Management Of Close Contacts of Confirmed Case

Cases are Detected Through The Following Activities:

(a) Contact tracing by the Rapid Assessment Team (RAT) and the Rapid Response Team (RRT) on the field; <u>OR</u>
(b) Monitoring of personnel who were in close physical contact to the case or who were handling the relevant specimens; <u>OR</u>
(c) Health screening at the point of entry (POE)

- Home surveillance (i.e. the Observation & Surveillance Order) to be imposed on the close contact of confirmed 2019-nCoV including restriction on his / her daily movement
- To ensure that the order is followed, complete two (2) sets of the Order Form (refer **Annex 14a / 14b**). Get the form to be signed by the contact. One copy to be kept by the contact and one copy to be kept as a record in the Operations Room of District Health Office.
- To conduct 14 days surveillance (i.e. from the date of last exposure to the confirmed case / specimen) using **Annex 15**.
- To explain on 2019-nCoV and its risk to patient, family and community
- Provide hand-out / pamphlet about 2019-nCoV infection along with the Home Assessment Tool (Annex 10)
- To input relevant findings collected into the database (refer Annex 16).
- To send clinical specimens (as indicated in **Annex 5a**) to the NPHL Sg. Buloh / PHL Sabah and IMR; respectively (refer **Annex 13d**).
- 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 detection of asymptomatic RT-PCR positive contact.
- For asymptomatic RT-PCR negative contact:
 - a) Continue home surveillance
 - b) Samples collection (i.e. NP & OP swabs) to be repeated 14 days after the collection of the first samples
 - c) If repeat samples remain negative for 2019-nCoV, he / she is release from the home surveillance order and will be given the release order form (Annex 17a / 17b) by the authorized officer.

SYMPTOMATIC/ ASYMPTOMATIC RT-PCR POSITIVE CONTACT
Consult screening hospital (refer Annex 3) for referral of the respective case.
Refer Annex 2b for 'Management of Acute Respiratory Infections When 2019-nCoV Is Suspected'.
For the asymptomatic RT-PCR contact, to send for second confirmatory test to IMR – once he / she is admitted

* DEFINITION OF CLOSE CONTACT:

- Health care associated exposure, including providing direct care for 2019-nCoV patients, working with health care workers infected with 2019-nCoV, visiting patients or staying in the same close environment of a 2019-nCoV patient.
- Working together in close proximity or sharing the same classroom environment with a with 2019-nCoV patient
- Traveling together with 2019-nCoV patient in any kind of conveyance
- Living in the same household as a 2019-nCoV patient