INDIAN MEDICAL ASSOCIATION (HQs.)

(Registered under the Societies Act XXI of 1860)
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IMA/NP/316/1310

March 13, 2020
New Delhi

To
All the State Presidents and State Secretaries, IMA
All the Local Branch Presidents and Secretaries, IMA
All the CWC Members, IMA
All the National Office Bearers, IMA
All Past National Presidents, IMA
All Past Honorary Secretary Generals, IMA

Dear Sir,

India is facing a health emergency. Indian Medical Association and the doctors of this country have to rise to the occasion. It is our duty to update ourselves on the current situation of COVID-19, the scientific data and principles as well as the best practices.

The IMA National Task Force on COVID-19 had its first session in the IMA HQs, New Delhi on 12.03.2020. The following documents and instructions are being forwarded to you for your information and use:

1. PPT COVID-19 for medical practitioners (attached herewith)
2. Stress Management (attached herewith)
3. General points for clinics regarding COVID-19 (attached herewith)
4. Update on COVID-19 (attached herewith)
5. FAQs on COVID-19 (being sent in another Email)
6. Instructions to State Branches (being sent in another Email)
7. Instructions to Local Branches (being sent in another Email)
8. Do's and Don'ts posters issued by GoI for display in clinics- in English (being sent in another Email)
9. Do's and Don'ts posters issued by GoI for display in clinics- in Hindi (being sent in another Email)

With kind regards,

Yours sincerely,

Dr. Rajan Sharma
National President

Dr. R. V. Asokan
Honorary Secretary General

COVID 19
FOR MEDICAL PRACTITIONERS

INDIAN MEDICAL ASSOCIATION
HEADQUARTERS

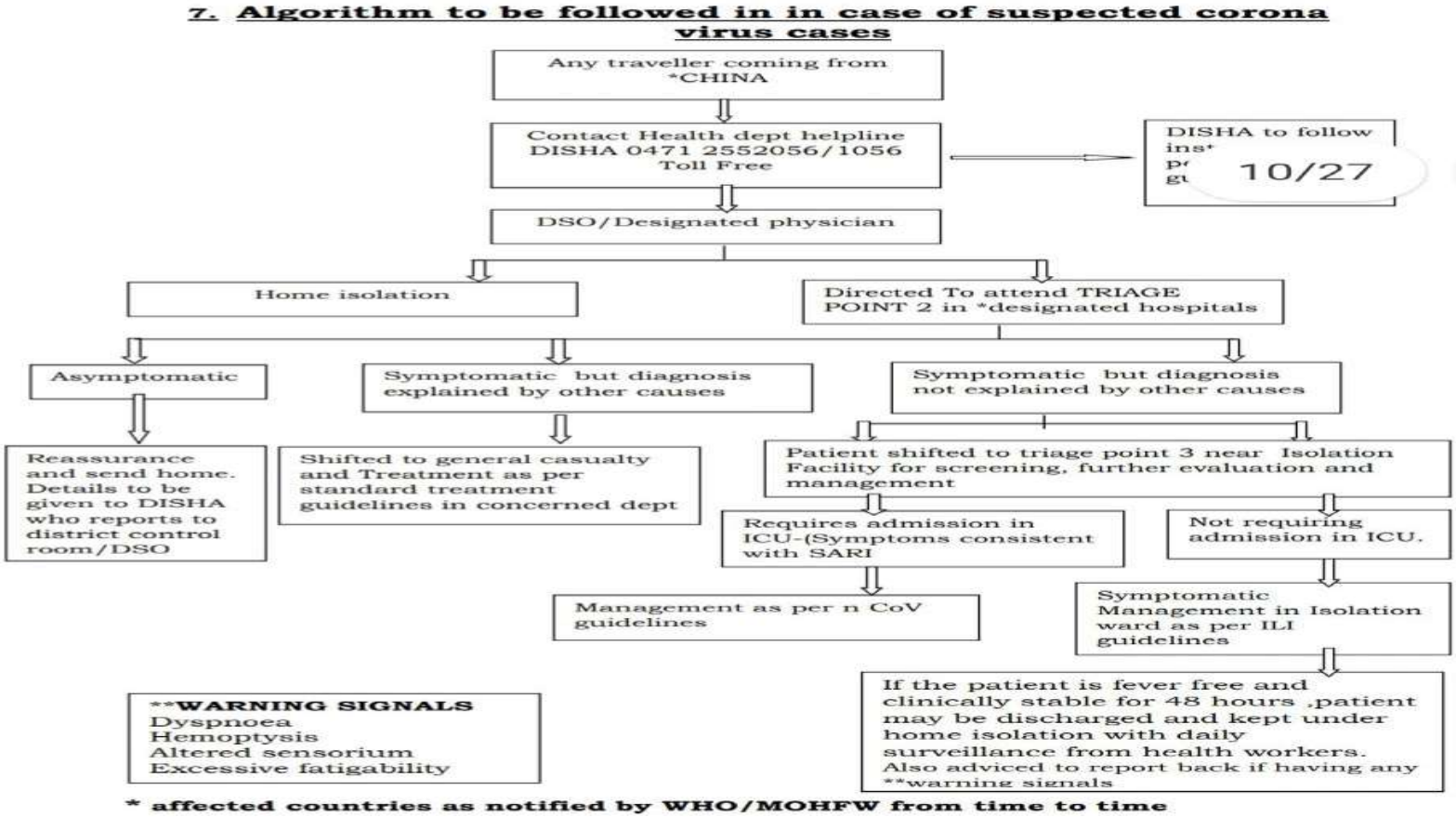
Instructions to Doctors:

- Doctors should keep the differential diagnosis of COVID-19 in mind while encountering a patient falling in suspect case definition of COVID-19.

