

IN THE HIGH COURT OF KERALA AT ERNAKULAM

PRESENT

THE HONOURABLE THE CHIEF JUSTICE MR.S.MANIKUMAR

&

THE HONOURABLE MR. JUSTICE SHAJI P.CHALY

WEDNESDAY, THE 18TH DAY OF MARCH 2020 / 28TH PHALGUNA, 1941

WP(C).No.8260 OF 2020(S)

PETITIONER/S:

JUSTICE BRIGADE (REG. NO. 154/IV/2019)
OPPOSITE CENTRAL REVENUE BUILDING, I.S.PRESS ROAD,
KOCHI - 18, REPRESENTED BY ITS MANAGING TRUSTEE,
DR.K.P.PRADEEP, S/O.KRISHNAN NAIR, C/C55/1636,
B.VRINDAVANAM, THOTTUNGATHARA ROAD, KADAVANTHRA P.O.,
ERNAKULAM DISTRICT, PIN - 686 020.

BY ADVS.

SMT.DAISY A.PHILIPOSE

SRI.JAI GEORGE

SMT.P.ANITHA

RESPONDENTS:

- 1 UNION OF INDIA REPRESENTED BY THE MINISTRY OF HEALTH
AND FAMILY WELFARE, NIRMAN BHAVAN, NEAR UDYOG BHAVAN
METRO STATION, AZAD ROAD, NEW DELHI-110 011.
- 2 STATE OF KERALA,
REPRESENTED BY THE CHIEF SECRETARY, SECRETARIAT,
THIRUVANANTHAPURAM -695 001.
- 3 THE PRINCIPAL SECRETARY TO GOVERNMENT,
DEPARTMENT OF HEALTH AND FAMILY WELFARE, SECRETARIAT,
THIRUVANANTHAPURAM -695 001.
- 4 THE DRUGS CONTROLLER,
ATHANI JUNCTION, THIRUVANANTHAPURAM -695 035.
- 5 THE DEPUTY CONTROLLER (CENTRAL REGION),
LEGAL METROLOGY LEGAL METROLOGY BHAVAN, KAKKANAD,
ERNAKULAM - 682 030.
- 6 THE DISTRICT COLLECTOR,
CIVIL STATION, KAKKANAD P.O., ERNAKULAM - 682030.

7 INDIAN MEDICAL ASSOCIATION,
COCHIN BRANCH, IMA HOUSE, JAWAHARLAL NEHRU
INTERNATIONAL STADIUM ROAD, KOCHI - 682025,
REPRESENTED BY ITS SECRETARY.

R1 BY ADVS. SRI.P.VIJAYAKUMAR
SRI. SUVIN R. MENON

R7 BY ADV. SRI.SHYAM PADMAN
SRI.C.M.ANDREWS
SRI.P.T.MOHANKUMAR
SMT.BOBY M.SEKHAR
SMT.IRENE ABRAHAM

R2 TO R6 BY SRI.K.V.SOHAN, STATE ATTORNEY

THIS WRIT PETITION (CIVIL) HAVING COME UP FOR ADMISSION ON
18.03.2020, THE COURT ON THE SAME DAY DELIVERED THE FOLLOWING:



JUDGMENT

Dated this the 18th day of March, 2020

S.Manikumar, CJ

Instant public interest writ petition is filed for the following reliefs:

1. Issue a writ of mandamus directing State of Kerala, represented by the Chief Secretary, Secretariat, Thiruvananthapuram (respondent No.2) to take immediate action to close down all places where public gather, including shopping malls, schools, theaters, universities and tourist places in the State temporarily.
2. Issue a writ of mandamus directing respondent Nos.2 to 6 to take immediate measures to control the prices and ensure sufficient supply of “hand sanitizers and the face masks”, in the State.

2. Petitioner is aggrieved by the non-availability of hand sanitizers and face masks in the market and its profiteering, amid increased demand for the products, in the wake of Corona Virus disease. As per the information released by Union of India, represented by Ministry of Health and Family Welfare, New Delhi (respondent No.1), through Public Information Bureau, all States have been directed for health sector preparedness and on the same day, point of entry surveillance was initiated. World Health Organisation (WHO) has declared COVID-19 as a public health emergency on 30.01.2020. With over 118,000 corona virus cases sweeping across 146 countries of the world, WHO has declared it as a pandemic on 11.03.2020. Following the WHO's announcement, the Union Cabinet Secretary has

directed all the States and Union Territories to invoke Section 2 of the Epidemic Diseases Act, 1897. Considering the gravity of the situation, Central Government have issued a notification as S.O.1087(E) dated 13.03.2020 (Exhibit-P2), adding masks and hand sanitizers, as essential commodities. Petitioner has contended that State of Karnataka, where six cases have been confirmed for COVID-19, have taken a decision to close down the shopping malls, schools, theaters, universities and tourist places.

3. Petitioner has further contended that in State of Kerala, as per the information published in Malayala Manorama Daily, on 16.03.2020, there are 24 persons affected with Corona Virus, 10914 persons under observation, samples of 2147 persons are being examined and 289 persons have been admitted in various hospitals. However, in Kerala, so far as the schools and universities are concerned, other than granting exemptions for the students till VII Standard, all examinations are still going on, malls and tourist places etc., are still functioning. It is further contended that as COVID-19 patients continue to surge, sanitizers and masks have started to disappear from medical stores and the medical shops have started to sell the same, at a higher price. Being aggrieved, instant writ petition is filed on the following grounds:

A. The petitioner is a registered voluntary organization of lawyers, for discharging the fundamental duties of citizens of India as envisaged under the Constitution of India, especially volunteering

services at times of social needs. Now, the petitioner is aggrieved by the non availability of sanitizers and masks in the market and its profiteering, amid increased demand for the products, in the wake of Corona Virus disease. Article 51A(g) proclaims it to be fundamental duty of every citizen of India, to protect and improve the natural environment including forests, lakes, rivers and wildlife and to have compassion for living creatures. Thus, the petitioner has sufficient interest in taking up this social cause and it has the *locus standi* to file this writ petition in public interest.

B. As COVID-19 patients continue to surge in Kerala, sanitizers and masks have started to disappear from shelves with several stores and medical stores selling the coveted items at 2-3 times their price to panicky buyers. Several medical stores are not getting any fresh supplies of sanitizers and face masks. The World Health Organization (WHO) has already warned about shortage of personal protective equipment caused by rising demand, panic buying, hoarding and misuse. WHO has ordered the industry and Government to increase manufacturing by 40%. It is reported in Mathrubhumi.com, which is an online daily, on 10/3/2020 that in a raid conducted by the Regional Drug Inspector, it was revealed that surgical masks which were usually sold for Rs.5/- are being sold for Rs.40/- or higher. The respondents are duty bound to control the prices and ensure sufficient supply of these essential products in a situation like this.

C. Section 3 of the Essential Commodities Act 1955, provides for the control, production, supply, distribution etc. of essential commodities as follows:

(1) If the Central Government is of opinion that it is necessary or expedient so to do for maintaining or increasing supplies of any essential commodity or for securing their equitable distribution and

availability at fair prices, [or for securing any essential commodity for the defence of India or the efficient conduct of military operations], it may, by order, provide for regulating or prohibiting the production, supply and distribution thereof and trade and commerce therein.

(2) Without prejudice to the generality of the powers conferred by sub-section (1), an order made there under may provide:—

- (a) for regulating by licenses, permits or otherwise the production or manufacture of any essential commodity;
- (b) for bringing under cultivation any waste or arable land, whether appurtenant to a building or not, for the growing thereon of food-crops generally or of specified food-crops, and for otherwise maintaining or increasing the cultivation of food-crops generally, or of specified food-crops;
- (c) for controlling the price at which essential commodity may be bought or sold;
- (d) for regulating by licenses, permits or otherwise the storage, transport, distribution, disposal, acquisition, use or consumption of, any essential commodity;
- (e) for prohibiting the withholding from sale of any essential commodity ordinarily kept for sale;

D. As per section 2A[1] of the Essential Commodities Act, 1955, “Essential Commodities” are specified in the Schedule. Drugs as defined in clause [b] [iv] of Section 3 of the Drugs and Cosmetics Act, 1940 is included in the schedule. As per clause [b] of Section 3 of the Drugs and Cosmetics Act, 1940, such devices intended for internal or external use in the diagnosis, treatment, mitigation or prevention of diseases or disorder in human beings or animals, as

may be prescribed from time to time by the Central Government by notification in the official gazette, after Consultation with the Board. As the sanitizers and the face masks are intended for external use in the diagnosis, treatment, mitigation and prevention of diseases in human beings, they have been declared as “Essential Commodity” as per Ext-P2 notification. Therefore, the respondents are duty bound to take all measures to ensure that the face masks and hand sanitizers should be provided at subsidized prices.

E. The Epidemic Diseases Act, 1897, confers special powers upon local authorities to implement measures necessary to control epidemics. Section 2 of the Act reads as follows:

"When at any time the State Government is satisfied that the State or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease, the State Government, if it thinks that the ordinary provisions of the law for the time being in force are insufficient for the purpose, may take, or require or empower any person to take, such measures and by public notice prescribe such temporary regulations to be observed by the public or by any person or class of persons as it shall deem necessary to prevent the outbreak of such disease or the spread thereof, and may determine in what manner and by whom any expenses incurred, including compensation if any shall be defrayed.

Under Section 3 of the Epidemic Act, disobeying any regulation or order made under this Act shall be punishable under Section 188 of the Indian Penal Code. Therefore, the respondents have ample power to take such measures and by public notice prescribe such temporary regulations to be observed by the public or by any person or class of persons as it shall deem necessary to prevent the outbreak of such disease or the spread thereof.

F. As per Section 30 of the Disaster Management Act, 2005, Powers and functions of District Authority is given as follows:-

1. The District Authority shall act as the district planning, coordinating and implementing body for disaster management and take all measures for the purposes of disaster management in the district in accordance with the guidelines laid down by the National Authority and the State Authority.

2. Without prejudice to the generality of the provisions of sub-section (1), the District Authority may-

- i. prepare a disaster management plan including district response plan for the district;
- ii. coordinate and monitor the implementation of the National Policy, State Policy, National Plan, State Plan and District Plan;
- iii. ensure that the areas in the district vulnerable to disasters are identified and measures for the prevention of disasters and the mitigation of its effects are undertaken by the departments of the Government at the district level as well as by the local authorities;
- iv. ensure that the guidelines for prevention of disasters, mitigation of its effects, preparedness and response measures as laid down by the National Authority and the State Authority are followed by all departments of the Government at the district level and the local authorities in the district;
- v. give directions to different authorities at the district level and local authorities to take such other measures for the prevention or mitigation of disasters as may be necessary;
- vi. lay down guidelines for prevention of disaster management plans by the department of the Government at the districts level and local authorities in the district;
- vii. monitor the implementation of disaster management plans prepared by the Departments of the Government at the district level;

- viii. lay down guidelines to be followed by the Departments of the Government at the district level for purposes of integration of measures for prevention of disasters and mitigation in their development plans and projects and provide necessary technical assistant therefor;
- ix. monitor the implementation of measures referred to in clause (viii);

Therefore, 1st respondent, Union of India, is bound to implement Exhibit-P6 order in order to avoid another disaster in the area.”

4. On this day, when the matter came up for further hearing, petitioner has filed I.A. No.1 of 2020 in W.P.(C) No.8260 of 2020 seeking for a direction to accept additional documents, as Exhibits-P7 to P14.

5. Exhibit-P7 and P8 are the guidelines published in the website maintained by Union of India, Ministry of Health and Family Welfare, respondent No.1, to prevent spreading of COVID-19 disease and Exhibits-P9 to P14 are the bills for purchase of face masks and hand sanitizers issued on 17.03.2020 by various medical stores in Kochi. We have perused the affidavit accompanied to this application and satisfied with the reasons assigned. I.A. No.1 of 2020 is allowed. Exhibits-P7 to P14 be taken as additional exhibits.

6. Inviting our attention to Section 3(2)(c) of the Essential Commodities Act, 1955, Mrs. Daisy A. Philipose, learned counsel for the petitioner, submitted that power is conferred on the Government to control the price of an essential commodity. Attention was also invited by the learned counsel to the provisions of the Epidemic Diseases Act, 1897 and submissions made that when the Essential Commodities such as masks,

sanitizers etc., are sold by the medical shops, at exorbitant rates, taking advantage of the prevailing situation, in the State of Kerala, Government of Kerala should be directed to respond forthwith and take adequate measures for control of the price of such essential commodities, and to ensure that the same is easily available to the public.

7. On behalf of Indian Medical Association, respondent No.7, statement dated 18.03.2020 is filed, along with Annexure-R7(a), which is the recommendations of WHO for hand-rub formulations and Annexure-R7(b) fixed dose combinations, approved by DCG(I), for hand hygiene formulations. Said statement is extracted hereunder:

“It is no doubt that the State in particular and the country in general is passing through a very critical stage in battling the pandemic COVID19. The countries which had maximum number of casualties were not on account of any wanting in the expertise or personnel, but on account of the inability to handle the massive overload which resulted in a complete collapse of the health service sector. Taking a cue from Italy, Spain and Iran it can be seen that it was on account of massive overload which resulted in the avoidable catastrophe, had the initial precautionary measures to contain the spread of the virus been effectively implemented.

2. Hence during this crucial period of ‘breaking the chain’ it is imperative that all precautionary measures to contain the spread of the virus need be taken, and avoid the massive overload which would otherwise happen, that would result in denial of care and casualties. Denial of care on account of the overload may even result in riots and other forms of public anger which would further

worsen the situation.

3. Even if we assume the lowest possible attack rate of 7%, the number of patients would still be a staggering 24 lakhs, which our systems cannot support. It is equally possible that in a thickly populated area like Kerala, the attack rate could be higher than 19%, it would be futile to speculate as it is a new virus of only four months history. With just 37,021 beds, (2013 data, Govt sector, MOHFW) Kerala's health-care system does not even have a fraction of the beds required to handle such an epidemic happening all at once. It may be noted that once the epidemic hits us at full force, there will be practically no care available to many of the critically ill. Death rate will then climb higher. All our hospitals will be full in no time. We need to set up extensive temporary facilities in stadiums, halls, schools and hotels, also remembering to obtain protective equipment and recruit staff to cope with the massive patient load in the coming weeks.

4. Our only hope is to slow down the spread of the virus, so that our hospitals can cope. This is called 'flattening the epidemic curve'. In the said circumstances the following measures are suggested :

- Provide more screening facilities - allowing private participation in screening/ testing.
- stop all public gatherings and enforce social distancing.
- Strictly enforce hand hygiene—highlighting the importance of hand wash with soap and promoting use of sanitizers only as a second option.
- Ensure that the sanitizers available in the market strictly comply with the recommended standards and thus avoid the false sense of safety on using substandard sanitizers.

A. PROVIDE MORE SCREENING FACILITIES - ALLOWING PRIVATE PARTICIPATION IN SCREENING /TESTING.-

The initial reported positive numbers in any country are invariably low. That is because the tests are done only on a few people. Experts say that thousands of people are already in the community by the time a few cases are detected by official testing. COVID19 is a fast-spreading virus unlike Nipah. Its R-0 or ability of one person to infect others is high at 2-4. That means, one person infects two, two will infect four, then 8 and so on. Hence there is need for availability of more existing health care system. Early social distancing is not a new solution. It is at least 100 years old, and proved successful during the 1918 flu pandemic, where a delay of just a few days killed 8 times more people in Philadelphia compared to St Louis in the US.

B. STOP ALL PUBLIC GATHERINGS AND ENFORCE SOCIAL DISTANCING.

The 7th respondent proposes "six feet, six persons" limit to make it easy for people to understand and to implement. Six feet being the distance between people, and six being the maximum number of people in a single social gathering. Other aspects of social distancing can be specified by local health authorities from time to time.

