Government of West Bengal  
Health & Family Welfare Department  
Swathy Bhawan, Block GN-29, Sector V  
Salt Lake City, Kolkata - 91

Memo No: HPH/9M-21/2020/77 Dated: 31.03.2020

To
The Principal (All Medical Colleges)  
The Medical superintendent and Vice Principal (All Medical Colleges)  
The Chief Medical Officer of Health (All Districts and Health Districts)  
The Superintendent (All DH/SSH/SDH/SGH)  
The Block Medical Officer of Health (All Blocks)

State Protocol for Clinical Management of COVID-19 Cases, West Bengal

WHO has declared the Novel Corona Virus Disease (COVID-19) as a pandemic on 11th March, 2020 affecting 201 countries/territories/areas throughout the world. Few cases of COVID-19 are also being detected in the State.

In order to streamline the management protocol of such patients across the State, the expert committee of the State has prepared a Standard Management Protocol for treatment of such patients.

All concerned are hereby instructed to adhere to the guidelines outlined in the protocol for managing COVID-19 cases (enclosed).

All concerned are further instructed to share the guidelines to all faculties, specialists, Medical Officers under their control.


dm 21-03-2020

Director of Medical Education  
Government of West Bengal
dm 31-03-2020

Director of Health Services  
Government of West Bengal

Memo No: HPH/9M-21/2020/77/1(4) Dated: 31.03.2020

Copy forwarded for information and necessary action to:

1. DDHS (PH) and SSO, IDSP, West Bengal  
2. SNO, IDSP, West Bengal  
3. Dy. CMOH-II, all Districts and Health Districts  
4. Guard File


dm 21-03-2020

Director of Medical Education  
Government of West Bengal
dm 31-03-2020

Director of Health Services  
Government of West Bengal
Treatment Protocol of COVID-19
Government of West Bengal

COVID-19 Suspect

- Symptomatic (fever with cough/shortness of breath) individuals who have undertaken international travel in the last 14 days, or
- Symptomatic contacts of laboratory confirmed cases, or
- Symptomatic healthcare personnel (HCP), or
- All hospitalized patients with severe acute respiratory illness (fever, AND cough and/or shortness of breath) with no other etiology found, or
- Asymptomatic direct and high risk contacts of a confirmed case (should be tested once between day 5 and day 14 after contact).
- Direct and high risk contacts include those who live in the same household with a confirmed case and HCP who examined a confirmed case.

Mild disease

- Fever, cough, malaise, rhinorrhea, sore throat without shortness of breath
- Symptomatic Treatment
- Test Negative
  - Manage according to existing protocol
  - Admit in ward & test
- Test Positive
  - Isolation (72 hrs afebrile or 7 days after symptom onset whichever is longer)/two negative samples 24 hrs apart.
  - Contact and droplet precautions/danger signs explained
  - Paracetamol and symptomatic management.
  - Tab HCQ (400mg BD x 1 day f/b 400mg OD x 4 days) along with Tab Vitamin C 500 mg BD x 5 days may be considered with those with any of the high risk features***

Moderate/severe disease

- Test Negative
  - Admit in ward & test
- Test Positive
  - Supportive care
    - Oxygen supplementation to maintain SpO2 ≥94%
    - Antipyretics, antitussives, antibiotics as indicated.
    - MDI preferred over nebulization.
    - Following regimen may be considered
      - HCQ Naïve Patients
        - Tab HCQ** (400mg BD x 1 day f/b 400mg OD x 4 days) along with Tab Azithromycin 500 mg OD x 5 days.
      - HCQ Experienced Patients
        - Continue Tab HCQ and Tab Azithromycin (if not already started).
        - Monitor for toxicity and drug interaction closely.

Any one of:
- Respiratory rate ≥ 24/min.
- SpO2 < 94% in room air.

Admit in ward & test

Test Negative
- Symptomatic Management

Test Positive

Admit in ICU

- NIV/HFNC to be used carefully in view of risk of aerosol generation in selected patients.
- Ventilator management as per ARDSnet protocol.
- Conservative fluid management (if no shock).
- Antibiotics for sepsis in < 1 hour.
- Standard care for ventilated patients.
- Close suction and HME filters.
- ECMO for refractory hypoxemia.
- Corticosteroids should not be given routinely, may be given for short duration as per sepsis guidelines for specific indications.
- The following may be considered:
  - Inj. Vit C 100 mg/Kg IV in 4 divided doses plus Inj.

***High risk for severe disease

- Age > 60 year.
- Cardiovascular disease including hypertension.
- DM and immune compromised states.
- Chronic lung/ kidney/ liver disease.
- Cerebrovascular disease.

** In case HCQ is not available, chloroquine phosphate (500 mg BD for 10 days) may be considered.
<table>
<thead>
<tr>
<th>Sl no</th>
<th>Name of drug</th>
<th>Dose</th>
<th>Side effects</th>
<th>Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hydroxychloroquine</td>
<td>400 mg BDX 1 day Then 400 mg OD X 4 days</td>
<td>Gastrointestinal, ocular toxicity</td>
<td>Contraindicated in QT&gt;500 ms, myasthenia gravis, porphyria, retinal pathology, epilepsy. Pregnancy not contraindication</td>
</tr>
<tr>
<td>2.</td>
<td>Azithromycin</td>
<td>500 mg ODX 5 days</td>
<td></td>
<td>Caution when combining with HCQ for QT prolongation</td>
</tr>
<tr>
<td>3.</td>
<td>Lopinavir/ritonavir</td>
<td>400/100mg BD for 14 days or 7 days after becoming asymptomatic whichever is shorter</td>
<td>Gastrointestinal, elevation of aminotransferase, pancreatic enzymes</td>
<td>Combined use with amiodarone, quietapine, simvastatin prohibited. Check for other interactions as well.</td>
</tr>
</tbody>
</table>

**Tests:**

- Daily CBC, biochemistry
- ECG at presentation. Daily ECG if initial QTc>450 msecs. Avoid quinolones/macrolides, if possible in them or monitor QTc closely, if used.
- Chest X Ray at presentation and then as needed.
- Serum Ferritin for assessment of prognosis.
- Virological testing everyother day.

**Discharge:**

- Asymptomatic, Afebrile
- Normal & stable vitals, Other organ parameters normal/satisfactory
- CXR-clear
- Viral clearance in respiratory samples after two specimens test negative for SARS-COV-2 within a period of 24 hours.
Chemoprophylaxis:

RECOMMENDATIONS FOR EMPIRIC USE OF HYDROXY-CHLOROQUINE FOR PROPHYLAXIS OF SARS-COV-2 INFECTION (as per ICMR guideline)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Eligible individual category</th>
<th>Dose</th>
<th>Contraindication</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Asymptomatic health care workers in the treatment of suspect and confirmed patients</td>
<td>400 mg twice daily with food on day 1 followed by 400 mg once weekly for 7 weeks</td>
<td>Children below 15 years, known history of retinopathy and hypersensitivity</td>
</tr>
<tr>
<td>2.</td>
<td>Asymptomatic household contacts of lab confirmed cases</td>
<td>400 mg twice daily with food on day 1. Followed by 400 mg once weekly for 3 weeks</td>
<td>-Do-</td>
</tr>
</tbody>
</table>

Key considerations:

1. Drug to be used only under prescription of registered Medical Practitioner only
2. Consult physician in cases of drug reaction
3. All asymptomatic contact should remain in home quarantine
4. Asymptomatic showing symptoms should immediately seek medical advice