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भोपाल, दिनांक 31/05/2020

प्रति,

1. समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी।
2. समस्त सिविल सर्जन सह मुख्य अस्पताल अधीक्षक।

मध्यप्रदेश।

विषय :- क्वारंटैन एवं होम आइसोलेशन में रखे गये कोविड-19 के मरीजों द्वारा दिशा-निर्देशों का पालन किये जाने के संबंध में।

उपरोक्त विषयांतर्गत प्रायः यह देखने में आया है कि कुछ जिलों में क्वारंटैन किये गए संभावित मरीजों द्वारा स्वास्थ्य विभाग से जारी दिशा-निर्देशों एवं चिकित्सकीय परामर्श का पालन नहीं किया गया, जिसके कारण उन जिलों में कोविड-19 के मरीजों में अचानक वृद्धि देखने में आयी है।

इस प्रकार की जिलों से प्राप्त जानकारी अनुसार तैयार कैंस स्टडी आपके साथ में साझा कर लें है कि, आपके जिले में रखे गये क्वारंटैन एवं होम आइसोलेशन के मरीजों की सतत निगरानी जिला प्रशासन के सहयोग से की जाए एवं उनके द्वारा क्वारंटैन गैइड लाइन और होम आइसोलेशन गैइड लाइन का कड़ाई से पालन कराया जाना सुनिश्चित किया जाये। जिससे प्रदेश में कोविड-19 के मरीजों की हो रही वृद्धि को नियंत्रित किया जा सके।

संलग्न :- उपरोक्तानुसार।

(फैसल अहमद किछवई)
विक.अ. सह स्वास्थ्य आयुक्त मध्यप्रदेश

पृ.क्र./आई.डी.एस.पी./20/425
भोपाल, दिनांक 31/05/2020

प्रतिलिपि:- कृपया सूचनार्थ एवं आवश्यक कार्यवाही हेतु।

1. अपर मुख्य सचिव, मध्यप्रदेश शासन, लोक स्वास्थ्य एवं परिवार कल्याण, मंत्रालय, मध्यप्रदेश।
2. मिशन संचालक, एन.एच.एम., अरेखा हिल्स, जेल रोड, भोपाल।
3. समस्त जिला कोलेक्टर, मध्यप्रदेश।
4. संचालक (आई.डी.एस.पी.), संचालनालय स्वास्थ्य सेवाएं, म.प।
5. संयुक्त संचालक (आई.डी.एस.पी.), संचालनालय स्वास्थ्य सेवाएं, म.प।
6. निज सहायक, स्वास्थ्य आयुक्त, भोपाल।

विक.अ. सह स्वास्थ्य आयुक्त मध्यप्रदेश
**Case -1**

On 23-04-2020 a 63 years old male patient (local leader) came to District Hospital Burhanpur with symptoms of Influenza Like Illness (ILI) for last 3-4 days and travel history of returning from Saudi Arabia in last week of February. Treating physician collected the sample for testing COVID-19 and advised him to be admitted at District Hospital to isolate from others family members. Doctor suspected for COVID-19. But patient refused for admission in the hospital, so doctor advised him strict quarantine at home as per the guideline. But During his home stay patient didn’t followed the doctor’s advice and visited 4 other hospital in the same city for treatment.

On 30-04-2020 his testing result was positive for COVID-19. Contact tracing of patient was started. In contact tracing sample was collected from all possible high-risk contact of patient including the hospitals where he visited. Test results of contact indicate the bigger picture of spread of disease.

Total Contact positive -30

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Hospital– 1</td>
<td>6 (hospital staff)</td>
</tr>
<tr>
<td>2</td>
<td>Hospital – 2</td>
<td>3 (1 doctor and 2 Para medical staff)</td>
</tr>
<tr>
<td>3</td>
<td>Hospital – 3</td>
<td>1 (1 doctor)</td>
</tr>
<tr>
<td>4</td>
<td>Hospital – 4</td>
<td>None (used PPE)</td>
</tr>
<tr>
<td>5</td>
<td>Family Members</td>
<td>11</td>
</tr>
<tr>
<td>6</td>
<td>Workplace</td>
<td>2 (worker sat his factory)</td>
</tr>
<tr>
<td>7</td>
<td>Visitors</td>
<td>7</td>
</tr>
</tbody>
</table>

Some relatives gave history of meeting of patient with visitors from Maharashtra recently. Patient might have got infection from those people because history of returning Saudi Arab is beyond incubation period of disease. Source of infection could not be determined. Patient died on 05-05-2020.

**Case – 2**

A 47 year old male visited District Hospital Burhanpur with the history of fever, cough and other symptoms of covid-19. He also had history his son recently returned from Pune (Maharashtra). As per his history patient was tested for COVID-19 and reported as positive on 01-05-2020.
Patient’s son, who returned from Pune was advised by health officials for 14 days home quarantine but as per information received from district officials that he did not follow advice and visited many places like there petrol pump, relative house and other places during quarantine period.

After patient’s report came positive for COVID other family members were also tested out of them 7 came as positive including their son “who recently came from Pune” other than that 2 petrol pump worker and 8 servants who were in contact with the family during this period was also tested positive. Instead of this 4 person from there relative’s family also found positive out of these 4 one female was died due to COVID. Contact tracing of this case is still going on.

*Both the cases are directly or indirectly connected to with 80% of COVID positive cases diagnosed in District Burhanpur.

