

ROYAL CENTRE FOR DISEASE CONTROL



PROTOCOL FOR CONTACT TRACING OF COVID-19

Version 1.00

Date: 15/03/2020

Prepared by: Epidemiology Team, RCDC

Reviewed by: Head, RCDC

Approved by: TAG, MoH

CONTENTS

1. ACRONYMS AND DEFINITION3

2. SCOPE3

3. APPLICATION3

4. DEFINITIONS3

 Surveillance Case definition for human with COVID-19:..... 3

 Suspected Cases:..... 4

 Confirmed, Primary, Secondary Contacts 4

5. PROCEDURE.....5

 Follow up of Secondary contacts10

 Follow up of travellers.....8

13. ANNEXURE.....11

 Annexure 2: Line list of Contact Tracing11

 Annexure 3: Secondary Contact Listing form11

1. ACRONYMS AND DEFINITION

CIF- Case Investigation Form
COVID-19 – Corona virus infectious Disease
CMO- Chief Medical Officer
DHRRT- District Health Rapid Response Team
HEMC- Health Emergency Management Committee
RCDC – Royal Center for Disease control
MoH- Ministry of Health
NPRP- National Preparedness and Response Plan
PPE- Personal Protective Equipment
TAG- Technical Advisory Group
WHO- World Health Organization

2. SCOPE

The scope of this document is to:

1. Help health professionals to conduct COVID-19 surveillance effectively
2. Identify, monitor and follow up the contacts
3. Guide outbreak investigations
4. Outline mode of communication with relevant stakeholders

3. APPLICATION

The protocol ensures the proper procedures for contact tracing of COVID-19 cases for the overall surveillance and monitoring of the contacts.

4. DEFINITIONS

Surveillance Case definition for human with COVID-19:

For practical purposes, the following case definitions will be used. However, this definition is subjected to change with evolving disease epidemiology.

Prepared by : Epidemiology Team, RCDC	Reviewed by:	Approved by:
---------------------------------------	--------------	--------------

Suspected Cases:

- Any individual with fever OR signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) with or without requiring hospitalization AND a travel history to COVID-19 affected countries within 14 days of onset of symptoms
- Any individual including health worker with fever OR signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) AND had a close contact with a laboratory confirmed case within 14 days of onset of symptoms
- Any multiple cases (two or more) with fever AND signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) reported in a group and having a group travel history to affected places (other than China) within 14 days of onset of symptoms.

Confirmed Cases are any suspected case as defined above with laboratory confirmation by Real Time PCR assay.

Close contact is defined as an individual who has been in a close contact with a confirmed case and is more likely to transmit the virus to other.

Primary contact is defined as a person who has had interactions with a confirmed case of COVID-19.

Furthermore, individual fulfilling the following criteria will be listed as the primary contact of COVID-19 case:

- People living in the same household of the COVID-19 Case (both members of the household and visitors).
- Caregivers for a patient with COVID-19 infection (e.g. relatives, friends, or healthcare workers)
- Other patients in the same room of the COVID-19 case and visitors of those patients during the same period of hospitalization of the COVID-19 case
- In the event of symptomatic COVID-19 case traveling on board (Flight):
 - a) All passengers in the immediate two front and back rows, and in the same row of the COVID-19 confirmed case
 - b) All flight attendants
 - c) Those traveling with the same tour group as the case

- People traveling in the same vehicle as COVID-19 case, e.g. public bus, taxi, motor vehicle, and any other vehicle used by the case
- Individuals who study or work in the same floor/room/department as the COVID-19 case
- Individuals who live in the same community as, or in a different community, who talked to or stayed within one meter of the case
- Have direct contact with the COVID-19 case or their body fluids or their laboratory specimens, or in the same room of a healthcare setting when an aerosol generating procedure is undertaken on the case without appropriate PPE OR failure of PPE
- Have direct or face to face contact with a case, for any length of time OR being within 1 meter of the case for any other exposure not listed above, for longer than 15 minutes.

