COVID-19

राजस्थान सरकार **अति–आवश्यक**

निदेशालय, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान, जयपुर।

क्रमांकः आई.डी.एस.पी./2020/321 **दिनांकः** 20/3/2020

1. समस्त संयुक्त निदेशक, जोन,
2. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी,
3. समस्त, प्रमुख चिकित्सा अधिकारी,
   राजस्थान।

विषयः–राजस्थान सरकार द्वारा COVID-19 के संबंध में प्रदत्त रेपिड रेस्पोन्स टीम गाईड लाईन अनुरूप कार्यवाही करवाने के क्रम में।

उपरोक्त विषयान्तर्गत लेख है कि राजस्थान सरकार द्वारा COVID-19 के संबंध में प्रदत्त रेपिड रेस्पोन्स टीम गाईड लाईन संलग्न कर लेख है कि गाईड लाईन अनुरूप अविलम्ब कार्यवाही करवाया जाना सुनिश्चित करें।

संलग्नः उपरोक्तानुसार।

अतिरिक्त निदेशक (ग्रा0स्वा0)
चिकित्सा एवं स्वास्थ्य सेवायें,
राजस्थान, जयपुर

क्रमांकः आई.डी.एस.पी./2020/321 दिनांकः 20/3/2020

प्रतिलिपि सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित–

1. विशिष्ट सहायक, माननीय मंत्री, चिकित्सा एवं स्वास्थ्य विभाग, राजस्थान सरकार, जयपुर।
2. निजी सचिव, अतिरिक्त मुख्य सचिव महोदय, चिकित्सा, स्वास्थ्य एवं परिवार कल्याण विभाग, राजस्थान।
3. निजी सचिव, प्रमुख शासन सचिव, चिकित्सा शिक्षा विभाग, राजस्थान।
4. निजी सचिव, मिशन निदेशक (एनएचएम), मुख्यालय।
5. निदेशक (जन स्वास्थ्य), मुख्यालय, जयपुर।
6. समस्त, जिला कलक्टर, राजस्थान।
7. सर्वर रूम नं. 302 ई–मेल तथा वेबसाइट पर अपलोड करने बाबत्।
8. कार्यालय पत्रावली।

अतिरिक्त निदेशक (ग्रा0स्वा0)
चिकित्सा एवं स्वास्थ्य सेवायें,
राजस्थान, जयपुर

Scenario-Based Surveillance

A. Travel-Related Cases

Containment Zone	Buffer Zone
• Isolation & management of case • Quarantine of contacts • Enhanced IEC • Active ARI/ILI Surveillance • Enhanced self reporting • Enhanced personal hygiene, hand hygiene & cough etiquettes	• Enhanced Passive ARI/ILI Surveillance • Enhanced Self reporting

B. Local Transmission – Single Cluster

Containment zone	Buffer zone
• Isolation & management of case • Quarantine of contacts • Enhanced IEC • Active ARI/ILI Surveillance • Enhanced self reporting • Enhanced personal hygiene, hand hygiene & cough etiquettes • Establish control room in the local HF • Ban local mass gathering • Lockdown of identified cluster for e.g. Schools/residential building/Hotel	• Enhanced Passive ARI/ILI Surveillance • Enhanced Self reporting. • Enhanced media surveillance • Trainings on case definitions and contacts

C. Large Outbreak – Multiple Clusters

Containment zone	Buffer zone
• Isolation & management of case • Quarantine of contacts • Enhanced IEC • Active ARI/ILI Surveillance • Enhanced self reporting • Enhanced personal hygiene, hand hygiene & cough etiquettes • Ban local mass gathering • Closure of schools, offices, colleges • Environment disinfection • Refrain from leaving home + Border measures • Establishment of control room at the block and district level • Enhanced media surveillance in and surrounding blocks/districts • Monitoring of rumour register • Mobile specimen collection units	• Isolation & management of case • Quarantine of contacts • Enhanced IEC • Active ARI/ILI Surveillance • Enhanced self reporting • Enhanced personal hygiene, hand hygiene & cough etiquettes • Border measures • Ban all mass gatherings in buffer zone • Media surveillance • Mobile specimen collection units

Government of Rajasthan
Department of Medical, Health and Family Welfare

Standard Operating Procedures for Rapid Response Teams for Prevention and Control of nCOVID19 Suspect and Confirmed Cases in the State of Rajasthan

Introduction

There are more than 130,000 cases and more than 5,000 deaths due to COVID-19 reported till date and WHO has declared the disease as a pandemic. Government of Rajasthan has also issued the Rajasthan Epidemic Disease, COVID-19 Regulations, 2020 for prevention and control of spread of the disease. Government of Rajasthan has also constituted Rapid Response Teams (RRTs) and State and District levels towards this end. The purpose of this document is to outline the Standard Operating Procedures (SOPs) for State and District RRTs.

