

From

The Director General Health Services,
Haryana, Swasthya Bhawan, Sector 6, Panchkula,
E-mail: dhs.idspdatam@hry.nic.in

To

All Civil Surgeons,
Haryana.

No. 32/3-IDSP/2020- 1917-38

Dated: 03/07/2020

Subject: Regarding guidelines of surveillance of COVID 19 in Haryana.

In Continuation of Letter No. 32/3-IDSP/2020-137-59 dated 24/01/2020 vide which it was conveyed that IDSP has to put travelers coming from affected areas of COVID-19 are to be put under surveillance as per GOI protocol and reporting format were also shared with the letter. Now as you know that positive cases are reported from our State so we need to emphasize more on contact tracing activity under Surveillance. In this context, we are sending you detailed instructions that how to carry out surveillance in present situation.

Updated Case Definitions

1. **Suspect Case:** A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath)}, AND A history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

A patient/Health care worker with any acute respiratory illness AND having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

A patient with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath)} AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation;

OR

A case for which testing for COVID-19 is inconclusive.

Action to be taken at District level

- Put suspect case into isolation ward designated exclusively for suspect cases of COVID19 and take sample according to the lab protocols already shared, observing proper personal protection protocol and send sample for testing at approved Lab.
 - Patient will remain in isolation ward till result of report declared, if result comes negative assess clinical condition of the patient and put under **Institutional quarantine (High Risk) /home quarantine (Low Risk)**.
2. **Laboratory Confirmed case:** A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Action to be taken:

- Shift person into isolation ward designated exclusively for Confirmed COVID19 cases.
- Manage case according to Clinical Management Protocols.
- When recovered then discharge according to discharge policy and put patient under 14 days **home quarantine**.

Contact Tracing On getting information about positive case IDSP team has to trace contacts of positive case according to the definition of contacts provided below. Then categorize them into High Risk and Low Risk. High Risk Contacts are to be kept in quarantine facility and low risk contacts are needed to put under home quarantine.

Definition of Contact: A contact is a person that is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).

- Traveling together in close proximity (1 m) with a symptomatic person who later tested positive for COVID-19.

High Risk Contact:

- Touched body fluids of the patient (Respiratory tract secretions, blood, vomit, saliva, urine, faeces)
- Had direct physical contact with the body of the patient including physical examination without PPE.
- Touched or cleaned the linens, clothes, or dishes of the patient.
- Lives in the same household as the patient.
- Anyone in close proximity (within 3 ft) of the confirmed case without precautions.
- Passenger in close proximity (within 3 ft) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours.

And/ or

- Elderly (Age more than 60 years)
- Hypertensive
- Diabetic
- Asthmatic
- And any other condition leading to potential immunodeficiency.

Action to be taken

- Put contact into quarantine facility designated for high risk contacts and take sample of high risk contact on 14th day of quarantine by observing proper personal protection protocol and send sample for testing.
- Contact will remain in quarantine facility till result of report declared, if result comes negative, discharge person and keep them under **home quarantine**.

Low Risk Contact:

- Shared the same space (Same class for school/worked in same room/similar and not having a high risk exposure to confirmed or suspect case of COVID-19).
- Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure

Action to be taken

- Put contact into **home quarantine**.

Surveillance Protocol

The various persons shall be put on surveillance in the following facilities as per the following matrix :

	Home Quarantine	Institutional Quarantine	Isolation for Suspected cases	Isolation for confirmed cases
Category (Confirmed Case)				
Category (Suspect Case)				
Category (High Risk Traveller or Contact)				
Category (Low Risk Traveller or Contact)				

Important Directions

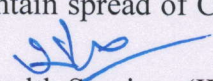

- **Designate one officer** for filling **Case Investigation form** (enclosed at Annexure A along with SOP and Letter from GOI) of the positive confirmed COVID19 case. This form filling will be based on interview of clinician and telephonic interview with patient. Officers can be **District Immunization Officer or Urban Nodal Officer** along with one nodal person of isolation facility where patient is admitted as they are already familiar with case investigation form. **WHO will provide technical support for the same.**
- **Model Micro Plan received from GOI is enclosed at Annexure B.** In it there at Annexure II and III at Page 15 and 16 along with appendix V and IX i.e page no. 19 and 24 respectively for the data collection and reporting of Surveillance during Containment and Local Active Surveillance. It will **be filled by DSO in coordination with DIO.**

- In case of referral of positive case to higher medical institute / tertiary health facility then Annexure VI(of attachment Annexure B) on page 20 has to filled by the clinician.
- If person under home quarantine remains asymptomatic after 14 days of observation, he/she should be advised/ requested to self-monitor for development of symptoms like fever, cough and/or breathing difficulty for next 14 days.
- Surveillance reporting period is 28 days. If a person remains asymptomatic after 28 days of observation no further action is required.
- If person becomes symptomatic any time during Home Quarantine and Institutional Quarantine or in self monitoring time, then he/she shall be categorized as suspect case and shifted to isolation facility for suspect cases for further investigation and management.
- **All low risk contacts** to be tracked, home quarantined and lab-tested only when symptoms appear.
- **All high risk contacts** to be tracked, quarantined in quarantine facility and lab-tested.
- Kindly mention the information of completion of 28 days (for travelers/contacts) in the **remark column** mentioned in the line listing (Format B).
- Information regarding any change in the status of the positive patient like getting critical or discharged from the facility should be shared with State Surveillance Unit **immediately**.

