



REVISED GUIDELINES FOR TESTING, CONTACT TRACING, QUARANTINE, HOSPITAL ADMISSION AND DISCHARGE FOR COVID-19 BASED ON CURRENT RISK ASSESSMENT

Department of Health, Government of Haryana
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Following guidelines are issued for follow up of the patient presenting with the acute respiratory illnesses.

- **PART I :** CASE DEFINITION
- **PART II:** COVID-19 TESTING, CONTACT TRACING, MANAGEMENT AND STRATEGY BASED ON RISK ASSESSMENT
- **PART III:** MATRIX FOR TESTING ADMISSION ISOLATION AND DISCHARGE BASED ON CURRENT RISK ASSESSMENT
- **PART IV:** SIMPLIFIED MATRIX FOR PERIOD OF ISOLATION/QUARANTINE AND TESTING
- **PART V:** CLINICAL DECISION MAKING ALGORITHM FOR PERSONS FROM COUNTRIES / AREAS WITH REPORTED TRANSMISSION OF COVID-19, PRIMARY CONTACTS AND SECONDARY CONTACTS

PART- I: CASE DEFINITION

Suspect Case:

A patient with acute respiratory illness {fever and at least one **sign/symptom** of respiratory disease (e.g., cough, shortness of breath or diarrhoea)}, **AND** a history of travel to or residence in a country/area or territory reporting local transmission (See National Centre for Disease Control /WHO website for updated list) of COVID-19 disease during the 14 days prior to symptom onset;

OR

A patient/Health care worker with any acute respiratory illness **AND** having been in *contact* with a confirmed COVID-19 case in the last 14 days prior to onset of symptoms;

OR

A patient with severe acute respiratory infection {fever and at least one sign/symptom of respiratory disease (e.g. cough, shortness breath)} **AND** requiring hospitalization **AND** with no other etiology that fully explains the clinical presentation;

OR

A case for whom testing for COVID-19 is inconclusive.

Laboratory Confirmed case:

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

Contact Case:

A person that is involved in any of the following:

- Providing direct care without proper personal protective equipment (PPE) for COVID-19 patients
- Staying in the same close environment of a COVID-19 patient (including workplace, classroom, household, gatherings).
- Travelling together in close proximity (1 metre) with a symptomatic person who later tested positive for COVID-19.

Note: This should include health workers (including those involved in cleaning, waste management, laboratory technicians, healthcare workers, etc.)

If symptoms of COVID-19 appear within the first 28 days following the contact, the individual should be considered a **probable case** and reported through IDSP network to NCDC.

| High Risk Contacts | Low Risk Contacts |
|---|---|
| <ul style="list-style-type: none">• Came in contact with body fluids of the patient (Respiratory tract secretions, blood, vomitus, saliva, urine, faeces)• Had direct physical contact with the body of the patient including physical examination without PPE.• Touched or cleaned the linens, clothes or | <ul style="list-style-type: none">• Shared the same space (Same class for school/worked in same room / similar and not having a high risk exposure to confirmed or suspect case of COVID-19).• Travelled in same |

| | |
|--|---|
| <p>dishes of the patient.</p> <ul style="list-style-type: none"> • Lives in the same household as the patient. • Anyone in close proximity (within 1 metre) of the confirmed case without precautions. • Passenger in close proximity (within 1 metre) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours. • Traveller who visited the isolation ward of a hospital where COVID-19 cases are being treated. • Co-passenger in air plane/train/vehicle seated in the same row, three rows in front, behind and side of confirmed COVID-19 case. • Travel to an area where COVID-19 local transmission is being reported as per WHO daily station report. | <p>environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.</p> <ul style="list-style-type: none"> • Any traveller from abroad not satisfying high risk criteria. |
|--|---|

Contact Tracing:

Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission. People who may have been exposed to COVID-19 are to be followed for 28 days from the date of the probable last exposure/arrival from COVID-19 affected countries. Any person who has had contact with a confirmed case of COVID-19 should be carefully monitored for the appearance of symptoms of COVID-19.

Community based Contact Tracing - Implementation Guidelines

1. As soon as the single event (identification of confirmed case) is detected, contact tracing must be aggressively implemented (preferably to be completed within 48 hours).
2. The contact tracing shall preferably be done by visiting the local residence of the contact(s) by a Health Personnel. Other methods of communication like telephone may be used in certain special circumstances or for follow-up.
3. On meeting the **contact person**, the visiting Health Personnel should introduce him / herself, explain the purpose of contact tracing and collect data in the format prescribed by NCDC/IDSP.
4. Contact tracing must include identification of extended social networks and travel history of cases during the 28 days after onset of illness.