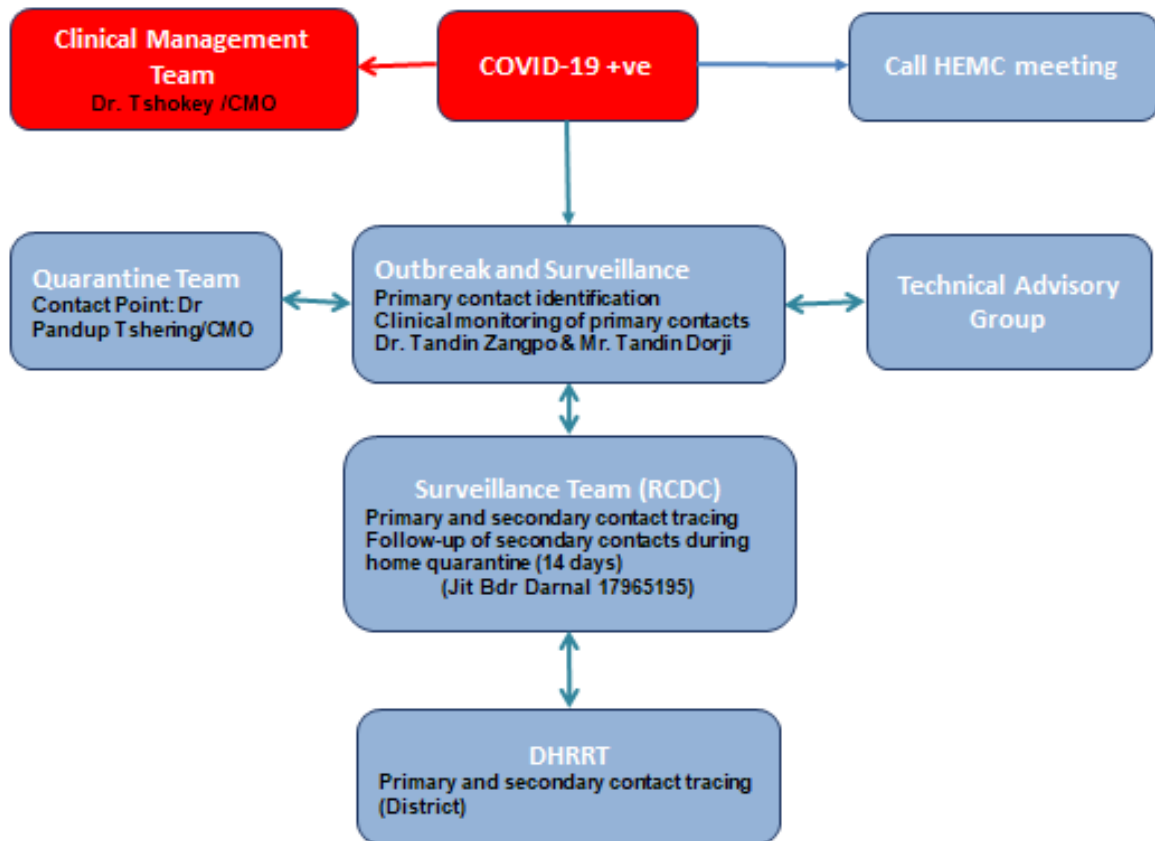
Secondary contact is defined as a person who has had interactions with a primary contact.

