



COVID-19 Case Management and Contact Follow Up



For Nurses



**For videoconference assistance
call 1-888-999-3356**





**Reminder: This
videoconference
will be recorded.**



This afternoon we will:

- Do a quick review of COVID-19
- Look at when we test for COVID-19
- Review follow up for test results:
 - Confirmed case
 - Contacts of a case
 - Probable case
 - Contacts of a case
 - Person under investigation
- Highlight a few notes
- Answer questions and do roll call
- Review the testing process for COVID-19



COVID-19



Coronaviruses

- Enveloped
- RNA viruses that are part of the *Coronaviridae* Family
- 7 strains are now known to cause illness in humans
 - 4 cause minor respiratory symptoms
 - 3 cause life threatening disease
 - SARS CoV
 - MERS CoV
 - COVID-19
- Cause respiratory illness in people
 - Mild common colds to severe pneumonias
 - Some spread easily between people, while others do not
 - Some cause no illness in people
- Other Coronaviruses cause illness in animals only and rarely infect people
- COVID-19 is a novel coronavirus that has not previously been detected in humans before December 2019



Complications of COVID-19 infection

- Severe pneumonia
- Acute respiratory distress syndrome
- Sepsis
- Septic shock
- Multi-organ failure or death



Transmission of COVID-19

The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs, sneezes or exhales.

- These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.
- People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs, sneezes, or exhales droplets.

Source: WHO (February 23, 2020). Q&A on coronaviruses (COVID-19)
<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

(Cont)



Transmission of COVID-19 (con't)

- Person-to-person transmission
 - Occurring among close contacts including family members and healthcare workers
- No evidence, to date, of airborne transmission
 - Although an aerosol-generating medical procedure (AGMP) has the potential to cause airborne transmission
- Fecal-oral route: RNA has been detected in stool of infected patients but no live virus recovery has been achieved to date

Source: Alberta Health (February 2020). Notifiable Disease Management Guidelines – Coronavirus – Novel and World Health Organization (February 20 2020). EPI WIN Power point.



Incubation Period

- Incubation period: the period between the exposure to the infection and the appearance of the first symptoms.
- The incubation period of COVID-19 is unknown.
- Average delays between infection and illness onset have been estimated at around 5 – 6 days. Upper limits of around 11 – 14 days
- Allowing for variability and recall error and to establish consistency with the WHO's COVID-19 case definition, exposure history based on the prior 14 days is recommended at this time.

Source: Alberta Health (February 2020). Notifiable Disease Management Guidelines – Coronavirus - Novel Cowling BJ, Leung GM. Epidemiological research priorities for public health control of the ongoing global novel coronavirus (2019 nCoV) outbreak. Euro Surveill 2020;26(6)



When do we test for COVID-19?



Public Health Guidelines

Reminder: we receive our direction for communicable disease management from Alberta Health.

Always go to the Alberta Health website to obtain the most current version.

https://www.alberta.ca/notifiable-disease-guidelines.aspx?utm_source=redirector

Alberta

Public Health Disease Management Guidelines

Coronavirus – COVID-19

Alberta ■



To determine when to test, we need to review a few more definitions first...

- Symptoms
- Close contact
- Exposure criteria



Symptoms:

Symptoms of COVID-19 range from mild to severe to life threatening illness and may include:

- Fever (90% of cases)
- Dry cough (80% of cases)
- Shortness of breath (20% of cases)



Close Contact:

Individuals that:

- provided care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact without consistent and appropriate use of personal protective equipment (PPE),

OR

- lived with or otherwise had close prolonged contact (within two metres) with a person while the case was ill,

OR

- had direct contact with infectious body fluids of a person (e.g. was coughed or sneezed on) while not wearing recommended PPE.



