# GOVERNMENT OF ANDHRA PRADESH HEALTH MEDICAL & FAMILY WELFARE DEPARTMENT

## Order No.82/ COVID-19/2020,

# **COVID Instant Order-82**

Date:23.09.2020

Sub: HMFW – Further steps in the light of Reduced Positivity in cases – Orders - Issued

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We have come to a stage where the positivity has started showing a definite decline. The same was observed in mortality rate also. However, it is observed that cases from the rural areas are showing a slight increase whereas there is a definite decline in the urban areas. Hence, there is a requirement of finetuning our strategy to ensure infection does not spread into newer areas. Hence the following instructions are being given for strict compliance.

## Testing:

- The number of tests conducted per day needs to be improved further.
   At the same time focused testing is required. Testing in buffer zones and in non containment zones may be increased so that at least 15% of total testing in a day is done in non containment zones and buffer areas. Importance may be given to rural areas abutting the urban local bodies to identify and stop the infection in rural areas.
- Sentinel Surveillance needs a refocus and collectors may ensure that specific economic activities in the suburban and rural areas are also captured in the sentinel surveillance testing everyday.
- The balance between RTPCR and Rapid Antigen test has to be maintained and ensure that more RTPCR / Trunat tests are done and Rapid Antigen Test use may be brought down to lower levels.
- All Rapid Antigen Test results should be announced on spot and intimated to the test seekers same time. Of the symptomatic persons who are getting negative results in Rapid Antigen Test, swab for the RTPCR has to be taken immediately and send it to the RTPCR Lab.
- 100 % of testing of each and every ILI / SARI patients should be done, any person coming to any health facility whether private or government at any level shall have to be necessarily be tested for COVID. The responsibility for such testing shall be on the Superintendent / Medical Officer incase of Government Health facilities and the owner / management incase of private hospitals / clinics. A daily report on the number of SARI / ILI cases reported in

each of the health facilities (Government as well as Private) shall be sent to the State IDSP wing through the District Surveillance Officer. Format of the report is annexed to the order as Annexure-I.

# **Promotion of Mask wearing:**

- To stop further infection, there is a need to take up IEC activities on wearing of mask
- Not only usage of mask but proper usage of mask to cover mouth and the nose completely has to be emphasized at all times. Proper way of wearing and removing of mask as well as washing and cleaning of re-usable masks also needs to be emphasized
- Collectors may strictly enforce no mask- no entry in all shops, restaurants, offices and other work places and all public places.
- In urban areas, the Municipal Commissioners shall put in place supervisors from among the Municipal staff for ensuring compliance of mask as well as COVID appropriate behavior in all public places. These supervisors shall have specific areas (wards) allotted and their wards shall be closely supervised by the Municipal Commissioners.

#### **New Clusters:**

- When a positive case is identified in any area which is not an existing cluster, prompt action to notify a new cluster shall be taken.
- In the new clusters strict containment measures shall be taken up for 14 days and it shall be ensured that no further cases come up in such new clusters.
- Collectors shall analyze sub district level spread of infection minutely at the following levels:
  - Urban Each ULB upto Ward Secretariat Level
  - Rural Each Mandal upto Village Secretariat Level
- Number of Cases, positivity, Deaths, may be analyzed and corrective steps may be taken.
- District Collectors may prepare daily analysis report and submit in the attached proforma given as annexure-II to this order.

#### **Home Quarantine Monitoring:**

 Apart from Health staff, all other functionaries at Village level like Anganwadi Workers, Staff working in the Village / Ward Secretariat may also be used for monitoring of Home Quarantine.

- Home Isolation monitoring may be streamlined to ensure that the ANM visits them atleast once in 4 days and medical officer visits them atleast twice in the entire period in the Home Isolation.
- During Home Isolation, persons in Home Isolation need to be given psychological counseling through the Medical Officer during his visit or through Tele Counseling from District Control Room setup for Home Isolation utilizing doctors, psychologists putup for the purpose.
- It shall be ensured that each and every person in Home Isolation is being spoken to every day by the ANM or Medical Officer or the Call Center. A mechanism for swift transfer to Hospital from Home Isolation may be put in place through a district level transport cell with enough vehicles at their disposal. Any ANM / Medical Officer or District Call Center for Home Isolation should be able to call this transport call center and shift the patients to Hospital quickly.
- The services of Health Supervisors working in the PHC may be utilized for effective monitoring of home quarantine as well as home isolation by attaching them specific Village / Ward Secretariats to monitor the work of the ANMs.

# Triaging:

- The quality of triaging may be improved by setting up triaging centers in different locations, use of tele triaging may be used exceptionally.
- Even when the medical officer is doing the triaging it shall be emphasized on home visit of the Medical Officer for doing triaging.

# **Hospital Management:**

- The facility of inflammatory marker test brought in recently through an outsourcing mode may be used effectively ensuring that all patients requiring such tests are invariably covered and such tests may be done immediately and results obtained swiftly.
- Hospital wise performance review is to be taken up duly considering Admissions, Recovery & Discharges and Deaths
- Proper case sheet is to maintained for every admitted patient duly covering
  - A. Details of Comorbidities
  - B. Investigations
  - C. Treatment
- In case of COVID-19 patients with Diabetes Mellitus, regular Blood Sugar monitoring & Management to be ensured by the Medical

- Superintendents. For other comorbidities also similar protocol needs to be followed.
- Death summary is to be recorded in the case sheet duly mentioning cause of death.
- District committee has to be constituted to audit every death due to COVID-19 and it has to report actionable points to the District Collector and State Expert Committee.

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Encl: Annexure - I & Special Chief Secretary to Government
Annexure - II

To

All the Collector & District Magistrates All the DM&HOs in the State

# Annexure - I - SARI / ILI Cases - Daily Report :

Date: District:

SI. No.	Name of the Facility	Govt / Private	No of SARI cases reported	Number tested	No of ILI Cases reported	Number tested	Number positive
	Total						

# **Annexure II – Daily Analysis report at Sub-district level :**

Date: District:

SI. No.	Rural / Urban	Name of ULB / Mandal	No of Positives	Positivity	Deaths	Cumulative Positive cases	Cumulative Positivity	Cumulative Fatality Ratio