p> <p>C. An asymptomatic person with a positive SARS-CoV-2 Ag-RDT AND who is a contact of a probable or</p>

¹ file:///C:/Users/yud/Downloads/WHO-2019-nCoV-SurveillanceGuidance-2020.8-eng%20(1).pdf

<p>camp and camp-like settings for displaced persons, any time within the 14 days before symptom onset;</p> <p>OR</p> <p>-Residing in or travel to an area with community transmission anytime within the 14 days before symptom onset;</p> <p>OR</p> <p>-Working in health setting, including within health facilities and within households, anytime within the 14 days before symptom onset.</p> <p>B. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of $\geq 38^{\circ}\text{C}$; and cough; with onset within the last 10 days; and who requires hospitalization).</p>		confirmed case.
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3.2 Surveillance methods

A robust and comprehensive national surveillance system is essential for rapid identification and timely implementation of public health measures such as quarantine and contact tracing critical for preventing outbreaks and breaking the chain of transmission, and to monitor trends over time. Table 1 shows the comprehensive surveillance actions being implemented/for in Timor-Leste.

Surveillance	Actions
Points of entry-land, air and sea	<ul style="list-style-type: none"> • Screen all entrants to the country for temperature and other Covid-19 compatible symptoms • Separate those with compatible symptoms and implement appropriate infection prevention and control measures, including immediate notification to competent authority • Ensure to undergo mandatory quarantine as per the existing government policy by all entrants • Ensure completeness of health declaration forms • Regularly equip points of entries with updated knowledge and skills on national surveillance and reporting protocols/policies
Health care facilities (hospitals, CHCs, HPs and private clinics) (see Annex 2)	<ul style="list-style-type: none"> • All health care facilities, both public and private, to be proficient with and implement national surveillance protocol (please see follow-chart in Annex.) for Covid-19 in health facilities • Ensure preparedness and readiness for: patient holding area, access to laboratory testing and/or put in place mechanism for safe sample collection, storage and transport. • Be familiar with and adhere to rapid case notification criteria to relevant authorities at the facility, municipality and national levels.
ILI/SARI Sentinel surveillance	<ul style="list-style-type: none"> • Test SARI/ILI/ARI sentinel surveillance samples for COVID-19. • Ensure real-time monitoring and reporting • Explore and implement context specific measures (e.g. recruitment of qualified volunteers/temporary staff specifically for this purpose) to sustain and strengthen testing of Covid-19 in ILI/SARI samples???
Community based surveillance	<ul style="list-style-type: none"> • Identify and train community volunteers in each municipality and develop a system of reporting to local and central health authorities, using most efficient means of communication (e.g. use of mobile phones, hotline numbers) of any suspected case or events in their communities by the trained members. • Conduct rapid coordinated investigations of reported events by local and central authorities as per the protocol/guideline
Laboratory surveillance	<ul style="list-style-type: none"> • Monitor and generate daily updates on no. of tests conducted by male and female, confirmed and probable cases and by type of tests • Monitor and generate regular national updates (e.g. monthly, weekly) on the stock status of Covid-19 PCR test e.g. by expiry date and no. of available tests
Event-based surveillance	<ul style="list-style-type: none"> • Develop/sustain mechanism to capture and respond to unstructured information on Covid-19 from both formal and non-formal (e.g. social medias, print media, internet) channels
Mortality surveillance	<ul style="list-style-type: none"> • Define Covid-19 related mortality and specify the need to report daily or weekly, including zero reporting in case of no deaths

3.3 Case investigation and rapid response

The Surveillance Department of the Ministry of Health leads and ensures availability of adequately trained and functional multidisciplinary Rapid Response Teams (RRT) for COVID-19 at the national and municipality levels. The RRTs at the national and municipality levels should remain on standby and maintain vigilance. When alerted by healthcare facilities or other sources of a suspected or a confirmed case, the Surveillance Department, MoH should coordinate and activate RRTs and ensure:

- To investigate the event *immediately* of receiving notification
- To interview the case(s) and identify all contacts which should be done using the case investigation and contact tracing forms.
- Trace contacts in person and direct them to quarantine immediately - visit their household or quarantine facilities (depending on whether it is self-quarantine or quarantine in facilities, or from the health care facilities). Depending on the prevailing situation, follow-up of contacts may be considered using telephone.
- Share findings (e.g. completed case investigation and contact tracing forms) to the respective focal surveillance/RRTs and report to the Surveillance Department and Director of DDC at the Ministry of Health.

The composition of rapid response teams at the national and municipality levels should be determined by the Surveillance Department of the Ministry of Health. However, basic minimum team should include:

Table 2: Basic team composition of RRTs at the national and municipality level and logistic requirements

Team members	Rapid response kits
<ul style="list-style-type: none">• Surveillance officer• Medical doctor/ officer• Laboratory personnel• Public health personnel• Nurse/midwife	<ul style="list-style-type: none">• Personal protective equipment (PPE),• Thermal scanners/ thermometers• Stationery• Hand sanitizers (alcohol-based handrubs)• Laboratory equipment and supplies (e.g. sample collection and storage),• case investigation and contact tracing forms,• transport facility• Pusa• Health education materials

3.4 Case transportation

- Ambulance and other designated vehicle should always be available and ready for transportation of suspected cases and should be equipped with minimum IPC and lifesaving equipment (e.g. oxygen).
- Vehicles should always be made available to transport arriving entrants from the points of entry to designated government quarantine facilities and respective homes for home quarantine
- All the drivers and staff of designated ambulances and other vehicles should be trained on transportation of patients with respiratory infection and on infection prevention and control. Ambulance/ designated vehicles should be immediately deployed after receiving the direction from the relevant agencies at the PoE or Surveillance Department of the Ministry of health.

4. Contact tracing and management

Rapidly identifying, quarantining and managing contacts of probable or confirmed case of COVID-19 is crucial to interrupt the onward transmission to others. This is achieved through:

- The prompt identification of contacts of a probable or confirmed case;
- Quarantine of contacts and providing information on physical distancing, hand and respiratory hygiene, and advice around what to do if symptoms develop;

Laboratory testing of all close contacts of suspected or confirmed cases upon entering quarantine, exiting quarantine and always testing those with symptoms.

4.1 Definition of contact

A contact² is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case and in case of a confirmed asymptomatic case, 2 days before through the 14 days after the date on which the sample was taken which led to confirmation:

- Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes (which can be cumulative);
- Direct physical contact with a probable or confirmed case without use of correct PPE;
- Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment or if PPE fails; OR
- Other situations as indicated by local risk assessments
 - A person in the same hospital room when an aerosol generating procedure is undertaken on the case without recommended PPE.

