





Epidemiology Unit

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UPDATED INTERIM CASE DEFINITION AND ADVICE ON INITIAL MANAGEMENT

1. Clinical case definitions of COVID-19

The present recommendation is to isolate and test all clinically suspected cases of COVID-19 infected patients.

All confirmed cases should be transferred to National Institute of Infectious Diseases (IDH) until further notice.

1.1 Clinically Suspected Case:

A. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat) 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 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 staying in an enclosed environment for >15 minutes (e.g. same household/workplace/social gatherings/travelling in same vehicle).

OR

C. A patient with acute pneumonia (not explainable by any other aetiology) regardless of travel or contact history as decided by the treating <u>Consultant</u>.

1.2 Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

2. Disposition of suspected cases

All patients fitting to the above suspected case definitions (A, B or C) should be admitted and transferred by ambulance to the closest designated hospital (see CPG Annexure for the list of designated hospitals) for confirmatory testing and management. This should be done only after stabilizing the patient and in prior consultation with the respective designated hospital, adhering to necessary infection prevention and control (IPC) precautions.

3. Disposition of a confirmed case

All confirmed patients should be transferred to National Institute of Infectious Diseases (IDH) with necessary precautions.

This protocol is to be applied in **all hospitals** including those in the private sector. (21.03.2020)