

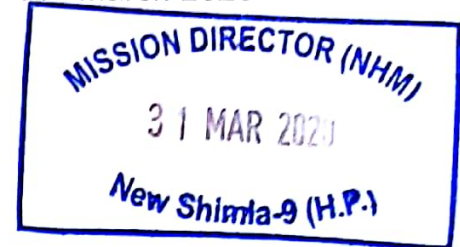


National Health Mission
SDA Complex, Kasumpti, Shimla-9
Himachal Pradesh

Dated: Shimla-171009, the 31st March 2020

To

All the Chief Medical Officers
In Himachal Pradesh



Subject :- **Guidelines for contact tracing.**

Please find enclosed herewith the guidelines for Contact tracing
of confirmed COVID-19 cases for your information and further necessary action.

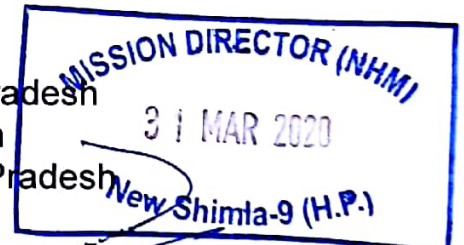
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Additional Chief Secretary (Health) to the
Govt. of Himachal Pradesh

Endst. No. As above

Dated Shimla-9 the 31st March 2020

Copy for information and necessary action to:

1. All the Deputy Commissioners, Himachal Pradesh
2. Director Health Services, Himachal Pradesh
3. All District Surveillance Officers, Himachal Pradesh



31/3/20
Special Secretary (Health)
Cum-Mission Director, NHM
Himachal Pradesh



1. About these guidelines:

These guidelines will apply to the entire state of Himachal Pradesh for the current phase of COVID-19 epidemic. This document sets out the methods to guide data collection and the public health investigation for the comprehensive assessment and line listing of contacts of confirmed COVID-19 cases. The guidelines will be revised as and when deemed fit during the course of epidemic, depending on the phase of epidemic.

2. Background and objectives:

COVID-19 is a highly contagious disease with a potential to quickly spread to close contacts of the infected patients. The patient may become infective up to four days prior to the onset of symptoms. So all contacts need to be traced and quarantined to limit the spread of the infection as early as possible.

3. Strategy:

- 3.1 Any confirmed COVID-19 positive case will be notified by the Head of testing laboratory to the State Surveillance Officer (SSO) and District Surveillance Officer (DSO) of the district from which sample has been taken, immediately by fastest means of communication available.
- 3.2 DSO of the district through contact tracing team, where the patient who has come out to be positive is presently located either at isolation facility or at institutional quarantine or home, shall carry out the primary investigation to trace the contacts as soon as the patient is notified, but not later than 24 hours in any case. If located at home or institutional quarantine, the patient shall be shifted to isolation for confirmed cases with all due precautions.
- 3.3 The contact tracing team shall visit the Isolation ward where the confirmed case is isolated. The team will liaise with the Incharge of the Isolation Ward after informing the hospital administration. The team leader can then interview the patient if he/she is declared fit for interview by the incharge of the isolation ward. In case he/she is not fit to be interviewed or in case of death of the patient, a close relative or attendant of the patient can be interviewed.



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- 3.4 The team will obtain complete details of the COVID case and all contacts during the reference period of 4 days prior to the onset of first symptom till the date of start of contact tracing investigation by the team on Annexure I. All persons who came in contact with the confirmed COVID-19 case will be traced.

Illustrative example

e.g. a patient started having first symptom (fever & sneezing) on 26th March 2020. He developed shortness of breath on 27th March, 2020. He was tested on 28th March, 2020 and found to be COVID-19 positive. The reference period will start from 4 days before the date of first symptom i.e. 26th March 2020 (i.e. $26 - 4 = 22$ nd March 2020). So we will have to trace all close contacts of the patient w.e.f. 22nd March, 2020 onwards. This will be the reference period for contact tracing.

- 3.5 Close contact definition - Any person who had contact (within 1 metre) with a confirmed case during their symptomatic period, including 4 days before symptom onset. Note that contact does not have to be direct physical contact. So the contacts are all individuals who are associated with some sphere of activity of the confirmed case. Contacts can include household members, other family contacts, visitors, neighbours, colleagues, teachers, classmates, co-workers, social or health workers, and members of a social group. Contacts can be further classified into:

Health Care worker contacts	Any one who provided direct or indirect clinical care, or examination of a confirmed case of COVID-19 without the prescribed protection
Household contacts	Any person who has resided in the same household (or other closed setting) as the primary COVID-19 case. This includes domestic helpers or other workers staying in the house of the confirmed COVID-19 case.
Community contacts	members of social groups, other family members (who might have met during the duration of infectiousness of the case), neighbours, workers of beauty parlour visited by COVID case, hair dressers etc. Colleagues, workmates,



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	classmates, teachers, tutors, students etc.
Co-traveller	Those traveling together in close proximity (1 m) with a COVID-19 patient in any kind of conveyance

