



COVID-19 (new CoronaVirus) Outbreak in Sri Lanka Guidance for Sri Lankan General Practitioners

Disclaimer

This is produced by a group of family doctors from the College of General Practitioners of Sri Lanka with expert advice.

Management of your patients may vary according to the epidemiological progression within Sri Lanka, clinical picture and the context in which you see the patient. Therefore, this guideline will be a dynamic one that will be updated according to the prevailing situation in the country.

Introduction

Coronaviruses (CoV) are a large family of enveloped viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). Coronavirus disease (COVID-19) is a new strain that was discovered in 2019 and has not been previously identified in humans. The WHO recently declared COVID-19 as a global pandemic.

Incubation period of the virus is 2-14 days. During the incubation period, the virus cannot be identified with the currently available Polymerase Chain Reaction (PCR) test. However, people are contagious when they are most symptomatic.

The virus spreads mainly by droplets. Direct spread occurs when a person facing a patient who coughs or sneeze. The droplets can spread to a distance of 1-2 meters and directly get into another person's airways. The second method of spread is more important where the virus lands on a surface and its survival will depend on the temperature, humidity and the type of surface. The virus spread continues when a person touches the contaminated surface and then the face.

Older people and people of all ages with severe chronic medical conditions like heart disease, lung disease and diabetes seem to be at a higher risk of developing serious complications with COVID-19 illness.

UPDATED INTERIM CASE DEFINITION AND GUIDELINE ON INITIAL MANAGEMENT

1. Clinical case definitions of COVID-19

The present recommendation is to isolate and test all clinically suspected cases of COVID-19 infected patients.

All confirmed cases should be transferred to National Institute of Infectious Diseases (IDH) until further notice.

1.1 Clinically Suspected Case:

A. A person with ACUTE RESPIRATORY ILLNESS (with Cough, SOB, Sore throat) with a history of FEVER (at any point of time during this illness), returning to Sri Lanka from ANY COUNTRY within the last 14 days.

OR

B. A person with acute respiratory illness AND having been in close-contact* with a confirmed or suspected COVID-19 case during the last 14 days prior to onset of symptoms;

* Close-contact: A person staying in an enclosed environment for >15 minutes (e.g. same household/workplace/social gatherings/travelling in same vehicle).

OR

C. A patient with severe acute pneumonia** (critically ill and not explainable by any other aetiology) regardless of travel or contact history as decided by the treating Consultant

** Severe acute pneumonia: A patient with features of severe respiratory distress, RR>30per minute, SpO2 <90% at room air.

1.2 Confirmed case

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

2. Disposition of suspected cases

All patients fitting to the above suspected case definitions (A, B or C) should be admitted and transferred by ambulance to the closest designated hospital (see Annexure for the list of designated hospitals) for confirmatory testing and management. This should be done only after stabilizing the patient and in prior consultation with the respective designated hospital, adhering to necessary infection prevention and control (IPC) precautions.

3. Disposition of a confirmed case

All confirmed patients should be transferred to National Institute of Infectious Diseases (IDH) with necessary precautions.

This protocol is to be applied in all hospitals including those in the private sector

To minimize the community spread of COVID-19, a detailed history taking is very important.

Important points to elicit in the history;

- Fever with any respiratory symptoms (runny nose, sneezing, sore throat, dry cough, difficulty in breathing, asthma exacerbation in known asthmatics etc). Fever could be absent sometimes.
- Travel and social history is extremely important.
 - Recent visit to any foreign country (preferably within 14 days).
 - Coming into contact with a person that arrived from abroad
 - Employees in tourism and hotel industry
 - Family members, relations or associates of any of the above groups

Examination

Initial presentation: any one or more of the respiratory symptoms mentioned in the history

Late presentation: Change in vital signs, tachypnoea, lung signs, low oxygen saturation (<90%).

Investigations

- There is no specific clinical or laboratory investigation to identify COVID -19 at the moment.
- Real time PCR test is available for those who require a confirmatory test for COVID-19 only at government hospitals. Patients should be informed that the PCR is not a screening test. In addition, it is important to explain that even if the PCR is negative, the patient may harbour the virus during the 2-14 day incubation period.
- The full blood count (FBC) may show a viral picture with reduced WBC count and lymphopenia.

The Ministry of Health has named the following 18 hospitals with isolation facilities to admit suspected patients.

National Institute of Infectious Diseases (IDH)	Teaching Hospital Karapitiya
National Hospital of Sri Lanka (NHSL)	District General Hospital Hambantota
Lady Ridgeway Hospital for children (LRH)	Teaching Hospital Jaffna
Castle Street Hospital for women	Teaching Hospital Batticaloa
Base Hospital Mulleriyawa	Teaching Hospital Anuradhapura
North Colombo Teaching Hospital	Provincial General Hospital Kurunegala
District General Hospital Negombo	Provincial General Hospital Badulla
District General Hospital Gampaha	Teaching Hospital Ratnapura
National Hospital Kandy	District Hospital Vavuniya

- If you suspect a patient to have COVID-19 infection, inform the Medical Officer of Health (MOH) of the area and get help to transport the patient.
- Preferably get down an ambulance after informing the risk of the situation and transfer the patient via it without exposing the general public.
- If anyone refuses to get admitted, you should seek legal support in accordance with the Quarantine Law.
- Home quarantine of suspected patients is NOT recommended at the moment.