² <https://apps.who.int/iris/bitstream/handle/10665/331506/WHO-2019-nCoV-SurveillanceGuidance-2020.6-eng.pdf>

- Living in the same household or household-like setting (e.g boarding school, orphanage, convent, etc.)
- A person who spent 2 hours or longer in the same room as a case (such as waiting room, school classroom, office, etc.).
- Share a vehicle for more than 15 minutes (mikrolet, car, bus, etc.)
- Was a passenger on a plane that sat in the same row, or 2 rows in front or behind a confirmed case of COVID-19.

Important note: for confirmed asymptomatic cases, the period of contact is measured as the 2 days before through the 14 days after the date on which the sample was taken which led to confirmation.

4.2 Steps in contact tracing

After identification of a probable or confirmed case(s), contact tracing involves the following steps:

1. Identifying and line listing contacts

- Interview the case and identify contacts as per definitions of contacts of cases with and without symptoms
- Create a line list, including demographic information, date of first and last common exposure or date of contact with the confirmed or probable case, and date of onset if fever or respiratory symptoms develop (use Annex 3 tool for line listing contacts).
- Inform the contacts of their exposure status, what it means and actions that will follow
- Provide information on hand/respiratory hygiene and physical distancing
- Identify contacts with underlying medical condition(s) which associated as risk factors for COVID-19 disease severity and outcomes
- Emphasize self-isolation if symptoms develop and to notify health authorities or designated contact persons/officer
- Report the total number of contacts and the percentage that have been successfully contacted and quarantined.
- Quarantine/self-quarantine contacts (see quarantine chapter)

2. Contact follow-up

- All contacts should be tested at the start of their quarantine period and prior to them completing their 14-day quarantine period.
- They should be followed-up daily and monitored for development of symptoms during the quarantine period
- Those who develop symptoms should be tested
- Continue the contact tracing cycle with contacts who test positive until no new cases

4.3 Contact investigation

Contact investigation should be initiated at the same time of case investigation by the same Rapid Response Teams (RRT) for COVID-19 at the national level and in all municipalities (see 3.3).

4.4 Quarantine of close contact

See quarantine section below.

5. Quarantine

The quarantine of persons is the restriction of activities of or the separation of persons who are not ill but who may have been exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases. *Quarantine* is different from *isolation*, which is the separation of ill or infected persons from others to prevent the spread of infection or contamination.

In the context of Timor-Leste, quarantine applies to *contacts* with probable or confirmed case, or everyone entering the country by land, sea or air. Quarantine can be in a designated government facility, or home based (self) quarantine (see annex 4)

Individuals should be monitored for 14 days from the day of entering the country or for 14 days from the last contact with a confirmed/probable case.

Any individual who develop symptoms during quarantine should be immediately isolated and tested for COVID-19.

5.1 Quarantine in government-designated facilities

Specifications and Standard Operating Procedures for Government-designated quarantine facilities are detailed in the Quarantine SOP (Annex 4).

All potential entrants not opting for home quarantine or does not fulfill all the specified criteria for home quarantine must undergo a 14-day mandatory quarantine in a government-designated facility and shall abide by all requirements of the national quarantine protocol, including the mandatory Covid-19 test, regardless of symptoms or not, on a date specified by the Ministry of Health towards the end of the quarantine period.

All the individuals under quarantine in the government designated facilities should follow the rules and regulations strictly. If anyone is tested positive at exit test, or test positive after developing symptoms, the close contacts should be immediately re-quarantined for another 14 days, counted from the time of last contact with the confirmed cases.

For illegal entrants, immediate testing should be done to them on entry to quarantine as well as exit. Contact tracing should be done immediately should they test positive on entry to quarantine.

5.2 Home based (Self) quarantine

Incoming travelers can make a request to the Ministry of Health for self-quarantine. The Surveillance Department assesses the quality of the homes/rooms to decide whether it is suitable for home based (self) quarantine (Annex 4).

All potential entrants to the country applying for home quarantine to the Ministry of Health for the mandatory 14-day quarantine shall fulfill all quarantined criteria specified below:

- Produce a PCR negative COVID-19 test result from a laboratory recognized by the Ministry of Health in the country of origin. The PCR test should have been done within 5 days of the actual date of travel.
- Declare that the recommended physical distance measures can be adequately applied during the home quarantine
- Agree to abide by all the requirements of the national quarantine SoPs, including daily monitoring and reporting of symptoms, as well as to undergo mandatory Covid-19 testing on a date specified by the Ministry of Health towards the end of the quarantine period.
- Individuals should stay in the room, self-limit travel and movements and practice standard and advised for personal and respiratory hygiene.
- Other people should not enter the room unless necessary. If entering the room maintain a 1 meters' distance from the quarantined person.
- The quarantined person should wear a medical mask over the nose and mouth if interacting with a non-quarantined person in less than 1 metre distance. If neither is available cover the nose and mouth with a cloth.
- Any items, utensils, crockery personal items or clothing used by the quarantined person should not be used by others. They can be washed and reused by the quarantined person.
- Take any usual medications as required.
- Eat a healthy diet and do some physical exercises every day³
- Report any health conditions to the surveillance officer immediately.
- Any individual who develop symptoms should be immediately isolated and tested for COVID-19.
- RRT/Surveillance Officers should monitor the individuals through household or virtual visits or by telephone to check for symptoms.

All quarantined individuals should undergo a COVID-19 test on or around 10th day of quarantine. If the result is negative, and they remain asymptomatic, then they can safely leave the quarantine facility on day 14.⁴

For details, please see Appendix 4 for SOPs for quarantine facilities.

³ <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/technical-guidance/stay-physically-active-during-self-quarantine>

⁴ [https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))

6. Laboratory testing for surveillance

Detection of persons infected with SARS-CoV-2 (COVID-19 virus) is critical for informing isolation, quarantine, and contact tracing measures, all of which are essential interventions for containing the spread.

6.1 Recommended tests

Nucleic acid amplification tests (NAAT)

The test recommended by WHO is based on detection of unique sequences of virus RNA by Nucleic acid amplification tests (NAAT) such as real-time reverse-transcription polymerase chain reaction (rRT-PCR) with confirmation by nucleic acid sequencing when necessary ⁵. It tests for the genetic material of the virus itself, and so can identify if the virus is present in the respiratory secretions of a suspected case. It is usually used to test people with symptoms, who are thought to be at risk of having COVID-19. It is reliably positive in cases with COVID-19 and does not cross-react with other illnesses. The National Health Laboratory (NHL) has capacity of performing RT-PCR to test for COVID-19. Laboratory diagnosis, including biosafety measures, should be done as per the guidance of WHO on laboratory testing for coronavirus in suspected human cases ^{6 7}.

PCR remains the gold standard for SARS-CoV-2 test. Different PCR testing platforms are available and in use in Timor-Leste. These include rapid molecular and high throughput diagnostic test platforms with minimum manual handling by laboratory technicians such as GeneXpert Xpress SARS-CoV-2 which is currently used for several regional referral hospitals.