5. Contacts of confirmed cases should be traced and monitored for at least 28 days after the last exposure to the case for evidence of COVID-19 symptoms as per case definition.
6. Information about contacts can be obtained from:
 - Patient, his/her family members, persons at patient's workplace or school associates,
 - OR**
 - Others with knowledge about the patient's recent activities and travels.
7. Case wise Line-listing of all exposed contacts shall be maintained as per NCDC/IDSP guidelines with the following information:
 - Demographic information,
 - Date of last exposure or date of contact with the case patient,
 - Date of onset of fever or other symptoms developed, if any.

Advisory for Symptomatic contacts:

Refer persons with fever, cough and history of contact with a confirmed case within last 28 days for:

- Isolation for strict infection control.
- Collection and transportation of sample for laboratory testing at designated lab.
- Appropriate medical care for management of patient.

Advisory for Asymptomatic Contacts:

- Remain at home (home quarantine) for at least 28 days after the last exposure with the case.
- Initiate self-health monitoring for the development of fever or cough within 28 days after the last exposure to the case / patient and maintain a list of contacts on daily basis.
- If above described symptoms develop, person must put on the mask, self-isolate him in the home and inform the Civil Surgeon / District Nodal Officer/ District Surveillance Officer by telephone and further management must be done at a designated health facility.
- Active monitoring (e.g. daily visits or telephone calls) for 28 days after the last exposure shall be done by the designated local health officials.

Note -

1. All high risk contacts should be admitted at isolation facility & get tested for COVID-19.
2. Only symptomatics among low risk contacts need to be admitted & get tested for COVID-19.

Health and safety precautions for the contact tracing official:

- Maintain a distance of at least 2 metre (as advised by WHO*) from the contact.
- Personal protective equipment (PPE) is not needed for Contact Follow-up Teams and should not be worn. However, masks should be worn by the contact tracing

team.

- Maintain standard infection prevention and control measures and hand washing should be performed

PART II: COVID-19 TESTING AND MANAGEMENT STRATEGY BASED ON RISK ASSESSMENT

BACKGROUND

The epidemiology of COVID-19 shows that 75 to 80% of the affected will develop only mild symptoms which do not require hospitalization. Severe infection and mortality are seen only in high risk groups like elderly and those with chronic lung disease, heart disease, liver disease, renal disease, malignancies, immunocompromised, pregnancy , post-transplant, hematological disorders, HIV and in those on chemotherapy and long term steroids. In majority of patients with mild symptoms, there is no need for hospitalization or symptomatic management.

Just like any viral infection, COVID-19 also will resolve by itself in majority of the patients. Epidemiology of COVID-19, SARS and MERS clearly demonstrate that hospitals act as amplifying centres for the epidemic. This happens due to the mixing of patients with different risk categorization in the busy outpatient areas of designated COVID- 19 centres.

So patients with mild symptoms are advised not to come to hospitals for testing and treatment. Testing is not going to change either the clinical course or management of the patient with mild symptoms.

CLINICAL CATEGORIZATION

CATEGORY- A: Low grade fever / mild sore throat / cough / rhinitis / diarrhoea.

CATEGORY-B: High grade fever and / or severe sore throat / cough.

or

Category-A plus one or more of the following

1. Lung/ heart / liver/ kidney / neurological disease, blood disorders/ uncontrolled diabetes/ cancer / HIV- AIDS
2. On long term steroids
3. Pregnancy
4. Age: more than 60 years

CATEGORY-C:

- Breathlessness , chest pain, drowsiness, fall in blood pressure, haemoptysis, cyanosis (**red flag signs- adult**)
- Children with ILI (Influenza Like Illness) with **red flag signs for children** (Somnolence, high/persistent fever, inability to feed well, convulsions, dyspnea /respiratory distress, etc)
- Worsening of underlying chronic conditions.

Categorization should be reassessed every 28-48 hours for Category A & B.

TESTING GUIDELINES

Category-A: No Testing needed

Category-B: Testing required

Category-C: Testing required

Note: In patients with Viral pneumonia without an etiology; COVID-19 testing may be considered even if the patient is not from a country/area with local transmission of COVID-19. Testing should be restricted to patients with bilateral lung infiltrates, lymphocytopenia with decreased or normal total WBC count. Decision on testing to be taken by the Civil Surgeon /District Nodal Officers / Institutional Medical Board.