Procedures to follow after a close contact with a suspected COVID-19 patient

A general practitioner (GP) and the staff with high or medium risk exposure to a suspected COVID-19 patient (until excluded) should refrain from working for 14 days after last exposure with self-quarantine measures. They should be actively monitored by the local public health authority by establishing regular communications to assess the development of any clinical features such as fever or respiratory symptoms. In low risk exposure, self-monitoring by taking their temperature twice a day and remain alert for respiratory symptoms would be adequate. If they develop fever or respiratory symptoms further medical evaluation is needed.

The risk exposure categories are defined as given below.

Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

High-risk exposures refer to healthcare professionals (HCP) who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected, is also considered high-risk.

Medium-risk exposures generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some low-risk exposures are considered medium-risk depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered low-risk.

Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a face mask or respirator. Use of eye protection, in addition to a face mask or respirator would further lower the risk of exposure.

Patients who are not suspicious but having URTI symptoms

Even though community spread is not visible at the moment the risk cannot be excluded. It is best to advise all your patients with respiratory symptoms (with or without fever) to rest at home without exposing themselves to the community as much as possible. Medical certificates could be issued for a few days depending on the severity of illness.

Obtain the patient's contact details and maintain a register for patients with fever and respiratory symptoms.

A face-to-face consultation **is not required** for symptoms of common cold and upper respiratory tract symptoms within the first 2-3 days of the illness. There is no clinical examination that can differentiate COVID-19 infection from other common viral respiratory tract infections.

It is advised to establish a hot-line communication service with your patients which will enable you to advise them and clarify queries related to respiratory symptoms and fever.

A notice could be displayed outside your clinic indicating the above facts.

Advice to the patients

If you have any of the following symptoms and if you think it may not be a common cold or viral infection, please call your family doctor.

- Cough, cold, sore throat, fever
- You do not have to visit the doctor at once. Call and get advice over the phone first.
- Limit visits outside your home as much as possible.
- Limit visitors to your home as much as possible.

If there is anyone older than 60 years of age or anyone on treatment for a long term illness, they are at high risk of developing complications of COVID-19 infection.

- Stay away from them as much as possible.
- Frequently wash your hands with soap and water.
- Please strictly follow the advice given by the doctors.
- Do not panic because of the fake-news and disinformation that spreads on social media.
- Please call the official government information hot-lines or your doctor if you need to know anything.

Home visits

Home visits may be arranged on a case by case basis according to your clinical judgement in situations involving patients with a disability or other specific circumstances.

Guidance for precautionary measures for GPs and clinic staff

1. Display a notice in the waiting area asking patients to kindly reveal their travel history or contact history with travelers (tourists, relatives and associates). Such patients could be provided with a mask to wear.
2. Make alcohol hand-rub and facial tissues available in the waiting area if possible.
3. Try to reduce waiting time for the patients who are presenting with fever with respiratory tract symptoms. Give them priority without keeping them waiting in the waiting area.
4. Wear face masks and provide face masks to the staff.
5. Keep the consultations related to patients with upper respiratory tract infections brief as much as possible. Reduce the waiting time at the drug counter and the cashier.
6. **Hand washing is the gold standard and irreplaceable.**

Use soap and water to wash hands for 20 seconds after seeing each and every patient. Follow the correct handwashing technique. Staff at risk (dispenser, cashier) could do the same or provide 70% alcohol rub to be used after each patient.
7. When soap and water is not accessible, use 70% alcohol hand rub. 99% alcohol is not useful for this and may even cause irritation of the skin. Isopropyl alcohol could also be used.
8. During the consultation, keep at least one to two meters (1-2m) distance from the patients by placing the chair at that distance.
9. Perform only necessary examination and try to perform the examination steps from behind as much as possible.
10. Try not to perform procedures that are not essential and high risk.

Avoid unnecessary aerosol producing procedures such as nebulization as much as possible. Staff should wear N95 masks in unavoidable procedures such as emergency nebulization. Keep other patients away from the area.
11. After each consultation with a patient with respiratory symptoms, disinfect the utensils (stethoscope, thermometer etc), consultation table, counter and the door knobs with 70% alcohol. 0.1% Hypochlorite could be used to clean spills and the floor.
12. Clinical waste segregation is strictly advisable and all infected waste should be removed by no-touch techniques preferably after adding 0.5% hypochlorite solution.
13. It is advisable to take a shower after the practice and wash all the clothes before having contacts with family members.
14. GPs with risk factors (old age and other comorbidities) are advised to self-monitor their health and strictly adhere to the above precautionary measures.
15. Encourage the staff not to use public transport or arrange a private vehicle for their transport if possible.

References:

1. <https://www.who.int/health-topics/coronavirus>
2. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html>
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4. <http://www.epid.gov.lk/web/index.php?lang=en>
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6. https://www.aafp.org/dam/AAFP/documents/patient_care/public_health/COVID-19%20Office%20Prep%20Checklist.pdf

Team:

Dr. Deshan Kotugodella

Dr. Eugene Corea

Prof. Kumara Mendis

Dr. Rohitha Muthugala (Consultant Virologist)

Dr. Sankha Randenikumara

Dr. Shehan Silva (Consultant Physician / Geriatrician)

Dr. Sindooa Senevirathna

Dr. Supun Withana

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