



**icmr**  
INDIAN COUNCIL OF  
MEDICAL RESEARCH

**NICED**  
NATIONAL INSTITUTE OF  
CHOLERA AND ENTERIC DISEASES

## **ICMR - NATIONAL INSTITUTE OF CHOLERA AND ENTERIC DISEASES**

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### **INFORMATION REGARDING TESTING OF SAMPLES FOR NOVEL CORONA VIRUS SARS-CoV-2**

- ICMR-NICED has been recognized by Govt. of India for testing of COVID-19.
- ICMR-NICED presently caters to the states of Bihar, Jharkhand, Meghalaya, Odisha, Sikkim and West Bengal.
- The collected clinical samples should be routed through the corresponding State Health Department.
- Contact persons for testing at Regional VRDL, ICMR-NICED:  
Dr. Hasina Banu, Mob. – 9674666199; Dr. Agniva Majumdar, Mob. - 9433756755
- Contact persons at State Health Department, West Bengal ([www.wbhealth.gov.in](http://www.wbhealth.gov.in)):  
Dr. Dipankar Majhi, Dr. Bikas Mondal
- Each sample should be accompanied by properly filled in Specimen Referral Form (Annexure I)
- Guidelines regarding sample collection, packaging and transport (Annexure II).
- Guidelines for general preventive measures (Annexure III).

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**ICMR- National Institute of Virology, Pune**  
**Specimen Referral Form for 2019 Novel Coronavirus (2019-nCoV)**

