



Interim Guideline for Malaria Prevention

Activities in COVID 19 Quarantine Centers



Anti Malaria Campaign Ministry of Health and Indigenous Medical Services



title:	Malaria Prevention Activities in COVID 19 Quarantine Centers							
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Malaria Prevention Activities in COVID 19 Quarantine Centers

With the establishment of COVID 19 quarantine centers for foreign travellers returning to Sri Lanka, AMC needs to be vigilant on Prevention of Re introduction of Malaria through the returnees from Malaria Endemic countries.

Therefore, the following has been developed in this regard for management of malaria preventive activities in COVID 19 quarantine centers.

1. Identification and update the details of COVID-19 quarantine centers

Identify the quarantine centers within your region, map using *google my map* and share with AMC HQ via antimalariacampaignsl@gmail.com. List and map should be updated when there is a change, closure or a new quarantine center is established as soon as possible. This data will be reviewed monthly by AMC HQ.

2. Chemoprophylaxis

- If a returnee is already on malaria chemoprophylaxis, the same chemoprophylaxis can be continued for another 4 weeks for those who had taken chemoprophylaxis without interruption until arrival.
- If a traveler is not on chemoprophylaxis for the last 2 weeks prior to his return, it is advisable not to restart chemoprophylaxis as this may mask malaria symptoms and/or the patient may become a drug resistant carrier.
- Do not initiate chemoprophylaxis for travelers who are not on chemoprophylaxis or for defaulters.
- For further information on chemoprophylaxis, Please refer <u>Guideline on Malaria prophylaxis for travelers</u>.

3. Parasitological screening

- All returnees from Malaria endemic countries should be screened for malaria at the end of the quarantine period before they leave from the quarantine centers.
 - ✓ This has to be organized by the respective RMO after discussing with the quarantine center administration.
- AMC staff should adhere to COVID 19 precautions of the Ministry of Health and AMC during sample collection.

<u>Instructions_on_sample_collection_for_laboratory_diagnosis_of_malaria_during_Covid_19_pandemic</u>

<u>Interim_Guidelines_on_Parasitological_Surveillance_for_malaria_during_the_COVID-19_Pandemic</u>

- If a returnee develops fever or any other symptoms suggestive of malaria (Headache, Myalgia, generalized body aches and pain) during the quarantine period, screening for malaria (MP & RDT) should be done immediately to exclude malaria infection. All symptomatic patients should be tested three consecutive days to exclude malaria.
 - ✓ For fever patients, where COVID-19 is suspected, malaria screening could be postponed until COVID-19 is excluded.

- ✓ For COVID-19 positive patients, who have returned from malaria endemic countries, malaria screening could be arranged in hospital after admission. This should be coordinated by relevant RMO.
- All malaria positive patients should be informed immediately to AMC-HQ and admitted to a hospital and manage as per the <u>Guideline on Malaria Chemotherapy and Management of patients with Malaria.</u>
- Once the people returning from malaria endemic countries leave the quarantine centers, a list of their contact details (Annex 11) need to be e- mailed to respective RMOs of patients residence with a copy to AMC HQ (Compile all districts information from each leaving group when sending to HQ from a quarantine camp). The follow up should be done once a month up to six months and then on 9th month and 12th month.

Note: Returnees from Malaria endemic countries who have already left the quarantine centers, the list of contact details need to be e-mailed to respective RMOs with a copy to AMC HQ to screen at respective regions.

- ✓ All the returnees (from malaria endemic countries) leaving the quarantine centers should be educated on symptoms of malaria and request to check for malaria if they develop symptoms within 1 year.
- ✓ IEC material on malaria should be given to returnees (from malaria endemic countries) leaving the quarantine centers. It should contain simple messages in Sinhala/Tamil with RMOs contact details and the hot line.
- Relevant district RMO should contact the people via telephone as soon as possible once the returnees reach home. If unable to contact through telephone a PHI or PHFO should visit the person.
 - ✓ Should inquire about any illness suggestive of symptoms of malaria (Refer: <u>Guideline on Malaria</u> Chemotherapy and Management of patients with Malaria)
 - ✓ Register them in their risk group register and keep monitoring their status
 - ✓ Inform that, they should seek malaria testing if they develop fever at any moment within this home quarantine period
 - ✓ Should check for malaria after 1 month of arriving home
 - ✓ Follow up the returnees once a month up to six months and then on 9th month and 12th month

4. Entomological activities

4.1. Entomology surveys

- Initial survey should be done within 1 km range of all quarantine camps.
- When interpreting negative surveys results, previous endemicity should be considered. In such instances follow up surveys shall be done after discussing with AMC HQ.
- Regarding entomological techniques to be performed refer to "<u>interim recommendation for malaria</u> entomological surveillance and vector control during COVID- 19 pandemic dated 14th May 2020"

4.2. LLIN Distribution

• Issuing of LLIN is not necessary, considering the fact that these nets are disinfected frequently in the quarantine centers and the effect may not be long lasting. However, the quarantine centers are encouraged to ensure all the staff and the returnees are using normal bed nets.

4.3. Larval source management

• Larval source management such as chemical larviciding, introduction of larvivorous fish and source reduction etc. should be considered if the primary or secondary vector is found within 1 km radius from the quarantine center. Source management methods carried out should be adopted depending on the type and size of the breeding site.

4.4. Fogging

Fogging around the quarantine centers is not considered as a vector control method for Malaria.

However, in special situations where the primary vector is found in a quarantine center,

and

- The returnees from Malaria endemic countries are currently placed
- The returnees are not yet screened for malaria
- No other core vector control measures are conducted

fogging can be considered within 1 km radius of the quarantine centers.

Note: A WhatsApp group has created to facilitate communication between Technical staff at AMC-HQ, RMOs and Officials of Army and Air force.

Annex 1: Contact details of the RMO

Ampara	063-2223464	Kandy	081-2210687	Matale	066-2222295
Anuradhapura	025-2221844	Kalmunai	067-2220206	Monaragala	055-2276698
Badulla	055-2229560	Kegalle	035-2223480	Mullaitivu	021-2060007
Batticoloa	065-2222931	Killinochchi	021-2285517	Polonnaruwa	027-2226018
Colombo	011-2519284	Kurunegala A	037-2222193	Puttalam	032-2265319
Embilipitiya	047-2230301	Kurunegala B	037-2222193	Trincomalee	026-2222584
Hambantota	047-2258135	Maho	037-2275254	Vavuniya	024-2222954
Jaffna	021-2227924	Mannar	023-3239547		

AM C Hea d Qua rters

Tele

phone: 0112-2588408/2368173/2581918

Fax: 0112368360 Hot line: 0117626626

Annex 11: List of details to be communicated with AMC HQ and relevant RMOs

- 1 RMO Region (District)
- 2 Location of quarantine camp
- 3 Country of arrival
- 4 Other countries visited during the last 6 months
- 5 Date of arrival to the quarantine camp
- 6 Date of departure from the quarantine camp
- 7 District of residence
- 8 Address of residence
- 9 Contact no
- 10 Name
- 11 email
- 12 Chemoprophylaxis taken/ not taken