Basics of Covid-19 Infection
&
Surveillance

Outline of Presentation

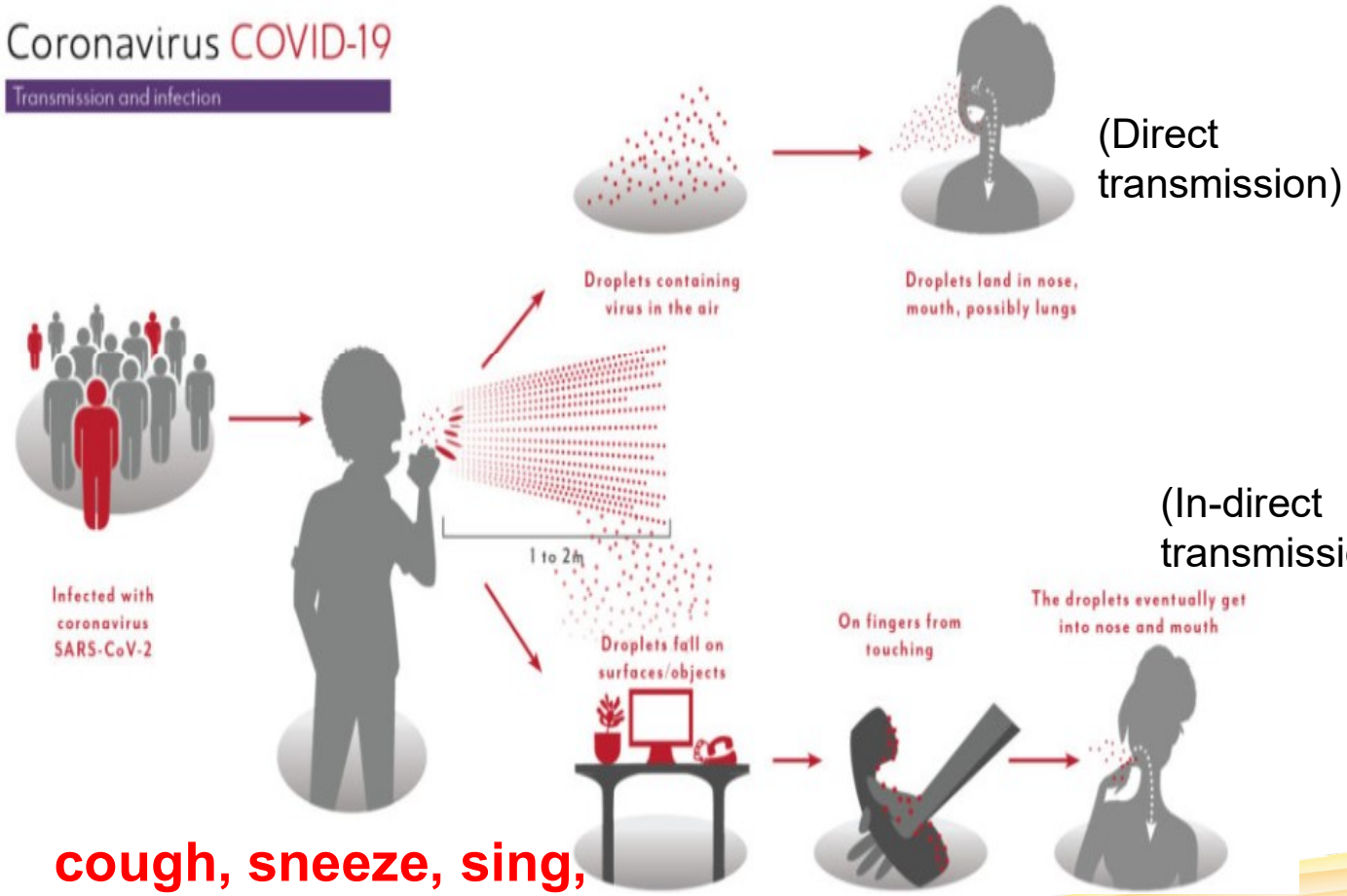
- Brief about Covid -19 Infection
- Covid19 - Protective measure
- Covid Appropriate Behaviour (CAB)
- Covid 19 Vaccination
- Early Signs of Covid-19 Infection
- Warning Signs of Covid-19 Disease
- Surveillance

