



संचालनालय स्वास्थ्य सेवाएँ

सतपुड़ा भवन, भोपाल, मध्यप्रदेश

E-mail : idspssu@mp.gov.in, Phone : 0755-4094192



क्र./आई.डी.एस.पी./20/1161

भोपाल, दिनांक 17/07/2020

प्रति,

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

विषय :- Case Studies – 2 (Covid-19)

संदर्भ :- क्र./आई.डी.एस.पी./20/425 दिनांक 21.05.2020

उपरोक्त विषयांतर्गत लेख है कि पूर्व की भांति जिलो से प्राप्त जानकारी अनुसार तैयार केस स्टडीस (Case Studies) आपके साथ में साझा की जा रही है, कृपया अवलोकन करें। केस स्टडीस में प्रायः यह देखने में आया है कि स्वास्थ्य विभाग द्वारा जारी गाईड लाईनों का पालन न करने से जिलो में कोविड-19 के संक्रमित मरीजों में वृद्धि हुई है।

अतः आपको पुनः निर्देशित किया जाता है कि संचालनालय स्वास्थ्य सेवाएँ भोपाल, म.प्र. द्वारा जारी दिशा-निर्देशों का पालन करते हुए टेस्टिंग, क्वारेटाइन एवं होम आइसोलेशन गाईड लाईन का जिलों में कड़ाई से पालन कराया जाना सुनिश्चित किया जावे। जिससे प्रदेश में कोविड-19 के संक्रमण में हो रही वृद्धि को नियंत्रित किया जा सके।

संलग्न :- उपरोक्तानुसार

(डॉ. वीणा सिन्हा)

अपर संचालक, आई.डी.एस.पी.
संचालनालय स्वास्थ्य सेवाएँ, म.प्र.
भोपाल, दिनांक.....

पृ.क्र./आई.डी.एस.पी./20/

प्रतिलिपि:- कृपया सूचनार्थ एवं आवश्यक कार्यवाही हेतु।

1. अपर मुख्य सचिव, मध्यप्रदेश शासन, लोक स्वास्थ्य एवं परिवार कल्याण, मंत्रालय, भोपाल।
2. प्रमुख सचिव, मध्यप्रदेश शासन, लोक स्वास्थ्य एवं परिवार कल्याण, मंत्रालय, भोपाल।
3. स्वास्थ्य आयुक्त, संचालनालय स्वास्थ्य सेवाएँ, भोपाल, म.प्र.।
4. मिशन संचालक, एन.एच.एम., अरेरा हिल्स, जेल रोड, भोपाल।
5. समस्त जिला कलेक्टर, मध्यप्रदेश।
6. संयुक्त संचालक, (आई.डी.एस.पी.) संचालनालय स्वास्थ्य सेवाएँ, भोपाल, म.प्र.।

अपर संचालक, आई.डी.एस.पी.
संचालनालय स्वास्थ्य सेवाएँ, म.प्र.

Case Studies

Case :- 1

On 3-06-2020 Patient reported in District hospital fever clinic with the history of fever and shortness of breath from last 4 days, on examination his SpO2 was also found to be low, as suspected case of covid-19, duty doctor referred patient to Medical college for admission and sample collection where Patient was admitted and sample was collected. On 4-06-2020 and his sample was found positive for COVID-19, unfortunately patient died on same day. After sample found positive for covid-19, thorough history of patient was taken and contact tracing was started, as per his history, **one fact came out that, the deceased person used to treat patient by some spiritual ways like- tying thread in hand, kissing sick person's wrist and few other things like giving them something to drink. All these ways can easily transmit covid-19 infection to other person.** Total 41 high risk contacts were tested. Out of these 41 contacts, 7 family members and 18 visitors who came to take treatment was found positive, total 25 persons got infection from.

Conclusion

1. Increase Public awareness regarding the available treating facilities, social distancing and Consult only registered medical practitioner for treatment of any diseases and decrease the use of contact quackery as far as possible.
2. Public should be advised report to nearest government hospitals / Notified fever clinic as soon as ILI symptoms appears.
3. All type of quackery should be withheld, and take legal actions against them if local authority found someone is doing.

Case :- 2

Employee of one bank travelled to & fro from one district to another for his job. He started developing some ILI like symptoms from 06-06-2020 for which he consulted in district hospital where his sample was taken and doctor advised him to do strict home quarantine, his was tested positive for covid-19 on 10-06-2020 in district where he use to live (Bhopal). Only after taking his thorough history, the fact came out that **he was regularly going to his branch in other district for work**, after this history, information is given to health authority of that district where his branch is situated for contact tracing and sampling. **During Contact tracing total 8 high risk contacts and 10 low risk contacts were traced, they all are employ of same branch, Sample was taken on 15-06-2020 till now one person of that branch found positive and another employee's husband and father-in-law was found positive for covid-19. Rest of the result is yet to come out.**

The above case is an example of inter district transmission, knowingly or unknowingly bank employees was transmitting the disease from one place to another during his travel, he might have come in contact with other people also, for which we don't have any record. This is the way how community spread starts.