All reports related to surveillance activities need to be sent at dhs.idspdatam@hry.nic.in along with consultantidsphry@gmail.com upto 11:00 AM daily.

All reports related to lab and samples need to be shared at dhs.idspdatam@hry.nic.in along with covidlabhry@gmail.com upto 11:00 AM daily.

Hence, you are requested to ensure all above mentioned directions are to be followed strictly in your district so that Health Department can contain spread of COVID-19 infection efficiently.

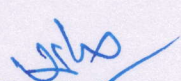


o/c Director Health Services (IDSP),
O/o Director General Health Services,
Haryana, Panchkula. 

Endst. No. 32/3-IDSP/2020- 1939-40

Dated: 03/04/2020

A copy is forwarded to the following for information, please:

1. PA to Mission Director , National Health Mission,Haryana
2. PA to Director General Health Services, Haryana.


o/c Director Health Services (IDSP),
O/o Director General Health Services,
Haryana, Panchkula. 



Dr. Sujeet K Singh
MD, DCH
Director



सत्यमेव जयते

भारत सरकार

राष्ट्रीय रोग नियंत्रण केन्द्र
(स्वास्थ्य सेवा महानिदेशालय)

स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार
22, शाम नाथ मार्ग, दिल्ली - 110054

Government of India

NATIONAL CENTRE FOR DISEASE CONTROL

[Formally Known as National Institute of Communicable Disease (NICD)]

Directorate General of Health Services

Ministry of Health & Family Welfare, Government of India
22, Sham Nath Marg, Delhi-110054



Direct: 00-91-11-23913148

23922132 Fax: 23922677

E-mail: dirnicd@nic.in, sujeet647@gmail.com

Website: www.ncdc.gov.in

www.idsp.nic.in

File No: T-18015/307/2020-IDSP

Dated the: 31st March 2020

Sir/Madam,

First of all, I would like to congratulate you for putting up an tremendous work in containment of COVID-19 in your States. In view of the upsurge in number of COVID-19 cases in India with rise in involvement of multiple States and Union Territories, there is huge requirement of Human Resources for management of correct data for analysis and decision making at the competent authority level.

It becomes difficult to get clarity on picture for the country when the data is either incomplete or not clear. In this regard, an expert committee has decided to revise the case investigation form (CIF) which is enclosed with this letter and you can take support of WHO-NPSP to get the CIF filled for all the confirmed and suspected cases in your State. Standard Operating Procedure (SOP) for filling up of the CIF has been attached for your reference.

The filled CIFs need to be shared with the Central Surveillance Unit (CSU), IDSP NCDC for better utilization of data for further policy decisions.

With regards,

Enclosures:

1. Case Investigation Form for COVID-19 (CIF)
2. SOP for filling the Case Investigation Form

Yours sincerely,

(Sujeet Kumar Singh)

To,

Mission Director of all States/UTs

Copy for information to:

1. Principal Secretary Health and Family Welfare of all States/UTs
2. State Surveillance Officers of all States/UTs
3. WHO Representative to India, India Country Office
4. Team Leaders WHO-NPSP of all States/UTs



Antibiotic Resistance Containment Stewardship: Our Role, Our Responsibility
Judicious Use of Antibiotic: Key to Contain Antibiotic Resistance



EPID Number filled at district
COV-IND-_____

Form A
NATIONAL CENTRE FOR DISEASE CONTROL
(To be filled COVID-19 Acute Respiratory Disease)

CENTRAL CASE NUMBER
To be filled at NCDC

A	PATIENT INFORMATION				
1.	Name of patient:	Age: ____yr ____mo (____/____/____) Gender: M/F	Date of interview:		
2.	Name of Health Facility where isolated:	District (Isolation facility):	State (Isolation facility):		
3.	Name of interviewer	Designation of interviewer:	Contact Number of interviewer:		
4.	Case Classification: Confirmed <input type="checkbox"/> Suspect <input type="checkbox"/>				
5.	Current status of case: Stable <input type="checkbox"/> Admitted in ICU <input type="checkbox"/> Deceased <input type="checkbox"/>				
B	SOCIODEMOGRAPHIC PROFILE				
	Nationality: Indian		Non-Indian (Name of country) _____		
	Father's name:	House No.	Setting: Rural / Urban		
	Village/Mohalla: Block:	District: State:	Phone number: email id:		
C	CLINICAL INFORMATION				
1	Patient clinical course				
1.1	Date of Onset of symptoms: ____ / ____ / ____; Initial Symptoms:				
1.2	Details of contact with health facility after the date of onset				
	Name of facility:	1	2	3	4
	Address:				
	Phone number:				
	Dates case visited:				
	Did health facility report the case	Yes/No	Yes/No	Yes/No	Yes/No
1.3	Date of admission in isolation facility:				
1.4	Outcome (encircle): Under treatment/ Discharged/ LAMA/ Died		1.5 Date of outcome (if applicable) ____ / ____ / ____		
1.6	Cause of death (As mentioned in death certificate):				
2	Patient Symptoms at admission (encircle all reported)				
	a) Fever/chills	b) Sore throat	c) Nausea/Vomiting		
	d) General weakness	e) Breathlessness	f) Headache		
	g) Cough	h) Diarrhea	i) Irritability/confusion		
	j) Runny nose	k) Pain(encircle): muscular, chest, abdominal, joint	l) Any other(specify)		
3	Patient signs at admission: Details of following Signs to be taken from the case sheet if the patient is admitted				
	a) Temperature (in Fahrenheit):	b) Abnormal Lung X-Ray /CT scan findings: Yes / No	c) Coma: Yes / No		
	d) Stridor: Yes / No	e) Tachypnoea: Yes / No	f) Seizure: Yes / No		
	g) Redness of eyes: Yes / No	h) Abnormal lung auscultation: Yes/ No	i) Any other(specify):		
4	Underlying medical conditions (encircle all that apply)				
	a) COPD	b) Hypertension	c) Chronic neurological or neuromuscular disease		
	d) Chronic Renal Disease	e) Asthma	f) Heart disease		
	g) Bronchitis	h) Pregnancy (trimester)	i) Immunocompromised condition including HIV, TB		
	j) Malignancy	k) Post-partum (< 6 weeks)	l) Any other(mention)		
	m) Diabetes	n) Liver Disease	o) None		
D	EXPOSURE HISTORY				
5	Occupation (circle): Student/ Businessman/ Health care worker/Health care lab worker/ animal handler/ any other (specify).....				
6	H/O contact with COVID-19 case (encircle): Lab confirmed case of COVID-19 / Suspect case under investigation / No contact / Not known; (If contact with Lab confirmed case, mention its EPID number: COV-IND-_____)				
6.1	If contact is with lab confirmed COVID-19 case, then mention contact setting (encircle all that apply)				
	a) While taking samples/ other investigations	b) Visit to a place where COVID-19 cases are treated/ sampled (specify)			