<b>INSTRUCTIONS:</b>											
<ul style="list-style-type: none"> <li>Inform the local / district / state health authorities, especially surveillance officer for further guidance.</li> <li>Seek guidance on requirements for the clinical specimen collection and transport from nodal officer.</li> <li>This form may be filled in and shared with the IDSP and also ICMR-NIV nodal officer in advance.</li> </ul>											
<b>PERSON DETAILS</b>											
Name of patient: .....			Age:.....Years.....Month Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>								
Address: .....			Date of birth: ...../...../..... (dd/mm/yyyy)								
City: .....			Mobile/phone: .....								
State: .....			Email: .....								
<b>EXPOSURE HISTORY (2 WEEKS BEFORE THE ONSET OF SYMPTOMS)</b>											
<b>Recent stay/travel in area (Wuhan, China):</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, stay/travel duration with date											
History of visit to wet/seafood market: Yes <input type="checkbox"/> No <input type="checkbox"/> From:...../...../..... to:...../...../.....											
<b>Close contact with confirmed case</b> Yes <input type="checkbox"/> NO <input type="checkbox"/> Close contact with animal/birds Yes / N											
Recent travel to any other country Yes <input type="checkbox"/> NO <input type="checkbox"/> Travel place: .....											
<b>Health care worker working in hospital involved in managing patients</b> YES / NO, .....											
Hospitalization date: ...../...../.....			Discharge date: ...../...../.....								
<b>CLINICAL SYMPTOMS AND SIGNS</b>											
Date of onset of symptoms: ...../...../.....			First symptom: .....								
<b>Symptoms</b>	<b>Yes</b>	<b>No</b>	<b>Symptoms</b>	<b>Yes</b>	<b>No</b>	<b>Symptoms</b>	<b>Yes</b>	<b>No</b>	<b>Symptoms</b>	<b>Yes</b>	<b>No</b>
<b>Fever at evaluation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cough</b>	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhoea	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>
<b>History of fever</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Breathlessness</b>	<input type="checkbox"/>	<input type="checkbox"/>	Nausea	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Body-ache	<input type="checkbox"/>	<input type="checkbox"/>	Haemoptysis	<input type="checkbox"/>	<input type="checkbox"/>
			Sputum	<input type="checkbox"/>	<input type="checkbox"/>				Nasal discharge	<input type="checkbox"/>	<input type="checkbox"/>
<b>Signs</b>	<b>Yes</b>	<b>No</b>	<b>Sign</b>	<b>Yes</b>	<b>No</b>	<b>Sign</b>	<b>Yes</b>	<b>No</b>			
Wheeze	<input type="checkbox"/>	<input type="checkbox"/>	Stridor	<input type="checkbox"/>	<input type="checkbox"/>	Lower chest indrawing.	<input type="checkbox"/>	<input type="checkbox"/>			
Nasal flaring	<input type="checkbox"/>	<input type="checkbox"/>	Crepitation	<input type="checkbox"/>	<input type="checkbox"/>	Accessory muscle use	<input type="checkbox"/>	<input type="checkbox"/>			
<b>UNDERLYING MEDICAL CONDITIONS</b>											
<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Condition</b>	<b>Yes</b>	<b>No</b>
COPD	<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Chronic renal disease	<input type="checkbox"/>	<input type="checkbox"/>	Malignancy	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