Exposure Criteria:

In the last 14 days before onset of illness, a person who:

- Had any history of travel outside Canada

OR

- Had close contact with a person with acute respiratory illness who traveled outside of Canada within 14 days prior to their illness onset

OR

- Laboratory exposure to biological material (clinical specimens, virus culture isolates) known to contain COVID-19

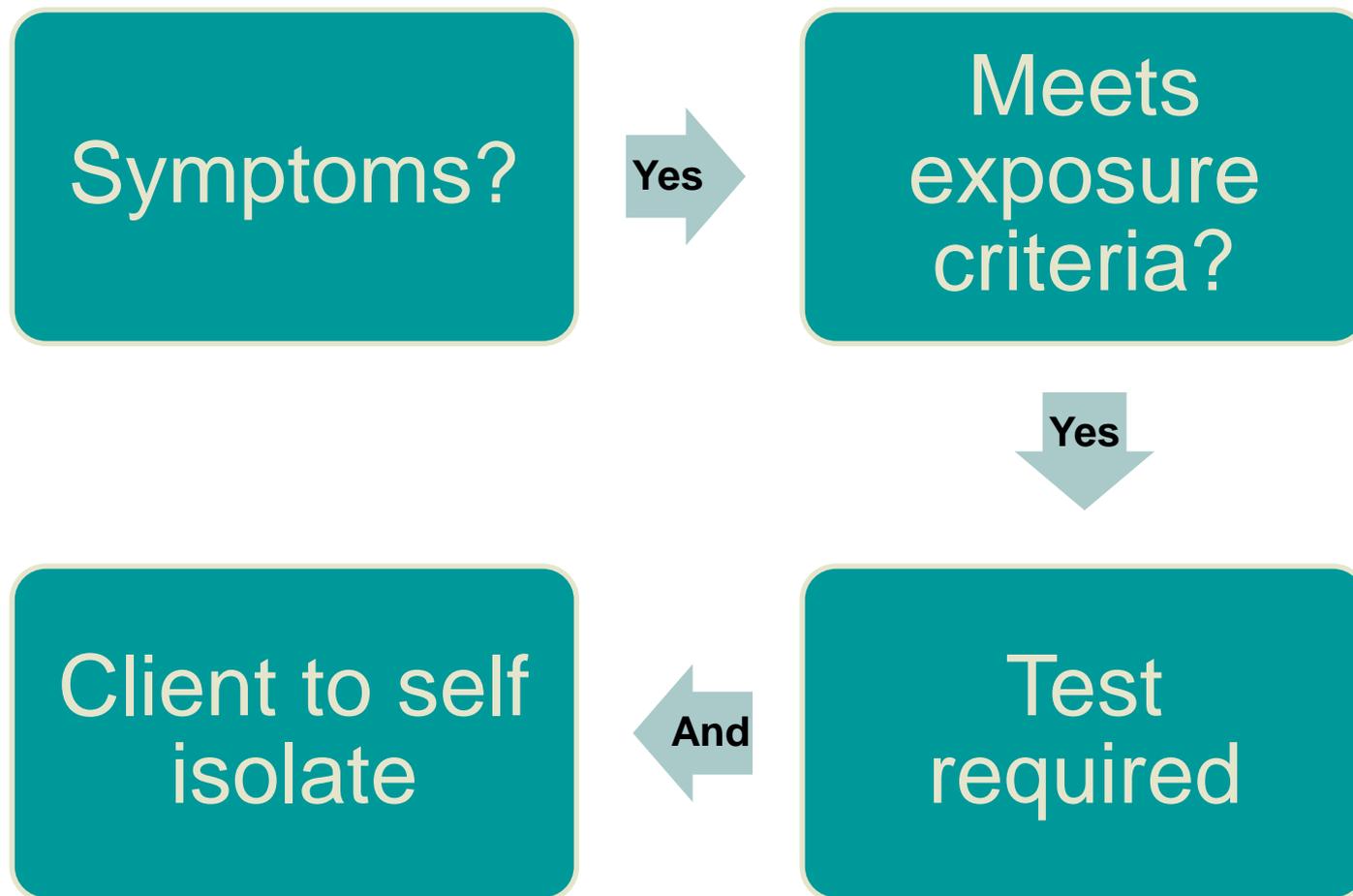


When to test

**Note: this criteria
changes often**