c)	Clinical care of case (among HCW)	d) Immigration Staff at Point of Entry (details of place)	e) Housekeeping (Hospital)																									
f)	Caregiver of the case (specify details of case)	g) Living in the same household	h) Providing services to the household																									
i)	Living in the neighborhood	j) Others, Specify																										
7	Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) or COVID 19? Yes/No																											
8	Patient attended festival or mass gathering in last 1 month? (Yes/No/Unknown) if yes, specify:																											
E	TRAVEL HISTORY																											
9	Have you travelled outside India in the past one month? Yes/ No. If yes, then fill details in Q. 9.1 onwards else skip to Q.10																											
9.1	<table border="1"> <thead> <tr> <th>Name of the country (City)</th><th>Date of arrival</th><th>Date of departure</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Name of the country (City)	Date of arrival	Date of departure																						
Name of the country (City)	Date of arrival	Date of departure																										
9.2	Did you visit Wuhan (yes/no)	During your stay, did you visit any animal market? Yes/No																										
9.3	Date of arrival in India (Including transit flights in India): ____/____/____ Flight No: _____ Seat No: _____																											
10	Have you travelled within India in the past one month? Yes/ No. If no, skip to Section F																											
	If yes, details of places visited in chronological order; flight / train / vehicle number; seat/berth, coach number etc																											
a)	Place & Duration of stay:	Date of arrival: Date of departure:	Mode of travel: Details:																									
b)	Place & Duration of stay:	Date of arrival: Date of departure:	Mode of travel: Details:																									
c)	Place & Duration of stay:	Date of arrival: Date of departure:	Mode of travel: Details:																									
F	LABORATORY INFORMATION (to be obtained from treating physician/DSO)																											
11	Sample collected for confirmation of COVID-19 case: Yes / No, if Yes, fill the details and update the results																											
a)	<table border="1"> <thead> <tr> <th>Type of sample collected</th><th>Name of sample collection center</th><th>Date of sample collection</th><th>Sent to which Lab</th><th>Result (Positive/Negative)</th><th>Date of lab result</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type of sample collected	Name of sample collection center	Date of sample collection	Sent to which Lab	Result (Positive/Negative)	Date of lab result																			Reason if sample not collected:		
Type of sample collected	Name of sample collection center	Date of sample collection	Sent to which Lab	Result (Positive/Negative)	Date of lab result																							
b)	Name of lab that confirmed result:																											
G	CLINICAL COURSE (Complication) Encircle where applicable																											
12a)	Hospitalization: Yes / No	Date of hospitalization:																										
b)	ICU Admission: Yes / No	Date of ICU admission:	Date of discharge from ICU:																									
	Mechanical Ventilation: Yes / No	Date of mechanical ventilation Start: Date of mechanical ventilation Stop:																										
	ARDS: Yes / No	Cardiac failure: Yes / No																										
	Pneumonia by Chest X ray: Yes / No	Acute Renal Failure: Yes / No																										
	Consumptive coagulopathy: Yes / No	Other complication: Yes / No, if yes please specify:																										
H	PUBLIC HEALTH RESPONSE																											
a)	Total no. of high risk contacts: _____; No. of high risk contacts traced: _____; No. of samples collected in high risk contacts: _____; No. of high risk contacts developed symptoms _____; No. of high risk contacts tested positive: _____																											
b)	Total no. of low risk contacts: _____ No. of low risk contacts become symptomatic: _____ No. of low risk contacts tested: _____ No. of low risk contacts tested positive: _____																											

SOP (Standard Operating Procedures) for investigation of a suspected COVID- 19 case using Case Investigation Form (CIF)

Case investigation is crucial for the disease confirmation and to identify the magnitude of public health response. All suspected COVID-19 cases notified as per the case definition should be investigated by a clinician/medical officer within 24 hours of case-notification using the standardized Case Investigation Form, if it comes under the following case definitions.