Objectives

i. To prevent, control and contain COVID-19 outbreaks.
ii. To reduce morbidity and mortality due to COVID-19 outbreaks.
iii. To strengthen public health infectious disease surveillance.
iv. To provide general guidelines and develop a mechanism for effective implementation of COVID-19 outbreak management.
v. To enhance effective emergency and risk communication.
vi. To collaborate and coordinate activities with other relevant agencies, both within and outside the State in managing the outbreak.

Composition of District RRTs

1. Senior Physician
2. Pediatrician
3. Deputy Chief Medical & Health Officer (Health) / Medical Officer
4. Epidemiologist
5. Microbiologist / Laboratory Technician
6. IEC Perso

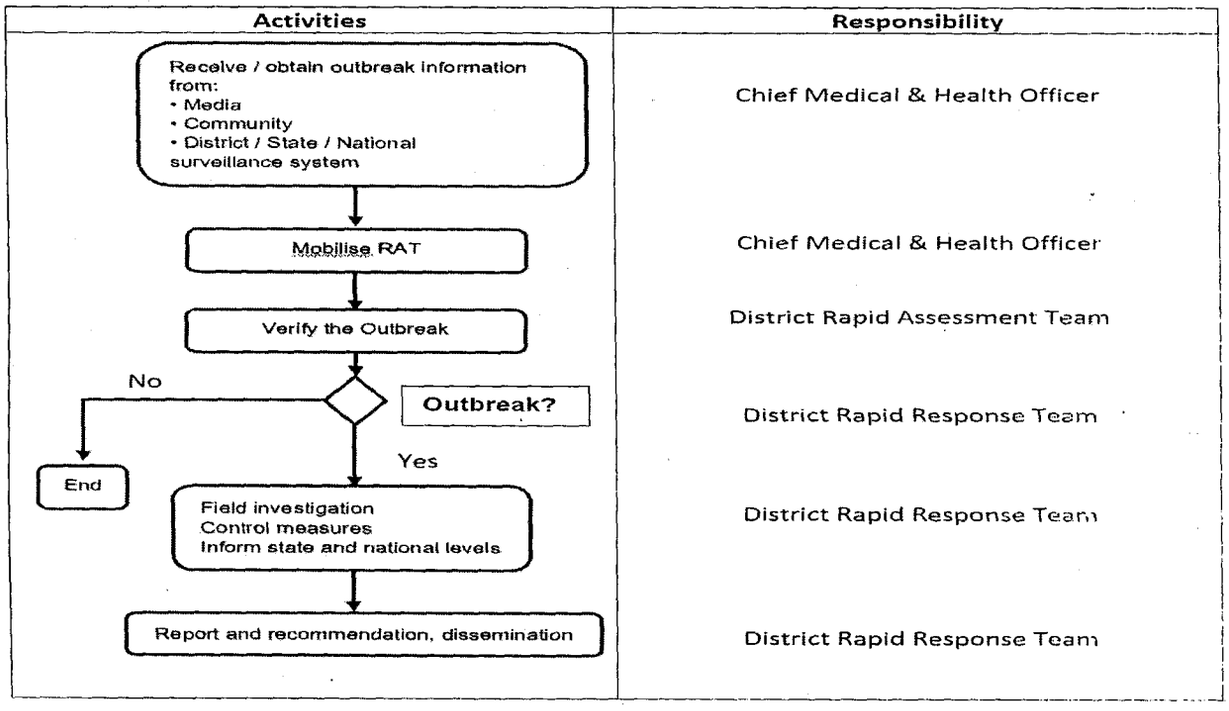
Roles and Responsibilities of District RRTs

