

GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH & FAMILY WELFARE
NAGALAND : KOHIMA

No: DHFW/COVID-19/2019-20/ 508-11

Dated Kohima, the 25th April 2020.

ORDER

In order to facilitate surveillance to tackle the COVID-19 pandemic, the department has developed a Mobile App known as "nCOVID-19 Nagaland Visitor's App". The department vide Order No: DHFW/COVID-19/2019-20/ 244-50 dt. 20th April 2020 herein enclosed as Annexure: 1, has issued an order for mandatory registration of contact persons in the "nCOVID-19 Nagaland Visitor's App". Such contact persons are to mandatorily update their sign/ symptoms status twice daily by 10.00 AM and by 7.00 PM and to maintain social distancing should stay at home till completion of quarantine period. Through this digital platform intervention, the surveillance at district/ sub district levels will be relieved from making calls to contacts and will also enhance monitoring of people at risk as well as monitoring patterns of clustering of respiratory diseases.

Symptomatic Cases are being reported through the Digital Surveillance platform. As and when such cases are reported, the Digital Surveillance Team will share the contact details of such persons with the concerned District Surveillance teams for active Surveillance. The District Surveillance Unit shall immediately activate the concerned surveillance team- RRT/ Facility Surveillance Team etc for mandatory visit of such cases to ascertain the health condition of such cases. The Action Taken Report (ATR) in the prescribed format given at Annexure 2 is to be submitted to the State Digital Surveillance Team in softcopy (Excel) through email to nagalandcovid19cmt@gmail.com with a copy to the concerned DSO/DPM without fail for compilation of district report. The Turn-Around-Time for the submission ATR shall be within 24 hours from the time of dispatch of the Contact list of the cases with symptoms.

Accordingly, all Surveillance teams are directed for strict adherence and compliance. It is to remind that concerned Surveillance Team shall be held responsible for any data disparity or failure to submit the Report within the stipulated time.


(DR. VIZOLIE Z SUOKHRIE)


Principal Director
Directorate of Health & Family Welfare
Nagaland::Kohima

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Copy To:

1. The Principal Secretary to the Govt. of Nagaland, Health & Family Welfare Department for kind information.
2. The Chief Medical Officers/ Medical Superintendent of all districts for kind information and necessary action.
3. All Joint Director in-charge of District Directorate of the Health & Family Welfare for kind information and necessary action.
4. The SSO (IDSP), Directorate of the Health & Family Welfare for kind information and necessary action.
5. Guard file/ Office copy.


(DR. VIZOLIE Z. SUOKHRIE)

Principal Director
Directorate of Health & Family Welfare
Nagaland::Kohima

QUARANTINE SYMPTOM ALERTS INVESTIGATION REPORT

(email to nagalandcovid19cmt@gmail.com within 24 hours of dispatch of Line List of Contact with Symptoms)
 from the State Digital Surveillance team

Name & Contact No of the Reporter:

Date:.....

District:.....

District	Date	Case ID No*	Symptom Reported {Fever (1), Cough (2), Difficulty in Breathing (3)}	Address	Action Taken**	Date/Time of Investigation	Status	Remarks

NB: * Mobile No, If Case ID Not available.

**** Action Taken****

Sl. No	Action taken	Remarks
1.	Directed to hospital	if after investigation, contact is genuinely exhibiting symptoms, direct to hospital for sample collection
2.	Closed-Non- symptomatic Date/time:	if after investigation, contact is found to not exhibit Covid symptoms reported
3.	Closed-Erroneously reported	if after investigation, contact is found to be