Quick assessment

- Cough No Fever -Pollution
- Cough, Cold, No Fever-Allergy
- Fever with Cough and Cold -H1 N1Flu
- Fever with Sorethroat Rheumatic Fever
- Low grade fever with cough lasting for two weeks - Rule out TB
- Fever with dry Cough - Corona Virus a possibility
- Fever with cough and breathlessness
- Fever with cough and O_2

Algorithm


7. Algorithm to be followed in in case of suspected corona virus cases
Any traveller coming from *CHINA
Contact Health dept helpline DISHA 0471 2552056/1056 Toll Free
DISHA to follow ins* pr gt
10/27
DSO/Designated physician
Home isolation
Directed To attend TRIAGE POINT 2 in *designated hospitals
Asymptomatic
Symptomatic but diagnosis explained by other causes
Symptomatic but diagnosis not explained by other causes
Reassurance and send home. Details to be given to DISHA who reports to district control room/DSO
Shifted to general casualty and Treatment as per standard treatment guidelines in concerned dept
Patient shifted to triage point 3 near Isolation Facility for screening, further evaluation and management
Requires admission in ICU-(Symptoms consistent with SARI
Not requiring admission in ICU.
Management as per n CoV guidelines
Symptomatic Management in Isolation ward as per ILI guidelines
If the patient is fever free and clinically stable for 48 hours ,patient may be discharged and kept under home isolation with daily surveillance from health workers. Also adviced to report back if having any **warning signals
**WARNING SIGNALS
Dyspnoea
Hemoptysis
Altered sensorium
Excessive fatigability
* affected countries as notified by WHO/MOHFW from time to time

Case Definition

Suspect Case:

A Patient with acute respiratory illness, {fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness of breath or diarrhoea), AND a history of travel to or residence in a country / area or territory reporting to transmission (See NCDC/WHO website for updated list) of COVID-19 disease the 14 days prior to symptom onset:

OR

A patient / Health care worker with any acute respiratory illness AND having been in *contact* with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms.

OR

A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease(e.g cough, shortness breath) AND enquiring hospitalization AND with no other etiology that fully explain the clinics presentation;

OR

A case for whom the testing for Covid 19 is inconclusive

Case definitions

Laboratory Confirmed Case:

A Person with Laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Case definitions

Definition of Contact

A contact is a person that 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.
- Travelling together in close proximity (with 1m) with a symptomatic person who later tested positive for COVID-19.

Contact

High Risk (HR) Contact:

1. Contact with a confirmed case of COVID-19.
2. Travellers who visited a hospital where COVID-19 cases are being treated.
3. Travel to a province where COVID-19 LOCAL TRANSMISSION is being reported as per WHO daily situation report.
4. Touched body fluids of patients (respiratory tract secretions, blood, vomits, saliva, urine, faeces).
5. Had direct physical contact with the body of the patient including physical examination without PPE.
6. Touched or cleaned the linens, clothes or dishes of the patient
7. Close contact, within 3 feet (1 meter) of the confirmed case.
8. Co-Passengers in an airplane/vehicle seated in the same row, 3 rows in front and behind of a confirmed COVID-19 case.

Low Risk (LR) contact:

1. Shared the same space (Same classroom/same room for work or similar activity and not having high risk exposure to the confirmed / suspected case).
2. Travel in the same environment (bus/rain) but not having high risk exposure as cited above.
3. Any traveller from abroad not satisfy high risk criteria.

Management

COVID-19 TESTED AND MANAGEMENT STRATEGY BASED ON RISK ASSESMENT

Background

The epidemiology of COVID-19 shows that 75 to 80 % of the affected will develop only mild symptoms which do not require hospitalization. Severe infection and mortality are seen only in high risk groups like elderly and those with chronic lung disease, heart disease, liver disease, renal disease, malignancies, immunocompromised, pregnancy, post-transplant, haematological disorders, HIV and in those on chemotherapy and long term steroids. In majority of patients with mild symptoms, there is no need for hospitalization of symptomatic management.

Just like any viral infection, COVID-19 also will resolve by itself in majority of the patients. Epidemiology of COVID-19, SARS, MERS clearly demonstrate that hospitals act as amplifying centres for the epidemic. This happens due to mixing of patients with different risk categorization in the busy outpatient areas of designated COVID-19 centres.

So patients with mild symptoms are advised not to come to hospitals for testing and treatment. Testing is not going to change either that clinical course or management of the patient with mild symptoms.

categorisation

CLINICAL CATEGORIZATION

CATEGORY-A: Low grade fever mild sore throat/cough/rhinitis/diarrhoea.
CATEGORY-B: High grade fever and/or severe sore throat/cough.

OR

Category-A plus one or more of the following

- Lung/heart/liver/kidney/neurological disease, blood disorders/uncontrolled diabetes/cancer/HIV-AIDS
- On long term steroids
- Pregnant lady
- Age-more than 60 years.

Category-C:

- Breathlessness, Chest pain, drowsiness, fall in blood pressure, haemoptysis, cyanosis (red flag sign)
- Children with ILI (Influenza like illness with red flag signs
- (Somnolence, high/persistent fever, inability to feed well, convulsions, dyspnoea, respiratory, distress, etc.)
- Worsening of underlying chronic conditions.

*Categorization should be reassessed every 28-48 hours for Category A & B.

Testing guideline

Testing Guideline

Category-A: No testing needed.

Category-B and Cat-C: Testing Required

NB: In patients with Viral Pneumonia without an etiology COVID-19 testing may be considered even if the patient is not from a country/area with local transmission of COVID-19. Testing should be restricted to patients with bilateral lung infiltrates, lymphocytopenia with decreased or normal total count. Decision on testing to be taken by the institutional/ District Medical Board.

Treatment guideline

MANGEMENT GUIDELINE

CATEGORY – A

Patient should inform DISHA helpline. No need to come to designed nodal centers. Patients should remain in strict home isolation. Doctor from nearby PHC will telephonically monitor progress of patient and asses development of red flag signs. JPHN/JHI will assess adequacy of isolation facility using a checklist.

Patients are advised to take:

- Plenty of warm nourishing oral fluids
- Balanced diet
- Adequate sleep and rest
- Saline gargle for sore throat if present

CATEGORY – B

Patient should come to designated COVID-19 treatment centers after informing DISHA. After clinical assessment at the hospital, decision on testing will be taken. Patient will be started on symptomatic treatment including treatment of other respiratory pathogens (like HINI) wherever applicable and will either be admitted or sent back for home isolation. If the treating hospital decides on home isolation the DSO of the corresponding district should be informed in the prescribed format for ensuring home isolation. If sent back for home isolation, doctor from nearby PHC will telephonically monitor progress of patient and assess development of red flag signs. JPHN/JHI will assess adequacy of isolation facility using a checklist.

