

Memorandum

COVID-19: Guidance on contact categories and their management

Date due to MO: 15 December 2020

Action required by: N/A

Security level: IN CONFIDENCE

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To: Hon Chris Hipkins, Minister for COVID-19 Response

Contact for telephone discussion

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Action for Private Secretaries

N/A

Date dispatched to MO:

COVID-19: Guidance on contact categories and their management

Purpose

1. This memo provides an update on the Ministry's guidance on COVID-19 contact categories and associated actions to provide guidance for the clinical management of contacts of cases with COVID-19.

Context

2. To ensure national consistency in the clinical management of contacts of COVID-19 cases, there is a need to standardise terminology, define the categories and detail the associated actions for these groups.
3. The Ministry alongside, public health units (PHUs), have developed five distinct contact categories for managing people who may have been in contact with COVID-19 namely:
 - No Contact
 - Casual
 - Casual Plus
 - Close
 - Close Plus.
4. Each contact category has defined levels of exposure and this guidance provides clear direction on actions to be taken by the individual, public health, including that required for second-order contacts.
5. The Interim Guidance on contact categories and actions is attached at Appendix One for your information.

Use of Close and Close Plus contact categories

6. Close Contacts can be defined in two distinct categories; Close and Close Plus.
7. The distinction between these categories is based on an assessment that is multifactorial. The Close Plus category is to be applied where a particular exposure event is deemed higher risk, and utilising a second-order contact tracing clinical risk decision tool which includes assessing the nature of exposure, the stage of an outbreak, case volumes, and contact to case ratios.
8. In the current state, where there are no or low community cases, the Close Plus classification is being applied to close contacts, meaning the management of secondary contacts in the Close Plus category pertains to household contacts.
9. These categories will be applied to unique exposure events based on the risk associated with each event. All individuals associated with each exposure event will be grouped within the same contact category.
10. The application of the Close Plus category later in an outbreak will also consider the overall system capacity, in line with the clinical risks associated with the exposure

events. This will include liaison between the Medical Officer and Health and the Office of the Director of Public Health.

Implementation approach

Distribution to PHUs

11. Provisional guidance on contact categories and actions was developed and provided to the PHUs for feedback.
12. PHU feedback was reviewed, discussed with parties and incorporated into the guidance. Interim guidance on contact categories and their management has been approved and distributed to PHUs.
13. PHUs and third-party call centre providers have begun integrating the interim contact categories into their standard processes.

External communications

14. To support public understanding, the Ministry of Health website will be updated on 18 December 2020 to further clarify the contact categories so to align with this interim guidance.

Next steps

15. You will be provided a further update on these categories and associated information for the Ministry website in your weekly report.
16. Officials can provide further information about this topic at your request.

Sue Gordon

Deputy Chief Executive

COVID-19 Health System Response

Date:

Appendix A: Interim guidance on contact categories and actions

Definition: *Stay at home* = request that is voluntary and not monitored; *Isolation/quarantine* = direction that can be enforced and may be monitored

Category ¹	Description	Actions for the Primary Contact	Actions for Public Health	Actions for Secondary Contacts
No contact	General public and surveillance testing	<ul style="list-style-type: none"> Asymptomatic: self-monitor for symptoms Symptomatic: stay at home and get a test 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Not applicable
Casual	People who have had exposure to a case, but who do not meet the criteria of a close contact	<ul style="list-style-type: none"> Self-monitor for COVID symptoms for 14 days If symptoms develop, stay at home until negative test result 	<ul style="list-style-type: none"> Inform contact via media, apps or other mass communication (e.g., through school, workplace list), or individually for flights May self-identify through inbound call e.g., to Healthline Not usually recorded on NCTS 	<ul style="list-style-type: none"> Not applicable
Casual Plus	People who have had exposure to a case, but who do not meet the criteria of a close contact. Their contact was in a context where there is higher risk for transmission/spread	<ul style="list-style-type: none"> Get a test around Day 5 after exposure and stay at home until negative test result Self-monitor for COVID symptoms for 14 days If symptoms develop, stay at home and get another test 	<ul style="list-style-type: none"> Inform contact via media, apps, other mass communication or individually if feasible Issue testing code & monitor testing uptake for initial test Follow-up test results individually if individual is known Only recorded in NCTS if individual is identified 	<ul style="list-style-type: none"> Not applicable
Close	People who have had exposure to a case that meet the close contact criteria	<ul style="list-style-type: none"> Isolation/quarantine for 14 days from last exposure at home or managed facility Test day 5 post first exposure, day 12 post last exposure, and if symptoms develop 	<ul style="list-style-type: none"> Inform primary contact Isolate/quarantine at primary contact home by default Relocation to a facility can be considered for primary contact (when available and including clinical judgement of the Medical Officer of Health) Daily monitoring of primary contact & follow-up of test results Release primary contact from isolation/quarantine Primary contact recorded in NCTS 	<ul style="list-style-type: none"> If the primary contact develops symptoms, then their household contacts should stay at home until the primary contact returns a negative test result (following symptom onset) If secondary household contact develops symptoms, stay at home and get a test
Close Plus	People who have had exposure to a case that meet the close contact criteria and the exposure is deemed higher risk, applying the second order contact tracing clinical risk decision tool.	<ul style="list-style-type: none"> Isolation/quarantine for 14 days from last exposure at home or managed facility Test immediately, day 5 post first exposure and day 12 post last exposure, and if symptoms develop 	<ul style="list-style-type: none"> Inform primary contact directly Scope secondary household contacts mainly through primary contact, individually if required Routinely consider relocation of primary contact to a facility (when available and including clinical judgement of the Medical Officer of Health) Daily monitoring of primary contact & follow-up of test results Advise secondary contacts through primary contact when they can cease staying at home Release primary contact from isolation/quarantine Primary contact recorded in NCTS 	<ul style="list-style-type: none"> All household secondary contacts (and others at the discretion of the Medical Officer of Health) stay at home until primary contact has negative day 5 test result If the primary contact develops symptoms after day 5, then secondary contacts should stay at home until the primary contact returns a negative test (following symptom onset) If the secondary contact develops symptoms, stay at home and get a test

¹ The classification and use of these categories as applied to individuals and situation is a clinical decision of the local Medical Officer of Health with advice from the Office of the Director of Public Health