Introduction

- COVID-19 is an infectious disease caused by a novel coronavirus (SARS-CoV-2).
- The COVID-19 pandemic was declared by the World Health Orga nization (WHO) on 11 March 2020

Modes of Transmission for COVID-19

COVID -19 has Direct & Indirect routes of transmission

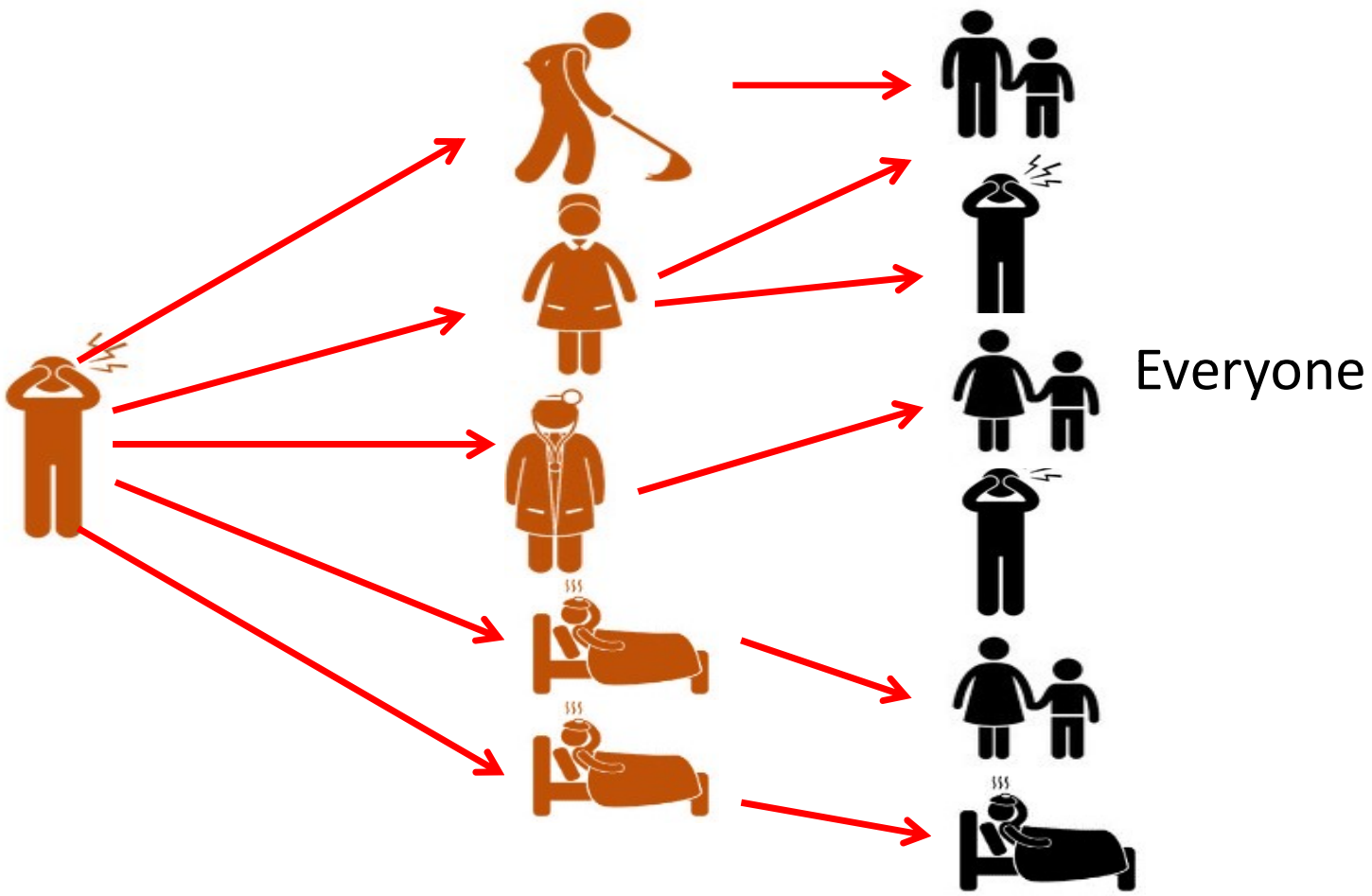


cough, sneeze, sing, speak or breathe

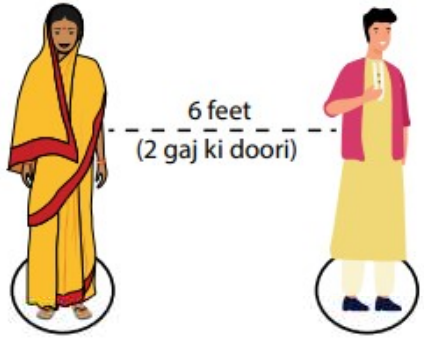
Spread of Covid-19 Infection

- Spreads mainly between people in close contact with each other, typically within 1 metre
- Aerosols or droplets containing the virus are inhaled or come directly into contact with the eyes, nose, or mouth
- Also spreads **in poorly ventilated and/or crowded indoor settings** – where people tend to spend longer periods of time – aerosols remain suspended in the air or travel farther than 1 metre

Who is at risk of infection?



Prevention: What to do?



