

From

Additional Chief Secretary to Government Haryana.
Health Department.

To

1. Chief Secretary to Govt. Haryana, Chandigarh.
2. All Additional Chief Secretaries/ Principal Secretaries to Govt. Haryana.
3. Principal Accountant General, Haryana.
4. All the Heads of Departments, Haryana.
5. The Commissioners Ambala, Hisar, Rohtak and Gurugram Divisions.
6. The Registrar, Punjab and Haryana High Court, Chandigarh.
7. The Advocate General, Haryana.
8. All the Deputy Commissioners in Haryana.
9. All Sub-Division Officers (Civil) in Haryana.

Memo No. 3PM(COVID)/2020/6142-6334

Dated: 20.05.2020

Subject: Categorization of districts into Red/Orange/Green zones.

Sir/Madam,

I am directed to draw your kind attention towards the subject cited above, and convey that Ministry of Home Affairs, Gol vide letter no. 40/403/2020-DM-I(A) dated 17-05-2020 issued guidelines regarding continuation of lockdown up to 31st May 2020 and empowered states for delineation of red, green and orange zones. In this regard Ministry of Health and Family Welfare, Gol D.O. no. Z.28015/19/2020-EMR(pt.) dated 17th May 2020, wherein, six parameters along with their critical and desirable values have been defined for categorization of districts into various zones. However, the benchmarks/thresholds for critical and desirable levels are dynamic and may be revised by MoHFW as per evolving situation at the field level (**Annexure-A**).

2. On the basis of above, districts in the State of Haryana are hereby segregated into the following three categories, viz, Red, Orange and Green zones, undertaking a multi-factorial analysis based on the combination of parameters indicated below:

S. No.	Parameter	Critical	Desirable
1	Total Active Cases	>200	Zero or No case reported in last 21 days
2	Active Cases per Lakh population	>15	-
3	Doubling rate (calculated over 7 days period)	<14 days	>28 days
4	Case fatality Rate	>6%	<1%
5	Testing Ratio (No. of tests per Lakh population)	<65	>200
6	Sample positivity Rate (Confirmation Rate)	>6%	<2%

3. It is also informed that the Containment zones are delineated based on the mapping of cases, geographical dispersion of cases & contacts, area having well demarcated perimeter and enforceability of perimeter control. The primary area is containment zone, where intensive action is to be carried out with the aim of breaking the chain of transmission. This area should be therefore be well defined by the district administration.

Stringent action needs to be initiated within these containment zones in terms of active search for cases through house to house surveillance, testing of all cases as per sampling guidelines, contact tracing, strict enforcement of social distancing, identification of local community volunteers, advocacy on hand hygiene, wearing of masks/face covers, etc.

Once the containment zone is delineated the perimeter will be defined with strict perimeter control, such as, establishment of clear entry/exit points, no movement except medical emergencies, no unchecked influx of population and follow up all people transiting through IDSP.

4. As per the above mentioned criteria based on 6 parameters, an information sheet is prepared taking into account the data dated 17.05.2020 (**Annexure-B**), according to which all the districts of Haryana State are categorised into **Orange** zone.

This issues with the approval of appropriate authority.

[Handwritten Signature] 20.5.2020

Director General Health Services
For: Additional Chief Secretary, Haryana Government
(Health Department)

Endst. No. 3PM(COVID)/2020/6335-6337

Dated: 20.05.2020

A copy is forwarded to the following for kind information:

1. Principal Secretary to Hon'ble Chief Minister, Haryana
2. PS to Hon'ble Health Minister, Haryana.
3. PS to W/ACS (Health)

[Handwritten Signature] 20.5.2020

Director General Health Services
For: Additional Chief Secretary, Haryana Government
(Health Department)



प्रीति सूदन

सचिव

PREETI SUDAN

Secretary



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

D.O. No. Z.28015/19/2020-EMR (Pt.)

Dated the 17th May, 2020

Dear *Colleague,*

1. Please refer to Ministry of Health & Family Welfare DO letter No. Z.28015/19/2020-EMR dated 30th April, 2020 regarding categorizing districts as hotspots/red zones/orange zone and green zones. Following the video conference of the Hon'ble Prime Minister with Hon'ble Chief Ministers on 11th May 2020 and taking into consideration the feedback received from states, the following guidelines are issued.
2. States may categorize districts/municipal corporations as red / orange / green zones. States may, however, also choose to categorize a sub division/ward or any other appropriate administrative unit as red/orange/green zone after detailed analysis at their end, duly taking into consideration the geographical spread of cases, contacts and their zone of influence in terms of disease spread.
3. While deciding the categorization, the States may take into consideration the parameters indicated below. Information on these parameters will be shared by MoHFW from time to time. As a normative guidance, the benchmarks/thresholds with respect to these parameters mentioned in the table below may be taken into consideration. However, the benchmarks/thresholds for critical and desirable levels are dynamic and may be revised by MoHFW as per evolving situation at the field level. A decision regarding aforesaid categorization of administrative units into zones may be

taken by States by undertaking a multi-factorial analysis based on the combination of these parameters.