<b>IMMUNOCOMPROMISED CONDITION:</b> YES / NO .....											
<b>Other:</b> .....											
<b>HOSPITALIZATION, TREATMENT AND INVESTIGATION</b>											
<b>HOSPITALIZATION</b> date: ...../...../.....			<b>DIAGNOSIS:</b> .....								
<b>DIFFERENTIAL DIAGNOSIS:</b> .....			<b>ETIOLOGY IDENTIFIED:</b> .....								
<b>ATYPICAL PRESENTATION:</b> YES / NO .....			<b>UNUSUAL / UNEXPECTED COURSE:</b> YES / NO .....								
OUTCOME: Discharge / Death / .....			OUTCOME date:...../...../.....								
<b>Treatment</b>	<b>Yes</b>	<b>No</b>	<b>Treatment</b>	<b>Yes</b>	<b>No</b>	<b>Treatment</b>	<b>Yes</b>	<b>No</b>	<b>Treatment</b>	<b>Yes</b>	<b>No</b>
Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	Antivirals	<input type="checkbox"/>	<input type="checkbox"/>	Steroids	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	CPAP	<input type="checkbox"/>	<input type="checkbox"/>	Bronchodilators	<input type="checkbox"/>	<input type="checkbox"/>	Other:.....		
<b>Investigation findings:</b> Haematocrit: ..... Hb: ..... WBC (leukocyte count): .....											
Differential Leukocyte count: Lymphocytes (%): ..... Monocytes (%): ..... Neutrophils (%): .....											
Basophils (%): ..... Eosinophil (%): ..... Platelet (Thrombocyte) count: ..... ESR: .....											
<b>Investigation details:</b> Chest X ray: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes (findings): .....											
Blood culture findings (If any): ..... Other investigation details: .....											
<b>SPECIMEN INFORMATION FROM REFERRING AGENCY</b>											
Specimen type	Collection date	Label	FOR OFFICE USE ICMR-NIV →	Specimen ID	Test performed	Result					
1. BAL/ETA/___											
2. TS/NPS/NS											
3. Blood in EDTA											
4. Acute sera											
5 Convalescent sera											
Name of Doctor: .....			Hospital Name/address: .....								
Phone/mobile number: .....			Signature and date: .....								

**ICMR- National Institute of Virology, Pune**  
**Specimen Referral Form for 2019 Novel Coronavirus (2019-nCoV)**

Name of the patient: ..... Age: .....years.....months

Note: Please ensure that the case definition should be strictly followed.  
Please encircle the correct response (Yes/No)

**CASE DEFINITION**

**1. Severe Acute Respiratory Illness (SARI), with**

- history of fever YES / NO
- cough YES / NO
- requiring admission to hospital YES / NO

**WITH**

- no other etiology explains the clinical presentation YES / NO  
*(clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised);*

**AND**

**any of the following**

- A history of travel to Wuhan, Hubei Province China in the 14 days prior to symptom onset. YES / NO
- 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 YES / NO
- 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. YES / NO

**2. 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; YES / NO
- a healthcare facility in a country where hospital associated nCoV infections have been reported; YES / NO
- direct contact with animals (if animal source is identified) in countries where the nCoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission\*. YES / NO

\* To be added once/if animal source is identified as a source of infection

**EMAIL ID OF THE HEALTH AUTHORITY (FOR SENDING THE REPORT):** .....

Name of Doctor: ..... Hospital Name/address: .....