COVID-19 Case Definitions

Suspect Case:

A patient with acute respiratory illness (fever and at least one sign/ symptom of respiratory disease (e.g., cough, shortness of breath) AND a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR A patient / health care worker with any acute respiratory illness AND having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND requiring hospitalization AND with no other aetiology that fully explains the clinical presentation;

OR A case for whom testing for COVID-19 is inconclusive

Laboratory Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

The detailed information of the suspected case along with core variables should be captured in both pages of the CIF by the investigating officer.

Key components for filling up the Case Investigation Form:

- Fill-up the "Case Investigation Form" (CIF) on both pages during examination
- Allot EPID no, a unique identifier for every suspected case that is investigated
 - Eg. COV-IND-ST-DIS-YR-Case number
 - First 3 character signifies disease, next 3 characters for country code, next 2 for state code, next 3 for district code, next 2 for year of disease onset and next 4 is the serial no. of the case in that year in the same district
 - Ex: First case of Patna Bihar: COV-IND-BI-PAT-20-0001
- DSO should assign this EPID no for every investigated case on CIF.

- Any error in the Epid No. may misclassify the cases

A. Complete case identification details including name, age, sex, details of isolation facility, case classification and status

B. Collect socio demographic details of case like father's name, address and contact details

C. Take clinical history and examine the suspected COVID-19 case for signs and symptoms

- **Date of onset of symptom** is the most important date which should be strictly assessed along with nature of initial symptom (for eg. bodyache/fever/cough/breathlessness/sore throat etc.)
- Fill-up the health facility contacts after date of onset of symptom. These are the hospitals/ clinic, case has taken consultation/treatment before getting reported, which will further help to identify the need to build the capacity
- Capture the signs, symptoms at time of admission
- Capture the underlying medical conditions

D. Exposure history:

- Take significant exposure history of suspected case, to identify the person/area/country from where case picked up infection
- Explore further contact setting if there is exposure to lab confirmed COVID-19 case including exposure while taking samples, during travel/clinical care of case/living in same household/providing services to the same household
- Seek history about occurrence of cluster of patients with severe acute respiratory illness or COVID-19 at his place of residence/work/neighbourhood
- Explore exposure to mass gathering in past one month before the onset of symptom

E. Travel history:

- Take epidemiologically significant travel history of suspected case for travel outside and within India for past one month before the onset of symptom
- Patient travel history can be taken in chronologic order starting from one month back from onset of symptoms

F. Laboratory Information:

- The clinician should decide necessity for collection of clinical specimens for laboratory testing of cases only after following the case definition as given by the health authorities, Government of India.
- Appropriate clinical sample need to be collected by laboratory personnel/ health care worker trained in specimen collection by following all biosafety precautions and using personal protective equipment (PPEs)
- Clinical samples need to be sent to the designated laboratory by following standard triple packaging

- Collect the information on the sample collected including type of sample, name of sample collection centre, date of sample collection, sample shipment to laboratory and results
- Identify and mention the reason for not collecting samples

G. Patients Symptoms:

- Collect hospitalisation history including onset of any complications

H. Public Health Response:

- Identify high and low risk contacts
- High-risk contact includes:
 - Lives in the same household as the confirmed case.
 - Touched body fluids of the confirmed case (respiratory tract secretions, blood, vomit, saliva, urine, faeces)
 - Had direct physical contact with the body of the confirmed case including physical examination without PPE.
 - Touched or cleaned the linens, clothes, or dishes of the confirmed case.
 - Anyone in close proximity (within 1 m) of the confirmed case without precautions.
 - Passenger in close proximity (within 1 m) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours.
- Low-risk contact include:
 - Shared the same space (same class for school/worked in same room/similar) and not having a high-risk exposure to confirmed case of COVID-19.
 - Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.
- Collect the information on number of high risk contacts traced, numbers quarantined, numbers of these high-risk contacts tested and subsequently turning out positive for COVID-19
- Collect the information on low risk contacts traced and number of such contacts turning symptomatic and tested for COVID-19.

Important: Keep the CIF updated with all information including health facilities visited, laboratory results and public health response

**Micro Plan for Containing Local Transmission of
Coronavirus Disease (COVID-19)**

Epicentre -----
----- Block, ----- District,
----- State

Micro-plan for Containing Local Outbreak of COVID-19

Geographic Location: -----Municipality, ----- Block, ----- District, ----- State

1. Objective of the micro-plan

To contain the outbreak of COVID-19 in defined geographic area

2. **Demographic details (for each district coming under containment and buffer zones separately, as defined in Section 3)**

District details

District area:

District Population:

No of Blocks:

No of Municipalities:

Block Details

Name of Block:

Population:

Number of Villages:

3. **Mapping the affected area**

The containment zone will be decided by the RRT based on the extent of cases/contacts listed and mapped by them. However if contact listing/ mapping is taking time (>12-24 hours), then on arbitrary basis demarcate an area of 3 Kms radius around the epicenter (the residence of the positive case). This area of 3 km radius will be the containment zone. **If required, based on the mapping of contacts and cases, the containment zone will be refined.**

A buffer zone of an additional 5 Kms radius (7 Kms in rural areas)/administrative boundary of including neighboring districts/per-urban zone shall also be identified, as detailed in the cluster containment plan.

3.1 Affected area (Containment Zone – As per Cluster Containment Plan)

Name of the epicentre: Municipality ward/ village:

Number of affected Municipalities /villages:

Number of Villages/ Wards in Containment Zone:

Number of houses in containment zone:

Population in Containment Zone:

3.2 Buffer Zone – As per Cluster Containment Plan

Number of Municipalities /villages:
Number of Villages/ Wards in Buffer Zone:
Number of houses in Buffer zone
Population in Buffer Zone:

3.3 The containment zone will be divided into sectors with 50 houses each (30 houses in difficult areas). The sectors will facilitate all activities for containment as described in the ensuing sections/ paragraphs.