HAND HYGIENE

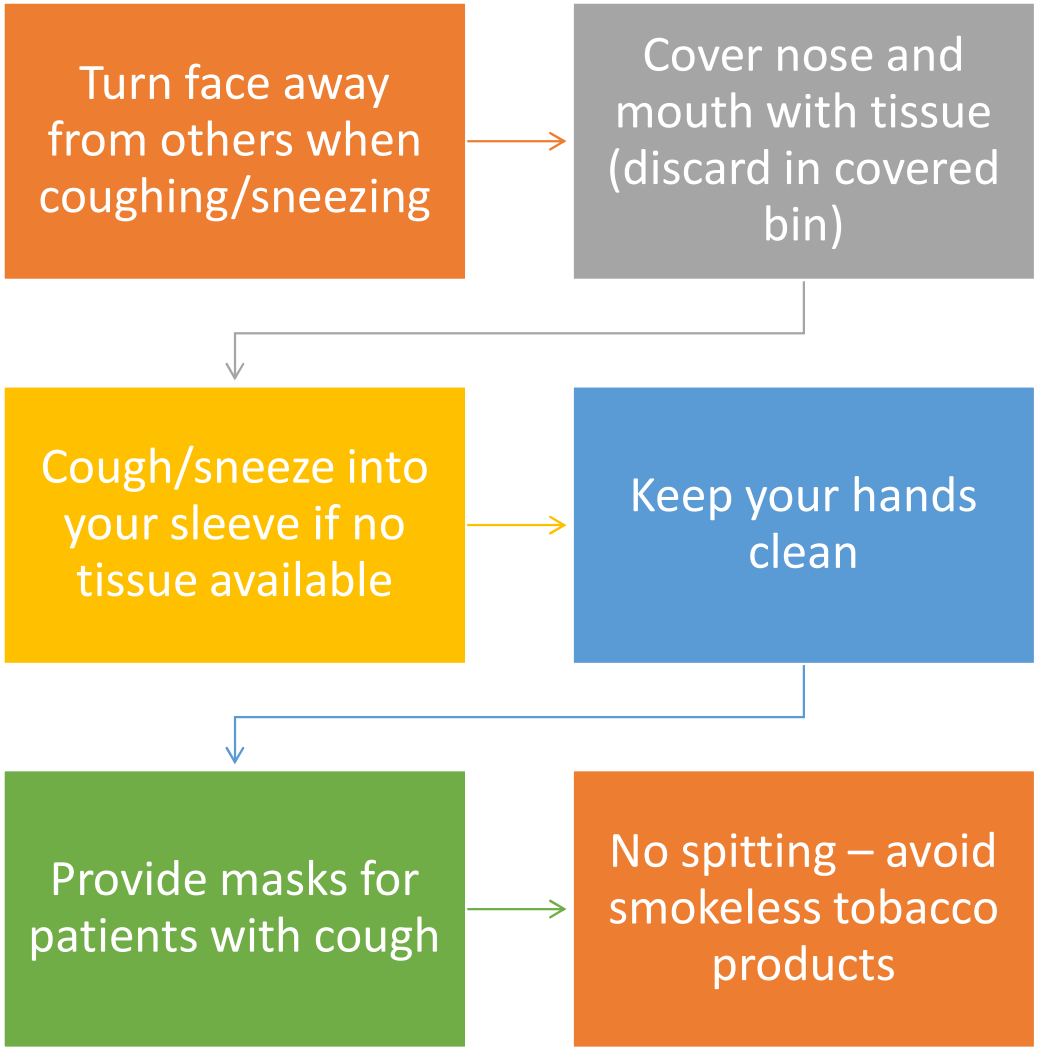
WEAR MASK

RESPIRATORY HYGIENE

PHYSICAL DISTANCING

Ventilation & Vaccination

Respiratory hygiene



Vaccination for >18yrs of Age(2 Doses)

Covishield:

- An individual who has received first dose of Covishield is **eligible for 2nd dose after 12-16 weeks;**

Covaxin:

- An individual who has received first dose of Covaxin is eligible for 2nd dose after 4 weeks;

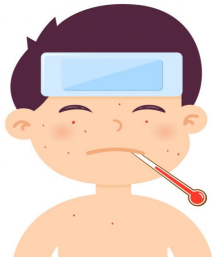
A person is infected with Covid-19 then that person is eligible for vaccine only after 3 months (12 weeks) following recovery