1. Investigation of rumours / outbreak of COVID-19
2. Propose appropriate strategies and measures for rapid containment of epidemics
3. Conduct initial disease control measures to contain the outbreak
4. Coordination of rapid response actions with partners and other agencies
5. Prepare detailed investigation report
6. Contribute to the post epidemic evaluation of the outbreak response

Criteria for Activation of District RRTs

1. Unusual occurrence of notifiable infectious diseases / other infectious diseases of public health importance
2. Unusual occurrence / clusters of diseases / deaths in the district
3. Upon directive from higher authority

Flowchart for Mobilization of District RRT



Composition of State RRT

1. ~~Director (Public Health)~~ SJO
2. State Epidemiologist / Professor, Dept of PSM, Medical College
3. Professor, Dept of Pediatrics, Medical College
4. Professor, Dept of Microbiology, Medical College
5. Professor, Dept of Medicine, Medical College

6 IEC person

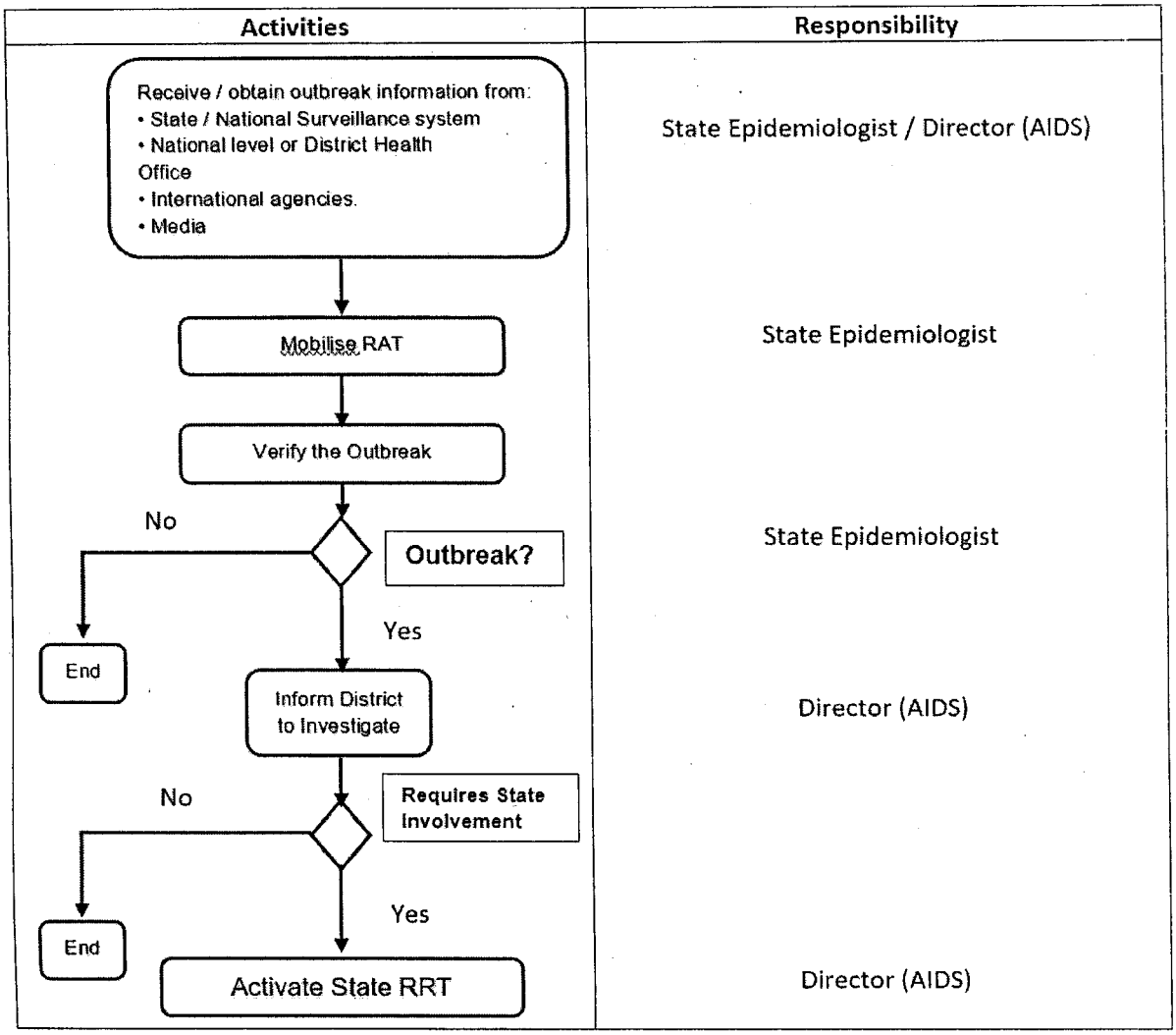
Roles and Responsibilities of State RRT

1. To verify any report of disease outbreak in the State
2. To carry out outbreak investigation
3. To propose and plan appropriate measures for containment of the epidemics to the State Disease Surveillance and response Committee
4. To participate actively in implementation of epidemic prevention and control strategies
5. To provide technical support to District RRTs during outbreaks

Criteria for Activation of State RRTs

1. Unusual occurrence of notifiable infectious diseases / other infectious diseases of public health importance
2. Unusual occurrence / clusters of diseases / deaths in the district
3. Upon directive from higher authority

Flowchart for Mobilization of State RRT



Checklist for RRTs

1. Preparation for field work
2. Refer to Standard case definitions – Case / Suspect / Contact (*Annexure A*)
3. Confirm existence of an epicenter of the outbreak
4. Ensure complete Line-listing of cases and contacts
5. Ensure Management of cases with maximum care to prevent transmission
6. Laboratory investigations

Management of cases

- Manage cases and isolate them (if required) as per Guidelines with the help of local clinical facilities to prevent deaths and morbidity.
- Ensure medical logistics i.e. sufficient quantities of Personal Protective Equipments, essential drugs and supplies etc.

Rapid household / community survey for case finding

- Search more cases in the community by using standard case-definitions
- Surveillance period is for 28 days – 14 days quarantine at home or hospital or a designated facility and next 14 days is for self-reporting. Key considerations for surveillance are available at *Annexure F.*
- Record information on standard survey formats.

Laboratory investigations

- Ensure proper collection, labeling, transportation and storage of clinical samples
