

**GOVERNMENT OF MIZORAM  
HEALTH & FAMILY WELFARE DEPARTMENT  
MIZORAM SECRETARIAT, MINECO, AIZAWL-796001**

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**NOTIFICATION**

Aizawl, the 31<sup>st</sup> January, 2022

**Subject: Operational Guideline for Containment and Surveillance Plan for Third Wave of Covid-19 in Mizoram.**

**No.D.33011/39/2022-HFW(SOP):** In the interest of public service and in order to contain and check transmission of SARS COV 2 (Covid-19) Virus, and to reduce morbidities and mortalities on account of the Third Wave of the Covid-19 pandemic in the State of Mizoram, the Governor of Mizoram is pleased to notify **Operational Guideline for Containment and Surveillance Plan for Third Wave of Covid-19 in Mizoram as attached herewith.**

The said Operational Guidelines shall be effective immediately until further orders.

  
**(R. LALRAMNGHAKA)**

Secretary to the Govt. of Mizoram  
Health & Family Welfare Department

Copy to:

1. Secretary to the Governor, Govt. of Mizoram.
2. P.S to Chief Minister, Govt. of Mizoram.
3. P.S. to Deputy Chief Minister, Govt. of Mizoram.
4. P.S to Speaker, Ministers, Deputy Speaker, Ministers of State, Deputy Govt. Chief Whip, Vice Chairman, Lunglei HPC, Vice Chairman, State Planning Board.
5. P.S to MLA & Vice Chairman, H&FW Board.
6. Sr. PPS to Chief Secretary, Government of Mizoram.
7. PPS to Secretary, Health & Family Welfare Department.
8. PPS to Secretary, Home/DM&R Department
9. All Deputy Commissioners, Mizoram.
10. Principal Director, Health & Family Welfare Department.
11. Director, Health services.
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# OPERATIONAL GUIDELINES FOR CONTAINMENT AND SURVEILLANCE PLAN FOR THIRD WAVE OF COVID-19 IN MIZORAM

[Notified vide Memo No. D.33011/39/2022-HFW (SOP) dated 31.01.2022]

## 1. INTRODUCTION:

**1.1** The whole world is currently witnessing a dramatic disruption of everyday life owing to the rapid progression of COVID-19 Pandemic for more than 2 years now. All the States and UTs of India, including Mizoram, are being ravaged by the deadly second wave.

**1.2** With the surge of COVID-19 in the State of Mizoram, the trends of transmission suggest that no age group is being spared and the disease has spread to far flung villages across all districts. Health experts have warned that as long as SARS-CoV2 is around, the possibility of a new wave cannot be ruled out. Though the possibility of a third wave is imminent, it is difficult to predict its timing and intensity, of which will depend on four factors:

- Vaccination.
- COVID Appropriate Behaviour.
- Virus mutations/variant.
- Infection rates.

With the emerging Variants of Concern and at present the wave of Omicron is spreading across the globe, Mizoram also needs to keep a close vigil and, in this light, certain operating procedures are being constantly reviewed and revised.

**1.3 WHO Parameters:** The WHO has set several parameters for epidemiological risk assessment out of which 3 parameters are taken for comparison with the data of Mizoram as follows:

Indicator	Measure	Thresholds and Warning Levels	Position of Mizoram (Jan 24, 2022)
<b>Case Incidence:</b> new confirmed cases per million per week	Measure of morbidity	<100 (green)	<b>6199 (red = extreme risk)</b>
		100-<200 (yellow)	
		200-<500 (orange)	
		≥ 500 (red)	
<b>Percent change in cases:</b> current week versus previous week	Measure of increase in cases	≤ 0 % (green)	<b>10% (yellow)</b>
		1 -< 50 % (yellow)	
		50 -< 99 % (orange)	
		> 99 % 5 (red)	

<b>Test Positivity Rate (TPR):</b> one week average	Measure of detection	< 1% (green)	<b>16% (red)</b>
		1-< 2% (yellow)	
		2 -< 5% (orange)	
		≥ 5% (red)	

