



# State Response Strategy Covid-19

# ***Covid-19 management strategy***

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- B. Surveillance Monitoring and Containment : Swati Meena, IAS
- C. Sampling and Testing : Sudaam Khade, IAS
- D. Health Institutions and Treatment: Chhavi Bhardwaj, IAS
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- H. Lockdown Enforcement and Management: S N Mishra, IAS

## ***COVID-19 basics***

***(1/2)***

- It is the disease caused by the new coronavirus that emerged in China in December 2019;
- Symptoms include cough, fever, shortness of breath, muscle aches, sore throat or unexplained loss of taste or smell;
- Some severe cases and may cause death;
- The virus spread mainly from person-to-person contacts, including between people who are in close contact with one another (within about 6 feet) and through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- Currently, 14.8 lakh people affected with 88,000 deaths world over. There is no coronavirus vaccine yet.

## ***COVID-19 basics***

***(2/2)***

- According to the current trends in India, out of total positive cases:
  - (A) About **80% cases** show mild or very mild symptoms and may not need hospitalization;
  - (B) About **15% cases** show moderate symptoms and hospitalization;
  - (C) About **5% cases** may need ICU admission;
  - (D) Death rate is about **3%**.



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## ***B. Surveillance Monitoring and Containment***



## ***Surveillance Strategy***

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### ***Criteria of cases for surveillance***

1. Persons exhibiting symptoms of Covid-19 in OPD or admitted in hospitals with pneumonia/respiratory problems (ALI/SARI);
2. Persons intimated by GoI agencies, foreign return;
3. Returning Migrant Labors (ML) / others from affected areas;
4. First Contact Tracing (FCT) - *Persons in contact with Covid-19 positive cases;*
5. Community Contact Tracing (CCT) – *Any person who attended a close gathering along with the positive person OR is a resident of a containment area;*
6. Health workers/ Admin staff who come in direct contact with positive person without protection gear;
7. Others: - Persons calling on 104/181;
  - Others if any Jamat, Bhilwara, Hotspots;
  - Cases of unexplained illness at the discretion of treating doctor.

**Ref: Guidelines for item 4 & 5 (IDSP/2020/272 dated 24/03/2020, IDSP/2020/274 dated 25/03/2020)**



## Surveillance methodology

- District Crisis Management Group chaired by District Collector;
- **DRRT** - CEO ZP/ Additional Collector, Physician, Epidemiologist, Microbiologist and CMHO;
- **MMU**- Medical Dr., lab Technician and staff Nurse with PPE to contact identified high risk contacts (Guideline issued by ICMR on 17<sup>th</sup> March, 2020) for clinical examination, treatment strategy and sample collection; Number of teams as per requirement;
- **Survey team**- ANM, AWW, Teacher/patwari/ Secretary / Nagar Nigam/ Police constable with face mask and gloves for Contact tracing , Active case detection, classification into high and low risk category, Covid-19 brochure distribution and report to DRRT and MMU; Number of teams as per requirement;
- District Crisis Management Group to identify containment zones based on GoI guidelines issued on 11<sup>th</sup> March, 2020;
- District Crisis Management Group to ensure supply chain management for essential services.
- **Ref: GoMP circular for constitution of DRRT, MMU, Survey teams (IDSP/2020/40 dated 30.3.2020), Model Micro Plan for Containing Local Transmission of Coronavirus Disease (Covid-19) MoHFW GoI 24/3/2020**



## ***Management of Containment areas***

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- Restriction of movement;
- Health screening of possible contacts, elderly and people with co-morbidity;
- Disinfecting houses of positive cases and public places;
- Daily health monitoring and testing of cases with symptoms;
- Risk assessment, Zoning and restriction of movement of freedom within the containment zone;  
[letter from IDSP /2020/274 dated 25<sup>th</sup> March 2020](#)
- Ensuring supplies of essential commodities in the containment area.
- **Ref:** Govt. of India Guidelines on Cluster Containment Plan 2/3/2020 & Containment Plan for Large Outbreaks 4/4/20 [www.mohfw.gov.in](http://www.mohfw.gov.in)





