THE *LANCET* COVID-19 COMMISSION
INDIA TASK FORCE
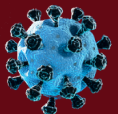
Checklist:
Containment Strategies
for Reducing COVID–19
Cases in India

APRIL 2021

The *Lancet* COVID-19 Commission

India Task Force

THE *LANCET*
COVID-19 COMMISSION

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Task Force members serve in their personal and voluntary capacities and not as representatives of their home institutions. This report is written as a consensus document and may not reflect the entirety of each Task Force member's individual position.

The following report has been posted online by the Commission Secretariat, and has not been peer-reviewed or published in *The Lancet,* nor in any other journal. This reports intends to bring together expert views on key topics as the COVID-19 pandemic unfolds.

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CHECKLIST FOR COUNTRY–WIDE CONTAINMENT STRATEGIES TO REDUCE COVID–19 CASES IN INDIA

Scenarios	Criteria (at state/district levels)	Measures to Combat	
		Medical Preparedness	**Vaccinations**
1. Low risk	• Number of daily new cases per 100,000 (7-day moving average)< 2 • Rate of increase of new cases< 2% • TPR<5% • Tests per million > 140 • % ICU beds unutilized>80%	• Estimate predicted demand for medical services based on projected rise in cases and proportion of severe illness (based on trends, variant data) • Ensure primary system in place to triage patients • Ramp up supply to meet peak projected demand • Train medical staff and medical students, interns, residents as back up	• Prioritize vulnerable segments of the population, including teachers and school staff • Plan for expansion of vaccinations based on supply projections • Ramp up supply on an expedited basis
2. Medium risk	• Number of daily new cases per 100,000 (7-day moving average) between 2 and 10 • Rate of increase of new cases between 2% and 5%, • TPR between 5% and 10% • Tests per million < 140 • % ICU beds unutilized between 40% and 80%	• Estimate predicted demand for medical services based on projected rise in cases and proportion of severe illness (based on trends, variant data) • Ensure primary system in place to triage patients • Ramp up supply to meet peak projected demand • Prepare for oxygen generator plants on hospital premises with fire safety protocols in place • Train medical staff and medical students, interns, residents as back up	• Cover eligible population • Plan for expansion of vaccinations based on supply projections • Ramp up supply on an expedited basis
3. Hot spots	• Number of daily new cases per 100,000 (7-day moving average) > 10 • Rate of increase of new cases > 5%, • TPR >10% • Tests per million < 140 • % ICU beds unutilized <40%	• Estimate predicted demand for medical services based on projected rise in cases and proportion of severe illness (based on trends, variant data) • Ensure and strengthen primary system in place to triage patients • Ramp up supply to meet peak projected demand • Train medical staff and medical students, interns, residents as back up • Suspend elective procedures and restrict OPDs for the duration of the surge	• Cover eligible population • Plan for expansion of vaccinations based on supply projections • Ramp up supply on an expedited basis
Nationwide		• Support states in preparing for estimated demand surges • Support states in developing protocols for supervised home-based care • Negotiate and coordinate procurement of key equipment and drugs • Ensure smooth supply chains for pharmaceuticals and equipment, including bulk purchasing and forward contracts as needed	• Support states in preparing for estimated demand • Negotiate and coordinate vaccine procurement across states • Negotiate patent waivers and local production clearances for mix of vaccines • Incentivize local manufacturing capacity to scale up • Ensure smooth supply chains including bulk purchasing and forward contracts as needed

Notes: 1) Categorize if 4 of 5 criteria apply, including (at a minimum): number of new cases, TPR, and % ICU beds unutilized; 2) Track metrics based on preceding 2-week moving average (other than new cases which are tracked on 7-day moving average)

Sources: 1) https://www.mha.gov.in/sites/default/files/MHAOrder_29042021.pdf; 2) https://ethics.harvard.edu/files/center-for-ethics/files/key_metrics_and_indicators_v4.pdf; 3) https://covidactnow.org/covid-risk-levels-metrics; 4) https://forward.ny.gov/; 5) https://www.coronavirus.vic.gov.au/coronavirus-covidsafe-settings