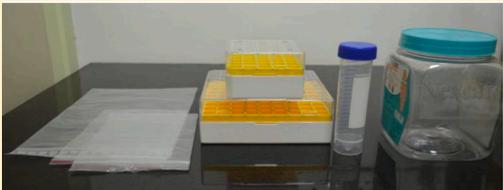
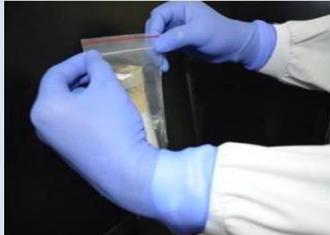
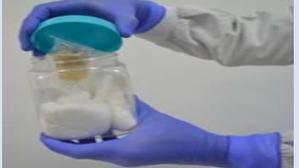
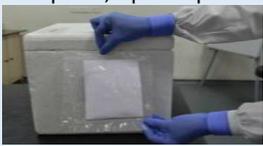
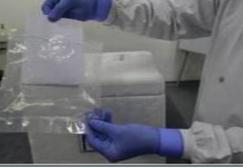
Phone/mobile number: ..... Signature and date: .....

## Specimen Collection, Packaging and Transport Guidelines for 2019 novel Coronavirus (2019-nCoV)

<b>Title: Specimen Collection, Packaging and Transport Guidelines for 2019 Novel Coronavirus (2019-nCoV)</b>	SOP number: ICMR-NIV/2019-nCoV/Specimens_02 Prepared by: Dr. Y.K. Gurav      Date: 25/01/2020 Reviewed by: Dr. V. Potdar      Date: 25/01/2020 Approved by: Dr. P. Abraham      Date: 25/01/2020																																								
<b>Scope:</b> To be used by the Government health authorities/ hospitals/ clinicians/ laboratories planning to collect appropriate clinical samples as indicated for diagnosis of 2019-nCoV.																																									
<b>Purpose:</b> This document describes the information for collection, packaging and transport of clinical specimens to Influenza group at ICMR-National Institute of Virology (NIV), Pune, Maharashtra for diagnosis of 2019 Novel Coronavirus (2019-nCoV)																																									
<b>Responsibilities:</b> <ul style="list-style-type: none"> <li>The clinician should decide necessity for collection of clinical specimens for laboratory testing of 2019-nCoV only after following the case definition as given by the health authorities, Government of India.</li> <li>Appropriate clinical sample need to be collected by laboratory personnel/ health care worker trained in specimen collection in presence of clinician.</li> <li>By following all biosafety precautions and using personal protective equipment's (PPEs), clinical samples need to be sent to designated laboratory (ICMR-NIV, Pune) by following standard triple packaging.</li> </ul>																																									
<b>Selection of patient:</b> Any person who presents with Severe Acute Respiratory Illness (SARI), AND any one of the following i.e. a history of travel from Wuhan, China in the 14 days prior to symptoms onset; disease in healthcare worker working in an environment of SARI patients; unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment; should be urgently investigated. Updated case definition need to be followed as per MOHFW, Govt of India which is available on the website <a href="http://www.mohfw.gov.in">www.mohfw.gov.in</a>																																									
<b>Specimen collection details:</b> (Adapted from the WHO guidelines on 2019-nCoV):																																									
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Specimen type</th> <th style="width: 20%;">Collection materials</th> <th style="width: 10%;">Transport to laboratory</th> <th style="width: 15%;">Storage till testing</th> <th style="width: 35%;">Comment</th> </tr> </thead> <tbody> <tr> <td># Nasopharyngeal and oropharyngeal swab</td> <td>Dacron or polyester flocked swabs*</td> <td>4 °C</td> <td>≤5 days: 4 °C &gt;5 days: -70 °C</td> <td>The nasopharyngeal and oropharyngeal swabs should be placed in the same tube to increase the viral load.</td> </tr> <tr> <td>Bronchoalveolar lavage</td> <td>sterile container*</td> <td>4 °C</td> <td>≤48 hours: 4 °C &gt;48 hours: -70 °C</td> <td>There may be some dilution of pathogen, but still a worthwhile specimen</td> </tr> <tr> <td>Tracheal aspirate, nasopharyngeal aspirate or nasal wash</td> <td>sterile container*</td> <td>4 °C</td> <td>≤48 hours: 4 °C &gt;48 hours: -70 °C</td> <td>Not applicable</td> </tr> <tr> <td>Sputum</td> <td>sterile container</td> <td>4 °C</td> <td>≤48 hours: 4 °C &gt;48 hours: -70 °C</td> <td>Ensure the material is from the lower respiratory tract</td> </tr> <tr> <td>Tissue from biopsy or autopsy including from lung</td> <td>sterile container with saline</td> <td>4 °C</td> <td>≤24 hours: 4 °C &gt;24 hours: -70 °C</td> <td>Autopsy sample collection preferably to be avoided</td> </tr> <tr> <td># Serum (2 samples – acute and convalescent)</td> <td>Serum separator tubes (adults: collect 3-5 ml whole blood)</td> <td>4 °C</td> <td>≤5 days: 4 °C &gt;5 days: -70 °C</td> <td>Collect paired samples: • acute – first week of illness • convalescent – 2 to 3 weeks later</td> </tr> <tr> <td># Whole Blood (5 ml)</td> <td>Blood in EDTA Vial</td> <td>4 °C</td> <td>≤5 days: 4 °C</td> <td>Not applicable</td> </tr> </tbody> </table>		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	Tracheal aspirate, nasopharyngeal aspirate or nasal wash	sterile container*	4 °C	≤48 hours: 4 °C >48 hours: -70 °C	Not applicable	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	Autopsy sample collection preferably to be avoided	# Serum (2 samples – acute and convalescent)	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 (5 ml)	Blood in EDTA Vial	4 °C	≤5 days: 4 °C	Not applicable
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*For transport of samples for viral detection, use VTM (viral transport medium) containing antifungal and antibiotic supplements. Avoid repeated freezing and thawing of specimens. # <b>Priority specimens</b> . Other specimens need to be sent as per the clinical condition of the patient																																									
<b>Specimen labelling and processing:</b> <ul style="list-style-type: none"> <li>Personal protective equipment's (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.</li> <li>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"</li> <li>For any queries, the nodal officer from ICMR-NIV Pune (Dr Yogesh K. Gurav, Scientist E) may be contacted (Phone 020-26006290/ 26006390; Email: <a href="mailto:gurav.yk@gmail.com">gurav.yk@gmail.com</a>/<a href="mailto:gurav.yk@gov.in">gurav.yk@gov.in</a>) and need to be informed in advance before sending specimens to ICMR-NIV, Pune.</li> </ul>																																									



