

CONTACT TRACING IN THE CONTEXT OF COVID-19

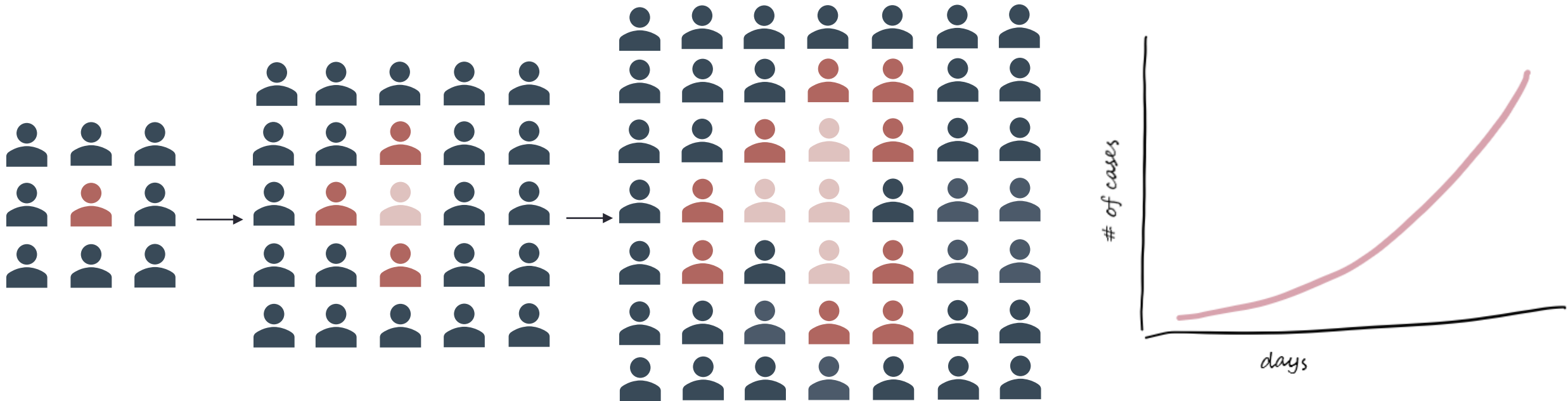


**World Health
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Contact tracing : principles

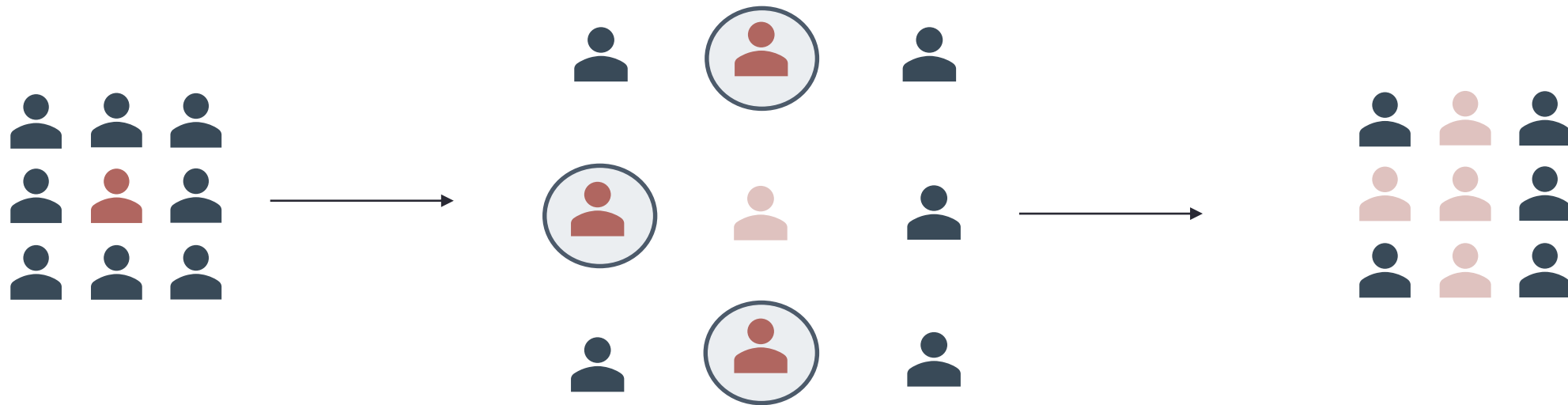
- Contact tracing is the process of **identifying, assessing and managing people who have been exposed to someone with COVID-19** to break chains of transmission and prevent onward transmission

