

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 තැපෑ,) postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)
website)



සුවසිරිපාය
சுவசிரிபாய

SUWASIRIPAYA

මගේ අංකය)
எனது இல) DDG(PHS)1 /DO2/12-9/2019/10
My No.)

ඔබේ අංකය)
உமது இல)
Your No. :)

දිනය)
திகதி) 06 /02/2020
Date)

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

Provincial Directors of Health Services,
Regional Directors of Health Services,
Heads/Directors of Health Institutions,
Directors of National Hospital/Teaching Hospitals/Provincial &
District General Hospitals, Base Hospitals,
All Medical Superintendents of other Hospitals,
All Consultant Community Physicians,
All Regional Epidemiologists,

Revision to Interim Summary Guidelines for Clinical Management of patients with novel coronavirus (2019- nCoV)

This is further to the Circular Letter dated 26. 01. 2020 with even number.

As of 5th February, 2020, the World Health Organization has reported 20,630 confirmed novel coronavirus cases of which 20,471 cases are from China (including Taipei, Macau and Hong Kong). Out of 159 confirmed cases reported from other countries majority had a travel history to Wuhan City. Cases were reported from Thailand Japan, Republic of Singapore, Australia, Republic of Korea, Vietnam, Australiya, Malaysia, Cambodia, Philippines, Sri Lanka, India, USA, Canada, Finland, Germany, Italy, Russian Federation, Spain, Sweden, UK, United Arab Emirates and French Republic. Four hundred and twenty five deaths have been reported from China and one death reported from Phillipines.

With the increasing new knowledge on the n-CoV infection the sections on Case definition and surveillance, Sample collection guideline for novel coronavirus (nCoV) testing and Prevention are revised as follows:

The following people should be investigated, tested and notified for nCoV (2019) infection

Case definitions for surveillance

The case definitions are based on the current information available and might be revised as new information accumulates. Countries may need to adapt case definitions depending on their own epidemiologic situation.

Suspect case

A. Patient with severe acute respiratory infection (fever, cough, and requiring admission to hospital), **AND** with no other etiology that fully explains the clinical presentation **AND** a history of travel to or residence in China during the 14 days prior to symptom onset,

OR

B. Patient with any acute respiratory illness **AND** at least one of the following during the 14 days prior to symptom onset:

- a) contact with a confirmed or probable case of 2019- nCoV infection, **or**
- b) worked in or attended a health care facility where patients with confirmed or probable 2019- nCoV acute respiratory disease patients were being treated.

Probable case

Probable case: A suspect case for whom testing for 2019- nCoV is inconclusive¹ or is tested positive using a pancoronavirus assay and without laboratory evidence of other respiratory pathogens.

Confirmed case

A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.

All suspected patients with 2019-nCoV need to be notify to Epidemiology Unit immediately by the treating physician by phone (0112695112, 0114740490, 0114740491, 0114740492, 0112681548)

Sample collection guideline for Novel Coronavirus (nCoV) testing

Criteria for testing

Samples that are only fitting to case definition will be tested

Information needed in the Lab Request Form

Brief history of the illness is **mandatory**.

- a. Patient information (Name, Age, Sex)
- b. Clinical features / duration / treatment
- c. Presence of co-morbidities
- d. Travel history and date of arrival**
- e. Date and time of sample collection
- f. Sample type/s
- g. Other laboratory investigations

Sample collection procedure

Type of respiratory samples

1. sputum (**not saliva**)
2. Endotracheal aspirate, nasopharyngeal aspirate
3. Bronchoalveolar lavage
4. Tissue from biopsy or autopsy including from lung

Lower respiratory samples are strongly recommended and should be collected wherever possible.

