



Epidemiology and Disease Control Division

Updated Testing guidelines for COVID-19

26 April, 2020

1. All those with active symptoms of fever, or cough, or shortness of breath (with no alternative explanation such as congestive heart failure)

AND.

has a history of foreign return within past one month prior to the onset of symptoms;

OR.

has a history of close contact with a person who had entered Nepal within past one month prior to the onset of symptoms;

OR.

has a history of close contact with a probable or confirmed COVID-19 case within the past one month prior to the onset of symptoms;

OR.

has been in an area that has had community transmission of COVID-19 within the past one month prior to the onset of symptoms;

OR,

healthcare workers;

OR,

patients with SARI;

OR.

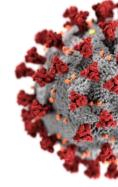
any patient that the examining clinician has a high suspicion of COVID-19

- <u>Test</u>: PCR (May repeat in a 48-72 hours if high suspicion)
- All SARI cases if worsening may go for RDT (if PCR test/result awaited)
- 2. All those in quarantine (institutionalized)

Test: Pool PCR (1:10) within first 5-10 days (still has to stay in total 14-day quarantine even if negative PCR result).

- If negative PCR result, test with rapid test at the end of 2 weeks.

If still negative, discharge to home with self-quarantine for another week



- All Asymptomatic frontline healthcare workers those taking care of suspected/confirmed COVID-19 patients.
 <u>Test</u>: Rapid test (plus PCR if positive); Repeat rapid test every month only if previously Negative RDT.
- 4. All asymptomatic who returned from outside the country within the past three months, if not tested before;

<u>Test</u>: Rapid test (Plus PCR if positive)

- 5. All asymptomatic contacts (including health workers) of COVID infected cases <u>Test</u>: PCR between 5 to 10 days of the last day of exposure (still has to stay in total 14-day quarantine even if negative PCR result). If negative PCR result, or had not been tested before, conduct rapid test at the end of 2 weeks since last day of exposure. If still negative, discharge to home with self-quarantine for another week.
- 6. Random sampling every week possible hotspots (as identified by COVID Crisis Management Center), areas with high number of visitors, returning workers, high population density, locations where segregations may not be possible (e.g., Jails): decision regarding the number of samples and exact location to be made by EDCD/HEOC every week.

<u>Test</u>: Rapid test (Plus PCR if positive)

- 7. All transport staff that cross the border for essential supplies: If possible, change driver at the border. If not possible to change the driver, conduct Rapid test at the health desk near the border (Conduct PCR if Rapid Test is positive); repeat every two weeks if the same person is travelling again and was tested negative before.
- 8. For surgeries/procedures requiring general anesthesia:
 - For life and limb-threatening conditions, and high suspicion of COVID-19, conduct PCR/RDT if available, but do not wait for tests/results, and proceed with surgery/procedure with appropriate COVID-precautions.
 - For elective cases, conduct RDT and if negative proceed with surgery/procedure; if positive conduct PCR. If PCR is negative, proceed with surgery/procedure.