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No. 10611
HFW-SCHI-EMER-0001-2020
Date 04.05.2020

To

All Collectors
Municipal Commissioners
CDM&PHOs

Sub : Public Health Response to COVID-19; measures to be taken in the containment zones.

Madam/Sir,

I have already shared a copy of the presentation made by the Ministry of Health & Family Welfare, Government of India in the Video Conference chaired by the Cabinet Secretary on 03.05.2020 in the Healthcare Odisha WhatsApp group. It was emphasized during the video conference that COVID Portal must be updated on a real time basis for proper classification of districts/ Municipal Corporation as Red/ Orange/ Green. The District Surveillance Officer and the Deputy Collector attached to the Office of CDM&PHOs may be instructed to ensure this. Mission Director, National Health Mission has allowed CDM&PHOs to engage additional DEOs for entering data on RTPCR Mobile Application.

2. The Chairperson, National Executive Committee of National Disaster Management Authority vide his Order No. 40-3/2020-DM-I(A) dt.01.05.2020 has directed the following protocol for the containment zone.

Identification of Containment Zones:

- (i) Containment Zones shall be demarcated within Red (Hotspots) and Orange Zones by States/ UTs and District Administrations based on the guidelines of MoHFW. The boundary of the Containment Zone shall be defined by District Administrations taking into account the following factors; mapping of cases and contacts, geographical dispersion of cases and contacts; area with well demarcated perimeter; and enforceability.
- (ii) The boundary of the Containment Zone will be a residential colony, mohalla, municipal ward, municipal zone, Police Station area, towns etc., in case of urban areas; and a village, cluster of villages, Gram Panchayats, group of Police Stations, blocks etc., in case of rural areas.

<https://health.odisha.gov.in>

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Protocol within Containment Zones:

- (iii) Intensive surveillance mechanism as outlined in the Standard Operating Protocol (SOP) issued by MoHFW is to be established within the Containment Zone. The local authority shall ensure 100% coverage of Aarohgya Setu app among the residents of Containment Zones.
- (iv) In the Containment Zone, following activities shall be undertaken by the local authorities:
 - a. Contact Tracing.
 - b. Home or Institutional quarantining of individuals based on risk assessment by medical Officers. The risk assessment will be based on symptoms, contact with confirmed cases, and travel history.
 - c. Testing of all cases with Severe Acute Respiratory Infection (SARI), Influenza Like Illness (ILI) and other symptoms specified by MoHFW.
 - d. House to house surveillance by special teams constituted for this purpose.
 - e. Clinical management of all cases as per protocol.
 - f. Counselling and educating people; and establishing effective communication strategies.
- (v) In these Containment Zones, where maximum precaution is required, there shall be strict perimeter control to ensure that there is no movement of population in or out of these zones except for medical emergencies and for maintaining supply of essential goods and services.

3. Containment measures in each zone is required to be closely monitored by a team consisting of Collector/ Municipal Commissioner, DCP/ SP, CDM&PHO, District Surveillance Officer, DSWO, faculty deputed from the Medical Colleges/ RMRC/ WHO representative etc. Each containment zone is to be further analysed at field level as indicated below :-

Monitor total cases & active cases
 Calculate doubling rate on a weekly basis
 Calculate case contact ratio- total number of contacts/total confirmed cases
 Calculate testing ratios:
 (Total tests conducted / population of zone
 Total tests conducted / total number of positive cases

Calculate test confirmation %- number of positive cases/total number of tests conducted)

Calculate case fatality rate- number of deaths within confirmed cases/confirmed cases

Analyze bed occupancy- number of occupied beds/total number of beds in the DCH/ DCHC/ CCC for the zone.

4. A report in the following format is required to be submitted to the undersigned everyday.

Geographical boundary of the containment zone		
Population	Block/ ULB	District
Cases		
Total cases		
Active cases		
Recovered/ Discharged/ Deaths, if any		
Surveillance		
Contacts identified		
Contacts traced		
SARI/ ILI/ fever cases detected		
Others at risk		
Testing		
Total samples collected		
Total tests conducted		
Samples pending for testing		
Hospital preparedness (DCH/ DCHC/ CCC attached for the zone)		
Infrastructure	Total	Occupied/ used
Isolation beds		
Oxygen supported beds		
ICU beds		
Ventilators		
Supplies		
	Stock as on date	Avg. Daily consumption
PPE kits		
N95 masks		
Oxygen cylinders		
HCQ 200 mg		