C. STRICTLY ENFORCE HAND HYGIENE – HIGHLIGHTING THE IMPORTANCE OF HAND WASH WITH SOAP AND PROMOTING USE OF SANITIZERS ONLY AS A SECOND OPTION.

Washing your hands is a more effective protection against corona virus COVID-19 than hand sanitizer. If you can't access soap and water, sanitizer is the next best thing, according to a World Health Organisation adviser. It's tempting, especially now, to buy one of the many hand sanitizers whose label says it "kills 99.99% of illness causing germs." But that does not mean the product will protect you against the novel corona virus. The Centers for Disease Control and Prevention recommends rubbing on hand

sanitizers with at least 60% alcohol when you aren't able to wash your hands. The New York Post suggests that, in situations where washing your hands is not possible, wipes and hand sanitizer can prove to be useful in eliminating dangerous microorganisms. Hence awareness regarding proper hand wash using soap has to be promoted and use of standard sanitizer only suggested as a second option.

D. ENSURE THAT THE SANITIZERS AVAILABLE IN THE MARKET STRICTLY COMPLY WITH THE RECOMMENDED STANDARDS AND THUS AVOID THE FALSE SENSE OF SAFETY ON USING SUBSTANDARD SANITIZERS.-

A. Taking advantage of the acute shortage of hand sanitizers amid the corona virus outbreak, manufacturers are supplying sanitizers of inferior quality at a higher price. Labelled 'kills 99% germs', these products are not approved by the Food and Drugs Authority (FDA) and are ineffective in providing safety against the new strain of the novel corona virus, COVID-19. As a precaution, citizens are purchasing hand sanitizers in bulk over the past two months, pushing up the demand by almost 400%, reports Hindustan Times. Sanitizers that don't contain the CDC's recommended minimum of 60% alcohol are flying off store shelves and listed by sellers on Amazon for outrageous prices. It is further reported that Hand sanitizers at inflated rates, with packaging similar to branded companies and most information mentioned on it false, in violation of FDA rules are being marketed. A hand wash comes under the purview of the Cosmetics Act, as per information gathered from FDA, but the sanitizer comes under the Drugs Act as it has ethanol-alcohol. A manufacturer needs licence from the FDA to procure ethanol-alcohol.

B. The American Centres for Disease Control and Prevention (CDC) recommends hand sanitizers with a minimum of 60 per cent

alcohol content are the best choice. According to directives issued by the World Health Organization (WHO), it is essential to use hand sanitizers with alcohol concentration of more than 60%, as corona virus can get transmitted through human contact. Steps to enforce these guidelines have to be taken, to avoid the general public is cheated and exposed to unnecessary risks.

7. By acting now, we will be able to “flatten the curve” or slow the spread in the community, so that people would become sick over a longer period of time. Thus, the flow of patients to the hospitals will be more manageable. This is better than a large number of patients getting sick at the same time. Early introduction of such measures has already been successfully tried in Hong Kong and Singapore who had a chance to learn from China's mistakes. In contrast, Italy, Spain, US and Iran are suffering severely because of their early denial and the resulting delay in introducing these measures.”

8. *Per contra*, Mr. K. V. Sohan, learned State Attorney, submitted that face masks and hand sanitizers have been included as essential commodities only recently, i.e. on 13.03.2020 but, even before that, based on the provisions of the Disaster Management Act, 2005, District Collectors of Kerala State have already issued instructions to the Assistant Drugs Controller, with a copy marked to other competent authorities, to take stringent action against those who indulge in creating artificial scarcity, in the sale of commodities, at higher prices. Placing reliance on the judgment of the Hon'ble Supreme Court in ***State of Andhara Pradesh and Another v. Potta Sanyasi Rao and Others*** reported in (1975) 2 SCC 480, learned State

Attorney submitted that pursuant to the notification issued by the Central Government, declaring masks and sanitizers as essential commodities from 13.3.2020, Government of Kerala would issue necessary notifications/orders, as the case may be, fixing the Maximum Retail Price (MRP) of masks and sanitizers, in the State of Kerala. He further submitted that suitable regulations/notifications/orders, as the case may be, would be issued regulating sale of masks and hand sanitizers, as the case may be.

9. In addition to the above, Mr. Sohan, learned State Attorney also invited our attention to the statement filed on behalf of the Principal Secretary to the Government, Department of Health and Family Welfare, Secretariat, Thiruvananthapuram, (respondent No.3), which reads thus:

“1. In view of the evolving global scenario, COVID—19 disease has been declared as a pandemic by World Health Organization. In Kerala, more than 25 cases are reported and many persons are under surveillance. In order to prevent community spread of the disease causing widespread morbidity and mortality, Government has taken stringent actions from time to time. As per G.O.(Rt) No. 560/2020/H&FWD dated 11.03.2020[Annexure-R3(a)], Government have issued directions to public and various departments also decided to constitute COVID Cells in various Departments to ensure coordinated response.

2. Government have also issued S.R.O No.205/2020 dated 14.03.2020, thus declared COVID-19 as notified disease. As per G.O.(Ms) No.9/2020/DMD dated 17.03.2020, Government permitted to use up to 25% of the SDRF allocation for the year for

‘Measures for quarantine, sample collection and screening’ and upto 10% of SDRF allocation for ‘Procurement of essential equipment/ labs for response to COVID-19. True copy of G.O.(Ms) No.9/2020/DMD dated 17.03.2020 is produced herewith and marked as Annexure R3(b). Subsequently vide G.O. (Rt) No. 321/ 2020/DMD dated 13.03.2020, Rs.07.18 Crores released to Kerala Medical Services Corporation Limited, the central procurement agency for the State of Kerala for making the necessary procurement for all the health facilities so as to avoid the out of pocket expenditure for the beneficiaries.

3. Kerala Medical Services Corporation Ltd. (KMSCL), being the State Procurement agency of medicines and other supplies to various Government hospitals has taken all measures to ensure the availability of consumables including Personal Protection Equipment Kits, N95 Masks, double layer/ triple layer masks and hand sanitizers as well as other emergency items to the care centres throughout the State. Karunya Community Pharmacy Services, an initiative of KMSCL has 67 outlets across the State where the drugs and other supplies are given to public at subsidized price. Measures have already been taken to procure and stock the essential items including face masks and hand sanitizers and these items are issued to the public at subsidized rates. In order to curtail COVID-19 as per the instruction given by the Department of Health, KMSCL procured and distributed PPE Kits, N95 Masks, double layer/Triple layer masks and hand sanitizers to all districts head quarters through the District Drug Warehouse managed by KMSCL. From the District Warehouses the above items were judiciously issued to prioritized centres where all preventive measures against the viral disease outbreak has taken place in concurrence with District Administration and

District Health Authorities. Daily basis monitoring and replenishment of stocks is being done at the head quarters of KMSCL. Adequate number of all protective equipment and other supplies are available with KMSCL to cater the needs of Government owned institutions across the State.

4. The District authorities are taking various measures as per the provisions of Disaster Management Act. State Government is pro actively handling the reported shortage of face masks. It is submitted that Kerala State Drugs and Pharmaceuticals (KSDP) based in Alappuzha has began productions of hand sanitizers in order to beef up the availability. State Government is pro-actively handling the issues and the reported shortage of masks and sanitizers. As per G.O.(Rt) No. 620/2020/LSGD dated 14.03.2020, Government directions to Local Self Government Institution regarding prevention and control of this epidemic.

5. There is a huge public demand for sanitizers and masks, all of a sudden, there was a sudden scarcity, which was only a temporary phenomenon that has occurred in the State as similar to the situation countrywide. The Drugs Controller of Kerala State has risen to the occasion and has made all efforts to boost the production of sanitizers in the state by permitting additional 3 manufacturers in the State to manufacture the same from their premises. This includes the State owned Pharmaceutical Manufacturer, the Kerala State Drugs & Pharmaceuticals Ltd., Alappuzha. This has ensured that sufficient quantity is made available for the day to day use in the health care sector as well as for public who desires to use the same.

6. The officers of the Drugs Control Department has conducted state wide raids to unearth illegally manufactured products as a

safeguard to public health and has seized around 6 different products from across the State which were manufactured without valid licenses. It was also ensured by the officers of the Drugs Control Department that sanitizers are not sold at exorbitant prices even though they are not controlled items under Drugs Price Control Order, 2013. The officers of the Drugs Control Department will be continuing these exercises to ensure that no malpractices are carried out by anyone.

7. The Drugs Control Department has also issued press release warning the dealers not to dispense medicines without prescriptions, for symptoms like cold, fever, cough, sore throat, etc. and has intimated this officers to keep a strict vigil on this matter and also on the scrupulous activities like hoarding/excess pricing of sanitizers and masks by the dealers in the interest of the public. He has also urged the Association of Pharmaceutical dealers to make aware their members to refrain from any activities which may adversely affect the public. Even though the product face masks does not come under the ambit of the laws enforced by the Drugs Control Department and his officers, as a social responsibility he has urged all the traders dealing with drugs and pharmaceuticals to put in their effort to make available the same from the sources of manufacturers within and outside the State and to make available the same to the public at the maximum retail price printed on it or at a lower prices if affordable. To prevent black marketing of sanitizers and masks and other essential consumables, the exercising power under Sections 34(j) and (m) of The Disaster Management Act 2005, District Collector, Ernakulam issued order authorizing Assistant Drugs Controller to initiate action. True copy of the order issued by the District Collector, Ernakulam is produced herewith and

marked as Annexure R3 (f). Similar steps are being taken by other District Collectors also. As per Exhibit P2, Central Government issued notification to include masks and hand sanitizers as an essential commodity. Legal action will be taken under the Essential Commodities Act also to prevent the black marketing of sanitizers and masks.

8. It is submitted that the Health Department is taking all steps to prevent the spread of the virus and coordinating all activities on a day-to-day basis. Orders are being issued to monitor all activities. To make the public aware, information is given through media and televisions from time to time by the Health Department. The instructions, guidelines and directions are available in the Website – www.dhs.kerala.gov.in of the Health Department of Kerala. Day-to-day bulletin is also issued for giving information to the public. A printout of the guidelines and information to the public published by the Department from time to time is produced for perusal. Recording the steps taken by the Health Department, the 3rd respondent sought for dismissal of the writ petition.”

10. In support of the contention that adequate precautionary measures are being taken to prevent community spread disease, as well as for monitoring and replenishment of stocks of both, masks and sanitizers, and other protective equipments and supplies available with the Kerala Medical Services corporation Ltd., (KMSCL), and action taken by the officers of Drugs Control Department, our attention was also invited to the documents enclosed along with the statement filed on behalf of the third respondent, particularly, to the notification dated 17.03.2020 [Annexure-R3(b)] issued by

Principle Secretary, Disaster Management (A) Department, Government of Kerala, which is reproduced:

**“GOVERNMENT OF KERALA
Abstract**

Disaster Management department-Treating Covid-19 as a notified disaster and permitting to use State Disaster Response fund (SDRF)- Items and Norms of assistance from SDRF - Orders Issued

DISASTER MANAGEMENT (A) DEPARTMENT

G.O.(Ms.) No.9/2020/DMD Dated, Thiruvananthapuram, 17/03/2020

Read:- 1) G.O.(Ms.) No.194/2015/DMD dated 20-05-2015.
2) Letter No.DM/233/2020/SDMA dated 16.03.2020
from Member Secretary, Kerala State Disaster
Management Authority.

ORDER

As per GO read as 1st paper above, Government of Kerala ordered Natural Calamity Norms for Relief Assistant to the victims from SDRF/NDRF for the period 2015-2020. In the wake of Covid-19 Virus outbreak in the Country, Government of India has decided to treat Covid-19 as a Notified Disaster and have permitted the use of Sate Disaster Response Fund (SDRF) and has partially modified the norms of assistance from State Disaster Response Fund.

2) Member Secretary, Kerala State Disaster Management Authority has reported that the allocation of SDRF for the financial year 2019-20 is Rs.224 Crores and has requested to issue orders in line with the Government of India directions and authorise the use of funds from SDRF.

3) Government have examined the matter in detail and are pleased to permit to use up to 25% of the SDRF allocation for the year for 'Measures for quarantine, sample collection and screening' and up to 10% of SDRF allocation for 'Procurement of essential equipment/labs for response to COVID-19'.

4) The norms of assistance permitted are annexed to this order.

The Government Order read as 1st paper is modified.”

11. Apart from the above, it could be deduced that in order to curtail COVID-19 as per the instructions given by the Department of Health, KMSCL has procured and distributed PPE Kits, N95 Masks, double layer/triple layer masks and hand sanitizers to all the district head quarters, through the District Drug Warehouse managed by KMSCL. A consolidated statement of the stock position of the quantity of hand sanitizers, double layer mask and triple layer mask etc., available in each districts, in the State of Kerala, as on 16.03.2020 - COVID-19 Pandemic, is also placed on record.

12. Based on the data enclosed in the paper book, bills for the purchase of masks/sanitizers, as the case may be, from various medical shops, learned counsel for the petitioner contended that there is imminent necessity to take immediate action for closing down all shops, including shopping malls, schools, theaters, universities and tourist places in the State temporarily. She further added that examinations are being conducted in the schools and colleges without giving serious attention to the magnitude of the disease, the way in which, the virus is likely to spread, infect others and endanger human life.

13. Based on the above grounds, learned counsel for the petitioner made submissions.

14. Heard learned counsel for the parties and perused the material available on record.

15. Government of Kerala, Department of Health and Family Welfare, have issued “nCoronoa -Guidelines” on 26.01.2020 and the same reads thus:

nCorona – Guidelines

**Department of Health and Family Welfare
Govt of Kerala**



Version - Dated 26th January 2020

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15.	<i>Protocol for sending daily health status of passengers under observation</i>	25
16.	<i>References</i>	27

1. Background

Clusters of pneumonia were being reported from Wuhan City, Hubei Province in China. Chinese authorities have identified it to be caused by a new type of Coronavirus (novel Coronavirus, 2019-nCoV). Coronavirus are a large family of viruses, with some causing less severe disease such as common cold and others more severe diseases such as MERS and SARS. The human to human transmission is variable with some easily transmitting and some do not transmit readily between people. Spread to various parts of China, and later to other countries has now been confirmed.

Hence, in this regards, it is desired that necessary precautions are to be taken to prevent the occurrence of these cases in the Country. It is recommended that the surveillance system for Acute Respiratory Infections/ Influenza like Illness (ARI/ILI) and screening at community level as well as health facility level to identify and respond to clustering of cases for early detection of impending SARI outbreaks through IDSP network is intensified. The case definitions for surveillance currently provided by WHO is annexed below. In view of the evolving information regarding the epidemiological correlates and transmission patterns, the guidance is subject to change at a short notice.

It is also advised keep a constant vigil and raise the level of awareness and knowledge of surveillance officers and healthcare providers (first or early responders) on case definitions, basic infection prevention control measures and standard precautions to be followed during the care and treatment of suspected patients.

The Ministry of Health and Family Welfare (MoHFW), GoI is also monitoring the situation closely in consultation with WHO and other stakeholders and any update received would be shared to all officials

Caution: The contents given below may be considered as interim guidance, and is liable to change as the situation evolves. Please make sure that you are referring to the latest version available at any given point of time .

2. Case definitions

1. Asymptomatic travelers

A traveler who has started journey from China, (not necessarily limited to Wuhan city) , or as the disease evolves, from any country notified to be 'affected' and has arrived in the state directly at one of the notified PoEs in the State, or indirectly after landing at neighbouring or other airports in the country, And who has no symptoms whatsoever.

