

MOST URGENT

No: Health-B(B)15-20/2017
Government of Himachal Pradesh
Department of Medical Education.

From

The Addl. Chief Secretary(Health) to the
Government of Himachal Pradesh.

To

1. The Principal, IGMC, Shimla, H.P.-171001.
2. The Principal, Dr. RPGMC Kangra at Tanda, Distt. Kangra.
3. The Principal, SLBSGMC Mandi at Ner Chowk, Distt. Mandi.
4. The Principal, Dr. YSPGMC Naha, Distt. Sirmour.
5. The Principal, Dr. RGMC Hamipur.
6. The Principal, Pt. JLNGMC Chamba.

Dated: Shimla-2 the

22/04/2020.

Subject Regarding coordination of various departments of Medical Colleges for strengthening surveillance and response for COVID-19 in the State.

Sir,

I am directed to enclose herewith a copy of D.O. letter No. Dir/SKS/NCDC/COVID-19-Strengthening of DSU dated 8.4.2020, alongwith its enclosures, received from Joint Secretary, Government of India, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi-110011 on the subject cited above and to request you to take further necessary action in the matter including the following:-

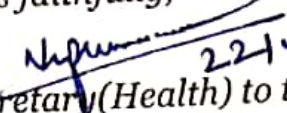
1. Rapid Response Team consisting of Officers from Community Medicine department and Microbiology / Pathology departments must be constituted for each medical college. These RRTs shall assist the district RRTs for conducting surveillance of COVID-19 and render all support for the containment of COVID-19 as outlined in the attached guidance document.
2. A sample collection team shall be constituted in each medical college consisting of one faculty/ SR / PG from ENT department and one technician which shall collect sample from admitted cases of SARI/ flu cases presenting to the flu OPD and besides imparting training to district mobile collection teams, shall also supervise the quality of samples being taken by the field teams.
3. For the purpose of coordination the district wise allocation of the medical colleges shall be as under:

Sr. No.	Name of Medical College	District allotted
1	IGMC Shimla	Bilaspur, Shimla, Kinnaur and Spiti part of L & S
2	Dr. YSPGMC Nahan	Sirmaur and Solan
3	SLBSGMC Ner Chowk	Kullu, Mandi and Lahaul part of L & S
4	Dr. RKGMC Hamirpur	Hamirpur, Una
5	Dr. RPGMC Tanda	Kangra
6	Pt. JLNGMC Chamba	Chamba

2/-


4. Each medical college shall nominate one nodal person as a point of contact for the concerned District Surveillance Units and the State Surveillance unit.

Yours faithfully,


Special Secretary (Health) to the
Government of Himachal Pradesh.

.04.2020.

Endst. No: As above, Shimla-2, the
Copy alongwith a copy of D.O. referred to above is forwarded to the
Director of Medical Education & Research, Himachal Pradesh, Shimla-171009 for
information & further necessary action.


Special Secretary (Health) to the
Government of Himachal Pradesh.



LAV AGARWAL, IAS

Joint Secretary

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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

D.O. No. Dir/SKS/NCDC/COVID-19 Strengthening of DSU

Dated 08/04/2020

Dear All,

Subject: Request for Coordination of various departments of medical colleges for strengthening surveillance and response for COVID-19 in the State.

As you are aware that there has been substantial rise in number of cases of COVID-19 in various States during past one month. Considering the complexity of COVID-19 pandemic, it is imperative that all health agencies (both Government & Private) should join hands together for supporting public health measures being implemented. Hence, the role of State/District Surveillance Unit become very critical so as to ensure proper contact tracing and epidemiological analysis of distribution of cases in time, place and person. This will help in interpretation of impact of surveillance strategy and plan necessary interventions for interruption of transmission. In this regard it is also mentioned that already a Rapid Response Team (RRT) consisting of officers from Community Medicine, Medicine Department and Microbiology/Pathology Department. This RRT has been entrusted the responsibility of providing support to District RRT particularly for strengthening contact tracing and planning the strategy for containment in hot spot/ cluster zones.

In the present context, it is also worth mentioning that there are around 322 districts in the Country which are having COVID-19 cases (list attached) and other districts which are currently not having any cases. A National level strategy outlining the roles of Medical Colleges in surveillance and containment in various affected and non-affected districts is attached herewith. Hence, you are requested to give necessary instructions to various Medical Colleges of the States for immediately deploying the RRTs and ENT teams for collection. Further, as communicated earlier the districts (which do not have Medical Colleges) should be linked to nearest Medical College for this purpose.