Every confirmed case has to be considered as an epicenter and micro-plan activities will be done as described above.

Divide the area into sectors. List them with name (of village) and identified nodal officer.

Listing of Sectors

Sector	Name of Sector	Nodal Officer	Contact number
A			
B			
C			
D			

4. Human Resource

4.1. Administrative and Technical Personnel

The District Collector/District Magistrate will be Nodal person for cluster containment in their respective districts.

S. No	Name	Designation	Contact Number (O)	Mobile
1		DM/District Collector		
2		ADM		
3		CDMO		
4		BDO		
5		Block MO		
6		Block AHO		
7		BEE		
8		NHM Block Manager		

State RRT

S. No.	Name	Designation	Contact Number (O)	Mobile
1				
2				
3				

District RRT

S. No.	Name	Designation	Contact Number (O)	Mobile
1				
2				
3				

4.2. Human Resource for operations / field activities**4.2.1 Responsibilities assigned to various functionaries****4.2.1.1 ASHA/ ANM/ Anganwadi worker*:****4.2.1.1.1. Daily house to house visit to:**

- (i) Search clinically suspect cases.
- (ii) Identify contacts of confirmed and suspect cases
- (iii) Maintain line list of suspect/ confirmed cases and contacts
- (iv) Monitor contacts daily
- (v) Inform Supervisory Medical Officer about suspect cases and their contacts
- (vi) Create awareness among community about disease prevention, home quarantine, common signs and symptoms and need for reporting suspect cases by distributing fliers, pamphlets and also by inter-personal communication.

4.2.1.1.2. Counsel individuals to take precautions to avoid contact with those with symptoms suggestive of COVID-19.

4.2.1.1.3. Ensure that contacts are on home quarantine use 3 layered surgical masks at all times. Educate them on proper use and disposal of masks. The team will also educate the family members about precautions to be taken while taking care of persons under home quarantine.

* If there is human resource constraint to engage as many ASHA/AWW/ANMs, then Indian Red Cross society/NDRF/Civil Defence/NSS/NCC volunteers available in the district shall be engaged after proper briefing on roles and responsibilities and infection, prevention and control practices.

4.2.1.2. LHV/ MPWMW

- Supervisory duty at the village/ block covering the epicenter.
- Daily visit to allocated sectors to oversee and cross-check the activities of ASHA/Anganwadi workers/ ANM.

Report on real time basis, any person reporting of symptoms of COVID-19.

4.2.1.3. Block Extension Educator and other communication staff

- Public information education and communication campaign targeting schools, colleges, work place, self-help groups, religious leaders, teachers, postman etc.
- Arrangement of miking.

4.2.1.4. Municipal/ village Panchayat staff / Civil society volunteers

- Create awareness in the community
- Encouraging community to follow frequent hand wash, respiratory etiquettes, self-monitoring of health and reporting to the health workers about persons in their vicinity having cough, fever, breathing difficulty.

4.2.1.5. Supervisory Officer

- Supervises the field work
- Verifies suspect case as per case definition.
- Arranging shifting of suspect case to health facility.
- Random Check of persons under home quarantine.
- Submit daily report to control room

4.2.1.6 Block NHM Manager/ any other designate of DM

- Information management with in the containment zone
- Contingency funding of the containment operations
- Managing finances.

4.2.2. Norms for deployment of human resource:

A health care worker (ANM/ ASHA/Anganwadi Worker) will be able to visit 50 houses in a day (30 in difficult areas).

A supervisory Medical Officer shall be deployed to cover 1000 population.

4.2.2 Human Resource requirement for field operations

S. No.	Designation of staff	Nature of work assigned	No. of personnel deployed for containment operation	Mobilized from within the District	Mobilized from adjoining District
1.	District Collector or his assignee	Incident Command			
2	Central/ State RRT	Planning and operations			
3	Sector Medical Officers	Supervisory			
4	LHV	Intermediate Supervisory			
5	ANM/ ASHA/ Anganwadi Worker	Field work			
6	Block Extension Educator and other communication staff	IEC			
7	Municipal/ village Panchayat staff Civil society volunteers	Community mobilization			
8	NHM -District/ Block Manager	Logistics Information Management Financial management			

5. Components of Micro-plan

5.1 Surveillance

5.1.1. Active Surveillance

5.1.1.1. Constituting Teams for Human Health Surveillance:

Each health worker would cover 50 houses in the sector assigned to them. The listing of municipality wards/ villages allocated to surveillance teams, their names, name of supervisors for each team and their contact number is at **Annexure-I**

5.1.1.2. Assigning Tasks to the Teams

The Medical Officer in-charge will assign tasks as listed in para 4.2.1 to the Supervisory Officer/ANM/ASHA/Anganwadi Worker.

During the course of their house to house visit, the ANM/ASHA/Anganwadi Worker will identify suspect case, if any, as per case definition. The name, age, sex, and the address of such persons to be recorded on proforma at **Annexure-II**. The Health worker will counsel household members to take basic precautions to avoid direct contact with a suspect case. He / she will provide a mask to the (i) suspect case (till such time he/she is examined by the supervisory officer).

