

Standard Operating Procedure (SOP) for Contact Tracing for COVID-19



Pacific
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Introduction

Contact tracing is a public health tool used in the control of infectious diseases such as the novel coronavirus (SARS-CoV 2). Case investigation aims to identify the source of the case's infection as well as people who the case has been in contact with while infectious, enabling interventions to prevent further transmission. The pre-requisite for effective contact tracing is rapid detection and investigation of cases and early ascertainment of the contacts. Contact tracing and quarantine should be used synergistically with physical distancing, isolation, hand hygiene, cough etiquette and PPE measures for the control of COVID-19.

Aim and Scope of SOP

This SOP aims to provide guidance to Pacific island countries and areas on the management of persons who have had contact with a probable or confirmed COVID-19 case. As countries may vary in regard to transmission scenario, capabilities for laboratory testing, and the applications and databases used for contact tracing, the SOP should be altered to suit the circumstances and context of the country and contact tracing system being used.

The SOP should be used in conjunction with relevant WHO Guidances (See reference list) and Contact Tracing algorithms for community and health care settings in countries with or without COVID-19 testing capability (attached).

Definitions in the Context of COVID-19

- A **contact** of a COVID-19 case is a person not currently presenting symptoms, who has, or may have been, in contact (detailed below) with a probable or confirmed COVID-19 case.
- **Quarantine** is the separation from the rest of the population, of healthy persons who may have been exposed to the virus, with the objective of monitoring their condition and ensuring early detection of symptoms.
- In this context, **monitoring** refers to the process whereby identified contacts are followed up, over a defined period.
- Quarantine differs from **isolation** which refers, in this context, to the separation of symptomatic cases from other people.

Contact Tracing and Management Process

It is recommended that high intensity contact tracing and quarantine is undertaken for as long as resources and local conditions allow to slow down the spread of infection and reduce the burden on health services.

Contact tracing and management involves four key processes:

- Contact identification
- Contact listing
- Contact management and follow-up
- Contact discharge

1. Contact Identification Process:

- 1.1 Interview persons with probable or confirmed COVID-19 and complete the case investigation form.
- 1.2 Trace backwards aiming to identify high risk exposures and the likely source of the infection. During this process, people may be identified who experienced a common exposure with the case. These individuals must be followed up and, if symptomatic, tested and managed as suspected cases and if asymptomatic they may need to be quarantined.
- 1.3 Take a detailed history from the case to exhaustively identify all social, familial, work, and health care worker contacts who have had contact with the case from 2 days before symptom onset of the case and up to 14 days after their symptom onset.
- 1.4 A contact who requires quarantine will include a person who experienced any of the following exposures during the period 2 days before and up to 14 days after the onset of symptoms of a probable or confirmed case:
 - Face-to-face contact within 1 metre and for more than 15 minutes;
 - Direct physical contact with a probable or confirmed case;
 - Direct care for a patient with probable or confirmed COVID-19 disease without use of proper personal protective equipment; OR
 - Other situations as indicated by local risk assessments

Note:

For confirmed asymptomatic cases, the period of contact is measured as 2 days before through to 14 days after the *date on which the sample was taken* which led to confirmation.)

2. Contact Listing Process

- 2.1 Record details of the contacts on the Contact Information and Monitoring sheet attached and in the Excel Contact Tracing linelist.
(**Note:** For GoData users use the GoData Contact Tracing Form and GoData Excel linelist. Other applications such as SORMAS may also have specific forms.)
- 2.2 Record demographic information, date and type of exposure between the contact and the probable/confirmed case (and dates of common exposure for both case and contact if this is relevant). Record these exposures and consider the likely timeline of events based on the incubation period and symptom onset of the case.
- 2.3 For the contacts, calculate 14 days since the date of last exposure to the case. This represents the quarantine period.

3. Contact Management and Follow-up Process

- 3.1 The contact should be informed of their exposure to a suspected/ probable/ confirmed case. Depending on circumstances, the initial notification of the contact may be done by the case or a health service provider.
- 3.2 Subsequently, a health service provider should speak with the contact and explain the possible exposure, the method of transmission of the infection, signs and symptoms, the incubation period and why the contact is required to remain at home or at a designated setting for the defined period of quarantine.
- 3.3 A quarantined contact should be fully informed of what is expected of him/her regarding physical distancing, practicing appropriate personal hygiene and what to do should he/she develop symptoms.
- 3.4 A decision on where a contact is to be quarantined will depend on the local context as well as the circumstances of the person being quarantined. A home setting may be appropriate at times. A suitable facility for quarantining contacts such as a motel or similar may also be used particularly for those requiring close monitoring or where a home setting is unsuitable for quarantine or for groups such as travellers.

- 3.5 The local authorities should ensure that the quarantine setting is appropriate and that adequate food, water, and hygiene provisions can be made for the quarantine period, minimum IPC measures can be implemented and minimum requirements for monitoring the health of quarantined persons can be met during the quarantine period
- 3.6 For daily follow-up, phone or visit the contact (using appropriate PPE and physical distancing [1 metre] as necessary) and enquire about symptoms and compliance with quarantine arrangements.
- 3.7 Record the contact's temperature either using the contact's thermometer or one provided at the commencement of quarantine.
- 3.8 Document information in the Contact Monitoring Sheet. Remember to code the daily status of the contact, contact's temperature, the method of follow-up and add your initials to identify who performed follow-up on each day. (For GoData users, the application includes a contact follow-up and data recording process)
- 3.9 Contacts should be provided with the telephone number of a health care worker who is to be contacted should symptoms develop.

