



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

Memo No: HPH/9M-21/2020/87

Dated: 13.04.2020

Containment and Treatment Strategies in COVID 19 Hi-Risk Spots

An analysis of data reveals some geographical areas in the State showing a higher number of COVID19 infected persons. While a significant number of these cases can be traced to a few pockets/ settlements or even families, this calls for heightened vigilance and preventive steps to contain any potential for the spread of the virus.

The guiding principles of a Cluster Containment Strategy are

- (i) Early detection of cases
- (ii) Breaking the chain of transmission
- (iii) Prevent the spread of the virus

While a containment strategy is necessarily multi-pronged, the health and medical aspects play a significant role. Hence, the following guiding principles are laid down for all health administrators and health facilities in the State:

- a) Aggressive listing, tracing and tracking of all primary and secondary contacts be undertaken in respect of every person who has tested positive for COVID with the utmost promptness;
- b) Asymptomatic, low-risk and secondary contacts to be sent to Home Quarantine and thereafter to be monitored closely for symptoms;
- c) All symptomatic contacts, whether primary or secondary, who are high-risk cases, i.e., of age 45 years and above, and already suffering from co-morbid conditions, be sent into earmarked/ designated hospital isolation facility. Further, on testing positive, they be moved to the designated COVID hospitals;
- d) All other primary or secondary symptomatic (non high-risk category) contacts, be sent to Institutional Quarantine;
- e) Swab samples be taken for all symptomatic contacts whether in hospital isolation or institutional quarantine;
- f) Undertake disinfection of the household/ hospital ward or the area/ locality concerned (Hypochlorite solution, as conveyed earlier in another advisory) either yourself or through the local bodies;
- g) Enhance fever surveillance through house-to-house visits through municipal health workers or ASHAs, as the case may be. In the urban areas, the teams constituted for Dengue surveillance may be utilized for this purpose too, after providing them orientation material for surveillance. They have to look out for persons

with symptoms of Influenza like Illness (ILI) including fever, sore throat, cough and runny nose or symptoms of Severe Acute Respiratory Illness (SARI) such as shortness of breath, respiratory difficulty etc.

- h) It must be ensured that the personnel deployed for house-to-house survey duties wear a mask, gloves and any other protective gear deemed fit by the local medical authorities, depending upon the perceived threat of exposure.
- i) ICMR's guidelines on providing Hydroxy-Chloroquine Sulphate (HCQS) to frontline workers as a prophylaxis has already been circulated vide No. HPH/9m-21/2020/77 dated 31/03/2020 . Sufficient numbers of the tablets have been sent to all districts/ public health institutions including medical colleges, and so a decision may be taken on administering HCQS to front line health workers after examining their health condition and contra-indications, etc. Absolute contra-indications are (a) Less than 15 yrs of age (b) Known case of Retinopathy (c) Known hyper-sensitivity to Hydroxy-Quinoline or 4-Aminoquinoline (d) Prolonged QT interval in ECG >500ms (d) Myasthenia Gravis (e) Epilepsy. However Health care workers having Chemo-prophylaxis should not get a sense of false security and they must follow the other measures like frequent hand washing, social distancing and wearing of masks and other PPE as may be required.
- j) It must be ensured that Fever Clinics in the health facilities have a proper triage, and all medical personnel wear PPE as prescribed, assuming that all patients coming to the Fever Clinic are potential COVID19 positive persons.
- k) All SARI cases should be covered for Testing of Swab samples as a general rule.

**Director of Medical Education
Government of West Bengal**

**Director of Health Services
Government of West Bengal**

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Copy forwarded for kind information and necessary action:

1. The Mission director, NHM, West Bengal
2. The Additional secretary (PHP), Health & FW Department, West Bengal
3. The Principal (All Medical Colleges)
4. The MSVP (All Medical Colleges)
5. Jt. DHS (PH&CD), West Bengal
6. The DDHS (Malaria), West Bengal
7. The DDHS (PH), West Bengal
8. The Chief Medical Officer of Health (All Districts and Health Districts) for circulation to all blocks and municipalities in the district
9. The Dy Chief Medical Officer of Health – II (All Districts and Health Districts)
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