## Specimen Collection, Packaging and Transport Guidelines for 2019 novel Coronavirus (2019-nCoV)

Requirements for Clinical Samples Collection, Packaging and Transport			
<p>1. Sample vials and Virus Transport Medium (VTM)</p> 	<p>2. Adsorbent material (cotton, tissue paper), paraffin, seizer, cello tape</p> 	<p>3. A leak-proof secondary container (e.g., ziplock pouch, cryobox, 50 mL centrifuge tube, plastic container)</p> 	
<p>4. Hard-frozen Gel Packs</p> 	<p>5. A suitable outer container (e.g., thermocol box, ice-box, hard-board box) (minimum dimensions: 10 x 10 x 10 cm)</p> 		
Procedure for Specimen Packaging and Transport			
<p>1. Use PPE while handling specimen</p> 	<p>2. Seal the neck of the sample vials using parafilm</p> 	<p>3. Cover the sample vials using absorbent material</p> 	<p>4. Arrange primary container (vial) in secondary container</p> 
<p>5. Placing the centrifuge tube inside a zip-lock pouch</p> 	<p>6. Placing the zip-lock pouch inside a sturdy plastic container and seal the neck of the container</p> 	<p><i>Note: Sample vials can also be placed inside a zip-lock pouch, covered in absorbent material and secured by heat-sealing or rubber bands. Then, the zip-lock pouch should be placed inside another plastic pouch and secured</i></p>	<p>7. Using a thermocol box as an outer container and placing the secondary container within it, surrounded by hard-frozen gel packs</p> 
<p>7. Using a hard card-board box as an outer container and placing the secondary container and the gel packs</p> 	<p>8. Placing the completed Specimen Referral Form (available on <a href="http://www.niv.co.in">www.niv.co.in</a>) and request letter inside a leak-proof, zip-lock pouch</p> 	<p>9. Securing the zip-lock pouch with the Specimen Referral Form on the outer container</p> 	<p>10. Attaching the labels:</p> <ul style="list-style-type: none"> <li>• Senders' address, contact number; Consignee's address /contact number;</li> <li>• Biological substance-Category B;</li> <li>• 'UN 3373'; Orientation label, Handle with care</li> </ul> 
<p><b>Documents to accompany:</b></p> <p>1) Packaging list/proforma Invoice 2) Air way bill (for air transport) (to be prepared by sender or shipper) 3) Value equivalence document (for road/rail/sea transport) [ Note: 1. A vaccine-carrier/ice-box can also be used as an outer container 2. The minimum dimensions of the outer container should be 10 x 10 x 10 cm (length x width x height)]</p>			
<p><b>Routing of samples:</b></p> <ul style="list-style-type: none"> <li>• Clinical specimens, official documents and Specimen request forms for testing of 2019-nCoV need to be sent to the ICMR-NIV address (The Director, ICMR-National Institute of Virology, 20-A, Dr Ambedkar Road, Pune, Maharashtra, Pin: 411001).</li> <li>• For shipment-related queries/information, kindly contact Dr Sumit Bharadwaj (Scientist B, Influenza Group) on email: <a href="mailto:sumitduttbhardwaj@gmail.com">sumitduttbhardwaj@gmail.com</a>, phone 020-26006290/26006390</li> </ul>			


**কী করবেন:**

- স্বাস্থ্যবিধি মেনে জীবন যাপন করুন।
- সাবান দিয়ে নিয়মিত হাত ধোয়া অভ্যাস করুন।
- হাঁচি এবং কাশির সময় মুখ ঢেকে রাখুন।
- হাত নোংরা থাকলে কলের জলে সাবান দিয়ে হাত ধুয়ে নিন।
- হাতে দৃশ্যমান ময়লা না থাকলেও অ্যালকোহল জাতীয় স্যানিটাইজার বা সাবান দিয়ে হাত পরিষ্কার করুন।
- টিস্যু ব্যবহারের পর সাথে সাথে ব্যবহৃত টিস্যুগুলি বন্ধ ডাস্টবিনে ফেলুন।
- ভিড় এড়িয়ে চলুন।
- জ্বর, সর্দি, কাশি আক্রান্ত ব্যক্তিদের থেকে কমপক্ষে ১ মিটার দূরত্ব বজায় রাখুন।
- অসুস্থ ব্যক্তি বা তার পরিবেশের সংস্পর্শে এলে হাত ধুয়ে নিন।
- জ্বর, সর্দি, কাশিতে আক্রান্ত হলে মেডিকেল মাস্ক পরে নিন এবং অবিলম্বে চিকিৎসকের সঙ্গে যোগাযোগ করুন।

