COVID 19
FOR MEDICAL PRACTITIONERS

INDIAN MEDICAL ASSOCIATION
HEADQUARTERS

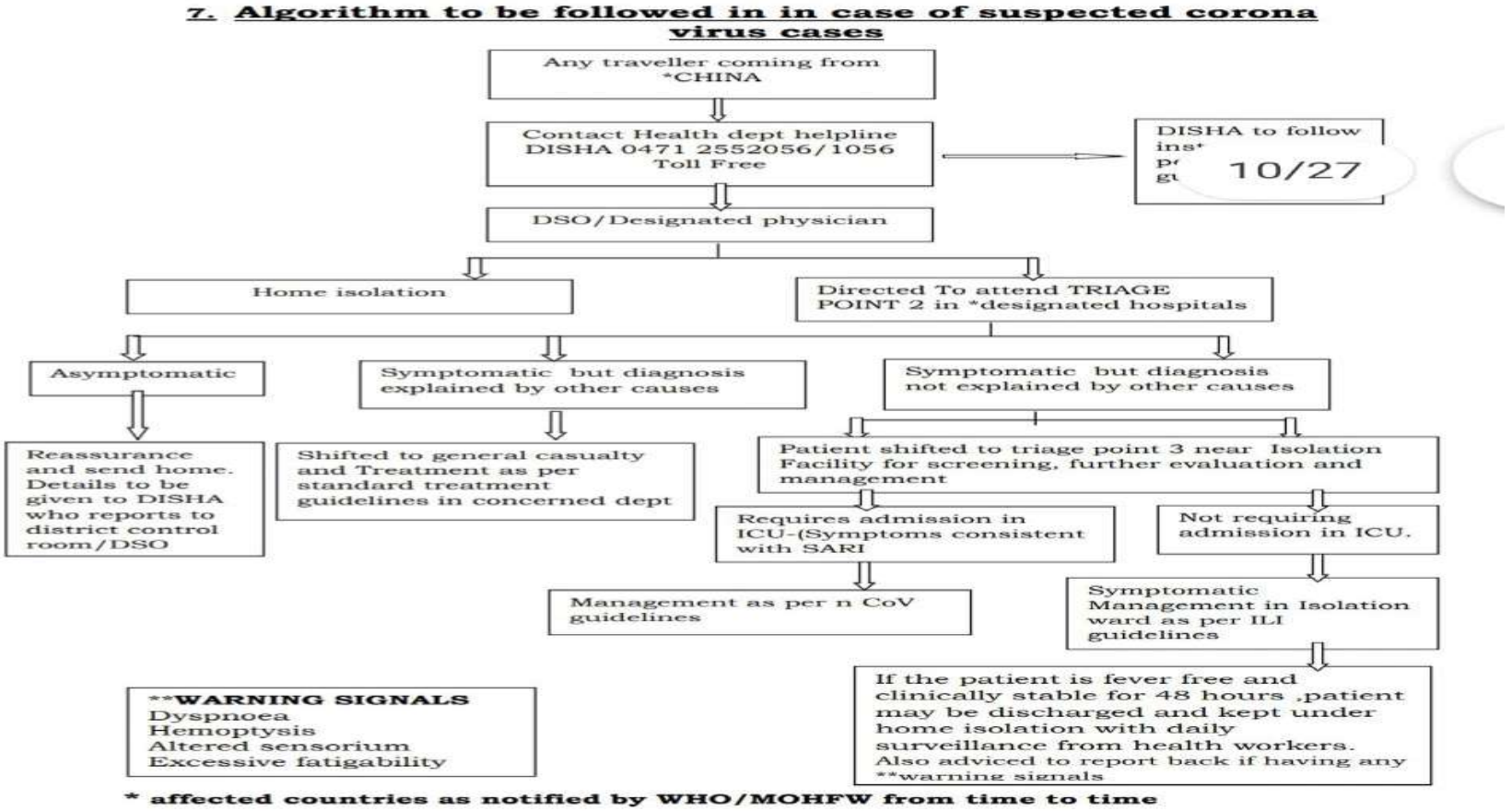
Instructions to Doctors:

- Doctors should keep the differential diagnosis of COVID-19 in mind while encountering a patient falling in suspect case definition of COVID-19.