S. No.	Parameter	Critical	Desirable
1	Total Active cases	> 200	Zero cases or no reported case in last 21 days
2	Active Cases per Lakh population	>15	-
3	Doubling rate (calculated over 7 days period)	< 14 days	> 28 days
4	Case Fatality rate	> 6%	< 1%
5	Testing Ratio (No of Tests per Lakh population)	< 65	> 200
6	Sample positivity rate (confirmation rate)	>6%	< 2%

4. The most important task, once the zones are identified is field action in terms of implementation of **Containment Plan of Action. Guidelines in this regard have already been** made available to states and may be accessed at:

<https://www.mohfw.gov.in/pdf/Containmentplan16052020.pdf> and <https://www.mohfw.gov.in/pdf/UpdatedContainmentPlanforLargeOutbreaksofCOVID19Version3.0.pdf>

This entails identification of **Containment Zones** and **Buffer Zones** inside red/orange zones, from where cases have been primarily reported.

5. It is important to ensure that the Containment Zones are delineated based on:
- i. Mapping of cases and contacts
 - ii. Geographical dispersion of cases and contacts
 - iii. Area having well demarcated perimeter
 - iv. Enforceability of perimeter control

6. It is reiterated that this is the primary area where intensive action is to be carried out with the aim of breaking the chain of transmission. This area should therefore be appropriately defined by the district administration/local urban bodies with technical inputs at local level. For effective containment, it is advisable to err on the side of caution.
7. Once the Containment Zone is delineated the perimeter will be defined and there would be strict perimeter control with:
 - i. Establishment of clear entry and exit points,
 - ii. No movement to be allowed except for medical emergencies and essential goods and services,
 - iii. No unchecked influx of population to be allowed and
 - iv. People transiting to be recorded and followed through IDSP.
8. Stringent action needs to be initiated within these Containment Zones in terms of:
 - i. Active search for cases through physical house to house surveillance by Special Teams formed for the purpose
 - ii. Testing of all cases as per sampling guidelines
 - iii. Contact tracing
 - iv. Identification of local community volunteers to help in surveillance, contact tracing and risk communication
 - v. Extensive inter-personal and community based communication
 - vi. Strict enforcement of social distancing
 - vii. Advocacy on hand hygiene, respiratory hygiene, environmental sanitation and wearing of masks / face-covers
 - viii. Clinical management of all confirmed cases
9. A **Buffer Zone** has to be delineated around each containment zone. It shall be appropriately defined by the district administration/local urban bodies with technical inputs at local level. Buffer zone will be primarily the area wherein additional & focused attention is needed so as to ensure that infection does not spread to adjoining areas. For effective containment, it is of paramount importance that the buffer zone is sufficiently large.

10. The focus areas of action in the Buffer Zone include:
 - i. Extensive surveillance for cases through monitoring ILI/SARI cases in health facilities
 - ii. Identify health facilities (Govt & private), healthcare workforce available (ASHAs/ANMs/AWW & doctors in PHCs/CHCs/District Hospitals)
 - iii. All health facilities (including clinics) to report clinically suspect cases of COVID-19 on real time basis to the control room at the district level
 - iv. Create community awareness on preventive measures such as personal hygiene, hand hygiene and respiratory etiquettes.
 - v. Use of face cover, physical distancing through enhanced IEC activities.
 - vi. Ensure social distancing
11. A Containment Operation (large outbreak or cluster) is deemed successful when no case is reported in **last 28 days** from the containment zone.
12. Effective field action in these containment zones and buffer zones will be critical to contain the disease.
13. All States are accordingly requested to initiate necessary action in terms of categorization of red/orange/green zones, delineation of containment zones and buffer zones and their notification.

I would once again place on record my appreciation of your leadership and the efforts of your team in managing COVID-19. I look forward to your continued support in containing COVID-19.

Warm regards,

Yours sincerely

P. Sudan 17.5.20
(Preeti Sudan)

All Chief Secretaries Administrators of States/UTs

Name of the district	Total Active Cases (> 200)	Active Cases per Lakh Population (> 15)	Doubling Rate(Calculated over 7 Days Period) (< 14 Days)	Case Fatality Rate(> 6 %)	Testing Ratio(No of Test Per Lakh Population) (< 65)	Sample Positivity Rate(Confirmation rate) (> 6%)
Ambala	0	0	209	4.76	355	1.08
Bhiwani	3	0.27	-	0	100	0.60
CharkhiDadari	3	0.60	7	0	351	0.26
Faridabad	64	3.56	11	4.08	419	2.03
Fatehabad	7	0.74	37	0	271	0.33
Gurugram	100	6.60	15	0	613	2.41
Hisar	1	0.06	-	0	243	0.10
Jhajjar	37	3.87	25	0	380	2.63
Jind	5	0.38	31	0	306	0.52
Kaithal	3	0.28	10	0	179	0.29
Karnal	8	0.53	20	5.56	223	0.58
Kurukshetra	1	0.10	12	0	268	0.13
Mahendragarh	7	0.76	9	0	235	0.36
Nuh	7	0.64	63	0	367	1.73
Palwal	3	0.29	95	0	388	1.02
Panchkula	2	0.36	39	0	574	0.84
Panipat	5	0.42	93	7.89	226	1.54
Rewari	9	1.00	4	0	226	0.49
Rohtak	9	0.85	5	8.33	475	0.25
Sirsa	2	0.15	37	0	103	0.72
Sonepat	58	3.92	17	0.75	339	2.80
Yamunanagar	0	0.00	-	0	197	0.36