

GOVERNMENT OF ANDHRA PRADESH HEALTH  
MEDICAL & FAMILY WELFARE DEPARTMENT

Order No.135 /COVID-19/2020-21

20/12/2021

**COVID INSTANT ORDER -135**

Sub: HMFWD-COVID19-Forthcoming festive season and reporting of omicron cases in various states- certain guidelines for containment of covid19 -issued – reg

- Ref:- 1. DO.No. Z-28015/85/2021-DM cell dated 21.09.2021.  
2. GO RT 751 HMFWD(B2) department dated 09.12.20213.  
DO.No. Z-28015/185/2021-DM cell dated 08.12.2021  
4. Covid Instant order 134 dated 29.11.2021

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Government of India has communicated certain guidelines for covid management and also mentioned that Covid-19 still remains a grave and continuing public health challenge. GOI has also mentioned that 2<sup>nd</sup> surge of Covid-19 is still not over. Globally also, the surge in cases is being reported across multiple countries. Further, new variant Omicron(B.1.1.529) is also reported in various states which is rapidly spreading. This surge in cases has reinforced the importance of implementation of Covid Appropriate Behaviour (CAB) in addition to testing, tracing , treatment and vaccination efforts.

2. Hence, there is a need for a continued focus on Prompt & Effective Containment Measures as well as Acceleration in the Pace and Coverage of Covid Vaccination to prevent any potential rise in number of cases.

3. In the coming months, various festivities such as Christmas, New Year, Sankranti and Sivaratri will follow one after the other till 31<sup>st</sup> March 2022. This is a critical period as there may be a tendency to ignore COVID-safe behavior during festivals, resulting in large gatherings, events, fairs etc.

4. It is critical to enforce adherence to guidelines to allow festivities in a cautious, safe and Covid appropriate manner. Any laxity in implementation of Covid Appropriate Behavior (CAB) at all levels (individual, group, establishments) could lead to serious consequences and can result in increase of cases. .

5. The guidelines of GOI have also reiterated the advisories for Containment

Framework and for putting restrictions to manage the spread of COVID-19 infection. District Collectors are directed to undertake stringent containment measures in identified areas based on test positivity and strain on healthcare system. To check the case positivity a sentinel Surveillance system has to be put in place where samples are tested in all Mandals and ULBs each day so as to gauge the infection prevalence.

6. As matter of abundant caution, no mass gatherings should be allowed in areas with higher case load or in the mandals reporting more than 5% case positivity. Gatherings with advance permissions and limited people (as per local context) may be allowed only in mandals/ urban local bodies reporting a positivity rate of 5% or below.

7. These gatherings shall also be monitored and in case of violations of physical distancing and mask usage norms, necessary enforcement and penal actions as per the GO 751 cited above should be taken.

8. Restrictions and relaxations shall be imposed and monitored based on weekly case positivity or a high bed occupancy (30% of Oxygen and ICU beds) besides continued focus on the five-fold strategy of **Test-Track-Treat-Vaccinate and adherence to COVID Appropriate Behaviour**.

9. To safely navigate through the festive season without any adverse consequences in the form of infection outbreak, it is important that districts continue to diligently follow the five pillars of COVID-19 Management i.e. "**Test-Track-Treat-Vaccinate and adherence to COVID Appropriate Behavior**".

#### **I. Testing:**

To ensure availability of sufficient testing facilities across the district with particular focus on semi-urban and rural areas. For timely detection, RTPCR shall be made available in rural and remote areas of the district. Testing should be ramped up in areas reporting high number of cases, and/or increasing trend/ high positivity to aid early identification.

- To ensure that sufficient RT-PCR and Rapid testing kits are available to enable required level of testing across the district particularly during the festivals and adequate logistics are planned accordingly.
- Undertake testing in areas with specific and vulnerable population to aid early detection.

- District Collectors and DMHOs should also undertake enhanced surveillance for detecting unusual events such as new clusters of Covid positive cases, vaccination breakthrough cases, reinfection cases etc. besides prompt investigation of such events by their Rapid Response Teams. They should send all positive samples from these events to designated genome sequencing labs of INSACOG which is located in CCMB Hyderabad.

## **II. contact tracing:**

- Containment zones shall be clearly delineated as per the guidelines issued by MoHFW based on cluster of cases to contain spread of infection.
- Active case search through formation of special teams in containment zones.
- Effective contact tracing, their testing and monitoring of high risk contacts.
- Community surveillance should be prioritized and all District Surveillance Officers(DSO)s must be sensitized to follow up the positive case as well as contacts on daily basis to monitor their clinical status and to keep a check on the symptoms
- Districts to utilize the "eSanjeevani" telemedicine platform, district 104 call center and plan home visits by ASHA and ANM for the purpose to the contacts under home isolation/ quarantine. The home quarantine and home isolation IT module available shall be diligently used. Any violations of home quarantine and home isolation should be dealt firmly by prosecuting such persons under the epidemic act.