Quick assessment

- Cough No Fever -Pollution
- Cough, Cold, No Fever-Allergy
- Fever with Cough and Cold -H1 N1Flu
- Fever with Sorethroat Rheumatic Fever
- Low grade fever with cough lasting for two weeks - Rule out TB
- Fever with dry Cough - Corona Virus a possibility
- Fever with cough and breathlessness
- Fever with cough and O_2

Algorithm


7. Algorithm to be followed in in case of suspected corona virus cases
Any traveller coming from *CHINA
Contact Health dept helpline DISHA 0471 2552056/1056 Toll Free
DISHA to follow ins* pr gt
10/27
DSO/Designated physician
Home isolation
Directed To attend TRIAGE POINT 2 in *designated hospitals
Asymptomatic
Symptomatic but diagnosis explained by other causes
Symptomatic but diagnosis not explained by other causes
Reassurance and send home. Details to be given to DISHA who reports to district control room/DSO
Shifted to general casualty and Treatment as per standard treatment guidelines in concerned dept
Patient shifted to triage point 3 near Isolation Facility for screening, further evaluation and management
Requires admission in ICU-(Symptoms consistent with SARI
Not requiring admission in ICU.
Management as per n CoV guidelines
Symptomatic Management in Isolation ward as per ILI guidelines
If the patient is fever free and clinically stable for 48 hours ,patient may be discharged and kept under home isolation with daily surveillance from health workers. Also adviced to report back if having any **warning signals
**WARNING SIGNALS
Dyspnoea
Hemoptysis
Altered sensorium
Excessive fatigability
* affected countries as notified by WHO/MOHFW from time to time

Case Definition

Suspect Case:

A Patient with acute respiratory illness, {fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath or diarrhoea), AND a history of travel to or residence in a country / area or territory reporting to transmission (See NCDC/WHO website for updated list) of COVID-19 disease the 14 days prior to symptom onset:

OR

A patient / Health care worker with any acute respiratory illness AND having been in *contact* with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms.

OR

A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease(e.g cough, shortness breath) AND enquiring hospitalization AND with no other etiology that fully explain the clinics presentation;

OR

A case for whom the testing for Covid 19 is inconclusive

Case definitions

Laboratory Confirmed Case:

A Person with Laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Case definitions

Definition of Contact

A contact is a person that is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients.
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings.
- Travelling together in close proximity (with 1m) with a symptomatic person who later tested positive for COVID-19.

Contact

High Risk (HR) Contact:

1. Contact with a confirmed case of COVID-19.
2. Travellers who visited a hospital where COVID-19 cases are being treated.
3. Travel to a province where COVID-19 LOCAL TRANSMISSION is being reported as per WHO daily situation report.
4. Touched body fluids of patients (respiratory tract secretions, blood, vomits, saliva, urine, faeces).
5. Had direct physical contact with the body of the patient including physical examination without PPE.
6. Touched or cleaned the linens, clothes or dishes of the patient
7. Close contact, within 3 feet (1 meter) of the confirmed case.
8. Co-Passengers in an airplane/vehicle seated in the same row, 3 rows in front and behind of a confirmed COVID-19 case.

Low Risk (LR) contact:

1. Shared the same space (Same classroom/same room for work or similar activity and not having high risk exposure to the confirmed / suspected case).
2. Travel in the same environment (bus/rain) but not having high risk exposure as cited above.
3. Any traveller from abroad not satisfy high risk criteria.