Antigen-detecting rapid diagnostic tests (Ag-RDTs)

Ag-RDT detection is simpler and faster to perform than nucleic acid amplification tests like RT-PCR. Ag-RDTs rely on direct detection of SARS-CoV-2 viral proteins in nasal or naso-pharyngeal swabs using a lateral flow immunoassay (also called an RDT) that gives results in 15-30 minutes. There are pros and cons to the use of Ag-RDTs in consideration of scenarios where the use of these tests may be of benefit. The major limitation is that Ag-RDTs are less sensitive than NAAT, and will miss a proportion of positive cases (calling them falsely negative). However, they could offer the possibility of rapid, inexpensive and early detection of the most infectious SARS-CoV-2 infections in places where PCR testing is not available or results are not timely. Use of Ag-RDTs would therefore not be recommended in the scenario where there is no community transmission, because of the serious risk of missing cases that then spread and lead to widespread community transmission. Identifying every single case correctly is of absolute importance and therefore Ag-RDT is not a reliable alternative to use of the gold standard PCR NAAT. In contrast, in the situation where there was already definite community transmission, and the objective was to try to regain control of an established

⁵ <https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>

⁶ [https://www.who.int/publications-detail/laboratory-biosafety-guidance-related-to-coronavirus-disease-2019-\(COVID-19\)](https://www.who.int/publications-detail/laboratory-biosafety-guidance-related-to-coronavirus-disease-2019-(COVID-19))

⁷ <https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>

outbreak, use of Ag-RDTs could be explored as a method for outbreak investigation, particularly in remote areas. They could be used to help quickly identify and isolate a number of infectious cases (if PCR capacity was insufficient or turnaround time to result from PCR was too long) accepting that a number of positive cases would also be missed and falsely called negative using this test.

Antibody detection (Serology)

Serological assays that detect antibodies produced by the human body in response to infection with the SARS-CoV-2 can be useful in various settings. Serosurveillance studies can be used to support the investigation of an ongoing outbreak and to support the retrospective assessment of the attack rate or the size of an outbreak. It is important to note that it takes time after infection to develop an antibody response, and that antibodies will not be positive when a person first becomes infectious with SARS-CoV-2. Therefore, antibody tests cannot be relied upon and should not be used as a diagnostic test to show if someone is infectious and to prevent transmission of infection.

6.2 Scaling-up testing for surveillance

The World Health Organization has defined four transmission scenarios⁸ of the COVID-19 pandemic, which could help countries to strategize testing:

Scenario 1: Countries with no cases;

Scenario 2: Countries with one or more cases, imported or locally detected;

Scenario 3: Countries with clusters of cases related in time or common exposures.

Scenario 4: Countries with large outbreaks or sustained and pervasive local transmission

Timor-Leste currently falls into WHO's transmission scenario 3. Laboratory testing is recommended for the following situations, as a strategy to expand the surveillance.

6.2.1 Close contacts of all COVID-19 confirmed/probable cases in facility or in home-based quarantine should be tested and isolated immediately.

6.2.2 At day 8-10 prior to exiting quarantine for all, and all individuals should be tested. Anyone who develops above symptoms while in the quarantine facility or on home-based quarantine should be immediately separated from others, collect swab samples and tested for COVID-19.

6.2.3 Test samples collected for influenza surveillance programme, i.e., severe acute respiratory syndrome (SARI) and influenza like illness (ILI) sentinel sites for COVID-19⁹. The objective is to monitor geographic spread, intensity of transmission, and severity trends of community transmission of COVID-19 over time.

⁸ <https://apps.who.int/iris/bitstream/handle/10665/331506/WHO-2019-nCoV-SurveillanceGuidance-2020.6-eng.pdf>

⁹ https://apps.who.int/iris/bitstream/handle/10665/331589/WHO-2019-nCoV-Leveraging_GISRS-2020.1-eng.pdf

Currently there are 8 influenza surveillance sentinel sites, 3 SARI sites (HNGV, Maliana and Baucau referral hospitals) and 5 ILI sites (5 CHCs in Dili Municipality). Test, all the samples collected from sentinel sites for COVID-19.

- 6.2.4 Test samples collected from feverish and/or patients with respiratory symptoms attending health care facilities (including hospitals, CHCs and health posts) for Covid-19. Attention must be made to health facilities in border areas with Indonesia, i.e., Maliana, Suai and Oecusse, and others as epidemic situation develops.
- 6.2.5 Test any healthcare worker who has demonstrate any respiratory sign and symptoms.
- 6.2.6 Test samples from any other scenario defined as suspected or probable cases for COVID-19.

6.3 Voluntary testing

As the pandemic evolves, there are increasing requests from other jurisdictions for arriving and departing travelers to show proof of a negative a COVID-19 before they start to travel. For people requiring testing prior to leaving Timor-Leste (not because they have symptoms or they are contacts), this can be regarded as ‘voluntary testing’. This process is not part of surveillance, but the data could be supplementary to the testing data. Epidemiological information should be collected on all testing that is done to describe the gaps in testing or target populations with low testing rates.

7. Data collection, analysis and dissemination

Information on quarantined individuals in the country, contacts of suspected or confirmed cases, and situation of COVID-19 in the country will be monitored, collected and updated daily using electronic COVID-19 information system. The surveillance unit of the Ministry of Health shall lead, organize and collect daily health monitoring data from all quarantined individuals and contacts of laboratory confirmed or probable cases using a standard data collection form from all over the country. This along with daily summary of cases and laboratory tests shall be updated in the COVID-19 electronic data system.

7.1 Confidentiality

All data collected for the purposes of disease surveillance and public health management remains confidential. This is essential in order to maintain the public’s trust in the public health system. This means that:

- Personal data (including names, dates of birth, gender, age, addresses, family status, infection status, exposure status) of cases, suspected cases, and contacts of COVID-19 affected patients must be kept confidential.
- Personal data should be stored securely at all times, in work areas without public access, and specifically in password-protected computers and locked filing cabinets.