- 3.6 A flow chart depicting the actual movement of the COVID positive case shall be drawn up including details of the time and places during the reference period.
- 3.7 In case, there has been an inter-district or inter-state movement of the confirmed case during symptomatic period and the period of 4 days before onset of symptoms, the DSO shall notify the concerned DSO and SSO for similar contact tracing in other districts and states.
- 3.8 The team(s) will prepare an exhaustive line list of all potential close contacts of the COVID case along with their names, address and contact details/mobile numbers as per Annexure I & II of these guidelines. The data should be entered in an excel spreadsheet and transmitted to SSO electronically. Separate line list has to be prepared for contacts of each confirmed COVID case.
- 3.9 In case, a COVID confirmed case has visited crowded place such as social gathering, contact details of as many contacts as possible should be elicited. Subsequently the team would get in touch with the contacts and collect further information on more contacts from them till they are satisfied that they have collected details of as many contacts as possible. If the teams feel that they are not able to trace all the contacts during such interactions at crowded places, a public proclamation may be done for all such individuals who were present in such a place at the designated hour for self-reporting and such individuals shall also be listed as contacts.
- 3.10 Further action for the contacts shall be taken as per protocol(s) already defined depending upon the symptoms and vulnerability.
- 3.11 It is advised that the questionnaire at Annexure I may be administered to all Category A persons in Isolation facilities for probable cases to save time, in case the sample of such person comes out to be positive subsequently.



4. Contact Tracing teams:

DSO of each district will ensure to constitute a contact tracing team in consultation with the Chief Medical Officer of the district. The number of members may range from 3-5 with at least one member being a qualified MBBS/Ayush medical officer. All members of the team will be provided orientation of these guidelines by the DSO. The composition of the teams along with the details of its members will be communicated to the State Surveillance Officer within three days of the receipt of these guidelines.

5. Ethical obligations:

Utmost care must be exercised to maintain the privacy of all cases and their contacts. Strict confidentiality of all information pertaining to their personal identifiers must be ensured. All stake holders must be explained the objectives and benefits of the investigation.



Annexure I

**COVID-19 Confirmed Cases
Contact tracing form**

Date (DD/MM/YYYY): ____/____/____

District.....

Investigator name & designation.....

1. Unique case ID: _____
2. Patient name: _____
3. Sex: _____
4. Date of birth(DD/MM/YYYY): _____
5. Age (if not sure about date of birth): _____
6. Address (including mobile/phone number): _____

7. Country of Residence : India/Foreign national
8. Current status of the patient: Alive/dead
9. Case classification: Imported/Contact of a confirmed case/Unknown
10. Date of confirmation of diagnosis (DD/MM/YYYY): ____/____/____
11. Date of onset of first symptom (DD/MM/YYYY): ____/____/____
12. Date from which contacts should be traced (DD/MM/YYYY): ____/____/____
(i.e. 4 days before the date of first symptom)

13. Interview Respondent information (if information provider is other than patient)

- a. Name: _____
- b. Sex: _____
- c. Date of birth(DD/MM/YYYY): _____
- d. Age (if not sure about date of birth): _____
- e. Relationship with the patient _____

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f. Address (including mobile/phone number): _____

14. Is case a Health Care Worker (any job in a health care setting):

☐ Yes ☐ No ☐ Unknown

15. No. of family members/guests/domestic works staying in house during the reference period: _____

16. Has the case travelled in the reference period? ☐ Yes ☐ No ☐ Unknown

If yes, please specify the places the patient travelled to and date of travel:

S. No.	From		To		Date of Travel	Mode of travel (Flight/Bus /Taxi/Car/Train)	Remarks (Flight no./Taxi/Bust details)
	Country	City	Country	City			

17. Details of family members/friends (if any) who accompanied the case during travel in the reference period:

18. Number of health facilities visited (if any) during the reference period : _____

19. No. of caregivers who looked after you during the reference period: _____

20. Where do you work (Work address)? _____

21. How many people work in your close proximity at your work place? _____



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22. Details of places visited during the reference period?

S. No.	Town/City	Dates of stay.		Details where stayed (Address of the hotel/house/guest house etc.)	Potential contacts at places visited (please enter at Annexure II)
		From	To		

23. Details of the persons who visited you at home/hospital during the reference period:

24. Social groups/gatherings (e.g. Gym/ friends party / local shop / school / college / others) visited during the reference period: _____



Line list of contacts of Laboratory Confirmed COVID case.

Unique Case ID No. :

Diagnosed at :

Name of the Case:

Gender : Male/Female Age:

Date of Laboratory Diagnosis (DD/MM/YYYY): / /

Date of first symptom (DD/MM/YYYY): / /

Date of start of reference period (Date of first symptom minus 4 days):
(DD/MM/YYYY): / /

Line listing of contacts

S. No.	Name	Age	Sex	Address	Phone no.	Date on which exposed	Category of Contact	Symptomatic (Yes/No)	Category of person (A/B/C)	Isolated or Quarantined	Sample taken for testing (Yes/No)	Remarks

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