

SOP - Contact Tracing for COVID-19 Cases

This SOP aims to provide guidance for health authorities on contact tracing for persons, including healthcare workers, who had come in contact with a lab-confirmed case of COVID-19.

Purpose of Contact Tracing:

- To identify contacts as early as possible for preventing spread of further transmission

Classification and Definition of Contacts:

1. High-risk contact:

- Touched body fluids of the patient (respiratory tract secretions, blood, vomit, saliva, urine, faeces)
- Had direct physical contact with the body of the patient including physical examination without PPE.
- Touched or cleaned the linens, clothes, or dishes of the patient.
- Lives in the same household as the patient.
- Anyone in close proximity (within 1 meter) of the confirmed case without precautions.
- Passenger in close proximity (within 1 meter) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours.

2. Low-risk contact:

- Shared the same space (same class for school/worked in same room/similar) and not having a high-risk exposure to confirmed case of COVID-19.
- Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.

(Please note: Low Risk Contacts do not mean NO RISK contact; equal emphasis must be given for low risk contacts as they are potential source for transmitting the disease)

Plan of Action for Contact Person/s:

A. High risk contact:

1. Quarantine at home, hospital or designated facility for 14 days after the last exposure.
 - a. While quarantined, active monitoring for 14 days after the last exposure.
 - b. During days 15-28 following the last exposure, self-health monitoring (for development of fever of any grade, cough or difficulty in breathing) or random check by health staff will be conducted.
 - c. Contact should immediately call state-specific help-line number if develops fever, cough or difficulty in breathing.
2. Remain reachable for active monitoring.
3. Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in contact

B. Low risk contact:

1. Quarantine at home and do self-health monitoring (for development of fever of any grade, cough or difficulty in breathing) for 28 days after the last exposure.
 - a. Contact should immediately call state-specific help-line number if develops fever, cough or difficulty in breathing.
2. Remain reachable for monitoring.

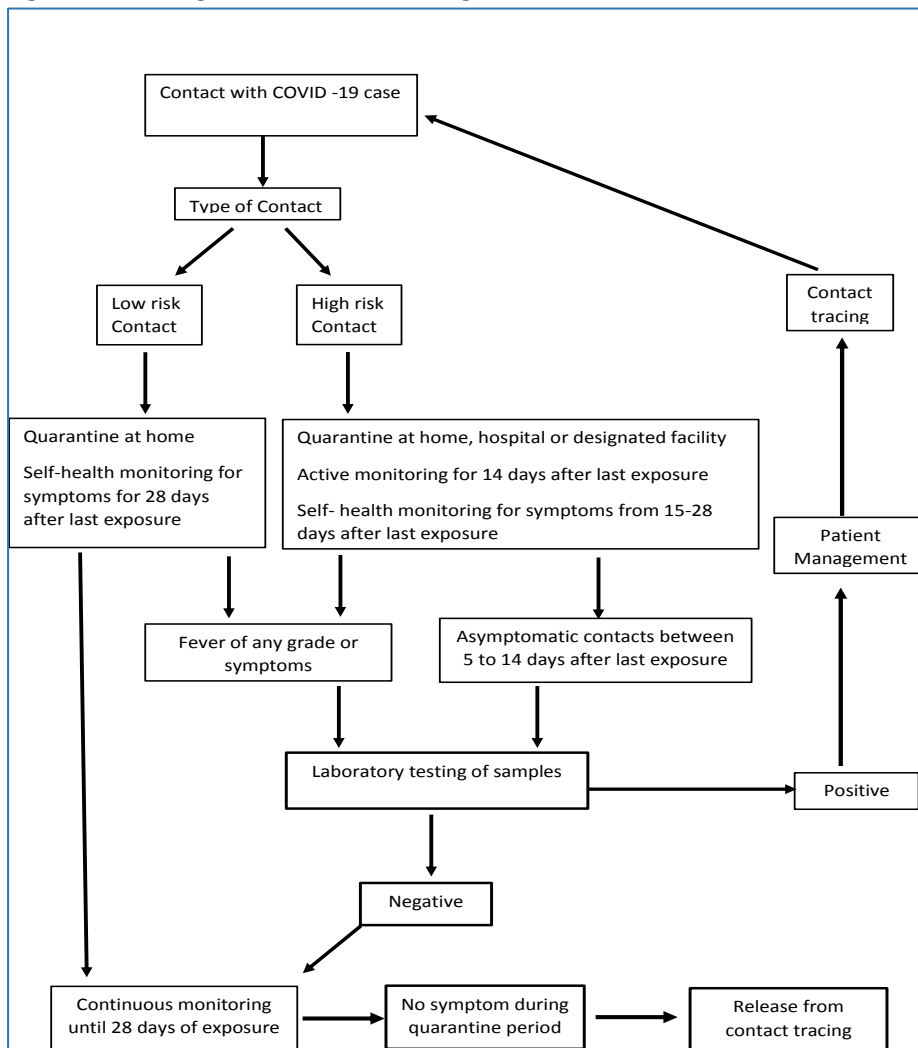
Important: Contacts, regardless of whether their exposure was high-risk or low-risk, should immediately self-isolate and contact the state help line number in the event of any symptom occurring within 28 days of the last exposure.