2. Suspect case

i) A person with severe acute respiratory illness (SARI), + history of fever and cough requiring admission to hospital, + no other etiology that fully explains the clinical presentation (clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised);

AND any one of the following

- A history of travel to Wuhan, Hubei Province China 14 days prior to symptom onset.
- *the disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel;
- **the person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation

Or

ii) Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposures:

- close physical contact with a confirmed case of nCoV infection, while that patient was symptomatic;
- a healthcare facility in a country where hospital associated nCoV infections have been reported;
- direct contact with animals (if animal source is identified) in countries where then CoVis known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission

*,** OMU (outbreak monitoring unit) alert to be given to decide on further evaluation and management.

3. Confirmed case

The person as described above, in whom the recommended tests (Rt-PCR) /any other which may be notified later, from NIV Pune are documented as positive for n-CoV. Samples collected have to be transported to NIV Pune in a coordinated manner after liaisoning with the Nodal Person at NIV, in the district. The DSO would be the nodal person to coordinate collection of samples, storage, dispatch etc as per existing guidelines on safe procedures

3. Screening, early identification and notification of suspect /probable passengers

1. With regard to preparedness to prevent spread of n-Corona virus in the country, initially 7 airports including CIAL Kochi have been advised to start passenger screening for arrival from affected area with fever. Very shortly it is inevitable that the other airports in Kerala will start screening process as done earlier for H1N1, Ebola, Zika, etc

2. The notified Points of Entry for Kerala will include the 4 airports and possibly the major and minor seaports (airports at TVM, EKM, MPM, KNR, and the major harbor at Kochi).

3. Passengers who have started their journey from the affected areas/countries (* the list will constantly get updated, please check latest versions from NCDC/IDSP) can arrive directly by air or sea at these PoEs and they will undergo screening process

4. Names of asymptomatic passengers from said origins will be forwarded by Airport Health Officer/ Ports Health Officer to SSO IDSP-ADHS PH Kerala and State Nodal Officer Dr.Amar.S.Fettle which will also be shared to the DSO/DSU of the concerned district.

5. These passengers will have to be kept under close surveillance under home quarantine by the concerned DSO/PHC Medical officer for 28 days from the time of departure from the affected country or from the time of contact with a suspected/confirmed patient.

6. Symptomatic passengers will be identified and either held in transit isolation at the PoE if available; eg at CIAL, or if not, details will be shared directly to the respective DSO for coordinated shifting to the designated/ linked isolation / higher care hospital, for further testing/isolation and clinical management

7. Passengers can arrive indirectly from geographically nearby airports (Chennai, Mangalore, Bangalore,Coimbatore,) by other means of transport like bus, train, taxi, own vehicle etc. These people will have to be identified promptly at community level, by convergent means involving Health, LSGD, Revenue, Police department etc. This process will usually be facilitated by direct cross border notification from APHOs/ PHOs of other major PoEs in the country to SSO-IDSP Kerala direct

8. Once identified, the passenger shall be processed as described above in (5) & (6)

B. Contact tracing

1. Contact tracing in case of symptomatic passengers is the most major exercise for reducing spread of any novel infection in the community. This has to be done systematically and intensively by directly informing the index passenger of the benefits, and detailed direct/phone interview covering every point of time from arrival in the country till entry into our health surveillance system. The details have to be logged into appropriate forms/templates which will be shared as soon as available from GoI. All details shall be shared with DMO/DSO, and consolidated, and summary will have to be shared with SSO IDSP-ADHS PH

2. The contact tracing exercise for each suspect passenger shall be linked live to teams responsible for tracing of secondary contacts

3. It is advisable to be prepared by identifying teams, at district, block and PHC levels, conducting trial runs or mock drills early enough so that there is an adequate level of preparedness before areal suspect is notified to your district

C. Patient care.

There is no specific management, patients will generally be managed as viral respiratory/disseminated infection as per symptoms and signs.

4. Safety procedures during sample collection and transport

All specimens collected for laboratory investigations should be regarded as potentially infectious, and HCWs who collect, or transport clinical specimens should adhere rigorously to infection prevention and control guidelines and national or international regulations for the transport of dangerous goods (infectious substances) to minimize the possibility of exposure to pathogens (14). Implement the

appropriate infection prevention and control precautions, guidance on IPC for the 2019-nCoV has been drafted (11).

Assure good communication with the laboratory and provide needed information

To assure proper and fast processing of samples and to assure adequate biosafety measures in the laboratory, communication and information sharing is essential. Be sure you have alerted the laboratory of the urgency and situation before sending the sample. Also assure that specimens are correctly labelled, and diagnostic request forms are filled out properly and clinical information is provided ie.,

Information to be recorded:

•Patient information – name, date of birth, sex and residential address, unique identification number, other useful information (e.g. patient hospital number, surveillance identification number, name of hospital, hospital address, room number, physicians' name and contact information, name and address for report recipient),and

- Date and time of sample collection,
- Anatomical site and location of specimen collection,
- Tests requested,
- Clinical symptoms and relevant patient history (including vaccination and antimicrobial therapies received, epidemiological information, risk factors).

The Specimens to be collected, and details related to collection and transport are as follows

1. Respiratory material* (nasopharyngeal and oropharyngeal swab in ambulatory patients and

sputum (if produced) and/or endotracheal aspirate or bronchoalveolar lavage in patients with more severe respiratory disease)

2. Serum for serological testing, acute sample and convalescent sample (this is additional to respiratory materials and can support the identification of the true agent, once serologic assay is available)

*Modifiable with information on whether upper or lower respiratory material is better for coronavirus detection.

A single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection.

Repeat sampling and testing, lower respiratory specimen is strongly recommended in severe or progressive disease. A positive alternate pathogen does not necessarily rule out either, as little is yet known about the role of coinfections

Specimen type	Collection materials	Transport to laboratory	Storage till testing	Comment
Nasopharyngeal and oropharyngeal swab	Dacron or polyester flocked swabs*	4 °C	≤5 days: 4 °C ≤5 days: -70 °C	The nasopharyngeal and oropharyngeal swabs should be placed in the same tube to increase the viral load
Bronchoalveolar lavage	sterile container *	4 °C	≤48 hours: 4 °C 48 hours: -70 °C	There may be some dilution of pathogen, but still a worthwhile specimen
(Endo)tracheal aspirate nasopharyngeal aspirate or nasal wash	sterile container *	4 °C	≤48 hours: 4 °C 48 hours: -70 °C	
Sputum	sterile container	4 °C	≤48 hours: 4 °C 48 hours: -70 °C	Ensure the material is from the lower respiratory tract
Tissue from biopsy or autopsy including from lung	sterile container with saline	4 °C	≤24 hours: 4 °C 24 hours: -70 °C	
Serum (2 samples acute and convalescent possibly 2-4 weeks after acute phase)	Serum separator tubes (adults collect 3-5 ml whole blood)	4 °C	≤5 days: 4 °C 5 days: -70 °C	Collect paired samples • acute – first week of illness • convalescent – 2 to 3 weeks later
Whole blood	collection tube	4 °C	≤5 days: 4 °C 5 days: -70 °C	For antigen detection particularly in the first week of illness
Urine	urine collection container	4 °C	≤5 days: 4 °C 5 days: -70 °C	

5. Sample Collection and Transport Guidelines for Laboratory diagnosis of novel Corona virus infection – 2020

Sample collection: The sample should be collected as early as possible with all biosafety precautions and accompanied with detailed history of patients on the performa which can be obtained from the testing laboratory (*Presently National Institute of Virology, Pune in public sector is the testing laboratory which is diagnosing novel Corona virus infection by RT-PCR.*)

The samples may be as follows

- Nasopharyngeal and Oropharyngeal swab
- Bronchoalveolar lavage
- Tracheal aspirate (*for patients in ventilator*), nasopharyngeal aspirate or nasal wash
- Sputum
- Tissue from biopsy or autopsy including from lung.

For transport of samples for viral detection, use VTM (viral transport medium) containing antifungal and antibiotic supplements. Avoid repeated freezing and thawing of specimens.

Collection of Nasopharyngeal Swab:

This can be collected by two methods: (Through the nasal route or through oral route)

Nasopharyngeal swab through Nasal route:

- Insert a thin flexible swab into nostril and right upto nasopharynx.
- Leave the swab in place for a few seconds.
- Slowly remove swab while slightly rotating it.
- Use a different swab for the other nostril.
- Put swab with tip downwards into vial containing VTM, breaking applicator's stick.
- Both the swabs can be put in same VTM vial

Nasopharyngeal swab through Oral route:

- Insert a thin flexible swab through mouth over the tongue and turn the swab upwards behind the soft palate to reach the nasopharynx.
 - Leave the swab in place for a few seconds.
- Slowly remove swab and put the swab with tip downwards into vial containing VTM, breaking the extra portion of the swab stick.

Transportation and Storage of samples:

- Personal protective equipments (apron, hand gloves, face shield, N95 Masks etc) need to be used and all biosafety precautions should be followed so as to protect individuals and the environment.
- Samples should be safely packed in triple container packing and should be transported under cold chain (4°C) to the testing laboratory with prior intimation. Before dispatching the sample, disinfect the outer surface of container using 1: 100 dilution of bleach or 5% Lysol solution.
- Sample containing vials should be kept in good quality plastic bags tied with rubber bands so that inside material if leaks should not come out of bag. The plastic bag should be kept in another container which should be sealed with adhesive tape. This carrier should be placed in another plastic bag sealed with rubber bands and placed in thermocol / vaccine carrier containing ice. The case sheets with complete information should be placed in plastic bag and should be pasted outside the container.
- Samples should be transported at 4°C if they arrive at the laboratory with 48 hours; The sample must be stored at – 70°C if storage is required for longer periods.
- Proper labelling (name/age/gender/specimen ID) need to be done on specimen container and other details of sender (name/address/phone number) on the outer container by mentioning **“To be tested for 2019-nCoV”**.
- Samples from the hospitals to be send to the concerned DSOs of the district, which will be send further to the Referral Lab.
- For any queries, the nodal officer from ICMR-NIV Pune (Dr Yogesh K. Gurav, Scientist E) may be contacted (Phone 020-26006290/ 26006390;

Email: gurav.yk@gmail.com/gurav.yk@gov.in) and need to be informed in advance before sending specimens to ICMR-NIV, Pune.

6. Pre hospital preparedness

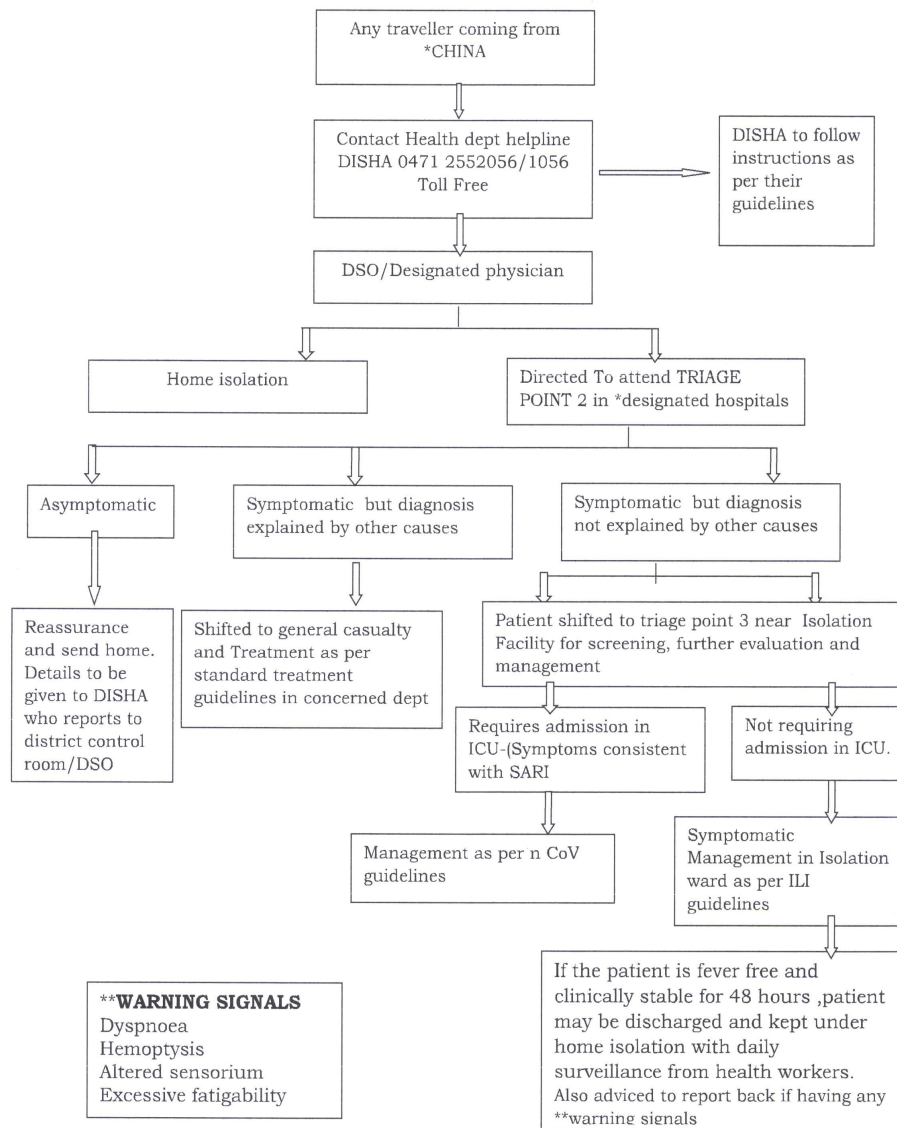
Modified triage system

The goal of triage in a disease outbreak is to prevent secondary transmission. A modified triage system called "3 point triage" shall be followed with respect to processing of patients who arrive at a hospital seeking care for corona virus infection. The aim of this system is to identify suspected cases and isolate them as early as possible to prevent secondary transmission.

Signages in malayalam and English shall be set up at points where there is que formation such as Op registration, pharmacy etc regarding the availability of a separate **triage point 2** for the assistance of such patients. Apart from the routine **triage point 1 in general casualty, triage point 2** will be set up at a place near isolation facility where patients fitting suspect case of corona virus will be screened. A patient with travel history to china will be directed to attend the triage point 2 where preliminary assessment will be done. If on preliminary assessment, he/she is found asymptomatic, reassurance will be given and will be send back home. The details of the patient including name, age, address and ph no will be given from triage point 2 to DISHA. DISHA will intimate the same to DSO who will intimate the concerned PHC for follow up for 28 days. If the patient is found to be symptomatic but diagnosis is explained by other causes he will be Shifted to general casualty and treated as per standard treatment guidelines in concerned dept. If the patient is found to be Symptomatic but diagnosis not explained by other causes patient shifted to triage point 3 near Isolation Facility in a separate room for screening, further evaluation and management. At **triage point 3** screening and evaluation will be done as per nCoV guidelines and will be admitted. Registers will maintained at this point for data collection which includes name, age, sex, address, symptoms, and history of exposure including travel history. All the health care providers at both these points will be provided adequate personnel protective equipment's.

A suspect corona case will be immediately masked at the first encounter and transferred to an triage point 3 ensuring that no contact happens with any other person during the transfer unless protected by PPEs. Strict infection control practices were adhered to at all these isolation points.

7. Algorithm to be followed in in case of suspected corona virus cases



* affected countries as notified by WHO/MOHFW from time to time

8. Management

Investigations

Syndrome specific investigations and tests to rule out tropical fever syndromes should be made based on the clinical scenario.

