

District level Facility based surveillance for COVID-19

Background

- There is a need to establish systematic surveillance for SARS-CoV-2 infection in **all districts** of country. This surveillance will be in addition to the routine testing as per current testing guidelines.
- Besides the facility based surveillance, ICMR/NCDC in collaboration with key stakeholders and state health departments is initiating a population based **sero-survey** in selected districts representing the case detection across the country.

Objective

- Monitor the trend in prevalence of SARS-COV2 infection at district level

Methods

- Surveillance unit: district
 - From each district, 10 health facilities (including 6 public and 4 private health facilities should be selected)
- Population groups:
 - Low risk population: Outpatient attendees (non-ILI patients) and pregnant women
 - High risk population: health care workers,
- Sample size and frequency of sample collection:

Sentinel Group	Samples per District per Week	Samples per District per Month
High risk		
Healthcare workers	100	400
Low risk		
Outpatient attendees (Non-ILI patients)	50	200
Pregnant women	50	200
Total	200	800

- Laboratory test and pooling:
 - Throat/nasal swabs to be collected for RT-PCR tests
 - Samples should be tested in a **onetime pool of 25**. Results of this sample pooling is only for **surveillance purposes**. It should not be used for diagnosis of individual patients.
 - In addition to throat/nasal swabs, blood samples should be collected for detecting IgG antibodies for ELISA testing.
 - In subsequent rounds, IgG ELISA based testing of serum samples will replace RTPCR based testing for surveillance purpose.
- Data collection and analysis:
 - Data on demographic characteristics will be collected on a specifically designed standard data collection form using ODK platform.
 - The data will be analyzed locally for action using standard indicator formats. Indicators for person, place, time and trend analysis will be made.
 - Data collation and dissemination will take place as decided jointly by ICMR and DoHFW.
- Implementation partners:
 - District and State health administrative, IDSP, NCDC, ICMR institutes, community medicine departments of medical colleges and public health institutes.