MANAGEMENT GUIDELINES

CATEGORY-A

Patient should inform about illness on **24 X 7 helpline mobile number 8558893911**. No need to come to designated nodal centres. Patients should remain in strict home isolation. Doctor from nearby PHC / health facility will telephonically monitor progress of patient and assess development of red flag signs.

Patients are advised to take:

- Plenty of warm nourishing oral fluids
- Balanced diet
- Adequate sleep and rest
- Saline gargles for sore throat

CATEGORY-B

Patient should come to designated COVID-19 treatment centers after informing on **24 X7 helpline mobile number 8558893911**.

After clinical assessment at the hospital, decision on testing will be taken. Patient will be started on symptomatic treatment including treatment of other respiratory pathogens (like HINI, H5N1 etc.) wherever applicable and will either be admitted or sent back for home isolation. If the treating hospital decides on home isolation, the nodal officer of the corresponding district should be informed in the prescribed format for ensuring home isolation. If sent back for home isolation, doctor from nearby PHC / health facility will telephonically monitor progress of patient and assess development of red flag signs.

CATEGORY- C

Patient should come to designated COVID-19 treatment centers after informing on **24 X7 helpline mobile number 8558893911**.

Patient will be admitted and treated in designated COVID-19 treatment centers.

PART-III: MATRIX FOR TESTING ADMISSION ISOLATION AND DISCHARGE BASED ON CURRENT RISK ASSESSMENT.

| Risk Category | Description | Clinical Status | Test Criteria for COVID-19 | Admission/ follow up | Isolation Criteria | Discharge Criteria, if applicable |
|----------------------|---|------------------------|---|---|--|--|
| 1.a | A person who came to Haryana within the 14 days from any country which is currently reporting local transmission of COVID-19 as updated in the situation report published by WHO. | Symptomatic | Test for clinical case category B & C only | <p>CAT-A: Strict Home Isolation and telephonic follow-up</p> <p>CAT-B: Based on clinical assessment either admit in Corona (COVID-19) Isolation Unit OR send for strict home isolation after collecting samples.</p> <p>Daily telephonic follow-up to be done.</p> <p>CAT-C: Admit in designated COVID-19 isolation center.</p> | <p>If positive for COVID 19- Admit /continue in COVID isolation ward.</p> <hr/> <p>If negative strict home isolation High Risk contact:28 days Low Risk contact:14 days</p> | 2 samples, 24 hours apart are negative and clinically stable. Radiology clearance may be considered, if x-ray was indicated. Patient has to be in home isolation for 14 days from last negative test result or 28 day from day of admission, whichever is later. |
| 1.b | A person who came to Haryana within the last 14 days from any country which is currently reporting local transmission of COVID19 as updated in the situation report published by WHO | Asymptomatic | Testing Deferred | NO ADMISSION; Close monitoring for onset of fever/ other symptoms; reclassify | <p>High Risk contact 28 days Low Risk contact 14 days</p> | |

| Risk Category | Description | Clinical Status | Test Criteria for COVID-19 | Admission/ follow up | Isolation Criteria | Discharge Criteria if applicable |
|---------------|-------------------|-----------------|---|---|---|--|
| 2.a | PRIMARY CONTACTS | Symptomatic | TEST for clinical case Category B and C only | CAT-A: Strict Home isolation and telephonic follow-up CAT-B: Based on clinical assessment either admit in the Corona (Covid-19) isolation Unit OR send for strict home isolation after collecting samples. Daily telephonic follow-up to be done. CAT-C: Admit in designated COVID-19 isolation center. | If positive for COVID- 19 Admit /continue in COVID isolation ward. If negative strict home isolation. High Risk contact: 28 days. Low Risk contact: 14 days. | 2 samples, 24 hours apart are negative and clinically stable Radiology clearance may be considered if X-Ray was indicated. Patient has to be in home isolation for 14 days from last negative result or 28 days from day of admission, whichever is later. |
| 2.b | PRIMARY CONTACTS | Asymptomatic | Testing Deferred | NO ADMISSION Close monitoring for onset of fever/ other symptoms; reclassify | High Risk contact- 28 days Low Risk contact - 14 days | |
| 3.a | SECONDARY CONTACT | Symptomatic | Test for clinical case Category B and C only | CAT-A: Strict home isolation and telephonic follow-up CAT.-B: Based on clinical assessment either admit in Corona (COVID-19) isolation Unit or send for strict home isolation after collecting samples. Daily telephonic follow-up to be done. CAT C: Admit in designated COVID-19 isolation centre. | If positive for COVID-19 Admit/continue in COVID isolation ward If negative, strict home isolation High Risk contact: 28 days Low Risk contact: 14 days | 2 samples, 24 hours apart are negative and clinically stable. Radiology clearance may be considered, if X-ray was indicated. Patient has to be in home isolation for 14 days from last negative test result or 28 days from day of admission, whichever is later. |

