
ADVISORY

REVISED TESTING POLICY FOR COVID-19
(Date of Release: ...... September 2020)

A. Routine surveillance in containment zones:

<table>
<thead>
<tr>
<th>Testing Criteria</th>
<th>Choice of Test (in order of priority)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All symptomatic (Influenza Like Illness symptoms) cases including health care workers and frontline workers.</td>
<td>a. Rapid Antigen Test (RAT) [as per attached algorithm]</td>
</tr>
<tr>
<td>2. All asymptomatic high-risk contacts² of a laboratory confirmed case to be tested once between day 5 and day 10 of coming into contact.</td>
<td>b. RT-PCR or TrueNat</td>
</tr>
<tr>
<td>3. All asymptomatic high-risk individuals³ to be tested once.</td>
<td></td>
</tr>
</tbody>
</table>

B. Routine surveillance in non-containment areas:

<table>
<thead>
<tr>
<th>Testing Criteria</th>
<th>Choice of Test (in order of priority)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. All symptomatic (ILI symptoms) individuals with history of international travel in the last 14 days.</td>
<td>a. RT-PCR or TrueNat</td>
</tr>
<tr>
<td>5. All symptomatic (ILI symptoms) contacts of a laboratory confirmed case.</td>
<td>b. RAT</td>
</tr>
<tr>
<td>6. All symptomatic (ILI symptoms) health care / frontline workers involved in containment and mitigation activities.</td>
<td></td>
</tr>
<tr>
<td>7. All symptomatic ILI cases among returnees/ in-bound travellers and migrants within 7 days of illness.</td>
<td>c. RAT</td>
</tr>
<tr>
<td>8. All asymptomatic high-risk contacts⁵</td>
<td>a. RT-PCR or TrueNat</td>
</tr>
</tbody>
</table>

C. In Hospital Settings:

<table>
<thead>
<tr>
<th>Testing Criteria</th>
<th>Choice of Test (in order of priority)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. All patients of Severe Acute Respiratory Infection (SARI).</td>
<td></td>
</tr>
<tr>
<td>10. All symptomatic (ILI symptoms) patients presenting in a healthcare setting.</td>
<td></td>
</tr>
<tr>
<td>11. Asymptomatic high-risk patients¹¹ who are hospitalized or seeking immediate hospitalization.</td>
<td>a. RT-PCR or TrueNat</td>
</tr>
<tr>
<td>12. Asymptomatic patients undergoing surgical / non-surgical invasive procedures (not to be tested more than once a week during hospital stay).</td>
<td>b. RAT</td>
</tr>
<tr>
<td>13. All pregnant women in/near labor who are hospitalized for delivery.</td>
<td></td>
</tr>
<tr>
<td>14. All symptomatic neonates presenting with acute respiratory / sepsis like illness¹⁴.</td>
<td></td>
</tr>
<tr>
<td>15. Patients presenting with atypical manifestations¹⁵ based on the discretion of the treating physician.</td>
<td></td>
</tr>
</tbody>
</table>
D. Testing on demand:

<table>
<thead>
<tr>
<th>Testing Criteria</th>
<th>Choice of Test (in order of priority)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. All individuals undertaking travel to countries/Indian states mandating a negative COVID-19 test at point of entry.</td>
<td>RT-PCR/TrueNat, whichever is applicable</td>
</tr>
<tr>
<td>17. All individuals who wish to get themselves tested as per the provisions of extant SOP for Returnees/Inbound Travellers.</td>
<td>TrueNat</td>
</tr>
<tr>
<td>18. Any person who is interested to know his/her status, subject to testing load and capacity of the testing centres.</td>
<td>TrueNat</td>
</tr>
</tbody>
</table>

The Terms and Conditions for Covid-19 Testing is given in ANNEXURE: 1. This revised edition of the Testing Policy of Covid-19 supersedes all previous versions. The SOP shall be implemented uniformly by all concerned and with immediate effect, and shall not be modified under any circumstances.

(Dr. Vizolie Z Suorkhrie)
Principal Director
Directorate of Health & Family Welfare

No: DHFW/COVID-19/2019-20/15705-11
Dated Kohima, the 20th Sept 2020

Copy To:
1. The Addl Chief Secretary to the Chief Minister, Government of Nagaland Kohima, for kind information.
2. The Deputy Secretary to the Chief Secretary, Government of Nagaland Kohima, for kind information.
3. The Principal Secretary, Home Department Kohima, for kind information.
4. The Commissioner & Secretary, Nagaland Kohima, Health & Family Welfare Department for kind information.
5. The Mission Director (NHM)/Director (H)/Jt Director & Nodal Officer for Covid-19 Testing/SPO (IDSP), Nagaland Kohima, for information and necessary action.
6. The Deputy Commissioner/Chief Medical Officer/Medical Superintendent of all districts for information and necessary action.
8. Guard file/Office copy.

(Dr. Vizolie Z Suorkhrie)
Principal Director
Directorate of Health & Family Welfare
TERMS AND CONDITIONS FOR COVID-19 TESTING:

1. Sampling & testing of all symptomatic cases shall be done immediately as far as possible. For asymptomatic cases fulfilling the testing criteria, samples shall to be collected between 5 to 10 days after the exposure.