This may be treated as Most Urgent pleases.

With *kind regards,*

Yours sincerely,

(Lav Agarwal)

To,

Secretary
(Medical Education)
[All States-as per list attached]

CC:

1. Principal Secretaries of All States
2. State Surveillance Officer of All States

Affected Districts

SOPs of RRTs (of Medical Colleges) in COVID-19 response

Brief:

Considering the complexity of COVID-19 pandemic, it is imperative that all health agencies (both Government & Private) should join hands together for supporting public health measures being implemented. Hence, the role of State/District Surveillance Unit become very critical so as to ensure proper contact tracing and epidemiological analysis of distribution of cases in time, place and person. This will help in interpretation of impact of surveillance strategy and plan necessary interventions for interruption of transmission. In this regard it is also mentioned that already a Rapid Response Team (RRT) consisting of officers from Community Medicine, Medicine Department and Microbiology/Pathology Department. This RRT has been entrusted the responsibility of providing support to District RRT particularly for strengthening contact tracing and planning the strategy for containment in hot spot/ cluster zones.

The purpose of this document is to serve as a guidance document for planning and operationalization of RRTs and sample collection teams of Medical Colleges to assist the district administration in COVID-19 response.

Activities to be supported by RRT & Sample Collection Teams

1. In affected districts

- a. Cluster and hot spot areas – planning and implementation of cluster containment strategy (Guidance document of MOHFW Website). The additional surge capacity can be enhanced from the available HR (SR/PGs from Homeopathy and other allied medical institutes). In addition to these the additional requirements can be pooled from PWD, Education and other departments for assisting various other non-medical issues (like quarantine facility management, transportation of samples to the VRDL labs, coordination of logistics, vehicle for transportation etc.)

Coordination of Sample collection from ILI cases detected during house-to-house survey – assist district in formation of required no. of sample collection teams in the containment zones

b. In other affected districts –

- i. Enlisting the contacts and sample collection from high risk contacts
- ii. SARI

Objective:

To create a high-level team at AIIMS like Institutes situated in the State to guide the RRTs of the medical colleges and AYUSH/ISM colleges in the States for contact tracing and cluster containment.

This high-level team would be led by the Community Medicine of the said AIIMS and the pooled RRTs would work under direct supervision of this team.

Keeping in view the extensive human resource requirement for the field related activities in COVID-19 response including contact tracing and cluster containment, it is imperative to rope in manpower from medical colleges and colleges of AYUSH/ISM (both govt. and private).

- The Community Medicine department of AIIMS would be the designated as the planning unit of these RRTs.
- The States need to enlist all the medical colleges and AYUSH/ISM colleges, both govt and private in the State.
- A consolidated list of all the faculty of concerned departments (mentioned in the list below) of medical colleges including senior residents/ demonstrators/ junior residents/ non-academic junior residents needs to be prepared and shared with the high-level team, district-wise, institute-wise, department-wise and designation-wise.
- This pooled medical and AYUSH/ISM colleges need to be assigned districts for contact tracing and cluster containment keeping in view the location of the district and that of the medical college.
- The RRT pool would include faculty of medical colleges and allied colleges of AYUSH/ISM.
- This high-level team would work in close coordination with CMO/DSO regarding deployment of RRTs and carrying out the field related activities in COVID-19 response including contact tracing and cluster containment.

Composition of District RRTs- Faculty of following departments:

- Community Medicine/PSM
- Anatomy
- Physiology
- Biochemistry
- Pathology
- Pharmacology
- Forensic Medicine
- Any other person deployed as per need

Logistics support is to be provided by the concerned institution.

