

# Briefing

## COVID-19: Contact category management approach

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<b>To:</b>	Hon Chris Hipkins, Minister for COVID-19 Response		
<b>Copy to:</b>	Hon Dr. Ayesha Verrall, Associate Minister of Health		

### Contact for telephone discussion

Name	Position	Telephone
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### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |  |

Comment:

# COVID-19: Contact category management approach

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**Security level:** IN CONFIDENCE                      **Date:** 31 May 2021

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

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**Copy to:** Hon Dr. Ayesha Verrall, Associate Minister of Health

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## Purpose of report

1. This report provides an update on the Ministry's guidance for COVID-19 contact categorisation and the associated management approach. It also details the level of information that is communicated to both the sector and the public.
2. This report discloses all relevant information and implications.

## Summary

3. The National Investigation and Tracing Centre (NITC), in collaboration with public health experts from the Ministry and public health units (PHUs), developed the existing COVID-19 contact categories.
4. Those that have been exposed to someone who has tested positive for COVID-19 are defined as a primary contact. Their classification into one of the four categories below is based on their level of exposure:
  - Casual
  - Casual Plus
  - Close
  - Close Plus.
5. A different management approach, including testing and self-isolation/stay at home advice, is applied to each contact category to appropriately manage the public health risk.
6. The publication of the contact category guidance has enabled a clearer and more consistent approach to response management between the incident management response team, PHUs, the NITC and call centre providers.
7. While a more standardised framework is beneficial for use by those involved in contact tracing operations and management, there is an opportunity to revisit the contact categories that are referred to in public communications.
8. This paper presents three options for the management of public communications regarding the contact categories.

## Recommendations

We recommend you:

- a) **Agree** to the recommendation that public communications are simplified to include three distinct contact categories: Close, Casual Plus and Casual contacts.  **Yes/No**
- b) **Note** that the sector will continue to utilise a more nuanced contact category framework to enable them to communicate with Close Contacts whose secondary contacts may require isolation.



Sue Gordon  
Deputy Chief Executive  
**COVID-19 Health System Response**  
Date: 31 May 2021



Hon Chris Hipkins  
**Minister for COVID-19 Response**  
Date: 10/06/2021

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# COVID-19: Contact category management approach

## Background

9. Case investigation identifies and determines the level of exposure an individual has had to a COVID-19 case and classifies them according to the level of risk.
10. During the early stages of the COVID-19 response, contacts were simply classified as 'Close', and later the category of 'Casual' contacts was introduced to distinguish their exposure risk ie, 'Close' as higher risk and 'Casual' as lower risk.
11. As the contact tracing system evolved, a more comprehensive testing and isolation approach was developed, and it became necessary to further refine the contact categories in order to manage contacts based on a continuum of risk.
12. Four distinct contact categories were defined based on the level of exposure an individual has had to someone who has tested positive for COVID-19, namely:
  - Casual
  - Casual Plus
  - Close
  - Close Plus.
13. The contact categories above are defined as primary contacts, as they have had contact with a COVID-19 case. There is a further classification of 'secondary contacts' who have had close contact, according to the definition, with a primary Close (or Close Plus) Contact.
14. The existing contact categories were developed collaboratively between public health experts from the Ministry of Health (the Ministry) and Public Health Units (PHUs). The guidance on community contact categories and actions (see Appendix One) was shared with the wider sector in late 2020.
15. An update on the contact categories was provided to your office in December 2020 (HR 20202213 refers).
16. These contact categories provide clear direction on the appropriate actions to be taken by both the individual and by health officials, including necessary actions for their secondary contacts. The public health advice for the general public, including practicing good hygiene, physical distancing, and staying at home if are unwell, remains consistent.
17. Since the initial circulation of the contact categories, they have been widely utilised to inform the sector regarding the contact tracing response.
18. In order to further strengthen the contact category framework, this document was updated in April 2021, based on feedback from PHUs. The updated version was approved by the Director of Public Health and released to the sector in April 2021.

## **Application of COVID-19 contact categories**

19. The development and publication of the COVID-19 contact categories was required to enable a clear and consistent understanding, across the health sector of the risks and actions required for contacts of COVID-19 cases in the community. It also allowed for consistent information to be provided to the public.
20. The categories enable national consistency in the management of COVID-19 contacts, by standardising terminology, defining testing requirements, and detailing the associated actions for the different contact groups.
21. They provide a useful tool for the incident management response team and a standardised framework for the contact tracing workforce, enabling clear and consistent escalation pathways and management approaches between PHUs, the National Investigation and Tracing Centre and call centre providers.
22. The implementation of a standardised contact category framework enables the provision of high quality, consistent advice to the different contact groups.