For detailed discussion of each set of measures, please see *Country-wide Containment Strategies to Reduce COVID-19 Cases in India* at www.covid19commission.org/regional-task-force-india

Scenarios	Measures to Minimize				
	Gatherings	Closures	Mask Wearing and Ventilation	Physical Distancing and Hygiene	Mobility
1. Low risk	• Gatherings of up to 50 allowed in open air settings • Venues that accommodate more than 50 closed	• Unrestricted movement • Schools and colleges open • Shops, restaurants, offices, places of worship, factories open with distancing and 50% occupancy • Essential services (food, medical sector, local transportation, public works, administrative services) open	• Mask wearing mandated (indoors and outdoors) • N95 or surgical masks promoted • Double masking encouraged in high risk settings • Focus on good ventilation in all indoor spaces	• Physical distancing maintained • Handwashing and overall hygiene promoted	• Unrestricted travel; international travellers from high burden countries undergo 7-day home quarantine (on submission of negative RT-PCR test on day 8) • Physical distancing enforced in long distance travel
2. Medium risk	• Gatherings of up to 10 allowed in open air settings • Venues that accommodate more than 10 closed	• Unrestricted movement with advisories issued • Schools open • Indoor confined spaces closed (specifics to be determined locally with consultations) • Essential services (food, medical sector, local transportation, public works, administrative services) open • Social safety nets, food banks, other support for the poor in place	• Mask wearing mandated (indoors and outdoors) • N95 or surgical masks promoted • Double masking encouraged in high risk settings • Focus on good ventilation in all indoor spaces	• Physical distancing maintained • Handwashing and overall hygiene promoted	• Unrestricted travel; international travellers from high burden countries undergo 7-day home quarantine (on submission of negative RT-PCR test on day 8) • Physical distancing enforced in long distance travel
3. Hot spots	• Gatherings of up to 10 allowed in open air settings • Venues that accommodate more than 10 closed	• Restrictions on personal movement (with some exceptions) • Schools and colleges closed till numbers fall to medium risk category • Shops, restaurants, offices, places of worship, factories closed for a minimum of 6-10 weeks • Essential services (food, medical sector, local transportation, public works, administrative services) open • Social safety nets, food banks, cash transfers, other support for the poor disbursed	• Mask wearing mandated (indoors and outdoors) • N95 or surgical masks promoted • Double masking encouraged in high risk settings • Focus on good ventilation in all indoor spaces	• Physical distancing maintained • Handwashing and overall hygiene promoted	• Unrestricted travel; international travellers from high burden countries undergo 7-day institutional quarantine, and 7-day home quarantine (on submission of negative RT-PCR test on day 8) • Physical distancing enforced in long distance travel
Nationwide	• Ban large events	• Coordinate localized locked downs in a synchronous manner	• Mask wearing mandated (indoors and outdoors) • N95 or surgical masks promoted • Double masking encouraged in high risk settings • Promote good ventilation in all indoor spaces	• Promote messages of physical distancing, handwashing, overall hygiene	• Keep trains, buses, flights running with Rapid Antigen tests at bus and train stations and airports and physical distancing where possible