2. No sampling and testing will be done outside the prescribed norms unless clinically warranted and under the prescription of the treating doctor or in case of extant Discharge Policy.

3. A single RT-PCR/ TrueNat/ RAT positive test is to be considered confirmatory, without any repeat testing.

4. If symptoms develop following a negative RAT test, a repeat RAT or RT-PCR should be done (Algorithm for interpreting RAT is placed at ANNEXURE: 2).

5. Case Definitions:
   a. **ILI case** is defined as one with acute respiratory infection with fever $\geq 38^\circ$C AND cough.
   b. **SARI case** is defined as one with acute respiratory infection with fever $\geq 38^\circ$C AND cough AND requiring hospitalization.
   c. **High Risk Contact**:
      High Risk Contact is a person who has been exposed to a Covid-19 case, from 2 days before to 14 days after the case’s onset of illness. Examples of High Risk Contact:
      - touched body fluids (respiratory tract secretions, blood, vomit, saliva, urine, faeces) of the positive case without universal safety precaution, or
      - direct physical contact with the body of the positive case including physical examination without PPE or breach of PPE or universal safety precaution, or
      - touched or cleaned the linens, clothes, dishes or other personal belongings of the positive case or contaminated objects without universal safety precautions, or
      - lives in the same household or shared the same room in prison/ shelter home/ hostel with the positive case, or
      - within 6 feet of the positive case for 15 minutes or more without universal safety precautions, or
      - passenger(s) within 2 rows in a train/ bus/ taxi/ flight or passengers of small cars / motorcycle riders and travelled together for more than 15 minutes with the positive case, or
      - was in close proximity with the positive case in places of worship, workplaces, schools & private social events in a close contact settings without universal safety precautions.

   NB:
   - Close Proximity means someone who was within 6 feet of the positive case for at least 15 minutes without universal safety precautions.
   - Close contact settings means a confined and enclosed space without proper ventilation, etc.
   d. **High-Risk Individuals**: Elderly $\geq 65$ years of age, those with co-morbidities, immunocompromised etc.)
   - **Co-morbidities**: Patients of Hypertension, Diabetes, Heart disease, Chronic lung/liver/ kidney disease, Cerebro-vascular disease etc
   - **Immunocompromised**: Patients of HIV, Transplant recipients, Cancer therapy etc.
   e. **High-Risk Patients**: immunocompromised individuals, patients diagnosed with malignant disease, transplant patients, patients with co-morbidities and elderly $\geq 65$ years.
   f. **Acute respiratory / sepsis like illness**: Features suggestive of acute respiratory illness in a neonate are respiratory distress or apnea with or without cough, with or without fever. Neonates may also manifest with only non-respiratory symptoms like fever, lethargy, poor feeding, seizures or diarrhea.
   g. **Atypical manifestations**: Stroke, encephalitis, hemoptysis, pulmonary embolism, acute coronary symptoms, Guillain Barre syndrome, Multiple Organ Dysfunction Syndrome, progressive gastrointestinal symptoms, Kawasaki Disease (in pediatric age group).
   h. **Points to be noted for RAT for containment & non-containment zone**:
      i. RAT should be use in Containment zones or Clustering of Cases in a defined geographic area/ place or Healthcare settings.
      ii. Ideally, it is suggested that 100% people living in containment zones should be tested by RAT particularly in cities/ places where there has been widespread transmission of infection.
iii. A positive test should be considered as a "true positive" whereas all symptomatic cases testing negative through rapid antigen test should be confirmed with a real-time PCR test.

Points to be noted for Hospital settings:

i. No emergency procedure (including deliveries) should be delayed for lack of test. However, sample can be simultaneously sent for testing if indicated as above in SI.No: 1-13.

ii. Pregnant women should not be referred for a lack of testing facility. All arrangements should be made to collect and transfer samples to testing facilities.

iii. Mothers who test positive for COVID-19 should be advised to wear a mask and undertake frequent handwashing while handling their baby for 14 days. They should also be advised on breast cleaning before feeding the neonate. These measures are likely to reduce transmission of COVID-19 to their babies.

iv. Home quarantine for 14 days is recommended for all individuals before undergoing elective surgery to minimise chances of infection before the procedure.

v. All healthcare workers and frontline workers coming in contact with suspect/confirmed COVID-19 patients should ensure use of appropriate PPE.

Points to be noted for Testing on demand:

i. Tracking and contact tracing mechanisms should be ensured by the testing laboratories by notifying the public health authorities.


7. The rate of testing wherever applicable will be fixed by the Government which may be revised from time to time.

(Dr. VIZOLIE Z SUPHKHRIE)
Principal Director
Directorate of Health & Family Welfare
Algorithm for COVID-19 test interpretation using rapid antigen point-of-care test

- All positive and negative result should be entered into the ICMR portal on a real time basis after performing the antigen test
- Result of samples subjected to RT-PCR should be entered after the RT-PCR results are available