



## ABSTRACT

COVID-19 – Health and Family Welfare department – Covid-19 Surveillance Protocol – Orders – Issued.

---

### HEALTH AND FAMILY WELFARE (P1) DEPARTMENT

G.O.(Ms).No.345

Dated: 06.08.2021  
Pilava, Aadi - 21  
Thiruvalluvar Aandu – 2052

Read :

1. G.O.(Ms).No.319, Health and Family Welfare (P1) Department dated: 31.08.2020.
2. G.O.(Ms).No.88, Health and Family Welfare (P1) Department dated: 24.02.2021.
4. Mail received from the Director of Public Health and Preventive Medicine, dated:01.08.2021.

\*\*\*\*\*

### ORDER :-

In Government order first read above, the Government have issued comprehensive guidelines for COVID-19. In Government order second read above, modified comprehensive guidelines have been issued for COVID-19 testing strategy, guidelines for home isolation, demarcation of containment zone, categorization of patients and discharge policy for Covid-19 patients.

2. The Director of Public Health and Preventive Medicine has sent a draft Covid-19 Surveillance Protocol for approval of the Government.

3. The Government have examined the draft Covid-19 Surveillance Protocol and issue the following Covid-19 Surveillance Protocol:-

### **COVID-19 Surveillance Protocol**

#### **A. Active Surveillance**

1. Surveillance by Health Inspectors in streets / areas from where lab positive cases are reported
2. Village Health Nurses during house visits

3. Surveillance by Hospital on Wheels and School Health Mobile Teams
4. House to House surveillance by Fever Surveillance Workers engaged by local bodies
  - a. The local body concerned must engage screener/ health worker (trained volunteer, self-help group, NGO volunteers) @ 1 per every 500-600 houses to cover once in a week @ 100 house per day. He/She shall be a local resident.
  - b. The door to door surveillance is supervised by Health Inspectors in rural areas and Sanitary Inspectors in Urban areas
  - c. The screener must visit the house once a week. The entire district should be covered once in every week.
  - d. The contact number of district control room, area Health Inspector, Village Health Nurse, PHC numbers and screener should be shared with the residents and advised to contact if ILI symptoms appear
  - e. The screeners shall carry infra-red non-contact thermometer, digital finger Pulse-Oximeter and flip charts for IEC and register.
  - f. They shall visit the places with appropriate Personal Protective Equipment
  - g. In each house, the Screener will
    - Enumerate COVID symptomatic people
    - Check temperature for all the residents
    - Check the oxygen saturation for COVID symptomatic people
    - To check oxygen saturation for confirmed case of COVID in home isolation along with other parameters.
    - Generate awareness about COVID-19 appropriate behaviour
  - h. To refer all the ILI cases for RTPCR testing
  - i. COVID suspect / confirmed Pregnant and Post Natal mothers in the House to be mobilized to the designated MCH CCC only in consultation with Medical Officer concerned.
5. Random Screening
  - a. Random screening of vendors, artisans, taxi/auto drivers and similar people
6. Saturation Screening – screening of all employees of a bank/ an office
7. Rapid Search

Rapid search by engaging volunteers and fever surveillance workers in about five kms radius in areas from where SARI cases, SARI death, occurrence of cluster of ILI / COVID-19 and variants of concern are reported

## **B. Passive Surveillance**

1. All Health Facilities should list and test all ILI cases
2. All SARI cases admitted in any health facility
3. All elective cases or emergency cases screened for COVID-19
4. ILI cases reported in fever camps
5. All patients who have undergone a CT chest irrespective of diagnostic indications
6. Screening of mothers four days before Expected Date of Delivery

7. List of people tested positive while screening for travel
8. Information about the occurrence of ILI cases to control rooms, field staff

**Note:**

- Influenza Like Illness (ILI) case is defined as one with acute respiratory infection with fever more than 38<sup>0</sup> C and cough
- Severe Acute Respiratory Illness (SARI) case is defined as one with acute respiratory infection with fever more than 38<sup>0</sup> C and cough and requiring hospitalization.

(BY ORDER OF THE GOVERNOR)

J.RADHAKRISHNAN,  
PRINCIPAL SECRETARY TO GOVERNMENT.

To

The Principal Secretary / Commissioner, Greater Chennai Corporation, Chennai – 600 003.  
The Director of Public Health and Preventive Medicine, Chennai – 600 006.  
The Director of Medical Education, Chennai – 600 010.  
The Director of Medical and Rural Health Services, Chennai – 600 006.  
All Deans of the Medical Colleges (through the Director of Medical Education, Chennai- 600 010)  
The Municipal Administration and Water Supply Department, Chennai – 600 009.  
The Rural Development and Panchayat Raj Department, Chennai – 600 009.  
All District Collectors.

Copy to:-

The Senior Personal Assistant to Hon'ble Minister (Medical and Family Welfare), Chennai – 600 0  
The Principal Private Secretary to Chief Secretary, Chennai – 600 009.  
Stock File / Spare Copy / Data Cell

// FORWARDED BY ORDER //

*R. Radhakrishnan*  
6/8/21  
SECTION OFFICER

*fn*  
6/8/21