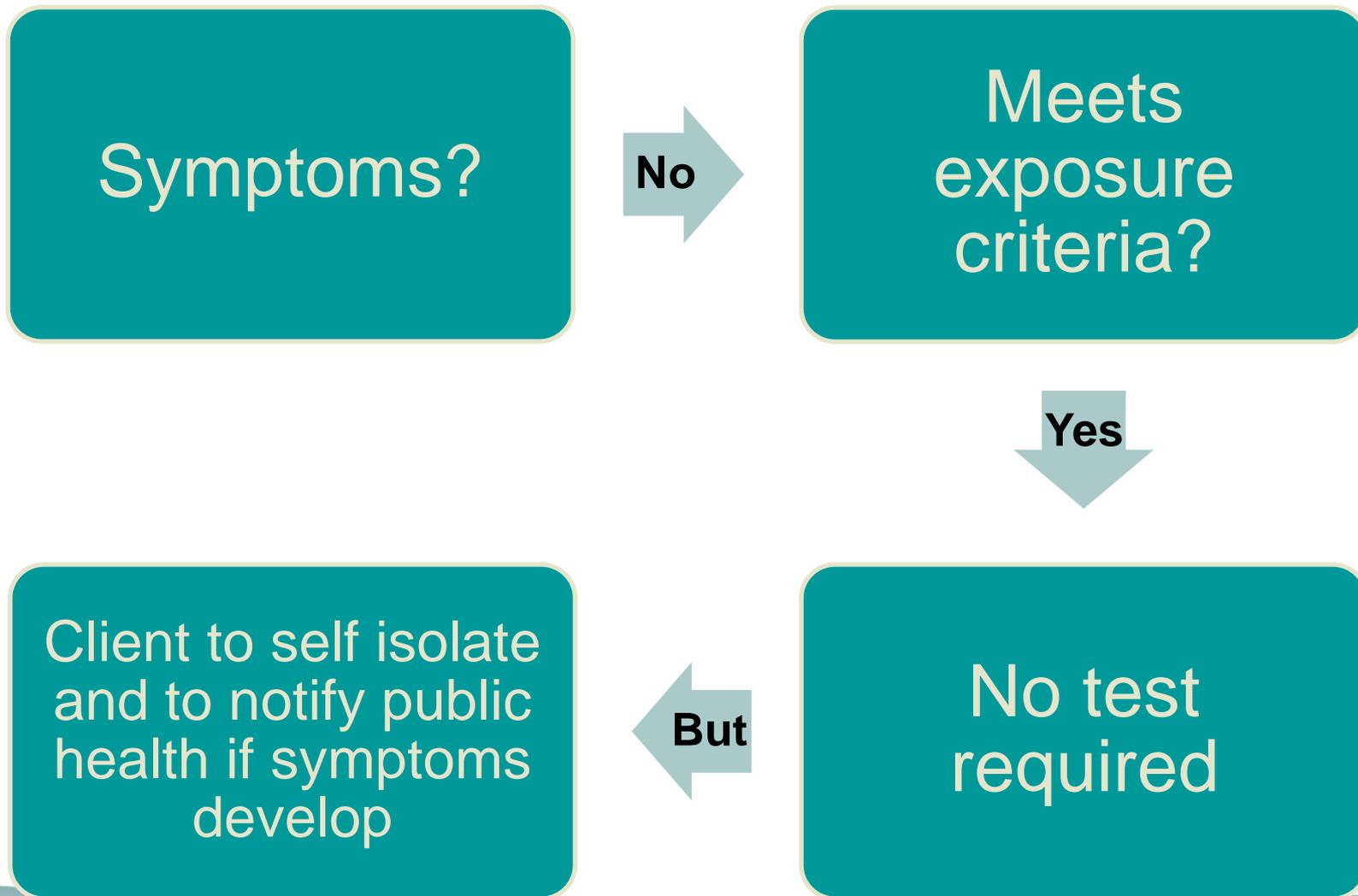


Triage for testing – has symptoms, meets exposure criteria



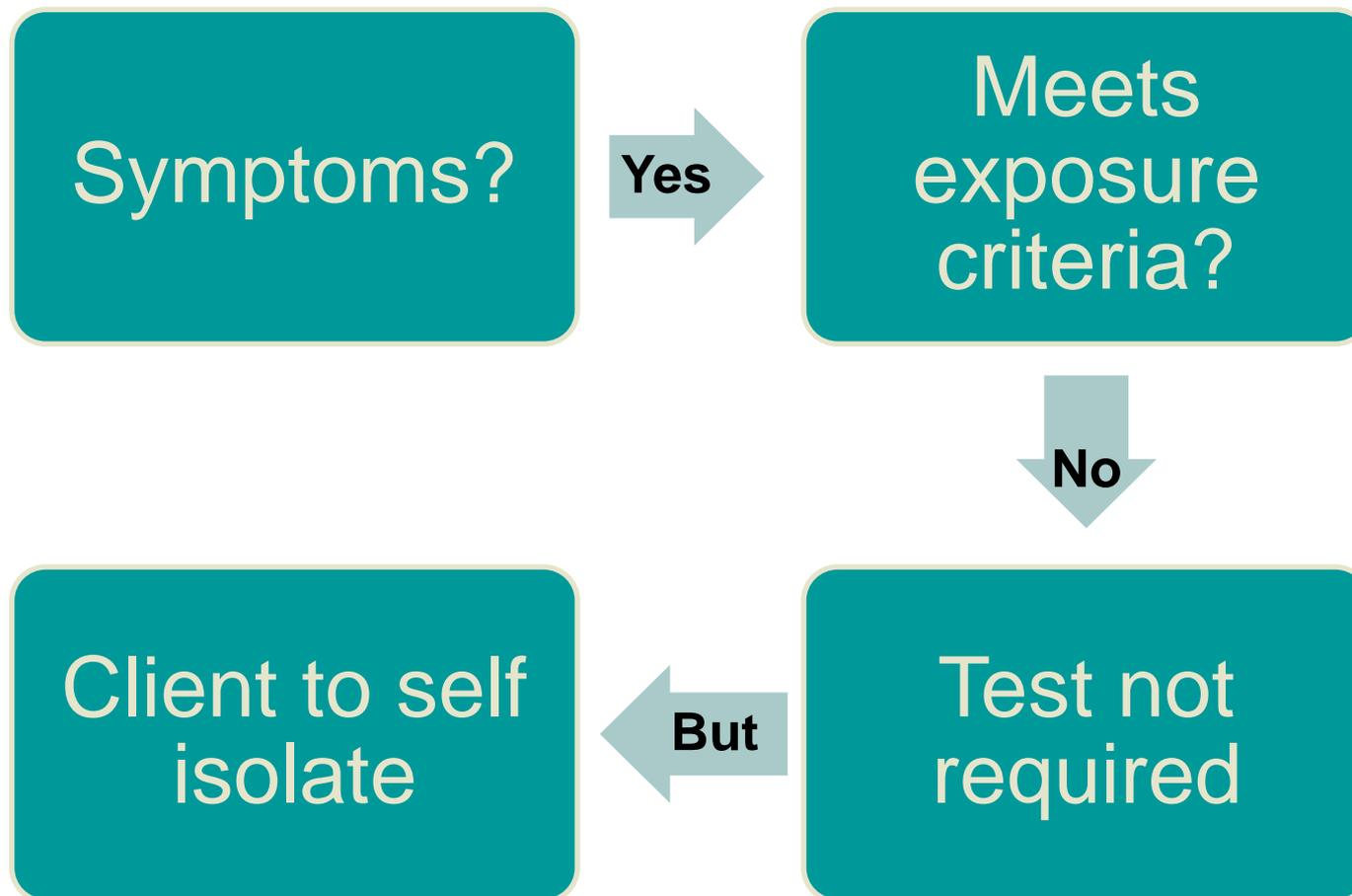


Triage for testing – no symptoms, meets exposure criteria



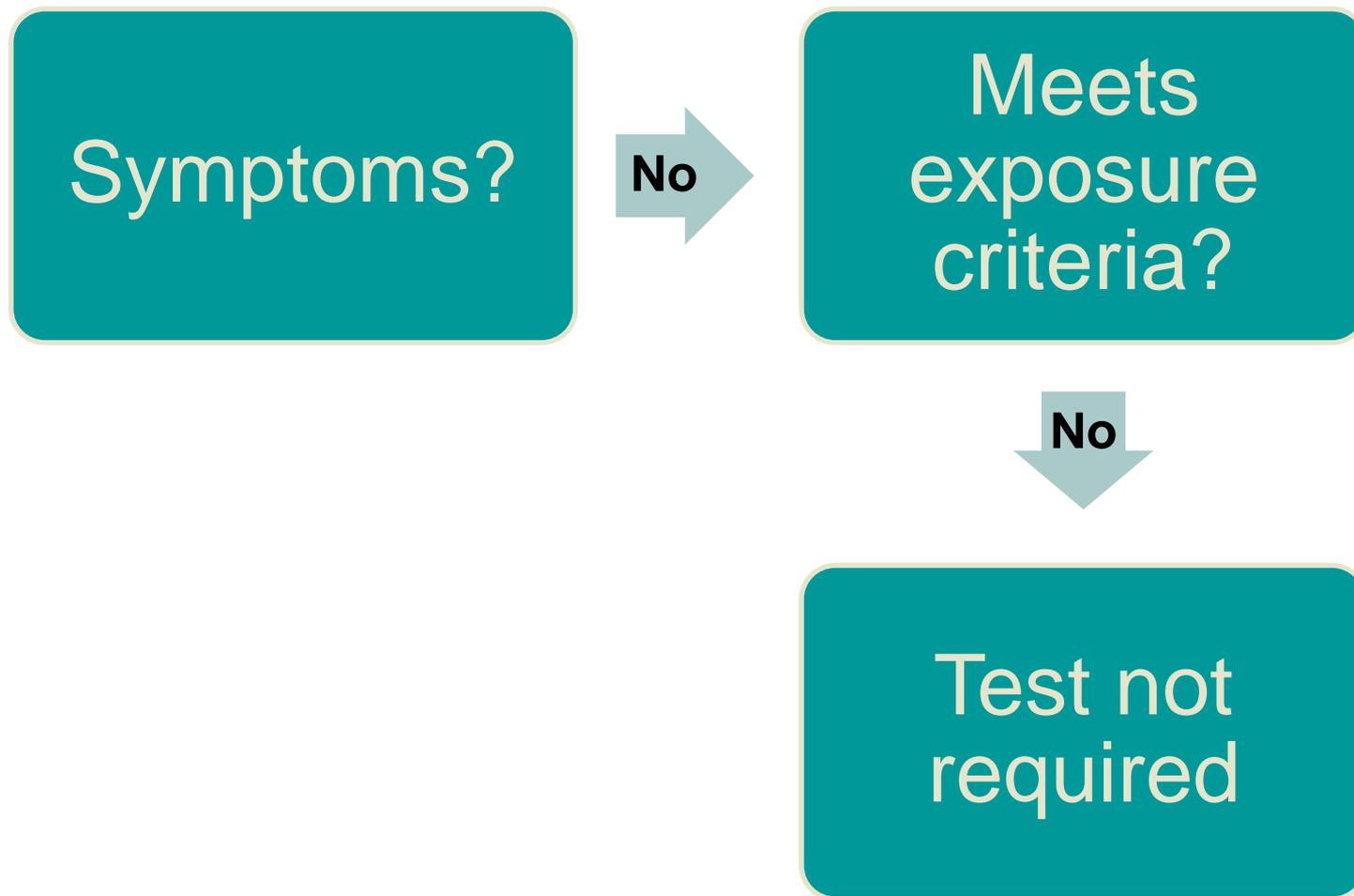


Triage for testing – has symptoms, does not meet exposure criteria





Triage for testing – does not have symptoms, does not meet exposure criteria





Test Results



Confirmed Case:

- A person with laboratory confirmation of infection that causes COVID-19 at a provincial public health laboratory where NAAT tests have been validated (Alberta's lab has been)

OR

- Confirmed positive result by National Microbiology Lab (NML)



Confirmed Case Process Overview

- Confirmed lab results will be reported to the Zone MOH by fastest means possible.
- **If an individual has listed a First Nation as his/her place of residence, the FNIHB MOH will be notified by a phone call.**
- The practitioner that ordered the test is usually the one that informs the client of the positive result
 - If the FNIHB MOH was listed as the ordering physician, the FNIHB MOH will contact the individual
- The FNIHB MOH will inform the FNIHB CDC team.
- The FNIHB CDC team will obtain background information from NetCare
- The FNIHB CDC team will contact a nurse in the community by phone
- The FNIHB CDC team and nurse will review the follow up required for a confirmed case and the contact tracing.



