Differential Strategy for NVBDCP programmatic activities/interventions based on 3 zone classification of the districts during COVID-19 pandemic

1) Malaria :

Programmatic activities		Containment Zone	Buffer Zone	Outside Buffer Zone
Surveillance	**Active Surveillance**	To be combined with COVID-19 activities		To be continued as routine
	Passive Surveillance	To be continued as routine		
	Sentinel Site surveillance	To be continued as routine		
Diagnosis & Treatment		To be continued as routine; Use helpline, teleconsultation, telemedicine, Door delivery of the medicines, if needed.		
IVM	**Indoor Residual Spray**	To be decided by the local authorities after assessing COVID-19 situation, disease endemicity and manpower availability, and subject to guidelines for precaution given in the write-up.		To be continued as routine
	LLIN distribution	To be combined with COVID-19 activities , if the area is Malaria endemic, and subject to guidelines for precaution given in the write-up.		To be continued as routine
Epidemic Preparedness and Outbreak Management		To be continued as routine		
Supply Chain Management (Drugs & Diagnostics)		To be continued as routine		
IEC/BCC		To be continued wherever possible. May be combined with COVID-19 activities. Local authorities to also explore all channels of communication, e.g. social media, online lessons for students, electronic media etc.		

Active Surveillance: It is carried out by trained community level health care workers (MPHW/ANM) through fortnightly house-to-house visits and testing people with symptoms ofcurrent or recent fever and chills in past 14 days with bivalent antigen detecting RDTs.

Passive Surveillance: Detection of malaria cases among people who go at their own initiative to a health volunteer (ASHA/AWW) or health facility (sub centre, PHC etc.) to get treatment, usually for a febrile illness.

Sentinel Site Surveillance: Identified sitesi.e. District/MC etc.

A. **Surveillance:**

- Passive surveillance and Case based surveillance are to be continued as routine in all the zones. Every fever case presumptive of Malaria is to be tested by Rapid Diagnostic Kits (RDK) and accordingly managed.
- Active surveillance by frontline healthcare workers may be combined with COVID-19 activities in containment and buffer zones. Active surveillance is to be continued as routine, Outside buffer Zone.
- More focus is to be given on testing by RDK.

B. Early Diagnosis and Treatment:

- Malaria shares some symptoms with COVID-19 illness, e.g. fever, headache, body aches and weakness.
- Early diagnosis and Treatment is to be continued as routine in all Zones.
- State to ensure supplies for diagnosis and treatment (RDTs, CQ, PQ, ACTs, drugs for severe malaria) in all facilities and at the community level (per national guidelines) in order to avoid stock-outs that disrupt services.
- Testing should emphasize the use of RDKs, as these tests allow for simple procedures, limited person-to-person contact and rapid results.

C. Integrated Vector Management:

- **Indoor Residual Spray**
  - States should ensure that first round of Indoor Residual Spray (IRS) is completed within a maximum of 4-6 weeks in view of approaching Malaria transmission season.
  - States to move forward with IRS campaigns in areas outside Buffer Zones.
  - States to take situation based decision in Containment and Buffer Zones. Local authorities to take COVID-19 situation and disease endemicity in consideration.

The following key precautions to be observed:

- Daily reminders should be sent to all spray teams/supervisors/other personnel to wash their hands with soap and water, to seek help if feeling sick, and to avoid physical contact (handshakes, fist bumps).
- The number of hand washing stations and soap supplies should be increased at all IRS operations sites.
- Morning health checks should be ensured for all spray team members, including temperature checks where feasible.
- IRS team members should be issued face masks (including N95 face masks if available - Routine surgical masks if N95 not available). They should use the mask and other routine PPE as soon as they enter operations sites.
- Teams should practice physical distancing, e.g., minimum 1 metre between 2 persons. There should also be segregation of teams, and there should not be more than 10 people in a training group.
- The transport vehicle should not transport more than one team at a time.
- Frequently touched surfaces (e.g., door handles, vehicle railings, etc.) should be frequently and regularly sanitized or washed with soap and water.
- IRS spray team's breakfasts, morning mobilization, deployment of teams, and end-of-day clean-up should be staggered to allow for physical distancing of at least 1 metre between the personnel.
- Clear instructions should also be given to inmates of the houses concerned to practice physical distancing from their neighbors while evacuated from their homes during IRS.
- Pre-spraying community sensitization campaigns should be conducted daily to reinforce messages related to prevention of malaria and COVID-19.
- Districts should work closely with local communities and households to address any questions and challenges that may arise in the day-to-day delivery of IRS.