General treatment guidelines

Treatment is mainly supportive and ILI guidelines are to be followed. Treatment of secondary bacterial infections should be done as per the institutional antibiotic policy

Management of asymptomatic travelers

Home based

- Counseling and reassurance, family support
- Self-Isolation
- Daily monitoring coordinated by PHC MO on information received from DMO/DSO, and by the designated area field staff
- Referral and transportation management if indicated by development of symptoms, under direct liaison between DSO and MO PHC
- Number provision of DISHA Helpline 0471 2552056, (or 1056 toll-free) / local help line no of Medical Officer/ DSO
- Contact person's number to be given to family for general assistance
- IEC material dissemination

Management domains of a hospitalized suspect case

- Isolation
- Secondary care
- Tertiary care
- Ventilator readiness
- ICU space creation/earmarking/recruitment
- Clinical Management Team Sensitization
- Hospital Nodal Person/MO (Details to be shared to Nodal officer/SSO IDSP)
- Local Arrangements including logistics
- Referral system
- Strict Hospital Infection Control measures
- Necessary Capacity building
- Help desk functionality

© Management of confirmed n-Corona Patient

There is no specific drug as such. Management will include general supportive measures under full infection control protocols, and will conform to management of respiratory involvement according to severity, other bacterial co infection, etc, and other multi organ support as and when indicated. Detailed management guidelines are provided in the WHO document

Discharge policy

If the patient is fever free and clinically stable for 48 hours ,patient may be discharged and kept under home isolation with daily surveillance from health workers. Those who are discharged may watch for warning signals and should report to designated hospitals in case of positive warning signals.

Sick Health care worker as 'Red Flag'- any case of Viral Pneumonia in a hospital-based Health care worker (clinical/radiological with additional basic lab investigation correlation) should be considered as a red flag, as they are the highest risk category, and can contract infection from undiagnosed/ milder nCoV patient. These individuals should be moved to appropriate isolation facility and tested for nCoV.

This policy should be disseminated to Private Health Care sector also by the respective

Clinical management of severe acute respiratory infection when novel coronavirus nCoV) infection is suspected Interim guidance 12 January 2020
[WHO/nCoV/Clinical/2020.1](#), soft copy of which has been made available to all DMOS and DSOs

9. Principles of infection prevention and control strategies associated with health care with suspected nCoV

IPC strategies to prevent or limit infection transmission in health-care settings include the following:

1. Early recognition and source control
2. Application of Standard Precautions for all patients
3. Implementation of empiric additional precautions (droplet and contact and whenever applicable airborne precautions) for suspected cases
4. Administrative controls
5. Environmental and engineering controls

1. Early recognition and source control

Clinical triage including early recognition and immediate placement of patients in separate area from other patients (source control) is an essential measure for rapid identification and appropriate isolation and care of patients with suspected nCoV infection. To facilitate early identification of suspect cases, healthcare facilities should:

- Encourage HCWs to have a high level of clinical suspicion
- Institute screening questionnaire and
- Post signage in public areas reminding symptomatic patients to alert HCWs.

Promotion of respiratory hygiene is an important preventative measure.

Suspected nCoV patients should be placed in an area separate from other patients, and additional IPC (droplet and contact) precautions promptly implemented.

2. Application of Standard Precautions for all patients

Standard Precautions include

1. Hand and respiratory hygiene
2. use of Personal protective equipment (PPE) depending on risk
3. Prevention of needle-stick or sharps injury;
3. safe waste management;
4. Environmental cleaning and sterilization of patient-care equipment and linen.

Ensure the following respiratory hygiene measures:

- 1. Offer a medical mask for suspected nCoV infection .
- 2. Cover nose and mouth during coughing or sneezing with tissue or flexed elbow .
- 3. Perform hand hygiene after contact with respiratory secretions.

Personal protective equipment (PPE).

- Rational, correct, and consistent use of available PPE and appropriate hand hygiene also helps to reduce the spread of the pathogens. PPE effectiveness depends on adequate and regular supplies, adequate staff training, proper hand hygiene and specifically appropriate human behaviour.

Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Thorough cleaning of environmental surfaces with water and detergent and applying commonly used hospital level disinfectants (such as sodium hypochlorite) is effective and sufficient . Manage laundry, food service utensils and medical waste in accordance with safe routine procedures.

3. Implementation of empiric additional precautions for suspected nCoV infections

3.1 Contact and Droplet precautions for suspected nCoV infection:

- In addition to Standard Precautions, all individuals, including family members, visitors and HCWs should apply Contact and Droplet precautions
- Place patients in adequately ventilated single rooms.
- When single rooms are not available, cohort patients suspected of nCoV infection together;

Place patient beds at least 1m apart.

- Where possible, cohort HCWs to exclusively care for cases to reduce the risk of spreading transmission due to inadvertent infection control breaches.

- Use a medical mask .
- Use eye/facial protection (i.e. goggles or a face shield).
- Use a clean, non-sterile, long-sleeved fluid resistant gown.
- Use gloves.
- Use either single use disposable equipment or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared among patients, clean and disinfect between each patient use (e.g. ethyl alcohol 70%).
- Refrain from touching eyes, nose or mouth with potentially contaminated hands.
- Avoid the movement and transport of patients out of the room or area unless medically necessary. Use designated portable X-ray equipment and/or other important diagnostic equipment. If transport is required, use pre-determined transport routes to minimize exposures to staff, other patients and visitors and apply medical mask to patient.
- Ensure that HCWs who are transporting patients wear appropriate PPE and perform hand hygiene.
- Notify the receiving area of necessary precautions as soon as possible before the patient's arrival.
- Routinely clean and disinfect patient-contact surfaces.
- Limit the number of HCWs, family members and visitors in contact with a patient with suspected nCoV infection;
- Maintain a record of all persons entering the patient's room including all staff and visitors.

3.2 Airborne precautions for aerosol-generating procedures for suspected nCoV infection.

Some aerosol generating procedures have been associated with increased risk of transmission of coronaviruses (SARS-CoV and MERS-CoV) such as tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation and bronchoscopy.

Ensure that HCWs performing aerosol-generating procedures:

- Use a particulate respirator at least as protective as a NIOSH-certified N95. when putting on a disposable particulate respirator, always perform the seal-check. Note that if the wearer has facial hair (beard) this can prevent a proper respirator fit.
- Eye protection (i.e. goggles or a face shield).
- Clean, non-sterile, long-sleeved gown and gloves.
- If gowns are not fluid resistant, use a waterproof apron for procedures with expected high fluid volumes that might penetrate the gown

- Perform procedures in an adequately ventilated room or negative pressure rooms with at least 12 air changes per hour (ACH) and controlled direction of air flow when using mechanical ventilation

- Limit the number of persons present in the room to the absolute minimum required for the patient's care and support.

4. Administrative controls

Administrative controls and policies that apply to prevention and control of transmission of nCoV infections include

1. Establishment of sustainable IPC infrastructures and activities
2. HCWs training
3. Patients' care givers education.
4. Policies on early recognition of acute respiratory infection potentially due to nCoV.
5. Prevention of overcrowding especially in the Emergency department
6. Provision of dedicated waiting areas for symptomatic patients and appropriate placement of hospitalized patients promoting an adequate patient-to-staff ratio
7. Provision and use of regular supplies
8. IPC policies and procedures for all facets of healthcare provisions - with emphasis on surveillance of acute respiratory infection potentially due to nCoV among HCWs and the importance of seeking medical care; and monitoring of HCW compliance, along with mechanisms for improvement as needed.

5. Environmental and engineering controls

Spatial separation of at least 1-meter distance should be maintained between each suspect patient and others.

Duration of contact and droplet precautions for nCoV infection

Standard precautions should be applied at all times. Additional contact and droplet precautions should continue until the patient is asymptomatic.

Collection and handling of laboratory specimens from patients with suspected nCoV

All specimens collected for laboratory investigations should be regarded as potentially infectious, and HCWs who collect, or transport clinical specimens should adhere rigorously to Standard Precautions to minimize the possibility of exposure to pathogens.

- Ensure that HCWs who collect specimens use appropriate PPE (eye protection, medical mask, long-sleeved gown, gloves). If the specimen is collected under aerosol generating procedure, personnel should wear a particulate respirator at least as protective as a NIOSH-certified N95 mask.

- Ensure that all personnel who transport specimens are trained in safe handling practices and spill decontamination procedures.

- Place specimens for transport in leak-proof specimen bags (secondary container) that have a separate sealable pocket for the specimen (i.e. a plastic

biohazard specimen bag), with the patient's label on the specimen container (primary container), and a clearly written laboratory request form.

- Ensure that health-care facility laboratories adhere to appropriate biosafety practices and transport requirements according to the type of organism being handled.
- Deliver all specimens by hand whenever possible. DO NOT use pneumatic-tube systems to transport specimens.
- Document patients full name, date of birth of suspected nCoV of potential concern clearly on the accompanying laboratory request form. Notify the laboratory as soon as possible that the specimen is being transported.

10. Other general guidance

- Designated Ambulance Management system for transporting point to point probable /confirmed n-Corona patient
- DMOs/DSOs/DPMs updating process will be undertaken by SSU, IDSP/Nodal officer through all modes of communication.
- All district key officers to remain ensure that they are phone accessible 24x7 basis
- Name and contact details of designated hospital (Basic Isolation & Tertiary care) to be immediately informed by all 14 DMOs to SSO IDSP-ADHS PH and State H1N1 Nodal Officer Dr.Amar.S.Fettle
- Specifically, designated MO at the designated PoE -linked hospitals including Medical Colleges and the respective DH-- details to be informed by DMO(H) TVM, EKM, MPM KKD & KNR to the concerned Airport/ APHO/ PHO and anticipatory liaison to be established for 24x7 contingencies between the said officers
- At present DISHA Number 0471 2552056 can be used as a focal number which will link any caller seeking information, to an updated DSO, or later on, designated larger information team
- Further guidance notes will be forwarded as the situation evolves
- The daily report in the attached format should be sent to SSU IDSP and to h1n1kerala@gmail.com

CAUTION: These guidelines are liable to change at short notice, as and when a disease scenario may evolve. Please make sure that you refer to the latest updated version as made before any further dissemination/application

For assistance, or to speak to an appropriate health expert or official, please call 24 x7 Health Dept NHM help line DISHA on 0471 255 2056, or 1056 toll free at any time

(Caution: Please make sure you are referring to latest updated guidelines at all times)

11. Surveillance and Contact Tracing Guidelines

This is the surveillance guidelines for 2019 novel Corona virus infection or 2019-nCoV and this will be abbreviated as nCoV. This document is based on the current

information available. The outbreak situation at the global level is evolving and hence the current document will be modified accordingly.

Case Definitions for Surveillance

Asymptomatic travellers :

A traveller who has started journey from China(not necessarily limited to Wuhan city), or as the disease evolves, from any country notified to be 'affected' and has arrived in the state directly at one of the notified PoEs (Point of Entry) in the State, or indirectly after landing at neighbouring or other airports in the country and who has no symptoms whatever.

Suspect nCoV Case :

- A. Patients with severe acute respiratory infection (fever, cough, and requiring admission to hospital), **AND** with no other etiology that fully explains the clinical presentation **AND** at least one of the following:
 - History of travel to or residence in the city of Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
 - Patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.
- B. Patients with any acute respiratory illness **AND** at least one of the following:
 - Close contact with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset, or
 - Visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or
 - Worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital-associated 2019-nCoV infections have been reported.

Probable case:

A suspect case for whom testing for 2019-nCoV is inconclusive or for whom testing was positive on a pan-coronavirus assay.

Confirmed case:

A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.

CONTACT TRACING:

Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission. People who may have been exposed to 2019-nCoV are to be followed for 28 days from the date of the probable last exposure/arrival from 2019-nCoV affected countries.

Any person who has had contact with a patient under investigation/treatment for suspected, probable or confirmed case of 2019-nCoV should be carefully monitored for the appearance of symptoms of 2019-nCoV.

Definition of a Close Contact:

1. Health care associated exposure, including providing direct care for nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment as a nCoV patient.
2. Working together in close proximity or sharing the same classroom environment with a nCoV patient
3. Traveling together with a nCoV patient in any kind of conveyance
4. Living in the same household as a nCoV patient
 - The epidemiological link may have occurred within a 14-day period before or after the onset of illness in the case under consideration.

Community based Contact Tracing Implementation Guidelines

1. As soon as the single event (identification of suspect or confirmed case) is detected, contact tracing must be aggressively implemented (preferably to be completed within 48 hours).
2. The contact tracing shall preferably be done by visiting the local residence of the contact(s) by a Health Personnel. Other methods of communication like telephone may be used in certain circumstances or for follow-up.
3. On meeting the 'contact person' the visiting Health Personnel should introduce him (her)- self, explain the purpose of contact tracing and should collect data in the prescribed format given below. Case wise Line-listing of all exposed contacts shall be maintained.
4. Contact tracing must include identification of extended social networks and travel history of cases during the 28 days after onset of illness.
5. Contacts of confirmed cases should be traced and monitored for at least 28 days after the last exposure to the case patient for evidence of 2019-nCoV symptoms as per case definition.
6. Information about contacts can be obtained from:
 - a. Patient, his/her family members, persons at patient's workplace or school associates, or
 - b. others with knowledge about the patient's recent activities and travels.

Daily format for contact tracing

Date of reporting -----

Sl No	Name of case	Name of contact	Age of contact	Address of the contact	Phone no of contact	Gender	Category of contact HH Hospital Community	HC W Yes No	Type of exposure - Close contact 1. Yes 2. No	Symptomatic 1. Yes 2. No	Day of follow up	Date of last contact with the case	Release from follow up 1. Yes 2. No

HCW – Health Care Worker

HH – Household contact

12.Guidelines for asymptomatic persons returning from corona virus affected areas* and their close contacts.

- If you have travelled to the state starting from China anytime in the last 28 days you should be under strict home isolation for 28 days from the day of departure.
- Avoid visiting crowded places such as malls , theatres ,markets etc.
- Preferably restrict visitors.
- Respiratory hygiene to be followed (which includes covering mouth and nose while coughing and sneezing ,using handkerchief / towel /flexed elbow / three layer mask).
- Hand hygiene to be practiced (which includes washing hands with soap and water or with alcohol based hand sanitizer) after coughing or sneezing.
- If you develop symptoms such as fever ,sore throat , cough , breathlessness at any time , contact DISHA helpline number immediately (0471-2552056) or the health care worker allotted to you for guidance. Do not take self-treatment or any tests on your own.
- Household contacts of the persons with symptoms should avoid close physical contact, and maintain at least 1 meter distance while interacting .
- You are advised to take adequate rest , nutritious food and plenty of warm home available fluids (like rice water), fruits , vegetables etc.
- Masks ,tissues or other waste generated by you should be placed in a separate container in your room and disposed appropriately.
- Clean and disinfect bedroom , toilet and other articles you have used with bleach solution (3 teaspoons per litre of water) daily.
- For any guidance, please contact the Health Departments 24x7 Help line, DISHA on 04712552056 , or 1056 toll free

- *List of affected countries may change later on as advised by MOHFW

*As per WHO guidelines.

