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National Health Mission
SDA Complex, Kasumpti, Shimla-9
Himachal Pradesh
Dated: Shimla-171009, the



CIRCULAR

As per the COVID-19 death analysis conducted by the State COVID Clinical Team, it has been observed that early diagnosis, regular monitoring, timely detection of red flag signs, timely and safe referral and guidelines-based treatment are of paramount importance in improving the outcome of the COVID-19 patients (copy enclosed). In order to address the delayed presentation of the COVID 19 Patients to the health care facilities, intensive IEC activities should be carried out. Dedicated central desk in every district should be established immediately, which should be manned 24 × 7 with dedicated personnel for the timely referral.

Co-morbid patients should be admitted in DCCC (Controlled co-morbidities) and DCHC (Uncontrolled co-morbidities) with intense monitoring and early recognition of a dip in SPO2 and/or breathing problems.

All doctors involved in Covid-19 patient's care should attend the regular update conducted by the State Covid clinical team, State Institute of Health and Family Welfare Parimahal Himachal Pradesh and AIIMS.

Also as per the recommendations of State COVID Clinical Team Remdesivir should be judiciously used in the COVID 19 Patients (Copy enclosed). It should not be used in patients who are not on oxygen support or in home settings. During the remdesivir administration liver function tests should be performed at baseline. A remdesivir audit committee should be established in every DCHC and DCH who will take the decisions on a case to case basis. In order to prevent the misuse/overuse of Remdesivir, the decision should be taken in consultation with the "*COVID-19 Clinical Committee*" for the management of Covid-19 infection.

Further, it is reiterated that steroids (corticosteroids) in the COVID 19 Patients should be used judiciously (Copy Enclosed). The medical practitioner should prescribe steroids only in moderate and severe Covid-19 infection as per protocol laid down by MOHFW, Government of India. The people with symptoms of upper respiratory tract infection are advised to get themselves tested for Covid-19 at the earliest and should avoid using steroids without medical advice.

The patients who are suspected to be suffering from COVID

19 whose COVID 19 RT-PCR for COVID-19 report is negative, and show features of SARI (fall in oxygen saturation, tachypnoea) should be admitted in Triage area of the hospital and presumptive therapy recommended for COVID-19 management should be started till the RT-PCR report is available.



Secretary (Health) to the
Government of Himachal Pradesh

Endst. No. As above

Copy for information to:

Dated Shimla-9 the

1. The Special Secretary (Health) to the Government of Himachal Pradesh
2. All the Deputy Commissioners, Himachal Pradesh.
3. Director Health Services, Himachal Pradesh.
4. Director Medical Education & Research, Himachal Pradesh.
5. All the Chief Medical Officers, Himachal Pradesh.
6. All the Medical Superintendents, Himachal Pradesh
7. All Nodal Officers, DCCC/DCHC/DCH in Himachal Pradesh.
8. All the District Surveillance Officers in Himachal Pradesh.
9. State COVID Clinical Team, Himachal Pradesh.
10. COVID Clinical Committee of all the Medical Colleges of HP.

Secretary (Health) to the
Government of Himachal Pradesh

Minutes of the meeting of State COVID Clinical Committee held on 13/05/2021 at 11.00 A.M regarding death audits.

The findings of the committee are as below:

- Total Deaths of COVID Positive case in Himachal Pradesh: 1989. About 1239 (62.2%) were Male and 750 (37.8%) were Female. The mean age is 62.4 years. The highest death burden was seen in the following age groups: Age group: 45-59 (No: 540) and 60-74: (No: 787). Co-morbidities were reported in 1145 (57.5%) patients. Major comorbidities were Diabetes Mellitus 49.9%, Hypertension 44.3%, Chronic Kidney Disease 10.1% and COPD 7.6%. the districts with highest burden were Kangra (No: 551), Shimla (No: 414), and Mandi (No:232)
- From 14.04.2021 to 30.04.2021: 362 deaths had occurred. Out of them, 67 patients received 1st dose of Covid-19 and two patients received two doses of Covid-19. Around 193 patients were not vaccinated. In hundred patients, the vaccination status was not known or awaited.
- Total deaths 1884 till 30/04/2021. Out of which, 142 died at home, 76 brought death, and 753 died within 24 hours. A Total of 971 patients were in this group (51.5% patients)

Recommendation:

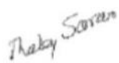
1. Delayed presentation to the health facilities. There are many reasons for the delay: fear of quarantine, social stigma and taking common cold lightly. Needs IEC activity intensely that will focus on these issues.
2. Late referral without proper oxygen support (High-flow oxygen and/or ventilatory support wherever indicated). There are instances of late referral due to difficulty in getting ambulance in time. It may be due to a lesser number of ambulances or other reasons. Therefore, a dedicated central desk in every district should be established immediately which should be manned 24 × 7 with dedicated number. They will maintain the details of number of oxygenated and non-oxygenated ambulances and hired car and will facilitate the shifting of *patients* hassle-free and safe. Due to the typical topography of Himachal Pradesh, the Tehsil should also establish the Ambulance help desk. This matter should be taken up on war footing level. Necessary arrangements should immediately be made for hiring other cars and necessary modifications may be done taking into consideration of Covid-19 Infection.
3. Comorbid patients should be admitted in DCCC(Controlled comorbidities) and DCHC (Uncontrolled comorbidities) with intense monitoring and early recognition of a dip in

SPO2 and/or breathing problems. Tele consultation of the comorbid and aged population should be encouraged which will prevent exposure of the vulnerable groups. Comorbid patients should be prescribed medicines for underlying comorbidities for at least 3 months period. Comorbid patients insisting on home isolation should be monitored more frequently and the threshold for referral should be kept low.

4. Vaccine hesitancy: IEC activity through print, social media and electronic media and via locally elected bodies (Gram Panchayat and Municipal committee) should be done in order to lessen vaccine hesitancy. Ramping up of the vaccination process would be of utmost importance in the present pandemic scenario.
5. Since majority of the Covid-19 infected patients are in home isolation, regular follow up of these patients must be ensured. Patients should be informed about the drugs (dosing, frequency of intake, timing of intake etc.), infection control practices, modalities and frequency of monitoring. Early identification of the red flag signs and ensuring early and safe referral to higher health facility would be of utmost importance in decreasing mortality. Patients with hypoxemia should be transferred with oxygen along with an extra oxygen cylinder.
6. Regular update regarding Covid-19 management protocol is an important component of patients care. All doctors involved in Covid-19 patient's care should attend the regular update conducted by the State Covid clinical team, State Institute of Health and Family Welfare Parimahal Himachal Pradesh and AIIMS are conducted regularly. All doctors involved in care of Covid-19 patients should also join E-ICU conducted by AIIMS, New Delhi for regular updates of treatment protocol of severely ill patients. Doctors involved in the care of Covid-19 patients should follow treatment protocol issued by the MOHFW, GOI, AIIMS/ICMR and State treatment guideline protocol issued regularly.
7. Hospitalized Covid-19 patients should be monitored frequently and necessary augmentation in the treatment process should be ensured in time. Necessary arrangements should also be made in terms of creating facilities, developing self-sufficiency in oxygenated beds and ICU beds, improving logistics such high-end ventilators, ambulance with ventilator support, a dedicated workforce of ICU trained doctors, creation of a center of excellence in imparting critical care training, creation of an State infectious disease hospitals are of utmost importance in preventing and managing future waves efficiently.

8. Creation of a central desk in all DCH/DCHC which will function 24 × 7 and will maintain the list of vacant beds and will ensure smooth referral of the patients by coordinating with the nodal officer. It will prevent a delay in patients shifting.
9. Patients with suspected Covid-19 Infections should be given symptomatic and presumptive treatment for Covid-19 waiting for the laboratory report which will prevent a delay in initiating treatment.

Therefore, early diagnosis, regular monitoring, timely detection of red flag signs, timely and safe referral and guideline-based treatment are of paramount importance in improving the outcome.



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Minutes of the meeting of State COVID Clinical Committee held on 15/05/2021 at 04.00 P.M regarding guideline for judicious use of Remdesivir:

Guideline for judicious use of Remdesivir

Remdesivir has been approved under Emergency Use Authorization (EUA) in the management of Covid-19 virus infection during the replicative phase of virus in hospitalized patients. Inappropriate use will create an artificial crisis of Remdesivir stock in the market. Therefore, proper and judicious use of Remdesivir is to be followed strictly as mentioned below.

INDICATIONS:

Remdesivir (EUA) may be considered ONLY in patients with

- Moderate to severe disease (requiring **SUPPLEMENTAL OXYGEN**), AND
- No renal or hepatic dysfunction (eGFR <30 ml/min/m²; AST/ALT >5 times ULN (Not an absolute contradiction), AND
- Who are within 10 days of onset of symptom(s).

Not to be used in patients who are NOT on oxygen support or in home settings.