**Note:** Meeting any one of the 3 parameters for code ‘red’ calls for a **Warning Level 4 (extreme risk)**.

- 1.4** Although the rate of COVID-19 in children is lower than adults with milder symptoms and better prognosis, it is difficult to predict the ramification of this disease in the near future. Despite all Containment efforts, it has also been seen that mortality continues to be more among elderly population with co-morbidities. So, it becomes prudent to safeguard the lives of susceptible and at-risk population, namely, unvaccinated population below 18 years of age, elderly population with co-existing morbidities, pregnant women, immune-suppressed individuals and those who have not been fully vaccinated.
- 1.5** As per latest report (22<sup>nd</sup> January 2022), Mizoram has recorded a total caseload of 159484, with 10,724 active cases and 580 deaths. Total positivity rate based on latest test results is currently at 19.35% which strongly calls for stringent control measures which need to be imposed at the earliest.
- 1.6** With increasing cases of Omicron variant being reported in adjoining States and the presence of the already circulating Delta strain, there is increasing threat of surge of positive cases overwhelming the system. Even though evidence suggests that Omicron is less severe than previous strain, the extremely high rate of spread, combined with its ability to evade both full immunization and the body’s immune system means the total number of patients requiring hospital care at any given time is still of great concern.
- 1.7** So with this background, and in pursuance of the existing Containment and Surveillance Plan on COVID-19 (No.D. 33011/22/2020-HFW(nCOV)/Pt.III, the 9<sup>th</sup> June, 2020), a new guideline has been prepared to counter the Third wave of COVID-19, which is intended to provide specific guidance to Programme Managers at all levels and Districts for strengthening the Containment and Surveillance efforts on COVID-19 within Mizoram.
- 1.8** **In 2022, state level pandemic response plans and strategies have to be more nuanced, granular, differential and based on composite indicators. While daily new cases need to be tracked, strategies have to be equally informed by the clinical condition of those who test positive. If the majority of cases are asymptomatic and mild, the approach has to be different. Hospitalisation-related indicators, such as hospital admission rate, how it is changing, number of patients on oxygen beds, ICU admissions and death rate must be considered.**

**The local context in terms of sero-positivity and vaccination rate needs to be looked at. Restrictions on economic activities have to be minimal and graded.**

**More importantly, response has to be proportionate to the situation at that point in time, with preparedness for a surge.**

2. **OBJECTIVE:** The main objective of the Government is to contain and stop transmission and to decrease morbidities and mortalities related to third wave of COVID-19 in a defined geographic area as per current SOP being used in Mizoram. Various actions are being taken to achieve this objective as indicated below:
  - (1) **Screening of passengers at all entry points** namely, Lengpui Airport, land crossings at Kawrpuichhuah, Vairengte and Bairabi, Zokhawthar and Khawkawn with Home Quarantine for minimum of 7 days for suspected cases as per current SOP used in Mizoram dated 6<sup>th</sup> December 2021. This activity is still important in order to check import and incursion of new cases and new strains into the State.
  - (2) **Surveillance and Contact Tracing** of Laboratory confirmed case by Health Department in co-ordination with Local/Village level Task Force (LLTF/VLTF). The symptomatic contacts of a positive case shall be tested at the earliest and asymptomatic contacts shall be tested after 5 days of exposure. Door to door case search, testing of all SARI/ILI and vulnerable/co-morbid people.
  - (3) **Surveillance for detection of clusters:** District Surveillance Unit (IDSP) to detect clustering if any, of fever cases, SARI (Severe Acute Respiratory Illnesses) and ILI (Influenza like illness).
  - (4) **Early Diagnosis and Treatment** - Diagnosis of a confirmed case will be followed by Isolation of the case (at home or at a designated 4C/3C facility) and daily monitoring on health progress, early referral to DCHC or DCH if symptoms worsen. Regular monitoring of home isolated patients through call centre/ home visits/telephonically need to be ensured so that the virus does not spread to others in view of its high transmissibility. Close contacts with history of potential exposure (contact with a confirmed case for more than 15 minutes, not using facemask and maintaining a distance of less than 6 feet) of a laboratory confirmed case shall be immediately quarantined and tested as per the existing State Notification on Contact Tracing, Testing and Quarantine dated 29<sup>th</sup> December 2021 till the SOP stands.
  - (5) **Clinical Management:** Increased bed capacity, other logistics like ambulances, mechanism for seamless shifting of patients, availability and operational readiness of oxygen equipments, buffer stock of drugs need to be ensured.