Health and safety precautions for Frontline Health Worker (FLW-ASHA, AWW, ANM, Link Worker, other) doing contact tracing

1. The FLW should maintain a distance of at least one meter from the contact at all times and if available interview should be done outdoors or a well-ventilated space.
2. Triple layer masks should be worn by the contact tracing team members. Additional personal protective equipment (e.g. goggles, gloves, gown) is not required.
3. If interviewing any person having respiratory symptoms, the FLW should provide him mask before interviewing
4. The contact tracing team members to maintain standard infection prevention and control measures and perform hand hygiene before and after each visit and ensure respiratory etiquettes throughout.
5. The FLW should not work if they have fever, cough, or difficulty in breathing and immediately inform their supervisor of their symptoms.

Contact identification and listing

Figure 1: Algorithm for management of contacts of confirmed COVID-19 cases



Step 1: Getting the information on contacts from the lab confirmed case

1. Immediately after a confirmed case is identified, the case should be interviewed by the epidemiologist/medical officer. Details should be filled in the COVID-19 Case Investigation Form.
2. Attempt should be made to identify all household members, social contacts, contacts at work place and contacts in health care settings who have had contact with a confirmed case anytime between 2 days prior to onset of symptoms (in the positive case) and the date of isolation (or maximum 14 days after the symptom onset in the case). Each contact / place visited should be identified and recorded by the epidemiologist/medical officer on the contact list format (Form 1).
 - a. Example: if onset of symptom was of 24 March 2020, and the case sent for isolation on 29 March 2020, the contact tracing will be done from 22 March 2020 till date of isolation
3. If the case had no symptoms (i.e. asymptomatic case), a contact person is defined as someone who had contact with the case within a time frame ranging from 2 days before the sample collection (which led to confirmation) to 14 days after the sample was taken.
4. Based on information collected, the epidemiologist/medical officer should classify each contact as high-risk or low-risk and record this on Form-1.
5. Cases may have contacts in multiple states/UTs. The details of contacts living in different states should be immediately shared with the health authorities of the respective state with copy to national IDSP team. Tracking of contacts located in a state/UT will be the responsibility of that state/UT.
6. Contact tracing should begin immediately after a confirmed case is identified.

Step 2: Preparation of contact line-list by FLW

1. The FLW should be trained on filling of Form 2 (by filling exercise), health and safety precautions and reporting of symptomatic case.
2. The supervisor will provide each FLW with a contact tracing form (form 2), with the COVID-19 surveillance ID number, date of contact with case, name, age, sex, address and phone number, pre-filled for each contact assigned to the contact tracer (if details are available). A rational workload should be given to each FLW.
3. The FLW will fill each row (one row for each contact) until completion of 28 days following the last exposure for each contact.
4. If there is a paper-based system for contact tracing
 - a. At the end of day one of contact tracing and then on weekly basis (every Tuesday), the FLW will report to the supervisor and supervisor will collect the information in Form 3 and will share with MOIC.

NOTE: If there is an app-based system for contact tracing, there is no need to use Form-3

5. The supervisor with Data Entry Operator (DEO) will update the master contact line list (Form 4) on day 1 and then on weekly (every Wednesday) basis.

NOTE: If there is an app-based system for contact tracing, there is no need to use Form-4

6. The contact tracing form will be carried by the FLW until completion of contact tracing (28 days from the last exposure for each contact). At the end of this time, the contact tracer will submit the filled form-2 to the supervisor.

7. The master contact line-list (Form 4) should be shared on weekly (every Thursday) basis to district, state and national-level for regular data analysis

NOTE: If there is an app-based system for contact tracing, there is no need to use Form-4

Role of FLW during contact tracing:

1. Using the form-2, the FLW will visit the household of the contact, will introduce themselves and explain the purpose of the visit to the head of the household and contact(s).
2. During the initial visit, the FLW will communicate with high-risk contacts, explaining the need for quarantine (home / facility) for 14 days after last exposure to a COVID-19 case. If the contact develops fever and any respiratory symptoms should immediately report to state helpline number. The supervisor and FLW will ensure that contacts understand that daily visits will take place for 14 days after the last contact with the case, and self-health monitoring will be done by the contact between days 15 to 28 after the last exposure to the case.
 - a. Example: If the person met a lab confirmed case on 28 March 2020 and the FLW reaches the house on 2 April 2020, in this scenario, day 1 for the contact tracing will be 29 March 2020.
 - b. The FLW will take symptom history from 29 March 2020 and will follow the case till 11 April 2020 for completion of 14 days and till 25 April 2020 for completion of 28 days
3. For low-risk contacts, the supervisor and FLW will explain the need for home quarantine and self-health monitoring by contact for 28 days after last exposure to the case (as per example above). The low risk contacts should be sensitized to report immediately to state helpline number if develop fever and respiratory symptoms.
4. The supervisor and FLW will use the initial visit to interview the contact and assess for additional contacts that may have been missed previously. The added contacts will be updated in the master data base.
5. If contacts refuse quarantine or monitoring, the FLW should notify the supervisor. The contact should be revisited to reassess their willingness to be monitored.
6. If the contact has a **fever, cough or difficulty in breathing during first or subsequent visit/call**:
 - a. The FLW will immediately notify the state helpline number with the contact's name and location.
 - b. The FLW will provide reassurance to the contact and urge him to remain in the home and isolated from other persons until further assessment can be performed by the case investigation team.
 - c. The FLW should maintain a safe distance from the contact but remain in the area until the case investigation team arrives.
 - d. The FLW will record on the daily reporting form that the contact was symptomatic.
 - e. The symptomatic contact now becomes a suspect case and will be sent for isolation at health facility. Sample will be tested for COVID-19.
 - f. Any individuals who have been exposed to the suspect case must be added to the list of contacts if the suspect case becomes a confirmed case. Any shared contacts between the original case and the new case must be line-listed as contacts of the confirmed case, and these contacts must re-start their 14 days quarantine and additional 14 days of self-health monitoring.
 - g. The FLW will provide a triple layer mask to the symptomatic contact to wear until they are seen by medical personnel.
 - h. The case investigation team will notify the healthcare facility of the contact's arrival.
7. If a contact is not seen physically (high-risk contact) or reachable by phone (low-risk contact) on any one day during the initial 14 days of contact tracing, he or she should be labelled as a missing contact and this information should be shared with the supervisor during feedback and recorded in the Form-2.