- Follow bio-safety precautions during collection and handling of specimens
- Follow national and international guidelines for transportation of specimens.

Data Analysis

- Plot Epidemic Curve to describe the outbreak in terms of time. (Time-analysis)
- Make maps and tables for describing place and person (Place and Person analysis)
- Determine population at risk of infection
- Analyze rapid household survey data and calculate population-based attack rates by age and sex groups
- Formulate a hypothesis which should include characteristics of affected population, cause of disease, mode of transmission, incubation period, genesis of outbreak etc.

Institution of control measures

- Based on clinical and epidemiological findings, implement appropriate control measures to prevent further spread of the disease (*Annexure G*)
- Institution of control measures and management of cases should not be delayed pending laboratory confirmation of diagnosis

Interim report

- Write an interim report and debrief the local health authority and recommend immediate actions to be taken by them

Final report

- Write final report including entomological and laboratory results and suggest short and long term preventive and control measures including preparedness for prevention and control of such outbreaks in future.
- Formats for writing report and preparedness activities are placed at *Annexure H.*

Follow-up of outbreak

Follow-up visits are important during the declining phase of an outbreak to:

- Detect last case(s)
- Detect and treat late complications (if any)
- Complete the documentation of the outbreak

Evaluation of outbreak management including investigations

Once the outbreak is over, request the local health authority to evaluate following aspects:

- Genesis of the outbreak
- Early or late detection of outbreak
- Preparedness for the outbreak
- Management of the outbreak
- Control measures undertaken and their impact

Documentation and sharing of lessons learnt

- Organize post-outbreak seminar
- Provide feedback to State and district RRTs
- Develop case studies on selected outbreaks for training RRT members

Annexure A

Case Definition of Coronavirus Disease (COVID-19) in Humans

Suspect case

A. A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), **AND** with no other etiology that fully explains the clinical presentation **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

B. A patient with any acute respiratory illness **AND** having been in contact with a confirmed or probable COVID19 case in the last 14 days prior to onset of symptoms;
OR

C. 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.

Probable case

A suspect case for whom testing for COVID-19 is inconclusive.

Confirmed case

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

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.