Responsibilities of RRTs: Members of the district RRT will work in close coordination with state and district surveillance officers at local levels. They will assist in following activities

- Work with the district to identify geographically defined containment and buffer zones for cluster containment based on epidemiological data.
- Assist district to plan and implement cluster containment strategy.
- Assist in identification and contact tracing of Tabligi attendees and their quarantine as per the SOPs.
- Carry out epidemiological analysis (descriptive) in the identified clusters.
- Supporting the DSO in surveillance
- Assist in establishing system for sample transfer to nearest designated laboratory
- Assist district in setting-up of COVID-19 control room
- Review district planning of setting-up of COVID-19 designated health facility as per GOI guidelines
- Review implementation of Infection prevention and control practices in COVID-19 designated health facilities
- Review risk communication for quarantine, social distancing, cancelling public transport etc
- Assist district in contingency planning for surge in COVID-19 cases (identification of hospital beds, PPE stock, ventilators, hospital staff, earmarking private facilities for shifting patients after public facilities are saturated)
- Assist district in review and analysis of COVID 19 data on daily basis

Sample Collection Team of Medical College: Each Team will consist of one faculty/SR/PG from ENT Department and one Technician

Job Responsibilities:

1. Sample collection from admitted cases of SARI in various wards of Medical College and other health facilities with admission facilities
2. Imparting training to district mobile sample collection teams (for collection of samples from ILI cases detected during house-to-house survey in the containment zones in hot spot and cluster areas).

Logistics:

1. Sample collection swabs, VTM, Zip lock bags, vaccine carrier, ice pack, etc.
2. PPEs including N95 masks, disinfectant and sanitizers
3. Vehicle for swift movement

Annexure 1

Format A: Details of COVID 19 cases in the District

1	2	3	4	5	6	7	8	9
S. No.	Name/ Case ID	Address	Date of Onset	Date of Isolation	Place where isolated	Details of exposure (Imported case(I)/Contact with confirmed case (C)	Date of arrival to India in Imported case	Name & Date of contact with confirmed case if response is C in column 7

Collect line list of all the contacts of confirmed case and details of their follow up, mode of follow up (active/passive) numbers who are symptomatic, number of samples collected their results, days of follow up completed

Format 2: Details of Suspect Cases in the District

1	2	3	4	5	6	7	8	9
S. N o.	Na me	Addr ess	Dat e of Onset	Date of Quarantine /Isolation	Place where isolated (S)/quarantined(Q) (mention whether S or Q)	Details of exposure (Imported(I)/Contact with confirmed case (C)	Date of arrival to India in Imported	Name & Date of contact with confirmed case if response is C in column 7

In case clusters have been reported from the district then follow the Cluster Containment measures

Cluster Containment measures: Identify geographically-defined Containment zone and Buffer zone

The containment zone will be defined based on:

- (i) The index case / cluster, which will be the designated epicenter
- (ii) The listing and mapping of contacts.
- (iii) Geographical distribution of cases and contacts around the epicenter.
- (iv) Administrative boundaries within urban cities /town/ rural area.

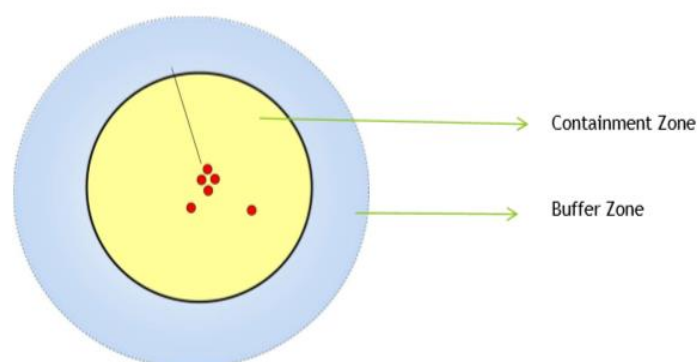
The RRT will do listing of cases, contacts and their mapping. This will help in deciding the perimeter for action. The decision of the geographic limit and extent of perimeter control will be that of the State Government. However, likely scenarios and possible characteristics of the containment and buffer zone are given in Table-1.

Table 1: Scenarios for determining containment and buffer zones

Table 1: Scenarios for determining containment and buffer zones

S. No.	Scenario	Containment zone characteristics
1	A small cluster in closed environment such as residential schools, military barracks, hostels or a hospital.	Containment zone will be determined by the mapping of the persons in such institution including cases and contacts. A buffer zone of additional 5 Km radius*will be identified.
2	Single cluster in a residential colony	Administrative boundary of the residential colony and a buffer zone of additional 5 Km radius.*
3	Multiple clusters in communities (residential colony, schools, offices, hospitals etc.) with in an administrative jurisdiction	Administrative boundary of the urban district and a buffer zone of neighboring urban districts.
4	Multiple clusters spatially separated in different parts administrative districts of a city	Administrative boundary of city/ town and congruent population in the peri-urban areas as the buffer zone.**
5	Cluster in a rural setting	3 Km radius of containment zone and additional 7 Kms radius of buffer zone.

