

# **GUIDELINES FOR CONTACT TRACING OF COVID-19 CASES IN COMMUNITY SETTINGS**

**Integrated Disease Surveillance  
Programme National Centre for  
Disease Control**

## Guidelines for Contact Tracing of COVID-19 Cases in Community Settings

This document 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. As SARS CoV-2 is a highly contagious virus timely detection of contacts of a positive case is the key to break the chain of transmission in the community. It is desirable that a dedicated unit for contact tracing and follow-up be established at the District level, with an identified Nodal Officer.

### **Purpose of Contact Tracing:**

- To identify and classify contacts as early as possible for preventing spread of further transmission. The decision to test some of the contacts and to quarantine others is based on risk assessment process considering factors like –proximity, duration, nature of exposure as well as other factors.
- Important considerations for Contact tracing
  - A contact is a person who is likely to acquire infection from a positive case through any of the known modes of transmission.
  - Anyone exposed to a symptomatic COVID-19 case, from 2 days before to 14 days after the onset of symptoms, if not isolated earlier.
  - For asymptomatic or pre-symptomatic cases, the period for contact tracing is taken as 2 days before to 14 days after the date sample collection if not isolated earlier.
  - The duration (>15 minutes), the proximity (<1 meter) and the nature(use of appropriate PPE), etc. of exposure are important considerations in contact tracing.

**For the purpose of guiding field activities the following are the settings where contact tracing must be explored:**

Contact Setting	Probable contacts
Household	<ul style="list-style-type: none"> <li>• Family members</li> <li>• Visiting relatives</li> <li>• Domestic help residing in the premises</li> <li>• Nursing personnel or other care takers</li> </ul>
Work place	<ul style="list-style-type: none"> <li>• Co-workers</li> <li>• Cafeteria</li> <li>• Support staff such as lift man, cleaners, security personnel, peons etc.</li> </ul>
Community	<ul style="list-style-type: none"> <li>• Milk/vegetable vendors etc.</li> <li>• Chemists</li> <li>• Neighbors, friends</li> <li>• Hotels and restaurants</li> </ul>
Travel	<ul style="list-style-type: none"> <li>• Flight/train/bus/taxi/auto rickshaw etc. co-travelers and driver</li> </ul>

	<ul style="list-style-type: none"> <li>• Ambulance drivers</li> </ul>
Mass Gatherings	<ul style="list-style-type: none"> <li>• Social (marriage, parties, funeral etc.)</li> <li>• Religious meetings</li> <li>• Conferences</li> </ul>
Institution	<ul style="list-style-type: none"> <li>• Quarantine facilities</li> <li>• Prison</li> <li>• Hostels/day-care homes/ schools and colleges etc.</li> </ul>
Health care setting	<ul style="list-style-type: none"> <li>• Health care workers</li> </ul>
Others	<ul style="list-style-type: none"> <li>• Contacts identified through Aarogya Setu APP or any other application</li> <li>• Any other identified during history taking</li> </ul>

- Whenever in doubt it is prudent to consider an exposed person as a contact

#### 1. High-risk contact:

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

#### 2. Low-risk contact:

- Any contact not fitting into the above high risk contact description

**(Please note: Low Risk Contacts do not mean NO RISK contact; equal emphasis in tracing must be given for low risk contacts as they may be potential sources for transmitting the infection)**

### Plan of Action for Contact Person/s:

#### A. High risk contact:

1. Quarantine at home or designated facility for 14 days from the date of last exposure.
  - a. Testing
    - i. If the contact is/becomes symptomatic during the observation period, immediately isolate and test.
    - ii. Asymptomatic contacts of a confirmed case should be tested once between day 5 and day 10 of coming in contact
  - b. While quarantined, active monitoring for 14 days after the last exposure.
  - c. Contact should be advised to immediately call State help-line number if develops any symptoms.
2. Remain reachable for active monitoring.

#### B. Low risk contact:

1. Should be advised for self monitoring for 14 days after date of last exposure.
2. They should be advised to use mask during the 14 day observation period and avoid crowded settings.
3. They should be advised to practice physical distancing, cough etiquettes and hand hygiene
4. Contact should be advised to immediately call State help-line number if develops any symptoms
5. They should be remain reachable during monitoring period.

