

**Press Note**  
**24<sup>th</sup> August 2020**

**Recommendations of Joint Expert Committees Meeting of Department of Health & Family Welfare (Technical Advisory Committee) and Rajiv Gandhi University of Health Sciences (Clinical Expert Committee)**

**Subject**

**Testing strategy for effective containment of COVID19 pandemic in Karnataka State**

**Members Present:**

1. Dr. S. Sacchidanand, Vice Chancellor, RGUHS
2. Dr. C. N. Manjunath, Director-Sri Jayadeva Institute of cardiology
3. Dr. M.K. Sudarshan, Chairman-Technical Advisory Committee-DHFW
4. Dr. V. Ravi, Senior Professor & Head of Neurovirology-NIMHANS
5. Dr.Gururaj. G, Senior Professor of Epidemiology-NIMHANS
6. Dr.Giridhar R Babu, Professor & Head of Epidemiology-PHFI
7. Dr. Anita Desai, Senior Professor of Neurovirology-NIMHANS
8. Dr.Shashibhushan BL, Professor & Head of Pulmonary Medicine, BMCRI
9. Dr. N. Girish, Professor & Head of Epidemiology-NIMHANS
10. Dr. Asish Satapathy, Regional Team Leader-South, WHO
11. Dr.Mohamood Shariff, Member Secretary-Technical Advisory Committee-DHFW
12. Dr. Lokesh Alahari, SRTL Karnataka-WHO

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Karnataka state has implemented Test, Track and Treat strategy (3 T's) in alignment with the guidelines issued by Government of India from time to time. In order to effectively contain the virus transmission, testing provides adequate insights into how the virus spreads. Testing helps in identifying each infected person. Testing is the first step in cascade of events leading to tracing and early isolation of the infected person. When most people with infection are identified, tested and isolated, we will be able to interrupt the transmission to a great extent. This will result in early and timely management of COVID-

19 cases and prevent progression to severity and thus, saving many lives. Therefore, it is recommended to increase the number of tests to be done.

As on 23<sup>rd</sup> August 2020, Karnataka has tested 34,659 persons per million population with a test positivity rate of 11.5%. In India, other states such as Delhi are doing 70,871 tests per million, while Andhra Pradesh is doing 61,672 tests per million. Countries such as South Korea, Germany and New Zealand have managed to 'flatten the curve' by efficient testing and other control measures. For example, Germany has conducted more than 1.2 lakh tests per million and successfully contained the transmission. These reports suggest that successful countries employed widespread testing to flatten the curve.

Government of India and WHO recommend that test positivity rate should be within 5%. The coronavirus transmission is spreading to tier-2 cities and rural areas and we need to gradually ramp up testing significantly to as high as 75,000 to 1 lakh tests per million population. Karnataka is the second state with the highest test positivity rate of 12%. Instead of targets for testing, the joint expert committee advises Government of Karnataka to strengthen the testing of all the symptomatic persons through rigorous tracing and tracking strategy. In addition, we advise that testing should be prioritized among vulnerable populations and high-risk groups for initiating early treatment and minimizing progression to severe disease. We recommend that the testing be increased in a phased manner and follow the prioritization of the persons for testing based on the following criteria (Table-1).

Table 1: Risk Categorization and Risk group for COVID-19 testing

Risk Category	Risk Groups
<ul style="list-style-type: none"> <li>• Priority 1: High-Risk</li> </ul>	<ul style="list-style-type: none"> <li>• Patients with SARI</li> <li>• Any Person with suggested symptoms of COVID-19: Influenza Like Illness (ILI), loss of Smell, loss of Taste, body ache, Weakness, Difficulty in breathing</li> <li>• Symptomatic health care staff</li> <li>• High Risk/Primary Contacts</li> </ul>
<ul style="list-style-type: none"> <li>• Priority 2: Moderate Risk</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals in containment zones</li> <li>• Elderly people with underlying</li> </ul>

	chronic health conditions and vulnerable populations <ul style="list-style-type: none"> <li>• Persons with comorbid conditions</li> <li>• History of travel from COVID affected areas</li> </ul>
<ul style="list-style-type: none"> <li>• Priority 3: Low Risk</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Persons attending OPD in the hospitals</li> <li>• Vendors at vegetable markets</li> <li>• Bus conductors/ Auto Drivers</li> <li>• Congregate Settings: Markets, malls, Retail stores, Bus Stops, Railway stations</li> <li>• Pourakarmikas</li> </ul>

For any public health programme to be successful, operational targets need to be fixed. However, these targets shall be realistic and meaningful. Presently, there is a need to assess the resources available at hand and accordingly fix targets that are practical and achievable. If this premise is not followed, there are bound to be setbacks. Hence, it is recommended that, to achieve the desired target, it is essential to ramp up resources in terms of manpower, equipments, training, transport, etc.

Presently, in certain sections of the society, there is a fear to undergo COVID testing for various reasons. To ramp up testing, it is very important that Government of Karnataka engages media and press to alleviate fears, reassure people and encourage them to undergo testing. All efforts shall be made by the local health authorities by taking the testing to the door-steps of the people. It is important that these efforts made are appropriately communicated to the people and the benefits fully utilised.

There are several misconceptions about COVID-19 testing in the community and to mention a few:

- Those tested positive shall be moved to the hospital
- The option of home care/ home isolation may not be allowed
- Hand-stamping will be done
- Door/s will be sealed from outside
- Adjacent area will be sealed down
- Repeated tests will be conducted

- Test reports may be wrong

However, none of the above is true and people need to be educated through mass media in this regard.

It is recommended to hold a media workshop and a panel discussion of experts from both RGUHS and DHFWS technical advisory committees.



Dr S Sacchidanand  
Vice chancellor, RGUHS  
24<sup>th</sup> August 2020



Dr M K Sudarshan  
Chairman, TAC  
24<sup>th</sup> August 2020

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