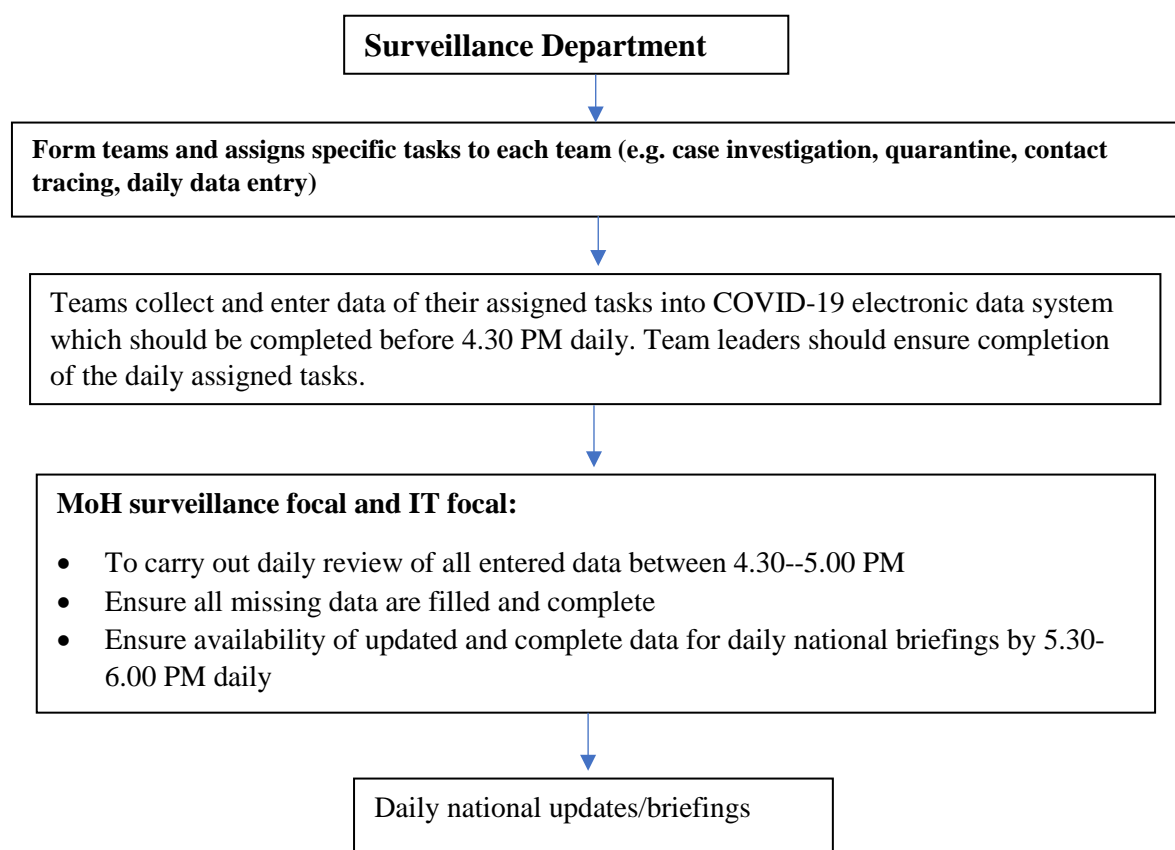
- Only staff who need to use the personal data for disease surveillance and public health management should have access to it. Staff who work in the Surveillance Department do not automatically have the right to see personal data if it is not within their direct and immediate professional responsibility.
- Staff who have access to personal data must not reveal it to other staff or anyone outside the Surveillance Department unless there is a legal request to do so. This includes mentioning any details of cases, suspected cases or contacts to the media (e.g. journalists), social media (e.g. Facebook) or in casual conversation to friends, family members or others.
- Any staff who reveal personal data to other people will be severely reprimanded for breaching confidentiality

7.2 Data management teams and roles and responsibilities

Teams	Roles and responsibilities	Logistics needs
Data entry team for quarantined individuals	<ul style="list-style-type: none"> • Ensure daily data collection from all the quarantine facilities ASSIGNED to the team • Liaise with municipality teams and compile daily data of municipalities (if applicable) assigned to the team • Enter complete data into the COVID-19 electronic data system before 4.30 PM everyday • Identified team leader to coordinate and ensure completion of daily tasks 	<ul style="list-style-type: none"> • Laptops/computers to each team member • Fast internet facilities • Mobile pulsa • Face masks and alcohol-based hand sanitizers
Data verification teams (MoH surveillance and IT focals)	<ul style="list-style-type: none"> • Carry out daily review of all entered data by different teams between 5-5.30 PM • Ensure all missing data are filled and complete • Clean data • Ensure availability of updated and complete data for daily national briefing by 9am. 	<ul style="list-style-type: none"> • Computers with administrative rights to the COVID-19 electronic data system

The surveillance department of MoH shall form the following teams as shown in the table below, both at the national and municipality levels, to ensure timely collection, entry and generation of required information to guide actions and for providing daily updates to the nation:

Figure 3: Collection and dissemination of national COVID-19 related data and information



7.3 Daily situational dashboard indicators.

- Daily update of COVID-19 situation by total confirmed cases by gender and age, deaths and recovered; and total active cases by severity (mild and severe)
- Total no. of tests conducted by results (positive, negative and indeterminant)
- Curves of epidemic, death and testing by date / week as appropriate.

8. Capacity building for surveillance and RRT

8.1 Training and refresher training

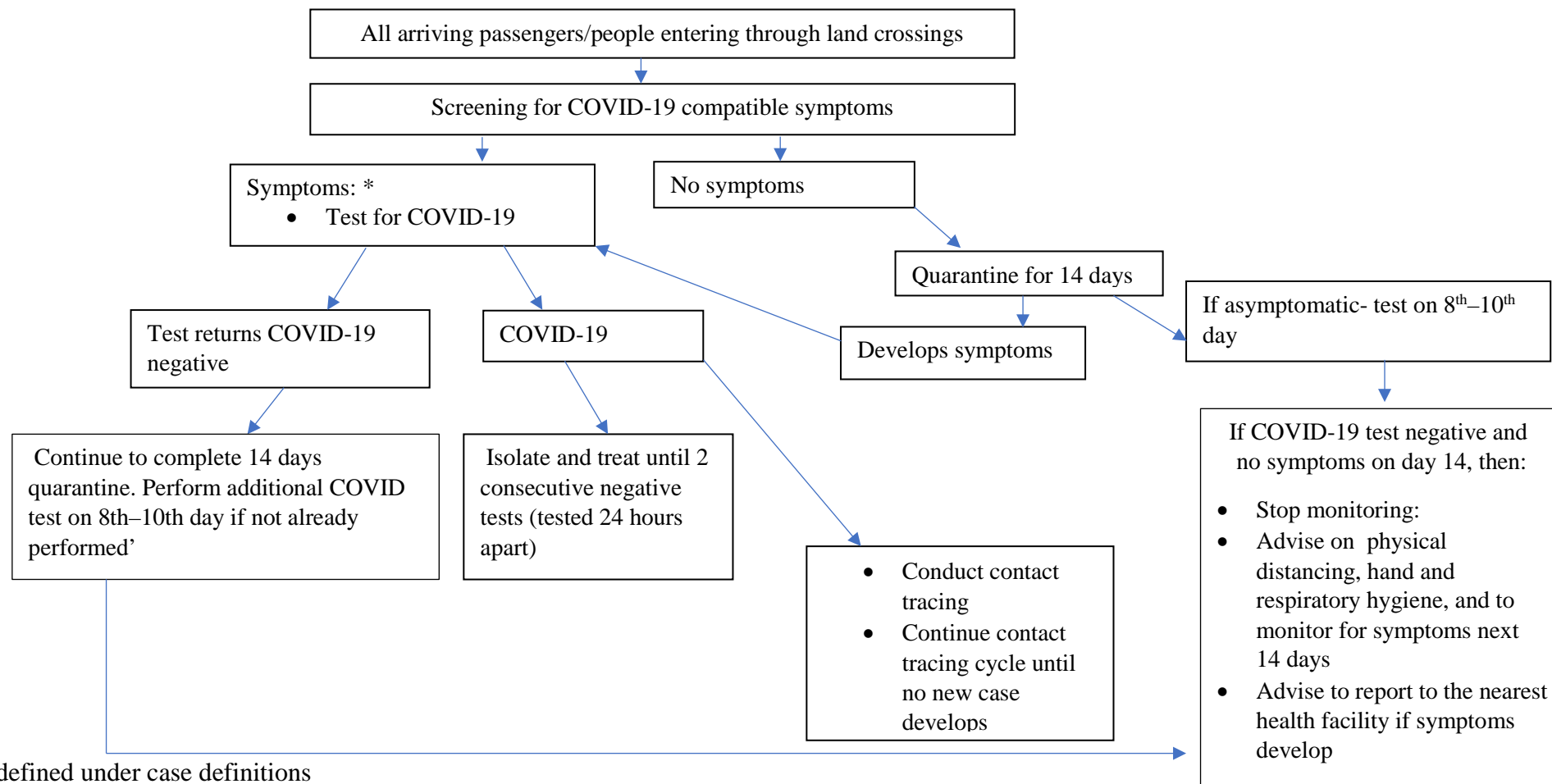
MOH and partners provide continuous training and refresher trainings for the surveillance, RRT and quarantine staff at national and sub-national levels. This includes the updated definitions of cases and contacts, procedures and skills for contact identification and tracing, standard operation procedures for quarantine at designated facilities or for home based quarantine, etc.

