



Guideline on Cluster containment Strategy



Scenarios:

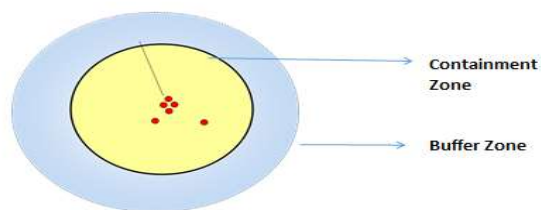
- Travel related cases reported in India
- Local transmission of COVID-19 (Single Cluster)
- Large outbreaks of COVID-19 disease (Multiple cluster)
- India becomes endemic for COVID-19

Containment zone:

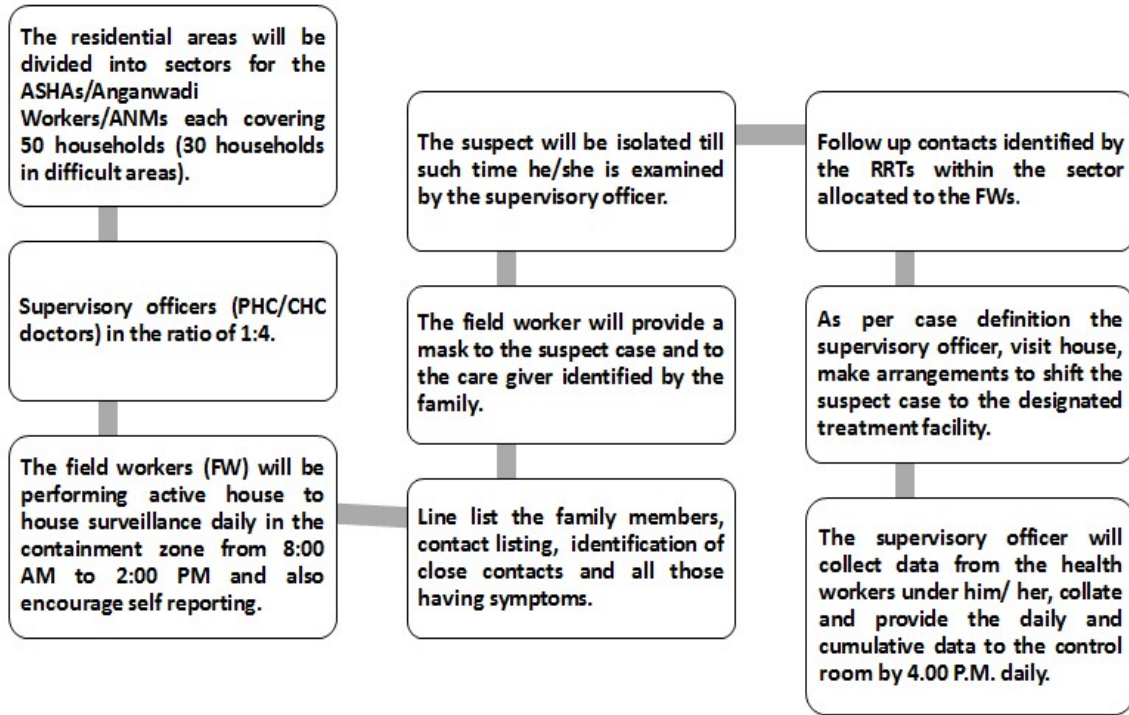
- A Central RRT will help the State/ District administration in mapping the Containment Zone.
- The containment zone will be defined based on
 - The index case / cluster, which will be the designated epicenter.
 - Geographical distribution of cases around the epicenter.
 - Local administrative boundaries of urban cities /town.
- A scenario based approach (e.g. a small cluster in a closed environment or single cluster in a residential colony) while deciding the perimeter of containment zone.
- The decision on perimeter of the containment zone is to be guided by continuous real time risk assessment.
- Implementation of strict perimeter control is vital for the containment of COVID-19.
- Perimeter control is primarily an administrative measure – Enhanced surveillance within the perimeter is a part of the larger administrative response.
- Rapid Response Teams (RRTs) needs to be oriented on the enhanced surveillance & contact tracing.