- (6) **Vaccination:** All efforts to scale up vaccination for COVID-19 among eligible age groups as quickly as possible with special focus on vulnerable groups, Healthcare /frontline workers. Ensuring high coverage with vaccination is a pivotal strategy for preventing future surge in COVID cases. Districts are to identify pockets of low coverage, do reason analysis and address issues in order to improve coverage.
- (7) **Risk communication and Community Engagement** to the general public to create awareness and promote COVID Appropriate Behaviour. It must be reiterated in all localities on a daily basis that behavioural vaccines offer best defence against all variants of SARS-CoV-2. Behavioural Vaccines include proper and consistent use of Facemask, hand hygiene and maintaining adequate physical-social distance. Various channels of communication maybe used for IEC purposes – miking, TV scrolls, newspaper, pamphlets, talk shows, social media etc. The community also is to be informed of facts to allay fear, avoid panic and rumours.

**As per letter order NO.C.16011/303/2020-DC(A), Dated 15<sup>th</sup> January 2022 and in pursuance of Disaster Management Act, 2005 Section 33 & 34 (m), it had been decided that CAB Implementation Team has to be formed in all locality and village under VLTF/LLTF. Once this is formed, it must be ensured that CAB is strictly enforced under VLTF/LLTF.**

### **3. CONTAINMENT STRATEGY:**

This containment strategy would be to contain the disease within a defined geographic area by early detection, breaking the chain of transmission and thus preventing its spread to new areas. This would include geographic quarantine, social distancing measures, enhanced active surveillance, testing all suspected cases, home quarantine of contacts, social mobilization to follow preventive public health measures.

### **4. ACTION PLAN FOR CONTAINMENT:**

#### **4.1 Institutional mechanisms and Inter-Sectoral Co-ordination:**

- (1) Though the routine practice is identification of Containment and Micro Containment Zones in high-caseload areas, additionally, in order to intensify control efforts and have a more decentralized mode of operation, Authorities of District Administration and Health Department will coordinate **in daily data analysis of 7 days trends and identify Orange/Red Zones** within their respective Districts.
- (2) The **Rapid Response Team (RRT)** constituted by the Government for the District and the Staff of the **CMO Office concerned** will conduct thorough risk assessment of the Locality(ies) in the identified areas/clusters and the **Deputy Commissioner**

and the Incident Commander(s) concerned shall be intimated for declaration of **Orange Zone or Red Zone** or, as the case may be, **Containment Zone**.

#### 4.2 Definition and Declaration of Green, Orange and Red Zones:

- (1) Certain thresholds are specified for parameters indicating the levels of Covid-19 threat, for declaring specific areas into **Green Zone** (no threat), **Orange Zone** (moderate threat) and **Red Zone** (high threat level) as shown in the **Table-1** below.

**Table-1: Parameters and thresholds for declaration of appropriate Zones.**

Sl. No	Parameter	Green Zone	Orange Zones	Red Zones
1	<i>Newly diagnosed cases per 1000 population per week per locality/ village</i>	< 5	5 – 10	10
2	<i>Doubling rate (calculated over 7 days period)</i>	> 10 days	7 – 10 days	< 7 days
3	<i>Case Fatality Rate</i>	< 0.5%	0.5 – 1%	> 1%
4	<i>Total Positivity Rate during the last 7 days</i>	< 2%	2 – 5%	> 10%

*Note: The 7-day period will be counted from Tuesday to Monday of the next week.*