| Risk Category | Description | Clinical Status | Test Criteria for COVID-19 | Admission/ follow up | Isolation Criteria | Discharge Criteria if applicable |
|----------------------|---|------------------------|--|--|---|--|
| 3.b | Secondary Contact | Asymptomatic | Testing Deferred | No admission. Close monitoring for 14 days for onset of fever/other symptoms; reclassify | High Risk contact: 28 days. Low Risk contact- Avoid non essential travel and community/ social contacts for 14 days. | - |
| 4.a | A person who came to Haryana within the last 14 days from any country which has reported COVID-19 in last 14 days but no local transmission , as updated in the situation report published by WHO | Symptomatic | Test for clinical case Category B and C only | CAT-A: Strict Home Isolation and telephonic follow-up CAT-B: Based on clinical assessment either admit in Corona (COVID-19) Isolation Unit OR send for strict home isolation after collecting samples. Daily telephonic follow-up to be done. CAT-C: Admit in designated COVID-19 isolation center | If positive for COVID-19 Admit /continue in COVID isolation ward. If negative strict home isolation High Risk contact:28 days Low Risk contact:14 days | 2 samples, 24 hours apart are negative and clinically stable. Radiology clearance may be considered, if x-ray was indicated. Patient has to be in home isolation for 14 days from last negative test result or 28 day from day of admission, whichever is later. |
| 4.b | A person who came to Haryana within the last 14 days from any country which has reported COVID-19 in last 14 days but no local transmission, as updated in the situation report published by WHO | Asymptomatic | Testing deferred | NO ADMISSION; Close monitoring for 14 days for onset of fever/ other symptoms; reclassify | High Risk contact: 28 days. Low Risk contact: Avoid non essential travel and community/ social contacts | - |

| Risk Category | Description | Clinical Status | Test Criteria for COVID-19 | Admission/ follow up | Isolation Criteria | Discharge Criteria if applicable |
|---------------|---|-----------------|--|--|---|--|
| 5.a | A person who came to Haryana within the last 14 days from any country which has not reported COVID-19 in last 14 days, as updated in the situation report published by WHO | Symptomatic | Testing to be considered in a hospitalized patient with viral pneumonia without etiology in consultation with Civil Surgeon/District Nodal Officer / Institutional Medical Board | Admission location to be decided by Civil surgeon/District Nodal Officer. Close monitoring for onset of symptoms for 14 days | High Risk contact: 28 days. Low Risk contact- Avoid non essential travel and community/ social contacts for 14 days from last exposure | If positive for COVID-19, discharge when 2 samples, 24 hours apart are negative and clinically stable. Radiology clearance may be considered, if x-ray was indicated. Patient has to be in home isolation for 14 days from last negative test result or 28 days from day of admission, whichever is later. |
| 5.b | A person who came to Haryana within the last 14 days from any country which has not reported COVID-19 in last 14 days, as updated in the situation report published by WHO | Asymptomatic | Testing deferred | NO ADMISSION; Close monitoring for 14 days for onset of fever/ other symptoms; reclassify | High Risk contact: 28 days. Low Risk contact: Avoid non essential travel and community/ social contacts for 14 days from last exposure | - |

