# INDIAN COUNCIL OF MEDICAL RESEARCH

# DEPARTMENT OF HEALTH RESEARCH

# Revised Strategy of COVID19 testing in India (Version 3, dated 20/03/2020)

#### **Background:**

WHO declared an outbreak of febrile respiratory illness of unknown etiology in December 2019 from Wuhan, Hubei province of China. Since its emergence, the disease rapidly spread to neighboring provinces of China as well as to 182 other countries. Infection is spread through droplets of an infected patient generated by coughing and sneezing or through prolonged contact with infected patients.

Currently, India has witnessed cases of COVID19 mostly related to travel and local transmission from imported cases to their immediate contacts. Community transmission of the disease has not been documented till now. Once community transmission is documented, the above testing strategy will undergo changes to evolve into stage appropriate testing strategy.

Advisory for testing are being reviewed and updated periodically (09/03/2020, 16/03/2020 and 20/03/2020). The testing strategy is reviewed by the National Task Force constituted by Secretary DHR & DG, ICMR and Chaired by Prof. V. K. Paul, Member, NITI Aayog.

### **Objectives:**

- To contain the spread of infection of COVID19.
- To provide reliable diagnosis to all individuals meeting the inclusion criteria of COVID19 testing.

### **Current testing strategy:**

- i. All asymptomatic individuals who have undertaken international travel in the last 14 days:
- They should stay in home quarantine for 14 days.
- They should be tested only if they become symptomatic (fever, cough, difficulty in breathing)
- All family members living with a confirmed case should be home quarantined
- ii. All symptomatic contacts of laboratory confirmed cases.
- iii. All symptomatic health care workers.
- iv. All hospitalized patients with Severe Acute Respiratory Illness (fever AND cough and/or shortness of breath).
- v. Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his/her contact.
- Direct and high-risk contact include those who live in the same household with a confirmed case and healthcare workers who examined a confirmed case without adequate protection as per WHO recommendations.