Notes:

Management of the contact may be modified by public health authorities, depending on factors such as exposure risk assessment and compliance of the contact with quarantine. In certain circumstances quarantined individuals may be asked to self-monitor and report immediately by phone to health authorities should symptoms develop. Where a contact does not comply with quarantine restrictions and is potentially exposed to infection, the period of quarantine must recommence and measures taken to ensure compliance.

4. Contact Discharge

- 4.1 If a contact completes the quarantine period without developing symptoms they can be discharged from quarantine and instructed to comply with existing community physical distancing and other control arrangements.
- 4.2 If the contact reports symptoms, the officer undertaking the follow-up must inform the supervisor who will ensure the symptomatic contact is isolated and, if available, tested for COVID-19. If testing is not available these cases must be isolated until 14 days from when symptoms end. If probable or confirmed, the contact is moved to the case list.
- 4.3 If the investigation leads to a person being re-classified as a non-contact, the contact may be discharged from quarantine.
- 4.4 If the investigation leads to the linked case being re-classified as a non-case (discarded case), the contact may be discharged from quarantine.

Issues to consider:

- Pre-positioning of quarantine kits which include a thermometer, hand sanitiser, masks and other necessary provisions.
- Establishment of Hotline or designated phones contactable 24/7 for persons who become symptomatic to call.
- Stocking and positioning PPE: required for staff that will be conducting contact tracing.
- Delivery of food and other essential items such as medication to people in quarantine
- Financial compensation for lost income.
- Letter or medical certificate for employers of contacts for the quarantine/isolation period.
- Psychosocial support: finding ways for people to communicate, connect and demonstrate concern with quarantined persons/household will make quarantine less stressful and encourage adherence.
- Healthy tips during quarantine for exercise and nutrition.

For information related to the identification, administration, infection control and cleaning of quarantine locations refer to:

World Health Organization. *Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19) Interim guidance 19 March 2020*

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

Staffing for Contact Tracing

Without additional staff and support, public health teams in PICs will be rapidly overwhelmed by case investigation and contact management activities associated with COVID-19. Recent experience with measles outbreaks has highlighted these challenges. It is essential that early consideration is given to the identification and training of a surge workforce for public health to undertake contact tracing and other tasks.

In the initial stage when case numbers are small and the focus is on containment, medical and nursing staff from clinical and community services may be available to support case investigation and contact management activities conducted by public health. However, as the outbreak develops there will be a heavy demand on clinical services. Public health will require a surge workforce drawn from other sectors.

Additional staff may be identified to undertake the following:

- Data entry
- Regular (daily) follow-up of people in isolation or quarantine to ensure compliance and to monitor health status

Staff in the categories above should be identified and trained prior to the onset of the outbreak. Where possible experienced public health staff should act as team leaders for these additional staff. Interviews with cases and possible contacts should wherever possible be undertaken by experienced public health staff.

References:

World Health Organization. Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19) Interim guidance 19 March 2020

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

World Health Organization. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts Interim guidance 17 March 2020

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

European Centre for Disease Prevention and Control. Public health management of persons having had contact with cases of novel coronavirus in the European Union, 25 February 2020. Stockholm: ECDC; 2020.

European Centre for Disease Prevention and Control. Resource estimation for contact tracing, quarantine and monitoring activities for COVID-19 cases in the EU/EEA. ECDC: Stockholm; 2020.

This document has been developed in accordance with global guidance and contextualized to the Pacific context by the Epidemiology and Surveillance Cell of the COVID-19 Pacific Joint Incident Management Team



Contact Information and Monitoring Form Template

Use a separate form for each contact. Keep the contact forms together with others associated with the same case.

If using GoData do not complete this form. Use the GoData form and linelist instead.

Date form completed: _____

Case Information (Record here the details of the case that the contact has been exposed to)					
Case ID No:		Case Surname:		First Name:	
Gender:	M/F	Age: (select one option)		Yrs (if ≥ 2)	Mnths (if < 2 yrs)
Date of onset of symptoms of the case: mm/dd/yy					
Date of positive test: mm/dd/yy (Asymptomatic cases only)					

Contact Information (Record here the details of the contact)					
Contact ID No:		Contact Surname:		First Name:	
Gender:	M/F	Age: (select one option)		Yrs (if ≥ 2)	Mnths (if < 2 yrs)
Address:					
Telephone:			Occupation:		
Date of last exposure to case: mm/dd/yy			Date at 14 days forward from this exposure mm/dd/yy		
Describe type and length of exposure and where: (e.g.: face to face, physical, health care, household)					
Link to cluster	Y/N	If yes, record cluster ID:			

Contact Follow-up (Record here details of daily follow-up)														
Instructions:														
1. Count 14 days since the last exposure of the contact to the case. Insert the dates against the 14 days in the table below. Put a line through any days prior to the identification of the contact for which monitoring did not occur e.g. first two days.														
2. In 'Method', monitor contacts each day either by Telephone "T", Face to face "F" or other "O". Record how monitoring was done each day.														
3. In 'Status', each day record whether: Contact was not able to be contacted "0"; Contact was contacted and asymptomatic "1"; Contact was symptomatic "2". (Advise supervisor of any "0" and "2" results)														
4. Record temperature of contact.														
5. Initial under each recording.														
	Days of Follow-up													
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date														
Method (T, F, O)														
Status (0, 1, 2)														
Temperature														
Initial														

Quarantine Outcome (Record here the outcome of the quarantine period)	
Contact Discharged from Quarantine (D): <input type="checkbox"/>	Contact Developed Symptoms (S): <input type="checkbox"/>
Classified as non-contact (NC) <input type="checkbox"/>	Date of outcome: mm/dd/yy