8.2 Exercises

In order to practice and reinforce the implementation of the guidelines stipulated in this document, different forms of trainings and exercises should be employed at national and sub-national levels. For example, table top exercises should be organized to define the responsibilities of different teams during the contact tracing. Drills can be conducted to strengthen the specific skills of donning and doffing of PPEs.

Annexures:

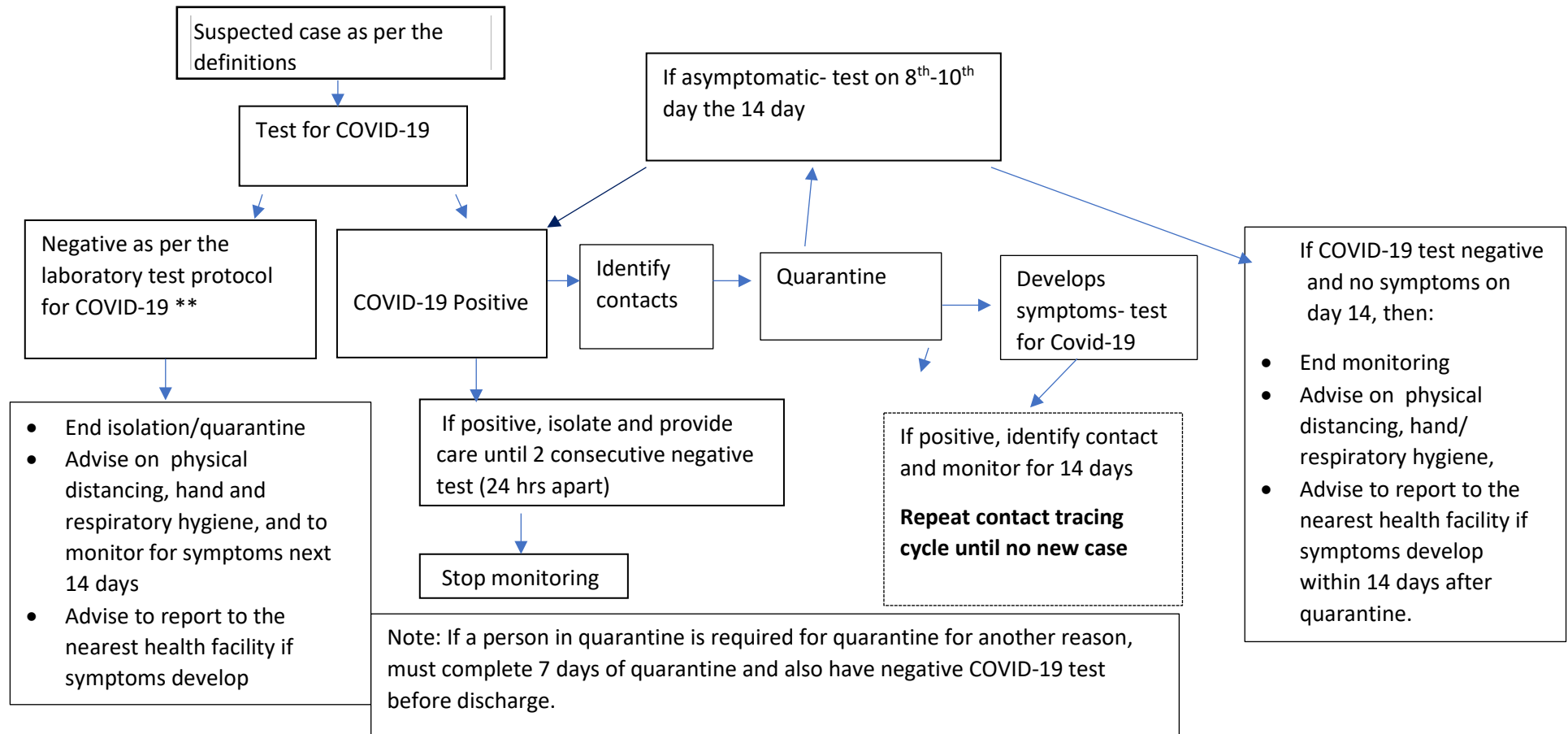
Annex 1: Surveillance at the points of entry (airports and ground crossings)



*As defined under case definitions

**<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance>

Annex 2: Case identification and contact management in health facilities



**<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/laboratory-guidance>

COVID-19 CONTACT INFORMATION FORM

Date of Onset of Symptoms (MM/DD): _____ / _____

List of Contact FROM D-2 TO D+14

Date from Onset	Date MM/DD	Contact1			Contact2			Contact3			Contact4			Contact5		
		Naran			Naran			Naran			Naran			Naran		
		Idade	Sexu (M/F)	Relationship	Idade	Sexu (M/F)	Relationship	Idade	Sexu (M/F)	Relationship	Idade	Sexu (M/F)	Relationship	Idade	Sexu (M/F)	Relationship
D-2																
D-1																
Onset Date																
D+1																
D+2																
D+3																
D+4																
D+5																
D+6																
D+7																
D+8																
D+9																
D+10																
D+11																
D+12																
D+13																
D+14																

Annex 4: Quarantine of individuals with potential exposure to COVID-19

Standard Operating Procedures

This document is informed by current knowledge of the COVID-19 outbreak and outbreaks of other respiratory diseases. It may require revision as more information becomes available. Decisions about who requires quarantine is made by the members of the Rapid Response, Surveillance or Contact Tracing teams.

