



Indian Academy of Pediatrics

Secretariat: Kamdhenu, Business Bay, 5th Floor, Plot No. 51, Sector 1, Juinagar, (Near Juinagar Railway Station), Nerul,
Navi Mumbai – 400706 (India)
Phone (022) 27710857, 27715578, 27716573, 27710118
Email: centraloffice@iapindia.org Website: www.iapindia.org

Central IAP COVID Bulletin 21st March 2020

IAP appeals to all members to abide by the advisories issued by the Ministry of Health and Family Welfare. This bulletin is brought by Central IAP to keep the members updated on what is to be followed by the members in this outbreak. This bulletin will be updated regularly.

Covid 19 is mainly transmitted by respiratory droplets from a Covid-19 infected person. The droplets can travel upto a distance of 1 to 2 metres (upto 6 feet). It can also spread by touching the virus contaminated surface or object and then touching one's mouth, face and eyes.

Clinical features:

Fever, Dry cough, fatigue, vomiting, diarrhea, headache, sore throat, coryza, conjunctivitis.

Can be classified as

1. Mild to Moderate (no pneumonia or pneumonia without distress),
2. Severe (dyspnea, respiratory frequency =30/minute, blood oxygen saturation =93%, PaO₂/FiO₂ ratio <300, and/or lung infiltrates >50% of the lung field within 24-48 hours)
3. Critical (respiratory failure, septic shock, and/or multiple organ dysfunction/failure)

As per data from China:

In general population, mild 80%, severe 15% and critical 5%

In children, Mild to moderate in majority cases; severe about 2.5% and critical about 0.2%

Covid Case definition

A patient with acute respiratory illness (fever and at least one sign/ symptom of respiratory disease (e.g., cough, shortness of breath) **AND** a history of travel to of residence in a country/area or territory reporting local transmission (See NCDC website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR

A patient / Health care worker with any acute respiratory illness **AND** having been in contact with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

A patient with severe acute respiratory infection (fever and at least one sign/symptom of



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respiratory disease (e.g., cough, shortness breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation;

OR

A case for whom testing for COVID-19 is inconclusive

Laboratory Confirmed case: A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Mandatory notification by practioners

Self declaration forms regarding travel history should be made available.

If any patient is found to be a Covid Supect as the Case definition below, the patient should be isolated in the hospital and tested for Covid at the designated centre.

Information of all such cases should be given to the State helpline and also to National helpline.

Email can also be sent at ncov2019@gov.in

National Helpline numbers :

+91-11-23978046, Toll free 1075

Helpline Email id: ncov2019@gov.in

The following is the State wise list:

S.No.	State	Helpline numbers
1	Andhra Pradesh	0866-2410978
2	Arunachal Pradesh	9536055743
3	Assam	6913347770
4	Bihar	104
5	Chhattisgarh	077122-35091
6	Goa	104
7	Gujarat	104
8	Haryana	8558893911
9	Himachal Pradesh	104
10	Jharkhand	104



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11	Karnataka	104
12	Kerala	0471-2552056
13	Madhya Pradesh	0755-2527177
14	Maharashtra	020-26127394
15	Manipur	3852411668
16	Meghalaya	108
17	Mizoram	102
18	Nagaland	7005539653
19	Odisha	9439994859
20	Punjab	104
21	Rajasthan	0141-2225624
22	Sikkim	104
23	Tamil Nadu	044-29510500
24	Telangana	104
25	Tripura	0381-2315879
26	Uttar Pradesh	18001805145
27	Uttarakhand	104
28	West Bengal	3323412600

S. No	Name of Union Territory (UT)	Helpline numbers
1	Andaman & Nicobar Islands	03192-232102
2	Chandigarh	9779558282
3	D & N Haveli	104
	Daman & Diu	104
4	Delhi	011-22307145
5	Jammu	1912520982
	Kashmir	0194-2440383
6	Ladakh	01982-256462
7	Lakshdweep	04896-263742
8	Puducherry	104

Current testing strategy (as per ICMR Version 3, dated 20/3/2020):

All asymptomatic individuals who have undertaken international travel in the last 14 days:



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- They should stay in home quarantine for 14 days.
- They should be tested only if they become symptomatic (fever, cough, difficulty in breathing)
- All family members living with a confirmed case should be home quarantined

All symptomatic contacts of laboratory confirmed cases.