CATEGORY – C

Patient will be admitted in designed COVID – 19 treatment centers.

Infection control measures

- Strict hand hygiene with frequent hand washing and use of alcohol containing hand rubs

- Use of surgical masks not recommended for prevention.

- N95 mask to be worn by health care personnel directly caring suspected/ confirmed cases
- BMW waste disposal protocols to be followed
- Standard general infection control measures to be adopted
- Normal recommendations for Non Corona Respiratory illness will stay as it is.

Other measures

- Give a 3 layered surgical mask to the patient and advice him to follow cough etiquettes.
- Refer the patient to designated facility and inform district surveillance Officer or State Helpline Number or National Helpline Number – 011-23978046.
- Follow infection prevention and Control guidelines
- Display IEC Material in the premises

IEC material to be displayed

This time of crisis is generating stress in the population. These mental health considerations were developed by the Mental Health Department of WHO as support for mental and psychological well-being during COVID-19 outbreak.

General population

1. COVID-19 has and is likely to affect people from many countries, in many geographical locations. Don't attach it to any ethnicity or nationality. Be empathetic to those who got affected, in and from any country, those with the disease have not done anything wrong.

2. Don't - refer to people with the disease as "COVID-19 cases", "victims" "COVID-19 families" or the "diseased". They are "people who have COVID-19", "people who are being treated for COVID-19", "people who are recovering from COVID-19" and after recovering from COVID19 their life will go on with their jobs, families and loved ones.

3. Avoid watching, reading or listening to news that cause you to feel anxious or distressed; seek information mainly to take practical steps to prepare your plans and protect yourself and loved ones. Seek information updates at specific times during the day once or twice. The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried. Get the facts. Gather information at regular intervals, from WHO website and local health authorities platforms, in order to help you distinguish facts from rumors.

4. Protect yourself and be supportive to others. Assisting others in their time of need can benefit the person receiving support as well as the helper.

5. Find opportunities to amplify the voices, positive stories and positive images of local people who have experienced the new coronavirus (COVID-19) and have recovered or who have supported a loved one through recovery and are willing to share their experience.

6. Honor caretakers and healthcare workers supporting people affected with COVID-19 in your community. Acknowledge the role they play to save lives and keep your loved ones safe. Health care workers

7. For health workers, feeling stressed is an experience that you and many of your health worker colleagues are likely going through; in fact, it is quite normal to be feeling this way in the current situation. Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak. Managing your stress and psychosocial wellbeing during this time is as important as managing your physical health

8. Take care of your basic needs and employ helpful coping strategies- ensure rest and respite during work or between shifts, eat sufficient and healthy food, engage in physical activity, and stay in contact with family and friends. Avoid using unhelpful coping strategies such as tobacco, alcohol or other drugs. In the long term, these can worsen your mental and physical wellbeing. This is a unique and unprecedent scenario for many workers, particularly if they have not been involved in similar responses. Even so, using the strategies that you have used in the past to manage times of stress can benefit you now. The strategies to benefit feelings of stress are the same, even if the scenario is different.

9. Some workers may unfortunately experience avoidance by their family or community due to stigma or fear. This can make an already challenging situation far more difficult. If possible, staying

connected with your loved ones including through digital methods is one way to maintain contact. Turn to your colleagues, your manager or other trusted persons for social support- your colleagues may be having similar experiences to you.

10. Use understandable ways to share messages with people with intellectual, cognitive and psychosocial disabilities. Forms of communication that do not rely solely on written information should be utilized If you are a team leader or manager in a health facility. 3 Team leaders or managers in health facility

11. Keeping all staff protected from chronic stress and poor mental health during this response means that they will have a better capacity to fulfil their roles.

12. Ensure good quality communication and accurate information updates are provided to all staff. Rotate workers from high-stress to lower-stress functions. Partner inexperienced workers with their more experiences colleagues. The buddy system helps to provide support, monitor stress and reinforce safety procedures. Ensure that outreach personnel enter the community in pairs. Initiate, encourage and monitor work breaks. Implement flexible schedules for workers who are directly impacted or have a family member impacted by a stressful event.

13. If you are a team leader or manager in a health facility, facilitate access to, and ensure staff are aware of where they can access mental health and psychosocial support services. Managers and team leads are also facing similar stressors as their staff, and potentially additional pressure in the level of responsibility of their role. It is important that the above provisions and strategies are in place for both workers and managers, and that managers are able to role-model self-care strategies to mitigate stress.

14. Orient responders, including nurses, ambulance drivers, volunteers, case identifiers, teachers and community leaders and workers in quarantine sites, on how to provide basic emotional and practical support to affected people using psychological first aid. For caretakers of children

15. Help children find positive ways to express disturbing feelings such as fear and sadness. Every child has his/her own way to express emotions. Sometimes engaging in a creative activity, such as playing, and drawing can facilitate this process. Children feel relieved if they can express and communicate their disturbing feelings in a safe and supportive environment.

16. Keep children close to their parents and family, if considered safe for the child, and avoid separating children and their caregivers as much as possible. If a child needs to be separated from his/her primary caregiver, ensure that appropriate alternative care is and that a social worker, or equivalent, will regularly follow up on the child. Further, ensure that during periods of separation, regular contact with parents and caregivers is maintained, such as twice-daily scheduled phone or video calls or other age-appropriate communication (e.g., social media depending on the age of the child).

17. Maintain familiar routines in daily life as much as possible, especially if children are confined to home. Provide engaging age appropriate activities for children. As much as possible, encourage children to continue to play and socialize with others, even if only within the family when advised to restrict social contract.

18. During times of stress and crisis, it is common for children to seek more attachment and be more demanding on parents Discuss the COVID-19 with your Children in honest and

ageappropriate information. If your children have concerns, addressing those together may ease their anxiety. Children will observe adults' behaviors and emotions for cues on how to manage their own emotions during difficult times. For caretakers of older adults

19. Older adults, especially in isolation and those with cognitive decline/dementia, may become more anxious, angry, stressed, agitated, and withdrawn during the outbreak/while in quarantine. Provide practical and emotional support through informal networks (families) and health professionals.

