



Novel Coronavirus 2019 (COVID-19)

National Interim Guidelines for Public Health management of contacts of cases of COVID-19

v7.1 20.03.2020

This document summarises interim recommendations for contact management for COVID-19. It is the first national guidance issued for the 2019 novel coronavirus (COVID-19). It is based on the current knowledge regarding COVID-19 and experiences with SARS-CoV and MERS-CoV. It is guidance suitable for a high containment phase, when no or limited number of cases have been identified in Ireland. It may change if and when we move to a mitigation phase.

Readers should not rely solely on the information contained within these guidelines. Guideline information is not intended to be a substitute for advice from other relevant sources including, but not limited to, the advice from a health professional. Clinical judgement and discretion will be required in the interpretation and application of these guidelines.

These guidelines are aligned with the principles of Art 3 IHR.

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As there remain gaps in the understanding of infectivity of COVID-19 cases and transmission modes, the definition of contacts and their public health management is based on observations from similar serious coronaviruses – SARS-CoV and MERS-CoV.

Contact tracing of cases identified in Ireland

I. Identification of contacts

Close contact definition

- Any individual who has had greater than 15 minutes face-to-face (<2 meters distance*) contact with a laboratory confirmed case, in any setting.
- Household contacts defined as living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners.
- Healthcare workers, including laboratory workers, who have not worn appropriate
 PPE or had a breach in PPE during the following exposures to the confirmed case:
 - Direct contact with the case (as defined above), their body fluids or their laboratory specimen
 - Present in the same room when an aerosol generating procedure is undertaken on the case.
- Passengers on an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated.
- For those contacts who have shared a closed space with a confirmed case for longer than two hours, a risk assessment should be undertaken taking into consideration the size of the room, ventilation and the distance from the case. This may include office and school settings and any sort of large conveyance.

Contact needs to have occurred during the infectious period. For the purposes of this guidance, given the current knowledge about COVID-19 transmission, the infectious period is defined as from the day of symptom onset in the case, until the case is classified as no longer infectious by the treating team (usually 5 days fever free AND 14 days from symptom onset but may be longer in severely ill cases who are hospitalised).

^{*}A distance of 1 metre is generally regarded as sufficient to minimize direct exposure to droplets however, for Public Health purposes, a close contact definition of 2 metres has been specified (CDC).

[#] If severity of symptoms or movement of the case indicate more extensive exposure, passengers seated in the entire section or all passengers on the aircraft may be considered close contacts.

Casual contact definition

- Healthcare workers, not including laboratory workers, who have taken recommended infection control precautions, including the use of appropriate PPE, during the following exposures to the confirmed case:
 - o Direct contact with the case (as defined above) or their body fluids
 - Present in the same room when an aerosol generating procedure is undertaken on the case.
- Any individual who has shared a closed space with a confirmed case for less than two hours.
- Passengers on an aircraft sitting beyond two seats (in any direction) of a confirmed case.
- Any individual who has shared a closed space with a confirmed case for longer than two hours, but following risk assessment, does not meet the definition of a close contact.

II. Contact assessment

Contact tracing should be initiated IMMEDIATELY after a confirmed case of COVID-19, or a highly likely suspected case, is identified in Ireland. Please see Section IV for details on contact management of a suspected case.

Contact tracing is undertaken by Public Health in conjunction with the GP and hospital team (infectious disease consultant/admitting physician, infection prevention and control, clinical microbiologist and occupational health physician). It is usual that:

- Community based contacts will be identified and monitored by Public Health.
- Healthcare worker with an occupational exposure in Ireland, including laboratory staff, will be identified and monitored by Occupational Medicine. Please see <u>Occupational Health</u> guidance for further information.
- Hospital in-patient contacts will be identified and monitored by infection prevention and control
 and clinical microbiologist while receiving in-patient care and by Public Health following
 discharge.

All persons identified as having had contact with a confirmed case or a highly likely suspected case during the infectious period should be assessed to see if they should be classified as a close or casual contact.

A contact tracing form should be completed for each contact to collect relevant demographic, epidemiological and exposure data. The form can be found here: www.hpsc.ie.

III. Contact management of a confirmed case

There are two types of follow-up of contacts:

Active follow-up:

Individual is provided with health advice, contacted on a daily basis and asked about relevant symptoms for 14 days after the last exposure to a confirmed case of COVID-19.

Passive follow-up:

Individual is provided with health advice, advised to self-monitor for symptoms of COVID-19 and contact their local Public Health Department if they develop relevant symptoms in the 14 days after the last exposure to a confirmed case of COVID-19.