13. SOP for field surveillance of asymptomatic passengers under home isolation

1. **The MO PHC shall** be responsible for the surveillance and follow up of the above category of individuals
2. The list of persons to be put under such surveillance is to be based on –
 - List forwarded by DSO
 - Any person reporting by self to MO PHC (rule out duplication)
 - Any such person reported by another concerned individual/member of the public/field staff (after verifying history)
3. MO PHC shall allot a sensitized field staff member to follow up the person on daily basis by direct or phone interaction, for a period of 28 days of his/her departure to Kerala from China/notified country
4. MO PHC shall submit daily report to DMO daily without fail including on holidays by 3 pm positively with regard to
 - a) *details of the persons put under home isolation newly ,*
 - b) *those already on isolation, till the 28th day from their departure from China/affected country,*
 - c) *those removed from isolation on expiry of the mandated 28 day period.*
5. MO PHC shall make arrangement to supply essential materials such as masks/bleaching powder as needed

The assigned field staff with respect to a person under home isolation shall--

- Provide necessary reassurance, and technical guidance regarding safety measures while under home isolation
- Provide a written IEC sheet on the same
- Provide the DISHA 24x & Health department Helpline number 0471-2552056 to the person and family and explain the use of the number
- Document the health of the person in the format provided by DSO , and submit to MO PHC for inspection and transmission to DSO
- Inform MO PHC immediately directly/by phone, irrespective of time in the event of any information received from the person/family about development of symptoms whatsoever.
- In such case, the MO PHC shall examine the patient following HAIC guidelines and inform DSO of the status of the patient, and follow guidance on further steps like shifting to hospital isolation, ensuring dedicated ambulance logistics etc

14. GUIDANCE NOTE TO TRAVEL AND TOURISM INDUSTRY

This guidance note comprised of two parts – instructions to hotel and tourism industry authority and instructions to be issued to guests from the hotel authorities.

I. To hotel and tourism industry owners

1. All guests are requested to be notified that there is an existing public health alert in the country, with respect to 2019-nCoV infection, and to follow the guest advisory in their place of stay.
2. Guest advisory to be mandatorily maintained and displayed, with copies given to guests by each hotel/tourism facility.
3. Good care is to be taken regarding maintenance of room hygiene using standard disinfectant sanitary measures.
4. If any tourist travelling from People's Republic of China and other notified countries, is observed to have respiratory symptoms (including fever, cough, sore throat, breathlessness), during the period of stay, the staff is mandatorily requested to contact **Health Department, 24X7 helpline (DISHA) - 0471 2552056 / 1056 – toll free**. This will connect you to District Surveillance officers of your respective districts, who will advise you regarding further measures to be taken and provide live guidance.
5. The authorities are also mandatorily instructed to inform respective District Surveillance officer, of arrival of tourists from People's Republic of China and other notified countries, in their tourist facility, on a daily basis.
6. The hotel/ tourist industry staff-in-charge shall inform all the guests of the above instructions regularly.
7. Addresses and details of District level officers of Health services is appended for your information

Name of District	Name of DMO	Phone No.	email. ID
Trivandrum	Dr.Preetha P.P	9946105472	dmohealthtvm@gmail.com
Kollam	Dr V V Sherly	9946105473	dmohkollam@gmail.com
Pathanamthitta	Dr. AL Sheeja	9946105475	dmohpathanamthitta@gmail.com
Idukki	Dr.Priya N.	9946105481	dmohik@gmail.com
Kottayam	Dr Jacob Varghese	9946105479	dmohktm@yahoo.co.in

Alappuzha	Dr. Anitha Kumary L	9447081723	dmohalppy@yahoo.co.in
Ernakulam	Dr. N K Kuttappan	9496545066	dmohekmoffice@gmail.com
Trissur	Dr.K.J.Reena	9656669153	dmohtrs123@yahoo.com
Palakkad	Dr.K. P. Reetha	9495172972	palakkaddmo@gmail.com
Malappuram	Dr. K Sakeena	9946105489	dmomalappuram@gmail.com
Kozhikkode	DR. JAYASREE .V	9946105491	dmohkkd@yahoo.co.in
Wayanad	Dr.Renuka .R	9946105493, 9497809585	dmowayanad@gmail.com
Kannur	Dr. K NarayanaNaik	9946105495	dmohkannur@gmail.com
Kasaragode	Dr. A P Dinesh Kumar	9946105497	dmohksd@gmail.com

Name of District	Name of DSO	Phone No.	e-mail of DSU
Trivandrum	Dr.Neena Rani G	9446121586	ccddmotvm@gmail.com
Kollam	Dr R Sandhya	9744140055	kollamidsp@gmail.com
Pathanamthitta	Dr. Nandini C.S	7593864224	dsupathanamthitta@yahoo.com
Idukki	Dr.Sushama P.K.	9495962691	dmohik@gmail.com
Kottayam	Dr Rajan KR	9495088514	idspkottayam2016@gmail.com
Alappuzha	Dr. Deepthy	9447043649	idspalpy@gmail.com
Ernakulam	Dr. Sreedevi S	9447811295	dmohekm@gmail.com
Trissur	Dr.Anoop T.K	9447282986	idsptsr@gmail.com

Palakkad	Dr. K A Nazar	9745618232	idsppkd@yahoo.co.in
Malappuram	Dr. Mohammed Ismayil .K	9847183440	dsomalappuram@gmail.com
Kozhikkode	Dr. ASHADEVI	9947068248	idspkozhikkode@yahoo.co.in
Wayanad	Dr.Noona Marja	8111970336	dmoidspwyd@yahoo.com
Kannur	Dr. Shaj MK	9447256458	idspkannur@gmail.com
Kasaragode	Dr.Manoj.AT	9447856131	idspkds@hotmail.com

II. Instructions to be issued to all travelling guests from the hotel/ tourism institution owners

1. You are hereby notified that there is an existing public health alert in the country, with respect to 2019-nCoV infection.
2. Please keep yourselves notified of the guest health advisory in your places of stay
3. Please do follow cough etiquette at all times . (Cover your mouth and nose with a tissue when coughing or sneezing, If tissues are not available cough/sneeze into your upper arm or sleeve; avoid using your hands; avoid spitting; Maintain hand hygiene, Always wash your hands after coughing/sneezing with soap and water or with alcohol-based hand sanitiser).
4. Please inform, your complete travel itinerary and route of travel alongwith your available contact numbers, to the hotel authorities.
5. All travelling guests(including all members of tourist teams) are to keep the Health Department, 24X7 helpline (DISHA) - 0471 2552056 / 1056 – toll free number, with them, which will connect to District Surveillance officers, for live guidance. Kindly refrain from any self treatment or self testing or over the counter treatment.
6. In case you develop any respiratory symptom (including fever, cough, sore throat, breathlessness), they are requested to contact **Health Department, 24X7 helpline (DISHA) - 0471 2552056 / 1056 – toll free number**, which will connect you to health service doctors, who will guide you live on what to do next and location of nearest healthcare facility.
7. You are also requested to help the Health Department, in maintaining health surveillance, for a period of 28 days from the date of departure from your country of travel (including People's Republic of China and other notified countries).

15. PROTOCOL FOR SENDING DAILY HEALTH STATUS OF PASSENGERS UNDER OBSERVATION

SOPs for SSOs

- 1) SSU will receive line list / emails of Passengers under observation, coming from 2019-nCoV affected countries* from APHO, Office of Emergency Medical Relief, MEA or CSU.
- 2) SSU will share the line list / mails with DSUs immediately and Ensure immediate tracing of Passengers under observation by DSUs.
- 3) Information regarding any passenger who travels to another State will be immediately notified to the concerned State Health authority and comment shared in Format C.
- 4) SSU will receive complete investigation details in enclosed Format A from DSU as soon as possible on the same day.
- 5) SSU will ensure daily follow up of Passengers under observation for 28 days starting from date of last exposure/arrival.
- 6) SSU to compile the line list of all Passengers under observation daily, updating daily health status of Travelers / Suspects in enclosed Format B and share daily report of health status of Passengers under observation with CSU / EMR daily (Format C).
- 7) If any passenger is not traceable initially or during any duration while being followed up should be immediately notified to CSU.

All SSUs will keep themselves updated by routinely checking WHO and NCDC website on 2019-nCoV. Any guidelines shared by MoHFW on 2019-nCoV will be disseminated to concerned State/District authorities.

SOPs for DSU

- 1) Receive line list/ email of Passengers under observation from SSU/CSU/APHO.
- 2) Immediately trace the Passengers under observation and begin investigation and fill the enclosed format A. On first visit, passenger is to be provided a mask to be put on immediately in case symptoms such as fever and cough develop.
- 3) Passenger will be provided following advice during first visit by Health care provider:
 - a. You will also receive daily calls/visit from health department to ask your health status for the day, kindly cooperate with them.
 - b. You are requested to self-monitor for development of symptoms suggestive of nCoV i.e. Fever and Cough for 28 days from the date of arrival from nCoV affected countries*.
 - c. In case you initiation of symptoms (fever and cough), put on the mask immediately, restrict your outdoor movement and contact 24 hours helpline number 011-23978046. The Call operator will tell you whom to contact further. In the meanwhile, keep yourself isolated in your house/room.

4) DSU has to ensure daily follow up of Passengers under observation for 28 days starting from date of possible exposure/arrival. Passengers will also be counseled for self-reporting of illness suggestive of 2019-nCoV.

5) Information regarding any passenger who travels to another District will be immediately notified to the concerned District Health authority and SSU.

6) In case, Passengers under observation develop symptoms suggestive of ARI/ILI, S/he has to be shifted to identified health facility with isolation unit (as transmission pattern of the virus is still unclear). Laboratory guidelines will be shared soon.

7) Daily follow up of Passengers under observation to be continued for 28 days starting from the date of last exposure/departure.

8) If any passenger is not traceable initially or during any duration while being followed up should be immediately notified to SSU/CSU.

9) Daily health status to be shared with SSU every day by 12:00 PM.

*Currently China only.

Advisory:

1. Format C to be sent positively every day to idsnp-npo@nic.in by 12:00 pm including 'Nil' report.

2. The passenger has to be observed from 28 days from the day of possible exposure/arrival to India.

3. In case passenger develop any symptom, s/he will be requested to wear a mask. Health care provider will arrange for the transfer of such patient from home to isolation facility. During the procedure, standard infection control practice for eg. wearing mask and hand washing should be performed by Health care providers.

16. REFERENCES

1. [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))
2. <https://www.who.int/health-topics/coronavirus/laboratory-diagnostics-for-novel-coronavirus>
3. [https://www.who.int/internal-publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(nCoV\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/internal-publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(nCoV)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
4. [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected)
5. <https://mohfw.gov.in/sites/default/files/Guidelines%20on%20Clinical%20management%20of%20severe%20acute%20respiratory%20illness.pdf>
6. <https://mohfw.gov.in/sites/default/files/Guidance%20document%20-%202019-nCoV.pdf>
7. https://mohfw.gov.in/sites/default/files/5Sample%20collection_packaging%20-%202019-nCoV.pdf

16. Exhibit-P1 is the information released by the Union of India, represented by Ministry of Health and Family Welfare, New Delhi, 1st respondent, through Public Information Bureau on 12.3.2020 and the same is reproduced.

“Update on COVID-19: Preparedness and Actions taken

Posted on: 12 MAR 2020 3:45 PM by PIB Delhi

Novel Coronavirus Disease (COVID-19) is now officially a global pandemic. With over 118,000 corona virus cases sweeping across 114 countries of the world, the World Health Organization declared it a pandemic yesterday.

Hon'ble Prime Minister Shri Narendra Modi ji is constantly monitoring and reviewing the situation with the top officials of the concerned Ministries/Departments and States/UTs since the first case was declared on 31st December, 2019 in the city of Wuhan in China.

India's response was initiated on 8th January, much before WHO declared COVID-19 as a public health emergency on 30th Jan., 2020. States were directed for health sector preparedness on 17th Jan., 2020. Same day, point of entry surveillance was also initiated.

Various measures have been taken by the Central Ministries along with States/Union Territories in terms of strengthened community surveillance, quarantine-facilities, isolation wards, adequate PPEs, obtained manpower, rapid response teams for management of COVID-19. Screening at airports was started on 17th January at 3 airports (Mumbai, Delhi and Kolkata) which was extended to 4 more airports (Chennai, Cochin, Bengaluru, Hyderabad) on 21st Jan., 2020 and subsequently extended to 30 airports. All incoming passengers are being universally screened at the 30 airports. Similarly, screening was initiated for vessels arriving at 12 major ports and 65 non-major ports.

India has always prioritized the safety and welfare of its citizens abroad and mounted timely evacuation of its citizens starting 1st February, 2020' from COVID-19 affected countries. So far, the Government of India has evacuated 900 Indian citizens along with 48 belonging to other nationalities like Maldives, Myanmar, Bangladesh, China, US, Madagascar, Sri Lanka, Nepal, South Africa and Peru.

In addition, 83 evacuees from Italy, who arrived yesterday have been housed at Manesar facility for quarantine. All patients in the hospitals are being treated and reported to be stable. On the directions of the Hon'ble Prime Minister, a high-level Group of Ministers was constituted to continuously monitor the situation and evaluate preparedness and formulate measures regarding management of COVID-19 in the country. The GoM has met 6 times so far, guiding, reviewing and monitoring the situation.

In view of the rapidly evolving situation, two meetings of the GoM were held yesterday. The GoM deliberated on various precautionary measures which may be considered in the interest of the citizens of India. Based on the recommendations of the Committee of Secretaries chaired by Cabinet Secretary, the GoM made some important decisions last evening which are as follows:

- All existing visas (except diplomatic, official, UN/International Organizations, employment, project visas) stand suspended till 15th April, 2020. This will come into effect from 1200 GMT on 13th March, 2020 at the port of departure.
- Visa free travel facility granted to OCI card holders is kept in abeyance till 15th April 2020. This will come into effect from 1200 GMT on 13th March, 2020 at the port of departure.
- OCI card holders already in India can stay in India as long as they want.
- Visas of all foreigners already in India remain valid and they may contact the nearest FRRO/FRO through e-FRRO module for extension/conversion etc. of their visa or grant of any consular service, if they choose to do so.

- Any foreign national who intends to travel to India for compelling reason may contact the nearest Indian Mission.
- In addition to Visa restrictions already in place, passengers traveling from having visited Italy or Republic of Korea and desirous of entering India will need certificate of having tested negative for COVID-19 from the designated laboratories authorized by the health authorities of these countries. This is in enforcement since 0000 hrs. of 10th March, 2020 and is a temporary measure till cases of COVID-19 subside.
- All incoming travellers, including Indian nationals, arriving from or having visited China, Italy, Iran, Republic of Korea, France, Spain and Germany after 15th February, 2020 shall be quarantined for a minimum period of 14 days. This Will come into effect from 1200 GMT on 13th March 2020 at the port of departure.
- Incoming travellers, including Indian nationals, are advised to avoid non-essential travel and are informed that they can be quarantined for a minimum of 14 days on their arrival in India.
- Indian nationals are further strongly advised to refrain from travelling to China, Italy, Iran, Republic of Korea, France, Spain and Germany.
- All incoming international passengers returning to India should self- monitor their health and follow required do's and don'ts as detailed by the Government.
- International traffic through land borders will be restricted to designated check posts with robust screening facilities. These will be notified separately by M/o Home Affairs.
- All international Passengers entering into India are required to furnish duly filled self-declaration form in duplicate (including personal particulars, phone no. and address in India) to Health Officials and Immigration officials and undergo Universal Health Screening at the designated health counters at all Points of Entry.

As of now, 73 cases are confirmed for COVID-19. Three of these cases from Kerala have recovered and been discharged.”

17. Government of Kerala, Health & Family Welfare Department, nCorona Virus Outbreak control and Prevention State Cell, have issued revised guidelines for testing, quarantine, hospital admission and discharge

for COVID-19 based on current risk assessment on 12.03.2020 and the same is extracted hereunder:



**nCorona Virus Outbreak Control and Prevention State Cell
Health & Family Welfare Department
Government of Kerala**

**REVISED GUIDELINES FOR TESTING, QUARANTINE, HOSPITAL ADMISSION AND DISCHARGE
FOR COVID-19 BASED ON CURRENT RISK ASSESSMENT**

12.03.2020

Superseding all the previous Guidelines for testing, quarantine, hospital admission and discharge for COVID-19 the following revised Guidelines are issued for follow up.