8. If any contact is missing for three consecutive days within the first 14 days, he or she should be labelled as lost to follow up. The details should be shared with the supervisor and medical officer for necessary administrative action.

Release from contact tracing

1. Contacts may be released from daily follow-up when:
 - a. Contacts have completed 28-day follow-up after the date of last exposure with lab confirmed case
 - i. without developing COVID-19 compatible symptoms or
 - ii. remain negative for COVID-19 laboratory test.
 - b. If listed individuals did not have a history of exposure to COVID-19 and were erroneously identified as contacts.
2. The FLW should record the completion of the 28-day follow-up period on the reporting format and should communicate this information to the supervisor/ MOIC by submitting the contact tracing format (Form 2) for record purpose.

If contact leaves the district/state/country:

- When FLW realize that contacts they are tracing have left the community, it is important that they immediately alert the MOIC/DSO. Once this occurs, the FLW and the MOIC/DSO need to work to determine where the contact likely travelled. The family members may not be forthcoming with this information, so it may be necessary to engage community leaders and other community liaisons to assist with this investigation. Once the destination of travel (as well as any other transit locations) has been determined, the supervisors must begin the notification process.

Contact Tracing in Cluster

If there is clustering of cases in a defined geographic area, whole area will be put under containment plan and containment measures will be activated.

- A house to house search for the for all the symptomatic cases will be conducted by the FLW. The information will be collected on FORM 2-A.
- Any person with symptoms suggestive of COVID-19 infection (like fever, cough, difficulty in breathing) will be sent for isolation and sample will be collected for testing for COVID-19.
- In the allotted area, the FLW will do the case search till 14 days after the last confirmed case. All the residents of the containment area will be motivated for immediate self-reporting if any of the family member develop COVID-19 symptoms.

IMPORTANT: WHILE GOING FOR CONTACT TRACING ALWAYS TAKE HELP OF POLICE AND ADMINISTRATION

Table 1: Activities, human resources and data collection for contact tracing for COVID-19 cases

Activity	Human Resources	Data collection
Interview case	Epidemiologist/Medical Officer	Case-investigation form
Create contact list	Epidemiologist/Medical Officer	Form 1 (Contact list format)
Classify contacts as high or low risk	Epidemiologist/Medical Officer	Form 1
Sharing of details of contacts with state/district/block	District Surveillance Officer / State Surveillance Officer	Form 1
Sharing of details of contact tracing with FLW following their training	MOIC	Form 1 and Form 2 (Enlisting and follow-up of contacts)
Initial visit to high risk contacts for enlisting and quarantine (home/facility), then follow-up till 28 days from date of last exposure with lab confirmed case	Frontline Health worker (FLW) / supervisor	Form 2
Sample collection from asymptomatic high-risk contact between 5 and 14 days of last exposure with lab confirmed case	Lab technician	Lab Request Form
Initial visit to low risk contacts to inform and provide information on self-health monitoring for 28 days from date of last exposure with lab confirmed case	Frontline Health worker (FLW) / supervisor	Form 2
House to house search for cases in a cluster	Frontline Health worker (FLW) / supervisor	Form 2 A
Reporting by supervisor / block on day 1 of contact tracing and then on weekly basis (applicable for paper-based system)	Supervisor / Block MOIC	Form 3
If any contact develop symptoms he/she should be immediately reported to state helpline number	Contact tracer / Supervisor	Telephonic information
Updation of master line list for contact tracing (applicable for paper-based system)	Supervisor and DEO	Form 4 (Master Line list for contacts)

Annexures:

1. Contact list format (Form 1)
2. Contact tracing and follow-up format (Form 2)
3. Search for symptomatic cases in Cluster (Form 2 A)
4. Daily reporting format (Form 3)
5. Line list of Contacts (Form 4)