20. Share simple facts about what is going on and give clear information about how to reduce risk of infection in words older people with/without cognitive impairment can understand. Repeat the information whenever necessary. Instructions need to be communicated in a clear, concise, respectful and patient way. and it may also be helpful for information to be displayed in writing or pictures. Engage their family and other support networks in providing information and helping them practice prevention measures (e.g. handwashing etc.)

21. Encourage older adults with expertise, experiences and strengths to volunteer in community efforts to respond to the COVID-19 outbreak (for example the well/healthy retired older population can provide peer support, neighbor checking, and childcare for medical personnel restricted in hospitals fighting against COVID-19.) People in isolation

22. Stay connected and maintain your social networks. Even in situations of isolations, try as much as possible to keep your personal daily routines. If health authorities have recommended limiting your physical social contact to contain the outbreak, you can stay connected via e-mail, social media, video conference and telephone.

23. During times of stress, pay attention to your own needs and feelings. Engage in healthy activities that you enjoy and find relaxing. Exercise regularly, keep regular sleep routines and eat healthy food. Keep things in perspective. Public health agencies and experts in all countries are working on the outbreak to ensure the availability of the best care to those affected.

24. A near-constant stream of news reports about an outbreak can cause anyone to feel anxious or distressed. Seek information updates and practical guidance at specific times during the day from health professionals and WHO website and avoid listening to or following rumors that make you feel uncomfortable..

General points for clinics regarding COVID 19

- Issue one circular that if anyone or in his or her family is having with fever and cough, he or she should immediately notify the management
- All with cough and fever should take tele consultation with doctor without delay
- De-contaminate all surfaces of the office in the night with 0.1% bleach as done in any hospitals or washrooms at home
- All persons should enter the office after cleaning the hands with soap and water or 70% alcohol-based sanitiser
- Make sanitisers in your office (70% isopropyl alcohol and 30% PEG or aloe vera gel)
- Wash hands after lunch break, and joining after lunch break, and at signing off
- No biometric attendance
- No touching of papers and currency with oral saliva
- No international visitors in the office without prior risk assessment
- No leave to be given for people to visit their state and come back
- All employees are directed to inform if they have met anyone with fever and cough visiting from affected countries or Indian states
- 50+ people in any organisation with comorbid conditions needs special precautions. People with comorbid conditions should immediately disclose their illnesses to the management
- Follow and greet with only corona namaste, no contact policy, no elbow touch- no shake hands
- Doctors at high risk with comorbid conditions should not see patients with fever and cough or wear N 95 masks
- All should disinfect mobile phones before entering the office
- Disinfects office and personal cars daily
- Eligible people should get flu and pneumonia vaccination done, so that they do not end up with preventable illnesses
- Safaikaramcharis should wear gloves and take special precautions
- Surgical masks should be available at the reception desk, entry of labs, imaging centers for anyone who develops fever and or cough
- Separate line in hospital reception, labs, imaging centers for people with cough, Fever. They all should be on surgical masks.
- All visitors should be checked for fever, made to wash hands and undertaking that they do not have fever and or cough
- Even one bought of cough and feverish feeling cannot be ignored
- Enough tissue papers to be made available
- Send circulars of how to wash hands, cough etiquettes and respiratory hygiene
- Doorknobs, handles, toilet seats, to be cleaned after every use
- The employee and his close contacts should follow the clinical protocol to be quarantined/isolated.

UPDATE ON COVID-19

COVID 19

1. Possibly behaves like SARS; causes mild illness in 82%, severe illness in 15%, critical illness in 3% and death in 2 % cases (15% of admitted serious cases, 71% with comorbidity); affects all ages but predominately males (56%) with median age 59 years (2-74 years, less in children below 15);with variable incubation period days (2-14;mean 3 based on 1,324 cases, 5.2 days based on 425 cases,6.4 days in travellers from Wuhan);mean time to symptoms 5 days,mean time to pneumonia 9 days, mean time to death 14 days,3-4 reproductive number R0(flu 1.2, SARS 2), epidemic doubling time 7.5 days (Korea 1 day probably due to super spreader), Tripling time in Korea 3 days, has origin possibly from bats, spreads like large droplets and predominately from people having lower respiratory infections and hence standard droplet precautions the answer for the public and close contacts and air born precautions for the healthcare workers dealing with the secretions.
2. Clinically all patients have fever, 75% have cough; 50% weakness; 50% breathlessness with low total white count and deranged liver enzymes. 20% need ICU care and 15% of them are fatal. Treatment is symptomatic though chloroquine, anti-viral and anti-HIV drugs have shown some efficacy.
3. Only 20% will have symptoms and will go for testing, rest may self-quarantine, 15% of serious will die.In Iran 16 died of 95 tested means they are only testing serious patients.
   Present status as on 12th Feb: 125 countries, 1610 new cases and 99 deaths outside china, Expected total deaths 4095.

Close contacts of COVID 19 patients definition will change with community spread:

Close contacts are people providing direct care to patients, working with infected health care workers, visiting infected patients or staying in the same close environment, working together in close proximity or sharing the same classroom environment with an infected patient, traveling together with infected patient in any kind of conveyance, living in the same household as an infected patient. The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration.But once the community spread occurs the definition will no longer be correct. Final phase of community spread closing borders will not contain the virus. All cases with flu like illness will be presumed to be VOVID 19 AND ONLY patients with breathlessness will be tested.

Preparedness for community spread:

Statistics on 12th March

Total cases: 1,27,809
Deaths: 4,712
Recovered: 68,335
Currently Infected Patients: 54,758
Mild cases:68,335 (94%)
Serious or Critical: 4716 (6%)

Travel Restrictions

Travel advisory

Level 1 in all countries (Exercise normal standard hygiene precautions)
Level 2 in all affected countries (Exercise a high degree of caution)
Level 3 in all countries with secondary cases (Reconsider your need to travel)
Level 4 in affected parts of China and Korea (Do not travel)

Number of flu deaths every year: 290,000 to 650,000 (795 to 1,781 deaths per day)

About the Virus

'Corona' means crown or the halo surrounding the sun. Heart is considered crown andhence coronary arteries. In electron microscope, it is round with spikes poking out from its periphery.