Case :- 3

Employee of one bank having history of cough and cold from last two days on 28-05-2020, when her symptoms were not subsiding her branch manager released her after lunch for medical checkup. But She went to fever clinic District Hospital on 29-05-2020 where duty doctor asked her to check her temperature & SpO2 in next room but she didn't came back after measuring her temperature and saturation, next day duty doctor explain the scenario to the branch manager of her branch, then on 01-06-2020 patient again came to District Hospital for testing, where here sample was taken for covid-19 and patient was advised for home quarantine till the reports come. **On 03-06-2020 her report came positive for covid by the time district authority received information of patient's positive report. Meanwhile patient went to her home in district in Maharastra.** District authority given informed to her home district and explain them all the scenario of the patient and patient was isolated in DH . On

3rd June contact tracing of her high risk contact was started in bank and nearby houses where she used to go, approx. **30 sample from high risk persons were taken and out of them 19 found positive for covid-19. All confirmed cases isolated as per guidelines in district hospital. Out of them 2 patients were shifted to higher center as they were having some respiratory problem.**

In above both cases are related to the people who are working in public dealing and coming in contact with many people every day. In case 4 importance of making line list also found helpful as doctor contacted in bank when patient didn't revert back.

Conclusion

1. All person whose sample was taken, must be home quarantine till the results declared
2. All institution must follow the guidelines shared by government.
3. **Institutions like bank, public offices, restaurants, saloons etc, should maintain list of visitors.**
4. Thorough Case tracking is almost important.

Case :- 4

On 18-05-2020 person reported with the complain of fever and sore throat from last two days in fever clinic of community health centre, patient also had a history of travel near by areas few days back as per the history duty doctor took his sample for COVID and advised him for home quarantine . on 19-05-2020 his result came positive for COVID on taking brief history of patient contact tracing team found that patient had some religious activity in his house on 11-05-2020 in which along with his family members almost 40 to 45 people attended the ceremony. As per the history survey team collected 40 samples of the contact out of which 06 family members and 11 other tested positive for COVID. All the patients are stable few of them are also discharged.

Case :- 5

There was a case reported in district of Madhya Pradesh where huge mob gathered in funeral of 1 well known religious leader. It was reported that he was suffering from some renal problem since long time and was on treatment from Delhi. On 16-5-2020 he was referred back to his home district from Delhi as there was no improvement seen in his condition. During his stay in Delhi he was tested negative for COVID-19. On 17-5-2020 approx at 8 pm, dada ji died due to his chronic renal condition. In his funeral on 18th May 2020, many leaders, well known person of state and from different industries, attended his last rituals. Due to the demise of well known personality and presence of leaders, industrialist and other well know personality, huge mob was gathered to attend the last rituals (approx 1500 to 2000).

Above scenario is a clear example of breach in lock down protocol in the district., In such gathering of 2000 people it is really impossible to manage guideline of covid-19, we should avoided such gathering till pandemic is going on.

Conclusion:-

- Above Both the case related to gathering of people where in one transmission happened and for second we are not sure.
- Large gathering had placed masses at risk of COVID transmission.
- Strict implementation of State & / Centre guideline on lock down / unlock guidelines.
- Better IEC of all the latest guideline about the lockdown situations for people to understand and follow.
- Community comprehension to be strengthened by re-iterative massaging risk communication.

Case:- 6

In a hot spot area during contact tracing and survey, sample was taken on 09-06-2020 of one high risk person who is a neighbor of a COVID-19 positive patient and he was asymptomatic, his report came positive for COVID on 13-06-2020. When history was taken of that person, authority found that he is a social worker and local leader and also a relative of Nagar Nigam Secretary. **During lockdown period he was regularly visiting to poor families and donating them food items and other daily use articles, even after his sample was taken he continued distribution of groceries to the needy even after developing very mild symptoms.** Total 5 samples were taken from his family and contact tracing is still going on district authority also using CDR (Call detail records) to track his movement during this period. Further details are awaited.

Conclusion :-

- All person who are close contact of a confirmed case must quarantine themselves, must not contact any person
- Even within containment zone, any person must not be allowed to go out unless medically indicated. Any officer / well known person from containment zone must follow the containment zone guideline, for which administration must ensure the same
- Any social cause activity done, must follow the guideline on social distancing, wearing a mask and other guidelines