Definition of Quarantine

Quarantine is used as one of several of public health activities to prevent the introduction of COVID-19 into new areas or to reduce human-to-human spread in areas where the disease is already present. It is used to enable monitoring of symptoms and promote early detection of cases while keeping people separate from others.

Quarantine involves the restriction of movement or separation from the rest of the population of a person *with no symptoms* who may have been exposed to the virus. Quarantine is different to isolation, which is the separation of sick persons from others.

Legal Framework

The Timor-Leste Government Resolutions during the pandemic enshrines the authority to impose mandatory quarantine for both people returning to Timor-Leste from other countries and those who may have been exposed in country. Quarantine is included within the legal framework of the International Health Regulations (2005). Timor-Leste remains fully respectful of the dignity, human rights and fundamental freedom of persons.

When to use quarantine

Introducing quarantine measures early in an outbreak may delay the introduction of the disease to a country or area or may delay the peak of an epidemic in an area where local spread is occurring.

In Timor-Leste quarantine for 14 days following the last time of exposure is currently recommended for people who:

- Have returned to Timor-Leste from any country; or
- Have been in contact with a laboratory-confirmed or suspected case of COVID-19.

These recommendations may change over time. Certain exemptions apply.

Definition of a contact

Please see the TLS Surveillance guidelines for the most up to date definition of a contact.

Communication

If a person is required to remain in quarantine, they will be provided with:

- A clear reason why they are being required to stay in quarantine, including information on COVID-19 in accessible language and formats, including for children who might be in quarantine;
- Information about the quarantine process, the rules they need to follow and any consequences for breaking those rules;
- Information about the services provided to persons in quarantine, including using visual tools and simple language targeting different groups and information on the mechanism and process for reporting any concerns or complaints.

- Information specifically for women, children, adolescents, persons with disabilities and members of LGBTI community on measures to ensure their safety, non-discrimination and security in quarantine areas.
- Information about support mechanisms available to women, children and adolescents.
- Health care services, including psycho-social support, and support services for anyone experiencing gender-based violence;
- Basic needs, including food (3x a day), water and other essentials.

Communication with the wider community should occur so that people are aware of why quarantine is occurring, addressing fears of potential exposure risks to the community and taking explicit measures to reduce stigma and discrimination against persons in quarantine.

When to consider ceasing quarantine actions

Quarantine facilities require considerable time, effort, staff and money. If the COVID-19 reaches the stage where quarantine is no longer an important priority, such as during widespread community transmission, then these resources are better used to support the essential services or the COVID-19 response. The decision to cease quarantine will be taken relevant government departments. Those completing quarantine period will also be issued a certificate of completion by the Ministry of Health. Decisions on quarantine policies should be communicated using various official channels and diverse formats to ensure timely and accurate information is made available to different sub-groups in the population.

Suitable settings for quarantine

Possible settings for quarantine include hotels, dormitories, other facilities catering to groups, or the contact's home. Regardless of the setting, an assessment must ensure that the appropriate conditions for safe and effective quarantine are being met.

Suitable Home Quarantine:

Home quarantine may be recommended and approved by the MOH surveillance team following evaluation of the person's home situation, including their physical and psychological safety at home.

Home quarantine requires:

- The person to not leave the home for any reason
- The person to have access to the required daily food, water and other essential items, including in regard to menstrual hygiene management
- a well-ventilated single room, or if a single room is not available, beds at least 1m apart
- the ability to maintain a distance of at least 1 metre from other household members at all times,
- Separate handwashing and toilet facilities for the person in quarantine OR the ability to maintain adequate infection prevention in shared amenities (eg separate hand towels, regular cleaning)
- The ability to minimize the use of shared spaces and cutlery
- Well ventilated shared spaces (such as the kitchen and bathroom).
- That there be no people vulnerable people in the household (vulnerable people include older people (>60 years old), and anyone with underlying illnesses such as respiratory illness, heart disease, diabetes, or compromised immune systems.
- Confidence that a person understands the quarantine rules and will follow them
- The ability for daily health checks by the surveillance team (by phone or in person)

Suitable quarantine facilities

A suitably quarantine facility:

- Keeps those in quarantine physically separate from the rest of the community and secure
- Is able to supply adequate food, water and hygiene for the quarantine period, including segregated and safe WASH facilities, with provisions for menstrual hygiene management, lighting, and accommodation for breastfeeding mothers
- Can follow minimum infection prevention and control
- Can enable minimum monitoring of the health of quarantined persons, including in relation to psychological well-being
- Can enable appropriate medical treatment for existing conditions and referral services for responding to survivors of gender-based violence
- Be adequately ventilated
- Can follow waste management protocols
- Can secure the safety of all persons in quarantine from violence and discrimination and ensure that all staff agree to a Code of Conduct, which includes the prevention of gender-based violence, sexual abuse and exploitation.
- Identifies and trains health service providers in implementing procedures to prevent sexual exploitation and abuse and provide appropriate responses to survivors of gender-based violence
- Has single rooms where possible, with attention to keeping children with caregivers. If single rooms are not possible, beds should be placed at least 1 metre apart. Rooms should have a window with curtain for privacy and internal locks.
- Has hand hygiene and toilet facilities attached to all rooms where possible. For shared toilet facilities, there should be sufficient privacy and security for women, children and adolescents, including:
 - Close/attached to their sleeping rooms/areas
 - Separated from males' facilities
 - Not close to or passing males' rooms
 - Secured with internal latches and locks
 - Have adequate lighting
- Allows for physical distancing (at least 1 metre) between all persons who are in the quarantine facility
- Has capacity to put in place and monitor accessibility measures for ensuring the safety and well-being of persons with different forms of disabilities in quarantine
- Allows protection for baggage and other possessions
- Allows communication in a language that the person being quarantined can understand, with an explanation of their rights, rules, and what will be made available to them. (see attachment A – Instructions for those in quarantine)
- Has contact information for local embassy's or consular support available
- Has feedback mechanisms accessible to the person being quarantined and monitored by an independent body (e.g. PDHJ, Commissioner on the Rights of the Child, civil society, community groups, etc)
- Support communication of person in quarantine with family members outside the quarantine facility
- Allows access to the internet, news and entertainment, where possible.

Minimum infection prevention and control measures.

The following infection prevention and control measures should be used to ensure a safe environment for quarantined persons.

