

**Government of West Bengal
Health & family Welfare Department
Swasthya Bhawan, Block GN-29, Sector V
Salt Lake City, Kolkata – 91**

Memo No: HPH/10P-03/2018/605

Dated: 23.09.2020

To

**The Principal, Medical College and Hospital, Kolkata / Murshidabad Medical College and Hospital
The Chief Medical officer of Health (All District and Health District, West Bengal)
The Superintendents (All Covid Hospitals, West Bengal)
The Director / CEO / Medical superintendent (All Private COVID Hospitals, West Bengal)
Sub: Advisory on Protocol Management for COVID – 19 Patients**

The experts from the Protocol Monitoring Team as deputed by the Department of Health and Family Welfare, Government of West Bengal visited some COVID hospitals and noted certain lacunae in practice which need urgent rectification. On the basis of their observations, following recommendations are made:

1. Covid-19 being a viral disease, antibiotics per se have no role in it. Antibiotics should not be prescribed routinely in Covid-19 unless bacterial co-infection is suspected. Consider using antibiotics to only those patients with severe Covid-19 infection who have high oxygen demands and show signs of rapidly progressing respiratory failure. All patients with severe Covid-19 should not receive empiric antibiotics, if there is no clinical suspicion of and/or there is absence of biochemical or radiological markers of bacterial infections.
 2. Consider antibiotic prescribing, guided by assessment of biomarkers of bacterial infection (total leucocyte count, C-reactive protein, pro-calcitonin), as per access to laboratory facility. However, C reactive protein may be high in Covid-19 due to inflammation, and therefore may not be very reliable. Microbiological tests (e.g., urine culture, blood cultures, sputum culture, as appropriate) should ideally be performed before initiation of any antibiotic treatment. However, a positive culture report does not necessarily prove presence of infection, unless this is accompanied by clinical signs and biochemical markers.
 3. Once started, continuously re-evaluate antibiotic treatment intensively, and consider stopping it as soon as possible if the probability of bacterial super-infection is low, e.g., persistently low inflammatory biomarkers, negative culture tests, CT scan compatible with Covid-19 only.
- Mere absence of fever should not be required as a criterion for stopping an antibiotic, since patients with Covid-19 often show persistent fever over several days. However, in general antibiotic therapy once started should be continued for a minimum of 5 days, or until the patient is afebrile for 48-72 hours; longer duration of therapy may be needed if initial therapy was not active against the identified pathogen or if it was complicated by extrapulmonary infections.
- These recommendations, if properly practised, will improve patient outcome. During subsequent visits teams will specifically check if these suggestions have been implemented.



**Director of Medical Education
Government of West Bengal**




**Director of Health Services
Government of West Bengal**

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Copy forwarded for kind information and necessary action:

1. The Mission Director, NHM, Department of Health & Family Welfare, Govt of West Bengal
2. The Medical Superintendent cum Vice Principal (All)
3. The DDHS (Admin), Department of Health & Family Welfare, Govt of West Bengal (He is requested to inform the Clinical establishments).
4. DDHS (PH), Department of Health & Family Welfare, Govt of West Bengal
5. The Dy Chief Medical Officer of Health – II (All Districts and Health Districts)
6. The Senior PA to the Secretary, Department of Health & Family Welfare, Govt of West Bengal
7. Office Copy



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Government of West Bengal**



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Government of West Bengal**