Single-strand, positive-sense RNA genome ranging from 26 to 32 kilobases in length, Betacorona virus from Corona family.

One of the three deadly human respiratory coronaviruses. Others are Severe acute respiratory syndrome coronavirus [SARS-CoV] and Middle East respiratory syndrome coronavirus [MERS-CoV]).COVID 19 is 75 to 80% identical to the SARS-CoV

Virus is likely to be killed by sunlight, temperature, humidity. SARS stopped around May andJune in 2003 due to more sunlight and more humidity.

Transmission

Zoonotic and linked to Huanan Seafood Wholesale Market

Bats are the primary reservoir for the virus.

It transmits predominantly with droplets like common flu.

Quarantine has Limitations

China imposed unprecedented quarantines across Hubei, locking in about 56 million people,in a bid to stop it spreading.

Villages in Vietnam with 10,000 people close to the nation's capital are placed underquarantine on 13th Feb after six cases of the deadly new coronavirus were discovered there.

1. 21% quarantined in Diamond Ship got infected.
2. The people on quarantine are kept under a 14-day quarantine. If they are placed together and if anyone is diagnosed during that period, the quarantine will add another 14 days.
3. The longer you have several thousand people cohoused you will continue to propagate waves of infection.
4. A better way to quarantine is to break up these people into smaller groups and quarantine them separately.
5. Why quarantine children < 15 years when the virus is not risky for them.
6. Why not separate elderly people with comorbid conditions at high risk of deaths and quarantine them separately in one to one or small groups.

Standard Respiratory Droplets Precautions

At triage: Surgical 3 layered mask to the patient; Isolation of at least three feet distance,Coughetiquette and Hand hygiene

Droplet precautions: Three-layer surgical mask by patients, their contacts and health careworkers, in an adequately ventilated isolation room, health care workers while caring with thesecretions should use eye protection, face shields/goggles. One should limit patientmovement, restrict attendants and observe hand hygiene.

Contact precautions: When entering room - gown, mask, goggles, gloves – remove beforeleaving the room; Dedicated equipment/ disinfection after every use; Care for environment-door knobs, handles, articles, laundry; Avoid patient transport and Hand hygiene

Public

Strict self-quarantine if sick with flu like illness: 2 weeks

Wash your hands often and for at least 20 seconds with soap and water or use an alcohol- based hand sanitizer.

Avoid touching:Eyes, nose, and mouth with unwashed hands.

Avoid close contact: (3-6 feet) with people who are sick with cough or breathlessness

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Clean and disinfect frequently touched objects and surfaces.

Masks

Surgical 3 layered Masks: For patients and close contacts

N 95 Masks: For health care providers when handling respiratory secretions.

Lab tests

1. There are two ways to detect a virus: through the genetic material DNA or RNA or to detect the protein of the virus. The rapid tests look at the protein. It takes 8-12 weeks to make commercial antibodies. So right now, for the diagnostics tests they are using PCR which give you a turnaround in 1-2 hours.
2. Lab precautions: BSL 2 (3 for viral culture labs)

Treatment

1. No proven antiviral treatment.
2. With SARS, in 6 months the virus was gone, and it never came back.Pharmaceutical companies may not spend millions and millions to develop a vaccine for something which may never come back.
3. Chloroquine hadpotent antiviral activity against the SARS-CoV, has been shown to have similar activity against HCoV-229E in cultured cells and against HCoV-OC43 both in cultured cells and in a mouse model.
4. PVP-I mouthwashes and gargles significantly reduce viral load in the oral cavity and the oropharynx.
5. The Drug Controller General of India has approved the "restricted use" of a combination of drugs (Lopinavir and ritonavir) used widely for controlling HIV infection in public health emergency for treating those affected by novel coronavirus.

Common Facts

1. People receiving packages from China are not at risk of contracting the COVID 19 as the virus does not survive long on objects, such as letters or packages.
2. There is no evidence that companion animals/pets such as dogs or cats can be infected with COVID 19.
3. Pneumococcal vaccine and Hib vaccine do not provide protection against COVID 19.
4. Regularly rinsing the nose with saline does not protect people from infection with COVID 19 or respiratory infections although it can help people recover more quickly from the common cold.
5. There is no evidence that using mouthwash will protect you from infection with COVID 19 although some brands or mouthwash can eliminate certain microbes for a few minutes in the saliva in your mouth.
6. There is no evidence that eating garlic protects people from COVID 19.
7. Sesame oil does not kill the new coronavirus. Chemical disinfectants that can kill the COVID 19 on surfaces are bleach/chlorine-based disinfectants, either solvents, 75% ethanol, peracetic acid and chloroform.
8. People of all ages can be infected by COVID 19. Older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus.
9. Antibiotics do not work against viruses.
10. To date, there is no specific medicine recommended to prevent or treat it.

Case Definitions

Suspect case

A. Patients with severe acute respiratory infection (fever, cough, and requiring admission tohospital), AND with no other etiology that fully explains the clinical presentation AND atleast one of the following:

a history of travel to or residence in the city of Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or

patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.

B. Patients with any acute respiratory illness AND at least one of the following:

close contact with a confirmed or probable case of COVID 19 in the 14 days prior to illness onset, or

visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or

worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital associated COVID 19 infections have been reported.

Probable case

A suspect case for whom testing for COVID 19 is inconclusive or for whom testing waspositive on a pan-coronavirus assay.

Confirmed case

A person with laboratory confirmation of COVID 19 infection, irrespective of clinical signsand symptoms.

