

COVID MITRAS

A Community Participation Based Immediate Triage & Treatment System For COVID-19 Control & Management

A Mysuru District Administration Initiative

Introduction:

COVID-19 2nd Wave has become like a tsunami. The health and human resource infrastructures have been overwhelmed. What is systematic and systemic approach to handling and controlling COVID-19 and present & future waves?

The answer lies in answering the question as to why old mantra of **Testing-Tracking-Treatment** has failed during the 2nd wave.

Critical First 5-Days Existing Cycle

It is observed that the most critical time for intervention and control of COVID-19 are the first 5-days from the day of on-set of symptoms. These are the crucial days during which the following cycle plays out –

- (i) **Day 1-Onset of mild symptoms:**
 - a. Patient immediate reaction is self-denial that COVID-19 has caught up with him.
 - b. He is both scared and unclear how to approach a doctor immediately.
- (ii) **Day 2: “Wait & Watch” (sic)**
 - a. He waits out!
 - b. It is this wait-out that turns fatal or leads to complications for many patients.
- (iii) **Day 3: Symptoms Worsening – Time to Take COVID Test**
- (iv) **Day 4: Test Result Comes (if you’re lucky)**
 - a. Panic grips and frantic search for hospital bed starts
- (v) **Day 5: Worsening Symptoms, Panic & Rush to Hospitals – BUT NO BEDS!**
 - a. At hospitals none attends to the patient *until he gets admitted*.
 - b. Numerous patients try to get admitted BUT NO BEDS!

Therefore, the patient takes admission into the hospital out of panic and after delaying treatment for the most critical first 5-days of the disease. The outcome of the patient is seriously compromised due to these delays.

COVID Mitras – the Immediate TRIAGE & TREATMENT Solution:

Mysuru District Administration understood that the solution lies in **IMMEDIATE TRIAGE & TREATMENT** from DAY-1 of onset of symptoms when patients are relatively healthy and can fight the virus much better.

What is COVID MITRAS:

1. COVID-19 symptoms

COVID MITRAS works on the principle of local PHCs continuously available and liaising with the community & citizens.

1. Each of the PHCs of Mysuru district have been turned into COVID MITRAS centres where primary focus is TRIAGE & TREATMENT of patients from DAY-1.
2. NO RTPCR TESTS or CT Scans are needed to start the treatment of symptomatic persons.

The moment a person walks in with

- a. He/she is medically examined by the physician
- b. TRIAGE is completed and immediate follow up treatment is started resulting in one of the following as per medical status of the patient
 - i. Medication with advise to isolate and stay at home
 - ii. Admission in COVID Care Centre
 - iii. Admission in hospital
- c. Each patient, irrespective of the follow up action, immediately starts receiving appropriate medication against the disease.

Result Achieved by COVID MITRAS:

1. In merely 7-days of starting the initiative, average daily patient TRIAGED & TREATED in each PHC COVID MITRA Centre is about 50.
2. So the number of persons triaged everyday in a taluk are almost equal to daily fresh cases. Therefore, the delay in treatment of COVID-19 patients has been removed. The taluk wise numbers are attached herewith as Annexure.
3. This should result in reduced need for hospital admissions, medical complications and need of ICU and Ventilator beds as proportion of total COVID-19 patients.

Details, Chronology & Evolution of COVID MITRAS in Mysuru:

1. Background

- a. The first and second wave are totally different in their nature and presentation.
- b. While the first wave was about testing, tracking and treating (3Ts)
- c. The second wave has posed an unprecedented burden on the health infrastructure with a scramble for oxygen beds and ventilators.

2. A timeline of Mysuru preparedness and response:

- i. April 1: Govt approves vaccination for 45 and above (109 positive cases were reported on April 1st)
- ii. District administration started preparedness,
 1. no leave for one month for front line workers
 2. everyday VC in the evening 4.30 with the corporation and 5.30 with taluks wherein all concerned officers attend

3. Except on the day of Ugadi, every single day these meetings were held.

This resulted in continuous coordination and feedback and resulted in 68 percent vaccination thus far the highest in the state.

- iii. We felt in the April first week that above was the best strategy to avoid deaths and complications and a sure shot solution against the virus.
 - iv. As the days rolled by there was a steady increase in the positive cases
 - v. April 8th: (216 positive cases)
Advisory issued by the district administration on getting a negative test report
 - vi. April 10th to 14th holidays.
As is evident, the increase in positive cases has doubled after the holidays and has been steeply increasing thereafter
3. The issue is unlike last time this time around there is no lockdown or complete closure, it's only semi lockdown as exceptions to lockdown are there. A small police force of 4500 plus 500 homeguards and a few hundreds from. Other departments have to keep a vigil on a population of 30 lakh from congregating for various occasions (market places, marriages, ceremonies etc) which is impractical unless people themselves are vigilant
4. In this scenario when cases are spiralling everyday and demand for oxygen beds is ever increasing by the day we were grappling with what we could do in Mysuru that could really help every citizen.
5. 26.4.2021 : A Facebook live was done to give a brief of what was happening and what we were trying to do

Helpline number 0821 24 24 111

6. On the analysis of the 3000 plus calls we had received until 4th May 2021, we brainstormed and realized that we cannot just keep ramping up beds (though all efforts have parallely been made to ramp up our oxygen bed availability in govt run hospitals and secure 50 percent beds in private hospitals) the solution lies in tackling the first 5 days from onset of symptoms hence we have formulated a strategy.
- a. Shift in focus from TESTING to TRIAGE.
7. In the first wave RAT and RTPCR tests were done to ascertain the virus. RTPCR was more reliable than RAT . In the second wave about 25 to 30 percent cases went undetected even by RTPCR. Most of these patients with false negatives later had severe lung infections and eventually succumbed to covid.

8. Hence the need to admit and handle all COVID patients including those who may test FALSE NEGATIVE but have symptoms otherwise.

Hence the solution of COVID MITRAS

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Community Participation & IEC

1. The second wave requires active community participation of all stakeholders including the political class.
2. In the MCC ward level task force has been set up
3. In the taluks the village level task force and Grampanchayath level task force is activated.
4. These VLTF, GPTF and WLTFs will enable active community participation at all levels. They have ASHAs and Anganwadis, GP members, Municipal Councilors etc

The whole IEC campaign is now designed around this.

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