Confirmed Case Follow Up Process

FNIHB CDC:

- Review Netcare to obtain additional information
- Notify the CHN about the confirmed case
- Send by fax/email and review the following with the CHN:
 - *Lab report*
 - *COVID-19 Close Contact List (blank)*
 - *Active Monitoring Form for COVID-19*
 - *Link to Alberta Health (AB) Public Health Disease Guidelines Coronavirus- COVID-19*
 - *Management of non-hospitalized cases (Pg.10)*
 - *Home isolation recommendations (Pg.15)*
 - *Definition of close contacts (Pg.9)*
 - *Link to Public Health Agency of Canada (PHAC) Novel Coronavirus (2019-nCoV) Case Report Form*



Confirmed Case Follow Up Process (con't)

CHN:

- Contact the confirmed case and complete:
 - The *Key Investigation* (Pg. 8)
 - *The COVID-19 Close Contact List*
 - The first day of the *Active Monitoring Form for COVID-19*
- With the confirmed case, provide teaching on:
 - The need for isolation as per the Management of non-hospitalized cases (Pg.10)
 - How to isolate as per Home recommendations (Pg.15)
 - The need for active daily monitoring as per the Management of non-hospitalized cases (Pg.10)
- Send the completed *COVID-19 Close Contact List* back to the Regional CDC team.
 - Await direction from Regional CDC team on *COVID-19 Close Contact List*



Confirmed Case Follow Up Process (con't)

FNIHB CDC:

- Receive and review *COVID-19 Close Contact List* from the CHN
- Obtain MOH direction if required
- Fax *COVID-19 Close Contact List* back to the CHN and provide direction for the management of close contacts of confirmed cases



Confirmed Case Follow Up Process (con't)

CHN:

- Complete the PHAC novel Coronavirus (2019-nCov) Case report form
- Follow MOH direction provided by the regional CDC team for all identified close contacts of confirmed cases
- Active Daily Surveillance is only required for confirmed cases for 10 days after the onset of their first symptoms, provided that they are afebrile and have improved clinically



COVID-19 Close Contact List

Complete and Fax to FNIHB CDC: 780-495-8070

DATE: _____

COMMUNITY NAME: _____

CASE NAME: _____

HEALTH CENTRE CONTACT PERSON: _____

DATE OF ONSET FOR SYMPTOMS OF CASE: _____

CONTACT PERSON PHONE NUMBER: _____

Contacts include persons who have had exposure to an individual with COVID-19 disease within 10 days after the onset of symptoms in the case.

Last Name, First Name	DOB YYYY MM DD	PHN #	HCW (Y/N)	Date of last exposure to case*	Description of Exposure (i.e. travel, household, healthcare setting)	Chronic Conditions (Y/N)	Symptoms				Onset of Symptoms (mm/dd)	Probable Case? (Y/N)	MOH Directed				Comments
							None	Fever	Cough	SOB			Isolate	Isolation Start Date	Anticipated Isolation End Date	Monito r for Sympt oms	

Definition of Close Contacts are individuals that:

- Provide care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact with consistent and appropriate use of personal protective equipment (PPE), **OR**
- Lived with or otherwise had close prolonged contact (within two metres) with a person while the case was ill, **OR**
- Had direct contact with the infectious body fluids of a person (e.g. was coughed or sneezed on) while not wearing recommended PPE.

*For close contacts with on-going exposure, the last date of exposure is the date the case is determined to be non-infectious i.e. from 10 days since symptoms onset



Only required for Confirmed Case

Active Monitoring Form for COVID-19

Name: _____
 Date of Birth: _____
 PHN: _____
 Phone Number: _____
 Monitoring End Date (Date of last exposure + 14 days after): _____

Conduct Active Daily Monitoring of a Non-Hospitalized Confirmed/Probable case for 10 days after the onset of their first symptom.

Indicate presence or absence of any of the symptoms below with a yes/no under the corresponding date.