### **Casual Plus**

23. The expectation for the testing of Casual Contacts with a higher level of exposure led to the development of the Casual Plus category. The Casual Plus category has also helped the Ministry respond to the recent outbreaks in Australia under Quarantine Free Travel. Managing travellers arriving in New Zealand from higher risk areas has enabled a rapid and tailored approach to managing medium risk travellers.

### **Close Plus**

24. The Close Plus category was introduced to ensure the most cautious approach, involving isolation of their secondary contacts in the absence of symptoms in the primary contact, was applied only to those with the highest risk of transmission from a Close Contact exposure. Close Plus is primarily a technical definition of how the public health response is implemented, and this is managed through direct communications and advice to the affected individuals.

## **Public communication of contact categories**

25. Up until December 2020, public communications were defined by Close and Casual Contact categories only.
26. Publication of Locations of Interest (LOI) on the Ministry's website and announcements made at the media stand-ups necessitated further clarity in the public communication of COVID-19 contact categories and the separate communication of requirements for those in the Casual Plus category.
27. The contact category(ies) associated with each LOI are routinely published on the Ministry's website to ensure that clear and consistent information is available to members of the public.
28. It is the Ministry's view that in terms of public communication, there are three different contact categories, depending on the degree of exposure:

- Contacts that need to self-isolate for 14 days from exposure (classified as Close Contacts)
  - Contacts that are recommended to be tested based on their exposure (classified as Casual Plus Contacts)
  - Contacts that need to self-monitor for symptoms but with no testing requirements due to a low risk of exposure (classified as Casual Contacts)
29. Communication of three levels of contact aligns to the framework utilised in some states of Australia. For example, in Victoria they have a tiered system applied to the exposure sites:
- Those at Tier 1 exposure sites must immediately isolate, get a COVID-19 test, and quarantine for 14 days from the date of exposure.
  - Those at Tier 2 exposure sites should urgently get a test and isolate until negative result.
  - Those at Tier 3 exposure sites must monitor for symptoms and get tested if symptoms develop.

## How to keep the public informed

30. There are three options for managing the public communication of contact categories:
- Option One:** Continue to utilise the four existing categories: Close Plus, Close, Casual Plus and Casual.
- Option Two:** Simplify public communications to three contact categories, Close, Casual Plus and Casual, removing the Close Plus category from the information that is published in public forums such as the Ministry website.
- Option Three:** Revert to using only Close and Casual contact categories.
31. The Ministry's preference is to adopt Option Two as this takes into consideration the different potential exposures and the testing and isolation advice and provides the necessary clarity and consistency to inform the public of their required actions.
32. Option two means that the Close Plus contact category would be removed from the public domain as the identification and provision of advice to Close Contacts will be provided directly by public health officials to the individual.
33. Throughout the COVID-19 response, ensuring the public are engaged and have a clear understanding of the advice has been key to ensuring contacts isolate and test as needed. The high level of compliance that we have experienced gives confidence that contacts understand the advice that they have been provided.

## Equity

34. The August 2020 and February 2021 Auckland outbreaks impacted communities with high manaaki/welfare needs when asked to self-isolate.
35. The delineation between Casual and Casual Plus enables a lesser impact of COVID-19 on the population, by reducing the number of people required to stay at home while awaiting a COVID-19 test, when they have a low risk of exposure.

36. The contact categories have underpinned the development of support and escalation pathways for PHUs to ensure adequate assistance is provided to all contacts, with a focus on Māori, Pacific and vulnerable populations.

### **Next steps**

37. The Ministry of Health website will be updated to reflect the level of contact category information that is necessary to best support public understanding.
38. Officials can provide further information about this topic at your request.

ENDS.

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**Appendix One: Updated guidance on community contact categories and actions** (Advice is current as at 29/03/2021)

