

## Updated advice for health professionals: novel coronavirus (COVID-19)

23 March 2020

### Updates

- Case definition
- Reporting
- How should people meeting the suspected case definition be tested?
- Contact tracing and management
- Appendix 1: Example of standard operating procedures

As this information is frequently updated, please ensure that you check for the updated health professional advice on Ministry website at [health.govt.nz/covid-19](https://health.govt.nz/covid-19)

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## Introduction

### Purpose

The purpose of this document is to provide health professionals, including hospital-based, community-based and public health practitioners, with information on how to identify and investigate any cases of novel coronavirus (COVID-19), as well as how to apply appropriate contact tracing and infection control measures to prevent its spread.

The aim of the guidance is to minimise transmission of COVID-19 in New Zealand, rather than to prevent the introduction of the virus to New Zealand or to detect all cases.

Information in this document is based on current advice from the World Health Organization (WHO). This guidance has taken into account that there are still questions regarding the epidemiology of the virus.

Separate documents with advice for primary health care are available at [health.govt.nz/our-work/diseases-and-conditions/COVID-19-novel-coronavirus/novel-coronavirus-resources-health-professionals](https://www.health.govt.nz/our-work/diseases-and-conditions/COVID-19-novel-coronavirus/novel-coronavirus-resources-health-professionals)

All advice will be updated as more information becomes available.

### Background

Coronaviruses are a large and diverse family of viruses which include some known to cause illness in animals and humans, including the common cold, severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS).

A novel coronavirus currently called SARS-CoV-2 caused a cluster of viral respiratory illness (COVID-19) in Wuhan that had not previously been detected in humans or animals.

The cluster was initially reported on 31 December 2019. The Chinese authorities identified a new type of coronavirus, which was isolated on 7 January 2020. Phylogenetic analysis shows it to be related to SARS CoV, the virus responsible for the SARS pandemic which began in China in 2003<sup>1</sup>.

The number of detected cases due to COVID-19 has rapidly increased in Wuhan, but elsewhere in China the increase has been slower. Individual cases have been detected in most countries, with a large proportion now reporting local and community transmission with consequent rapid increases in case numbers. A large outbreak also occurred on a cruise ship with other cases reported on other vessels. The virus is spread through person-to-person contact or contact with contaminated fomites. On 12 March, the WHO declared COVID-19 a global pandemic.

The clinical signs and symptoms of COVID-19 infection that have been reported range from non-specific respiratory symptoms such as fever and cough, to shortness of breath and symptoms of pneumonia and severe acute respiratory infection. Most cases have mild illness, with up to 20 percent having more severe illness requiring hospitalisation (mainly due to pneumonia). The virus has an approximately two percent fatality rate with most of those who have died from the virus to date suffering from pre-existing health problems.

### Local readiness and response plans

District Health Boards (DHBs) should make sure they have local readiness and response plans in place.

Information for border health operations has been provided through border health advisories.

<sup>1</sup> [ecohealthalliance.org/2020/01/phylogenetic-analysis-shows-novel-wuhan-coronavirus-clusters-with-sars](https://www.ecohealthalliance.org/2020/01/phylogenetic-analysis-shows-novel-wuhan-coronavirus-clusters-with-sars)

## Guidelines for Health Professionals

### Spread of infection

The parameters below are provisional estimates based on currently available data.

#### Incubation period

Provisionally, the incubation period is considered to be from 1-14 days (commonly 3 to 7 days).

#### Mode of transmission

Transmission is considered to occur primarily through respiratory droplets and secretions. Transmission is likely to occur through virus contact with respiratory mucosa or conjunctivae, either by direct exposure or by transfer on hands from contaminated fomites. The current evidence does not support airborne transmission, except during aerosol-generating procedures which include intubation, suctioning, bronchoscopy, tracheostomy, cardiopulmonary resuscitation.

#### Period of communicability

Provisionally, the period of communicability is considered to commence 48 hours before onset of symptoms and continue until they meet all of the criteria in the *release from isolation of confirmed or probable COVID-19 cases* section of this guidance.

### Case definition of COVID-19 infection

The Ministry of Health has developed a case definition for COVID-19 based on expert advice from our Technical Advisory Group. The case definition considers both the epidemiology of the virus as well as its clinical presentation. The criteria are revised as more precise information emerges on the outbreak including characteristics of transmission, incubation and infectious period and geographical spread.

The current case definition, including the definitions of Close and Casual contacts, can be found here: [health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals/case-definition-covid-19-infection](https://health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals/case-definition-covid-19-infection)

#### Laboratory criteria

**Laboratory definitive evidence requires at least one of the following:**

- detection of SARS-CoV-2 from a clinical specimen by NAAT (PCR) and confirmed by NAAT on a second specific genomic target
- detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR) and confirmation as SARS-CoV-2 by sequencing
- significant rise in IgG antibody level to SARS-CoV-2 between paired sera (when serological testing becomes available).