5. PROCEDURE

Process for identifying the contacts

- Upon the detection of the confirmed case, the surveillance team based at MoH will identify and list out all the close and primary contacts within 6 hours of case declaration
- The list will be submitted to the surveillance team based in RCDC, DHRRT and the Quarantine Team. Refer the algorithm for COVID-19 case (MoH) below:

Algorithm for COVID-19 confirmed case



Contact tracing team (RCDC and DHRRT) will coordinate the contact investigation activities as follows:

- The identified team (Contact tracing team of RCDC and DHRRT) will visit every possible location where the primary contact has resided (working place, hotels, home, recreational space)
- Contact tracing shall be done for all possible primary contacts using line listing form (Annexure 1)
- The team will also explore additional contacts not listed in the primary identified list
- Upon interviewing of the primary contact, all the secondary contacts will be listed (Annexure 2)

Prepared by : Epidemiology Team, RCDC	Reviewed by:	Approved by:
--	---------------------	---------------------

- All the identified primary contacts will be interviewed using minimal PPE (Refer executive order on the rational use of PPEs)
- Close and primary contact of confirmed COVID-19 cases will be quarantined for 14 days in a designated place

Quarantining of close/primary contacts

- Outbreak and Surveillance team at MoH will call all contact and advise them to go to designated quarantine place
- All Contact to be quarantine should be advised to come with changing clothes and toiletries which can last for 14 days
- Contact to be quarantine will be provided with food and lodging
- Contact to be quarantine can carry his/her mobile phone
- Contact to be quarantine can travel to quarantine place by his/her personal car: he/she can travel alone and parked in quarantine center
- If he/she does not have personal car, the surveillance team have to call 2121 and arrange ambulance to pick the contact and reach to quarantine place
- Team member should accompany ambulance driver
- Contact to be quarantine should refrain from travelling in the public transport
- If contact to be quarantine refused to come by himself or ambulance, surveillance team should go along with Police personals to pick him up
- If contact to be quarantine refuse to give his/her location, surveillance team will contact telecom for tracking the location
- Based on case's activities, it may be necessary to interview additional individuals who have knowledge of the case-patient's activities in certain locations (i.e., workplace representative; social contact).
- Designated health staff will monitor people on quarantine daily; all close contacts will be screened for fever (using hand-held thermometer) and respiratory symptoms, for 14 days from the last day of exposure

- If close contact doesn't develop signs/symptoms over the quarantine period, he/she shall be released after 14 days from the first day of contact
- Any close contact who develops signs and symptoms of respiratory illness while on quarantine will be immediately transferred to the hospital by health staff for isolation
- If close contact meet case definition, consider as a case and proceed with case investigation procedure using CIF (Annexure 1)
 - ✓ If the case definition is not met, follow up and monitor the temperature for 14 days after the day of last contact with the confirmed case.
 - ✓ All close contacts who do not meet the case definition will be asked to follow cough etiquette, practice hand hygiene, avoid going to public places and gathering and inform health officials immediately if they have fever or develop any symptoms.