Severe acute respiratory infection (SARI)

An ARI with history of fever or measured temperature ≥38 C° and cough; onset within the last~10 days; and requiring hospitalization. Absence of fever does NOT exclude viral infection

Uncomplicated illness

Patients with uncomplicated upper respiratory tract viral infection, may have non- specificsymptoms such as fever, cough, sore throat, nasal congestion, malaise, headache, muscle pain ormalaise. The elderly and immunosuppressed may present with atypical symptoms. These patientsdo not have any signs of dehydration, sepsis or shortness of breath

Dr K K Aggarwal
President CMAAO
Past National President, IMA
Past Honorary Secretary General, IMA

INSTRUCTIONS TO STATE BRANCHES

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1. Co-ordinate with Government Authorities, State Health Ministers, Health Directorate etc. and extend support to their activities.
2. Do State Level Co-ordination with Local Branches.
3. Prepare and provide IEC Material, Posters, Notices, Short Films and Animations etc. in local languages with IMA Logo.
4. Run a 24 hours helpline to answer to the queries of the public to be managed by doctors.
5. Where ever there is an IMA Building for the State, make it a nodal point for Corona control activities.
6. All IMA meetings can continue till community spread occurs in the locality. Follow the State Government instructions in this regard

Instruction to Local Branches

1. Conduct awareness programs like Campaigns, display of posters, notices etc regarding preventive aspects and when to obtain medical care regarding Corono Virus in the Jurisdiction in easily understandable vernacular language.

2. Participate in all Government level programs regarding Covid 19 in their Jurisdiction as IMA representatives.

3. Convene Interaction meetings with Local health authorities and hospital managements regarding measures to be taken in their respective areas.

4. Run a manned help desk (24 x 7 if possible) in a designed area to answer to the quires and Co-ordinate the Control measures.

5. Follow all of the instructions given by the State and National HQ. Of IMA.

6. All IMA meetings can continue till communityspread occurs in the locality. Follow the State Government instructions in this regard

QUESTION & ANSWER SESSION ON COVID 19

What is Novel CoronaVirus.

A Novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

A diagnosis with coronavirus 229E, NL63, OC43, or HKU1 is not the same as a COVID-19 diagnosis. Patients with COVID-19 will be evaluated and cared for differently than patients with common coronavirus diagnosis.

Why is the disease being called Coronavirus disease 2019, COVID-19?

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused be a novel (or new) Coronavirus that has not previously been seen in humans. The name of this disease was selected following the World Health Organization (WHO) best practice external icon for naming of new human infectious diseases.

What is SARS-CoV-2? What is COVID-19?

Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) is the name given to the 2019 novel Coronavirus. COVID-19 is the name given to the disease associated with the virus. SARS-CoV-2 is a new strain of Coronavirus that has not been previously identified in humans.

What is the origin of Corona Virus ?

Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China. Some international destinations now have apparent community spread with the virus that causes COVID-19. Community spread means some people have been infected and it is not known how or where they became exposed.

Healthcare Professionals: Frequently Asked Questions and Answers

What are the clinical features of COVID-19?
The clinical spectrum of COVID-19 ranges from mild disease with non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock. There have also been reports of asymptomatic infection with COVID-19..

Who is at risk for COVID-19?
Currently, those at greatest risk of infection are persons who have had prolonged, unprotected close contact with a patient with symptomatic, confirmed COVID-19 and those who live in or have recently been to areas with sustained transmission.

Who is at risk for severe disease from COVID-19?
The available data are currently insufficient to identify risk factors for severe clinical outcomes. From the limited data that are available for COVID-19 infected patients, and for data from related coronaviruses such as SARS-CoV and MERS-CoV, it is possible that older adults, and persons who have underlying chronic medical conditions, such as immunocompromising conditions, may be at risk for more severe outcomes. See also See also Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19).

When is someone infectious?
The onset and duration of viral shedding and period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infection with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present. Asymptomatic infection with SARS-CoV-2 has been reported, but it is not yet known what role asymptomatic infection plays in transmission. Similarly, the role of pre-symptomatic transmission (infection detection during the incubation period prior to illness onset) is unknown. Existing literature regarding SARS-CoV-2 and other coronaviruses (e.g. MERS-CoV, SARS-CoV) suggest that the incubation period may range from 2–14 days.

Will contact with body fluids spread infection?
Very limited data are available about detection of SARS-CoV-2 and infectious virus in clinical specimens. SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and SARS-CoV-2 has been isolated from upper respiratory tract specimens and bronchoalveolar lavage fluid. SARS-CoV-2 RNA has been detected in blood and stool specimens, but whether infectious virus is present in extrapulmonary specimens is currently unknown. The duration of SARS-CoV-2 RNA detection in upper and lower respiratory tract specimens and in extrapulmonary specimens is not yet known but may be several weeks or longer, which has been observed in cases of MERS-CoV or SARS-CoV infection. While viable, infectious SARS-CoV has been isolated from respiratory, blood, urine, and stool specimens, in contrast – viable, infectious MERS-CoV has only been isolated from respiratory tract specimens. It is not yet known whether other non-respiratory body fluids from an infected person including vomit, urine, breast milk, or semen can contain viable, infectious SARS-CoV-2.

Can people who recover from COVID-19 be infected again?
The immune response to COVID-19 is not yet understood. Patients with MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed for patients with COVID-19.

How should healthcare personnel protect themselves when evaluating a patient who may have COVID-19?

Although the transmission dynamics have yet to be determined, NCDC currently recommends a cautious approach to persons under investigation for COVID-19. Healthcare personnel evaluating PUI or providing care for patients with confirmed COVID-19 should use, Standard Transmission-based Precautions.

Should any diagnostic or therapeutic interventions be withheld due to concerns about transmission of COVID-19?

Patients should receive any interventions they would normally receive as standard of care. Patients with suspected or confirmed COVID-19 should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed. Healthcare personnel entering the room should use Standard and Transmission-based Precautions.

How is COVID-19 treated?

Not all patients with COVID-19 will require medical supportive care. Clinical management for hospitalized patients with COVID-19 is focused on supportive care of complications, including advanced organ support for respiratory failure, septic shock, and multi-organ failure. Empiric testing and treatment for other viral or bacterial etiologies may be warranted.

Corticosteroids are not routinely recommended for viral pneumonia or ARDS and should be avoided unless they are indicated for another reason (e.g., COPD exacerbation, refractory septic shock following Surviving Sepsis Campaign Guidelines).

Should post-exposure prophylaxis be used for people who may have been exposed to COVID-19?

