

දුරකථන) 011 2669192 , 011
2675011
தொலைபேசி) 011 2698507 , 011
2694033
Telephone) 011 2675449 , 011
2675280

ෆැක්ස්) 011 2693866
பெக்ஸ்) 011 2693869
Fax) 011 2692913

විද්‍යුත් තැපෑල)
postmaster@health.gov.lk



සුවසිරිපාය
சுவசிரிபாய
SUWASIRIPAYA

මගේ අංකය)
எனது இல) EPID/400/n-CoV

My No.)

මගේ අංකය)
உமது இல)
Your No. :)

දිනය) 07th April, 2020

திகதி)
Date)

සෞඛ්‍ය සහ දේශීය වෛද්‍ය සේවා අමාත්‍යාංශය
சுகாதார மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு
Ministry of Health and Indigenous Medical Services

All Deputy Director General of Health Services

All Provincial Directors of Health Services

All Regional Directors of Health Services

All Heads of the Institution

Strengthening of COVID -19 Surveillance

The COVID -19 Technical Committee has made a recommendation to expand testing for diagnosis of COVID -19 patients.

Considering this recommendation the decision has been taken to collect sampling and testing from following categories.

1. At least ten (10) samples per day from the patients presenting to the OPD of the COVID isolation and treatment hospitals (listed below) with COVID-19 like symptoms irrespective of contact or travel history.
2. Healthcare staff members self-quarantined following high or moderate risk exposure (Ref Screening and management of health care workers following exposure to a confirmed or suspected case of COVID-19 patients, www.epid.gov.lk)
3. All severe acute respiratory infection (SARI) patients admitted to any of the hospital irrespective of the age
4. Community samples as decided by the public health staff in high risk areas (Early active case detection)
5. Any other patient where the treating clinician decides for exclusion of COVID-19
6. All deaths suspected due to pneumonia (inward, on admission or in the field).

Therefore following hospitals are identified as sentinel sites and laboratories have been allocated to respective hospitals to carry out this COVID -19 active case detection procedures at OPD settings and among inward patients.

Table 1: List of hospitals for COVID -19 surveillance

	Hospital	Laboratory		Hospital	Laboratory
1	NHSL	MRI	09	Castle St Hos. Woman	MRI
2	Kandy NH	NH Kandy	10	TH Sri J’Pura	MRI/USJ
3	LRH	MRI	11	CEBH - Mulleriyawa	MRI/NIID
4	NIID	NIID/MRI/USJ	12	DGH Gampaha	MRI/CNTH
5	DMH	MRI	13	DGH Chilaw	MRI/TH Anuradh
6	CSTH (Kalubowila)	MRI	14	DGH Negambo	MRI/CNTH
7	NCTH (Ragama)	NCTH/MRI	15	TH Kurunegala	NH Kandy
8	BH Homagama	MRI/SJU	16	TH Jaffna	TH Jaffna
17	TH Rathnapura	MRI	25	DGH Hambantota	TH Karapitiya
18	TH Batticaloa	NH Kandy	26	TH Anuradhapura	TH Anuradhapura
19	PGH Badulla	NH Kandy	27	DGH Polonnaruwa	TH Anuradhapura
20	DGH Kalutara	MRI/USJ	28	Dr. Neville F. Hospital	MRI/USJ
21	DGH Matara	TH Karapitiya	29	TH Karapitiya	TH Karapitiya
22	GH Vavunia	THAnuradhadha TH Jaffna	30	BH Marawila	MRI/TH Anuradhapura
23	KDU Hospital	MRI/USJ	31	Chest Hospital, Welisara	MRI/CNTH
24	BH Welikanda	TH Anuradhapura	32	DGH Monaragala	TH Karapitiya/NH Kandy

Testing for active case detection should be done based on the following case definitions.

Clinically Suspected Case:

- A. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat; one or more of these) with a history of FEVER (at any point of time during this illness), returning to Sri Lanka from ANY COUNTRY within the last 14 days.

OR

B. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat; one or more these) AND having been in **close-contact*** with a confirmed or suspected COVID-19 case during the last 14 days prior to onset of symptoms;

***Close-contact:** A person in an enclosed environment for >15 minutes (e.g. same household/workplace/social gatherings/travelling in same vehicle) OR who had direct physical contact.

