



**COVID-19 (nCorona) Virus Outbreak Control and Prevention State Cell**

**Health & Family Welfare Department**

**Government of Kerala**

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**SARS-CoV-2 CLUSTER MANAGEMENT IN THE CONTEXT OF SURGE IN NUMBER  
OF CASES IN INSTITUTIONS AND OFFICES**

**NO-50/31/F2/H&FWD- 20<sup>th</sup> Jan 2022.**

As of Jan 20,2022, 99% of eligible population 18 yrs and above have received one dose of COVID vaccine and 83% have received two doses of vaccine in Kerala. Similarly, 57% of children between 15yrs to 18 yrs of age have received 1<sup>st</sup> dose covid vaccine. Majority have acquired hybrid immunity too. Acquired immunity through vaccination as well as hybrid immunity have been proved to prevent progression of SARS-COV-2 infection. All most all employees working in institutions and schools are fully vaccinated and hence risk of progression of SARS-CoV-2 infection even if contracted in them is very less.

In this context devising strategies is essential to ensure that schools and offices get closed only as the last resort to break the chain of transmission.

- School closures carry high social and economic costs for people across communities. Their impact however is particularly severe for the most vulnerable and marginalized boys and girls and their families. The resulting disruptions not only exacerbate already existing disparities within the education system but also in other aspects of their lives. Online classes are never a perfect replacement for offline sessions as the scope for social interaction and overall development of children are limited in offline training platforms. In this regard all efforts must be made to continue the offline training sessions in schools.
- For children below 15 the risk of progression of SARS-CoV-2 to severe disease is extremely rare and is seen only in Immunocompromised children or those with co-morbidities.
- Immunocompromised children and those with co-morbidities should continue education in online mode.
- All students, staff members should remain in home isolation for 7 days if they develop symptoms of fever, cough, sore throat, myalgia, headache or persistent rhinitis. Of the contacts, only those with co-

morbidities need to get themselves tested and take follow up actions as per the test results. Red flag signs have to be monitored and if present should be informed to e-sanjeevani platform or nearby PHC Medical officer.

- An infection control team [ICT] has to be established in all institutions and offices. The selected ICT members may be trained in the IPC practices to be followed in institutions and offices. They should also be trained in contact tracing. Training may be done by health authorities using online platform. The responsibility of the infection control team will be to do symptom check daily using a checklist. In case of cluster formation, all high risk contacts should be identified and quarantined by the ICT. For any clarification, ICT at institutions and offices can seek help of local health authorities for quarantining.
- **SINGLE CLUSTER OUTBREAK MANAGEMENT-** A cluster is defined as an aggregation of cases grouped in place and time. For COVID 19, a cluster is identified when >two persons with confirmed or suspected COVID 19 are identified within seven days in the same class or office room or between individuals working in the same area in the institution or office. In case of a cluster, ICT should identify the high risk contacts and quarantine them. Ideally the chances of contracting COVID 19 is less for those practicing optimal use of N95 mask, physical distancing and hand hygiene. Usually breaches in office spaces occur when N95 mask is removed while dining together. ICT should ensure that dining together is not being practiced in offices. Staggered lunch break timings should be instituted. **The office room/area or class room need be closed for 10 days only when CLUSTER INVOLVES MORE THAN 10 PEOPLE [Large cluster].**
- **MULTIPLE CLUSTER OUTBREAK MANAGEMENT-**when COVID 19 is diagnosed in multiple students or staff members or office personnel across different areas, the ICT should immediately contact local health authorities. ICT should identify the high-risk contacts and quarantine them. In case of more than 5 large clusters only the decision to close down an institution/office for 5 days be taken. Wherever possible, institutions and offices should remain open. Closure should be considered only as the last option and that decision should be taken only after discussion with local health authorities.

- ICT should ensure that all personnel should use proper fitting N95 mask during office hours. They should ensure adequate ventilation in office space. All children above 5 years may be encouraged to wear N95 mask or atleast three layer masks.

• **CHECKLIST FOR DAILY MONITORING OF SYMPTOMS FOR ALL STAFF AND STUDENTS BY ICT**

Date: DD/MM										
1. Temperature (where possible)										
2. Symptoms (Circle Y or N)	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily
Cough	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Sore throat	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Shortness of breath	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Loss of smell OR loss of taste	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Fever/chills	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Body aches	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Redness of the eyes	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Nausea/vomiting/diarrhoea	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Fatigue/ weakness	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

**Principal Secretary**

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