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Novel Coronavirus (COVID-19)

Guidelines

Government of Haryana

March 2020

INTRODUCTION

1. 1 Background

On 31st December 2019, the World Health Organization (WHO) China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. On 7th January 2020, Chinese authorities identified a new strain of Coronavirus as the causative agent for the disease. The virus has been renamed by WHO as SARS-CoV-2 and the disease caused by it as COVID-19. The disease since its first detection has affected all the provinces of China and 76 other countries.

World Health Organization on 30th January, 2020 declared the current novel coronavirus outbreak as a Public Health Emergency of International Concern (PHEIC). According to WHO, "all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of SARS-CoV-2 infection.

Coronaviruses belong to a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, bats etc. Rarely, animal corona viruses may evolve and infect people and then spread between people as witnessed during the outbreak of Severe Acute Respiratory Syndrome (SARS, 2003) and Middle East Respiratory Syndrome (MERS, 2014). The etiologic agent responsible for current outbreak of SARSCoV-2 is a novel coronavirus is closely related to SARS-Coronavirus.

In humans, the transmission of SARS-CoV-2 can occur via respiratory secretions (directly through droplets from coughing or sneezing, or indirectly through contaminated objects or surfaces as well as close contacts). Nosocomial transmission has been described as an important driver in the epidemiology of SARS and MERS and has also documented in COVID-19. Current estimates of the incubation period of COVID range from 2-14 days, and these estimates will be refined as more data becomes available. Most common symptoms include fever, fatigue, dry cough and breathing difficulty. Upper respiratory tract symptoms like sore throat, rhinorrhoea, and gastrointestinal symptoms like diarrhoea and nauseal vomiting are seen in about 20% of

Due to paucity of scientific literature based on community based studies, the available data on host factors is skewed towards cases requiring hospitalization. As per analysis of the biggest cohort reported by Chinese CDC, about 81% of the cases are mild, 14% require hospitalization and 5% require ventilator and critical care management. The deaths reported are mainly among elderly population particularly those with co-morbidities. At the time of writing this document, many of the crucial epidemiological information particularly source of infection, mode of transmission, period of infectivity, etc. are still under investigation.1

Hence, in this regards, it is desired that necessary precautions are to be taken to prevent the occurrence of these cases in the State.

¹ Containment Plan, Ministry of Health and Family Welfare, Government of India

GUIDING PRINCIPLES



SITUATION AWARENESS at all levels (global, national and sub-national) for risk assessment for allowing informed and timely decision making.



INTER-SECTORAL COORDINATION at all levels.



ADHERENCE TO CORE CAPACITIES for disease preparedness and response: •

Surveillance; Laboratory Diagnosis; Hospital Preparedness; Logistic Management; Capacity Building; Risk Communication



Although THE NEED, SCALE AND EXTENT OF EACH WILL INCREASE EXPONENTIALLY AS PER EVOLVING SCENARIO



Ministry of Health & Family Welfare Government of India

नोवल कोरोना वायरस (COVID 19)



सदैव सतर्क रहें

एक बीमार व्यक्ति की लार अन्य चीज़ों को भी प्रभावित कर सकती है, जैसे कि



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