OR

C. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat; one or more of these) with a history of FEVER (at any point of time during this illness), with a **history of travel to or residence in a location designated as an area of high transmission of COVID-19** disease as defined by the Epidemiology Unit, MoH, during the 14 days prior to symptom onset.

OR

D. A patient with **acute pneumonia** (not explainable by any other aetiology) regardless of travel or contact history as defined by the treating Consultants.

- A sample for the PCR test obtained and sent (**not the patient**) to a designated laboratory.

OR

E. A patient with fever and in **respiratory distress** as evident by RR >30 per minutes, SpO₂ < 90% on room air, regardless of travel or contact history and **without a definable cause**, as decided by the treating Consultant.

- A sample for the PCR test obtained and sent (not the patients) to a designated laboratory.

F. Any person **irrespective of the presence of symptoms**, with an epidemiological link to a confirmed COVID-19 case who needs testing, as decided by the Regional Epidemiologist or the Central Epidemiology Unit.

Sample collection

- Identify a room/place at the OPD setting to collect samples for COVID -19 (nasopharyngeal or throat swabs) without admitting the patient.
- Viral Transport Media (VTM) / swabs to be obtained from the MRI.
- Collected samples should accompany with a request form with patients details (Name ,age ,BHT, Address, Date of sample collection,any signs and symptoms, onset of signs and symptoms, name of the institution, date and signature, (Ref www.epid.gov.lk).

- The head of the institution is responsible to assign a trained Medical Officer/ ICNOO/ NO for sample collection from patients / epidemiologically referred contacts.
- The activities in this regard will be under the overall supervision of the Consultant Virologist/ Consultant Microbiologist of the institution or under any designated officer.
- Regional Epidemiologist of the district will coordinate and monitor the activities at all sentinel sites under his/her purview.
- Maintain a record or a register in each institution. Send a daily report (including name, age, sex, signs and symptoms, onset of signs and symptoms, address, contact no.) to the Epidemiology unit by email (chepid@sltnet.lk) or fax (011-2696583).

Coordination of this case detection:

The process should be coordinated by the RE and provincial/district CCP with the help of the district and MOH team.

How to collect the samples?

The team should adopt the most convenient method for collection of the nasopharyngeal /throat samples.

This can be done by:

- 1) A team including the sample collecting officer, supporting staff and the driver who can reach the selected person in the community with the guidance of the MOH and staff.
- 2) This same team (defined in 01) can also visit the Quarantine Centre (QC) and collect the sample after liaising with the QC administration.
- 3) Once the samples have been collected transport in a triple package to the testing laboratory.

Sampling Procedure:

There could be 2 different swabs currently available in the sample collection kits.

1. If there are two swabs in the kit:
 - a. Use both swabs – one for the nasopharyngeal swab and the other for the throat swab.
2. If there is a single swab in the kit:
 - a. Collect the nasopharyngeal sample followed by the throat sample using the same swab

(Please note that sampling swab is too long to accommodate the VTM container, please adhere to the following procedure for convenience.

Once the sample is collected, place the stick into the VTM container and break the stick to easily accommodate inside of the VTM container).

Make sure to close the lid tightly after putting the swab.

Sample Collector:

1. In the collecting center, it is advisable to use the usual trained collecting officer sample collection.
2. Following officers such as the MO/MOPH/ICNO/NO from the nearest hospital (MOH/PHNS) can be trained under the supervision of Consultant Virologist/Microbiologist in the collecting center.

Packaging and transport:

1. Samples should be properly labeled before collection.
2. Once collection is completed, the sample should be packed in a triple package system.
3. Sample should be sent to the designated laboratory within 48 hours after collection.
4. Samples should be stored and transported at a temperature of 2-8°C.
5. If any delay \geq 48 hours, store the sample at -70°C.
6. Request form should be properly filled with a brief history of the illness and exposure history.

Use of Personnel Protective Equipment's during sampling procedure

- I. Adhere precautionary measures with wearing the appropriate PPE for the sample collection. Get the direct guidance of the Consultant Virologist/Microbiologist in the district.
- II. Take every measure to prevent unnecessary exposure of the other supportive staff during the process.
- III. Take necessary measures to minimize the use of PPE while maintaining all the precautions.

Thank you,


Dr. Anil Jasinghe

Director General of Health Services

Cc:

- I. Chief Epidemiologist
- II. Provincial/District CCP
- III. Regional Epidemiologist