PART-I

CASE DEFINITION

Suspect Case:

A patient with acute respiratory illness {fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath or diarrhoea), **AND** a history of travel to or residence in a country/area or territory reporting local transmission (See NCDC/WHO website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR

A patient/Health care worker with any acute respiratory illness **AND** having been in *contact* with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

A patient with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness breath)} **AND** requiring hospitalization **AND** with no other etiology that fully explains the clinical presentation;

OR

A case for whom testing for COVID-19 is inconclusive.

Laboratory Confirmed case:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

DEFINITION OF CONTACT

A contact is a person that is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings)
- Travelling together in close proximity (within 1 m) with a symptomatic person who later tested positive for COVID-19.

High Risk (HR) Contact:

1. Contact with a confirmed case of COVID-19.
2. Travelers who visited a hospital where COVID-19 cases are being treated
3. Travel to a province where COVID-19 LOCAL TRANSMISSION is being reported as per WHO daily situation report.
4. Touched body fluids of patients (respiratory tract secretions, blood, vomitus, saliva, urine, faeces).
5. Had direct physical contact with the body of the patient including physical examination without PPE.
6. Touched or cleaned the linens, clothes or dishes of the patient
7. Close contact, within 3 feet (1 metre) of the confirmed case
8. Co-passengers in an airplane /vehicle seated in the same row, 3 rows in front and behind of a confirmed COVID19 case

Low Risk (LR) Contact:

1. Shared the same space (same classroom/same room for work or similar activity and not having high risk exposure to the confirmed/suspected case)
2. Travel in the same environment (bus/train) but not having high risk exposure as cited above.
3. Any traveler from abroad not satisfying high risk criteria

PART-II**COVID-19 TESTING AND MANAGEMENT
STRATEGY BASED ON RISK ASSESMENT****BACKGROUND**

The epidemiology of COVID-19 shows that 75 to 80% of the affected will develop only mild symptoms which do not require hospitalization. Severe infection and mortality are seen only in high risk groups like elderly and those with chronic lung disease, heart disease, liver disease, renal disease, malignancies, immunocompromised, pregnancy, post-transplant, hematological disorders, HIV and in those on chemotherapy and long term steroids. In majority of patients with mild symptoms, there is no need for hospitalization or symptomatic management.

Just like any viral infection, COVID 19 also will resolve by itself in majority of the patients. Epidemiology of COVID-19, SARS and MERS clearly demonstrate that hospitals act as amplifying centres for the epidemic. This happens due to the mixing of patients with different risk categorization in the busy outpatient areas of designated COVID-19 centres.

So patients with mild symptoms are advised not to come to hospitals for testing and treatment. Testing is not going to change either the clinical course or management of the patient with mild symptoms.

CLINICAL CATEGORIZATION

CATEGORY- A: Low grade fever/mild sore throat / cough / rhinitis /diarrhoea.

CATEGORY-B: High grade fever and/or severe sore throat / cough

OR

Category-A plus one or more of the following

- Lung/ heart / liver/ kidney / neurological disease, blood disorders/ uncontrolled diabetes/ cancer /HIV- AIDS
- On long term steroids
- Pregnant lady
- Age –more than 60 years.

Category-C:

- Breathlessness, chest pain, drowsiness, fall in blood pressure, haemoptysis, cyanosis [red flag signs]
- Children with ILI (influenza like illness) with **red flag signs**
- (Somnolence, high/persistent fever, inability to feed well, convulsions, dyspnea /respiratory distress, etc).
- Worsening of underlying chronic conditions.

***Categorization should be reassessed every 28-48 hours for Category A & B**

TESTING GUIDELINE

Catagory- A : No testing needed.

Catagory- B and Cat-C: Testing required.

NB: In patients with Viral pneumonia without an etiology COVID-19 testing may be considered even if the patient is not from a country/area with local transmission of COVID 19. Testing should be restricted to patients with bilateral lung infiltrates, lymphocytopenia with decreased or normal total count. Decision on testing to be taken by the institutional/district Medical Board.

MANAGEMENT GUIDELINE**CATEGORY- A**

Patient should inform DISHA helpline. No need to come to designated nodal centres. Patients should remain in strict home isolation. Doctor from nearby PHC will telephonically monitor progress of patient and asses development of red flag signs. JPHN/JHI will assess adequacy of isolation facility using a checklist.

Patients are advised to take:

- Plenty of warm nourishing oral fluids
- Balanced diet
- Adequate sleep and rest
- Saline gargle for sore throat if present

CATEGORY- B

Patient should come to designated COVID-19 treatment centers after informing DISHA. After clinical assessment at the hospital, decision on testing will be taken. Patient will be started on symptomatic treatment including treatment of other respiratory pathogens(like H1N1) wherever applicable and will either be admitted or sent back for home isolation. If the treating hospital decides on home isolation the DSO of the corresponding district should be informed in the prescribed format for ensuring home isolation. If sent back for home isolation, doctor from nearby PHC will telephonically monitor progress of patient and assess development of redflag signs. JPHN/JHI will assess adequacy of isolation facility using a checklist.

CATEGORY- C

Patient will be admitted in designated COVID-19 treatment centers.

PART-III

Matrix for Testing, Admission, Isolation and Discharge based on current risk assessment.

RISK CATEGORY	DESCRIPTION	CLINICAL STATUS	TEST CRITERIA FOR COVID19	ADMISSION/ FOLLOW UP	ISOLATION CRITERIA	DISCHARGE CRITERIA IF APPLICABLE
1.a	A person who came to Kerala within the last 14 days from any country which is currently reporting local transmission of COVID-19 as updated in the situation report published by WHO. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/	Symptomatic	TEST for clinical case Category B and C only	CAT-A: Strict Home Isolation and telephonic follow-up CAT- B: Based on clinical assessment either admit in Corona (COVID-19) Isolation Unit OR send for strict home isolation after collecting samples. Daily telephonic follow-up to be done. CAT-C: Admit in designated COVID-19 isolation centre	If positive for COVID 19- Admit /continue in COVID isolation ward If negative strict home isolation HR contact- 28d LR contact- 14d	2 samples, 24 hours apart are negative and clinically stable. Radiology clearance may be considered if x-ray was indicated Patient has to be in home isolation for 14 days from last negative test result or 28 days from day of admission whichever is late
1.b	A person who came to Kerala within the last 14 days from any country which is currently reporting local transmission of COVID19 as updated in the situation report published by WHO.	Asymptomatic	Testing Deferred	NO ADMISSION; Close monitoring for onset of fever/ other symptoms; reclassify	HR contact- 28d LR contact- 14d	
2.a	PRIMARY CONTACTS	Symptomatic	TEST for clinical case Category B and C only	CAT-A: Strict Home Isolation and telephonic follow-up CAT- B:	If positive for COVID 19- Admit /continue in COVID isolation ward	2 samples, 24 hours apart are negative and clinically stable. Radiology clearance may be

					social contact for 14 days.	-
4.a	A person who came to Kerala within the last 14 days from any country which has reported COVID 19 in the last 14 days but no local transmission , as updated in the daily situation report published by WHO.	Symptomatic	TEST for clinical case Category B and C only	CAT-A: Strict Home Isolation and telephonic follow-up CAT- B: Based on clinical assessment either admit in COVID19 Isolation Unit OR send for strict home isolation after collecting samples. Daily telephonic follow-up to be done. CAT-C: Admit in designated COVID19 isolation centre	If positive for COVID 19- Admit /continue in COVID isolation ward If negative strict home isolation HR contact- 28d LR contact- 14d	2 samples, 24 hours apart are negative and clinically stable. Radiology clearance may be considered if x-ray was indicated Patient has to be in home isolation for 14 days from last negative test result or 28 days from day of admission whichever is late
4.b	A person who came to Kerala within the last 14 days from any country which has reported COVID 19 in the last 14 days but no local transmission , as updated in the daily situation report published by WHO	Asymptomatic	Testing Deferred	NO ADMISSION Close monitoring for 14 days for onset of fever/ other symptoms; reclassify.	HR contact- 28d LR contact- Avoid non - essential travel and social/comm unity contact.	-
5.a	A person who came to Kerala within the last 14 days from any country which has NOT reported COVID19 in the last 14 days, as updated in the daily situation report published by WHO	Symptomatic	Testing to be considered in a hospitalized patient with viral pneumonia without etiology* in consultation with institutional/ district medical board.	Admission location to be decided by institutional /district medical board. Close monitoring for onset of symptoms for 14 days.	HR contact- 28d LR Avoid non-essential travel and community/s ocial contact for 14 days from last exposure.	If positive discharge when 2 samples, 24 hour apart are negative and clinically stable. Radiology clearance may be considered if x-ray was indicated Patient has to be in home isolation for 14 days from last negative test result or 28 days from day of admission whichever is late

5.b	A person who came to Kerala within the last 14 days from any country which has NOT reported COVID19 in the last 14 days, as updated in the daily situation report published by WHO	Asymptomatic	Testing deferred	NO ADMISSION Close monitoring for onset of fever/ other symptoms; reclassify.	HR- 28 days LR- Avoid non-essential travel and community/social contact for 14 days from last exposure.	
6.a	Local Contacts of people coming from countries with reported local transmission	Symptomatic	TEST for clinical case Category B and C only	CAT-A: Strict Home Isolation and telephonic follow-up CAT- B: Based on clinical assessment either admit in Corona (COVID19) Isolation Unit OR send for strict home isolation after collecting samples. Daily telephonic follow-up to be done. CAT-C: Admit in designated COVID19 isolation centre	If test Positive 28 days isolation If test Negative: HR contact- 28d LR contact- Avoid non-essential travel and community/social contact for 14 days from last exposure.	2 samples, 24 hours apart are negative and clinically stable. Radiology clearance may be considered if x-ray was indicated. Patient has to be in home isolation for 14 days from last negative test result or 28 days from day of admission whichever is later
6.b	Local Contacts of people coming from countries with reported local transmission	Asymptomatic	Testing Deferred	NO ADMISSION Close monitoring for onset of fever/ other symptoms; reclassify.	Avoid non-essential travel and community/social contact for 14 days from last exposure.	
7.a	Health care provider having contact with a	Symptomatic	TEST for clinical case	If test positive	Admit in isolation ward.	2 samples, 24 hours apart are negative and

	confirmed case.		Category B and C only		28 days isolation is required	clinically stable. Radiology clearance may be considered if x-ray was indicated.
				If test negative	14 days of isolation	Patient has to be in home isolation for 14 days from last negative test result or 28 days from day of admission whichever is later
7.b	Health care provider having contact with a confirmed case.	Asymptomatic	No testing	No Admission	No isolation	-
8	Any person with Viral Pneumonia irrespective of travel history*	-	Testing for COVID19- Decision by Institutional Medical Board	Testing to be considered only in case of bilateral lung infiltrates, leucopenia or normal WBC count with lymphocytopenia.	Standard and transmission based precautions to be taken in the institution itself	-For the purpose of testing alone, patient should not be referred to designated centres.

NB:

*Testing for COVID 19 to be considered in hospitalized viral pneumonia without an alternative diagnosis. This is to be considered in cases with bilateral lung infiltrates, normal or low total count with lymphocytopenia.

Decision of **repeat testing** for symptomatic patients from countries with local transmission to be decided by Institutional Medical Board.

Treatment protocol for proven cases of COVID 19 to be decided by Institutional Medical Board.

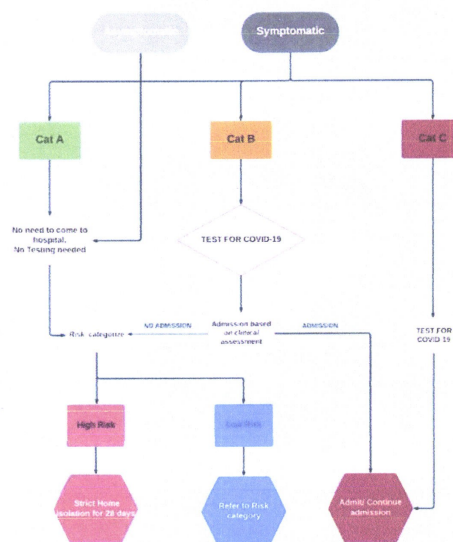
Decision with regard to patients coming from areas where local transmission has been reported **within the country** has to be decided by the institutional medical board

PART- IV**SIMPLIFIED MATRIX FOR PERIOD OF ISOLATION/QUARANTINE AND TESTING**

1	Laboratory confirmed case of COVID 19	28 days of isolation/14 days from last negative test whichever is later
2	HIGH RISK CONTACT	28 days of isolation
3	1.LOW RISK CONTACT from a country/area with local transmission 2. Primary contact with LOW RISK 3.Symptomatic secondary contact with LOW RISK. 4. LOW RISK - symptomatic from a country without local transmission but with reported cases in last 14 days. 5.Symptomatic health care worker with contact with a proven case	14 days of isolation
4	1.LOW RISK CONTACT from a country/area without local transmission 2. Asymptomatic Secondary contact with LOW RISK 3. LOW RISK- asymptomatic from a country without local transmission but with reported cases in last 14 days. 4.Local contacts of people coming from country/area with local transmission	Avoid non-essential travel and community/social contact for 14 days from last exposure.
E	For all symptomatic patients from COVID 19 affected countries with or without local transmission, symptomatic primary and secondary contacts, symptomatic high risk contacts.	Testing to be done for Category B & C
F	For symptomatic patients from COVID 19 unaffected country/area with evidence of viral pneumonia without etiological diagnosis.	Decision on testing to be taken by Institutional/district medical board
G	Asymptomatic persons	Testing deferred.

CLINICAL DECISION MAKING ALGORITHM FOR PERSONS FROM COUNTRIES / AREAS WITH REPORTED TRANSMISSION OF COVID-19, PRIMARY CONTACTS, SECONDARY CONTACTS.

1. A person within 14 days of return from a country / area with reported local
2. Primary contacts
3. Secondary contacts



Testing for COVID-19 to be considered in hospitalized vital persons without an alternative diagnosis. This is to be considered in cases with bilateral lung infiltrates, normal or low total count with lymphopenia. Decision of repeat testing for symptomatic patients from countries with ongoing transmission to be decided by institutional medical board.

All Symptomatic in home isolation will be telephonically followed up daily by the nearby clinic health facility. Adequacy of home isolation will be assessed by a checklist.

P. Rajan
PRINCIPAL SECRETARY

18. Exhibit-P2 is the Notification No.S.O.1087(E) dated 13.03.2020 and the same is extracted hereunder:

“MINISTRY OF CONSUMER AFFAIRS, FOOD AND PUBLIC
DISTRIBUTION

(Department of Consumer Affairs)

NOTIFICATION

New Delhi, the 13th March, 2020

S.O. 1087(E).—In exercise of the powers conferred by sub-section (2) of section 2A, of the Essential Commodities Act, 1955 (10 of 1955), the Central Government, hereby makes the following Order, to regulate the production, quality, distribution, logistics of masks (2ply & 3ply surgical masks, N95 masks) & hand sanitizers (for COVID 19 management) namely :--

1. (1) This order may be called the Essential Commodities Order, 2020.
(2) It shall come into force from the date of its publication in the Official Gazette.
2. In the Essential Commodities Act, 1955, in the Schedule, after serial No. (7), the following item shall be added, namely:-
“(8) masks (2ply & 3ply surgical masks, N95 masks) & hand sanitizers”.
3. This Notification shall remain in force for a period up to 30th June, 2020 from the date of its publication in the Official Gazette.

[F. No. 26(1)/2020-ECR&E]
A. K. CHOUDHARY, Economic Adviser”

19. Exhibit-P3 is the news item reported, in Mathrubhumi.com on 10.03.2020, along with its translation, and the same is reproduced.