- (2) If any of the thresholds specified for any of the parameters is met in a locality/village, then, based on the finding and recommendations of the RRT concerned, the area concerned will be declared as **Orange Zone or Red Zone**.
- (3) *Keeping in mind the higher transmissibility of OMICRON, States/UTs can take containment measures and restrictions even before these thresholds are reached, and Bed Occupancy of 40% or more on oxygen supported or ICU beds in a District may also be taken as trigger for action for declaration of appropriate Zones.*
- (4) The Rapid Response Team in association with the LLTF/VLTF concerned will continue the Active Case Search along with “Test, Track and Treat” mode of action; and identify areas with surge in positive cases based on the outcome of the situation analysis, and submit their Report with recommendation for declaration of appropriate Zone (Orange/Red Zone) to the Deputy Commissioner under intimation to the Incident Commander concerned.
- (5) On receipt and acceptance of the RRT’s Report, the Deputy Commissioner will declare the area concerned as appropriate Zone, by issuing a speaking Order.
- (6) Orange Zones will be used as Warning Triggers to promptly activate measures to stop the transmission chain with a view to avoid declaration of Red Zone.

### **4.3 Activities in Orange Zones:**

The SOP issued by the the State Disaster Management Authority (SDMA), or as the case may be, by the Deputy Commissioner will be strictly enforced within the Orange Zone.

### **4.4 Activities in Red Zones:** The following activities/ restrictions are recommended in respect of Red Zones.

#### **(1) Socio-economic activities:**

- Restriction of movements – no unchecked influx of people and transport.
- All social/political/religious/sports/entertainment/cultural gatherings may be halted except burial ceremonies.

#### **Permissible with Restrictions:**

- (a) Movement of individuals and vehicles may be allowed with restrictions as may be deemed appropriate by the Deputy Commissioner concerned.
- (b) No intra-district and inter-district plying of commercial passenger vehicles for a District which is wholly declared a **Red Zone**.
- (c) Only in places where workers are available on site may be allowed to continue Construction works.
- (d) All shops except essential services are to remain closed in market places. Standalone shops including groceries within a residential area may be permitted to remain open ensuring strict compliance with the CAB.
- (e) Shopkeepers should display vaccination certificates, if available, on visible areas of the shop and ensure that all their customers wear masks, sanitize hands and maintain social distancing while shopping. Customers should not be allowed to stay long period inside the shop.
- (f) E-commerce activities may be permitted without any physical contact.
- (g) Functioning of Government offices may be as per the standing State SOP.
- (h) In marriage gatherings and burial services, 50 people or half the seating capacity whichever is less may be allowed, provided that attendees strictly follow CAB. The LLTF/VLTF concerned shall monitor and ensure compliance with this restriction.
- (i) Night curfew to be strictly imposed in the Red Zone areas.
- (j) The Deputy Commissioner concerned will ensure compliance with the restrictions imposed in a Red Zone by deploying necessary personnel.

- (k) Few additional activities beyond essential activities may be allowed, including **functioning of important offices and institutions within the Containment Zone** with such restrictions as may be deemed fit by the Deputy Commissioner.

**Note: Delivery of public services shall be ensured.**

- (2) **Surveillance activities:** After a Red Zone has been declared, the District RRT in association with the LLTF/ VLTF concerned will do a section wise ground situation analysis (risk assessment) of that area, and the findings will be reported to the District Administration and District CMO Office and recommend sections where there is clustering of cases to be declared as containment or micro-containment Zones.
- (3) The District RRT shall submit their daily report to State RRT/ IDSP and the Deputy Commissioner concerned. The Deputy Commissioner shall conduct a meeting every fortnight and review activities undertaken in the District.

## **5. CONTAINMENT ZONE**

This is the primary area where intensive action is to be carried out with the aim of breaking the chain of transmission.