**Laboratory suggestive evidence requires** detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR).

**Note: If all laboratory tests are negative, other respiratory pathogens should be excluded**

#### Case classification

- **Under investigation:** A case that has been notified, but information is not yet available to classify it as suspect, probable or confirmed.

- **Suspected:** The patient is classified as a suspected case, pending further investigation, if they satisfy both the clinical and epidemiological criteria.
- **Probable:** A case that meets both clinical and epidemiological criteria where other known aetiologies that fully explain the clinical presentation have been excluded, and either has laboratory suggestive evidence or for whom testing for SARS-CoV-2 is inconclusive.
- **Confirmed:** A case that has laboratory definitive evidence.
- **Not a case:** A case that has been investigated and subsequently found not to meet either the probable or confirmed case definition.

## Reporting

'Novel coronavirus capable of causing severe respiratory illness' has been added to Section B of Part 1 of Schedule 1 of the Health Act 1956 and is now a notifiable disease (effective from 30 January 2020). Notifiable diseases are required to be reported to the local Medical Officer of Health. Notify suspected cases of COVID-19 through the process established by your local Public Health Unit.

The local Medical Officer of Health should immediately complete the Ministry of Health case notification form (available at [health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals#nhccform](https://health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals#nhccform)) and email it through to [NHCC\\_casenotification@health.govt.nz](mailto:NHCC_casenotification@health.govt.nz).

Under the International Health Regulations, 2005, the Ministry will also notify the WHO of a probable or confirmed case of COVID-19 within 24 hours of identification, by providing the minimum data set outlined in 'Interim case reporting form for 2019 Novel Coronavirus of confirmed and probable cases'.

## Management of a suspected, probable or confirmed case

### Management on initial presentation

- Rapidly obtain a travel history from any patient with respiratory infection.
- All patients with respiratory infection and overseas travel history within the last 14 days should be provided with a surgical mask upon entry to the facility. Infection prevention and control precautions (standard, contact and droplets) should apply and the patient should always wear a surgical mask and be placed in a single room (see infection prevention and control guidance at [health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals](https://health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals)).
- Patients with suspected COVID-19 should be managed medically according to their symptoms and clinical state. They do not need to be hospitalised unless clinically indicated.
- Patients with suspected COVID-19 should be advised to remain in strict isolation until advised otherwise (ie, till confirmed as NOT a case or deemed to no longer be at risk).
- If admission or further assessment is required, the local hospital should be contacted and clearly informed that the patient is a suspected case before the patient is sent.

Further advice for primary health care professionals can be found at [health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-resources-health-professionals](https://health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-resources-health-professionals)

### Self-quarantine of patients meeting epidemiological criteria

Self-quarantine refers to people who are avoiding contact with others because they may have been exposed to COVID-19. Self-isolation would normally refer to people who are avoiding contact with others because they themselves have COVID-19, however, since the start of the outbreak 'self-isolation' has been used by the

World Health Organization and others to refer to people who may have been exposed to COVID-19. We will be using the more appropriate term, self-quarantine, in our health professional advice from now on, but appreciate that the public are now more familiar with the term self-isolation, which may continue to be used in public messaging.

1. Patients with recent travel to **Category 1 countries** or who are close contacts of confirmed cases are expected to self-isolate/self-quarantine for 14 days from the last date of exposure (ie, last day in a Category 1 country or last contact with a confirmed case).

If someone has recently travelled to a Category 1 country but does not meet all the clinical criteria or has a negative laboratory result, they can still become a case later in their 14 days of self-isolation.

They should be advised to remain in self-isolation/self-quarantine for the balance of their 14 days. If they have any deterioration or emergence of new symptoms, they should contact Healthline or see their GP and phone beforehand.

2. Patients with recent travel to **Category 2 countries** are NOT required to self-isolate. If they are suspected of having COVID-19 and/or are awaiting laboratory test results for COVID-19, they should remain in strict isolation. If laboratory results are negative, they should remain in isolation until they are symptom free. If they have any deterioration or emergence of new symptoms, they should contact Healthline or see their GP and phone beforehand.

## Interpretation of laboratory results and associated management

**Table 1 - Decision matrix for interpretation of COVID-19 cases laboratory results and associated management**

SARS-CoV-2 test result	Respiratory panel	Symptoms	Recommended Management
Negative	One or more tests positive	Consistent with alternative diagnosis	No further need for isolation due to COVID-19, however any pre-existing self-isolation requirements continue to apply*
Negative	All negative	Symptoms resolved	No further need for isolation due to COVID-19, however any pre-existing self-isolation requirements continue to apply*
Negative	All negative	Symptomatic	Consider discussing with ID physician/clinical microbiologist. Consider further upper respiratory test or sputum test/lower respiratory tract specimen test. Assess isolation and self-isolation based on test results, symptoms and pre-existing self-isolation advice.
Equivocal	Negative or positive	Symptomatic	Discuss with clinical microbiologist or ID physician. Further testing required. Remains in strict isolation until test results are conclusive. Assess ongoing isolation and self-isolation based on test results, symptoms and pre-existing self-isolation advice.

