



**National Health Mission
SDA Complex, Kasumpti, Shimla-9
Himachal Pradesh**


Dated: Shimla-171009, the May 2020



CIRCULAR

In continuation of this office letter no. NRHMHP-IDSP Section National Health Mission-HP(Part-3)-2968 dated 11th April 2020, please find enclosed the revised strategy for COVID19 testing in India as received from the Indian Council of Medical Research, Department of Health Research, Government of India.

As per the revised strategy, all hospitalized patients who develop ILI symptoms shall also be tested for COVID19. Further it may be noted that no emergency procedure (including deliveries) should be delayed for lack of test and the samples for such cases can be sent for testing if indicated as a COVID suspect.

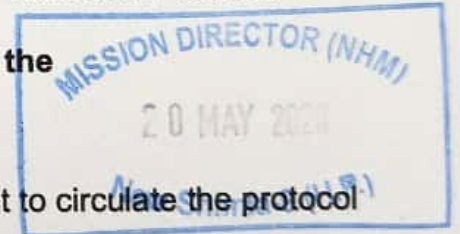

Additional Chief Secretary (Health) to the
Government of Himachal Pradesh

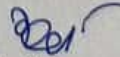
Endst. No. As above.

Dated Shimla-9 the

Copy for information and necessary action to:

1. All the Deputy Commissioners, Himachal Pradesh.
2. Director Health Safety and Regulation with the request to circulate the protocol widely in all the private hospitals.
3. The Director Health Services, Himachal Pradesh.
4. The Director Medical Education & Research, Himachal Pradesh.
5. All the Chief Medical officers in Himachal Pradesh.
6. All Principals, Medical Colleges, Himachal Pradesh.
7. All the Medical Superintendents, Himachal Pradesh.
8. All the District Surveillance Officers in Himachal Pradesh for information and necessary action.




Additional Chief Secretary (Health) to the
Government of Himachal Pradesh

INDIAN COUNCIL OF MEDICAL RESEARCH
DEPARTMENT OF HEALTH RESEARCH

Strategy for COVID19 testing in India (Version 5, dated 18/05/2020)

1. All symptomatic (ILI symptoms) individuals with history of international travel in the last 14 days.
2. All symptomatic (ILI symptoms) contacts of laboratory confirmed cases.
3. All symptomatic (ILI symptoms) health care workers / **frontline workers involved in containment and mitigation of COVID19.**
4. All patients of Severe Acute Respiratory Infection (SARI).
5. Asymptomatic direct and high-risk contacts of a confirmed case to be tested once **between day 5 and day 10** of coming into contact.
6. All symptomatic ILI within hotspots/containment zones.
7. **All hospitalised patients who develop ILI symptoms.**
8. All symptomatic ILI among returnees and migrants within 7 days of illness.
9. No emergency procedure (including deliveries) should be delayed for lack of test. However, sample can be sent for testing if indicated as above (1-8), simultaneously.

NB:

- *ILI case is defined as one with acute respiratory infection with fever $\geq 38^{\circ}\text{C}$ AND cough.*
- *SARI case is defined as one with acute respiratory infection with fever $\geq 38^{\circ}\text{C}$ AND cough AND requiring hospitalization.*
- *All testing in the above categories is recommended by real time RT-PCR test only.*
- **All changes incorporated in these guidelines as compared to the previous version have been indicated in bold.**