**কী করবেন না:**

- যদি আপনি জ্বর, সর্দি, কাশি অনুভব করেন তাহলে অন্যদের খুব কাছাকাছি যাবেন না।
- যত্রতত্র থুতু ফেলবেন না।
- অকারণে চোখ, নাক, মুখে হাত দেবেন না।
- একবার ব্যবহারযোগ্য মাস্ক পুনরায় ব্যবহার করবেন না।
- সুস্থ ব্যক্তিদের মেডিক্যাল মাস্ক ব্যবহারের কার্যকারিতা সম্পর্কে কোন প্রমাণ পাওয়া যায় নি।
- জীবিত জন্তুজানোয়ারের খামার বা বাজার এড়িয়ে চলুন।
- কাঁচা বা অর্ধসিদ্ধ মাংস খাবেন না।
- অযথা আতঙ্ক সৃষ্টিকারী খবর বা সোশ্যাল মিডিয়ায় পাওয়া ভিডিওর সত্যতা যাচাই না করে শেয়ার করবেন না।

বিশদ তথ্যের জন্য পশ্চিমবঙ্গ সরকারের স্বাস্থ্যমন্ত্রকের হেল্পলাইন নম্বরে (24X7) যোগাযোগ করুন।

০৩৩-২৩৪১-২৬০০

১৮০০-৩১৩-৪৪৪-২২২

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Ministry of Health & Family Welfare  
Government of India



Help us to  
help you



# NOVEL CORONAVIRUS (COVID-19)

## Protect yourself and others!

### Follow these Do's and Don'ts

#### Do's



Practice frequent hand washing. Wash hands with soap and water or use alcohol based hand rub. Wash hands even if they are visibly clean



Cover your nose and mouth with handkerchief/tissue while sneezing and coughing



Throw used tissues into closed bins immediately after use



See a doctor if you feel unwell (fever, difficult breathing and cough). While visiting doctor wear a mask/cloth to cover your mouth and nose



If you have these signs/symptoms please call State helpline number or Ministry of Health & Family Welfare's 24X7 helpline at 011-23978046



Avoid participating in large gatherings



Have a close contact with anyone, if you're experiencing cough and fever



Touch your eyes, nose and mouth



Spit in public

#### Don'ts

## Together we can fight Coronavirus

**For further information :**

Call at Ministry of Health, Govt. of India's 24X7 control room number  
**+91-11-2397 8046**

Email at [ncov2019@gmail.com](mailto:ncov2019@gmail.com)



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स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
भारत सरकार



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# नोवल कोरोनावायरस (COVID-19)

— खुद रहें सुरक्षित, दूसरों को रखें सुरक्षित —

क्या करें  क्या करें और क्या ना करें



बार-बार हाथ धोएं। जब आपके हाथ स्पष्ट रूप से गंदे न हों, तब भी अपने हाथों को अल्कोहल - आधारित हैंड वॉश या साबुन और पानी से साफ करें



छींकते और खांसते समय, अपना मुंह व नाक टिश्यू/रूमाल से ढकें



प्रयोग के तुरंत बाद टिश्यू को किसी बंद डिब्बे में फेंक दें



अगर आपको बुखार, खांसी और सांस लेने में कठिनाई है तो डॉक्टर से संपर्क करें। डॉक्टर से मिलने के दौरान अपने मुंह और नाक को ढकने के लिए मास्क/कपड़े का प्रयोग करें



अगर आप में कोरोना वायरस के लक्षण हैं, तो कृपया राज्य हेल्पलाइन नंबर या स्वास्थ्य मंत्रालय की 24X7 हेल्पलाइन नंबर 011-23978046 पर कॉल करें



भीड़-भाड़ वाली जगहों पर जाने से बचें



यदि आपको खांसी और बुखार का अनुभव हो रहा हो, तो किसी के साथ संपर्क में ना आये



अपनी आंख, नाक या मुंह को ना छूयें



सार्वजनिक स्थानों पर ना थूकें

क्या न करें 

हम सब साथ मिलकर कोरोनावायरस से लड़ सकते हैं

अधिक जानकारी के लिए

स्वास्थ्य एवं परिवार कल्याण मंत्रालय भारत सरकार के 24X7 हेल्पलाइन नं.

**+91-11-2397 8046** पर कॉल करें या

ई-मेल करें **ncov2019@gmail.com**



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