Dosing schedule:

The lyophilized formulation needs to be reconstituted and then diluted into in 0.9% sodium chloride prior to administration. Intravenous infusion over 30-120 minutes is recommended. Flush line with 30 ml NS after infusion is complete.

Contraindications: hypersensitivity to Remdesivir or any component

Use caution in patients with Stage 4 severe chronic kidney disease or requiring dialysis (i.e. eGFR < 30). Remdesivir and its active metabolite are predominantly (74%) eliminated through kidney. Remdesivir is a weak inhibitor of mammalian DNA and RNA polymerases, therefore, a low potential for mitochondrial toxicity in 5-or 10- day therapy. There is also a risk of potential accumulation of the drug carrier sulfobutylether-b-cyclodextrin. However, each 100 mg of Remdesivir contains 6 g of SBECD, which is well below the maximum safety threshold 250 mg/kg per day of SBECD. Moreover, SBECD is readily removed by continuous renal replacement therapy and hemodialysis. Conclusive data on the safety of Remdesivir among

individuals with eGFR <30 is lacking, but at limited duration of therapy benefits may outweigh risks.

Precaution: perform liver function test (LFT) at baseline and on alternate day during Remdesivir administration.

Home isolated patients:


The decision to administer Remdesivir or any other investigational therapy must be taken by a medical professional and administered only in a hospital setting. Do not attempt to procure or administer Remdesivir at home.

Remdesivir audit committee:

It is to be noted that not all Covid-19 patients qualify for use of Remdesivir. A Remdesivir audit committee should be established in every DCHC and DCH who will take a shared decision on a case-to-case basis.

References:

1. AIIMS/ ICMR-COVID-19 National Task Force/Joint Monitoring Group (Dte.GHS) Ministry of Health & Family Welfare, Government of India. Clinical guidance for management of adult COVID-19 patients 22nd April 2021
2. Adamsick ML, Gandhi RG, Bidell MR, et al. Remdesivir in Patients with Acute or Chronic Kidney Disease and COVID-19. J Am Soc Nephrol. 2020 Jul;31(7):1384-1386.



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Advisory regarding judicious use of steroids (corticosteroids) during Covid-19 pandemic

It has been observed that people are taking steroids indiscriminately without consulting competent medical personnel. The use of Steroids is indicated in patients of COVID-19 with low oxygen levels only. The use of steroids in general and in Covid-19 infection without a fall in oxygen level can be counterproductive, leading to delayed clearance of the virus from body and adverse outcome. The indiscriminate use of steroids can not only suppress the body immunity but can precipitate diabetes mellitus and dysregulation of blood sugar level. Both may lead to increased susceptibility to various infections including fungal infection.

Recommendations

1. During the Covid-19 pandemic, Steroids should be used under strict medical guidance
2. The medical practitioner should prescribe steroids only in moderate and severe Covid-19 infection as per protocol laid down by MOHFW, Government of India.
3. The people with symptoms of upper respiratory tract infection are advised to get themselves tested for Covid-19 at the earliest and should avoid using steroids without medical advice.



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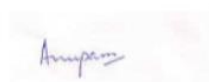


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Recommendations on Management of patients presenting with SARI in hospital

The State clinical team for COVID-19 management made following recommendations for the management of patients presenting with SARI whose RT-PCR report is either pending or negative.

- The patients who are suspected to be suffering from COVID 19 whose COVID 19 RT-PCR for COVID-19 report is negative, and show features of SARI (fall in oxygen saturation, tachypnoea) should be admitted in Triage area of the hospital and presumptive therapy recommended for COVID-19 positive patients should be started till the RT-PCR report is available.
- The patients who are suspected to be suffering from COVID 19 whose COVID 19 RT-PCR report is negative, and show features SARI should be admitted in Triage area of the hospital and should be considered for HRCT Scan of Chest for CORADS scoring.
- In both of above scenario the treatment should be started as per protocol given below.
 1. Target oxygen saturation (Spo₂ 92 to 96% and in COPD: 88-92%) to be maintained
 2. Patient to be considered for Antiviral (Remdesivir, Ivermectin, Hydroxychloroquin) as per protocol laid down by MOHFW and adopted by the State of Himachal Pradesh. In order to prevent the misuse/overuse of Remdesivir, the decision should be taken in consultation with the Clinical Committee constituted by the Institute for the management of Covid-19 infection.
 3. Patient to be considered for steroids and anticoagulants as per protocol laid down by MOHFW and adopted by the State of Himachal Pradesh.



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