GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
NAGALAND: KOHIMA

Dated Kohima, the \( \_\_\_\_\_ \) th March 2020

COVID-19 CLUSTER CONTAINMENT PLAN- NAGALAND

In order to meet the local requirements the following measures are incorporated in the Containment Plan SOPs issued by GOI.

A. CLUSTER CONTAINMENT STRATEGY:

Cluster containment strategy would be to contain the disease within a defined geographic area by early detection, breaking the chain of transmission and thus preventing its spread to new areas.

This would include geographic quarantine, social distancing measures, enhanced active surveillance, testing all suspected cases, isolation of cases, home quarantine of contacts, social mobilization to follow preventive public health measures.

B. CLUSTER DEFINITION:

A Cluster is defined as ‘an unusual aggregation of health events that are grouped together in time and space and that are reported to a health agency’. Clusters of human cases are formed when there is local transmission.

A Local Transmission is defined as a laboratory confirmed case of COVID-19:

1. Who has not travelled from an area reporting confirmed cases of COVID-19
2. Who had no exposure to a person travelling from COVID-19 affected area or other known exposure to an infected person

C. TRIGGER FOR ACTION

A Containment plan will be enforced when any of the following conditions are met:

1. 1 (one) or more laboratory confirmed COVID19 cases in a defined geographical area (colony, village etc.) conforming to the definition of Local Transmission.
2. A cluster of 5 or more Influenza Like Illness (ILI) and Severe Acute Respiratory Infection (SARI) are reported from a defined geographical area / colony / village through health workers or from health facilities (Public or private)
3. A Cluster of 5 or more COVID-19 like illnesses are tracked in the Nagaland self-declaration COVID19 App from a defined geographical area.

D. DEFINING CONTAINMENT ZONE AND BUFFER ZONE:

The defined geographical area for Containment Zone will be:

1. The Colony/ Block of the Ward in urban areas and Khel in large village or entire village in case of small villages small in rural areas. If the index case is in the border, the adjacent colony/ block/ khel.
2. Perimeter of the containment zone will be based on the administrative boundary of Colony/Block of the Ward in urban areas and Khel in large village or entire village in case of small villages.

3. The perimeter must be done along enforceable boundaries like rivers, bridges, roads etc. and not strictly along the duly notified boundary of the ward, as this might be difficult to administer.

The defined geographical area for Buffer Zone will be:
1. The adjacent colony/ block/ Khel/ village of the Containment Zone.
2. Buffer zone is an area around the containment zone, where new cases are most likely to appear. There will not be any perimeter control for the buffer zone.

E. DECLARATION OF CONTAINMENT & BUFFER ZONES:

1. HFW sets off the alarm and inform Chief Secretary, Home Commissioner & NSDMA. Then, recommends the Government on the geographic limit and extent of perimeter of the containment area.
2. Government declares the geographic limit and extent of perimeter of the containment area within 12 hours of the recommendation(s) from DHFW.
3. The District Administration and Police shall be responsible for enforcement Containment Measures.
4. The District Task Force shall assess the demographic & socioeconomic details of the Containment & Buffer Zones.
5. The containment operation shall be deemed to be over 28 days from the discharge of last confirmed case following negative tests as per discharge policy.

F. PERIMETER CONTROL IN THE CONTAINMENT ZONE

1. Once a perimeter is defined, the PERIMETER CONTROL will be enforced by the District Administration and Police with visible markings/ boundaries.
2. Imposition & enforcement of Curfew for restriction of mobility, with exemptions to emergency services.
3. Erecting barricades and defining Suitable Entry and Exit points at the boundaries by the Administration and Police. Stern actions against willful violators.
4. Thermal scanning screening will be done at Exit and Entry points by Police and Non-Medical Agencies.
5. All vehicles moving out of the perimeter control will be decontaminated with sodium hypochlorite (1%) solution by agencies managing the point of entry.
6. Surface disinfection of frequently touched surfaces in public spaces will be done regularly by the concerned by non-medical agencies.
7. Security for medical personnel inside the containment zone will be provided by the Police and Administration.
8. A makeshift camp for health workers and other Government functionaries working inside the containment zone with HANDWASHING FACILITY will be arranged by Administration, Police and NSDMA.
9. Geo-fencing of people in the containment area through Phone / software apps by involving experts from H&FW department, IT department and Cyber-Crime Unit of the state police.
10. Social distancing will be strictly maintained at all costs.
G. SURVEILLANCE INSIDE THE CONTAINMENT & BUFFER ZONE:

1. Contact listing:
   - The contacts of the laboratory confirmed cases/ suspect cases of COVID-19 will be line listed in the contact tracing format (Annexure: J) RRTs/ Field Surveillance Teams.
   - These contacts will be tracked by assigned ANM/ASHA/Anganwadi Worker of that sector and kept under home quarantine for 14 days. They will be monitored for clinically compatible signs and symptoms of COVID-19 for 28 days in total. If the residential address of the contact is beyond the containment zone or in adjoining district / State, the district IDSP will inform the concerned District IDSP.
   - Preliminary information on the number of contacts will be taken from the Questionnaire for confirmed case of COVID-19. All contacts of a confirmed case will be under surveillance for 28 days.
   - GIS will be used to track contacts with the help of police and Nagaland COVID App

NB: For Details Refer Model Micro-Plan Annexure: IV Guidance for contact tracing, quarantine and isolation for Coronavirus Disease (COVID-19).

2. Active surveillance:
   a. Active surveillance activities within containment zone will comprise of:
      - Enlist all houses (and persons)
      - Daily visits to each house and enquire about any person developing any symptoms (like fever, cough, shortness of breath, difficulty in breathing etc.)
      - In case of a person is detected to be developing symptoms of COVID-19, the same shall be brought to notice of supervisory medical officer.
      - Daily reporting: as per the format (Annexure 2)
   
   NB: For Details Refer Model Micro-Plan Annexure: IV Guidance for contact tracing, quarantine and isolation for Coronavirus Disease (COVID-19).

b. The containment zone will be divided into section/ areas and allotted to the Field Surveillance Teams and they will cover at least 50 households or more in a day from 8 AM to 2 PM (similar to house-to-house survey in routine immunization).

c. The Field Surveillance Teams will be engaged for an approximate 28 days inside the containment zone.

d. All Field Surveillance Teams and Supervisors engaged inside the containment zone will stay in a designated quarantine facility and transportation will be arranged accordingly.

3. Passive surveillance

   a. Passive surveillance in the Buffer zone will be done by the IDSP network through surveillance of ILI, SARI and ARI cases.

4. Field Surveillance Teams:

   a. Active surveillance through house-to-house survey to be carried out in all households within the specified radius of the index case by Field Surveillance Teams under the supervision of Supervisors.

   b. All houses in the containment zone will be surveyed by Field Surveillance Teams using the Active Surveillance Form for Frontline Workers (Annexure 2).
c. Those having symptoms (fever with cough and/or respiratory distress) along with ILI (Influenza Like illness) and SARI (Severe Acute Respiratory Syndrome) will be line listed in the form and reported to the respective Supervisor through WhatsApp.
d. If the Field Surveillance Teams identify any suspect cases / with symptoms, the supervisor will be immediately informed and arrangements for transportation and sampling will be done.
e. The Field Surveillance Teams will provide mask to the suspect and to the caregiver identified by the family.
f. The Field Surveillance Teams will also undertake IEC Activities in the Containment zone including Inter Personal Communication (IPC) on DO’s and Don’ts in the Community.

5. Supervisors

a. One Medical Officer will be given in charge of every containment zone and he/ she will report directly to the District Surveillance Unit.
b. The Supervisors shall ensure line listing and mapping (active surveillance) of all the contacts of the index case, and house-to-house visit and report submission is carried out by Field Surveillance Teams and shall provide hand-holding to the Filed Surveillance Teams.
c. The Supervisors will send daily report to the district by 4.00 pm (e.g. No. of households covered, no of suspect cases found, no of samples send for testing) through WhatsApp.