Close contacts

Monitoring:

- Close contacts of a confirmed case should undergo **active follow-up** for 14 days after the last possible exposure to a confirmed COVID-19 case.
- They should be advised about their risk and the symptoms of COVID-19 and provided with a COVID-19 Close Contact pack, including face masks as appropriate. Please see Appendix 2.
- They should be reminded about adhering to adequate respiratory etiquette and hand hygiene practice throughout the period of active monitoring.
- Contact should be made with them on a daily basis to ask about relevant symptoms for 14 days after the last possible exposure to a confirmed COVID-19 case.
 - The lead team undertaking this can make an operational decision as how best to manage this such as use of telephone calls, text messages or emails on a daily basis.
- Close contacts should be advised to immediately telephone their local Public Health Department if they become unwell. Symptoms may include fever cough and shortness of breath.
- Elderly contacts, contacts who are immunocompromised or those taking anti-pyretic analgesia
 may not present with fever and the importance of reporting other symptoms should be stressed
 to them.
- Less frequent active follow-up together with passive surveillance may be necessary if there are large numbers of close contacts to monitor.

Isolation and restrictions:

- Close contacts of a confirmed case should be asked to practice restricted movement. This means limit their movements and interactions with others, as far as is practical.
- In particular, they should be advised to avoid contact with immunocompromised, elderly, pregnant or other vulnerable individuals. They should not attend work or school.
- They should also be advised to avoid attendance at any social gatherings, crowded closed settings, healthcare, childcare or school settings during the period of active monitoring. This will include rescheduling any non-urgent medical appointments.

- Close contacts should be advised to avoid travel outside of Ireland and to contact their local Public Health Departments should international travel be planned during the period of active monitoring.
- Close contacts should be advised to contact their local Public Health Department in the event of planned travel within Ireland during the period of active monitoring.

Casual contacts

Monitoring:

- Casual contacts should undergo **passive follow-up** for 14 days after the last possible exposure to a confirmed COVID-19 case.
- They should be advised about their risk and the symptoms of COVID-19 and provided with a COVID-19 Casual Contact Information Pack. Please see Appendix 3.
- They should be advised to self-isolate if they develop any relevant symptoms and ring their local Public Health Department.

Isolation and restrictions:

- No restriction on movement, interactions with others or work is advised.
- No restrictions on travel whether national or international are advised.

Table1 Summary of follow-up recommendations for contacts of confirmed cases of COVID-19

Type of contact Close contact	Type of follow-up Active follow-up	Restrictions on movement or travel during follow-up period • Restricted movement		
		 Limit movement and social interactions as far as is practical. They should not attend work or educational settings Avoid contact with immunocompromised, elderly, pregnant or vulnerable individuals. Avoid social gatherings, crowded settings or attendance at healthcare, school or childcare settings. Avoid international travel Notify local Public Health Departments of internal travel 		
Casual contact	Passive follow-up	None		

IV. Contact management of a suspected case

The decision to initiate contact tracing on a suspected case will be a clinical one and based on a risk assessment performed on a case by case basis.

The risk assessment should take into consideration the likelihood of the suspected case being a true case based on their exposure history.

If clinical and exposure history of the suspected case are highly suggestive of COVID-19, identification of contacts and assessment of their close or casual status should be performed while laboratory test results are awaited.

If the clinical or exposure history of the suspected case are not highly suggestive of COVID-19, contact tracing activities can be delayed until laboratory results are received.

V. Management of symptomatic contacts

If symptoms consistent with COVID-19 infection develop within the first 14 days following the last contact, the individual should immediately contact Public Health by telephone, self-isolate and be managed as per the current recommendations for suspected COVID-19 cases, with urgent testing for COVID-19 infection undertaken in an environment which minimises the risk of exposure to others. Current recommendations can be found https://example.com/here.

If COVID-19 is not detected by PCR, those symptomatic contacts will still need to be monitored for 14 days after their last contact with a confirmed COVID-19 case and may require re-testing. They will return to either active or passive surveillance as determined by the initial risk assessment.

Appendix 1: Close Information contact pack

1. Draft letter for close contact of confirmed case of COVID-19

PLEASE NOTE: Because the Novel Coronavirus (COVID-19) is a new virus in the human population, new information is becoming available as doctors and scientists study the virus and how it affects people. While the information contained in this pack was accurate at the time it was printed, we advise you to check the HSE website at www.hse.ie for the most up-to-date information. The website is updated frequently as new information about the COVID-19 becomes available.

Contact name Address Date Department of Public Health

Contact details....

Dear XXXXX

As you have been in close contact with a case of Novel Coronavirus (COVID-19), please find information and instructions for follow-up below.

What is a coronavirus?

Coronaviruses are a large family of viruses that can cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).

