NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - **110011**
Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

Rajesh Bhushan, IAS
Officer-on-Special-Duty
Tel#2306-3206 / 2306-3230
Email: osdh-mohfw@gov.in

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Dear Colleague,

At the outset, I would like to appreciate the sincere efforts being made by all the States and UTs in handling the COVID-19 Pandemic. Several States and UTs have adopted effective innovative approaches in handling various aspects of the COVID-19 Pandemic. These range from conducting comprehensive surveillance, contact tracing and testing to providing efficient treatment to the affected cases.

2.   The Ministry has been urging the States to share their good practices so as to enable all States/ UTs to replicate these by contextualising it in their own local situation. A facility has also been created on the National Health Innovations Portal under the tag "COVID-19 repository" for States/ UTs to upload their good practices.

3.   I take this opportunity to draw your attention to the following two practices followed in the State of Karnataka that are worth replicating (details enclosed):

(i)   The technology backed system involving multi-sectoral government teams for contact tracing of Covid-19 positive cases established by the State has helped it to effectively trace and track each case thereby successfully containing the spread of the epidemic. As you are aware, comprehensive contact tracing is extremely critical to contain the epidemic and ensure that the health infrastructure does not get overwhelmed.

(ii)   Karnataka has also conducted a physical/phone based household survey covering 1.5 crore households across the state to detect vulnerable populations like the elderly, persons with co-morbidities, pregnant women and those with ILI/ SARI. This was done through a "whole of Government" approach by involving several sectors and teams beyond the health teams to complete this survey in a record time. Subsequently, the vulnerable populations are being regularly

.....contd/-

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contacted by use of technology such as call centres and tele-consultation helplines as well as household visits to counsel them keep track of their health. The entire effort is geared towards protecting and treating the persons at higher risk with additional healthcare needs on priority.

4.   I would urge the States to consider these practices for adapting them to their local context and replicate them for better management of the COVID-19 Pandemic.

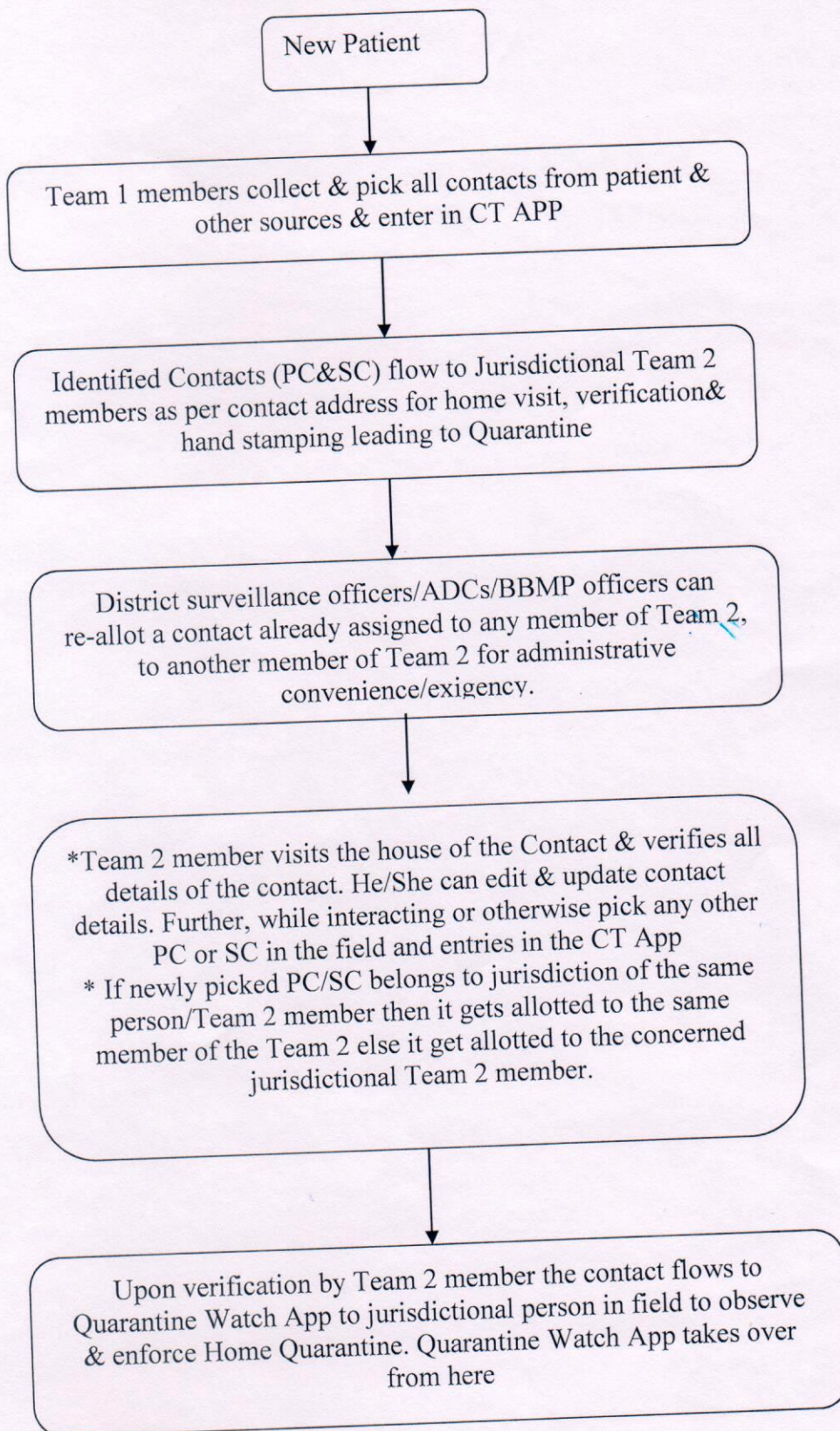Regards.