Scenarios	Measures to Contain		Measures to Engage and Plan		
	Testing	Contact Tracing	Communication	Data	Public Leadership
1. Low risk	• RT-PCR testing for all symptomatic patients and family contacts • Rapid antigen testing for confirming new clusters	• Community level contact tracing teams set up and trained • Retrospective and forward contact tracing for all confirmed cases Home or community quarantining/isolation facilities in place • Immediate family and broader set of contacts traced, tested and isolated	• Transparent reporting of cases, hospitalizations, deaths (age, sex disaggregated) • Daily official briefings from credible, non partisan, centralized source within government • High-profile campaign with clear messaging on mask wearing, ventilation, distancing, vaccinations • Recognition of diversity of circumstances/population groups • Coordinated messages between Center and States • Outreach for community mobilization	• Credible projections of trajectory of the pandemic done regularly • System of sharing anonymized, microdata for understanding the pandemic • 5% tests to undergo genome sequencing, with VoC data shared with districts • Open datasets for real time research • Use data for evidence based decision making	• Central War Room with Chief Ministers, leaders of all political parties • State and district level war rooms • Independent technical team comprising national experts to analyze and present data and solutions • Widespread consultation • Clear accountability and responsibility at central, state, and district level
2. Medium risk	• RT-PCR testing for all symptomatic patients and family and other close contacts • Rapid antigen testing for confirming new clusters • 60:40 ratio of RT-PCR to RAT	• Community level contact tracing teams set up and trained • Retrospective and forward contact tracing for all confirmed cases • Home or community quarantining/isolation facilities in place • Immediate family and broader set of contacts traced, tested and isolated	• Transparent reporting of cases, hospitalizations, deaths (age, sex disaggregated) • Daily official briefings from credible, non partisan, centralized source within government • High-profile campaign with clear messaging on mask wearing, ventilation, distancing, vaccinations • Recognition of diversity • Coordinated messages between Center and States • Outreach for community mobilization	• Credible projections of trajectory of the pandemic done regularly • System of sharing anonymized, microdata for understanding the pandemic • 5% tests to undergo genome sequencing, with VoC data shared with districts • Open datasets for real time research • Use data for evidence based decision making	• Central War Room with Chief Ministers, leaders of all political parties • State and district level war rooms • Independent technical team comprising national experts to analyze and present data and solutions • Widespread consultation • Clear accountability and responsibility at central, state, and district level
3. Hot spots	• RT-PCR testing for all symptomatic patients and family and other close contacts • Rapid antigen testing for confirming new clusters • 70:30 distribution of RT-PCR to RAT • Ramp up testing capacity to handle increased demand	• Community level contact tracing teams focus on forward contact tracing for confirmed cases • Immediate family tested and isolated	• Transparent reporting of cases, hospitalizations, deaths (age, sex disaggregated) • Daily official briefings from credible, non partisan, centralized source within government • High-profile campaign with clear messaging on mask wearing, ventilation, distancing, vaccinations • Recognition of diversity • Coordinated messages between Center and States • Outreach for community mobilization	• Credible projections of trajectory of the pandemic done regularly • System of sharing anonymized, microdata for understanding the pandemic • 5% tests to undergo genome sequencing, with VoC data shared with districts • Open datasets for real time research • Use data for evidence based decision making	• Central War Room with Chief Ministers, leaders of all political parties • State and district level war rooms • Independent technical team comprising national experts to analyze and present data and solutions • Widespread consultation • Clear accountability and responsibility at central, state, and district level
Nationwide	• Scale-up support to testing labs, including procurement of RT-PCR testing kits • Support states in negotiating prices • Enable private sector to operate at different prices points for maximum coverage	• Create, update, disseminate training materials for decentralized contact tracing teams • Create/manage centralized database to support and sync information from decentralized contact tracing • Coordinate community contact tracing with district administration	• Transparent reporting of cases, hospitalizations, deaths (age, sex disaggregated) • Daily official briefings from credible, non partisan, centralized source within government • High-profile campaign with clear messaging on mask wearing, ventilation, distancing, vaccinations • Recognition of diversity • Coordinated messages between Center and States • Outreach for community mobilization	• Credible projections of trajectory of the pandemic done regularly • System of sharing anonymized, microdata for understanding the pandemic • 5% tests to undergo genome sequencing, with VoC data shared with districts • Open datasets for real time research • Use data for evidence based decision making	• Central War Room with Chief Ministers, leaders of all political parties • State and district level war rooms • Independent technical team comprising national experts to analyze and present data and solutions • Widespread consultation • Clear accountability and responsibility at central, state, and district level