* The perimeter of the containment zone will be determined by the continuous real time risk assessment. ** The decision to follow a containment protocol will be based on the risk assessment and feasibility of perimeter control.



The district RRT will help the State/ District administration in mapping the Containment Zone. If the epidemiological assessment process is to take time (>12-24 hrs), then a containment zone of 3 Kms and a buffer zone of 7 Kms will be decided which may be subsequently revised, if required, based on epidemiologic investigation. Except for rural settings.

Buffer zone

Buffer zone is an area around the containment zone, where new cases are most likely to appear. There will not be any perimeter control for the buffer zone.

Perimeter

Perimeter of the containment zone will be decided by the District administration based on criteria defined above. Clear entry and exit points will be established.

Surveillance in containment zone

Contact listing

The RRTs will list the contacts of the suspect / laboratory confirmed case of COVID-19. The District Surveillance Officer (in whose jurisdiction, the laboratory confirmed case/ suspect case falls) along with the RRT will map the contacts to determine the potential spread of the disease. If the residential address of the contact is beyond that district, the district IDSP will inform the concerned District IDSP/State IDSP.

Mapping of the containment and buffer zones

The containment and buffer zones will be mapped to identify the health facilities (both government and private) and health workforce available (primary healthcare workers, Anganwadi workers and doctors in PHCs/CHCs/District hospitals).

Activities of RRTs

- **Active Surveillance:**
 - The residential areas will be divided into sectors for the ASHAs/Anganwadi workers/ANMs each covering 50 households (30 households in difficult areas).
 - They will line list the family members and those having symptoms. The field worker will provide a mask to the suspect case and to the care giver identified by the family. The patient will be isolated at home till such time he/she is examined by the supervisory officer.
 - They will also follow up contacts identified by the RRTs within the sector allocated to them. All ILI/SARI cases reported in the last 14 days by the IDSP in the containment zone will be tracked and reviewed to identify any missed case of COVID-19 in the community.
 - Any case falling within the case definition will be conveyed to the supervisory officer who in turn will visit the house of the concerned, confirm that diagnosis as per case definition and will make arrangements to shift the suspect case to the designated treatment facility.
 - The supervisory officer will collect data from the health workers under him/ her, collate and provide the daily and cumulative data to the control room by 4.00 P.M. daily.
 - The community will also be encouraged to self-monitor their health and report to the visiting ASHA/Anganwadi worker or to nearest health facility.
- **Passive Surveillance**
 - All health facilities in the containment zone will be listed as a part of mapping exercise. All such facilities both in Government and private sector (including clinics) shall report clinically suspect cases of COVID-19 on real time basis (including 'Nil' reports) to the control room at the district level.

- **Contact Tracing**
 - The contacts of the laboratory confirmed case/ suspect case of COVID-19 will be line-listed and tracked and kept under surveillance at home for 28 days (by the designated field worker).

- **Surveillance in Buffer zone:** All health facilities in the buffer zone will be listed as a part of mapping exercise. All such facilities both in Government and private sector (including clinics) shall report clinically suspect cases of COVID-19 on real time basis (including 'Nil' reports) to the control room at the district level. Measures such as personal hygiene, hand hygiene, social distancing to be enhanced through enhanced IEC activities in the buffer zone.
 - Review of ILI/SARI cases reported in the last 14 days by the District Health Officials to identify any missed case of COVID-19 in the community.
 - Enhanced passive surveillance for ILI and SARI cases in the buffer zone through the existing Integrated Disease Surveillance Programme.
 - In case of any identified case of ILI/SARI, sample should be collected and sent to the designated laboratories for testing COVID-19.

Quarantine: Quarantine refers to separation of individuals who are not yet ill but have been exposed to COVID-19 and therefore have a potential to become ill. There will be voluntary home quarantine of contacts of suspect /confirmed cases. The guideline on home quarantine available on the website of the Ministry provides detail guidance on home quarantine.

Isolation: Isolation refers to separation of individuals who are ill and suspected or confirmed of COVID-19. Use MoHFW guidelines to assist States in identification of Isolation facilities.

Social distancing measures: Use MoHFW guidelines on Social Distancing

Infection Prevention & Control & Bio-medical waste management: Follow MoHFW IPC guidelines to assist States in IPC & BMW management.

