

Exercise on Micro Plan for Managing Cluster of Human Cases of AI/PI

There has been an outbreak of avian influenza in the Indraghat district of Poorvanchal State which later spread to the adjoining Passighat district. 48 epicentres located in six blocks have been identified. Animal Health Department is facing challenges in containing the outbreak and containment operations are still on. The community cooperation is very limited. The intelligence report has warned that the population is getting increasingly exposed.

Three cases of fever with cough were admitted to the Passighat district hospital two weeks back. Two of them, Alok and Lokesh belong to Rajshahi, a recently affected village. Both are related and shared a common work area. Lokesh was involved in the culling operations. Alok developed bilateral patchy pneumonia. The rapid test for influenza A has been positive for both. The RT-PCR test done at National Institute of Virology (NIV), Pune was found to be positive for H5N1 on testing clinical samples from Lokesh. Both cases were started on oseltamivir and survived.

Three days back, the sister of Alok and her three year old daughter were admitted with fever, cough and breathing difficulty. NIV, Pune has informed that RT-PCR for H5N1 is positive for both. Three of Lokesh's colleagues, who shared workspace with him, are also complaining of symptoms of influenza like illness.

Using the available epidemiological evidence, NICD has given its technical opinion that the cases constitute an epidemiologically linked cluster and need to be managed accordingly. The State Health Secretary has requested the Centre to send a high level team. The state has also got assurance from the Central Government that adequate quantity of oseltamivir, PPE and additional ventilators would be sent.

The Rapid Response Team (RRT) of the Poorvanchal State Health Services has been directed to immediately proceed to Rajshahi in Passighat district. The next day the team comprising of State IDSP Nodal Officer, Physician from Poorvanchal Medical College and Microbiologist from State Public Health Laboratory reach Passighat. They meet Dr. Krishna Kumar, the District Collector and proceed immediately to Rajshahi.

The RRT needs to immediately prepare a micro plan for containment of the cluster of human cases of AI.

You as the team leader of the RRT have to finalise the micro plan.

Exercise

- Prepare a draft micro plan

Note to Facilitators:

The model structure of the micro plan that the participants are expected to draft as the out come of the group exercise is appended for reference. Ensure that the participants either draft the plan structure on paper or on the computer (preferred). Each group should be ready to present sections of the plan structure when called upon.

Usually one group may volunteer to make the presentation and other groups may be requested to make additional contributions at the end of each section of the plan structure. Ensure the groups come up with the listed annexures and their formats also.

Micro Plan for Managing Cluster of Human Cases of AI/PI

Micro Plan for Managing Cluster of Human Cases of Avian Influenza

Geographic Location: Rajshahi village, Neelkhand block, Passighat district, Poorvanchal State

1. Demographic Details:

District details

District area:

District Population:

Number of Blocks:

Number of Municipalities:

Block details

Name of Block:

Population:

Number of Villages:

Affected area

Number of Villages in 0-5 Km area:

Number of Villages in 5-10 Km:

Population in 0-5 Km area:

Population in 5-10 km area:

2. Map of the Affected area:

Clearly demarcate index cluster area, containment zone and buffer zone.

3. Human Resource

S. No	Name	Designation	Contact number (O)	Mobile
1		DM		
2		ADM		
3		CMO		
4		BDO		
5		Block MO		
6		Block AHO		
7				

Central RRT

S. No	Name	Designation	Contact number

State RRT

S. No	Name	Designation	Contact number

District RRT

S. No	Name	Designation	Contact number

4. Active House-to-House Surveillance

Number of teams for human health surveillance:

The listing of villages allocated to surveillance teams, their names, name of supervisors for each team and their contact number is at **Annexure-I**.

The health worker during the house-to-house visit would collect the following information:

- Is anyone suffering from fever and cough?
- Whether any person with history of fever and cough had history of contact with dead/ sick poultry?
- Any patient in the exposure category to be brought to the knowledge of the supervisors/RRT

The details of name, age, sex, occupation and the address of the there categories of persons indicated above to be recorded on proforma at **Annexure-II**

5. Passive Surveillance

List of health facilities identified for reporting ILI/SARI:

- Government health facilities; Voluntary/Private Hospitals & Clinics
- All identified health facilities should:
 - Identify and report ILI/SARI seen in the last 10 days
 - Record and Prospectively Report all ILI/SARI cases daily

Name and Address of Nodal Officer for collecting, collating and analysing data from health facilities.

Proforma for reporting ILI/SARI is at **Annexure-III**

6. Contact Tracing

Contact details of the surveillance teams earmarked for contact tracing

Team No	Name of Member	Designation	Contact Number

Proforma for recording and follow up of contacts (**Annexure-IV**).

7. Transportation

Number of vehicles required for mobilising the surveillance teams (active and contact tracing)

Number of ambulances/vehicles required for transporting cases, Persons under Investigation (PUI) and contacts

Vehicle number allocation to the teams is at **Annexure-V**

8. Health Facilities

Name of identified health facility:

	Name	Contact number
Medical Superintendent		
Team leader for clinical management		
Hospital Emergency		

Number of beds in isolation facility:

Number of critical care beds:

Quarantine facility for case contacts:

Name of referral hospital:

Contact number of referral hospital:

Checklist for drugs, supplies and equipment for critical care and ventilatory management is at **Annexure VI**

10. Logistics

Name and contact no. of logistics in-charge responsible for release of oseltamivir/PPE:

A. Consolidated logistics summary:

S. No.	Name of the item	Stock Requisitioned	Stock consumed	Stock at Hand
1	Oseltamivir			
2	PPE			
3	N-95 Mask			
4	3-layered Surgical mask			
5	Sample collecting kits			

B. Area/Designated Hospital specific logistic details:

S. No.	Name of the item	Stock requisitioned	Stock consumed	Stock at hand
1	Oseltamivir			
2	PPE			
3	N-95 mask			
4	3-layered surgical mask			
5	Sample collecting kits			

Area specific health facility where oseltamivir would be available for distribution to health workers:

S. No.	Area	Name of health facility	Contact details

11. Community Quarantine

Name and contact details of the Nodal Officer identified for Perimeter Control:

Officers charged by the DM for monitoring perimeter control:

Name and contact details of the identified persons providing the perimeter control:

Proforma for listing of persons leaving the perimeter control (**Annexure VII**):

12. Communication

Name and contact number of Officer for communication:

Number of vehicles engaged for “miking” (public address system):

Number of Fliers/ posters printed:

List key messages (including also for Inter-personal Communication):

- A.
- B.

13. Media Management

Nodal Officer for media briefing:

Contact number:

14. Control Room

Nodal Officer:

Contact Number:

Duty rosters of personnel manning 24x7 control room (Annexure VIII)

15. Budgeting

S. No	Item	Unit	Quantity	Unit cost	Total cost

List of Annexures

Annexure-I

The listing of villages allocated to surveillance teams; names and contact details of team supervisors and members.

Annexure-II

The details of name, age, sex and the address of persons under investigation identified through active surveillance

Annexure-III

Reporting format for ILI/SARI surveillance at hospitals

Annexure-IV

Proforma for recording and follow up of contacts

Annexure-V

Vehicle number allocation list for surveillance and patient care teams

Annexure VI

Checklist for drugs, supplies and equipment for critical care and ventilatory management

Annexure VII

Listing of persons leaving the perimeter control

Annexure VIII

Duty rosters of personnel manning 24x7 control room