



## DEPARTMENT OF HEALTH SEYCHELLES

### TESTING STRATEGY FOR COVID-19

WEDNESDAY 13<sup>TH</sup> MAY 2020

*Interim Guidance v1.0, 13 May 2020, Department of Health, Seychelles.*

Testing for COVID-19 is linked intricately to the case definition in effect (see 'Case Definitions for COVID-19, Updated Interim Guidance v2.0, 27 April 2020'). This document describes who to test and with what tests may be used.

Confirmatory testing is primarily done by Reverse-Transcriptase Polymerase Chain Reaction (RT-PCR) on nasopharyngeal and throat swabs, as well as sputum samples. Rapid serologic diagnostic tests are performed on finger-prick or venous blood samples, and play a supportive role in diagnosis and surveillance.

#### A Testing for diagnosis

**Aim:** to promptly identify persons with COVID-19, to isolate and provide treatment and care.

#### Testing Suspect Cases

**All suspect cases must be tested by RT-PCR.**

**All high-risk contacts of known COVID-19 cases should be tested by RT-PCR at baseline.**

**Repeat testing of persons with signs and symptoms of Covid-19, who initially tests negative.**

In the event that testing capacity is stretched beyond sustainability, testing should be prioritised as follows:

#### High Priority

- Hospitalised patients meeting suspect case definition.
- Any unexplained deaths.
- Symptomatic healthcare workers (regardless of setting of work).
- Symptomatic first responders.
- High-risk contacts of known COVID-19 cases.
- Patients in long-term care facilities, meeting suspect case definition.
- People over age 65, meeting suspect case definition.
- People with underlying chronic medical conditions<sup>1</sup>, meeting suspect case definition.

### **Lower Priority**

- Individuals who do not fall in above categories but still meet suspect case definitions.

Rapid diagnostic tests (serological) may also assist in the prioritisation process, as outlined in the 'Testing strategy for SARS-CoV-2 IgM/IgG Antibody Rapid Test' guidance document. Testing strategy and priorities for testing may require revision with changes in the phase of the local epidemic and/or changes in the case definitions of COVID-19.

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<sup>1</sup> Ischaemic Heart Disease, Diabetes, Hypertension, Asthma, Chronic Obstructive Pulmonary Disease or Cancer.

## B Testing for Discharge

**Aim:** Ensure there is no viral shedding at time of discharge from facilities for Isolation or Quarantine.

### Discharge from Isolation and Treatment Centre

**Two consecutive negative RT-PCR tests done on two samples each, taken  $\geq$  48 hours apart, are required as part of criteria for discharge from Isolation and Treatment Centre (ITC).**

**Individuals discharged from ITC are required to remain in a Convalescence facility for an additional period of at least 7 days, whereby certain precautions will still need to be taken. Another negative repeat RT-PCR test will be required prior to discharge home.**

### Discontinuation of Facility-based Quarantine

**One negative RT-PCR test done on individuals at day 14 of Quarantine, prior to exit.**

Serological tests will be done as part of surveillance, in quarantine, isolation and post-discharge. Testing of any symptomatic individuals in quarantine are covered as under the updated suspect case definition.

## C Testing for Surveillance

**Aim:** To detect any community transmission or cross-infection of HCWs at the earliest possible stage, to allow effective tracing, testing and isolation or quarantine.

### Testing of Health Care Workers (HCWs)

In addition to daily entry screening of symptoms and temperature at start of work shifts for all HCWs, and priority testing for HCWs with symptoms, we recommend:

**Screening with RT-PCR is recommended for all HCWs working with active COVID-19 cases in:**

- **Isolation and Treatment Centres (weekly)**
- **Public Health Laboratory (weekly)**
- **Rapid Response Teams (weekly)**
- **Staff of Dedicated Vehicles for transport of known patients with COVID-19 (weekly)**
- **Quarantine Facilities (every two weeks)**
- **Testing for any additional high risks groups as identified by risk assessment (ad-hoc).**

### Systematic surveillance

**Aim:** to monitor for any undetected COVID-19 transmission in the population, to pick these up early.

Anyone meeting Influenza-like Illness (ILI) case-definition, and therefore also meeting COVID-19 case definition, will be additionally tested for COVID-19 by RT-PCR, as part of ILI surveillance.

Sentinel surveillance for COVID-19 by randomised methodology will be used for sero-surveillance by rapid serologic testing. Ambulatory clinic-based sentinel surveillance sites are:

- Baie Sainte Anne Hospital, Praslin
- Logan Hospital, La Digue
- Beau Vallon Health Centre
- English River Health Centre
- Anse Royale Health Centre

- Anse Boileau Health Centre

This list will be expanded to include additional sites in private health facilities.

Samples will be collected by trained medical personnel in accordance with national procedures for anyone presenting to the health facility without symptoms in a pre-determined manner: the first two clients presenting to the sentinel facilities on Mondays, Wednesdays and Fridays of each week, without symptoms, will be offered testing for COVID-19, by serological and/or RT-PCR tests.

Surveillance for Severe Acute Respiratory Illnesses (SARI) in patients admitted with a severe acute respiratory illness, will be expanded to test for COVID-19 (by RT-PCR).

Additional population-based sero-prevalence studies may be conducted ad-hoc.

Relevant communication, guidance, training and supportive structures and reporting mechanisms need to be ensured to facilitate effective implementation of this revised guidance.

#### Annex 1: Phases of Epidemic

Phase	Name	Definition
1	No cases	Country with no cases
2	Sporadic cases	Country with one or more cases, imported or locally detected
3	Clusters of cases	Countries experiencing cases, clustered in time, location and/or common exposures
4	Community transmission	Countries with large outbreaks of local transmission: <ul style="list-style-type: none"> <li>• Many cases not linkable to transmission chains</li> <li>• Many cases on sentinel surveillance</li> <li>• Multiple unrelated clusters in several areas</li> </ul>

#### References

1. WHO Global surveillance for COVID-19 caused by human infection with COVID-19 virus, interim guidance dated 20 March 2020.
2. European Centre for Disease Prevention and Control (ECDC) - Case definition and European surveillance for COVID-19, dated 2 March 2020.
3. Ministry of Health, New Zealand Government, COVID-19 case definitions, 16 April 2020.
4. US Council of State and Territorial Epidemiologists, Interim Guidance 2020 (Interim-20-ID-01).
5. WHO: Laboratory testing strategy recommendations for COVID-19, Interim guidance, 21 March 2020.
6. Guidance for discharge and ending isolation in the context of widespread community transmission of COVID-19, 8 April 2020. Stockholm: ECDC; 2020.
7. ECDC Technical report: Novel coronavirus (SARS-CoV-2) Discharge criteria for confirmed COVID-19 cases – When is it safe to discharge COVID-19 cases from the hospital or end home isolation?