



No. NHMHP-IDSP/1/2020-IDSP-Section-19398

National Health Mission-HP
SDA Complex, Kasumpti, Shimla-9
Himachal Pradesh

Dated: Shimla-171009, the



To

The Director Health Services,
Himachal Pradesh**S u b j e c t : Regarding De-escalation of the COVID facilities in Himachal Pradesh.**

Sir,

This is in reference to D.O. No. 7(23)/2020-NHM-I dated 11.2.2021 received from Secretary, Govt. of India, Ministry of Health and family welfare on the subject cited above (Copy enclosed).

The following district wise analysis has been performed based on the criteria provided by Govt. of India for State of Himachal Pradesh for a period between 10th January to 6th Feb., 2021:-

Districts	New Cases Per Day per Million(<20 cases)	Growth rate of daily new cases (<0.3%)	Testing Positivity rate(<2)	Active Cases per million(<250)	Deaths per day million (<0.2)
Bilaspur	2.73	0.1	0.47	38.26	0.00
Chamba	2.92	0.24	0.42	36.13	0.05
Hamirpur	7.40	0.71	1.26	105.74	0.06
Kangra	5.32	0.44	0.97	65.89	0.23
Kinnaur	14.60	0.1	2.27	128.01	0.00
Kullu	2.48	0.1	0.70	31.80	0.00
L & Spiti	9.34	0	0.63	109.43	0.00
Mandi	10.78	0.68	2.21	73.17	0.13
Shimla	8.17	0.81	1.57	71.11	0.03
Sirmaur	10.61	0.62	1.82	124.82	0.05
Solan	7.42	0.89	1.38	74.28	0.15
Una	5.82	0.68	0.91	70.29	0.23

Based upon the district wise analysis majority of the Districts except Mandi and Kinnaur for Positivity rate testing and District Una and Kangra for Deaths per million are meeting the criteria for de-escalation for Covid-19 facilities as provided by Government of India.

In this regard, it is therefore requested to consider the matter and take necessary action accordingly.

Yours faithfully,

[Signature]
17/2/21
Mission Director
National Health Mission
H.P. Shimla-171009

MISSION DIRECTOR (NHCM)
17 FEB 2021
Shimla-9 (H.P.)

Mission Director
National Health Mission
Himachal Pradesh

Dated Shimla-9 the

Endst. No. As above
Copy to:

1. The Secretary (Health) to the Government of Himachal Pradesh for information please.
2. All the Deputy Commissioner in Himachal Pradesh for information and necessary action please.

[Signature]
17/2/21
Mission Director
National Health Mission



राजेश भूषण, आईएएस
सचिव

RAJESH BHUSHAN, IAS
SECRETARY



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

D.O. No. 7(23)/2020-NHM-I
11th February 2021

Dear Colleague,

As you are aware that Ministry of Health & Family Welfare is sending monthly D.O letters vide which the estimates of State-wise/District-wise requirements for bed capacities in COVID Healthcare facilities were shared based on the then existing trends of State/District growth rates of the infection to assist the States/UTs, for planning district-wise estimated requirement of optimum oxygen supported beds and ICU bed capacities for estimated cases.

2. We are also aware that depending on the local situation, States/UTs have initiated the restoration of the COVID hospitals for the provisioning of essential health services. In this context, based on the recommendations of Reconstituted Empowered Group on Medical Infrastructure and COVID Management Plan, the key parameters to be considered for de-escalation should include: new cases per day/growth rate, active cases per million, testing positivity, daily new deaths per million and number of contacts traced per positive case. Further, in view of the consistent decline of the pandemic, the suggested criteria for de-escalation at State/UT level that the States/UTs could consider are:-

- New Cases per day per million (< 20 cases PM per day)
- Growth rate of daily new cases (< 0.3%)
- Testing positivity (%) (< 2%)
- Active Case per million (250 PM) and
- Deaths per day Per Million (0.2 deaths PM per day)

These criteria, if consistent for a stable period of time (4 weeks), can be considered as guiding principle to consider de-escalation for States.

3. The process of de-escalation of COVID dedicated beds should ensure maintenance of recommended proportionality of distribution of health infrastructure across levels of care. The suggested hospital preparedness ratio is 1 : 4 : 7.5 for ICU beds, non-ICU beds and isolation-care beds. Of these, 15% of ICU beds should be ventilator care beds.

4. States/UTs are requested to assess the decline of the COVID cases at district/Sub-District level and ensure the following viz. recommended proportion of hospital beds, potential need for re-escalation of hospital beds, in case COVID-19 cases spike again; adequate mechanisms to safeguard regional balance and optimal mix of public/ private health facilities at every step.

contd..2/-

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5. It is emphasized that while development of adequate infrastructure is necessary for appropriate management of COVID cases to keep the mortality levels down, it is important that needs of healthcare infrastructure necessary for delivery of non-COVID essential healthcare services are also suitably addressed, especially for maternal & new born care, care for cancer & dialysis patients and patients requiring surgical interventions.

6. Based on local context, State/UTs are requested to take a call on case to case basis to restore the COVID hospitals to the original purpose for provisioning of essential health services of the community. Please feel free to indicate the support required in this regard, if any.

Narm Legards .

Yours sincerely



(Rajesh Bhushan)

To: ACS/Principal Secretaries/Secretaries, Health – All States/UTs