Management

COVID-19 TESTED AND MANAGEMENT STRATEGY BASED ON RISK ASSESMENT

Background

The epidemiology of COVID-19 shows that 75 to 80 % of the affected will develop only mild symptoms which do not require hospitalization. Severe infection and mortality are seen only in high risk groups like elderly and those with chronic lung disease, heart disease, liver disease, renal disease, malignancies, immunocompromised, pregnancy, post-transplant, haematological disorders, HIV and in those on chemotherapy and long term steroids. In majority of patients with mild symptoms, there is no need for hospitalization of symptomatic management.

Just like any viral infection, COVID-19 also will resolve by itself in majority of the patients. Epidemiology of COVID-19, SARS, MERS clearly demonstrate that hospitals act as amplifying centres for the epidemic. This happens due to mixing of patients with different risk categorization in the busy outpatient areas of designated COVID-19 centres.

So patients with mild symptoms are advised not to come to hospitals for testing and treatment. Testing is not going to change either that clinical course or management of the patient with mild symptoms.

categorisation

CLINICAL CATEGORIZATION

CATEGORY-A: Low grade fever mild sore throat/cough/rhinitis/diarrhoea.
CATEGORY-B: High grade fever and/or severe sore throat/cough.

OR

Category-A plus one or more of the following

- Lung/heart/liver/kidney/neurological disease, blood disorders/uncontrolled diabetes/cancer/HIV-AIDS
- On long term steroids
- Pregnant lady
- Age-more than 60 years.

Category-C:

- Breathlessness, Chest pain, drowsiness, fall in blood pressure, haemoptysis, cyanosis (red flag sign)
- Children with ILI (Influenza like illness with red flag signs
- (Somnolence, high/persistent fever, inability to feed well, convulsions, dyspnoea, respiratory, distress, etc.)
- Worsening of underlying chronic conditions.

*Categorization should be reassessed every 28-48 hours for Category A & B.

Testing guideline

Testing Guideline

Category-A: No testing needed.

Category-B and Cat-C: Testing Required

NB: In patients with Viral Pneumonia without an etiology COVID-19 testing may be considered even if the patient is not from a country/area with local transmission of COVID-19. Testing should be restricted to patients with bilateral lung infiltrates, lymphocytopenia with decreased or normal total count. Decision on testing to be taken by the institutional/ District Medical Board.

Treatment guideline

MANGEMENT GUIDELINE

CATEGORY – A

Patient should inform DISHA helpline. No need to come to designed nodal centers. Patients should remain in strict home isolation. Doctor from nearby PHC will telephonically monitor progress of patient and asses development of red flag signs. JPHN/JHI will assess adequacy of isolation facility using a checklist.

Patients are advised to take:

- Plenty of warm nourishing oral fluids
- Balanced diet
- Adequate sleep and rest
- Saline gargle for sore throat if present

CATEGORY – B

Patient should come to designated COVID-19 treatment centers after informing DISHA. After clinical assessment at the hospital, decision on testing will be taken. Patient will be started on symptomatic treatment including treatment of other respiratory pathogens (like HINI) wherever applicable and will either be admitted or sent back for home isolation. If the treating hospital decides on home isolation the DSO of the corresponding district should be informed in the prescribed format for ensuring home isolation. If sent back for home isolation, doctor from nearby PHC will telephonically monitor progress of patient and assess development of red flag signs. JPHN/JHI will assess adequacy of isolation facility using a checklist.

CATEGORY – C

Patient will be admitted in designed COVID – 19 treatment centers.

Infection control measures

- Strict hand hygiene with frequent hand washing and use of alcohol containing hand rubs

- Use of surgical masks not recommended for prevention.

- N95 mask to be worn by health care personnel directly caring suspected/ confirmed cases
- BMW waste disposal protocols to be followed
- Standard general infection control measures to be adopted
- Normal recommendations for Non Corona Respiratory illness will stay as it is.

Other measures

- Give a 3 layered surgical mask to the patient and advice him to follow cough etiquettes.
- Refer the patient to designated facility and inform district surveillance Officer or State Helpline Number or National Helpline Number – 011-23978046.
- Follow infection prevention and Control guidelines
- Display IEC Material in the premises

IEC material to be displayed