Illustration: unmitigated epidemic



Contact tracing for COVID-19: principles

Illustration: contact tracing



Identifying
contacts

Quarantining and daily monitoring of
contacts for 14 days

Contact tracing in the context of COVID-19

Interim guidance

10 May 2020



**World Health
Organization**

Background

Coronavirus disease 2019 (COVID-19) is caused by the SARS-CoV-2 virus, and spreads from person-to-person through droplet and contact transmission. To control the spread of COVID-19, interventions need to break the chains of human-to-human transmission, ensuring that the number of new cases generated by each confirmed case is maintained below 1 (effective reproduction number < 1). As part of a comprehensive strategy, case identification, isolation, testing and care, and contact tracing and quarantine, are critical activities to reduce transmission and control the epidemic.¹

Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission. When systematically applied, contact tracing will break the chains of transmission of an infectious disease and is thus an essential public health tool for controlling infectious disease outbreaks. Contact tracing for COVID-19 requires identifying persons who may have been exposed to COVID-19 and following them up daily for 14 days from the last point of exposure.

This document provides guidance on how to establish contact tracing capacity for the control of COVID-19. It builds upon WHO considerations in the investigation of cases and clusters of COVID-19.²

Identifying contacts



- **Identification of contacts:** reviewing every setting visited by the case from 2 days before to 14 days after onset of illness, and identifying social encounters that

Contact definition*

- Being within 1 meter of a COVID-19 case for >15 minutes
- Direct physical contact with a COVID-19 case
- Providing direct care for patients with COVID-19 disease without using proper personal protective equipment (PPE)
- Other tailored definitions (e.g. in healthcare settings, on public transport, in congregational settings etc)

*<https://www.who.int/publications-detail/contact-tracing-in-the-context-of-covid-19>



Informing contacts

- Information about the **process and rationale** for contact tracing, and information on quarantining.
- What **symptoms to look out for** during the monitoring period.
- **What to do if they become unwell**, including 1) who to inform and how, 2) how to self-isolate and what precautions to take (respiratory and hand hygiene) and 3) what *referral mechanisms* are in place to be tested and treated.
- Information about **data protection**, including how their information will be used, processed and stored.
- **Any other specific query** or concern raised by the person.

Quarantine and daily monitoring of contacts

Quarantine

- Limiting movement of exposed contacts → reduce the potential to expose others
- Important given potential for pre-symptomatic/asymptomatic transmission
- ‘Stay at home plan’
- Consider off-site quarantining when home quarantining not feasible
- Ensuring hardship from quarantining is reduced

Daily monitoring

- Direct monitoring (in-person visits or phone calls)
 - Daily self-reporting
- Minimum **information to collect** (WHO guidance)

Data processes and analysis

- **Data flow:** linking source case and contact, daily monitoring details
- Use of **electronic tools** where possible: e.g. *Go.Data* developed by WHO with GOARN partners
- **Performance indicators**
 - Monitor coverage
 - Identify poor contact tracing performance
 - Monitor completeness, timeliness
- **Data protection**
 - Ethical handling of personal information
 - Safeguards in place in accordance with legal frameworks



Introducing Go.Data

A new software tool for epidemiologists

Engaging communities

- Contact tracing relies on **public buy-in** for compliance with the methodology and facilitate reporting.
- Engage local networks, emphasize solidarity, reciprocity and the common good.
- Leverage **workforce from within communities**
- Ensure **confidentiality and data protection**



Workforce requirements

- **Scale up resources:** Draw upon existing community networks, civil society organisations, NGOs, local government, university students and so on.
- Avoid diverting resources for contact tracing from frontline medical personnel.
- Planning: WHO **workforce planning tool**
- **Training** (WHO online training modules available)
- Ensure appropriate **equipment and PPE**

Other considerations

- **Surveillance capacity:** ensure testing is available to confirm suspect cases is critical for contact tracing to be effective.
- Contact tracing in various **epidemic scenarios:**
 - Rapid containment when there are few cases or clusters
 - Sustainable during widespread community transmission? Where not feasible, focus on high-risk settings (healthcare facilities, care homes etc) and household contacts
 - When unlocking the 'lockdown': contact tracing important to control the epidemic.
- **Special population groups:** particular considerations for healthcare settings, very low resource settings