Buffer Zone

- **Buffer Zone is an area around the Containment Zone, where new cases most likely to appear.**
- **There will not be any perimeter control for the buffer zone.**



Surveillance Activities in Containment Zone



Travel related cases reported in India:

Containment Zone	Buffer Zone
<ul style="list-style-type: none"> • Isolation & management of case • Quarantine of contacts • Enhanced IEC • Active ARI/ILI Surveillance • Enhanced self reporting • Enhanced personal hygiene, hand hygiene & cough etiquettes 	<ul style="list-style-type: none"> • Enhanced Passive ARI/ILI Surveillance • Enhanced Self reporting

Local transmission – Single cluster

Containment zone	Buffer zone
<ul style="list-style-type: none"> • Isolation & management of case • Quarantine of contacts • Enhanced IEC • Active ARI/ILI Surveillance • Enhanced self reporting • Enhanced personal hygiene, hand hygiene & cough etiquettes • Establish control room in the local health facility • Ban local mass gathering • Lockdown of identified cluster for e.g. Schools/residential building/Hotel 	<ul style="list-style-type: none"> • Enhanced Passive ARI/ILI Surveillance • Enhanced Self reporting. • Enhanced media surveillance • Trainings on case definitions and contacts

Large outbreak – Multiple clusters:

Containment zone
<ul style="list-style-type: none"> • Isolation & management of case • Quarantine of contacts • Enhanced IEC • Active ARI/ILI Surveillance • Enhanced self reporting • Enhanced personal hygiene, hand hygiene & cough etiquettes • Ban local mass gathering • Closure of schools, offices, colleges • Environment disinfection • Refrain from leaving home + Border measures • Establishment of control room at the block and district level • Enhanced media surveillance in and surrounding blocks/districts • Monitoring of rumour register • Mobile specimen collection units

Large outbreak – Multiple clusters:

- Buffer zone

- Isolation & management of case
- Quarantine of contacts
- Enhanced IEC
- Active ARI/ILI Surveillance
- Enhanced self reporting
- Enhanced personal hygiene, hand hygiene & cough etiquettes
- **Border measures**
- **Ban all mass gatherings in buffer zone**
- **Media surveillance**
- **Mobile specimen collection units**

Endemic:

- Isolation & management of cases as per guidelines
- Enhanced IEC
- **Routine Lab ARI/ILI Surveillance**
- Enhanced self reporting
- Enhanced personal hygiene, hand hygiene & cough etiquettes
- **Categorisation & Treatment**
- **Other Lab tests/Serological tests as per availability**
- Research
- Vaccination as per availability
- Media scanning and verification
- Rumour register monitoring

Border measures:

Refrain from leaving their homes and moving around from the containment zone for at least 14 days

Refrain participating in events held in indoor venues when fever or respiratory symptoms are detected.

Employers to cooperate for leaves or absence without a written diagnosis

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Enhanced entry screening for travellers from containment zone

Involvement of all concerned departments

IEC/BCC activities:

- Education department
- Women and Child Development Department
- Transport Department
- Food safety Department
- DADF
- Tourism Department
- Other stakeholders like medical associations, nursing associations, hotel association etc.

Surge capacities – (Human resource, Hospitals Logistics etc.):

- Triage for hospitalization of cases.
- Additional workforce may be mobilised from neighbouring Districts/Medical colleges/private hospitals/NGOs/Trained Volunteers to cover household in containment zone.
- Nursing students/other paramedical workers may be oriented in advance for proper mobilisation of the staff during the containment procedures.
- Adequate logistics to be maintained at State and District levels.
- Mobile specimen collection teams (Involving medical and paramedical students) may be identified and oriented.
- Identification of Govt. /Non-Governmental buildings to be designated as quarantine centres or isolation wards at a short span of time.