| Risk Category | Description | Clinical Status | Test Criteria for COVID-19 | Admission/ follow up | Isolation Criteria | Discharge Criteria if applicable |
|---------------|---|-----------------|---|--|---|--|
| 6.a | Local Contacts of people coming from countries with reported local transmission | Symptomatic | TEST for clinical case Category B and C only | CAT-A: Strict Home isolation and telephonic follow-up CAT-B: Based on clinical assessment either admit in Corona (COVID-19) Isolation Unit OR send for strict home isolation after collecting samples. Daily telephonic follow-up to be done. CAT-C: Admit in designated COVID-19 isolation center | If test positive; 28 days isolation If test negative; High Risk contact: 28 days. Low Risk contact: Avoid non essential travel and community/ social contacts for 14 days from last exposure | 2 samples, 24 hours apart are negative and clinically stable. Radiology clearance may be considered, if x-ray was indicated. Patient has to be in home isolation for 14 days from last negative test result or 28 day from day of admission, whichever is later. |
| 6.b | Local Contacts of people coming from countries with reported local transmission | Asymptomatic | Testing deferred | NO ADMISSION; Close monitoring for 14 days for onset of fever/ other symptoms; reclassify | Avoid non essential travel and community/ social contacts for 14 days from last exposure | - |
| 7.a | Healthcare provider having contact with a confirmed case | Symptomatic | Test for clinical case Category B and C only | If test positive. If test negative | Admit in isolation ward. 28 days isolation is required. 14 days of isolation | 2 samples, 24 hours apart are negative and clinically stable. Radiology clearance may be considered, if x-ray was indicated. Patient has to be in home isolation for 14 days from last negative test result or 28 day from day of admission, whichever is later. |

| Risk Category | Description | Clinical Status | Test Criteria for COVID-19 | Admission/ follow up | Isolation Criteria | Discharge Criteria if applicable |
|---------------|---|-----------------|--|--|---|---|
| 7.b | Healthcare provider having contact with a confirmed case | Asymptomatic | No testing | No Admission | No isolation | - |
| 8 | Any person with viral pneumonia irrespective of travel history* | - | Testing for COVID-19: Decision by Civil Surgeon /District Nodal Officer/ Institutional Medical Board | Testing to be considered only in case of bilateral lung infiltrates, leucopenia or normal WBC count with lymphocytopenia | Standard and transmission based precautions to be taken by the health institution | For the purpose of testing alone, patient should not be referred to designated centers. |

*Testing for COVID-19 to be considered in hospitalized viral pneumonia without an alternative diagnosis. This is to be considered in cases with bilateral lung infiltrates, normal or low total count with lymphocytopenia.

Note:-

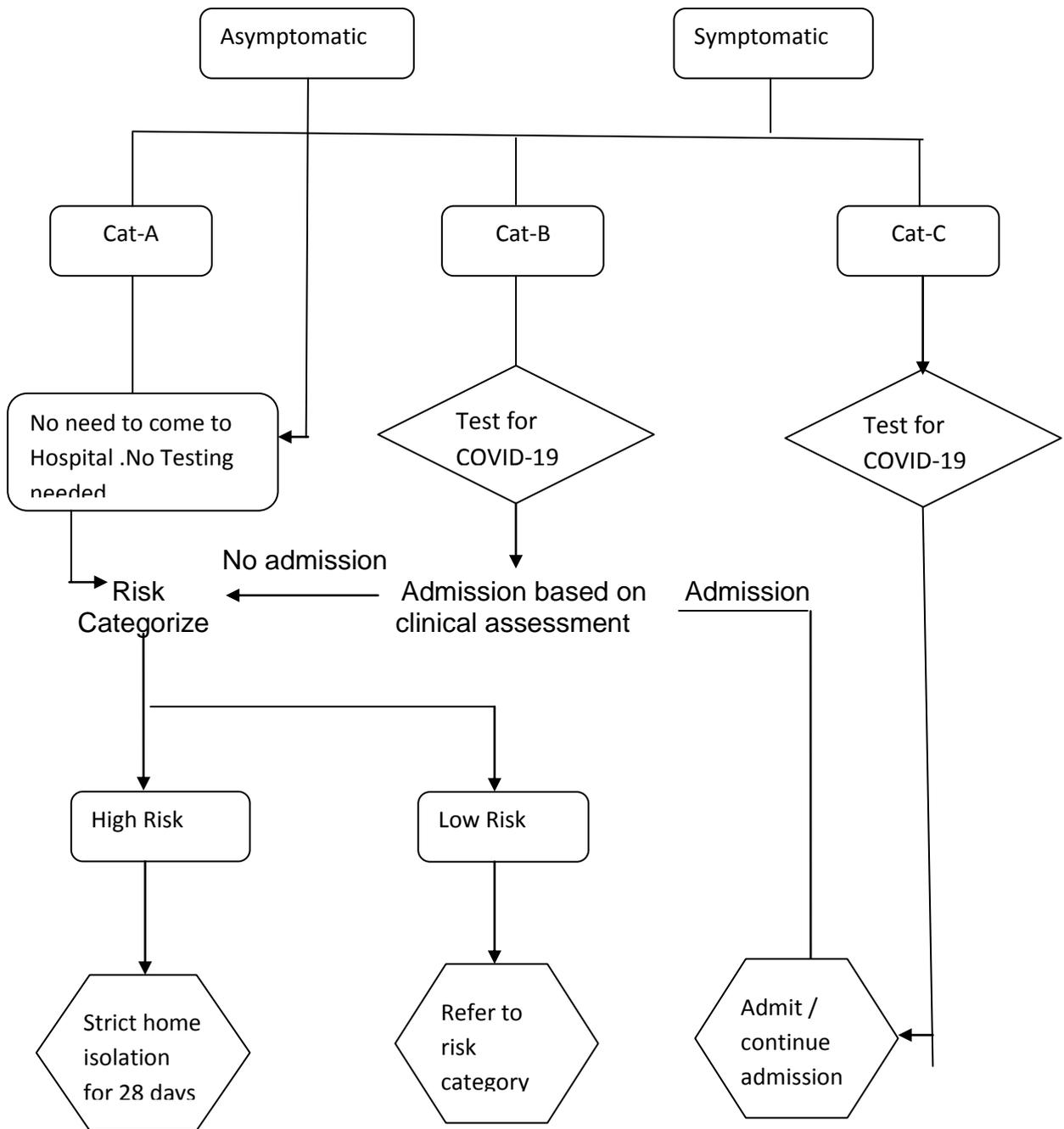
- Decision of **repeat testing** for symptomatic patients from countries with local transmission to be decided by Civil Surgeon / District Nodal Officer / Institutional Medical Board.
- **Treatment protocol** for proven cases of COVID-19 to be decided by Civil Surgeon / District Nodal Officer / Institutional Medical Board.
- Decision with regard to patients coming from areas where local transmission has been reported **within the country** has to be decided Civil Surgeon / District Nodal Officer / Institutional Medical Board.