Yours Sincerely

(Rajesh Bhushan)

Encl : as above

Additional Chief Secretary/ Principal Secretary/ Secretary (Health)
All States/ UTs

1. Brief Note on Contact Tracing Methodology and Quarantine Procedure in Karnataka

1. The persons coming in contact with COVID-19 patients have very high vulnerability of getting infected. Hence, it is necessary to identify all the contacts of the patients and quarantine them. In Karnataka, the definition of Contact has been widened, including both the high risk as well as low risk contacts as defined by Government of India. The number of Primary and Secondary Contacts in Karnataka were meticulously traced and put to strict quarantine.

2. Contact tracing has been conducted in an organized manner by a well trained set of dedicated staff who carried specific responsibilities. The State has involved more than 10,000 government field staff for the job, who took action as per the SOP which prescribes step-by-step action to be taken and work / tasks to be performed by each designated person.

3. Due to the huge quantum of work, genuine forgetfulness of the positive persons and sometimes due to their deliberate attempts to hide facts the State developed and used Contact Tracing Mobile App and Web Application.

4. As per the Standard of Procedure (SOP) contact tracing has been done by 2 Teams, Team-1 and Team-2. Team-1 interfaced with patients immediately upon his turning positive and recorded all contacts on Contact Tracing App. Police obtained CDRs and other details of the patients and passed it on to Team-1. All contacts and their addresses were entered into Contact Tracing App. The information about all contacts automatically flows to the jurisdiction of Team-2, which is a field level team. Members of Team-2 visited the homes of the Contacts, collected information about them, entered the relevant facts on the Contact Tracing App, hand stamped them and put them to 14 days Home Quarantine with due information to the neighbor about the person. The team also pasted a bill outside each contact's home indicating that a contact has been quarantined there. (flow diagram at Annexure-1)

5. The State decided to have compulsory Institutional Quarantine for those contacts who were residing in slums or similar areas, where meaningful Home Quarantine cannot be done. The spread of infection in the slums of big corporation areas was curtailed using this methodology. It has been made mandatory for all returnees / travelers coming to Karnataka to register on "Seva Sindhu" portal, which enables the State to follow them for the next few days when they are in Home Quarantine / Institutional Quarantine. The data automatically flows from 'Seva Sindhu' portal to 'Quarantine Watch App'. The Quarantine Watch App assists the field workers in enforcing the quarantine.

