COVID-19
COMMUNITY SURVEILLANCE

TRAINING OF ANM, ASHA, AWW
SESSION 4
COMMUNITY SURVEILLANCE

TYPES OF CONTACTS
COMMUNITY SURVEILLANCE SoP
ADVISORY
COMMUNICATION
DEFINITIONS – SUSPECT/PROBABLE INFECTED PERSON

A person with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (eg. Cough, shortness of breath) AND
A history of travel to or residence in a country/area or territory reporting local transmission of COVID-19 disease during the 14 days prior to symptom onset OR
A person with any acute respiratory illness AND having being in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms OR
A person with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (eg., Cough, shortness of breath)} AND requiring hospitalisation AND with no other etiology that fully explains the clinical presentation OR
A case for whom testing for COVID-19 is inconclusive.

DEFINITIONS - WHO IS A CONTACT

A CONTACT IS A PERSON WHO 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).
- TRAVELING TOGETHER IN CLOSE PROXIMITY (LESS THAN 1 M) WITH A SYMPTOMATIC PERSON WHO LATER TESTED POSITIVE FOR COVID-19.
TYPES OF CONTACTS

HIGH RISK

• Touched body fluids of the patient (Respiratory tract secretions, blood, vomit, saliva, urine, feces)
• Had direct physical contact with the body of the patient, shook hands, hugged or took care of.
• Touched or cleaned the linen, clothes, or dishes of the patient.
• Lived in the same household as the patient.
• Anyone in close proximity (less than one meter) of the confirmed case without precautions.
• Passenger traveling in close proximity (less than one meter) for more than 6 hours with a symptomatic person who later tested positive for COVID-19.

LOW RISK

Shared the same space (same class for school/worked in same room/similar and not having a high risk exposure to confirmed or suspect case of COVID-19).

• Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.
COMMUNITY BASED SURVEILLANCE

• SURVEILLANCE DONE BY VISITING THE LOCAL RESIDENCE OF THE CONTACT(S) BY HEALTH PERSONNEL TELEPHONE MAY BE USED IN CERTAIN CIRCUMSTANCES OR FOR FOLLOW-UP.

• INTRODUCE YOURSELF, EXPLAIN PURPOSE OF SURVEILLANCE, COLLECT DATA IN PRESCRIBED FORMAT.

• CONTACTS OF CONFIRMED CASES TRACED AND MONITORED FOR AT LEAST 28 DAYS AFTER THE LAST EXPOSURE TO THE CASE PATIENT FOR EVIDENCE OF COVID-19 SYMPTOMS AS PER CASE DEFINITION.

• INFORMATION ABOUT CONTACTS CAN BE OBTAINED FROM: PATIENT, HIS/HER FAMILY MEMBERS, PERSONS AT PATIENT’S WORKPLACE OR SCHOOL ASSOCIATES, OR OTHERS WITH KNOWLEDGE ABOUT THE PATIENT’S RECENT ACTIVITIES AND TRAVELS.

ARI SURVEILLANCE IN THE CONTAINMENT ZONE
ADVISORY FOR CONTACTS

ASYMPTOMATIC
1. Home quarantine for at least 28 days after the last exposure with the case.
2. Initiate self-health monitoring for development of fever or cough and maintain a list of contacts on daily basis.
3. Active monitoring (eg. Daily visits or telephone calls) for 28 days after the last exposure shall be done by ANM/ASHA/identified person
4. Direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his/her contact

IF SYMPTOMATIC
1. If symptoms develop (fever, cough, difficulty in breathing), use mask, self-isolate and immediately inform ANM / ASHA/ the identified local health official by telephone
CASE SCENARIO

Sunil is a young man of 30 years. He works in Mumbai as a teacher in a small school and has returned back home for Holi. Sunil has been confirmed with COVID-19 and now his family is worried.

ANSWERS

- Ensure that all members in the family have been given the advise to follow
- Follow up if any help needed
- Organise for the families to have support when they are on quarantine for getting their daily supplies like groceries or vegetables.
- Check on hand hygiene and respiratory hygiene understanding
- Check if all clothes and household materials used by confirmed family member have been disinfected.
- Talk to the family often even if only on the mobile and encourage other friends of the family to talk on the phone. This is to help them manage the feeling of being isolated.

QUESTION: WHAT WILL YOU DO?