Contact tracing & Multisystem inflammatory syndrome update

CORONAVIRUS (COVID-19) UPDATE NO. 27
22 May 2020
Current global situation

- Nearly 5 million COVID-19 cases globally
- More than 300,000 deaths

Top ten countries with the highest number of new cases (last 24 hours)

- USA – 24,417
- Brazil – 17,408
- Russian Federation – 8,849
- Chile – 7,558
- India – 5,609
- Peru – 4,550
- Pakistan – 2,907
- Mexico – 2,713
- Saudi Arabia – 2,691
- Iran (Islamic Republic of) – 2,346

For the latest data, please access:

- WHO situation dashboard
- WHO situation reports
- UNWFP world travel restrictions
Current global situation

Number of new deaths of COVID-19 per day, by WHO Region

- AFRO
- AMRO
- EMRO
- EURO
- SEARO
- WPRO

Current situation 2/2
Contact tracing for COVID-19

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.

**Without contact tracing: an unmitigated epidemic**
Contact tracing for COVID-19: principles

Contact tracing includes the following steps:
1. Identify contacts
2. Quarantine contacts and monitor daily for 14 days for onset of symptoms

**Identifying contacts**

**Quarantining** and **daily monitoring** of contacts for 14 days
Contact tracing for COVID-19: identifying contacts

- **Identification of contacts**: review every setting visited by the case from *2 days before to 14 days after onset of illness*, and identify social encounters that meet the following definition:

  **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)

Contact tracing for COVID-19: informing contacts

Contacts require the following information:

• 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

• Purpose: limit movement of exposed contacts → reduce the potential to expose others
• Important given potential for pre-symptomatic/asymptomatic transmission
• Provide/develop a ‘Stay at home plan’
• Consider off-site quarantining when home quarantining not feasible
• Ensure hardship from quarantining is reduced

Daily monitoring

• Either through direct monitoring (in-person visits or phone calls)
• Or 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 can be measured:**
- Monitor coverage
- Identify poor contact tracing performance
- Monitor completeness, timeliness

**Data protection considerations:**
- Ethical handling of personal information
- Safeguards in place in accordance with legal frameworks
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 (this is critical for contact tracing to be effective).

• Contact tracing in various **epidemic scenarios**:
  o Rapid containment when there are few cases or clusters
  o Sustainable during widespread community transmission? Where not feasible, focus on high-risk settings (healthcare facilities, care homes etc) and household contacts
  o When unlocking the ‘lockdown’: contact tracing important to control the epidemic.

• **Special population groups**: particular considerations for healthcare settings, very low resource settings
Guidance

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

Multisystem Inflammatory Syndrome in Children

• Case reports emerging from Europe and North America

• Clusters of children with severe disease\(^1\):
  o multisystem inflammatory condition with some features similar to those of Kawasaki disease and toxic shock syndrome
  o Present with acute illness and a hyperinflammatory syndrome, leading to multiorgan failure and shock

• Initial hypotheses - may be related to COVID-19

• Initial laboratory testing showing positive serology in a majority of patients

• Children have been treated with anti-inflammatory treatment, including parenteral immunoglobulin and steroids.

1. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31129-6/fulltext
Global data on Multisystem Inflammatory Syndrome in Children

• WHO has created a preliminary case definition:\(^1\):

• Collecting standardized data on:
  • Geographical distribution and epidemiology
  • Clinical presentation
  • Severity
  • Outcomes

• To characterize syndrome and risk factors, to understand causality and describe treatment interventions.

Case definition Multisystem Inflammatory Syndrome in Children

- Children and adolescents 0–19 years of age with fever > 3 days
  - AND two of the following:
- Rash or bilateral non-purulent conjunctivitis or muco-cutaneous inflammation signs (oral, hands or feet)
- Hypotension or shock
- Features of myocardial dysfunction, pericarditis, valvulitis, or coronary abnormalities (including ECHO findings or elevated Troponin/NT-proBNP),
- Evidence of coagulopathy (by PT, PTT, elevated d-Dimers)
- Acute gastrointestinal problems (diarrhoea, vomiting, or abdominal pain)
  - AND
- Elevated markers of inflammation such as ESR, C-reactive protein, or procalcitonin
  - AND
- No other obvious microbial cause of inflammation, including bacterial sepsis, staphylococcal or streptococcal shock syndromes
  - AND
- Evidence of COVID-19 (RT-PCR, antigen test or serology positive), or likely contact with patients with COVID-19
The 73rd World Health Assembly delegates adopted a landmark resolution to bring the world together to fight the COVID-19 pandemic.

The resolution calls for the intensification of efforts to control the pandemic, and for equitable access to and fair distribution of all essential health technologies and products to combat the virus. It also calls for an independent and comprehensive evaluation of the global response, including, but not limited to, WHO’s performance.

Read more about the resolution:
Information resources

WHO WhatsApp messaging service
Receive the latest news and information on COVID-19. To subscribe:
text 'hi' to +41 79 893 1892

New EPI-WIN website
Access to timely, accurate, and easy-to-understand advice and information from trusted sources
www.who.int/epi-win