There is currently no post-exposure prophylaxis for people who may have been exposed to COVID-19

Whom should healthcare providers notify if they suspect a patient has COVID-19?

Healthcare providers should consult with local or state health departments to determine whether patients meet criteria for a Persons Under Investigation (PUI). Providers should immediately notify infection control personnel at their facility if they suspect COVID-19 in a patient.

Do patients with confirmed or suspected COVID-19 need to be admitted to the hospital?

Not all patients with COVID-19 require hospital admission. Patients whose clinical presentation warrants in-patient clinical management for supportive medical care should be admitted to the hospital under appropriate isolation precautions. Some patients with an initial mild clinical presentation may worsen in the second week of illness. The decision to monitor these patients in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend not only on the clinical presentation, but also on the patient's ability to engage in monitoring, the ability for safe isolation at home, and the risk of transmission in the patient's home environment.

When can patients with confirmed COVID-19 be discharged from the hospital?

Patients can be discharged from the healthcare facility whenever clinically indicated. Isolation should be maintained at home if the patient returns home before the time period recommended for discontinuation of hospital Transmission-Based Precautions described below. Decisions to discontinue Transmission-Based Precautions or in-home isolation can be made on a case-by-case basis in

consultation with clinicians, infection prevention and control specialists, and public health based upon multiple factors, including disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens.

Is this virus comparable to SARS or to the seasonal flu?

The novel coronavirus detected in China is genetically closely related to the SARS-CoV-1 virus. SARS emerged at the end of 2002 in China, and it caused more than 8 000 cases in 33 countries over a period of eight months. Around one in ten of the people who developed SARS died.

The current COVID-19 outbreak caused around 7 000 reported cases in China during the first month after initial reports (January 2020), with a further 80 000 cases reported globally during the second month (February 2020). Of these first 87 000 cases, about 3 000 died. Cases are now being detected in Europe and across the globe. See the latest situations updates for the latest available information.

While the viruses that cause both COVID-19 and seasonal influenza are transmitted from person-to-person and may cause similar symptoms, the two viruses are very different and do not behave in the same way. ECDC estimates that between 15 000 and 75 000 people die prematurely due to causes associated with seasonal influenza each year in the EU, the UK, Norway, Iceland and Liechtenstein. This is approximately 1 in every 1 000 people who are infected. By comparison, the current estimated mortality rate for COVID-19 is 20-30 per 1 000 people.

Despite the relatively low mortality rate for seasonal influenza, many people die from the disease due to the large number of people who contract it each year. The concern about COVID-19 is that, unlike influenza, there is no vaccine and no specific treatment for the disease. It also appears to be as transmissible as influenza if not more so. As it is a new virus, nobody has prior immunity which in theory means that the entire human population is potentially susceptible to COVID-19 infection4. How severe is COVID-19 infection?

Preliminary findings indicate that the mortality rate for COVID-19 is 20-30 per thousand people diagnosed. This is significantly less than the 2003 SARS outbreak. However, it is much higher than the mortality rate for seasonal influenza.

5. What is the mode of transmission? How (easily) does it spread?

While animals are the original source of the virus, it is now spreading from person to person (human-to-human transmission). There is not enough epidemiological information at this time to determine how easily and sustainably this virus spreads between people, but it is currently estimated that, on average, one infected person will infect between two and three more. The virus seems to be transmitted mainly via respiratory droplets that people sneeze, cough, or exhale. The virus can also survive for several hours on surfaces such as tables and door handles.

The incubation period for COVID-19 (i.e. the time between exposure to the virus and onset of symptoms) is currently estimated at between two and 14 days. At this stage, we know that the virus can be transmitted when people who are infected show flu-like symptoms. It is currently believed that people who are infected but who do not show symptoms cannot transmit the virus.

Medical information

1. What are the symptoms of COVID-19 infection

The virus can cause mild, flu-like symptoms such as:

- fever
- cough
- difficulty breathing
- muscle pain
- tiredness

More serious cases develop severe pneumonia, acute respiratory distress syndrome, sepsis and septic shock that can lead to death.

2. Are some people more at risk than others?

Generally elderly people and those with underlying health conditions (e.g. hypertension, diabetes, cardiovascular disease, chronic respiratory disease and cancer) are considered to be more at risk of developing severe symptoms.

3. Are children also at risk of infection?

Disease in children appears to be relatively rare and mild. A large study from China suggested that just over 2% of cases were under 18 years of age. Of these, fewer than 3% developed severe or critical disease.

4. What about pregnant women?

There is no published evidence yet on the severity of illness among pregnant women after COVID-19 infection. It is suggested that all pregnant women follow the same precautions for the prevention of COVID-19, including regular handwashing, avoiding individuals who are sick, and self-isolating in case of any symptoms, while consulting a healthcare provider by telephone for advice.

5. Is there a treatment for the COVID-19 disease?

There is no specific treatment for this disease, so healthcare providers treat the clinical symptoms (e.g. fever, difficulty breathing) of patients. Supportive care (e.g. fluid management, oxygen therapy, etc.) can be highly effective for patients with symptoms.

6. When should I be tested for COVID-19?

Current advice for testing depends on the stage of the outbreak in the country or area where you live. Countries might be at different stages of the epidemic, and the approach to testing may differ according to country policy. This is adapted to the situation at local and national level.

If you live in a country or area where there has been no or very limited transmission, ECDC advice is that you should be tested if you have:

1. Acute respiratory tract infection (sudden onset of at least one of the following: cough, fever, shortness of breath) AND with no other no other cause that fully explains your illness AND with a history of travel or residence in a country/area reporting local or community transmission* during the 14 days prior to symptom onset; OR
2. Any acute respiratory illness AND having been in close contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms; OR
3. Severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, fever, shortness breath)) AND requiring hospitalisation AND doctors can find no other cause that fully explains your illness.

** Community transmission is said to be taking place if it is not known where a large proportion of those who have confirmed infection contracted the virus (e.g. they have not knowingly been in contact with another confirmed case, or travelled to an affected area).*

If you live in a country or area where community transmission is known to be ongoing, all patients presenting with symptoms of acute respiratory infection in primary care or at their first contact with the healthcare system will be considered as suspected cases and should be tested.