What is my risk?

Coronaviruses can be transmitted from person to person, usually after close contact with an infected patient, for example in a household, workplace or health care setting. Because it is likely that you have had close contact with someone who has COVID-19, there is a risk that you might have picked up the virus and could become unwell or pass the virus on to other people.

What happens next?

- 1. Please read this letter and the enclosed information leaflet carefully.
- 2. You will be contacted by a staff member at the Department of Public Health every day for the next xxx days. They will ask you whether you have any symptoms (see below).

What are the symptoms of COVID-19?

Symptoms of COVID-19 infection can include any of the following:

- Fever
- Cough
- Shortness of breath
- Difficulty breathing

- 3. If you have or develop any of the symptoms above during this time:
 - a. Please **isolate yourself from others** (for example stay in a different room from the rest of your family with the door closed).
 - b. **Call the Department of Public Health at the number below** and ask to speak to one of our doctors or nurses. They will discuss your symptoms with you and advise you what the next steps you need to take are, including arranging testing for the novel coronavirus.
 - c. In the very unlikely event that you are unable to contact our doctors or nurses please phone your nearest hospital Emergency Department and clearly say that you are a contact with exposure to Novel Coronavirus and tell them your symptoms. Do not attend your local Emergency Department unless told to do so by the Emergency Department or the local Department of Public Health.
 - d. **Do not attend** your GP, including their out-of-hours/on-call service unless told to do so by the Department of Public Health.
- **4.** During the time that you are being monitored:
 - You should limit their social interactions in so far as possible. This includes not having visitors to the house.
 - b. You should avoid social gatherings and crowded settings.
 - c. You should not attend school, work, social or sporting events.
 - d. You should avoid contact with the elderly, those with chronic health problems and pregnant women.
 - e. You should not travel outside Ireland.
 - f. Please discuss travel within Ireland with the staff from the Department of Public Health who will be in contact with you during this period, preferably two days before travel to advise us of your travel plans and contact details.
 - g. You need to remain contactable by phone by the Department of Public Health.
 - h. Other members of the household do not need to restrict their activities.
 - **5.** You should always engage in regular hand washing and cover your mouth and nose with a tissue or the bend of your elbow when coughing and sneezing to prevent the spread of infection. See advice enclosed "Recommendations to prevent the spread of infection".

We thank you in advance for your continued cooperation. If you are concerned, please call the Department of Public Health at the number below.

Further information, including Frequently Asked Questions, is available at www.hse.ie.

XXXXXX	
Specialist in Pu	blic Health Medicine MCRN XXXXXX
	Contact Phone Numbers
	Monday to Friday between 9am-5pm: XXX

Yours sincerely,

2. Draft GP letter for close contacts



Department of Public Health Tel: Date: **Patient Name:** Date of Birth: Address: Dear Dr _____ The above named has been in recent contact with a patient with laboratory confirmed Novel Coronavirus (COVID-19). As a disease control measure, they are undergoing active surveillance by staff at the Department of Public Health _____. Staff at the Department of Public Health will contact them daily to screen for the next xx days for symptoms of COVID-19. They have been advised to self isolate and contact Public Health immediately if they become unwell. Please do not hesitate to contact us if you have any queries. Up-to-date information on COVID-19 is available at www.hse.ie. Yours sincerely

Specialist in Public Health Medicine

1. Information leaflets for close contacts

Recommendations to prevent the spread of infection

- Try to avoid touching your mouth and nose
- Regular **hand washing (Figure 1)**. You should wash your hands:
 - √ after coughing or sneezing
 - ✓ before and after you prepare food
 - √ before eating
 - ✓ after using the toilet
 - ✓ when caring for the sick
 - ✓ when hands are visibly dirty
 - ✓ after handling animals or animal waste
- Use soap and running water to wash your hands (Figure 1)
- Respiratory hygiene (Figure 2): Cover your mouth and nose with a clean tissue when coughing and/or sneezing and then promptly dispose of the tissue in a bin. If you do not have a clean tissue, cough or sneeze into the bend of your elbow instead. Wash your hands immediately after sneezing, coughing or blowing your nose.
- Avoid close contact with anyone showing signs of respiratory illness such as coughing or sneezing.
- Cleaning and disinfection of the environment:

 Clean surfaces, especially the most frequently touched surfaces, with any cleaning product, then disinfect with a disinfectant.
- Waste disposal: Dispose of household waste as you normally would. Used tissues can be disposed of in your normal household bin.