- **Long Lasting Insecticidal Nets (LLIN)**

  - Adequate PPEs for the staff involved in LLIN distribution are to be ensured by the respective local authorities.
  - LLINs may be home-delivered to the eligible population in containment zone, and buffer zone.
  - LLIN distribution should be carried out in areas outside Buffer Zones.
  - Daily reminders should be sent to all registration and distribution teams to repeatedly wash their hands with soap and water, to seek help if feeling sick and to avoid physical contact (handshakes, fist bumps).
  - Morning health checks should be ensured for all LLIN distributors, including temperature checks where feasible.
  - All LLIN distribution campaign activities, e.g., training, registration, social and behaviour change communication (SBCC) activities, fixed-site distribution, etc. should be organized in a manner that minimizes the gathering of people with sufficient distance between every two persons. All participants must observe all precautions for personal protection.
  - The State can hire temporary Human resource /volunteers for this activity, if needed.

2) <u>Kala-azar:</u>

Programmatic activities		**Containment Zone**	**Buffer Zone**	**Outside Buffer Zone**
Surveillance	**Active Case Detection**	To be put on hold till it's safe for the physical screening of persons for symptoms of Kala azar		To be continued as routine
	Passive Surveillance	To be continued as routine		
	Vector Surveillance	To be combined with COVID-19 activities		To be continued as routine
Diagnosis & Case Management		To be continued as routine		
IVM	**Indoor Residual Spray**	To be decided by the local authorities after assessing COVID-19 situation, disease endemicity & manpower availability , and subject to guidelines for precaution given in the write-up.		To be continued as routine
Epidemic Preparedness and Outbreak Management		To be continued as routine		
Supply Chain Management (Drugs & Diagnostics)		To be continued as routine		
IEC/BCC		To be continued wherever possible. May be combined with COVID-19 activities. Local authorities to also explore all channels of communication, e.g. social media, online lessons for students,		

	electronic media etc.

A. Diagnosis & Treatment

Given the nature of the disease, diagnosis, treatment and follow up of KA & PKDLshall be continued in all endemic states/districts including COVID-19 containment zones. Telephonic follow up may be done in containment zones.

B. Indoor Residual Spray

- States to move forward with IRS campaigns, in areas outside Buffer Zones.
- States should ensure that first round of Indoor Residual Spray (IRS) is completed within a maximum of 4-6 weeks in view of approaching kala-azar transmission season.
- States to take situation based decision in Containment and Buffer Zones. Local authorities to take COVID-19 situation and disease endemicity in consideration.

The following key precautions to be observed:

- Daily reminders should be sent to all spray teams/supervisors/other personnel to wash their hands with soap and water, to seek help if feeling sick, and to avoid physical contact (handshakes, fist bumps).
- The number of hand washing stations and soap supplies should be increased at all IRS operations sites.
- Morning health checks should be ensured for all spray team members, including temperature checks where feasible.
- IRS team members should be issued face masks (including N95 face masks if available - Routine surgical masks if N95 not available). They should use the mask and other routine PPE as soon as they enter operations sites.
- Teams should practice physical distancing, e.g., minimum 1 metre between 2 persons. There should also be segregation of teams, and there should not be more than 10 people in a training group.
- The transport vehicle should not transport more than one team at a time.
- Frequently touched surfaces (e.g., door handles, vehicle railings, etc.) should be frequently and regularly sanitized or washed with soap and water.
- IRS spray team's breakfasts, morning mobilization, deployment of teams, and end-of-day clean-up should be staggered to allow for physical distancing of at least 1 metre between personnel.
- Clear instructions should also be given to inmates of the houses concerned to practice physical distancing from their neighbors while evacuated from their homes, during IRS.
- Pre-spraying community sensitization campaigns should be conducted daily to reinforce messages related to prevention of Kala Azar and COVID-19.
- Districts should work closely with local communities and households to address any questions and challenges that may arise in the day-to-day delivery of IRS.

3) Dengue and Chikungunya:

Programmatic activities		Containment Zone	Buffer Zone	Outside Buffer Zone
Surveillance	**Sentinel Site/Health facility surveillance**	To be continued as routine		
	Vector Surveillance	To be combined with COVID-19 activities		To be continued as routine
Diagnosis & Case Management		To be continued as routine		
IVM	**Larval Source Reduction**	To combine with COVID-19 activities after assessing COVID-19 situation & disease endemicity		To be continued as routine
	Fogging & Indoor Space Spray	To be undertaken only if COVID-19 situation permits		To be continued as routine
Epidemic Preparedness and Outbreak Management		To be continued as routine		
Supply Chain Management (Drugs & Diagnostics)		To be continued as routine		
IEC/BCC		To be continued wherever possible. May be combined with COVID-19 activities. Local authorities to also explore all channels of communication, e.g. social media, online lessons for students, electronic media etc.		
Treatment- 1) Use helpline, teleconsultation, telemedicine 2) Door delivery of the medicine, if needed.				