Categories of Contacts

High Risk

i. Touched body fluids of the patient
ii. Had direct physical contact with the body of the patient without PPE.
iii. Touched or cleaned the linens, clothes, or dishes of the patient.
iv. Lives in the same household as the patient.
v. Anyone in close proximity (within 3 ft) of the confirmed case without precautions.
vi. 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.

Low Risk

i. 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).
ii. Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.

Annexure B

Rapid Response Kit

The following items should be included in Rapid Response Kit

1. Stationery (Notebooks, pens, pencils, sharpeners, rubbers, etc)
2. Basic Protective Wear (Gloves, Aprons, Masks, Caps, Goggles, Gowns, Towels)
3. Transport (Convenient mode of transport, fuel, etc)
4. Disinfectants (Hand Sanitizers, Soap)
5. Manual / Guideline (Case Definition Booklet, Laboratory Guideline, IPC Guideline, etc)
6. Sanitation tools, Disposable bags, Water Container, Flashlight, Cotton wool, etc
7. Appropriate Bags for packing
8. Basic clinical equipment, disposable syringes and needles, stethoscope, thermometer, etc
9. Sample collection and transport containers and media
10. Basic laboratory equipment as required

For detailed content of emergency kit, kindly refer to WHO guidelines

Annexure C

Standard Case Report Format

World Health Organization

Revised case report form for Confirmed Novel Coronavirus COVID-19 (report to WHO within 48 hours of case identification)

Date of reporting to national health authority: [D][D]/[M][M]/[Y][Y][Y][Y]

Reporting country: _____

Why tested for COVID-19:

□ Contact of a case □ Ill Seeking Healthcare due to suspicion of COVID-19 □ Detected at point of entry □ Repatriation
□ Routine respiratory disease surveillance systems (e.g influenza) □ Unknown

If none of the above, please explain: _____

Section 1: Patient information

Unique Case Identifier (used in country): _____

Age (years): [__][__][__] if <1 year old, [__][__] in months or if < 1 month, [__][__] in days

Sex at birth: □ Male □ Female

Place where the case was diagnosed: Country: _____
Admin Level 1 (province): _____

Case usual place of residency: Country: _____

Section 2: Clinical Status

Date of first laboratory confirmation test: [D][D]/[M][M]/[Y][Y][Y][Y]

Any symptoms* or signs *at time of specimen collection that resulted in first laboratory confirmation*?

□ No (i.e., asymptomatic) □ Yes □ Unknown

If yes, date of onset of symptoms: [D][D]/[M][M]/[Y][Y][Y][Y]

Underlying conditions and comorbidity:

Any underlying conditions? □ No □ Yes □ Unknown

If yes, please check all that apply:

□ Pregnancy (trimester: _____)
□ Cardiovascular disease, including hypertension
□ Diabetes
□ Liver disease
□ Chronic neurological or neuromuscular disease
□ Other(s), please specify:

□ Post-partum (< 6 weeks)
□ Immunodeficiency, including HIV
□ Renal disease
□ Chronic lung disease
□ Malignancy

Health Status at time of reporting:

Admission to hospital: ◻ No ◻ Yes ◻ Unknown
First date of admission to hospital: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

If yes
Did the case receive care in an intensive care unit (ICU)? ◻ No ◻ Yes ◻ Unknown
Did the case receive ventilation? ◻ No ◻ Yes ◻ Unknown
Did the case receive extracorporeal membrane oxygenation? ◻ No ◻ Yes ◻ Unknown

Is case in isolation with Infection Control Practice in place ◻ No ◻ Yes ◻ Unknown
Date of isolation: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

Section 3: Exposure risk in the 14 days prior to symptom onset (prior to testing if asymptomatic)

Is case a Health Care Worker (any job in a health care setting): ◻ No ◻ Yes ◻ Unknown

If yes, Country: _____ City: _____ Name of Facility: _____

Has the case **travelled** in the 14 days prior to symptom onset? ◻ No ◻ Yes ◻ Unknown
If yes, please specify the places the patient travelled to and date of departure from the places:

	Country	City	Date of Departure from the place
1.	Country _____	City _____	Date _____
2.	Country _____	City _____	Date _____
3.	Country _____	City _____	Date _____

Has case **visited any health care facility** in the 14 days prior to symptom onset? ◻ No ◻ Yes ◻ Unknown