Date														
Symptoms														
Cough														
Temp (degrees °C)														
Chills														
Sore Throat														
Runny Nose														
Shortness of breath/difficulty breathing														
Headache														
General Weakness														
Pain (muscular, chest, abdominal, joint etc)														
Nausea/Vomiting														
Irritability/confusion														
Diarrhea														
Other:														
Initials of Caller														

Notes: If you have symptoms that require urgent medical attention and access to medical care, immediately notify EMS and nursing staff at the emergency department/urgent care centre/health centre that you may have been in contact with COVID-19.



Protected B when complete

CORONAVIRUS DISEASE (COVID-19) CASE REPORT FORM

SECTION 1: CASE PROTECTED INFORMATION – Local / Provincial / Territorial use only	
DO NOT FORWARD THIS SECTION TO PHAC	
CASE Information	PROXY Information
Last name: <input type="text"/>	Is respondent a proxy? (e.g. for deceased patient, child)
First name: <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes (complete information below)
Usual residential address: <input type="text"/>	Last name: <input type="text"/>
City: <input type="text"/> Province/Territory: <input type="text"/>	First name: <input type="text"/>
Postal code: <input type="text"/> Local Health Region: <input type="text"/>	Relationship to case: <input type="text"/>
Phone number #1: <input type="text"/>	Phone number #1: <input type="text"/>
Phone number #2: <input type="text"/>	Phone number #2: <input type="text"/>
Date of Birth <input type="text"/> (dd/mm/yyyy)	
Local Case ID: <input type="text"/>	
P/T Case ID: <input type="text"/>	
Contact information for person reporting	
First and Last Names: <input type="text"/>	
Telephone #: <input type="text"/>	
Email: <input type="text"/>	

Instructions for Completion

- Please complete as much detail as possible on this form at the time of the initial report.
- It is not expected that all fields will be completed during the initial report, but that updates will be made when information becomes available.

Instructions to local public health authorities

- **Reporting:** Please report cases using normal local/provincial/territorial methods
- **Travel:** The Office of Quarantine Services at the Public Health Agency of Canada may be of assistance with requesting passenger manifests from conveyance operators, when requested to do so, by a local public health authority. Local public health authorities can contact the manager on-call 1-416-MANAGER (626-2437).

Instructions to provincial / territorial public health authorities

- **Reporting of probable and confirmed cases:** Please report cases electronically using secure methods or fax to 1-613-952-4723. For fax, an email notification should be sent to phac.hsfluepi.aspc@canada.ca (do not attach form). *Provinces and territories are asked to report all confirmed and probable cases within 24 hours of P/T notification to PHAC.*
- After regular business hours (8:00am-5:00pm ET), please contact the PHAC's Health Portfolio Operations Centre at phac-aspc.hpoc-cops@canada.ca.

- PHAC Report Form.
- Completed on line.
- Saved
- Email to FNIHB CDC Team
- Note: this form changes frequently. Always access on line version.





Follow Up for Contacts of a Case



Follow Up of a Close Contact of Case without Symptoms

CHN:

- Contact the close contact(s) of a confirmed case and provide teaching on:
 - The need for self-isolation as per the management of close contacts of confirmed/probable cases (Pg.11)
 - How to self-isolate as per self-isolation recommendations (Pg.17)
 - The need for self-monitoring as per the Management of close contacts of confirmed/probable cases (Pg.11)
 - How to self-monitor as per Self-monitoring recommendations (Pg.18)

(Con't)



Follow Up of a Close Contact of Case without Symptoms (Con't)

CHN:

- **If symptoms developed, the close contact is now considered a probable case, additional follow up is required.**
- If symptoms have not developed, the close contact will continue to be in self-isolation until the 14th day.

Note: the contact follow up for a confirmed case and probable case (to be reviewed next) are the same



Probable Case



Probable Case:

- A person with clinical illness who is epidemiologically-linked to a lab-confirmed COVID-19 case;

OR

- A person with clinical illness who meets the COVID-19 exposure criteria AND in whom laboratory diagnosis of COVID-19 is inconclusive, negative (if specimen quality or timing is suspect)

Note: a probable case may be:

- Identified on a contact list that the CHN completed for a confirmed case (symptomatic close contact of a confirmed case, no testing will have been done so no lab report will be available)
- Transferred from AHS to FNIHB (confirmed case does not live in a First Nation, but the symptomatic close contact does. No testing will have been done, so no lab report will available)



