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COMMISSIONERATE

Health & Family Welfare Services

No. DHS/DD/SSU/17/2019-20

Date: 04.05.2020

CIRCULAR-3

Subject: Surveillance Plan to check spread of Covid-19 virus disease

Reference: (1) Circular no. DHS/DD/SSU/17/2019-20 dated 27.04.2020
(2) Circular no. HFW/COM/PS/20-21 dated 02.05.2020

A multi-pronged strategy for surveillance with following nine elements was recommended for adoption by the districts vide circular of even number dated 27.04.2020 in view of complex dynamics of spread of the disease. That circular was in supersession of the earlier circular of even number dated 21.04.2020. Now in continuation of the second circular dated 27.04.2020, following clarifications and additional elements of the strategy are recommended.

1. Reporting of influenza-like illness (ILI) and severe acute respiratory infections (SARI) by private healthcare providers

One of the recommended activities for this element is to organize home quarantine for ILI patients (para 4(iii)(c) and (viii) of circular dated 27.04.2020) who are not triaged for the testing and those who are not admitted to hospital. It is clarified that the period of quarantine for such ILI patients should be as advised by the treating doctor.

2. Tracking of quarantined persons

The circular dated 27.04.2020 had recommended tracking of persons quarantined for being contacts of Covid-19 person or having ILI or SARI symptoms. It is clarified that all activities recommended in that circular should be followed for persons quarantined for being contacts of Covid-19 person.

However, for ILI patients advised home quarantine by the treating doctor, the activity should be limited to one visit by a health worker to counsel for the patient to remain in the house till fully cured. All other quarantine activities (para 7 (i) to (v)) in that circular are not recommended any more.

For ILI patients admitted to a hospital and all SARI patients in the hospital, the need for home quarantine may arise only when they are discharged from the hospital, and if the treating doctor advises them. In those cases also, the clarification as above may be followed.

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3. Quarantine of persons moving from one district to another within the state on one-time pass (Circular at ref: no.2)

The requirement of compulsory health screening of people moving from one district, where they are stranded, to their native district on one-time pass and the norms of quarantine of symptomatic persons has been laid down in the order date 02.05.2020 at ref (2). All persons involved in such inter-district movement should be recorded in the Contact Tracing App as contacts of an imaginary Covid-19 patient PO, to overcome the limitation of the App, and subjected to the health screening. Thereafter, the process laid down in the order at ref (2) should be followed for all symptomatic persons. In addition, all asymptomatic persons involved in such inter-district movement should be quarantine at home and monitored as detailed in para 7 of the circular at ref (1) using Quarantine Watch App.

4. Health risk and outreach survey of households

Early detection of Covid-19 cases and persons having ILI / SARI / Covid-19 like symptoms, their treatment and segregation from others are essential. The purpose of the survey is three-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 containment activities.

Following specific measures are suggested for the survey.

(i) Take up one-time survey of all households in the state for health-risk assessment and for outreach information by using the voters list (2019) as reference for the households by deploying Booth Level Officers (BLOs) supported by additional staff, as found necessary, and complete the activity within 11.05.2020. The BLOs and the additional staff may be given copy of the voters list (2019) for their respective polling station area for easy reference and identification of the households. Any of the following four methods can be used.

a. Use the household health-risk assessment App developed by State Covid-19 War Room;

For the districts using the App, the relevant household information from the voters list (2019) shall be pre-populated in the App to the BLOs and additional staff for their assigned booth area.

Or

b. Collect information in manual mode in the format annexed to this circular (Annexure-1; information in column titles in red are to be collected) and enter the same in the web-application form developed by State Covid-19 War Room;

For the districts using manual form of information collection, State Covid-19 War Room will provide soft copy of the annexure for households in all polling station areas with data pre-populated from the voters list (2019) with records arranged in order of sl.no. in the voters list.

Or

2

- c. Continue collecting information in locally developed App (at least one district has done so) and complete coverage of all households, or else use the App developed by the State Covid-19 War Room for households in the areas not yet covered as the state level App requires less data entry;

These districts may approach State Covid-19 War Room for uploading of information collected through their local App.

It is recommended that the state App may be used for large urban areas (e.g., district head quarter) as the same links the households to a booth area and any future containment and outreach activities may be easier once the household information is linked to the geographical area.