Has case **had contact with a confirmed case** in the 14 days prior to symptom onset? ◻ No ◻ Yes ◻ Unknown
If yes, please list unique case identifiers of all probable or confirmed cases:
If yes, please explain contact setting: _____

	Contact ID	First Date of Contact	Last Date of Contact
1.	_____	Date _____	Date _____
2.	_____	Date _____	Date _____
3	_____	Date _____	Date _____
4	_____	Date _____	Date _____
5	_____	Date _____	Date _____

Most likely country of exposure: _____

World Health Organization

Section 4: Outcome : complete and re-sent the full form as soon as outcome of disease is known or after 30 days after initial report

Date of re-submission of this report: [D][D]/[M][M]/[Y][Y][Y][Y]

If case was asymptomatic at time of specimen collection resulting in first laboratory confirmation, did the case develop any symptoms or signs *at any time* prior to discharge or death:

- ☐ No (i.e., case remains asymptomatic)
- ☐ Yes, asymptomatic case (as previously reported) developed symptoms and/or signs of illness

  If yes, date of onset of symptoms/signs of illness: [D][D]/[M][M]/[Y][Y][Y][Y]

- ☐ Unknown

Clinical Course:

Admission to hospital (may have been previously reported): ☐ No ☐ Yes ☐ Unknown

If admitted to hospital:

First date of admission to hospital: [D][D]/[M][M]/[Y][Y][Y][Y]

Did the case receive care in an intensive care unit (ICU)? ☐ No ☐ Yes ☐ Unknown

Did the case receive ventilation? ☐ No ☐ Yes ☐ Unknown

Did the case receive extracorporeal membrane oxygenation? ☐ No ☐ Yes ☐ Unknown

Health Outcome: ☐ Recovered/Healthy ☐ Not recovered ☐ Death ☐ Unknown: ☐ Other:

If other, please explain: _____

Date of Release from isolation/hospital or *Date of Death:* [D][D]/[M][M]/[Y][Y][Y][Y]

If released from hospital /isolation, date of last laboratory test:

[D][D]/[M][M]/[Y][Y][Y][Y]

Results of last test: ☐ positive ☐ negative ☐ Unknown

Total number of contacts followed for this case: _____ ☐ Unknown

Annexure D

Standard Line List Format for Cases

This is being provided as a separate Excel Sheet and contains the following columns:

Date (YYYY-MM-DD)
reporting country
Why the case was tested for COVID-19
Other reason the case was tested for COVID-19
country case ID
Age
unit of age
Sex at birth
where the case was diagnosed, admin level 0 (country)
identified Admin Level 1 (province):
place of residence admin level 0
Date of first laboratory confirmation (YYYY-MM-DD)
Patient asymptomatic at time of speciment collection
Date of onset of first symptoms (YYYY-MM-DD)
Does the patient have any underlying conditions?
Pregnancy
Trimester of pregnancy
Post-partum (<6 weeks)
Immunodeficiency including HIV
Cardiovacsular disease including hypertension
Diabetes
Liver disease
Renal disease
Chronic neurological or neuromuscular disease
Malignancy
Chronic lung disease
Other, specify
admission to hospital?:
Date first admitted in hospital (YYYY-MM-DD)
Did the patient receive care in an ICU?
Was the patient ventilated?
Did the patient receive ECMO?
Was the case isolated with infection control practice in place?
Date of isolation (YYYY-MM-DD)
Health care worker
Healthcare worker country
Healthcare worker city
Healthcare worker facility name
Has the patient travelled in the 14 days prior to symptom onset?
Specify country travelled to 1
Specify city travelled to 1
Specify date departed from 1 (YYYY-MM-DD)
Specify country travelled to 2
Specify city travelled to 2
Specify date departed from 2 (YYYY-MM-DD)
Specify country travelled to 3
Specify city travelled to 3
Specify date departed from 3 (YYYY-MM-DD)

