

# Iran's experience in controlling and managing COVID-19: A lesson for developing countries

In Iran, on February 19, 2020, two patients in Qom were identified as the first sample of patients with COVID-19. After that, the disease spread to other provinces such as Tehran, Isfahan, and Semnan and shortly afterward to 31 provinces of the country.<sup>[1,2]</sup>

In Iran, screening was started with high-risk individuals including the elderly, pregnant mothers, people with underlying disease (diabetes, high blood pressure, immunodeficiency, etc.), and people with body mass index >40 kg/m<sup>2</sup>. Launching the website [www.salamat.gov.ir](http://www.salamat.gov.ir) to screen people at home and refer them to the nearest health-care center based on the defined coverage, was the first step in case finding. If a person is identified as a suspect based on a system screening and has an electronic health record, information will be sent to the health-care provider to track his/her health situation. Health-care providers are required to contact the person for further assessment and care. If there are no suspicious cases at home, the necessary information (principles of personal hygiene, symptoms, and how to receive services if needed) will be provided to the family members and the emphasis will be on staying at home and not attending meetings and crowded centers.<sup>[3]</sup>

In the second screening method, the contact number of the head of the household in the integrated health system (SIB) system will be called by 4030 hotlines, and the relevant questions about the health status of that person and other members of his/her family will be asked. This information is also recorded in the system, and people who have had suspicious symptoms will be contacted and a text message will be sent to them. In the third method, the people themselves go directly to the medical centers and express their symptoms.

Comprehensive urban and rural health-care centers, which cover a population of >5000 people and are 1 h away from the first medical center in these areas, provide service 16 h a day, until 12 noon. People who have symptoms of acute respiratory illnesses, such as cough, high fever, and shortness of breath, or who have been in the affected provinces, can check up their health condition by attending these centers and

can be examined by a physician. Based on the health status and clinical symptoms, people are divided into three groups: requires hospital referral, high-risk outpatients, and patients who need home care.

All people in close contact with the affected person are monitored daily and educated by a health-care provider and evaluated for the presence of any of the symptoms such as cough, chills, sore throat or fever, and shortness of breath. If there are any symptoms, they would be referred to a comprehensive health service center.<sup>[4,5]</sup>

According to the available evidence, considering the number of patients and their consequences, it seems that this system of case finding and follow-up in developing countries and in conditions of limited resources, can help prevent and control COVID-19.

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## REFERENCES

1. Ministry of Health and Medical Education, Public Relations and Information Center. Death of Two Patient with New Coronavirus in Qom. Tehran: MoHME; 2020.
2. Raoofi A, Takian A, Sari AA, Olyaeemanesh A, Haghghi H, Aarabi M. COVID-19 pandemic and comparative health policy learning in Iran. *Arch Iran Med* 2020;23:220-34.
3. Education MoHaM, editor. National Guidelines for Combating

- COVID-19. Tehran: Education MoHaM, 2020. p. 1-25.
- Iranian Ministry of Health and Medical Education. Guidelines for Early Diagnosis, Care and Outpatient Treatment of COVID19. In: Treatment Do. Tehran: Ministry of Health and Medical Education; 2020.
  - Abdi M. Coronavirus disease 2019 (COVID-19) outbreak in Iran: Actions and problems. *Infect Control Hosp Epidemiol* 2020;41:754-5.

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