

Management Of Closed Contacts of Confirmed Case

1. Closed contacts of confirmed case were those as below:
 - a. Health care associated exposure, including providing direct care for COVID-19 patients without using appropriate PPE, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient.
 - b. Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient
 - c. Traveling together with COVID-19 patient in any kind of conveyance
 - d. Living in the same household as a COVID-19 patient

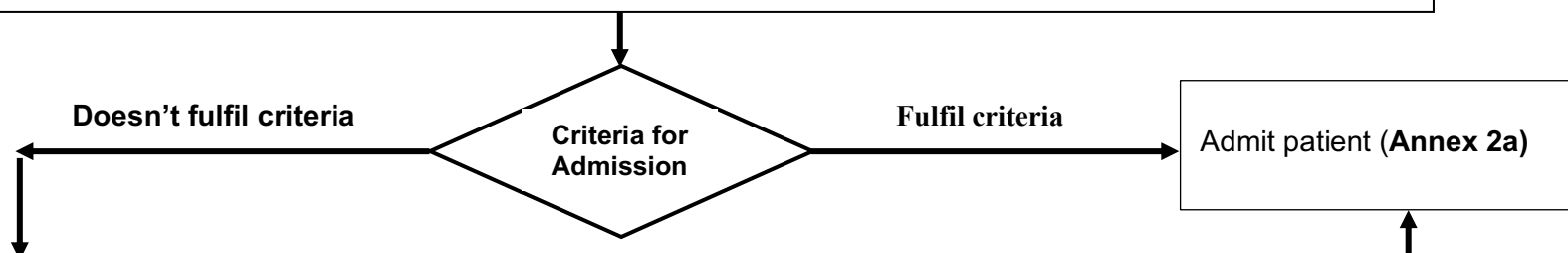
2. Close contacts can be detected through the following activities:
 - a. Contact tracing by the Rapid Assessment Team (RAT) and the Rapid Response Team (RRT) on the field;
 - b. Monitoring of personnel who were in close physical contact to the case or who were handling the relevant specimens;
 - c. Health screening at the point of entry (POE)
 - d. Person who came and declare themselves at either government and private hospital and clinic

3. All close contacts of confirmed case shall be screened for COVID-19 at designated hospitals and health centres as follows:
 - a. Fulfilled admission criteria
 - i. Admit case to admitting hospital (**Annex 2b**)
 - b. Doesn't fulfilled admission criteria:-
 - i. Screening Hospital/ Health Clinic
 - Taken first sample immediately (NP and OP)
 - Explain regarding COVID-19 infection and risk of transmission to family and community.
 - Allow patient to go home and put under home surveillance
 - Give patient Home Assessment Tool (**Annex 10**), health education materials
 - Notify case to PKD
 - Repeat sample if symptoms develop (Annex 2a)
 - If first sample negative by PCR, do serology COVID19 IgM test at day 13.
 - If serology IgM test is positive; to proceed with OPS & NPS swab for PCR.
 - If PCR positive to admit patient
 - If serology IgM negative – discharge from home surveillance

- ii. District Health Office
 - Visit case at home (first day of home surveillance)
 - Ask for strict home surveillance, fill *Form for Supervision and Observation at Home (Annex 14)* and ask case to sign it.
 - Call case twice daily to ask for symptoms
 - Repeat sample by PCR if symptoms develop (Annex 2a)
 - If negative by PCR, to take serology test at day 13 of last exposure.
 - If serology positive (IgM only or both IgM & IgG); to proceed with OPS & NPS swab for PCR.
 - If PCR positive to admit patient
 - if serology IgM negative, he / she will be given *Release From Undergoing Supervision and Observation Order at Home (Annex 17)* by the authorized officer.

4. To consult ID Physician / Specialist On-Call of the identified hospital (**Annex 3**) for referral of the respective contact, if the following were to occur:
 - a. the contact become symptomatic; **or**
 - b. the result of RT-PCR positive

Cases are Detected Through contact tracing done by the Rapid Assessment Team (RAT) and the Rapid Response Team (RRT) during active case detection (ACD) OR daily monitoring for healthcare workers (Annex 21)



Screening hospital

- Take 1st sample
- Explain regarding 2019-nCoV infection and risk of transmission to family and community.
- Give patient Home Assessment Tool (**Annex 10**) together hand-out / pamphlet about COVID-19 infection
- Notify case to PKD

Pejabat Kesihatan Daerah (PKD)

- Visit case.
- Serve home surveillance order
- Maintain IPC
- Conduct 14 days surveillance (i.e. from the date of last exposure to case using **Annex 15**) either through call or visit. Refer case if case develops symptom(s) OR worsening of symptoms.
- Trace result of 1st sample. Refer case to hospital if positive.
- If negative, to take serology test at day 13 of last exposure.
- If serology positive (IgM only or both IgM & IgG) – to proceed with OPS & NPS swab for PCR.
- **IF PCR POSITIVE TO ADMIT PATIENT**
- If serology IgM negative – discharge from quarantine centre.
- Serve release order (Annex 17a)

- PCR positive
- Develop symptoms