All symptomatic health care workers.

All hospitalized patients with Severe Acute Respiratory Illness (fever AND cough and/or shortness of breath).

Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his/her contact.

Direct and high-risk contact include those who live in the same household with a confirmed case and healthcare workers who examined a confirmed case without adequate protection as per WHO recommendations.

IAP recommendations for Outpatient practices:

Scheduling of Daily OPD Appointments:

Schedule appointments for OPD patient requesting not to come for routine visits or routine immunization for next couple of weeks and to come to OPD only if essential to be seen.

Instruct those with respiratory symptoms to visit the OPD wearing mask.

Separate time slots can be provided for those with fever and respiratory symptoms at the time of appointment.

Encourage patients to come on time at the allotted appointment time.

For those practitioners who do not have an appointment system:

Keep a notice outside the clinic in local language to kindly return if they have come for regular vaccine or routine visit.

In the waiting Room

Instruct to inform receptionist immediately of travel history (both domestic and international), prioritise seeing this patient. Self declaration forms to be kept.

Receptionist should wear a mask.



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Encourage use of hand sanitizer before entering the examination area.

Display posters of cough etiquette and hand hygiene.

Space out chairs to about 6 feet distance if possible. Patients can wait in their private car (if feasible) and called at allotted times to prevent overcrowding.

Ensure cleaning of high touch surfaces like door knobs, receptionist table, seating chairs, toilet seats frequently (atleast every 2 hourly). Infant weighing scales needs to be wiped cleaned between each infant weight. If facility is available, lay disposable sheet between infants.

Floor should be cleaned atleast 3 times in a day. The heads of the mop should be cleaned in the beginning and in the end and dried in sunlight.

In the examination room

The doctor should wear a surgical mask. Do not touch the face, eyes and mouth especially while adjusting face masks or spectacles.

It is preferable to wear a buttoned apron above clothes. The arms should be bare below the elbows.

Do not wear ties, blazers, rings, bangles, etc. Keep nails trimmed. This will apply to all health care providers.

Clean the diaphragm of stethoscope with cotton and hand sanitiser and perform hand hygiene between every patient.

If facilities are available, use disposable tissue sheets between patients. If using uncovered examination table, it is better to wipe clean the surface between patients with respiratory symptoms and when visibly soiled.

Biowaste generated should be managed by local waste management protocols.

Cleaning agents in health care setting

Dry sweeping or vacuum cleaners is not recommended.

Detergent solution gives effective cleaning. Mechanical cleaning is most important step. This can be followed with disinfectant use. If there is shortage of hospital disinfectants, decontamination may be performed with 0.1% sodium hypochlorite (dilution 1:50 if household bleach at an initial concentration of 5%). Surfaces that may be damaged by sodium hypochlorite may be cleaned with a neutral detergent followed by 70% concentration of ethanol.

Preferably avoid use of nebulisation to prevent aerosol generation. Child can be given metered dose bronchodilator inhalers with spacer and mask.

General



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All health care workers to perform thorough hand hygiene before leaving health facility and on reaching home take a bath. Also clean mobile surfaces with hand sanitizer. Avoid carrying non essential items to and fro health care centres.

Encourage dissemination of correct information in the society. Encourage healthy indoor activities for children like playing indoor games like chess, carom etc, doing art work, reading books. Discourage increased screen time for children.

Recommendations on wearing Masks

All health care workers and those having symptoms need to wear surgical mask.

N95 mask is recommended when dealing with Covid affected patient or during any aerosol generating procedure like intubation, resuscitation, collecting nasopharyngeal samples, etc.

No mask is recommended for non-health care associated personnel who is asymptomatic.

Masks should fit properly without leaving gap between face and mask. It should not be touched on the front part. It should be removed after 6- 8 hours or when it becomes damp. It should be disposed by removing from backside into the yellow dustbin and should not be reused or stored in pocket, drawer, etc.

Members of the Bulletin:

IAP COVID19 Committee