## **III. Treatment:**

- Utilization of health infrastructure timely based on case trajectory in the district is crucial to avoid case fatality.
- Commissioning all PSA Plants and test run for four hours in a week is necessary and to measure the pressure and air quality of PSA plants in hospitals both Government and private on a mission mode. Adequate availability of medical gas pipeline (MGPS), and trained manpower is very much required.
- Ensure availability of oxygen through oxygen cylinders and oxygen concentrators particularly in rural areas.

- All Omicron positive cases have to be treated in designated Covid facilities with separate isolation area earmarked for Omicron positive patients. It has to be ensured that no cross infection takes place and adequate precautions are taken by healthcare workers in these facilities to prevent transmission among other patients and healthcare workers
- Adequate availability of drugs in all COVID dedicated facilities including maintaining buffer stock of drugs.
- Availability of required health infrastructure in rural areas including Village level Covid care centres.
- Ensure the health infrastructure to manage pediatric Covid-19 cases vide Guidelines for Management of Covid-19 in Children issued.
- To monitor mutations, if any, districts shall send required number of samples as per the SOPs already issued for Whole Genome Sequencing to INSACoG Labs.

#### **IV. Vaccination:**

- Vaccination of eligible people to be accelerated with active survey and execution vaccination to all non vaccinated eligible people and completion of first dose by 31<sup>st</sup> December 2021.
- Coverage of eligible second dose beneficiaries shall be prioritized and completed as per timelines. No person who has become due for second dose shall be without getting the second dose.
- Vaccination shall be done only at designated CVCs by the concerned medical officers. Second dose due lists shall be generated every week and such persons shall be mobilised to the CVC and vaccinated.
- Optimal usage of allocated doses through minimal wastage shall be achieved.

#### **V. Covid Appropriate Behaviour:**

- Community engagement is a critical element of sustained COVID- 19 management.
- Effective IEC in local TV and cable channels duly utilizing medical

professionals and local influencers to promote Covid-safe festivities. FM channels shall be used proactively in radio.

- Need to undertake effective communication with community on elements of COVID- appropriate behavior which includes use of masks/face covers, following physical distancing (2 metres distance ) and practicing respiratory & hand hygiene.
- Need for monitoring the adherence to Covid Appropriate Behaviour and guidelines.
- Strict Implementing of the penalties for violation of CAB

10. There should be strict adherence to limits (not more than 500) on gatherings linked with availability of space to ensure effective physical distancing.

11. District Collectors may engage volunteers to aid thermal screenings in public places and to enforce use of masks and physical distancing. Closed circuit cameras installed in the commercial establishments shall be utilized to monitor compliance to physical distancing and use of mask.

12. Guidelines already issued vide GO 751 dated 09.12.021 with respect to malls, local markets, and places of worship, shall be strictly followed. Any violations of the guidelines shall lead to imposition of necessary restrictions to avoid spread of infection.

13. Districts shall closely monitor the case trajectories on a daily basis to identify any early warning signals and shall ensure imposition of local restrictions and adherence to COVID Appropriate Behaviour as a non-pharmaceutical intervention to control the spread of infection.

14. The District Collectors shall review the above activities on daily basis or more frequently as situation demands, for effective implementation of 5 fold strategy in covid management.