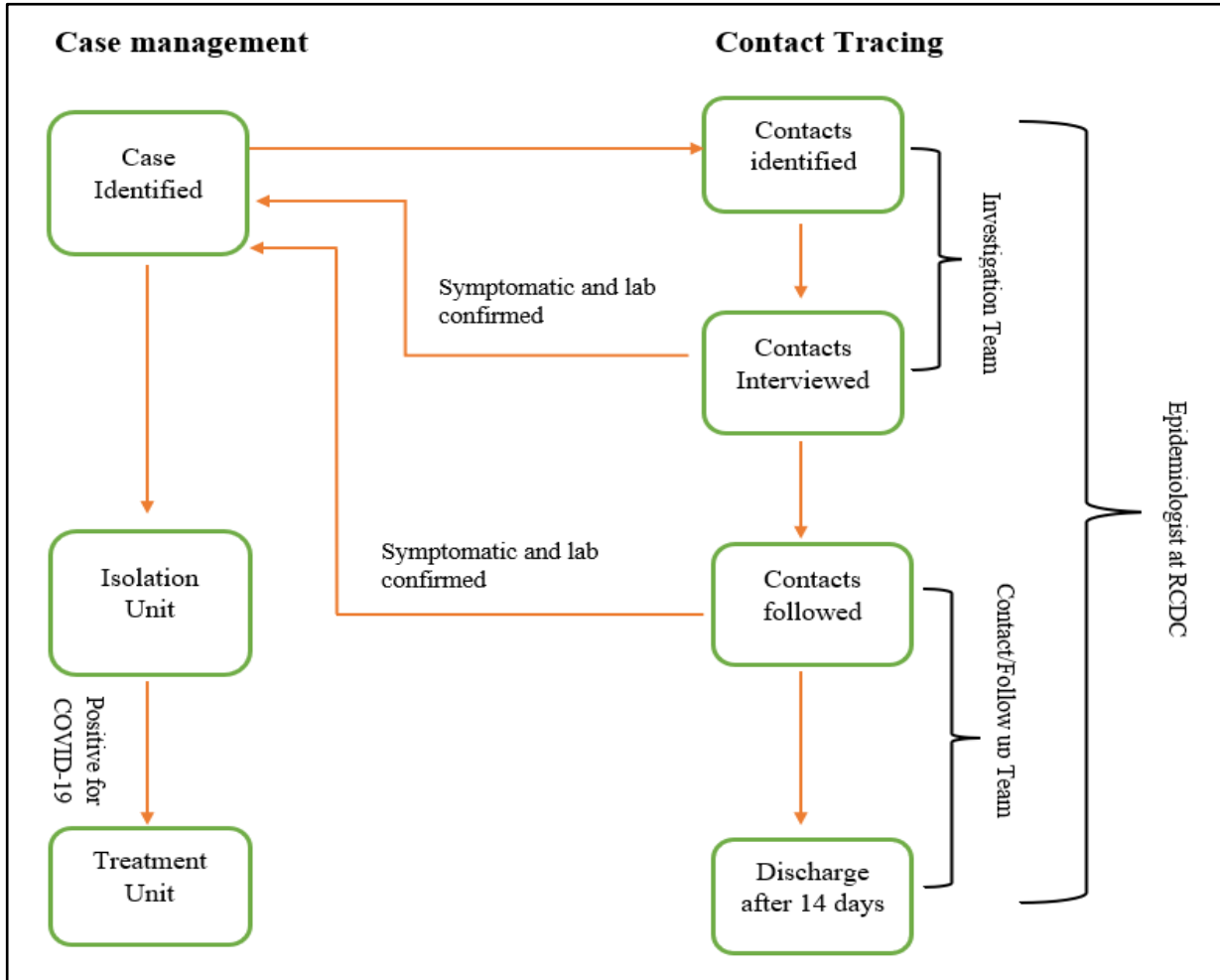


Figure: Process flow for COVID-19 case management and contact tracing (*Modified from WHO*)

Laboratory Sample collection of Primary Contact

- The Sample collection team of the National Laboratory (RCDC/Respective DHRRT) will collect the upper respiratory samples (Throat/Nasal swabs) from the primary contacts
- The samples will be tested for COVID-19, if the primary contact is found to be symptomatic OR after the fifth day from the date of contact with confirmed case and also on the 14th day

Follow up of Secondary contacts

- The listed secondary contact shall be contacted telephonically from the last day of contact with the confirmed case till the fourteen day.
- The secondary contacts shall be enquired for any respiratory symptoms related to COVID-19 by the Surveillance follow up team at RCDC
- *If they develop symptoms they will be asked to visit hospital/Flu clinic*

Note: If the primary contact tested positive for COVID-19, secondary contacts will be identified as primary contacts.

Follow up of Secondary contacts

- All the passenger’s list arriving at the Points of entry (Airport entry and ground crossing) shall be sent to the Surveillance Team at RCDC (Annexure 3)
- The listed passengers shall be contacted telephonically from the date of arrival until fourteen day
- The listed passengers shall be enquired for any respiratory symptoms related to COVID-19
- *If they develop symptoms they will be asked to visit hospital/Flu clinic*

Annexure 3: Follow up of travellers

Sl.no	Date of notification	Name	Age	sex	Nationality	Contact number	Present address	Place of travel/Port of Embarkament	No. of days of stay	occupation	Day 1-14		
											Fever	Cough	SOB