HCQ 400 mg		
Azithromycin		

5. Following remedial measures are also indicated for addressing various key issues in the containment zones.

A. High Doubling Rate - Proposed actions in containment zones

Key issues	Suggested actions
Poor social distancing (lockdown and voluntary measures not followed)	<ul style="list-style-type: none"> BDO/ Tahasildar to make surprise visits to verify whether social distancing is being implemented properly or not and Also whether perimeter control is being followed or not
Ineffective contact tracing and active case search in the past	<ul style="list-style-type: none"> Ensure rigorous contact tracing and active case search
Home quarantine and isolation guidelines not being followed	<ul style="list-style-type: none"> Counsel patients and contacts - explain importance of properly following isolation and quarantine guidelines to control spread Prophylaxis with HCQ
If high number of health care workers are infected	<ul style="list-style-type: none"> Train health care workers on IPC Ensure sufficient PPE kits Prophylaxis with HCQ

B. High Case Fatality Rate – Proposed actions for containment zone

Key issues	Suggested actions
Poor knowledge of symptoms	<ul style="list-style-type: none"> Raise community awareness through IEC on common symptoms of Covid-19 Engage with community volunteers / opinion leaders / religious leaders for awareness & increased sampling

Poor health care seeking behavior (hesitancy or delayed reporting)	<ul style="list-style-type: none"> • Intensify active case search, contact tracing and follow up • De-stigmatization of Covid-19 • Raise community awareness through IEC on when to report, whom to report and what precautions to take etc. • Take community leaders into confidence • Communicate the risk properly
Standard treatment protocol not followed at health facilities	<p>Train doctors and health care staff on standard treatment protocol, ventilatory management of ARDS cases, management of co-morbidities etc.</p> <p>Contact DMET for further technical support</p>
Inadequate health care staff	<p>Mobilize staff from different sources:</p> <ul style="list-style-type: none"> • Staff from private sector • Explore possibility of engaging retired professionals, final year students, NGOs etc. (Contact DMET & DHS)
Inadequate infrastructure and supplies	Contact DHS/ MD, OSMCL for augmentation of infrastructure and supplies

C. High Samples Confirmation Rate – Proposed actions for containment zone

Key issues	Recommended initiatives
Could be a case of low testing	Contact M.D., NHM for increasing the number of tests to be conducted
In case of sufficient testing, indication of high disease burden	Focus on breaking the chain of transmission by early detection of cases etc.

6. All efforts need to be made in a co-ordinated manner for effective surveillance in the containment zone. The M.O. incharge the containment zone, the BDO/ Tahasildar/ Zone Officer, the CDPO and the ACP/ IIC of the Police Station need to co-ordinate seamlessly. They should meet every day evening, review the progress made during the day and plan for the next day.

The following aspects must be ensured

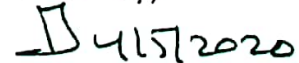
- Preparation of surveillance micro plan

- Proper delineation of the containment zone
- Implementation of perimeter control
- Sufficient special teams are formed for active surveillance
- Teams to undertake
 - Active case search and identification of contacts
 - Compliance with home quarantine/home isolation Guidelines
- Ensure adoption of Aarogya Setu app by all persons living in the zone
- Ensure adequate testing is being done as per protocol
- Ensure adoption of RT-PCR app for specimen referral
- Ensure adequate and timely collection and transport of samples to the designated lab.
- Ensure adequate availability of VTMs, triple layer packaging in the healthcare facilities for collection and transportation of samples.

7. In the coming days, it is very imperative that high focus be given to containment of clusters of infection. The key to success in containing COVID lies in meticulous implementation of the containment plan in the clusters where cases have been reported.

Accordingly, you are requested to take all necessary action to contain spread of COVID.

Yours faithfully,

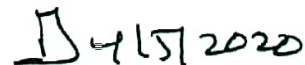


Principal Secretary to Government

Memo No. 10612/H

Date - 04.05.2020

Copy to Mission Director, NHM, Odisha/Director, Medical Education & Training, Odisha/ Director, Health Services, Odisha/ Director, Public Health, Odisha/ State Surveillance Officer, IDSP, Odisha/ Director, RMRC, Bhubaneswar/ Team Head, WHO, Bhubaneswar for information and necessary action.



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