More information is available in the Case definition and

7. Where can I get tested?

If your healthcare provider believes there is a need for a laboratory test for the virus that causes COVID-19, he/she will inform you of the procedure to follow and advise where and how the test can be performed.

Prevention

1. How can I avoid getting infected?

The virus enters your body via your eyes, nose and/or mouth, so it is important to avoid touching your face with unwashed hands.

Washing of hands with soap and water for at least 20 seconds, or cleaning hands with alcohol-based solutions, gels or tissues is recommended in all settings.

It is important to note that people who are infected but who do not (yet) have symptoms are not believed to be infectious.

2. What should I do if I have had close contact with someone who has COVID-19?

Notify public health authorities in your area who will provide guidance on further steps to take. If you develop any symptoms, you should immediately call your healthcare provider for advice, mentioning that you have been in contact with someone with COVID-19.

3. Are face masks effective in protecting against COVID-19?

If you are infected, the use of surgical face masks may reduce the risk of your infecting other people, but there is *no evidence* that face masks will effectively prevent you from being infected with the virus. In fact, it is possible that the use of face masks may even increase the risk of infection due to a false sense of security and increased contact between hands, mouth and eyes.

4. Is there a vaccine against the virus? How long will it take to develop a vaccine?

There are currently no vaccines against human coronaviruses, including the virus that causes COVID-19. This is why it is very important to prevent infection and to contain further spread of the virus.

The development of vaccines takes time. Several pharmaceutical companies are working on vaccine candidates. It will, however, take months or years before any vaccine can be widely used, as it needs to undergo extensive testing to determine its safety and efficacy.

5. Am I protected against COVID-19 if I had the influenza vaccine this year?

Influenza and the virus that causes COVID-19 are two very different viruses and the seasonal influenza vaccine will not protect against COVID-19.

What is the current situation in the India regarding COVID-19?

1. How prepared is India for COVID-19 and what is the Government doing?

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2. Am I at risk of contracting COVID-19 infection in India?

This outbreak is evolving rapidly and the risk assessment is changing accordingly. ECDC is continuously assessing the risk for EU citizens and you can find the latest information in the daily updated ECDC risk assessment.

Daily risk assessment on COVID-19, 9 March 2020 India

3. How many people have been infected in India

From the beginning of the outbreak up until March 6, 2020, more than 5 500 cases and 159 deaths from 27 countries had been reported in the EU/EEA and the UK. See the ECDC daily situation update for the latest available information. Given the extensive movement of people and the fact that the virus is transmitted from person to person, further cases are expected in Europe.

Situation update for India as on ..... March 2020 08:00

4. How long will this outbreak last?

Unfortunately, it is not possible to predict how long the outbreak will last and how the epidemic will unfold. We are dealing with a new virus and therefore a lot of uncertainty remains. For instance, it is not

known whether transmission within the EU/EEA will naturally decrease during the northern hemisphere summer, as is observed for seasonal influenza.

5. Should schools and day centres be closed?

The evidence we have to date indicates that COVID-19 does not affect children nearly as much as it affects adults. However, the extent to which children play a role in the transmission of the virus is still unknown. Due to this uncertainty, it is especially important to encourage children to wash their hands carefully to reduce any possible risk of them becoming infected themselves, and then of passing on the virus. If children do become ill, they should be strictly isolated at home.

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Depending on local circumstances, local authorities may decide to temporarily close schools and daycare centres to reduce transmission. Wherever this happens, it is important that parents and caregivers are supported, for example by their employers, to stay at home so they can take care of their children.

Information for travelers

1. What precautions should I take if I am visiting an area of local or community transmission?

Travellers visiting areas of local or community COVID-19 transmission should adhere to strict hygiene measures, wash hands with soap and water regularly, and/or use alcohol-based hand sanitisers. Touching the face with unwashed hands should be avoided. Travellers should avoid contact with sick persons, in particular those with respiratory symptoms and fever. It should be emphasised that older people and those with underlying health conditions should take these precautionary measures very seriously.

2. What if I have recently been in an area of local or community transmission?

Travellers returning from areas of local or community transmission should monitor their health for 14 days.. People with symptoms should contact their healthcare specialist via telephone first, and indicate their exposure and travel history before seeking medical attention in person. Symptomatic people should avoid contact with others until they have seen a healthcare specialist.

Read more

WHO: Coronavirus disease (COVID-2019) situation reports

3. What is the risk of infection when travelling by plane?

If it is established that a COVID-19 case has been on an airplane, other passengers who were at risk (as defined by how near they were seated to the infected passenger) will be contacted by public health authorities. Should you have questions about a flight you have taken, please contact your local health authority for advice. The risk of being infected on an airplane cannot be excluded, but is currently considered to be low for an individual traveler. The risk of being infected in an airport is similar to that of any other place where many people gather.

4. Why are people not being checked for COVID-19 at the airport when arriving from areas of local or community transmission?

There is evidence that checking people at the airport (known as entry screening) is not very effective in preventing the spread of the virus, especially when people do not have symptoms. It is generally considered more useful to provide those arriving at airports with clear information explaining what to do if they develop symptoms after arrival.

5. Where can I learn more?

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Read more

WHO: Coronavirus disease (COVID-2019) situation reports

COVID-19 and animals and food products

1. What is the risk of COVID-19 infection from animals or animal products imported from affected areas?

There is no evidence that any of the animals or animal products authorised for entry into India pose a risk to the health of Indian citizens as a result of the presence of COVID-19.

2. What is the risk of COVID-19 infection from food products imported from affected areas?

There has been no report of transmission of COVID-19 via food and therefore there is no evidence that food items imported into India in accordance with the applicable animal and public health regulations pose a risk for the health of indian citizens in relation to COVID-19. The main mode of transmission is from person to person.

3. What is the risk of COVID-19 infection from contact with pets and other animals in the EU?

Current research links COVID-19 to certain types of bat as the original source, but does not exclude the involvement of other animals. Several types of coronaviruses can infect animals and can be transmitted to other animals and people. There is no evidence that companion animals (e.g. dogs or cats) pose a risk of infection to humans. As a general precaution, it is always wise to observe basic principles of hygiene when in contact with animals.