Or

- d. Continue collecting information in locally planned manual form (few districts have collected information for large number of households) as long as the information envisaged as essential in Annexure-1 gets collected.

These districts may prepare the collected information in suitable excel sheet form and approach State Covid-19 War Room for uploading of the information.

These districts also are encouraged to use the state App for large urban areas (e.g., district head quarter) as the same links the households to a booth area and any future containment and outreach activities may be easier once a household information is linked to the geographical area.

(ii) Ensure collection of following set of information in the survey for each household:

a. Name of head of the household

- Name and sl.no. of the first voter in the household will be pre-populated on the data entry form (in the App or manual information collection form) from the voters list (2019) data;
- These are given for identification of the household and no correction should be carried out.

b. House number and address

- This information will be pre-populated on the data entry form (in the App or manual information collection form) from the voters list (2019) data;
- In case the pre-populated info is incorrect or incomplete, BLO may correct / enter only house number and street name; rest of address is not required;
- However, such correction is not an essential requirement of the survey.

c. Mobile or telephone number or contact number of the household

- It is highly desirable to collect this information though not mandatory as some families may not have a phone or may refuse to provide;
- Attempt should be made to persuade those who are reluctant to provide as the purpose is to help them in their healthcare at the time of the need;

- In absence of mobile number not being provided and the household being in a hotspot, a more frequent visit by health worker or BLO may be necessary for health status follow up; therefore, it is highly desirable to persuade the households to share the number.

d. Number of persons with age 60 years and above

- This information will be pre-populated on the data entry form (in the App or manual information collection form) from the voters list (2019) data;
- Actual number may vary as some might be residing currently at other places with other relatives or might have come to the current address though not being voters in this household. BLO should seek confirmation regarding such persons currently residing at current address and enter that number.

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

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

g. Number of persons having symptoms of breathlessness, fever, cough and cold

- (iii) The households not included in the voters list should be added to the survey list. Similarly, labour camps maintained by construction contractors should also be covered.
- (iv) Each labour camp may be treated as one household, named as "Labour Camp < name of contractor/work, <number of workers>>".
- (v) This survey is at household level and no details of the individuals, except name of head of the household, are to be collected.
- (vi) The information fields (d) to (f) above are for health risk assessment. The information at (g) is transient and will be relevant for follow-up of those households through outbound calls from Apathmitra helpline and / or visits by the health worker depending on location of the households being in containment zone / buffer zone or outside). Any subsequent collection of information regarding (g) should be organized as per the strategy element being communicated through the "Surveillance Strategy" circular dated 27.04.2020.

For any clarification or guidance, In-charge, State Covid-19 War Room may be approached.


Commissioner

Health & Family Welfare Services

To:

1. Commissioner, BBMP
2. Commissioner, AYUSH
3. Deputy Commissioners of all districts
4. Chief Executive Officers of Zilla Panchayats of all districts
5. Director, Health & Family Welfare Services
6. Director, Medical Education
7. Drug Controller
8. State Surveillance Officer

9. Special Commissioner (Health), BBMP
10. District Health & Family Welfare officers of all districts
11. District Surveillance Officers of all districts
12. Special Officer, IEC cum Joint Director, AB-Ark
13. Secretary, DPAR-AR and Incharge, State Covid-19 War Room
14. Members of Disease Surveillance Team, SDMA

Copy for information to:

1. Chief Secretary, Government of Karnataka
2. Additional Chief Secretary to Hon'ble Chief Minister
3. Additional Chief Secretary and Development Commissioner
4. Additional Chief Secretary, Health & Family Welfare Department.
5. Principal Secretary, Revenue Department (Disaster Management)
6. District In-charge Secretaries to Government
7. Heads of Task Committees constituted by Executive Committee of SDMA

Annexure-1

Health risk and outreach survey of households
(para 3)

| Sl. No. | Name of first person in household as per voters list | Sl. No. in Voter List [2019] | House No. | Address | Mobile / Tel / Contact Number | No. of persons above 60 years | | | Presence of pregnant woman or lactating mother (Y / N) | Number of persons having symptoms of breathlessness, fever, cough and cold |
|---------|--|------------------------------|-----------|---------|-------------------------------|-------------------------------|--------------------|---|--|--|
| | | | | | | As per voter list | Currently residing | Having high BP / diabetes / heart problem | | |
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BLO Name and Mobile 1 of 2