Risk Communication

Risk communication material Risk communication materials [comprising of (i) posters and pamphlets; (ii) audio only material; (iii) AV films] prepared by PIB/MoHFW will be prepared and kept ready for targeted roll out in the containment and buffer zones.

Laboratory Support: The designated laboratory will provide daily update (daily and cumulative) to District, State and Central Control Rooms on:

- i. No. of samples received
- ii. No. of samples tested

- iii. No. of samples under testing
- iv. No. of positive samples

RRT will provide aggregate data on daily basis on the following (for the day and cumulative):

- i. Total number of suspect cases
- ii. Total number of confirmed cases
- iii. Total number of critical cases on ventilator
- iv. Total number of deaths
- v. Total number of contacts under surveillance

Scaling down of operations: The operations will be scaled down if no secondary laboratory confirmed COVID-19 case is reported from the containment and buffer zones for at-least 4 weeks after the last confirmed test has been isolated and all his contacts have been followed up for 28 days. The containment operation shall be deemed to be over 28 days from the discharge of last confirmed case (following negative tests as per discharge policy) from the designated health facility i.e. when the follow up of hospital contacts will be complete.

The closing of the surveillance for the clusters could be independent of one another provided there is no geographic continuity between clusters. However the surveillance will continue for ILI/SARI.

However, if the containment plan is not able to contain the outbreak and large numbers of cases start appearing, then a decision will need to be taken by State administration to abandon the containment plan and start on mitigation activities.

Reference

- Containment Plan COVID 19 MoHFW

SOPs of RRTs and Sample Collection Teams in non-affected Districts for COVID-19 response

The purpose of this document is to serve as a guidance document for planning and operationalization of RRTs to assist the district administration in COVID-19 response in case of any reporting of case/contact tracing of any suspect case.

Activities to be supported by RRT & Sample Collection Teams

1. In affected districts
 - a. Cluster and hot spot areas – planning and implementation of cluster containment strategy (Guidance document of MOHFW Website)
Coordination of Sample collection from ILI cases detected during house-to-house survey – assist district in formation of required no. of sample collection teams in the containment zones
 - b. In other affected districts –
 - i. Enlisting the contacts and sample collection from high risk contacts
 - ii. SARI
2. In non-affected districts
 - a. ILI Surveillance in OPD(District Hospital/CHC/PHC)
 - b. Sample collection from admitted cases of SARI in Government & Private health facilities.

Objective:

To create a team at Medical College/District hospital situated in the district to guide the RRTs of these medical colleges and AYUSH/ISM colleges in the districts for ILI/SARI surveillance, contact tracing and cluster containment (if required).

This would be led by the Community Medicine of the said medical college and the pooled RRTs would work under direct supervision of this team in close coordination with the district administration.

For ILI/SARI surveillance and in case of any reporting of case/contact tracing of any suspect case, keeping in view the extensive human resource requirement for the field related activities in COVID-19 response including contact tracing and cluster containment, it is imperative to rope in manpower from medical colleges and colleges of AYUSH/ISM (both govt. and private).

- The Community Medicine department of AIIMS would be the designated as the planning unit of these RRTs.
- The States need to enlist all the medical colleges and AYUSH/ISM colleges, both govt and private in the State.
- A consolidated list of all the faculty of concerned departments (mentioned in the list below) of medical colleges including senior residents/ demonstrators/ junior residents/ non-academic junior residents needs to be prepared and shared with the high-level team, district-wise, institute-wise, department-wise and designation-wise.
- This pooled medical and AYUSH/ISM colleges need to be assigned districts for ILI/SARI surveillance, contact tracing and cluster containment (if required) keeping in view the location of the district and that of the medical college.
- The RRT pool would include faculty of medical colleges and allied colleges of AYUSH/ISM.
- This team would work in close coordination with CMO/DSO regarding deployment of RRTs and carrying out the field related activities in COVID-19 response including survey, contact tracing and cluster containment (if required).

Composition of RRTs- Faculty of following departments:

- Community Medicine/PSM
- Anatomy
- Physiology
- Biochemistry
- Pathology
- Pharmacology
- Forensic Medicine
- Any other person deployed as per need

Logistics support is to be provided by the concerned institution.