PART- IV: SIMPLIFIED MATRIX FOR PERIOD OF ISOLATION/QUARANTINE AND TESTING

| | | |
|---|---|---|
| 1 | Laboratory Confirmed Case of COVID- 19 | 28 days of isolation/I4 days from last negative test, whichever is later |
| 2 | HIGH RISK CONTACT | 28 days of isolation |
| 3 | <ol style="list-style-type: none"> 1. LOW RISK CONTACT from a country/area with local transmission. 2. Primary contact with LOW RISK. 3. Symptomatic secondary contact with LOW RISK. 4. LOW RISK - symptomatic from a country without local transmission but with reported cases in last 14 days. 5. Symptomatic health care worker with contact with a proven case | 14 days of isolation |
| 4 | <ol style="list-style-type: none"> 1. LOW RISK CONTACT from a Country/area without local transmission. 2. Asymptomatic secondary contact with LOW RISK 3. LOW RISK- asymptomatic from a country without local transmission but with reported cases in last 14 days. 4. Local contacts of people coming from country/area with local transmission | Avoid non-essential travel and community/social contact for 14 days from last exposure . |
| 5 | For all symptomatic patients from COVID-19 affected countries with or without local transmission, symptomatic primary and secondary contacts, symptomatic high risk contacts. | Testing to be done for Category B & C |
| 6 | For symptomatic patients from COVID-19 unaffected country/area with evidence of viral pneumonia without etiological diagnosis. | Decision on testing to be taken by Civil Surgeon / District Nodal Officer / Institutional Medical Board |
| 7 | Asymptomatic persons | Testing deferred. |

PART V: CLINICAL DECISION MAKING ALGORITHM FOR PERSONS FROM COUNTRIES / AREAS WITH REPORTED TRANSMISSION OF COVID-19, PRIMARY CONTACTS AND SECONDARY CONTACTS

1. A person within 14 days of return from a country / area with reported local transmission
2. Primary contacts
3. Secondary contacts.



Testing for COVID-19 to be considered in Hospitalized viral Pneumonia without an alternative diagnosis. This is to be considered in cases with bilateral lung infiltrates, normal or low WBC count with lymphocytopenia. Decision of repeat testing for symptomatic patients from country with ongoing transmission to be decided by Civil Surgeon/ District Nodal Officer.

All symptomatics in home isolation will be telephonically followed up daily by the nearby Govt. Health Facility.