## Surveillance Monitoring Protocol

- Establish contact with the individual cases under surveillance and provide Covid-19 brochure to the family;(Covid 19 Brochure format)
- Classify individuals into high and low risk categories; Ref: Guidelines on clinical management of COVID 19 of GoI and management of suspected and confirmed cases GoMP letter no 523 dated 4/4/20
- Contact / Ask the person to inform his condition (fever, cough, cold, shortness of breath or any other abnormal symptom) on daily basis through
  - Self reporting through **Mobile app**/ District Control Centre /**Telemedicine center**
  - Surveillance teams
- In case of development of Symptoms - Take test;
- If the test result is positive, then contact tracing (3 page format) and shifting of the person to identified hospital;
- In case no symptom is not developed in 14 days, remove the person from list of person to be monitored **advising self quarantine for additional 14 days.**



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## ***C. Sampling and Testing***



# **Testing Strategy : Ref ICMR guidelines on Covid Testing version 4 dated (9/4/2020)**

## **A. Community Testing**

- People under surveillance who develop symptoms
- Symptomatic cases screened and referred by health professional
- All persons who are in high risk close contact with positive persons
- All health workers/admin staff who came in contact with positive case without adequate protection

## **B. Institutional Testing**

- All hospitalized cases of acute respiratory illness
- Symptomatic cases screened and referred by health professional
- All health workers who came in contact with positive case without adequate protection

- A. Identification of institutions for sample collection
- B. MMUs for Community testing
- C. Availability of PPE and VTMs for sampling teams
- D. Transportation of collected samples to Lab facilities to mapped labs for optimal utilization



## **Lab Testing Monitoring and capacity enhancement**

1. Lab capacity and rational use of capacity- capacity augmentation plan;
2. Availability of Kits, Machines and trained Human resource;
3. Receipt of sample as per protocol;
4. Testing of samples;
5. Result declaration and communication to stakeholders;
6. Data entry in ICMR/IDSP/Covid-19 portal at different stages.



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## ***D. Health Institutions and Treatment***



## ***Biosafety measures***

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- **Ref:GoI/CPCB - Guidelines for Handling, Treatment and Disposal of Waste Generated during Treatment/Diagnosis/Quarantine of COVID-19 Patients CPCP 25/3/20**
- Hospital based biohazardous material – GoI guidelines for Treatment & Disposal of Waste Generated during Treatment / Diagnosis/Quarantine of Covid-19 Patients 5/4/20
- Lab based biowaste;
- PPE and other biowaste at community level;
- Management protocol for deceased; GoI guidelines on Dead Body Management 15/3/20



## ***Hospital management***

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- Guidance document on Appropriate Management of Suspect/Confirmed Cases dated 7<sup>th</sup> April, 2020 – Types of Dedicated Covid Facilities
- Based on Projection of probable positive cases, three categories of COVID dedicated facilities are to be planned at the district level:
  - **CCC-COVID Care Centre** – for clinically mild/very mild cases or COVID suspect cases – e.g. Hostel, Hotel, CHC.
  - **DCHC- Dedicated COVID Health Centre** – for clinically moderate cases – e.g. District Hospital, Private hospitals.
  - **DCH Dedicated COVID Hospital** – for clinically severe cases – e.g. Medical College, Pvt Hospitals.
- Separate earmarked areas for suspect and confirmed cases in all three types. Medical teams to triage patients into above three categories.
- Planning for transportation of positive tested cases to appropriate hospitals.



## ***Communication strategy***

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- Interpersonal and mass communication;
- Social Media;
- State and district media briefing;
- Confidence building measures;
- Use of different forums and opinion makers;
- Dos and Don'ts.





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## ***F. Supply chain management***



## *Supply chain management*

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- Weekly, monthly and quarterly demand estimation and continuous updation;
- Procurement strategy in accordance with stock position and projected demand;
- Supply chain management upto division and district level;
- Items to be covered (important items):
  1. Testing kits- RT-PCR, RNA Extraction kit, VTMs and Rapid test kit;
  2. PPEs;
  3. Masks;
  4. Medicines;
  5. **1% hypochlorite solution**
  6. Oxygen and Oxygen cylinders;
  7. Ventilators;
  8. Ayurvedic/ Homeopathic medicine.



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## ***G. MIS***



## MIS

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- Portal developed by MAP-IT made operational on 12<sup>th</sup> April, 2020;  
[http://mphealthresponse.nhmmp.gov.in/covid\\_admin/manage/login](http://mphealthresponse.nhmmp.gov.in/covid_admin/manage/login)
- Data entry and protocol for every vertical;
- Sarthak - App based contact tracing;
- Various Protocols issued to be listed in Modules;
- Data analytics for district wise Risk assessment and planning the requirements for consumables and hospitals including HR.



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***Thank You***