Category <sup>1</sup>	Description	Actions for the Primary Contacts	Actions for Public Health	Actions for Secondary Contacts
<b>No contact</b>	General public and surveillance testing	<ul style="list-style-type: none"> <li>Asymptomatic: self-monitor for symptoms</li> <li>Symptomatic: get a test, and stay at home until a negative test result AND until 24 hours after symptoms resolve</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Not applicable</li> </ul>
<b>Casual</b>	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"> <li>Self-monitor for COVID symptoms for 14 days</li> <li>If symptoms develop, get a test and stay at home until a negative test result AND until 24 hours after symptoms resolve</li> </ul>	<ul style="list-style-type: none"> <li>Inform via media, apps or other mass communication or individually for flights</li> <li>May self-identify through inbound call e.g. to Healthline</li> <li>Not usually recorded in NCTS unless identified through case investigation (e.g. from a manifest or attendance list, source investigation)</li> </ul>	<ul style="list-style-type: none"> <li>No specific actions required for Secondary Contacts.</li> <li>If Secondary Contact develops symptoms, they should follow the 'No contact' [green] pathway</li> </ul>
<b>Casual Plus</b>	People who have had exposure to a case, but who do not meet the criteria of a Close Contact. Their exposure was in a context where there is higher risk for transmission or spread incl. more transmissible variant cases	<ul style="list-style-type: none"> <li>Stay at home, get a test around Day 5 after last exposure (or as soon as possible if after Day 5) and continue to stay at home until negative test result</li> <li>Self-monitor for COVID symptoms for 14 days</li> <li>If symptoms develop at any time during the 14 days, test and stay at home until negative test result AND until 24 hours after symptoms resolve</li> </ul>	<ul style="list-style-type: none"> <li>Inform via media, apps, other mass communication or individually if feasible</li> <li>May self-identify through inbound call e.g. to Healthline</li> <li>Provide testing/surveillance code and monitor for test results</li> <li>Record in NCTS and report test results for known individuals only</li> <li>Clinical assessment following test results and advise those symptomatic (or previously symptomatic) when they can cease staying at home</li> </ul>	<ul style="list-style-type: none"> <li>No specific actions required for Secondary Contacts.</li> <li>If Secondary Contact develops symptoms, they should follow the 'No contact' [green] pathway</li> </ul>
<b>Close</b>	People who have had exposure to a case that meet the Close Contact criteria	<ul style="list-style-type: none"> <li>Isolate/quarantine at home or in managed facility for at least 14 days from last exposure</li> <li>Test immediately (unless it is within 1 day of their next scheduled test), and on day 5 post <i>last</i> exposure, and on day 12 post <i>last</i> exposure</li> <li>If symptoms develop at any time during the 14 days, get an additional test immediately</li> </ul>	<ul style="list-style-type: none"> <li>Record Primary Close Contact in NCTS</li> <li>Inform Primary Close Contact directly</li> <li>Isolate/quarantine Primary Close Contact at home by default</li> <li>Relocation to a facility can be considered for Primary Close Contact (when available and at discretion of the Medical Officer of Health)</li> <li>Daily monitoring of Primary Close Contact &amp; follow-up of test results</li> <li>Clinical assessment following test results and symptom check for release</li> <li>Release Primary Close Contact from isolation/quarantine</li> </ul>	<ul style="list-style-type: none"> <li>If Primary Close Contact develops symptoms, then their household Secondary Contacts stay at home until the Primary Close Contact returns a negative test result (following symptom onset)</li> <li>If household Secondary Contact develops symptoms, test and stay at home until negative test result AND until 24 hours after symptoms resolve</li> </ul>
<b>Close Plus</b>	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 as well as in the context of more transmissible variant cases	<ul style="list-style-type: none"> <li>Isolate/quarantine for at least 14 days from last exposure at home or in managed facility</li> <li>Test immediately (unless it is within 1 day of their next scheduled test), and on day 5 post <i>last</i> exposure, and on day 12 post <i>last</i> exposure</li> <li>If symptoms develop at any time during the 14 days, get an additional test immediately</li> </ul>	<ul style="list-style-type: none"> <li>Record Primary Close Contact in NCTS</li> <li>Inform Primary Close Contact directly</li> <li>Routinely consider relocation of Primary Close Contact to a facility (when available and including clinical judgement of the Medical Officer of Health)</li> <li>Daily monitoring of Primary Close Contact &amp; follow-up of test results</li> <li>Scope Secondary Contacts mainly through Primary Close Contact, interview individually if required</li> <li>Advise Secondary Contacts when they can cease staying at home</li> <li>Clinical assessment following test results and symptom check for release</li> <li>Release Primary Close Contact from isolation/quarantine</li> </ul>	<ul style="list-style-type: none"> <li>All household contacts (and others at the discretion of the Medical Officer of Health) of a Primary Close Contact are considered Secondary Contacts</li> <li>Secondary Contacts stay home until negative day 5 test result for the Primary Close Contact</li> <li>Secondary Contacts with contact only prior to a Primary Close Contact's negative test swab being taken (immediate or day 5) are released</li> <li>Secondary Contacts with any contact after the Primary Close Contact's last test swab was taken are not released until the Primary Close Contact's negative day 5 test result</li> <li>If the Primary Close Contact develops symptoms household Secondary Contacts should stay at home until the Primary Close Contact returns an additional negative test</li> <li>If a Secondary Contact develops symptoms, test and stay at home until negative test result AND until 24 hours after symptoms resolve</li> </ul>

<sup>1</sup> The classification and use of these categories as applied to individuals and exposure are clinical decisions of the local Medical Officer of Health with advice from the Office of the Director of Public Health