

**Government of West Bengal**  
**Health & family Welfare Department**  
**Swasthya Bhawan, Block GN-29, Sector V**  
**Salt Lake City, Kolkata - 91**

Memo No: *HPH/9M-21/2020/77*

Dated: *31.03.2020*

To

The Principal (All Medical Colleges)

The Medical superintendent and Vice Principal (All Medical Colleges)

The Chief Medical Officer of Health (All Districts and Health Districts)

The Superintendent (All DH/SSH/SDH/SGH)

The Block Medical Officer of Health (All Blocks)

**State Protocol for Clinical Management of COVID-19 Cases, West Bengal**

WHO has declared the Novel Corona Virus Disease (COVID-19) as a pandemic on 11th March, 2020 affecting 201 countries/territories/areas throughout the world. Few cases of COVID-19 are also being detected in the State.

In order to streamline the management protocol of such patients across the State, the expert committee of the State has prepared a Standard Management Protocol for treatment of such patients.

All concerned are hereby instructed to adhere to the guidelines outlined in the protocol for managing COVID-19 cases (*enclosed*).

All concerned are further instructed to share the guidelines to all faculties, specialists, Medical Officers under their control.

*bw 31/03/2020*

Director of Medical Education  
Government of West Bengal

*31/3/20*  
Director of Health Services  
Government of West Bengal

Memo No: *HPH/9M-21/2020/77/1(4)*

Dated: *31.03.2020*

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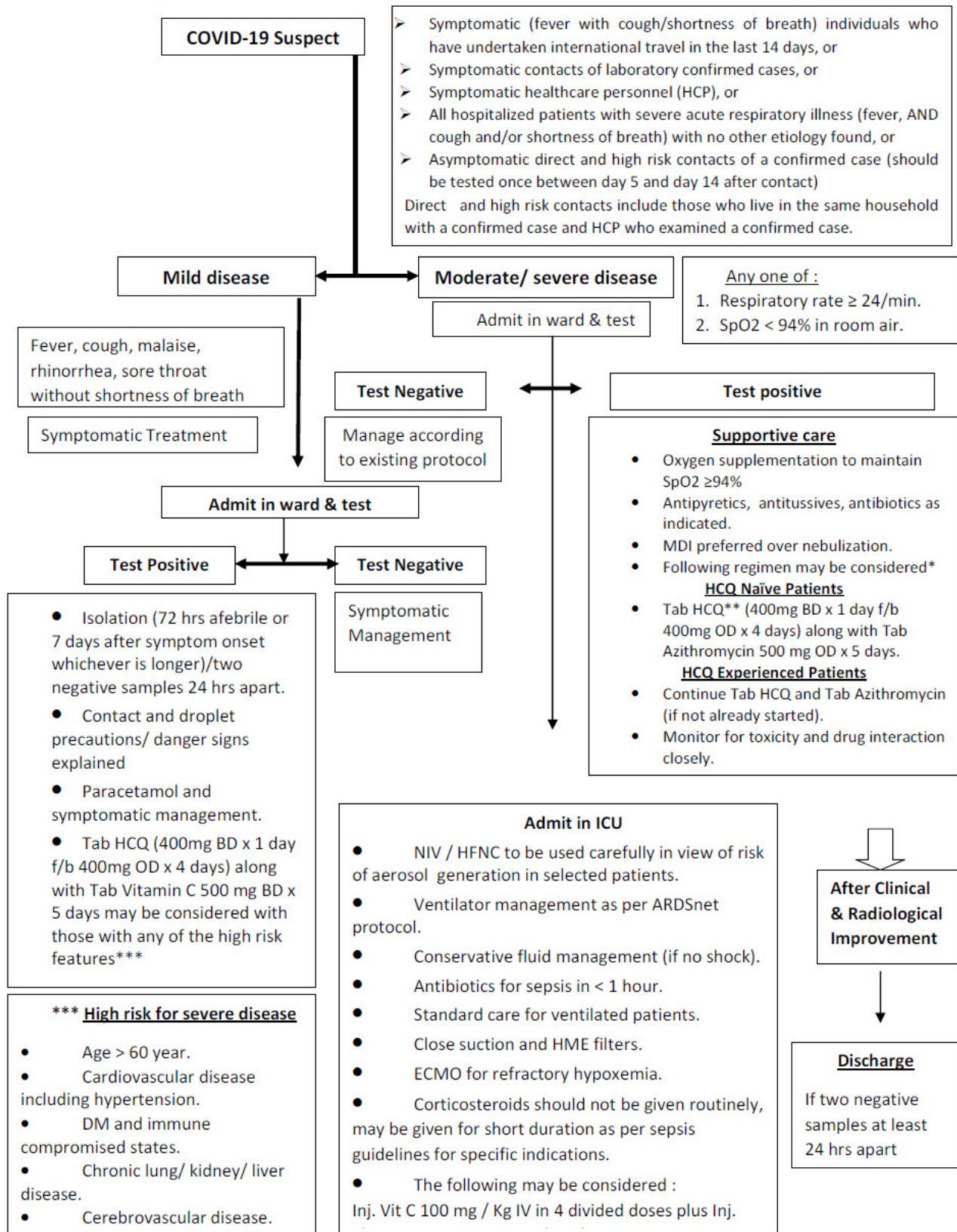
1. DDHS (PH) and SSO, IDSP, West Bengal
2. SNO, IDSP, West Bengal
3. Dy. CMOH-II, all Districts and Health Districts
4. Guard File