All people in the facility, including staff, should:

- perform hand hygiene frequently, particularly after coughing, sneezing or blowing their nose, after going to the toilet, and before eating or drinking. Hand hygiene includes cleaning hands either with soap and water OR with an alcohol-based hand rub.
- practice respiratory hygiene (covering their nose and mouth with a bent elbow or paper tissue when coughing or sneezing and then immediately disposing of the tissue).
- Not touch their eyes, nose and mouth.
- Not share items such as phones or cutlery without washing in between use

If members of the same household are being quarantined together (eg. husband and wife, parents and children), they do not need to physically distanced from each other. They do not need to wear any type of mask if they are well when they are only with their household members.

People who are being quarantined should remain physically distanced from others who are not in the same household and are also in quarantine. If they remain more than 1 metre apart from others who are not in their household, then they do not need to wear a mask.

Any person in quarantine who develops fever, cough, sore throat or shortness of breath at any time during the 14 days should be managed as a suspected case of COVID-19

COVID-19 testing of people in quarantine

All quarantined individuals who are asymptomatic should undergo a COVID-19 test on or around the tenth day of quarantine. If the result is negative, and they remain asymptomatic, then they can safely leave the quarantine facility on day 14.¹ (see the surveillance guidelines for details)

Cleaning protocols for Quarantine facilities

Cleaning and disinfection procedures must be followed consistently and correctly. Cleaning staff need to be educated about and protected from COVID-19 and ensure that surfaces are regularly and thoroughly cleaned throughout the quarantine period.

1. Clean floors daily with soap and water and wash with a household disinfectant containing a diluted bleach solution.
2. Clean and disinfect frequently touched surfaces daily with regular household disinfectant containing a diluted bleach solution. This includes door handles, bedside tables, bed frames, taps, window frames and other frequently touched surfaces
3. Clean and disinfect bathroom and toilet surfaces at least once daily with regular household disinfectant containing a diluted bleach solution.
4. Clean clothes, bed linens, and bath and hand towels using regular laundry soap and water or machine wash at 60-90 °C (140–194 °F) with common laundry detergent, and dry thoroughly.
5. Cleaning personnel should wear disposable gloves when cleaning surfaces, handling used plates, cutlery or other personal items, or handling clothing or linen soiled with body fluids. They should perform hand hygiene before putting on and after removing their gloves.
6. Waste from quarantine facilities should be disposed of as infectious waste and not in an unmonitored open area.

Note: A diluted bleach solution is 1 part bleach to 99 parts water. For surfaces that cannot be cleaned with bleach, 70% ethanol or an appropriate local product can be used.

¹ [https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/considerations-for-quarantine-of-individuals-in-the-context-of-containment-for-coronavirus-disease-(covid-19))

Focal Point responsibilities for Quarantine facilities

- Check that there are enough staff to provide adequate food, water and cleaning for the number of people in the facility, with attention to providing health workers and supporters of the same sex as persons in the quarantine area and female security officials in the quarantine areas for women, children and adolescents.
- Check that daily needs are being met for people in the facility – food, water and hygiene
- Check that all staff working at the facility have had training in standard infection prevention measures (hand and cough hygiene, use of gloves) and staff working in the quarantine centers are clearly identified by a uniform or name tag.
- Check that cleaning protocols are being followed and that reporting mechanisms are in place for persons in quarantine to report if they are not followed.
- Check that malfunctioning equipment and amenities are promptly repaired (eg toilet, taps) or the person moved to a different room.
- Check that each person in quarantine has been given information on why they are in quarantine and what actions they need to take while in quarantine to prevent the spread of disease (see appendix 1 – Instructions for people in a quarantine facility)
- Check that staff and each person in quarantine know to report any symptoms of COVID-19 and who they need to report that to
- Check that anyone who reports being unwell is receiving rapid medical attention
- Check that anyone with a pre-existing medical condition is receiving appropriate treatment while in the facility
- Ensure there is a daily check on the health of each person in quarantine including temperature and asking about symptoms (See appendix 3 – Daily checklist for each door in a quarantine facility)
- Check that medical masks are available for anyone who develops symptoms
- Check that physical distancing measures are being strictly followed within the facility. This includes remaining 1 metre apart from people who are not normally in the same household and no more than 5 people gathering in a single shared area.
- Oversee security so no person in quarantine leaves the facility during their 14-day period,
- Ensure facilities uphold protection of all persons in quarantine, taking specific measures to ensure women and children are not at risk of sexual exploitation and abuse, harassment or other forms of gender-based violence at the facility (by either staff or other persons in quarantine)
- Check that families are being housed together where possible (monitoring for signs to reduce risk of women and children experiencing domestic violence when contained)
- Check that people in shared rooms are in suitable combinations where possible (eg check gender, religion)
- Check that persons representing marginalized groups in quarantine (especially women, children and persons with disabilities) do not face additional barriers due to accessibility of facilities, services or other barriers (e.g. discrimination or stigma)
- Oversee professionals who are monitoring for issues of gender-based violence and sexual exploitation and abuse, as well as helping women and girls to access services through the referral pathway, if that is needed.
- Check that people in quarantine can communicate with their families outside the facility
- Assist people in quarantine with activities. This may include
 - The provision of paper and writing or drawing materials
 - Ensuring any available TV is working
 - Arranging WIFI access

Encourage appropriate physical activity for quarantined individuals², including providing instructions on how to exercise or suggestions for exercise apps Giving suggestions for staying connected with family and friends

Acknowledgements

This SOP was adapted for the Timorese setting from the World Health Organisation - Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19) Interim guidance 19 March 2020

² <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/technical-guidance/stay-physically-active-during-self-quarantine>

STOP COVID – 19!

Instructions for people in a Quarantine Facility

You have been identified as being at risk of developing COVID-19. You may have been in another country or been in contact with someone who has COVID-19. Because this disease is very serious and contagious, you have been asked to remain in a quarantine facility for 14 days, until we know you do not have the disease. This protects everyone in Timor from the disease spreading. Not following the instructions below can result in sanctions.

While in quarantine, you will be provided with, for free:

- A secure room to sleep in with an internal lock. This may be shared with other people of the same gender, or your family members.
- Access to a secure, clean and functioning toilet and shower facility to be shared with persons of your same gender identity,
- Food, drink, and basic needs (e.g toiletries and hygiene kit)
- Medical assistance if you need it, including access to social supports and assistance
- Information on what you can expect from the health, security and other personnel working at the facility and how you can report any concerns or problems
- Access to phone credit to communicate

Food will either be delivered to your room or you will need to go to a dining area to collect or eat it. During the time in any shared space you will need to remain at least 1metre away from anyone else. There should be a maximum of 5 people in the shared space at any time.

You will be expected to:

- Not leave the quarantine facility at ANY time in the next 14 days
- Wash your hands regularly with soap
- Cough and sneeze into your elbow
- Stay more than 1 metre away from other people in the quarantine facility AT ALL TIMES
- Avoid touching your face
- Avoid sharing personal items such as phones or cutlery
- Have your temperature taken every day
- Stay in your room as much as possible
- Do not have more than 5 people together

You will not be required to wear a mask if you are well.