### **5.1 Identification of Containment Zone:**

- (1) Whenever a Red Zone is declared, then within that Red Zone, the District RRT/ CMO team in association with the LLTF/VLTF concerned, shall identify the area(s) and demarcate the same for declaration as Containment/Micro Containment Zone and Buffer Zones, with technical inputs from local level.
- (2) The area should therefore be appropriately defined with clear description of the boundaries and entry and exit points, and the report and recommendation should be submitted to the Deputy Commissioner.
- (3) Once the Containment Zone is delineated the perimeter will be defined and there should be strict perimeter control with:
- i) Establishment of clear entry and exit points.
  - ii) No movement to be allowed except for essential goods and services.
  - iii) No unchecked influx of population to be allowed. People transiting to be recorded and followed by LLTF/VLTF.

### **5.2 Declaration of Containment Zone:**

- (1) The Deputy Commissioner, on accepting the report on the demarcation of the proposed Containment Zone, will declare the Containment Zone/ Micro-Containment Zone along with Buffer Zones by issuing a speaking Order. **It should be noted that depending on the findings of the epidemiological risk assessment,**



**any area (Green/Orange) may be directly declared as Containment without first declaring it as Red Zone.**

- (2) Daily co-ordination will be done; and mandatory activities undertaken within containment Zones will be reviewed invoking the Mizoram Epidemic Diseases (COVID-19) Regulations 2022.
- (3) As far as practicable, all Containment Zones and Buffer Zones are to be digitally mapped; and the Department of Land Revenue & Settlement may be associated with for the purpose if deemed necessary by the Deputy Commissioner.
- (4) *As per latest guidance note issued by Secretary, MOHFW (D.O. No. Z. 28015/ 318/ 21-EMR, Dated 21 December,2021), the main elements of the framework to be used by States and UTs to facilitate decision making at the District level are as follows:*
- (5) If several Red Zones are declared within a particular District, the entire District may be declared a Red Zone by the State Government.

#### **6. BUFFER ZONE:**

Buffer Zone is an area around the Containment Zone where new cases are most likely to appear.

- (1) A Buffer Zone will be delineated around each Containment Zone.
- (2) It shall be appropriately defined by the District Administration with technical inputs at local level as deemed necessary.
- (3) Buffer Zone will be primarily the area where additional and focused attention is needed so as to ensure that infection does not spread to adjoining areas. For effective containment, it is of paramount importance that the buffer Zone is sufficiently large.
- (4) **The focus areas of action in the Buffer Zone include:**
  - i) Extensive surveillance for cases through monitoring ILI/SARI cases in health facilities – Random samples maybe collected for testing and based on the findings, Containment Zone maybe extended accordingly.
  - ii) The RRT shall identify health facilities (Government & Private), healthcare workforce available (ASHA/ANM/AWW & Doctors in PHCs/CHCs and District Hospitals).
  - iv) All health facilities (including Private Hospitals and Clinics/ Labs) to report clinically suspect cases of COVID-19 on real time basis to the concerned CMO.
  - v) Concerned LLTF/VLTF in association with healthcare workers should create community awareness on preventive measures such as personal hygiene, hand hygiene and respiratory etiquettes through public announcement, social media and counselling. vi) Enforce CAB through enhanced IEC activities and ensure social distancing.

- (5) In the Buffer Zone, few additional activities beyond essential activities, can be allowed as deemed fit by the Deputy Commissioner.

## 7. ACTIVITIES IN A CONTAINMENT ZONE:

**The premises of Containment Zones shall be sealed and no one in that area is allowed to step out of their houses. The lanes surrounding the Containment Zone** are also cordoned off and Police/COVID Executive Duty/LLTF/VLTF are deployed at all entry and exit points. The movement of people in and out is restricted, except for medical emergencies and for maintaining supply of essential goods and services. Violation of these restrictions is punishable under law.