Has the patient visited any health care facilities in the 14 days prior to symptom onset
Has the patient had contact with a confirmed case?
Explain contact setting
ID number of confirmed case 1
Date of first exposure to confirmed case 1 (YYYY-MM-DD)
Date of last exposure to confirmed case 1 (YYYY-MM-DD)
ID number of confirmed case 2
Date of first exposure to confirmed case 2 (YYYY-MM-DD)
Date of last exposure to confirmed case 2 (YYYY-MM-DD)
ID number of confirmed case 3
Date of first exposure to confirmed case 3 (YYYY-MM-DD)
Date of last exposure to confirmed case 3 (YYYY-MM-DD)
ID number of confirmed case 4
Date of first exposure to confirmed case 4 (YYYY-MM-DD)
Date of last exposure to confirmed case 4 (YYYY-MM-DD)
ID number of confirmed case 5
Date of first exposure to confirmed case 5 (YYYY-MM-DD)
Date of last exposure to confirmed case 5 (YYYY-MM-DD)
Likely country for exposure to case?
Date of outcome submission (YYYY-MM-DD)
If the case was asymptomatic at the time of speciment collection, did the case develop symptoms?
Date case developed symptoms (YYYY-MM-DD)
Patient admitted to hospital
Date patient admitted to hospital (YYYY-MM-DD)
Did the patient receive care in an ICU?
Was the patient ventilated?
Did the patient receive ECMO?
Patient status (outcome)
Other patient status (outcome)
Date of patient release or date of death (YYYY-MM-DD)
If released, date of last laboratory test (YYYY-MM-DD)
laboratory result from last test
High risk contacts followed from case
Number of high risk contacts followed unknown

Format For Case-Wise Contact Listing And Follow – Up

Case information

S. No.	Date	Name	Age (yrs)	Sex (M/F/O)	Address	District	Phone No.	Date of onset of Symptoms	Any other Relevant Information

Contact information and Follow-up

S. No.	Date of Contact	Name	Age (yrs)	Sex (M/F/O)	Address	District	Phone No.	Day of Follow-up (Put 'X' if the contact has no symptom & put '√' if the contact has one or more of explained symptoms)																								
								1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1																																	
2																																	
3																																	
4																																	
5																																	
6																																	
7																																	
8																																	
9																																	
10																																	

Annexure E

Annexure F

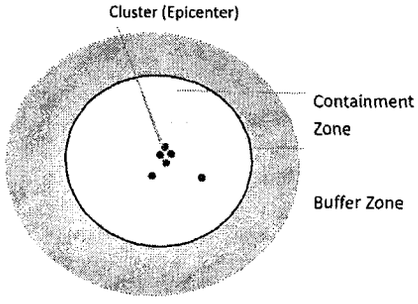
Key Considerations for Surveillance

1. Surveillance period is for 28 days – (14 days quarantine at home or hospital or a designated facility and next 14 days is for self-reporting).
2. Testing –
    a. All high risk contacts to be tracked, quarantined and lab-tested as per the protocol.
    b. For low risk contacts – lab-test only when the person under surveillance develops symptoms.
3. A positive case may have contacts in multiple States/UTs. Tracking of all the contacts located in a particular State/UT will be the responsibility of that State/UT.
    a. Indian Nationals – Irrespective of the location of the health care facility where the suspect/confirmed case is admitted, it will be included in the line list of the State where the case resided during the last 14 days (prior to or after the onset of the symptoms).
    b. Foreign Nationals – An individual or a group; of foreign nationals, if found positive and admitted in a designated health facility in a particular State, will be included in the line list of that state.
4. In case of any high risk contact found in the particular State/UT, sampling to be carried out by respective State/UT along with Home/Hospital quarantine of the said contact.
5. Sampling to be carried out strictly in accordance with the guidelines.

Annexure G

Activities for Containment and Buffer zones

Containment Zone - 3-5 km radius around the epicenter
Buffer Zone - 3-5 km radius around the Containment Zone



1. State RRT will help District RRT and district administration in mapping the Containment Zone.
2. The Containment Zone will be defined based on
    a. The index case / cluster, which will be the designated epicenter.
    b. Geographical distribution of cases around the epicenter.
    c. Local administrative boundaries of urban cities /town
3. Enlist all available health care and other facilities (govt and private) which can be used for health care and isolation in an emergency
4. Ensure guarding of all entry and exit points of the Containment Zone and distribution of do's and don'ts pamphlets for essential commuters (also maintain their contact details and the families they have visited in Containment Zone). Enhanced entry screening for travellers from containment zone
5. Advise people to refrain from leaving their homes and moving around from the containment zone for at least 14 days and avoid mass gatherings
6. Issue strict instructions to persons to report if they develop any symptoms of COVID-19