The concerned ANM/ASHA/Anganwadi Worker will immediately inform his/her supervisory officer about the suspect case.

5.1.1.3. Role of Supervisory Medical Officer/ LHV

The door to door surveillance will be supervised by Medical Officers/ LHV assigned sectors within the defined surveillance zone. He/she will also collect data from the health workers under him/ her, collate and provide the cumulative data to the control room by 4.00 P.M.

He / she will visit any suspect case brought to his/ her notice by the ANM/ASHA/Anganwadi Worker during their daily house to house visit. He/ she will immediately call for the ambulance and ensure transfer of the patient to identified hospital after ensuring on the basic precautions. Details of the registration number of the ambulance, shifting time to the hospital and contact number will be kept and conveyed to the Control Room.

Name of the patient being shifted	Age	Sex	Ambulance No.	Name of the driver/ Paramedic	Contact number	Time of Shifting

5.1.2. Passive Surveillance

All health facilities in the containment and buffer zones will be listed. All such facilities both in Government and Private sector (including clinic) shall report clinically suspect cases of COVID-19 to the identified supervisory officer for that sector. Proforma for reporting suspect COVID-19 cases by health facilities is at **Annexure-III**.

6 Contact Tracing

The contacts of the laboratory confirmed cases/ suspect cases of COVID-19 will be line-listed. The Supervisory officer in whose jurisdiction, the laboratory confirmed case/ suspect case falls shall inform the Control Room about all the contacts and their residential addresses. The control room will in turn inform the supervisory officers of concerned sectors for surveillance of the contacts.

These contacts will be tracked by assigned ANM/ASHA/Anganwadi Worker of that sector and kept under home quarantine for 14 days. They will be monitored for clinically compatible signs and symptoms of COVID-19 for 28 days in total. If the residential address of the contact is beyond the containment zone or in adjoining district / State, the district IDSP will inform the concerned District IDSP.

Detail guidance for contact tracing, quarantine and isolation is given at **Annexure –IV**.
Proforma for line listing of contacts is at **Annexure-V**.

7. Laboratory Support

The microbiologist in the Central/State RRT will be responsible for managing laboratory Support. He/ She will identify nearest VRDL network laboratory for logistic support for sample collection, packaging and transportation. The doctors manning the isolation facility will be trained by the RRT and they shall be responsible for sample collection, packaging and transportation. The sample collection proforma to be attached with the samples is at **Annexure-VI**.

Name of the VRDL Laboratory	Name of Nodal person	Contact number

8. Identified Health Facility

8.1. The Physician in the RRT will visit the nearby hospitals and identify the nearest hospital best suited for isolation and tertiary care/ medical college best suited for Ventilator management/ critical care management/ Salvage therapy (ECMO).

Name of the identified health facility	Name and Contact details of MS	Name and contact details of Nodal officer	Contact details of Emergency

The details of the identified facilities will be informed to all the Supervisory Officers by the NHM District/ Block manager.

All suspect cases of COVID-19 will be admitted to the above identified health facility. The Supervisory Medical Officer, in whose Jurisdiction the case is reported,

shall ensure his/ her hospitalization. The hospital will be informed in advance about the referral case.

Reporting format for health facilities identified for isolation/critical care management of COVID-19 cases is at **Annexure III**.

8.2. Ambulance facility

There will be earmarked ambulance for the transfer of patients. The drivers will be trained in infection prevention and control practices and also in disinfection of ambulance after transporting suspect cases. Drivers of these ambulances will be provided with appropriate PPE depending on the risk assessment conducted by district/RRT epidemiologist.

Date	Shift	Name of the driver	Name of the Paramedic	Contact numbers (Driver and Paramedic)
	8:00 AM – 2:00 PM			
	2:00 PM – 8:00 PM			
	8:00 PM – 8:00 AM			

8.3 Hospital infection prevention and Control

The Microbiologist in the RRT will train the health workers on infection prevention control practices prior to their field assignment. They will also train the identified field functionaries on donning and doffing of PPE. The PPEs are to worn as per the risk assessment for various categories of personnel.

S. No	Name of the item	Remarks
1	Full complement of PPE (N 95 Mask, Gloves, Goggles, coveralls, headgear, foot wear)	<p>To be used by:</p> <ul style="list-style-type: none"> • Doctors attending to patients in health facilities in the containment zone and referral hospital for isolation/ critical care, where aerosolization can occur (like intubation, non-invasive ventilation, tracheostomy, and manual ventilation before intubation, suction etc.) • Doctors collecting samples. • EMTs attending patient in ambulances • Staff in the laboratories
2	N-95 Mask and gloves	<ul style="list-style-type: none"> • To be used by supervisory doctors verifying a suspect case

		<ul style="list-style-type: none"> Doctors/nurses attending patients in screening clinics/OPD
3	N-95 mask, gloves	<ul style="list-style-type: none"> Sanitary workers involved in sanitation and disinfection activities for COVID-19 cases
4	Triple Layer medical mask/ examination gloves	To be used by: <ul style="list-style-type: none"> field workers, suspect cases and care giver / by stander of the suspect case Ambulance drivers. All functionaries at the perimeter control.

10. Logistics

10.1. PPE

All PPE will be used rationally. RRT members will train the identified field functionaries on donning and doffing of PPE. The PPEs are to worn as per the risk assessment for various category of personnel.