A. Disease Surveillance: All identified Sentinel Surveillance Hospitals should have adequate number of diagnostic kits (both NS1 & IgM for Dengue and IgM for Chikungunya). The line-list should be shared immediately with the VBD control Officers of Municipality/District/State level to carry out preventive measures in that area to contain the disease transmission. Any case with co-infection of Dengue and COVID19 may be brought to the notice of the clinicians immediately.

B. Vector Surveillance: Larval Density of the *Aedes* vector to be monitored wherever feasible following the safety guidelines for COVID19. The positive containers to be treated with Temephos and to eliminate the source of breeding wherever possible.

C: Integrated Vector Management

Source reduction activities: States need to conduct source reduction activities to minimize the mosquitogenic conditions and destroy vector breeding sources, wherever possible. It is important in view of community's tendency to store more water for sanitization purpose.

- At many places, VBD staff is involved in COVID19 activities. Source reduction activities can be combined with COVID-19 activities. Teams need to be formed and deputed in priority areas for source reduction activities.
- Teams need to be well sensitized for precautions before visiting the field with Personal Protection Measures for COVID19 before undertaking VBD related activities.
- Team members must use face masks, use sanitizers and wash their hands with soap frequently.
- Teams should practice social distancing.
- The outdoor containers filled with water need to be thoroughly checked for *Aedes* breeding.
- While visiting any locality, teams need to sensitize the community members for preventing mosquitogenic conditions and for source reduction activities.

Anti-adult measures for *Aedes* mosquito: Anti-adult measures for *Aedes* mosquito like Indoor Space Spray and Fogging are not carried out in routine. These need to be carried out selectively in areas wherever needed.

Personal Protection Measures: Community members need to be sensitized on personal protection measures for Dengue and Chikungunya. While carrying out activities for COVID19, use of repellents, bed nets during daytime etc. need to be emphasized. Community needs to be sensitized to avoid self-medication in case of any fever.

D: Case Management

For management of Dengue and Chikungunya cases and to avert deaths due to Dengue, National Guidelines need to be followed.

- Peripheral health facilities (e.g. PHCs/CHCs) should be sensitized for early referral of complicated Dengue cases to secondary/tertiary level care facilities.
- To manage the complicated Dengue cases, if any, Blood component may be required. Therefore, Blood banks should be informed to ensure availability of Blood components like platelets.

4) Lymphatic Filariasis:

Programmatic activities	Containment Zone	Buffer Zone	Outside Buffer Zone
MDA	To be suspended		To be continued as routine
TAS	To be suspended		To be continued as routine
MMDP	Local authorities may facilitate self –care through COVID19 staff using all precautions		To be continued as routine

5) JE:

Programmatic activities		Containment Zone	Buffer Zone	Outside Buffer Zone
Sentinel Site/Health facility surveillance		To be continued as routine		
Diagnosis & Case Management		To be continued as routine		
IVM	**Fogging**	To be decided by the local authorities after assessing COVID-19 Situation & disease endemicity		To be continued as routine
Epidemic Preparedness and Outbreak Management		To be continued as routine		
Supply Chain Management (Drugs & Diagnostics)		To be continued as routine		
IEC/BCC		To be continued wherever possible. May be combined with COVID-19 activities. Local authorities to also explore all channels of communication		
JE Vaccination		To be conducted as per routine immunization guidelines in the district.		

A. Disease Surveillance: All identified Sentinel Surveillance Hospitals should have adequate number of diagnostic kits (IgM for JE). The line-list should be shared immediately with the VBD control Officers of Municipality/District/State level to carry out preventive measures in that area to contain the disease transmission. Any case with co-infection of JE and COVID19 may be brought to the notice of the clinicians immediately.

B. Vector Control: Fogging is not recommended as a routine vector control method for JE. It should be resorted to only during epidemics or when large numbers of JE cases are reported from any JE endemic areas.

C: Case Management: For management of JE/AES cases and to avert deaths due to JE/AES, National Guidelines need to be followed. Community needs to be sensitized to avoid self-medication in case of fever etc. Peripheral health facilities (e.g. PHCs/CHCs) should be sensitized for early referral of suspected AES/JE cases to Secondary/Tertiary level care facilities.

D: Administer JE vaccination under Routine Immunization in JE endemic districts.