Early Signs of Covid-19 Infection

Symptoms Covid-19

- Symptoms of COVID-19 appear within one to 14 days after exposure:
  - Fever
  - Cough
  - Difficulty in breathing

COUGH



FEVER

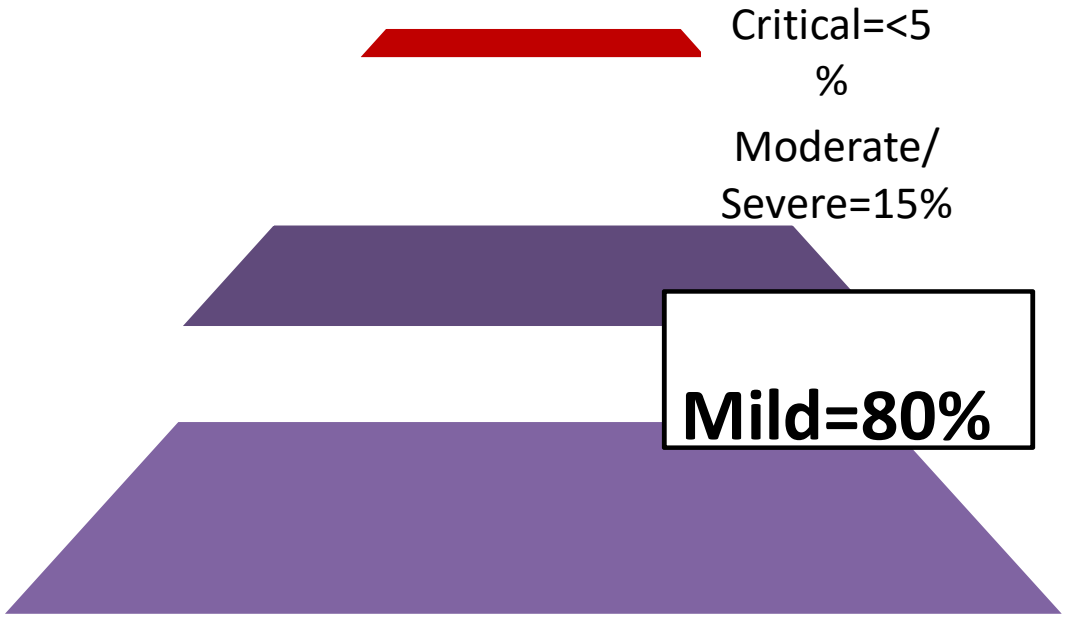
SHORTNESS OF BREATH

- Symptoms can range in severity from very mild to severe, primarily involving the respiratory system and leading to multisystem failure
- 80% patients have mild/no symptoms
- Less common symptoms include: aches and pains, sore throat, diarrhoea, conjunctivitis, headache, loss of taste or smell