6. Sample Collection & Transportation of Testing Samples

a. Sample for rt-PCR will be collected from all cases falling within the case definition for COVID-19 testing. If suitable sample collection centre is not feasible at the containment zone, such cases will be transported to the nearest district sample collection centre.
b. Any case showing symptoms (ILI/SARI) and not qualifying the case definition for COVID-19 testing shall be subject to Rapid Antibody Testing/ Rapid Test Kits, subject to availability of kits, the case load of ILI and SARI cases and Advisories on Use of Rapid Test Kits being issued by the department from time to time.
c. Upon collection of samples, all cases will be brought back to the containment zone to their respective homes for quarantine till test result is available.

7. Personal Safety Measures:

a. Utmost personal safety measures will be undertaken during the surveillance. All Surveillance Teams shall strictly observe the DO’s and DON’T’s inside the zone.
b. All personnel of shall wear triple layered surgical mask and hand gloves.
c. The interview with the family members is to be conducted outside the house and shall strictly maintain physical distancing of minimum one meter.

H. TERMS OF REFERENCE FOR ENFORCEMENT OF CONTAINMENT MEASURES:

In addition to measures indicated in Perimeter Control as well as IRS notified by NSDMA, the broad Terms of Reference for various line departments will be as follows:

1. District Administration, Police and NSDMA

a. Establish Command & Control Centre and designate necessary Nodal Officer(s) for proper execution of enforcement measures and co-ordination with all agencies involved.
b. Setting up 24 x 7 Control Room/ Dedicated Helpline for maintenance of law and order and addressing the emergency needs (medical/non-medical) within the containment zone.
c. Keeping check on spread of rumours and controlling black marketing.
d. Inform neighboring district administrations for take necessary preventive measures.
e. Ensuring availability of food and essential items inside the containment zone in coordination with Administration, Food and Civil Supplies, PHED, Municipal Bodies/Village Councils, NGOs and other concerned Departments.
f. Establish delivery of essential items including animal fodders to the community inside the containment zone. To explore door step delivery ensuring social distancing in the strictest sense.
g. Disinfection of Public spaces /frequently touched surfaces will be done inside the containment zone in coordination with Municipal Bodies, Village Councils and Administration.
h. Personal Protective Equipment (PPE) for frontline workers and symptomatic cases inside the containment zone in coordination with HFW.
i. Vehicles for transportation to the containment zone will be arranged by the District Administration.

2. H&FW Department:

a. The District Surveillance unit will notify the State Surveillance Unit (SSU) & DTF immediately when the TRIGGERS for the containment zone are met as described in Cluster Containment strategy.
b. The District Team will develop a micro-plan for the ACTIVE SURVEILLANCE, similar to ROUTINE immunization. The DIO / DPO RCH and UIP team will help the DSO /DSU.
c. Micro plan will compose of number of households, area demarcation and mapping as used in Immunization programs.
d. Active surveillance and contact listing in the containment zone will be done by the surveillance teams comprising of the following FLW- ANMs, Paramedical Workers under various Health Programmes, ASHAs, AWW etc drafted from the line departments (Health, Social Welfare and School Education etc). Each team comprising of 2-3 members with atleast one health worker and will be responsible for house-to-house survey inside the containment zone. Each team will cover 50 households or more in a day.
e. The Health department shall provide necessary Capacity building of FLWs and other personnel engaged in the Containment duty. All FLWs and MOs will be briefed on the surveillance formats, DO’s and DON’Ts inside the zone, IPC/ IEC activities, work distribution, sampling and Personal protection.

3. Social Welfare Department

a. All Anganwadi Workers (AWW) as designated in the micro plan will do House-to-House survey as a part of the health team. DWOs, CDPOs and Supervisors will assist in micro-planning and House-to-House survey as and when called by the District Surveillance Team / CMO office.
b. Involvement in IEC and awareness generation activities like Inter Personal Communication (IPC) during House-to-House visits.