The following daily log on PPE will be maintained:

S. No.	Name of the item	Opening balance for the day	Nos. used with in the day	Closing balance	Remarks
1	PPE Kits				
2	N-95 Mask				
3	Triple Layer Surgical mask				
4	Gloves				
5	Biohazard bags				

All PPEs to be disposed of in a Biohazard Bag (yellow). The outer surface will be disinfected using 1% Sodium Hypochlorite spray.

11. Communication

Block Extension Educator / or any other designated communication staff will be allocated the work of public education outreach on COVID-19. Public information education and communication campaign shall target schools, colleges and work place within the

containment zone. The key messages (including that used for Inter-personal Communication) have already been conveyed to the States.

The sector wise allocation of BEE their name and contact no. will be listed. Municipal/ Village Panchayat Officers will be allocated sectors with in the surveillance zone for encouraging and participating in public awareness campaigns and participation. The rostering of staff for public education outreach is at **Annexure-VIII**.

12. Data Management

The Control Room will have data managers (deployed from IDSP/ NHM) responsible for collecting, collating and analyzing data from field and health facilities. They will work in 3 shifts. Data Collection tools will form **Annexure-IX** of this document. Output variables to be generated at micro level on daily basis;

No. of Suspect case of COVID-19
No. of laboratory confirmed case
No. of deaths
No. of contacts line listed:
No. of contacts tracked:
No. of contacts currently under surveillance:
No. of contacts which have exited the follow up period of 28 days:

13. Control Room

The following details will be provided under this head:
Nodal Officer with contact number:
Control Room Number:

14. Office orders (indicative)

Orders on notification.
Order for taking services of personnel

15. Budgeting (indicative)

S.no	Item	Unit cost	Total cost	
1.	Transportation			
	No. of vehicles hired			
	POL expenditure for Office vehicles/ ambulances			
2.	Communication			
	Cost of printing posters			
	Hiring personnel for display of posters			

	Cost of hiring vehicles for miking			
	Advertisement cost : local dailies cable network local TV channels SMS			
3	Logistics			
	Three layered surgical mask			
	N 95 mask			
	PPE			
4	Contingency Expenditure			

Annexures

Annexure No.	Subject
I	Containment zone: Identified Sectors for surveillance
II	Data collection tool at field level Data collection tool at field level (Field Level Data Compilation Sheet)
III	Daily Line listing of Patients detected at health facilities
IV	Recommended guidance for contact tracing, quarantine and isolation for Coronavirus Disease (COVID-19)
V	Line listing of Contacts
VI	Sample collection proforma to be attached with the samples
VII	Transportation arrangement for containment Operation
VIII	Identified Sectors for Public Education Outreach and rostering of identified communication staff
IX	Daily report of COVID-19 Outbreak

Annexure-I

Containment zone: Identified Sectors for surveillance

Sector	Name of Municipal ward/ village	Name of ANM/ ASHA/Anganwadi Worker	Contact Number	Name of Supervisory Officer	Contact Number

Annexure-II

Data collection tool at field level (Line listing of suspect cases)

State & District :
 Sector :
 Village allocated: :
 Name of the field worker : Phone:
 Name of the Supervisor : Phone:
 Name of the PHC doctor : Phone:

S.No	Name of patient	Age	Sex	Address	c/o Fever, Cough, Difficulty in breathing	Remarks

Data collection tool at field level (Field Level Data Compilation Sheet)

S. No.	Name of village	Total population surveyed	M	F	No. of Suspect cases identified	Total number of contacts put under home quarantine	Remarks
Total							

Annexure-III

Daily Line listing of Patients detected at health facilities

S. No	Name	Age	Sex	Address	Symptoms or contact with COVID-19 suspect case	Sample taken (Y/N)	Remarks

Recommended guidance for contact tracing, quarantine and isolation for Coronavirus Disease (COVID-19):

I. Contact Tracing:

a. Contact means a person:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).
- Traveling together in close proximity (1 m) with a COVID-19 patient in any kind of conveyance within a 14-day period after the onset of symptoms in the case under consideration.

b. Each worker or person responsible for contact tracing should:

- Enlist all the contacts for tracing along with their names, address and contact details and submit to the supervisor daily
- Daily visit the contact and ask him/her if had developed any fever, cough, shortness of breath, difficulty in breathing etc.)
- Educate contacts and their family members on importance of contact tracing and home quarantine
- Distribute Triple layer surgical masks to the contact and keep sufficient stock.
- Create awareness on symptoms and provide information on self-health monitoring
- Contacts should be informed that if they develop symptoms:
 - Immediately wear a triple layer mask and avoid close contact with any other person.
 - Inform concerned health worker who will arrange for medical examination by supervisory medical officer and transportation to hospital, if required.
 - Provide details on all possible contacts since the time he/she has developed symptoms and inform health worker
- Duration of follow up of contacts would be 28 days from the time of last contact with a case

II. Active surveillance:

Active surveillance shall be done within containment zone (or 3 Km radius from the periphery of the affected area)

What has to be done:

- Enlist all houses (and persons)
- Daily visits to each house and enquire about any person developing any symptoms (like fever, cough, shortness of breath, difficulty in breathing etc.)
- In case of a person is detected to be developing symptoms of COVID-19, the same shall be brought to notice of supervisory medical officer
- Daily reporting: as per the format (Annexure V)

III. Home Quarantine:

- **Who has to be quarantined:** all households and close contacts of a confirmed and suspect cases are to be home quarantined
- **Duration of home quarantine:** Those being home quarantined need to be followed up till the time test results of suspect case (whose contacts are being home quarantined and followed up) comes negative. If the test result comes positive then all such persons become 'true' contacts and have to be home quarantined for 14 days and followed up for 28 days.

