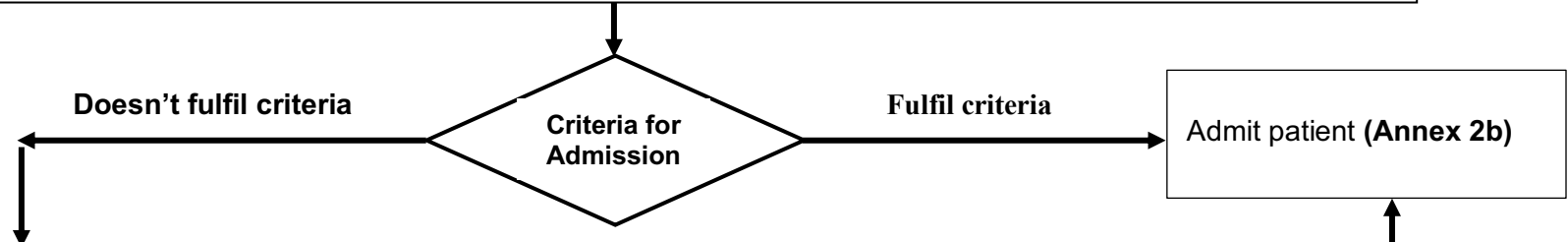


## Management Of Closed Contacts of Confirmed Case

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
      - Give appointment for 2<sup>nd</sup> sample (at screening hospital/ health clinic/ field) – **at Day 13 from last exposure to case**
      - Notify case to PKD
    - 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
      - If first sample negative, repeat second sample after at day 13 from last exposure. Continue strict home surveillance.

- he / she will be given *Release From Undergoing Supervision and Observation Order at Home* (**Annex 17**) by the authorized officer at Day 14, if the second result are negative.
  - Immediately refer to admitting hospital if contact developed symptoms.
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 1<sup>st</sup> 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 1<sup>st</sup> sample. Refer case to hospital if positive.
- If negative, repeat samples collection (i.e. NP & OP swabs) to be repeated at day 13 of last exposure.
- If negative (repeat sample) to discharge home surveillance
- Serve release order (Annex 17a)

- 1<sup>st</sup> sample positive
- Develop symptoms