Figure 1: How to Handwash

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces:



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



May 2009

Figure 2: Respiratory Hygiene



Appendix 2 Casual contact information pack

1. Draft letter for casual contact of a case of COVID-19

PLEASE NOTE: Because the Novel Coronavirus (COVID-19) is a new virus in the human population, new information is becoming available as doctors and scientists study the virus and how it affects people. While the information contained in this pack was accurate at the time it was printed, we advise you to check the HSE website at www.hse.ie for the most up-to-date information. The website is updated frequently as new information about the COVID-19 becomes available.

Contact name Address Date Department of Public Health Contact details....

Dear XXXXX

As you have been in limited contact with a case of Novel Coronavirus (COVID-19), please find information and instructions for follow-up below.

What is a coronavirus?

Coronaviruses are a large family of viruses that can cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). COVID-19 is a new coronavirus that has not been identified in humans before.

What is my risk?

Coronaviruses can be transmitted from person to person but this is usually after close contact with an infected patient, for example in a household, workplace or health care setting. Given that we are still learning about how easily the virus spreads between people, as a precautionary measure, we are also contacting those who have had a more limited contact with an infected patient. There may be a small risk of picking up the virus and becoming unwell or passing the virus on to other people.

What are the symptoms of COVID-19?

Symptoms of COVID-19 infection can include any of the following:

- Fever
- Cough
- Shortness of breath
- Difficulty breathing

What happens next?

- **1.** Please read this letter and the enclosed information leaflet carefully.
- 2. If you have or develop any of the symptoms above within the next xxx days
 - a. Please immediately **isolate yourself from others** (for example stay in a different room from the rest of your family with the door closed).

- b. **Call the Department of Public Health at the number below** and ask to speak to one of our doctors. They will discuss your symptoms with you and advise you what the next steps you need to take are, including arranging testing for the novel coronavirus.
- c. In the very unlikely event that you are unable to contact our doctors or nurses, please **phone** your nearest hospital Emergency Department and clearly say that you are a contact with exposure to Novel Coronavirus and tell them your symptoms.
- d. **Do not attend** your local Emergency Department unless told to do so by the Emergency Department or the local Department of Public Health.
- e. **Do not attend** your GP, including their out-of-hours/on-call service unless told to do so by the Department of Public Health.
- 3. You should always engage in regular hand washing and cover your mouth and nose with a tissue or the bend of your elbow when coughing and sneezing to prevent the spread of infection. See advice enclosed "Recommendations to prevent the spread of infection".

We thank you in advance for your continued cooperation. If you are concerned, please call the Department of Public Health at the number below.

Further information, including Frequently Asked Questions, is available at www.hse.ie.

Contact Phone Numbers					
Specialist in Public Health Medicine MCRN XXXXXX					
XXXXXX					

Monday to Friday between 9am-5pm: XXX

Yours sincerely,

2. Draft GP letter for casual contacts



	Feidhmeannacht na Seirbhíse Sláinte Health Service Executive	
	Department of Public Health	
	Tel:	
	Date:	
Patient Name:	Date of Birth:	
Address:		
Dear Dr		
	ed of the symptoms they should look out for over the next xx	
days. They have also been advised to self-isolat	te and contact Public Health immediately at any time if they	
become unwell.		
Please do not hesitate to contact us if you have	e any queries. Up-to-date information on COVID-19 is available	
at <u>www.hse.ie</u> .		
Yours sincerely		
xxxxxx		
Specialist in Public Health Medicine		
MCRN		

3. Information leaflets for casual contacts

Recommendations to prevent the spread of infection

- Try to avoid touching your mouth and nose
- Regular hand washing (Figure 1). You should wash your hands:
 - ✓ after coughing or sneezing
 - ✓ before after you prepare food
 - ✓ before eating
 - ✓ after using the toilet
 - ✓ when caring for the sick
 - ✓ when hands are visibly dirty
 - ✓ after handling animals or animal waste
- Wash your hands with soap and running water when hands are visibly dirty (Figure 1).
- Respiratory hygiene (Figure 2): Cover your mouth and nose with a clean tissue when coughing and/or sneezing and then promptly dispose of the tissue in a bin. If you do not have a clean tissue, cough or sneeze into the bend of your elbow instead. Wash your hands immediately after sneezing, coughing or blowing your nose.
- Avoid close contact with anyone showing signs of respiratory illness such as coughing or sneezing.
- Cleaning and disinfection of the environment:

Clean surfaces, especially the most frequently touched surfaces, with any cleaning product, then disinfect with a **disinfectant**.

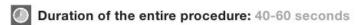
Waste disposal:

Dispose of household waste as you normally would. Used tissues can be disposed of in your normal household bin.

Figure 1: How to Handwash

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB





Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



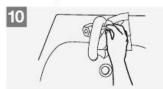
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



Figure 2: Respiratory Hygiene