4. National Rural Livelihood Mission (NRLM) under RD Department

a. Self Help Groups under NRLM in villages and Towns will do awareness drive in the specified containment zone.
b. The SHG members if called by the Health Department will do house to house survey as and when needed.
It may be stated here that, in addition to measures mentioned above, all other measures indicated in the SOPs issued by GOI will be followed. The SOP on Containment Plans can be downloaded from the link given below:

1. Containment Plan for Large Outbreaks Novel Coronavirus Disease 2019 (COVID-19)
   https://www.mohfw.gov.in/pdf/3ContainmentPlanforLargeOutbreaksofCOVID19Final.pdf


The District Task Force shall prepare the district Micro Plan for Containing Local Transmission of Coronavirus Disease and to share the copies with H&FW department and NSDMA.

(DR. VIZOLIE Z. SUORHRIE)
Principal Director
Directorate of Health and Family Welfare
Nagaland: Kohima

NO. DHFW/COVID-19/2019-20/ Dated Kohima, the ..........\(^{th}\) March 2020

Copy to:
1. The Commissioner and Secretary to the Governor of Nagaland, for kind information.
2. The Addl Chief Secretary to Chief Minister, Nagaland, Kohima for kind information.
3. The PS to the Hon’ble Minister for Health and Family Welfare, Nagaland, for kind information.
4. The Deputy Secretary to Chief Secretary for kind information.
5. The Home Commissioner for kind information.
6. The Principal Secretary to the Government of Nagaland, Health and Family Welfare Department for information.
7. The Deputy Commissioner/ Superintendent of Police/ Chief Medical Officer / Medical Superintendent of all districts for kind information and necessary action.
8. Guard file/ Office copy.

(DR. VIZOLIE Z. SUORHRIE)
Principal Director
Directorate of Health and Family Welfare
Nagaland: Kohima
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<th>Day</th>
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<th>Present Location</th>
<th>Sample Taken</th>
<th>Symptomatic</th>
<th>Transferred to isolated area</th>
<th>Type of Contact (Co-passenger/Staff/Other Care)</th>
<th>District</th>
<th>Sex</th>
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Follow-up (through telephone) Y/N

Amended
**Questionnaire for Confirmed Case of Covid19: Nagaland**

Case ID: ............

(Date of Interview: .............. Date of Sample Result: ..............)

1. **Case Identification:**
   - Patient Name: ____________________________
   - Age: ______
   - Sex M/F: ______
   - Occupation: ____________________________
   - Address in Full: _________________________
   - Block: __________________
   - District: ________________
   - State: _____________

2. **Travel History:** Yes/No
   - **Yes**, Date of Arrival in Nagaland: ______/_____/_____

   i. Mode of Travel: Flight/Train/Bus/Taxi/Private vehicle
      Travelling from: ______________________

   ii. Flight and Seat Number: ____________
       Train No, Coach and Seat No: ____________
       Car registration Number: ____________
       Bus Registration and seat Number: ______

   If multiple stops and night halts were made, point-to-point details to be filled below:

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(After identifying mode of transport, identify & list the contacts in Annexure 2)

iii. Was the patient with a travel companion? Yes/No

iv. No. of travel companions: ______ (List the contacts in Annexure 2)

(Indicate Date of Fever onset & Place and date of travel with arrows on date line)

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Day of Onset of Symptoms:

-14  -13  -12  -11  -10  -9  -8  -7  -6  -5  -4  -3  -2  -1  0

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[Signature]
3. **Contact history:**

I. Date of Fever onset _____/_____/______ Already In-Home Quarantine/Isolation: Yes/No
II. No of people living in household ______ (List the contacts in Annexure 2)
III. History of contact with confirmed COVID 19 Patient (Yes/No)
IV. Has patient moved out of house in past 14 days? Yes/No.
   *If YES, Market / Relative or friends’ house / Social gathering / Hospitals / Office*

<table>
<thead>
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<th>Details (Name, location, address, events)</th>
<th>Date, Time</th>
<th>No. of possible contacts</th>
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<td>Hospitals</td>
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<td>Others</td>
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All possible contacts will be traced in ANNEXURE 2

Name of Team Leader

Signature ........................................

[Signature]

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