TRANSLATION OF EXHIBIT-P3

“Mathrubhumi.com

The mask priced at Rs.370/- in December, is having Rs.1600/- in February;

Extensive raid

10/3/2020

Kochi: In the wake of high alerts regarding Corona, it has been found there is an attempt to defraud in the sale of masks in the State. It was in the inspection conducted by the Drugs Controller that there are attempts to record exorbitant prices on the packets of masks. It was as per the direction of the District collector following the complaints that the masks are being hoarded and being sold at exorbitant prices that the Drugs Controller, carried out the raid. The raids were conducted in 10 places in and around Ernakulam city.

In the raid, it was found that the price of the same type of masks was increased more than five times in a few months. The price noted in the packet of 100 masks bearing the Batch No.591, manufactured in December was Rs.370/-, whereas the price noted in the packet of 100 masks bearing the Batch No.593, manufactured in February was Rs.1600/-. Rs.40/- is printed as M.R.P. on the packets of mask which were available for Rs.5/-. Now, these are being sold for Rs.20-25/-. Benny Mathew, the Regional Drugs Controller that was on complaint that the price of masks has been increased by five times that the raids were conducted. “There is a shortage of masks. According to the manufacturers, as the supply of the raw materials from China had stopped, there is increase in the production cost. However, there are no circumstances that the prices should be escalated this rate within months.”- Benny Mathew told Mathrubhumi.com.

He has added that the report in this regard will be submitted before the Collector. Even if it is being sold through the Medical shops, masks do not come under the Drugs and Cosmetics Act. The Regional Drugs Inspector clarified that it was the District Collector who has to take action as per the provisions of the Disaster Management Act.”

20. Exhibit-P6 is the memorandum dated 15.03.2020 issued by the High Court of Karnataka and the same is reproduced.

“HIGH COURT OF KARNATAKA

DATED 15th March, 2020

MEMORANDUM

The World Health Organization has declared the Novel Corona Virus (COVID-19) as pandemic. The Ministry of Health and Family Welfare, Government of India has issued a Memorandum cautioning the general public to stay away from mass gatherings to curtail spread of the said disease. To avoid such mass gatherings, the State Government has also taken a decision to close down the shopping malls, schools, theaters, colleges, universities, anganavadis and tourist places.

Having regard to the safety of all the litigants, lawyers, visitors to the Court premises and Court staff, and with a view to assist the efforts made by both the Central and the State Governments to prevent spread of said COVID-19, Hon’ble the Chief Justice has issued the following directions which will operate till further orders:

- i) The High Court of Karnataka in its principal seat at Bengaluru and Benches at Dharwad and Kalaburagi will take up only urgent matters;

ii) Cause lists will be displayed as usual and the Courts will hold sitting at 10.30 a.m. Only those matters on the cause list, which are stated to be urgent by the members of the Bar or parties-in-person will be taken up at the discretion of the Court. The other matters will be taken up provided, all the contesting parties on both the sides consent for taking up the matters. In respect of the remaining matters on the cause list, dates will be assigned as per the discretion of the concerned Courts;

iii) The enclosed general advisory should be given wide publicity by displaying it at prominent places in the Court premises and by circulating it to the members of the Bar as well as staff;

iv) The members of the Bar as well as staff should be advised to strictly follow the said advisory by taking all precautions as mentioned therein;

v) The members of the staff who are showing the symptoms, as disclosed in the enclosed advisory should immediately consult Government Health Department officials and in emergent cases, contact Arogya Sahayavani at Phone No.-104;

vi) From Tuesday 17th March, 2020, the visitors to the High Court (except the members of the Bar) will be subjected to thermal screening by the officials of the Health Department of the State Government. The members of the staff will be subjected to thermal screening in High Court Offices.

vii) Guidelines regarding use of masks are appended along with this memorandum. All concerned are requested to follow the same.

By order of Hon'ble the Chief Justice,

Sd/-
(Rajendra Badamikar)
Registrar General

21. The consolidated stock position of masks and sanitizers as on 16.03.2020-COVID-19 Pandemic, is extracted hereunder:

Consolidated stock position 16.03.2020 - COVID -19 Pandemic									
Sl No	Name of the DDWH	Institution	PPE KIT	N95 Mask	Triple layer mask	Double layer mask	Hand sanitizer	Osetlamic	
1	TVM	CAS IN DDWH	755	2,325	300	4,597	430	54,220	
		CAS IN DME instn	598	1,405	1,425	22,345	2,847	800	
		CAS in FW store	285	768	-	-	252	-	
		CAS in DHS instn	64	730	150	1,31,220	1,049	35,693	
	District Total		1,702	5,228	1,875	1,58,162	4,578	90,713	
2	KLM	CAS IN DDWH	430	9,463	3,164	40,300	2,214	29,450	
		CAS IN DME instn	145	453	1,900	14,000	7,512	1,150	
		CAS in FW store	-	20	30	100	10	180	
		CAS in DHS instn	345	791	1,850	1,63,855	2,728	12,640	
	District Total		920	10,727	6,944	2,18,255	12,464	43,420	
3	ALP	CAS IN DDWH	575	2,400	500	56,250	595	38,800	
		CAS IN DME instn	40	1,047	150	49,600	125	2,485	
		CAS in FW store	-	45	-	-	-	-	
		CAS in DHS instn	246	745	1,340	1,28,303	356	36,470	
	District Total		861	4,237	1,990	2,34,153	1,076	77,755	
4	PTA	CAS IN DDWH	1,007	2,924	3,670	14,431	780	3,260	
		CAS IN DME instn	-	-	-	-	-	-	
		CAS in FW store	-	-	-	-	-	-	
		CAS in DHS instn	1,315	3,841	12,371	1,53,550	1,672	33,058	
	District Total		2,322	6,765	16,041	1,67,981	2,452	36,318	
5	KTM	CAS IN DDWH	1,163	5,190	1,140	2,384	1,856	6,110	
		CAS IN DME instn	268	1,964	3,500	36,000	2,000	760	
		CAS in FW store	27	1,427	500	-	15	-	
		CAS in DHS instn	297	871	4,766	53,232	2,038	15,652	
	District Total		1,755	9,452	9,906	91,616	5,909	22,522	
6	IDK	CAS IN DDWH	461	1,326	417	12,385	624	1,590	
		CAS IN DME instn	-	-	-	-	-	-	
		CAS in FW store	43	754	-	-	-	-	
		CAS in DHS instn	323	1,475	3,850	46,473	443	10,319	
	District Total		827	3,555	4,267	58,858	1,067	11,909	
7	EKM	CAS IN DDWH	850	2,095	1,850	75,688	588	9,190	
		CAS IN DME instn	128	935	1,800	74,000	143	1,100	
		CAS in FW store	26	260	-	-	-	-	
		CAS in DHS instn	289	1,591	3,580	2,36,122	614	29,155	
	District Total		1,293	4,881	7,230	3,85,810	1,345	39,445	
8	TSD	CAS IN DDWH	108	2,255	2,400	7,225	3,246	23,950	
		CAS IN DME instn	168	215	1,095	36,500	240	200	

Sl No	Name of the DDWH	Institution	PPE KIT	N95 Mask	Triple layer mask	Double layer mask	Hand sanitizer	Oseltamir
8	PLKD	CAS in FW store	-	-	-	-	-	-
		CAS in DHS instn	641	1,966	12,925	1,03,600	618	29,700
District Total			917	4,436	16,420	1,47,325	4,104	53,850
9	PLKD	CAS IN DDWH	485	1,760	1,310	72,050	542	11,660
		CAS IN DME instn	-	-	-	-	-	-
		CAS in FW store	-	-	-	-	-	-
		CAS in DHS instn	640	1,368	2,978	1,29,825	358	5,390
		District Total		1,125	3,128	4,288	2,01,875	900
10	MLPM	CAS IN DDWH	545	2,150	2,290	1,00,518	235	24,240
		CAS IN DME instn	270	290	1,500	15,800	1,420	10,120
		CAS in FW store	10	380	2,000	-	60	1,820
		CAS in DHS instn	520	1,376	11,800	24,860	479	26,580
		District Total		1,345	4,196	17,590	1,41,178	2,194
11	KKD	CAS IN DDWH	916	2460	1650	30200	1510	12400
		CAS IN DME instn	976	348	1,135	44,950	165	2,000
		CAS in FW store	161	166	-	-	-	-
		CAS in DHS instn	328	1,622	1,825	1,48,935	2,092	33,170
		District Total		2,381	4,596	4,610	2,24,085	3,767

Sl No	Name of the DDWH	Institution	PPE KIT	N95 Mask	Triple layer mask	Double layer mask	Hand sanitizer	Oseltamir
12	WWD	CAS IN DDWH	507	1,170	800	15,600	760	19,830
		CAS IN DME instn	-	-	-	-	-	-
		CAS in FW store	-	-	-	-	-	-
		CAS in DHS instn	214	821	1,660	73,255	418	21,254
District Total			721	1,991	2,460	88,855	1,178	41,084
13	KNR	CAS IN DDWH	714	900	1,850	27,600	832	17,585
		CAS IN DME instn	325	497	1,450	27,600	271	1,675
		CAS in FW store	-	-	-	-	-	-
		CAS in DHS instn	288	1,324	5,220	3,48,069	2,805	23,328
District Total			1,327	2,721	8,520	4,03,269	3,908	42,588
14	KGD	CAS IN DDWH	400	2,540	1,300	38,088	1,190	10,435
		CAS IN DME instn	-	-	-	-	-	-
		CAS in FW store	-	-	-	-	-	-
		CAS in DHS instn	113	975	1,500	62,855	514	19,232
District Total			513	3,515	2,800	1,00,943	1,704	29,667
Total CAS			18,009	69,428	1,04,941	26,22,365	46,646	6,16,651

CAS: Current Available Stock
 DDWH: District Drug Warehouse
 FW Store: Family Welfare Store
 DME: Directorate of Medical Education
 DHS: Directorate of Health Services

22. Advisory on Social Distancing Measure in view of spread of COVID-19 disease issued by the Ministry of Health & Family Welfare, reads thus:

“Advisory on Social Distancing Measure in view of spread of COVID-19 disease

Social distancing is a non-pharmaceutical infection prevention and control intervention implemented to avoid/decrease contact between those who are infected with a disease causing pathogen and those who are not, so as to stop or slow down the rate and extent of disease transmission in a community. This eventually leads to decrease in spread, morbidity and mortality due to disease.

In addition to the proposed the interventions, the State/UT Governments may prescribe such other measures as they consider necessary.

All these proposed interventions shall be in force till 31st of March, 2020. They will be reviewed as per the evolving situation.

The following interventions are proposed:

1. Closure of all educational establishments, (schools, universities etc.). Gyms, museums, cultural and social centres, swimming pools and theatres. Students should be advised to stay at home. Online education to be promoted.
2. Possibility of postponing exams may be explored. Ongoing exams to be conducted only after ensuring physical distance of one meter amongst students.
3. Encourage private sector organizations/employers to allow employees work from home wherever feasible.
4. Meetings, as far as feasible, shall be done through video conferences. Minimize all reschedule meetings

involving large number of people unless necessary.

5. Restaurants to ensure hand washing protocol and proper cleanliness of frequently touched surfaces. Ensure physical distancing (minimum 1 metre) between tables: encourage open air seating where practical with adequate distancing.
6. Keep already planned weddings to a limited gathering, postpone all non-essential social and cultural gatherings.
7. Local authorities to have a dialogue with organizers of sporting events and competitions involving large gatherings and they may be advised to postpone such events.
8. Local authorities to have a dialogue with opinion leaders and religious leaders to regulate mass gatherings and should ensure no overcrowding/at least one metre distance between people.
9. Local authorities to have meeting with traders associations and other stakeholders to regulate houses, exhibit DO's and Don'ts and take up a communication drive in market places like sabzi mandi, anaj mandi, bus depots, railway stations, post-offices etc., where essential services are provided.
10. All commercial activities must keep a distance of one meter between customers. Measures to reduce peak hour crowding in markets.
11. Non-essential travel should be avoided. Buses, Trains and aeroplanes to maximize social distancing in public transport besides ensuring regular and proper disinfection of surfaces.

12. Hospitals to follow necessary protocol related with COVID-19 management as prescribed and restrict family/friends/children visiting patients in hospitals
13. Hygiene and physical distancing has to be maintained. Shaking hands and hugging as a matter of greeting to be avoided.
14. Special protective measures for delivery men/women working in online ordering services.
15. Keep communities informed consistently and constantly.

Ministry of Health and Family Welfare”

23. Memorandum dated 15.03.2020 issued by the High Court of Karnataka cannot be *ipso facto* applicable to State of Kerala. However, we are of the view that giving anxious and due consideration to the Advisories issued both by Union of India and Government of Kerala, preventive measures have to be taken. Steps to be taken by Government of Kerala depends upon the decisions, taken from time to time.

24. Section 2 of the Epidemic Diseases Act, 1897 confers power on the State Government, to take special measures and prescribe regulation as to dangerous epidemic disease and the same read thus:

“2. Power to take special measures and prescribe regulations as to dangerous epidemic disease.—(1) When at any time the State Government is satisfied that the State or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease, the State Government, if it thinks that the ordinary provisions of the law for the time

being in force are insufficient for the purpose, may take, or require or empower any person to take, such measures and, by public notice, prescribe such temporary regulations to be observed by the public or by any person or class of persons as it shall deem necessary to prevent the outbreak of such disease or the spread thereof, and may determine in what manner and by whom any expenses incurred (including compensation if any) shall be defrayed.

(2) In particular and without prejudice to the generality of the foregoing provisions, the State Government may take measures and prescribe regulations for—

* * * * *

(b) the inspection of persons travelling by railway or otherwise, and the segregation, in hospital, temporary accommodation or otherwise, of persons suspected by the inspecting officer of being infected with any such disease.

2A. Powers of Central Government.—When the Central Government is satisfied that India or any part thereof is visited by, or threatened with, an outbreak of any dangerous epidemic disease and that the ordinary provisions of the law for the time being in force are insufficient to prevent the outbreak of such disease or the spread thereof, the Central Government may take measures and prescribe regulations for the inspection of any ship or vessel leaving or arriving at any port in the territories to which this Act extends and for such detention thereof, or of any person intending to sail therein, or arriving thereby, as may be necessary.”

25. As per Section 3(2)(c) of the Essential Commodities Act, power is conferred on the Government to control the price at which any essential

commodity may be bought or sold.

26. Giving due consideration to the grievance expressed by both the writ petitioner, as well as, by the Indian Medical Association, respondent No.7, and taking note of the suggestions/advisories/guidelines/orders issued by the World Health Organisation and the materials on record, including medical bills etc., produced by the petitioner, we are of the view that it is for the Government of Kerala to consider the issues raised. Therefore, we are not inclined to grant prayer No.1 sought for by the petitioner.

27. However, we are of the view that social gatherings are now stated to be one of the reasons for the community spread disease and that social distancing is the advisory of both, the Central and State Government. It is for the Government of Kerala to closely monitor the educational institutions, universities, shopping malls, theaters and tourist places in the State and such other places, where there is possibility of large gatherings.

28. Suggestions of Union of India, Ministry of Health and Family Welfare be duly taken note of by Government of Kerala, on the fact situation, in order to protect the wide spread of the epidemic disease.

29. All the institutions, across State of Kerala, are directed to implicitly follow the periodical guidelines issued by Government of Kerala, regarding COVID-19. Accordingly, Government of Kerala is directed to issue orders directing precautionary measures to the prevent wide spread of

community disease, take stringent action against those, who take advantage of the situation and create an artificial scarcity of sanitizers and masks, and exercise the power under the Essential Commodities Act and the rules made therein forthwith, to regulate possession, sale and the price of essential commodities viz., masks and sanitizers and such other products, required for prevention and control of the spreading of the virus.

30. Government of Kerala is also directed to take steps to keep constant vigil on all those, who are likely to sell/market sanitizers/masks, as the case may be, on higher rates.