Responsibilities of RRTs: Members of the district RRT will work in close coordination with state and district surveillance officers at local levels. They will assist in following activities

- Supporting the DSO in surveillance.

- **In the next seven days, execute ILI/SARI IDSP surveillance as per ICMR guidelines. All SARI cases (hospitalized) and atleast 10% of ILI cases have to be sampled for lab investigation for COVID-19.**
- If cases are detected or clusters found through surveillance, then move as per affected district RRT strategy.
- Assist in establishing system for sample transfer to nearest designated laboratory
- Assist district in setting-up of COVID-19 control room
- Review district planning of setting-up of COVID-19 designated health facility as per GOI guidelines
- Review implementation of Infection prevention and control practices in COVID-19 designated health facilities
- Review risk communication for quarantine, social distancing, cancelling public transport etc.
- Assist district in contingency planning for surge in COVID-19 cases (identification of hospital beds, PPE stock, ventilators, hospital staff, earmarking private facilities for shifting patients after public facilities are saturated)
- Assist district in review and analysis of COVID 19 data on daily basis.

Sample Collection Team of Medical College: Each Team will consist of one faculty/SR/PG from ENT Department and one Technician

Job Responsibilities:

1. Sample collection from admitted cases of SARI in various wards of Medical College and other health facilities with admission facilities
2. Imparting training to district mobile sample collection teams (for collection of samples from ILI cases detected during house-to-house survey in the containment zones in hot spot and cluster areas).

Logistics:

1. Sample collection swabs, VTM, Zip lock bags, vaccine carrier, ice pack, etc.
2. PPEs including N95 masks, disinfectant and sanitizers
3. Vehicle for swift movement

Annexure I

HOUSE TO HOUSE SEARCH FOR ILI CASES IN A COMMUNITY (TO BE FILLED BY FRONTLINE HEALTH WORKER)

State _____ District _____ PHC/Planning Unit _____
Village/Area _____ Team Members _____ Date of visit ____/____/____

1	Serial number of household						
2	Name of head of the family						
3	Mobile Number						
4	Total members in family						
5	Number of symptomatic cases found (provide details below)						

Details of symptomatic cases:

Sl. No.	House No.	Patient's name & Address	Phone Number	History of contact with a lab confirmed case	Sex	Age (Yr / Mo)	Fever	Cough / difficulty in breathing	Date of onset of first symptom	Hospitalized
1				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
2				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
3				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
4				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
5				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
6				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
7				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N
8				Y / N / Not known	M / F	___ / ___	Y / N	Y / N	___ / ___ / ___	Y / N

Report Summary:

Total number of households allotted: _____ Number of households visited _____ Total number of persons screened _____

Number of persons with symptoms: _____ Number of persons with history of contact with positive case _____ Number of persons hospitalized _____

Annexure 2

Format A: Details of hospitalized SARI cases in the District

1	2	3	4	5	6	7	8	9
S. No.	Name/ Case ID	Address	Date of Onset	Date of Isolation	Hospital where isolated	Details of exposure (Imported case(I)/Contact with confirmed case (C)	Name & Date of contact with confirmed case if response is C in column 7	Tested/not tested; if tested when and result

Collect line list of all the contacts of confirmed case and details of their follow up, mode of follow up (active/passive) numbers who are symptomatic, number of samples collected their results, days of follow up completed.

Annexure 3

Format A: Details of COVID 19 cases in the District

1	2	3	4	5	6	7	8	9
S. No.	Name/ Case ID	Address	Date of Onset	Date of Isolation	Place where isolated	Details of exposure (Imported case(I)/Contact with confirmed case (C)	Name & Date of contact with confirmed case if response is C in column 7	Tested/not tested; if tested when and result

Collect line list of all the contacts of confirmed case and details of their follow up, mode of follow up (active/passive) numbers who are symptomatic, number of samples collected their results, days of follow up completed

Format 4: Details of Suspect Cases in the District

1	2	3	4	5	6	7	8	9
S. N o.	Na me	Addre ss	Dat e of Onset	Date of Quarantine/ Isolation	Place where isolated (S)/quarantined(Q) (mention whether S or Q)	Details of exposure (Imported(I)/Contact with confirmed case (C)	Name & Date of contact with confirmed case if response is C in column 7	Tested/not tested; if tested when and result

- In case clusters are reported from the district, then follow the Cluster Containment measures and then move as per affected district RRT strategy.