*bw 31/03/2020*

Director of Medical Education  
Government of West Bengal

*31/3/20*  
Director of Health Services  
Government of West Bengal

## Treatment Protocol of COVID -19 Government of West Bengal



\*\* In case HCQ is not available, chloroquine phosphate (500 mg BD for 10 days) may be considered.

Sl no	Name of drug	Dose	Side effects	Contraindications
1.	Hydroxychloroquine	400 mg BD X 1 day Then 400 mg OD X 4 days	Gastrointestinal, ocular toxicity	Contraindicated in QT>500 ms, myasthenia gravis, porphyria, retinal pathology, epilepsy. Pregnancy not contraindication
2.	Azithromycin	500 mg ODX 5 days		Caution when combining with HCQ for QT prolongation
3.	Lopinavir/ritonavir	400/100mg BD for 14 days or 7 days after becoming asymptomatic whichever is shorter	Gastrointestinal, elevation of aminotransferase, pancreatic enzymes	Combined use with amiodarone, quetiapine, simvastatin prohibited. Check for other interactions as well.

#### Tests:

- Daily CBC, biochemistry
- ECG at presentation. Daily ECG if initial QTc>450 msecs. Avoid quinolones/macrolides, if possible in them or monitor QTc closely, if used.
- Chest X Ray at presentation and then as needed.
- Serum Ferritin for assessment of prognosis.
- Virological testing every other day.

#### Discharge:

- Asymptomatic, Afebrile
- Normal & stable vitals, Other organ parameters normal/satisfactory
- CXR-clear
- Viral clearance in respiratory samples after two specimens test negative for SARS-COV-2 within a period of 24 hours.

## Chemoprophylaxis :

### RECOMMENDATIONS FOR EMPIRIC USE OF HYDROXY-CHLOROQUINE FOR PROPHYLAXIS OF SARS-COV-2 INFECTION (as per ICMR guideline)

Sl. No.	Eligible individual category	Dose	Contraindication
1.	Asymptomatic health care workers in the treatment of suspect and confirmed patients	400 mg twice daily with food on day 1 followed by 400 mg once weekly for 7 weeks	Children below 15 years, known history of retinopathy and hypersensitivity
2.	Asymptomatic household contacts of lab confirmed cases	400 mg twice daily with food on day 1. Followed by 400 mg once weekly for 3 weeks	-Do-

### Key considerations:

1. Drug to be used only under prescription of registered Medical Practitioner only
2. Consult physician in cases of drug reaction
3. All asymptomatic contact should remain in home quarantine
4. Asymptomatic showing symptoms should immediately seek medical advice