Nasopharyngeal and oropharyngeal swabs are low yield

- ▶ Time of sample collection
 - On admission
 - ▶ Sample container
 - Pour VTM into a wide mouth, screw cap, plastic sterile (not glass) like a urine culture container before collecting sputum.
 - all other samples in VTM (viral transport medium) containers
- All samples should be properly labeled before collection

Sample storage

Store at +4°C (2-8°C) If any delay ≥ 48 hours store at -70°C

Sample transport

Transport in triple package system to laboratory within 48 hours

Before sending sample inform laboratory, Department of Virology, MRI.

All specimens should be regarded as potentially infectious. Health Care Workers who collect, or transport clinical specimens should adhere to infection prevention and control guidelines and national regulations for the transport of dangerous goods (infectious substances) to minimize the possibility of exposure to pathogens.

For further information on sample collection and transport contact Dr. J. Jayamaha, Consultant Virologist, NIC, MRI

Prevention

Recommendations for follow-up of contacts

Definition of contact

A contact is a person involved in any of the following:

- Providing direct care for 2019-nCoV patients, working with health care workers infected with novel coronavirus, visiting patients or staying in the same close environment of a 2019-nCoV patient.
- Working together in close proximity or sharing the same classroom environment with a 2019-nCoV patient
- Traveling together with 2019-nCoV patient in any kind of conveyance
- Living in the same household as a 2019-nCoV patient within a 14-day period after the onset of symptoms in the case under consideration.

Monitoring of contacts of probable and confirmed cases

- Contacts should be monitored for 14 days from the last unprotected contact.
 - Contacts should self-limit travel and movements.
- Monitoring by public health authorities, can be done through household or virtual visits or by telephone to check for symptoms.
- Any contact who becomes ill and meets the case definition becomes a suspect case and should be tested.
 - Any newly identified probable or confirmed cases should have their own contacts identified and monitored.

Recommendations for follow-up of returnees from CHINA and affected areas of affected countries.

- Contacts should be monitored for 14 days from the date of arrival.

- Returnees should self-limit travel and movements.

Monitoring by public health authorities, can be done through household or virtual visits or by telephone to check for symptoms.

- Any returnee who becomes ill within 14 days of arrival and meets the case definition becomes a suspect case and should be tested.

It is likely that general prevention measures used for other coronavirus infections will also prevent infection with 2019-nCoV.

The World Health Organization (WHO) recommends measures to reduce the general risk of acute respiratory infections while travelling in or from affected areas by:

- ❖ avoiding close contact with people suffering from acute respiratory infections;
- ❖ frequent hand-washing, especially after direct contact with ill people or their environment;
- ❖ avoiding close contact with live or dead farm or wild animals;
- ❖ travellers with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).

Specific recommendations on managing a diseased patient with nCoV , further information could be obtained from Clinical management of severe acute respiratory infection when Novel coronavirus (nCoV) infection is suspected: Interim Guidance (https://www.who.int/docs/default-source/coronaviruse/clinical-management-of-novel-ov.pdf?sfvrsn=bc7da517_2&download=true)

Following hospitals are identified as designated hospitals for immediate admission / transferring of suspected patients and hospitals are advised to identify a mechanism for the isolation of patients, implement infection control measures and adhering to guidelines given for the maximum precautions in preventing transmission.

NIIDH	T.H.Karapitiya	P.G.H.Ratnapura
NHSL	T.H.Anuradhapura	P.G.H.Badulla
LRH	T.H.Jaffna	DGH Gampaha
T. H. North Colombo	T.H.Baticaloa	DGH Negambo
National Hospital Kandy	T.H.Kurunegala	



Dr Anil Jasinghe
Director General of Health Services

Dr. Anil Jasinghe
Director General of Health Services
Ministry of Health & Indigenous Medicine Services
"Uwasiripaya"
385, Rev. Baddegama Wimalawansa Thero Mawatha,
Colombo 10.

cc:

Secretary Health
DDG/PHS I and II
DDG/MS I and II
DDG/LS
Chief Epidemiologist
Director/MRI
Director/Quarantine
Director/HPB