### 7.1 Surveillance:

- (1) The Rapid Response Teams will list the contacts of confirmed cases and will map the contacts to determine the potential spread of the disease, and shall coordinate with Incident Commander and LLTF/VLTF activities like Active Case Search, monitoring, testing, isolation and facilitating referral system.
- (2) **Line listing** of cases should be done in **Active Case Search (ACS)** in containment Zone and the record thereof will be maintained in the formats at **Annexures 1 - 3**.
- (3) All the strategies for Surveillance and containment protocol will be followed with special focus on the following points as soon as a Containment Zone has been declared:
  - It is imperative to constitute a dedicated District Rapid Response Team in each District of Mizoram in order to expedite Surveillance and Containment Activities.
  - The Medical Officers in their jurisdiction will automatically be designated as the Team Leader at sub district level for surveillance and containment activities.
  - All tests carried out within a Containment Zone or outside must be done with prior approval from the concerned Chief Medical Officer.
  - Priority for testing should be given to all vulnerable groups – people with comorbidities, senior citizens (above 60yrs) and pregnant women. Healthcare and frontline workers also be included.
  - Self-test should not be recognised.
  - SRF number should be generated for all Negative and Positive test reports wherever and whenever a COVID test is conducted.
  - Passive surveillance for ILI/SARI shall be continued in the Buffer Zone.
- (4) **Surveillance for variants**: In order to select appropriate samples for Whole Genome Sequencing (WGS), RRTs of each District are to sensitise Sentinel sites to take the following cases into account:–

- (a) Breakthrough infections.
  - (b) Re-infections.
  - (c) Unexpected discordance between diagnostic tests e.g., testing positive by Antigen and then negative by PCR or vice versa.
  - (d) Unusual clinical presentations.
  - (e) Cases with unexpected poor response to therapeutics.
  - (f) Immuno-compromised patients.
- (5) Vulnerable groups may be identified and demarcated within the Containment Zones; and their well-being followed up. Positive contacts identified are to be managed as per standing State SOP.
- 7.2 Testing Modality:** All testing shall be conducted as per current Testing protocol used in Mizoram, while focusing on vulnerable groups.
- 7.3 Operational activities** including Active Case Search (ACS), Intensive contact tracing, line listing of contacts, Quarantine and Isolation protocols will be continued as per standing State SOP. IEC and Risk communication regarding personal hygiene, Covid appropriate behaviour must be enforced.
- 7.4 All other containment protocols** regarding closure of educational institutions, offices, religious institutions, cancellation of mass gatherings, movement restrictions of public and transport shall be followed as per standing SOP, viz.– *Containment and Surveillance Plan on COVID-19(No.D. 33011/ 22/ 2020-HFW (nCOV)/ Pt.III, dated 9<sup>th</sup> June, 2020.*
- 8. SCALING DOWN OF CONTAINMENT OPERATIONS:**
- (1) The operations will be scaled down if no secondary laboratory confirmed COVID 19 case is reported from the containment Zone 10 days from the last confirmed case and all contacts have been followed up for 10 days.
  - (2) However, if new cases are reported from the same Containment Zone or its Buffer Zone before the mandatory 10 days have elapsed, the containment days shall be extended as necessary. At the same time, within a wide Containment Zone, specific areas with clear geographic demarcations and zero case incidence for 10 days may be de-contained and excluded from the containment Zone depending on field verification.
  - (3) Surveillance will continue for ILI/SARI even after de-containment. The Healthcare Workers including ASHAs mapped within the Containment Zone will continue to follow up all

(4) Fever/ILI/SARI cases, and report to the Medical Officer in charge and ensure that testing is conducted. Contact tracing efforts will also continue and intermittently be followed by the Health team as the situation demands.

**9. INEFFECTIVE CONTAINMENT:** In case the containment plan is not effective and new outbreaks continue to occur, then a decision will need to be taken by State Government to **abort** the containment exercise and start on **mitigation activities**.

**10. SUPPORT REQUIRED FROM STATE AND DISTRICT**

(1) Principal Director and State Nodal Officer, IDSP are to oversee manpower and other logistics requirement to be utilised within Containment Zones.

(2) Transportation/ Mobility Support/Human resources: Adequate number of vehicles and human resources required for mobilizing the RRTs and supervisory teams may be pooled from Government departments by the Deputy Commissioner & Chairperson of the District Disaster Management Authority concerned. The shortfall, if any, may be requisitioned from other Districts subject to prior concurrence of the State Government. In case of emergency where the aforementioned course of action could not be followed, private vehicles may be hired as per standing norms of the State Transport Authority (STA).





