



Novel Coronavirus 2019 (COVID-19)
National Interim Guidelines for Public Health management of contacts of cases of COVID-19

V8.3 17.05.2020

This document summarises interim recommendations for contact management for COVID-19. It is based on the current knowledge regarding COVID-19 and experiences with SARS-CoV and MERS-CoV. This guidance is suitable for a delay phase, when an increasing number of cases and their contacts 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.

Version	Date	Changes from previous version	Drafted by
V.8.	02.04.2020	<ul style="list-style-type: none"> • Change to infectious period for contact tracing purposes to 48 hours before symptom onset. • Change in contact management of probable, contact tracing to initiate following referral for testing. • Change in advice for close contacts to not leave the house unless absolutely necessary. • Change in information sources for close and casual contacts. • Change in advice to contacts regarding contacting their GP with symptoms instead of Public Health. • Note on current Government advice regarding physical distancing measures. 	HPSC
v.8.1	22.04.2020	<ul style="list-style-type: none"> • Added tracing of asymptomatic cases 	HPSC
V.8.2	24.04.2020	<ul style="list-style-type: none"> • Change to start period of contact tracing for asymptomatic cases 	HPSC
V8.3	14.05.2020	<ul style="list-style-type: none"> • As per NPHEt recommendation of 14/05/2020, all close contacts of a confirmed case should have a COVID test at DAY 0 and DAY 7 after last exposure to a confirmed case • As per NPHEt recommendations of 14/05/2020, all close contacts (not just household contacts) should restrict their movements until the results of the test are known. 	HPSC

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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 of COVID-19 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 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 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 - 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 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.

**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.

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 for contact tracing purposes is defined **as from 48 hours before 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 hospitalized).**

In the context of NPHET testing strategy in nursing homes as per 18.04.2020, all staff and residents in a facility with a current or new outbreak will be tested, as will all staff in RCF with no cases. For

the purpose of this guidance, contact tracing of truly asymptomatic cases in this context should be initiated from 24 hour prior to date of diagnosis (i.e. date of swab being taken).

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 case:
 - 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 case for less than two hours.
- Passengers on an aircraft sitting beyond two seats (in any direction) of a case.
- Any individual who has shared a closed space with a 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 when a suspect case is identified by a treating physician. If, for any reason, contact tracing is not initiated for a suspect case, it should be prioritised and initiated IMMEDIATELY when a case is confirmed by laboratory testing. Please see Section IV for details on management of contacts of a suspect 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).

As per NPHE recommendations on 14th May 2020, it is further recommended that where a test is taken on a suspect case (e.g. GPs, community testing centres) the tester should request that the suspect case inform their household contacts and any other close contacts without delay and ask them to restrict their movements (i.e. stay at home) until the outcome of the test is known.

When a case is confirmed:

- Their contacts must be identified and tested on the same day = Day 0 test
- At the time of first discussion with the contact, details must be confirmed of the date of their last contact with the case. The Day 7 test is to be performed on 7 days after that last contact.

- If the Day 0 and 7 tests are too close together (within 24 hours), only 1 test is necessary.
- If the Day 0 test is positive, there is no further test required – the contact becomes a case.
- Irrespective of the outcome of Day 0 and Day 7 test, all contacts must restrict movement for the full 14 days. (If the contact becomes a case, they must self-isolate).
- All results for the first case and contacts must be have full data provided and be linked in the data systems.

It is usual that:

- Community based contacts will be identified and monitored by Public Health and the Contact Management Programme (CMP).
- Healthcare worker with an occupational exposure in Ireland, including laboratory staff, will be identified and monitored by Occupational Medicine. Please see [Occupational Health](#) guidance for further information.
- Hospital in-patient contacts will be identified and monitored by infection prevention and control (IPC) and clinical microbiology while receiving in-patient care and by Public Health following discharge.

All persons identified as having had contact with a suspect case or a confirmed 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.

III. Management of contacts of a confirmed case of COVID-19

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 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 GP if they develop relevant symptoms in the 14 days after the last exposure to a case of COVID-19.

Close contacts

Monitoring Active Follow-up:

- Close contacts should be offered two COVID-19 tests, as per schedule outlined above.
- Close contacts of a case should undergo **active follow-up** for 14 days after the last possible exposure to a case.

- They should be advised about their risk and the symptoms of COVID-19 and provided with a COVID-19 Close Contact information leaflet found [here](#).
- Household contacts should be provided with an information leaflet found [here](#).
- 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 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 telephone their GP without delay 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:

NOTE: Since Friday 27th of March 2020, the advice of the Government of Ireland is that people should stay at home except within certain limited circumstances. All schools and childcare facilities remain closed as do non-essential shops. All mass gatherings remain cancelled and the Government advises against any gathering outside the home.

It is extremely important that close contacts of cases of COVID-19 continue to strictly adhere to advice regarding restriction of movements. Even in the event that recommendations for physical distancing for the general public are relaxed, it will remain extremely important for contacts of cases of COVID-19 strictly adhere to advice regarding restriction of movements.

- Close contacts of a case should be asked to practice restricted movement. This means to limit their movements and interactions with others and not to leave their home unless it is absolutely necessary to do so.
- In particular, all close contacts 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 within and outside of Ireland.

Casual contacts

Monitoring_Passive follow-up

- Casual contacts should undergo **passive follow-up** for 14 days after the last possible exposure to a case.
- They should be advised about their risk and the symptoms of COVID-19 and directed to further information on the HSE website.
- They should be advised to self-isolate if they develop any symptoms of COVID-19 and ring their GP without delay.

Isolation and restrictions:

- Casual contacts should adhere to the general public health measures and physical distancing advice that the Government of Ireland has issued for the general public.

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

Type of contact	Type of follow-up	Restrictions on movement or travel during follow-up period
Close contact	Active follow-up	<ul style="list-style-type: none"> • Restricted movements. • Do not leave the house unless absolutely necessary. Do 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 national and international travel
Casual contact	Passive follow-up	Follow the physical distancing advice issued by the Government of Ireland.

IV. Management of contacts of a suspect case referred for testing

Contact tracing should be initiated **IMMEDIATELY** when a **suspect case is identified** and a notification is received via Healthlink. Close and casual contacts should be identified and given relevant advice as above.

All close contacts of a suspected case should be asked to restrict their movements for 14 days after the suspect case begins self-isolation at home.

If SARS-CoV-2 is not detected, close contacts should be informed without delay so that they can return to normal activities while adhering to current government recommendations.

V. Management of symptomatic contacts

If symptoms consistent with COVID-19 develop within the first 14 days following the last contact, the individual should contact their GP by telephone without delay, 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 [here](#).

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