IV. Isolation:

- Suspect cases detected on active surveillance need to be isolated in a room in the house temporarily till the time he/she is examined by the supervisory medical officer or shifted by the designated ambulance to the designated health facility.
- Following shifting to health facility, place of temporary isolations needs to be disinfected in accordance with prescribed SOPs by 1% sodium hypochlorite

Appendix V

Line listing of Contact (Name of Patient): _____

[illegible]

(Please use separate sheet for contacts of different patients)

Annexure VI

Sample collection proforma to be attached with the samples

ICMR- National Institute of Virology, Pune
Specimen Referral Form for 2019 Novel Coronavirus (2019-nCoV)

INSTRUCTIONS:																																																																																																						
<ul style="list-style-type: none"> • Inform the local / district / state health authorities, especially surveillance officer for further guidance. • Seek guidance on requirements for the clinical specimen collection and transport from nodal officer. • This form may be filled in and shared with the IDSP and also ICMR-NIV nodal officer in advance. 																																																																																																						
PERSON DETAILS																																																																																																						
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History of visit to wet/seafood market: Yes <input type="checkbox"/> No <input type="checkbox"/> From:...../...../..... to:...../...../.....																																																																																																						
Close contact with confirmed case Yes <input type="checkbox"/> NO <input type="checkbox"/> Close contact with animal/birds Yes / N																																																																																																						
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Health care worker working in hospital involved in managing patients YES / NO,																																																																																																						
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5. Convalescent sera																																																																																																						
Name of Doctor:				Hospital Name/address:																																																																																																		
Phone/mobile number:				Signature and date:																																																																																																		

ICMR- National Institute of Virology, Pune
Specimen Referral Form for 2019 Novel Coronavirus (2019-nCoV)

Name of the patient: Age:years.....months

Note: Please ensure that the case definition should be strictly followed.

Please encircle the correct response (Yes/No)

CASE DEFINITION

1. Severe Acute Respiratory Illness (SARI), with

- history of fever YES / NO
- cough YES / NO
- requiring admission to hospital YES / NO

WITH

- no other etiology explains the clinical presentation YES / NO
(clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised);

AND

any of the following

- A history of travel to Wuhan, Hubei Province China in the 14 days prior to symptom onset. YES / NO
- the disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel YES / NO
- the person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation. YES / NO

2. Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposures:

- close physical contact with a confirmed case of nCoV infection, while that patient was symptomatic; YES / NO
- a healthcare facility in a country where hospital associated nCoV infections have been reported; YES / NO
- direct contact with animals (if animal source is identified) in countries where the nCoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission*. YES / NO

* To be added once/if animal source is identified as a source of infection

EMAIL ID OF THE HEALTH AUTHORITY (FOR SENDING THE REPORT):

Name of Doctor: Hospital Name/address:

Phone/mobile number: Signature and date:

Appendix-VII

Transportation arrangement for containment Operation

Sector	Name of the Sector	Purpose for Vehicle Deployed	Vehicle Regn. number	Driver name	Contact Number
A		House to house surveillance			
		Supervisory Staff			
B		House to house surveillance			
		Supervisory Staff			
C		House to house surveillance			
		Supervisory Staff			

Appendix-VIII

Identified Sectors for Public Education Outreach and rostering of identified communication staff

Sector	Name of Municipal ward/ village	Name of Municipal/ Panchayat staff	Contact Number	Name of Supervisory BEE	Contact Number

Cluster Containment			
Format for daily report of COVID-19 virus disease			
		Date :	
State:	District:	Block :	Epicentre:
Total No. of Village in the block:	No. of affected Municipality /village:		

A) A 1 Population Based Information	No. of villages/municipality/localities	Population Surveyed(Daily)	Population surveyed (Cumulative)
0-3 Km Population from Epicenter			
A-2 Morbidity data			
		Daily	Cumulative
Persons with fever / symptoms consistent (only new Cases) with COVID-19 virus disease	0-3 Km from Epicenter		
B) Hospital based Information: Name of Hospital -			
In patient		Daily	Cumulative
Suspect COVID-19 viral disease cases			
Laboratory Confirmed case of COVID-19 virus disease			
No of deaths (suspected or confirmed)			
D) Contact Tracing			
Number of contacts under surveillance			
E) Laboratory Testing	Number of Samples taken		Number of Samples found Positive
	Daily	Cumulative	Daily Cumulative

F) Public Education outreach	No of houses in 0-3 km	No. of houses Visited	Percentage
Villages covered by Public Education Outreach			

G) Monitoring Health Staff			
Health personnel deployed in field including medical officers, Health supervisors/health workers etc.		Health personnel deployed in field complaining of Fever/ symptoms consistent with COVID-19 virus disease	
Hospital staff including Medical Officers, Nurses, Attendants etc.		Hospital staff complaining of Fever/ symptoms consistent with COVID-19 virus disease	

H) Stock Position

Item	Previous days stock at District HQ	Consumed for the day	Stock at hand(s)	Stock to be requisitioned if any
PPE				
N-95 Masks				
Triple layer surgical mask				

Note: Daily report to be faxed by 11.00 a.m.

- Director NCDC (Fax No: 011-23922677; 011-23921401)
- Director EMR (Fax No: 011- 23061457)

Signature DSO
(Name & Desg. Of the reporting officer)
Phone No.
of DSO