31. Government of Kerala is also directed to make known the advisories issued by the Government of India/Government of Kerala to the general public, by issuing paper publications. Government of Kerala is also directed to explore the possibilities of getting the assistance of voluntary organizations/institutions, who come forward to create awareness among the public.

32. Government of Kerala is also directed to explore the possibilities of inviting Non-Governmental Organizations or any other institutions for manufacturing masks/sanitizers, as per the guidelines issued by the World Health Organizations.

33. The Principal Secretary to the Government, Department of Health and Family Welfare, Thiruvananthapuram, (respondent No.3), is directed to

explore the possibilities of directing the Health Department of Kerala or any other institutions, like KMSCL, for manufacturing masks/sanitizers, as the case may be.

34. From the materials on record, it could be deduced that periodical monitoring is being done by Government of Kerala. As we have observed in the foregoing paragraphs right from 26.01.2020 and thereafter, on 12.03.2020, advisories have been issued by Government of Kerala. Thereafter, Government of Kerala have issued orders on 17.03.2020 declaring COVID-19 as a notified disaster and permitted to use 25 of the State Disaster Response Fund (SDRF) allocation for the year for 'measures for quarantine, sample collection and screening' and upto 10% of SDRF allocation for 'procurement of essential equipment/labs for response to COVID-19'. Government have also issued G.O.(Rt.) No.321/2020/DMD dated 13.03.2020 sanctioning release of Rs.7,18,77,225/- to Kerala Medical Services Corporation Ltd., for making necessary procurement for all health facilities so as to avoid the out of pocket expenditure.

35. From the materials on record as well as the submission of learned counsel for the parties, it could be deduced that there is a huge demand for face masks and hand sanitizers. But, it cannot be lost sight of the fact that there is scarcity, as well. Government of Kerala in their statement have made it clear that all efforts are being taken to boost the production of

sanitizers/masks in the State, by permitting additional three manufacturers. This includes, State owned Pharmaceutical Manufacturer, Kerala State Drugs and Pharmaceuticals Ltd., Alappuzha etc., in addition to KMSCL.

36. Learned State Attorney has further submitted that the maximum retail price for the masks and sanitizers shall be notified, immediately in letter and spirit.

37. From the bills produced by the petitioner, it is discernible that masks are being sold at a higher rate. By virtue of notification issued under the Essential Commodities Act, in the light of the decision of the Hon'ble Apex Court in *Potta Sanyasi Rao's case (cited supra)*, and taking note of the magnitude of the situation prevailing as on today, Government of Kerala is directed to issue appropriate notification forthwith, so that the abovesaid commodities are not sold at higher rates.

38. Sale of the abovesaid commodities at higher rates, shall be viewed seriously, and prompt action shall be taken in accordance with law.

39. Though Government of Kerala in the statement have stated that, to create public awareness, information is given through media and television from time to time by the Health Department, and also contended that as notifications/guidelines/orders issued periodically are also available in the website - www.dhs.kereala.gov.in of the Health Department of Kerala, and that day-to-day bulletin is also issued for giving information to the

public, it is desirable that sufficient paper publication be made both in Vernacular and in English newspapers, and in any other mode so that the same reaches the public, at every corner of the State.

40. Government shall conduct awareness and sensitization programmes and for that purpose, print and visual medias shall be used. Governments, both Central and State, shall explore the possibilities of directing Private television channels as well as social medias, to come forward to conduct sufficient awareness programmes about the likelihood of spread of the disease as well as precautionary measures to be taken.

41. Latest daily bulletin issued on 17.03.2020-COVID-19 Outbreak Control and Prevention State Cell, Health & Family welfare Department, Government of Kerala is extracted hereunder:

“Appeal to Public

Any person with travel history to COVID19 affected countries or person with contact with such a traveler, whether they are having symptoms or not, must remain in home isolation. Avoid social greetings by touching, like hugs or handshake. Don't touch your face, nose and eyes. Use handkerchief while coughing/ sneezing. Use masks, only if you are taking a care of a person with suspected COVID-19 infection, or if you have symptoms. Healthy persons are not supposed to wear medical masks. Those who are wearing masks should know how to use and dispose it properly. N95 masks should not be worn by the public.

The Department of Health and Family welfare calls out for participation of the health practitioners to join hands with the state in the fight against COVID-19. You may enroll using the link provided below for offering voluntary service at the Isolation facilities in hospitals/ homes, patient management in wards, screening at airports, seaports, railway stations and bus stations. Interested health practitioners may fill up the details in this form and submit. The Department of health and family welfare, Kerala shall contact you soon.

Join us at <https://forms.gle/3FtcS7ovp1YGG9539>

Date:17/03/2020

WHO has declared the COVID-19 epidemic affecting 152 countries as a Pandemic. Due to the inflow of persons from affected countries, Kerala state has strengthened the surveillance and control measures against the disease.

Home/Hospital Isolation

- 18011 persons are placed under surveillance, out of which 17743 are under home isolation and 268 are admitted in designated isolation facilities.

Sample Testing

- Till date 2467 samples of suspect cases have been sent for testing out of which 1807 came as negative.



Test Results

- Total positive cases till yesterday was 27.

Advisory

- In the background of the present COVID-19 outbreak, the general public is advised to adhere to health advisories issued by the State Government. Public should follow the cough etiquette by covering the nose and mouth using handkerchief/towel while sneezing/coughing. Do frequent hand washing with soap and water. Those who have arrived from the COVID-19 affected countries should remain under strict home isolation.

Complimentary Activities

- **80** training videos has been prepared so far for training of Staff of Health Department and other line departments. The videos have been disseminated through the “Kerala Health Online Training” YouTube channel of the Directorate of Health Services (<https://www.youtube.com/c/keralahealthonlinetraining>).
- Single window communication channel established with all district control rooms for high priority communications, headed at the state by state control room. Automated data capturing formats for real time data capturing from districts established.
- Human resource management teams have been constituted at the state and district levels. Adequate HR has been ensured for isolation, airport surveillance, transport, isolation services, contact tracing and call centre
- Adequate infrastructure facilities ensured at all designated isolation facilities.
- For providing psychosocial support to the families of suspected persons **133** persons have been deployed across the state. **10153** tele counselling services were provided till date.
- In order to strengthen the services provided by the State Call centre, three additional lines have been provided which brings the call centre capacity to a total of six lines.

Annexure -1: Details of persons under Surveillance

District	Cumulative no. of Persons under observation as on today	Cumulative no. of persons under home isolation as on today	Cumulative no. of symptomatic persons hospitalized as on today	No. of persons hospitalized today
Thiruvananthapuram	795	729	66	11
Kollam	667	655	12	1
Pathanamthitta	2500	2478	22	4
Idukki	374	374	0	0
Kottayam	1246	1238	8	1

Kottayam	1246	1238	8	1
Alappuzha	1107	1097	10	3
Ernakulam	938	917	21	1
Thrissur	2296	2258	38	7
Palakkad	232	205	27	9
Malappuram	2172	2154	18	7
Kozhikode	4144	4130	14	10
Wayanad	377	377	0	0
Kannur	824	798	26	7
Kasaragod	339	333	6	4
Total	18011	17743	268	65

Annexure -2: Chronology of Positive cases

No. of patients	District	Present Status	Remarks
3	Thrissur Alappuzha Kasargod	Negative	Discharged
5	Pathanamthitta	Positive	Under treatment
1	Ernakulam	Positive	Under treatment
8	Pathanamthitta - 4 Kottayam - 2 Ernakulam -2	Positive	Under treatment
2	Kannur -1 Thrissur -1	Positive	Under treatment
3	Thiruvananthapuram -3	Positive	Under treatment
2	Thiruvananthapuram -1 Idukki-1	Positive	Under treatment
3	Malappuram -2, Kasaragod-1	Positive	Under treatment
24 positive cases are currently under treatment			

District	No. of positive cases
Thiruvananthapuram	4
Pathanamthitta	9
Kottayam	2
Ernakulam	3
Thrissur	1
Malappuram	2
Kannur	1
Idukki	1
Kasaragod	1
Total	24

42. Directorate of Health Services, has also issued notifications/ guidelines, in the official website, which reads thus:

“DIRECTORATE OF HEALTH SERVICES

ABOUT US - COVID 19 - DIVISIONS - DOCUMENTS - RTI - TENDERS -
PUBLICATIONS DOWNLOADS - MEDIA - CONTACT US

GUIDELINES

- Advisory - airport arrangements and flow chart
- Revised Guidelines for Testing, Quarantine, Hospital admission and discharge of COVID 19 based on current risk assessment.
- Matrix for Discharge of persons from home Isolation/Hospital Isolation based on risk assessment grid dated-19th Feb.,2020.
- Local Self Government Institutions shall do the information regarding Corona.
- Responsibilities of the Tourism Department regarding the control of Corona outbreak.
- Responsibilities of Department of Education regarding control of Corona outbreak.
- Policy on Bio-Medical Waste Management for BNW from Patients in Novel Corona Virus Ward/OPD
- Addendum to the Testing, Quarantine, Hospital admission and discharge criteria for nCoV
- Revised guidelines for nCorona virus surveillance
- nCorona-Health advisory for Tourism Department dated-5th Feb. 2020
- nCorona-Health advisory for Animal care-Animal Husbandry Department dated-5th Feb.2020

- Testing Quarantine, hospital Admission and discharge criteria
- Testing, Collection and Transportation for Lab diagnosis-Guidelines
- Constitution of State RRT
- Constitution of State Medical Board
- TDR for State Level Committees
- What are things to know about prevention of Corona Virus?
- nCorona Guidelines-2020 Updated on 26/1/2020”

43. Though, Mrs. Daisy A. Philipose, learned counsel for the petitioner made strenuous arguments, in support of the first prayer to the writ petition viz., Issue a writ of mandamus directing State of Kerala, represented by the Chief Secretary, Secretariat, Thiruvananthapuram (respondent No.2) to take immediate action to close down all the places where public gather, including shopping malls, schools, theaters, universities and tourist places in the State temporarily, we are not inclined to issue any mandamus. However, we direct the Government to keep vigil over the issue, monitor on a day-to-day basis, the number of cases reported for screening, number of persons quarantined, likelihood of spread of an epidemic situation and such other factors, more fully set out in the foregoing paragraphs and taken appropriate decisions.

44. On the aspects of availability of masks/sanitizers, inviting our attention to Annexure-R3(d), which is the detailed statement showing the current available stock of the commodities, learned State Attorney submitted that adequate masks and sanitizers are available in each districts. Furthermore, masks are being manufactured in jails.

45. In the light of the above discussions, we direct State of Kerala represented by the Chief Secretary, Secretariat, Thiruvananthapuram; the Principal Secretary to the Government, Department of Health and Family Welfare, Secretariat, Thiruvananthapuram; The Drugs Controller, Thiruvananthapuram; the Deputy Collector, Ernakulam and the District Collector, Kakkanad - respondent Nos.2 to 6 respectively - to take measures to control the price rise of the essential commodities, viz., face masks and hand sanitizers, and ensure adequate supply of the said commodities in the State of Kerala, subject to the manufacturing capacity.

Writ petition is allowed in part.

Learned State Attorney is directed to communicate the directions of this Court insofar as the issuance of Government orders/notifications, as the case may be, for fixing the maximum retail price for hand sanitizers and face masks, as well as issuing regulations for possession, purchase, and sale of the abovesaid essential commodities forthwith.

SD/-

S.MANIKUMAR
CHIEF JUSTICE

SD/-

SHAJI P.CHALY
JUDGE

APPENDIX**PETITIONER'S/S EXHIBITS:**

- EXHIBIT P1 A TRUE COPY OF THE INFORMATION RELEASED BY THE 1ST RESPONDENT THROUGH PUBLIC INFORMATION BUREAU ON 12/3/2020.
- EXHIBIT P2 A TRUE COPY OF THE NOTIFICATION NO.S.O.1087(E) DATED 13/3/2020.
- EXHIBIT P3 A TRUE COPY OF THE REPORTED IN MATHRUBHUMI COM, ON 10/3/2020, WITH ITS TRANSLATION.
- EXHIBIT P4 A TRUE COPY OF THE BILL FOR A FACE MASK ISSUED ON 23/1/2020, BY M/S.LABORATORY EQUIPMENT STORES, M.G.ROAD, KOCHI.
- EXHIBIT P5 A TRUE COPY OF THE BILL FOR A FACE MASK ISSUED ON 9/3/2020, BY M/S.AYATHIL MEDICALS, KOLLAM - 4.
- EXHIBIT P6 A TRUE COPY OF THE MEMORANDUM DATED 15/3/2020 ISSUED BY THE HIGH COURT OF KERALA.
- EXHIBIT P7 A TRUE COPY OF THE SITUATION REPORT NO.56 DATED 16/3/2020 FROM THE WEBSITE MAINTAINED BY THE WORLD HEALTH ORGANISATION REGARDING THE SPREADING OF THE COVID-19 DISEASE, ALL OVER THE WORLD.
- EXHIBIT P8 A TRUE COPY OF THE GUIDELINES PUBLISHED IN THE WEBSITE MAINTAINED BY THE 1ST RESPONDENT, TO PREVENT SPREADING OF THE COVID-19 DISEASE.
- EXHIBIT P9 A TRUE COPY OF THE BILL FOR A FACE MASK ISSUED ON 17/3/2020 BY M/S. PHARMAX MEDICALS, HIGH COURT JN. KOCHI-35.
- EXHIBIT P10 A TRUE COPY OF THE BILL FOR A FACE MASK ISSUED ON 17/3/2020 BY M/S. VIMAL MEDICALS, M.G.ROAD, KOCHI-35.
- EXHIBIT P11 A TRUE COPY OF THE BILL FOR A FACE MASK ISSUED ON 17/3/2020 BY M/S. JP MEDICALS, HIGH COURT ROAD. KOCHI-35.
- EXHIBIT P12 A TRUE COPY OF THE BILL FOR HAND SANITIZER ISSUED ON 17/3/2020 BY M/S. YESHODHA PHARMA, BANERJI ROAD, KOCHI-31.

EXHIBIT P13 A TRUE COPY OF THE BILL FOR HAND SANITIZER ISSUED ON 17/3/2020 BY M/S. SUMI MEDICALS, HIGH COURT JN. KOCHI-35.

EXHIBIT P14 A TRUE COPY OF THE BILL FOR HAND SANITIZER ISSUED ON 17/3/2020 BY M/S. VITHAYATHIL MEDICALS, KOCHI-31.

RESPONDENTS' ANNEXURES:-

R3(A):- TRUE COPY OF G.O(RT.) NO.560/2020/H&FWD DATED 11.03.2020

R3(B):- TRUE COPY OF G.O.(MS) NO.9/2020/DMD DATED 17.03.2020.

R3(C):- TRUE COPY OF G.O.(MS) NO.321/2020/DMD DATED 13.03.2020.

R3(D):- TRUE COPY OF THE DETAILED STATEMENT SHOWING THE CURRENT AVAILABLE STOCK OF ITEMS.

R3(E):- TRUE COPY OF THE G.O(RT) NO.620/2020/LSGD DATED 14.3.2020.

R3(F):- TRUE COPY OF THE ORDER DATED 9.3.2020 ISSUED BY THE DISTRICT COLLECTOR, ERNAKULAM ALONG WITH ENGLISH TRANSLATION.

R7(A):- TRUE COPY OF THE WHO RECOMMENDATIONS FOR HANDRUB FORMULATIONS.

R7(B):- TRUE COPY OF THE RELEVANT PAGES OF THE FIXED DOSE COMBINATIONS APPROVED BY DCG(I) FOR HAND HYGIENE FORMULATIONS.

//TRUE COPY//

P.A. TO JUDGE