### **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.

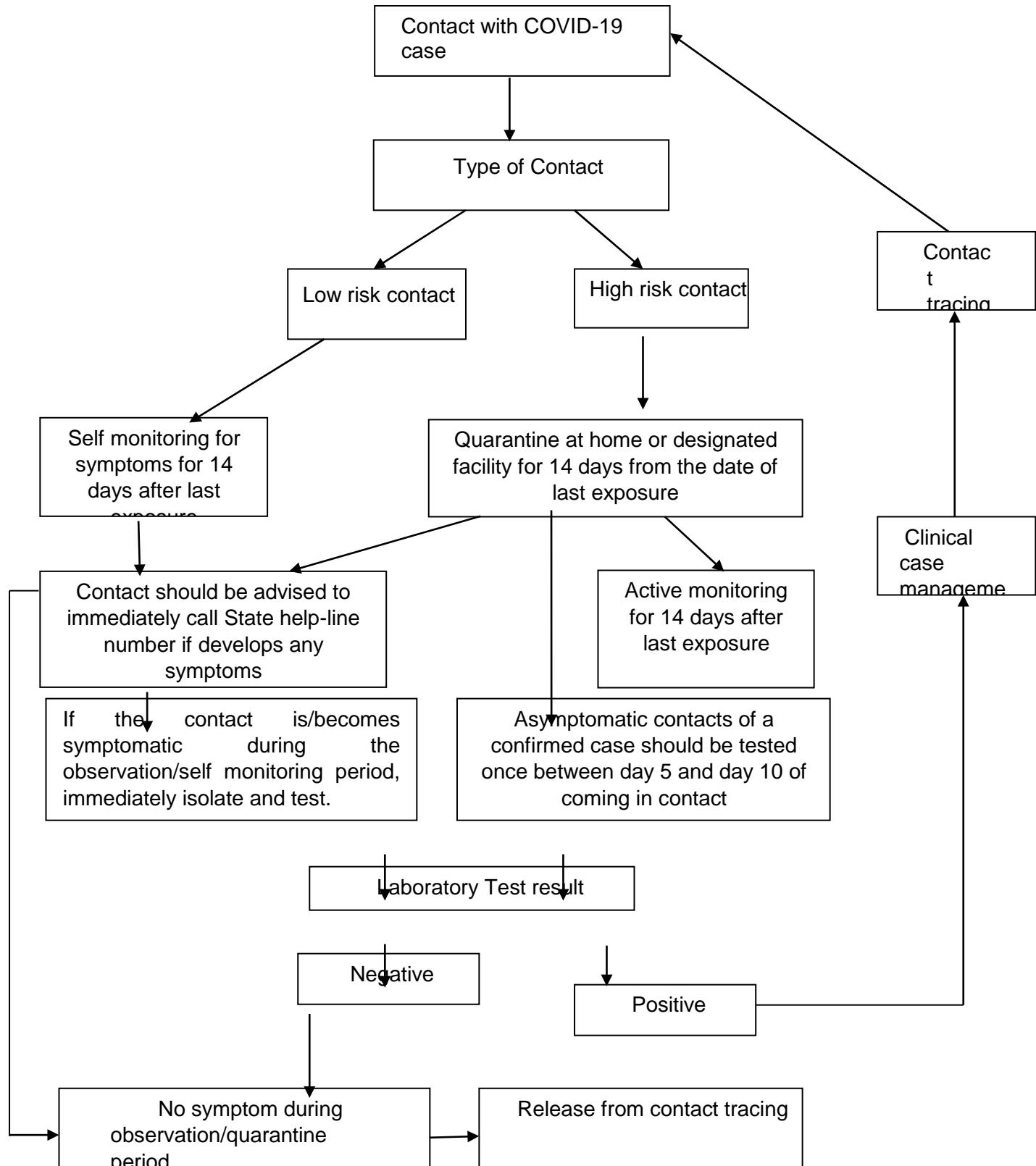


Figure 1: Algorithm for management of contacts of confirmed COVID-19 cases

## Steps for contact listing, tracing and follow-up

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 the contacts (categorized above) 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. The list of contacts should be handed over to the front line health worker.
  - 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 (flow chart)
3. Based on information collected, the epidemiologist/medical officer should classify each contact as high-risk or low-risk.
4. 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.
5. The contacts listed will be followed up by the FLW for the period of 14 days using the recording format (Format 1)
6. Testing of the contacts if indicated should also be captured on Format 1

The contacts thus identified may be quarantined in dedicated facilities or at home depending on the norms of the State Government. In case of facility quarantine the reporting should be ensured by the facility in-charge. For contacts quarantined at home, the following actions should be ensured:

1. It is vital that all the contacts are assessed everyday by the concerned team. The exact modality of assessment may be identified by the State Government.
2. During the initial assessment, the relevant instructions should be clearly communicated.
3. Help-line number should be provided to the quarantined contact with clear instructions on when to contact the health system
4. The initial communication should emphasize on identification of early warning signs such as fever, respiratory symptoms, loss of taste/smell, GI disturbance etc. and immediate reporting to State helpline number.
5. If contacts refuse quarantine or monitoring, the supervisor/authorities should be notified.
6. At every opportunity effort should be made to identify any additional contacts that may have been missed previously. The added contacts will be updated in the master data base.

## Release from contact tracing

1. Contacts may be released from daily follow-up when:
  - a. Contacts have completed 14-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.
2. The information captured on Form -1 shall be compiled and analysed by the District Surveillance Unit regularly.
3. Although the contact is released from follow-up, s/he should be sensitized to the importance of contacting the health system in case of development of symptoms.

### **IMPORTANT:**

1. Every contact should be treated as a suspected case and potentially infectious.
2. The FLW should follow universal precautions and physical distance.
3. While going for contact tracing always involve local administration.

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## CONTACT LISTING AND FOLLOW-UP FORM

FORM - 1

Name of Epidemiologist / Medical Officer

Phone No:

Date: / /

## Details of Confirmed COVID-19 Case

Surveillance ID	Full Name	Age (yrs)	Sex (M/F)	Detail Address	Occupation	Date of symptom onset <sup>a</sup>	Date of sample collection <sup>b</sup>

Name of Frontline Health Worker \_\_\_\_\_ Mob No. \_\_\_\_\_; Name of Supervisor \_\_\_\_\_ Mob No. \_\_\_\_\_  
 District \_\_\_\_\_ Block \_\_\_\_\_ Vill/Mohalla \_\_\_\_\_ Date of start of contact tracing / / \_\_\_\_\_

Sr No	Date of last exposure	Name of contact	(HRC /LRC)	Age (yrs.)	Sex (M/F)	Address	Phone number	Day of follow - up (Put a 'X' if the contact has no symptom and put a '✓' if the contact has one of the following symptoms - <b>fever, cough, difficulty breathing or pulse oximeter reading of &lt;95</b> )														
								1	2	3	4	5	6	7	8	9	10	11	12	13	14	
1																						
2																						
3																						
4																						
5																						
6																						
7																						

HRC/LRC: High Risk Contact / Low Risk Contact

- Include all contacts who were exposed 2 days prior to this date and till the isolation of the confirmed case for symptomatic case
- Include all contacts who were exposed 2 days prior to this date and till the isolation of the confirmed case for asymptomatic case