Clinical features

- Cough (**50%**)
- Fever (**43%**), subjective or >100.4°F/38°C; course may be prolonged and intermittent.
- Myalgia (**36 %**)
- Headache (**34%**)
- Dyspnea (**29%**)
- Sore throat (**20%**)
- Diarrhea (**19%**)
- Nausea and Vomiting (**12%**) &
- Loss of taste (dysgeusia) or smell (anosmia) (<10%); Potential sign in early infection, but not unique to COVID-19, may be seen with other viral infections
- Abdominal pain & rhinorrhea <10% each.

Epidemiology Presentation of Covid 19



Category of Covid-19 Patients

Clinical Category	Description	Parameters	Referral part
Asymptomatic	No Symptoms	SpO2: >94% in Room Air RR< 24/m	No referral required
Mild	Patients with Uncomplicated Upper Respiratory tract Infection	SpO2: >94% in Room Air RR< 24/m	No referral required, close monitor danger signs
Moderate	Pneumonia with No Signs of Severe Diseases	SpO2: 90%-94% at Room Air RR: 24-30/m	Refer CCC/Hospital as per Physician advice
Severe	Severe Pneumonia	SpO2 < 90% at Room air RR:> 30/min	Refer to the higher medical center for the further management

Monitor by Pulse Oximeter

MEDICAL CONDITION	SPO2 LEVEL	HEALTH CARE INTERVENTION
Normal in healthy individuals	More than or equal to 95%	No significant intervention needed.
Normal in people with COPD	88% to 92%	Continue with respiratory assessment and monitoring.
Hypoxic	85% to 94%	Assess for underlying respiratory diseases and initiate oxygen therapy, especially in COPD patients.
Severely Hypoxic	Less than 85%	Administer supplemental oxygen immediately.

Danger Signs - Seek Hospitalization

- :
  - Difficulty in breathing
  - Respiratory Rate >24/min
  - SpO2 <94 (Oxygen Saturation)
  - Persistent pain/Pressure in the chest
  - Mental confusion or inability to arouse
  - Developing bluish discoloration of lips/face
  - Decreased urine output
  - As advised by treating medical officer

Active & Passive Surveillance

Passive Surveillance by Field workers

- :
  - Networking with key stake holders at Gram Panchayat level to report the ILI patients
    - PRI members, Education dept.,SHGs
    - Involve NYK/NGOs in the network
  - Inclusion of private practitioners,clinics and quacks in the surveillance network in Urban area

Verification of all such cases reported through above network and send them for RAT test & provide the treatment kit

Active Surveillance by Field workers

- :
  - Door to Door Survey for ILI/SARI Cases and with GI symptoms in pediatric age group (25-30 Houses per day)
  - All teams to carry Pulse oximeter during Survey
  - Standard treatment kit to be provided to all ILI/SARI patients identified
  - Ensure the RAT test of all the ILI/SARI patients(through ASHA/ANM on the Spot)

    (Expansion of RAT test up the village level)
  - Advice for strict home isolation
  - Refer immediately moderate/severe patient as per protocol

Take Home Messages

- Early Identification of Covid 19 Infection is key to prevent severe form of disease (Don’t Ignore the initial Signs)
- Daily monitoring of symptomatic/positive patients by Pulse oximeter
- Identification of warning signs to get timely referral
- Distribution of treatment kit to all ILI/SARI patients identified during survey
- Continue to wear Mask and hand washing with DO GAJ Ki DOORI
- Avail the opportunity to Get Vaccinated
- Ask for other seasonal disease like- fever with rash, diarrhea, cholera, vector borne diseases (malaria, dengue, diphtheria & chicken pox

THANKS