**Conclusion**

1. Most of cases in District Burhanpur are infected from two cases
2. Quarantine and home isolation guidelines should be strictly follow to restrict the spread of disease.* Whenever it is suspected that the patient will not follow the direction or it is found on subsequent checking that patient has violated home quarantine instructions he should be immediately shifted to a quarantine /CCC center
3. All suspected cases of ILI and SARI should be tested
4. All the suspected cases of COVID-19 should be examined in PPE. From Burhanpur case 1 it is very clear that if person is having any respiratory symptoms he should admitted in hospital and treat as confirmed case of COVID because in many cases it is seen that patient reported in hospital with SARI symptoms and later tested positive.
5. In Burhanpur case 1 the importance of epidemic preparation was also emerged as treating physician spared himself from COVID by using PPE in advance.

**Case - 3**

In the morning of 19-04-2020 a 60 year old female presented at Elgin Hospital Jabalpur with the symptoms of SARI (Sever Acute Respiratory Illness) for last 2 days . As per the recent guideline of COVID, treating physician admitted her as suspected case of COVID and collected her sample for testing. Inspite of doing all efforts patient could not survive, and
declared died on same day at about 3:00 PM but the patient’s report was still not received. 

In spite of non-availability of confirmatory report doctor followed COVID-19 dead body disposal guideline and sealed the body in plastic cover in appropriate manner and handed over it to relatives and they were explained about the possible contamination threat and advised them to directly bury the body with the covering. But family members did not follow the doctor’s advice and took dead body to their house and removed jewelry and others covering and performed funeral rituals in the presence of other 30 to 40 relatives, afterward they buried the dead body in graveyard and came back.

On 20-04-2020 patient report came as COVID positive after which family member of patient tested for COVID and few of them came positive, by the time contact tracing was started few of the relatives who attended funeral started developing ILI symptoms. They all tested at District Hospital for COVID and came positive. Now contact tracing is started for those other relatives and known-to who attended funeral out-of 40 people 20 came as positive for COVID. The locality called Gopalpura “chandni-chock” is little congested area where these people reside and it emerged as hotspot in Jabalpur still the cases which are arriving from this area having some direct or indirect contact with the persons who attended funeral ceremony.

**Conclusion**

1. Dead body disposal guidelines of suspected or confirmed case of COVID should be strictly followed.

2. All kind of gathering should be stopped or minimum numbers should be allowed with social distancing. In the pandemic of COVID any kind of gathering can be catastrophic.

3. By the time laboratory confirmed report comes, all the SARI patients should be considered as COVID positive case and all the precaution related to COVID should be followed by hospital and family members. So that we could minimize the spread.

**Case-4**

A young female daughter of grocery dealer in Dewas came in the district hospital emergency with the history of cough and fever, as per the protocol doctor ask her regarding travel history
but she denied. Still doctor referred patient to fever clinic there sample has been taken as a suspected case of COVID. On 8th May 2020 sample report came positive for COVID-19.

That patient was not admitted in hospital as she was not having any severe symptoms, treating physician prescribed her symptomatic drugs and advised her to isolate herself from other family member at home, once she tested positive her family member were also tested. Out of them 7 family member and 1 neighbor tested positive for COVID-19.

The critical thing in this case is that, her family has 3 grocery stores in that area and all these stores were open during these days and most of the people of that locality use to buy things from these stores. There are 3 residential colonies in 1 KM radios and most of cases (app 90%) of the district are from this containment area. The district authority declared this area as a hot spot and contact tracing was started around 160 individuals who are having direct or indirect contact with the grocery store are need to be traced. Tracing of suspect is still going on.

**Conclusion**

Those individuals who are involved in public dealing like grocery merchant, vegetable venders, milk man etc they all have to be more careful because they can easily spread the disease and tracing their contact is very difficult. Instead of this authorities should also educate people very rigorously regarding personal hygiene as well as disinfecting the items which they are buying from outside for their daily needs.

**Case-5**

There are cases in District Sagar where two persons came from other states person 1 came from Gandhinagar (Gujrat) and person 2 came from Nashik (Maharastra) both these people come to their home district Sagar by personal vehicle. As per information received from district officials both of these were tested at the entry point of district and they were told that they should stay at home and team will come to test them. According to the patient no team has come and they themselves went to the medical college for the COVID testing. In medical college as per there history sample was taken and they were isolated in hospital for 2 days. After two days their sample came positive for COVID and both of these people then shifted to medical college for treatment. After that contact tracing was done and family members of both of them were also tested positive for COVID. Both of them were quite aware of COVID-19 disease and that’s why they both quarantine themselves in their home and tried to minimize spread of disease.
Conclusion

1. Communication from the district authority was not clear, specifically about the testing of patient.
2. There is need of disseminating home isolation guidelines to suspected cases from health department.

Case- 6

A doctor’s father having complain of cough cold and fever this was discussed by him with doctor in District hospital Neemuch. His father’s sample was taken on 7-05-2020 and admitted in ICU District Hospital. On 8-05-2020 patient relatives request to shift the patient to Indore, as per request patient referred to Arihant hospital Indore as suspected case of COVID-19 after two days the report came and doctor’s father tested positive for COVID. After five days of treatment Doctor’s father died on 13-05-2020 during this period Doctor was running his OPD. As a result a total of 38 primary contact and 197 secondary contacts were identified. This doctor treated all most 155 pts and did not quarantine himself, as of now 11 primary contact have tested as COVID positive including member of his family nurse and domestic helper. The nurse and the domestic helper also had public exposure at their residence due to which 38 more primary contact and 3 more containment zone has been made. Recent addition to the list is doctor’s neighbor who has been tested positive, out of 155 OPD patient 20 patients who developed symptoms were tested, 12 of them tested negative. This case has contributed 38 cases out of 49 in the district.

Conclusion

1. Hiding of information is harmful to community and makes it difficult to undertake preventive measures.
2. District authority should undertake discussion with different private medical association like IMA, IDA and Nursing home association regarding COVID guideline, advisory and situation of pandemic in their district so they will be on same page, and work together to eliminate the disease.