6. The State has proactively put the movement chart of COVID positive cases and also the addresses of persons observing Home Quarantine in public domain to improve community participation in the enforcement of quarantine.

7. Apart from this, Mobile Squads have also been constituted to enforce the quarantine. In case information is received from the neighbor or public about the violation of quarantine by a person, that person is moved to Institutional Quarantine.

Contact Tracing System With CONTACT TRACING APP

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┌──────────────────┐
│   New Patient    │
└──────────────────┘
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Team 1 members collect & pick all contacts from patient & other sources & enter in CT APP

Identified Contacts (PC&SC) flow to Jurisdictional Team 2 members as per contact address for home visit, verification& hand stamping leading to Quarantine

District surveillance officers/ADCs/BBMP officers can re-allot a contact already assigned to any member of Team 2, to another member of Team 2 for administrative convenience/exigency.

*Team 2 member visits the house of the Contact & verifies all details of the contact. He/She can edit & update contact details. Further, while interacting or otherwise pick any other PC or SC in the field and entries in the CT App
* If newly picked PC/SC belongs to jurisdiction of the same person/Team 2 member then it gets allotted to the same member of the Team 2 else it get allotted to the concerned jurisdictional Team 2 member.

Upon verification by Team 2 member the contact flows to Quarantine Watch App to jurisdictional person in field to observe & enforce Home Quarantine. Quarantine Watch App takes over from here

2. Health risk survey of households and outreach campaign for public health in Karnataka

1. The purpose of the household health risk survey in Karnataka is four-fold: (i) to identify high risk households; (ii) to build capacity to reach households without necessarily sending a health worker or any other government functionary to individual houses; (iii) to link households with actionable outreach information to smaller geographical areas, such as polling station area, for healthcare services, and (iv) to detect persons having ILI / SARI / Covid-19 like symptoms for their treatment and segregation from others.

2. The survey was carried out during May covering 153 lakh households out of total 168 lakh total households by polling booth level officers (BLO) collecting following information by using a Health Survey App as well as a web application developed in-house. Pre-populated information based on the Voters List (2019) was made available on the App and the BLOs were required to collect only contact and health risk related information.

    i) Name of head of the household (pre-populated)

    ii) House number and address (pre-populated)

    iii) Mobile or telephone number or contact number of the household

    iv) Number of persons with age 60 years and above(pre-populated but editable)

    v) Number of persons with age 60 years and above having conditions of high blood pressure / diabetes / cardiac problem

    vi) Presence of pregnant woman or lactating mother (Yes / No)

    vii) Number of persons having symptoms of breathlessness, fever, cough and cold

3. The data collected through the survey was complemented by the information already available with the HFW department for pregnant mothers and TB/HIV/Dialysis/Cancer patients.

4. Thereafter an outreach campaign through Apthamitra tele-consultation helpline (Call No. 14410) set up by the state government with support from NASSCOM is being used to reach out to all the households at risk or having additional healthcare needs through IVRS and outbound calls. The outbound calls also include few select questions specific to the nature of the additional healthcare need as ascertained in the survey, in addition to questions related to Covid-19 like symptoms. The households reporting any family member with Covid-19 like symptoms are triaged by a telemedicine doctor and advised either of following actions:

    i) An emergency visit to hospital by ambulance from 108 service

    ii) Visit to fever clinic

    iii) OTC medicine

    iv) Healthcare advice

5. Finally, those households are reported to district or taluka level health officer and field level health worker (ASHA) to visit those households to ensure that the required healthcare service is provided.

6. Overall, the entire effort is geared towards protecting and treating the persons at higher risk and with additional healthcare needs on priority.