If you show symptoms of COVID-19 (fever, cough, sore throat or breathlessness) you will be expected to:

- Alert the focal point so that medical assistance can be obtained
- Wear a mask
- Remain in your room

Even if you are well, you will be strongly recommended to have a COVID-19 test on or around the 10th day of your quarantine. If the result is negative and you are well on day 14, then you can safely leave the quarantine facility.

Need some help? Helpful contacts:

Facility Coordinator: XXXX

Reporting Complaints to Provedor for HR and Justice (PDHJ): XXX

If you are facing violence or abuse: XXXX (Link to Hamahon App as well)

(see the brochure distributed to the room for detailed information)

Suggestions for things you can do while in quarantine:

- Watch TV if available
- Talk on your mobile phone
- Talk to other people from 1 metre away
- Exercise by yourself – yoga, push-ups, running on the spot
- Reading
- Prayer or Meditation
- Walk in the garden (if one present and can stay more than 1 metre away from other people)
- Write a story or a letter
- Draw a picture
- Play card games by yourself
- Video yourself singing a song and send it to a friend

**Thank you for your cooperation in protecting
the people of Timor-Leste from COVID-19**

STOP COVID – 19!

Instructions for those in Home Quarantine

You have been identified as being at risk of developing COVID-19. You may have been in another country or been in contact with someone who has COVID-19. Because this disease is very serious and contagious, you have been asked to remain in home quarantine for 14 days, until we know you do not have the disease. This protects everyone in Timor from the disease spreading. Not following the instructions below can result in sanctions.

While in quarantine, you will be expected to:

- Not leave your house at ANY time in the next 14 days
- Stay more than 1 metre away from other people in your home AT ALL TIMES
- Wash your hands regularly
- Cough and sneeze into your elbow
- Avoid touching your face
- Avoid sharing personal items such as phones or cutlery
- Report to the surveillance team about your health every day by phone or in person
- Stay in a well-ventilated single room, or if a single room is not available, in a beds at least 1m apart from any others
- Use separate handwashing and toilet facilities OR maintain careful infection prevention in shared amenities (eg separate hand towels, regular cleaning)
- Any person who touches your clothing, bedding, personal items or bedroom and bathrooms surfaces for cleaning purposes should use gloves and practice hand hygiene afterwards.

You will not be required to wear a mask if you are well.

If you show symptoms of COVID-19 (fever, cough, sore throat or breathlessness) you will be expected to:

- Alert the surveillance team so that medical assistance can be obtained
- Wear a mask
- Remain in your room

Even if you are well, you will be strongly recommended to have a COVID-19 test on or around the 10th day of your quarantine. If the result is negative and you are well on day 14, then you can safely leave the quarantine facility.

Need some help? Helpful contacts:

Community Focal Point: XXXX

Reporting Complaints related to surveillance team or services received to Provedor for HR and Justice: XXX

If you need social support or someone to speak with: XXXX (Link to Hamahon App as well)

Suggestions for things you can do while in quarantine:

- Watch TV if available
- Talk on your mobile phone
- Talk to other people from 1 metre away
- Exercise by yourself – yoga, push-ups, running on the spot
- Reading
- Prayer or Meditation
- Walk in the garden (if one present and you can stay more than 1 metre away from other people)
- Write a story or a letter
- Draw a picture
- Play card games by yourself
- Video yourself singing a song and send it to a friend

**Thank you for your cooperation in protecting the
people of Timor-Leste from COVID-19**

OINSÁ UZA PPE

Oinsá uza PPE (Equipamentu Protesaun Pesoal) Ho Seguro

Oinsá uza Respirador P2 / N95



ETAPA 1

HASAI HOTU BRINKUS, KADELI NO RELÓGIO

- Taka kanek ka nakles iha isin ho ligadura/hendiplast
- Labele uza liman kukun falsu ka vernis



ETAPA 4

MASKER/RESPIRADOR

- Ho liman-fuan buti tun neneik masker iha parte inus no hasan atu bele taka
- Labele buti tun makas
- Koko tan se masker takametin (hare Etapa 4A).
- Masker ka respirador hanesan P2 / N95 sira iha modelu oin oin no cada vez masker balun la too/taka metin ba ema balun
- Tenki hili masker nebe to'o ba ita
- Se ita iha asrahun, masker sei la taka metin



BELE HARE
VIDEO IHA NE'E

Facebook.com/NatTraumaCentre/Videos



ETAPA 2

LIMAN MOOS

- Uza alcol atu halo liman moos
- Kose ho durasaun 20 - 30 segundos



ETAPA 4A

KOKO MASKER

- Koko dada no husik iss
- Atu hatene masker taka metin wainhira dada ka husik iss masker sei bok-an
- Se masker la bok-an wainhira dada ka husik iss, masker ne'e ladiak no **labele uza atu tama ba area nebe contaminada**



ETAPA 6

LUVAS

- Luvas tenki taka sae ba gown (roupa médico) nia liman leten atu labele husik isin kulit sai



ETAPA 3

GOWN (ROUPA MÉDICO)

- Uza gown (roupa médico) nebe lafo borus ba likidu ruma, tenki liman naruk, no naruk ba ain atu taka ita nia roupa



ETAPA 5

OKULO PROTESAUN

- Wainhira tau okulo protesaun ba matan, koko fali masker se masker la bok-an iha oin



ETAPA 7

PARA NO KOKO

- Relax no koko okulo protesaun, masker no gown taka metin no seguro
- Labele kaer ita nia oin wainhira uza ona PPE

OINSÁ HASAI PPE

(Equipamento Protesaun Pesoa)

Oinsá uza *PPE* ho seguro

Halo ho konsistensia. Labele ansi. Tenke konsentra.



ETAPA 1

HASAI LUVAS

- Hasai luvas ho kuidadu tamba luvas liur kontamina tia ona
- Soe luvas ba lixo médico



ETAPA 2

LIMAN MOOS

- Uza alcol atu halo liman moos
- Depois husik alcol maran iha liman



ETAPA 3

HASAI OKULO PROTESAUN

- Kaer iha okulo nia kain atu hasai okulo husi matan
- Lebele kaer okulo nia vidro iha liur



ETAPA 4

OINSA HASAI GOWN (ROUPA MÉDICO)

- Labele kaer gown liur ka area nebe kontamina, kaer husi gown nia laran
- Kaer husi laran depois hika ba liur atu liman labele kaer gown nia liur
- Depois soe gown ba lixo médico



ETAPA 5

LIMAN MOOS

- Hare Etapa 2



ETAPA 6

OINSA HASAI MASKER KA RESPIRATOR

- Hases aan husi kaer masker ninia area oin
- Kaer deit masker ninia talin elastiku ne'e
- Hasai ho diresaun ba kraik no dook husi oin
- Soe tama ba lixo médico



ETAPA 7

LIMAN MOOS

- Hare tuir Etapa 2



**BELE HARE
VIDEO IHA NE'E**

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