**Principal Secretary to the Govt.**

To

All District Magistrates & Collectors in the state

All Joint Collector(V, WS & Development) in the stateAll

DMHOs in the state

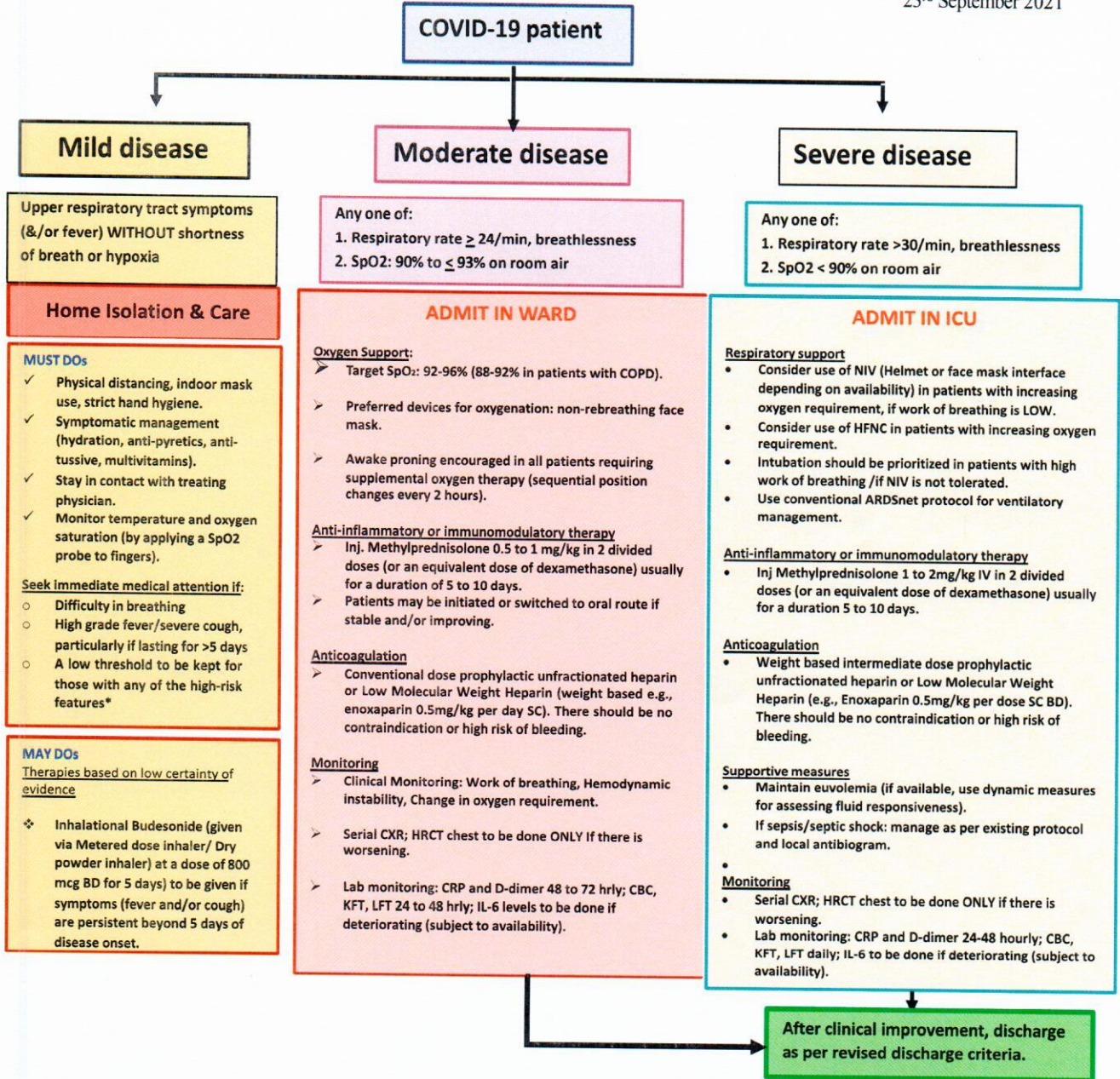
all superintendents of the covid hospitals and teaching hospitals



AIIMS/ ICMR-COVID-19 National Task Force/  
Joint Monitoring Group (Dte.GHS)

Ministry of Health & Family Welfare, Government of India  
CLINICAL GUIDANCE FOR MANAGEMENT OF ADULT COVID-19 PATIENTS

23<sup>rd</sup> September 2021



- \*High-risk for severe disease or mortality**
- ✓ Age > 60 years
  - ✓ Cardiovascular disease, hypertension, and CAD
  - ✓ DM (Diabetes mellitus) and other immunocompromised states
  - ✓ Chronic lung/kidney/liver disease
  - ✓ Cerebrovascular disease
  - ✓ Obesity

- EUA/Off label use (based on limited available evidence and only in specific circumstances):**
- **Remdesivir (EUA)** may be considered **ONLY** in patients with
    - Moderate to severe disease (requiring **SUPPLEMENTAL OXYGEN**), AND
    - No renal or hepatic dysfunction (eGFR <30 ml/min/m<sup>2</sup>; AST/ALT >5 times ULN (Not an absolute contradiction), AND
    - Who are within 10 days of onset of symptom/s.
      - ❖ Recommended dose: 200 mg IV on day 1 f/b 100 mg IV OD for next 4 days.
    - Not to be used in patients who are NOT on oxygen support or in home settings
  - **Tocilizumab (Off-label)** may be considered when **ALL OF THE BELOW CRITERIA ARE MET**
    - Presence of severe disease (preferably within 24 to 48 hours of onset of severe disease/ICU admission).
    - Significantly raised inflammatory markers (CRP &/or IL-6).
    - Not improving despite use of steroids.
    - No active bacterial/fungal/tubercular infection.
      - ❖ Recommended single dose: 4 to 6 mg/kg (400 mg in 60kg adult) in 100 ml NS over 1 hour.