Probable Case Follow Up Process

FNIHB CDC:

- Receives notification of probable case from AHS referral or CHN who identified a close contact of a case that has/developed symptoms
 - Note: symptomatic close contacts of cases **do not require testing** and should be considered probable cases.
- Notify the CHN about the confirmed case (if not already aware)
- Send by fax/email and review the following with the CHN:
 - *COVID-19 Close Contact List (blank)*
 - *Active Monitoring Form for COVID-19*
 - Link to *Alberta Health (AB) Public Health Disease Guidelines Coronavirus- COVID-19*
 - Management of non-hospitalized cases (Pg.10)
 - Home isolation recommendations (Pg.15)
 - Definition of close contacts (Pg.9)
 - Link to *Public Health Agency of Canada (PHAC) Novel Coronavirus (2019-nCoV) Case Report Form*
- Wait for the completed COVID-19 Close Contact List from the CHN



Probable Case Follow Up Process (con't)

CHN:

- Contact the confirmed case and complete:
 - The *Key Investigation* (Pg. 8)
 - *The COVID-19 Close Contact List*
 - The first day of the *Active Monitoring Form for COVID-19*
- With the probable case, provide teaching on:
 - The need for isolation as per the Management of non-hospitalized cases (Pg.10)
 - How to isolate as per Home recommendations (Pg.15)
 - The need for active daily monitoring as per the Management of non-hospitalized cases (Pg.10)
- Send the completed *COVID-19 Close Contact List* back to the Regional CDC team.
 - Await direction from Regional CDC team on *COVID-19 Close Contact List*



Probable Case Follow Up Process (con't)

FNIHB CDC:

- Receive and review *COVID-19 Close Contact List* from the CHN
- Obtain MOH direction if required
- Fax *COVID-19 Close Contact List* back to the CHN and provide direction for the management of close contacts of probable case



Probable Case Follow Up Process (con't)

CHN:

- Complete the PHAC novel Coronavirus (2019-nCov) Case report form
- Follow MOH direction provided by the regional CDC team for all identified close contacts of probable case
- Active Daily Surveillance is required for probable cases for 10 days after the onset of their first symptoms, provided that they are afebrile and have improved clinically



Person Under Investigation



Person Under Investigation (PUI)

A person with clinical illness who meets the exposure criteria.

Notes:

- The individual:
 - may have been tested but results have not been received yet.
 - may not have been tested yet
- A lab report will be required to rule out or confirm a PUI as a probable or confirmed case.
- A person with clinical illness who does not meet the exposure criteria is not followed as a PUI.



Non-hospitalized PUI Follow Up Process

FNIHB CDC:

- Notify CHN about the person under investigation
- Send by fax/email and review the following with the CHN:
 - Link to *Alberta Health (AB) Public Health Disease Guidelines Coronavirus- COVID-19*
 - Management of non-hospitalized person under investigation (Pg.10)
 - Home isolation recommendations (Pg.15)
 - Self-monitoring recommendations (Pg.18)



Non-hospitalized PUI Follow Up Process

CHN:

- Contact the person under investigation and provide teaching on:
 - The need for isolation as per the Management of non-hospitalized cases (Pg.10)
 - How to isolate as per Home recommendations (Pg.15)
 - The need for self-monitoring instead of active monitoring as per the Management of non-hospitalized cases (Pg.10)
- Complete the *PHAC novel Coronavirus (2019-nCov) Case report form*
- Watch for lab report:
 - If negative: should still be isolated for 14 days after the last exposure
 - **If positive: manage as a confirmed case**
- Active daily surveillance is not required for PUIs

- Note: the MOH may exclude PUIs from sensitive situations and occupations (food handler, healthcare worker, childcare worker, child attending childcare, etc)



Notes:



Additional notes:

- There are additional considerations for health care workers
 - Will be reviewed with CHN when case or contact is identified as a HCW
- A referral may come from Health Link Line, either directly to you or via the FNIHB CDC team:
 - Review the information on the referral
 - Contact the CDC team if needed
 - Contact the client
 - Assess the client again
 - Determine actions that are required



Questions/ Roll Call

Roll Call

Followed by

Testing Process