Positive	Negative or positive	Symptomatic or asymptomatic	Follow confirmed-case process
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\* A person who is in 14-days self-isolation/self-quarantine due to recent travel or after close contact with a confirmed case should remain in self-isolation/self-quarantine until the end of the 14-day period, irrespective of the SARS-CoV-2 test results

## Non-hospitalised COVID-19 cases

All non-hospitalised confirmed or probable cases of COVID-19 should remain in strict isolation at home or in their current accommodation while symptomatic and till 48 hours after symptoms resolve. They should be provided with infection prevention and control advice along with advice regarding what to do if symptoms worsen.

Non-hospitalised cases should be actively monitored (eg, with daily phone calls) for adherence to isolation requirements and for deterioration in clinical status. Provision of active monitoring is a DHB responsibility.

Home care information for cases and care givers is available at [health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus#further](https://health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus#further)

Interim guidance for health staff implementing home care of people not requiring hospitalisation for COVID-19 is available at [health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-resources-health-professionals](https://health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-resources-health-professionals)

## Hospitalised COVID-19 cases

It is crucial to rapidly obtain a travel history and implement precautionary infection prevention and control measures within hospitals to prevent transmission in health care settings. Given the evidence that human-to-human transmission of SARS and MERS viruses is increased in hospital settings, a cautious approach with patients who meet the suspected case definition is advised in these settings.

The case should be accommodated in a single room.

In addition to standard precautions, contact and droplet precautions should be taken. When performing an aerosol-generating procedure, apply airborne precautions including the use of an airborne infection isolation room (negative pressure room) where possible.

Please refer to WHO recommendations on clinical management of severe acute respiratory infection when COVID-19 is suspected: [who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/patient-management)

## Release from isolation of confirmed or probable COVID-19 cases

A confirmed or probable case can be released from isolation provided all of the following criteria are met:

1. Resolution of most acute symptoms (e.g. cough, sneezing) for the previous 24 hours. If there were prior chronic respiratory symptoms, then resolution of symptoms associated with current illness.\*
2. Temperature less than 38°C for the previous 48 hours.
3. At least 7 days after onset of the acute illness.
4. Not have major immunosuppression, such as within a year following bone marrow transplantation or during receipt of chemotherapy.

\*Note: In cases with pneumonia, residual cough and fatigue may sometimes persist for weeks. However, from available clinical information and experience with other respiratory viruses, infectivity would be expected to mostly diminish concurrent with the acute respiratory illness.

People with persistent acute symptoms or fever after 7 days should remain in isolation, pending advice from a clinical microbiologist or infectious diseases physician.

Repeat sampling of respiratory tract secretions for PCR is not recommended for most patients, particularly where the above criteria are met. Patients recuperating and being considered for release from isolation for whom these criteria are not met or are in doubt should be discussed with the clinical microbiologist. In some cases, PCR testing may have a role based in clinical circumstances e.g. major immunosuppression or health care workers.

At release from isolation the case and their family/whānau should be given advice about cough etiquette and hand hygiene.

## Laboratory testing for diagnosis of COVID-19 infection

### Who should be tested?

Testing should be done for any person meeting the suspected case definition or if clinical judgement indicates that testing is warranted.

Clinicians should be aware that immunocompromised patients may not present with typical symptoms so should be considered as a suspected case if they meet the epidemiological criteria.

Clinicians should also maintain a high level of suspicion and consider testing in case of doubt.

Testing in hospitals should always be done in consultation with the infectious disease physician or clinical microbiologist.

### How should people meeting the suspected case definition be tested?

Routine tests for acute pneumonia should be performed at the same time, including bacterial culture, serology, urinary antigen testing and tests for respiratory viruses, including influenza.

- Use a single nasopharyngeal swab (NPS) to swab the nasopharyngeal space.
- To ensure adequate collection, the swab tip must extend well beyond the anterior nares until some resistance is met.
- Place the swab in viral transport media (VTM) and transport to the laboratory.
- Lower respiratory tract samples are better quality samples and less likely to give false negative results but should only be undertaken in a hospital setting with appropriate PPE.
- Repeat testing may be required but will be at the direction of the clinical microbiologist.

Additionally, the specimen may be taken outdoors or in a well-ventilated space (eg, car parking), as this also reduces transmission risk

In addition to standard precautions, airborne precautions should be followed when collecting specimens if there is a risk of aerosol generation. The collection of specimens should occur in an airborne infection isolation room if available.

Laboratory staff should handle clinical specimens under PC2 conditions in accordance with *AS/NZS 2243.3:2010 Safety in Laboratories Part 3: Microbiological Safety and Containment*. Any procedure that may generate aerosols should be performed in a Class II biological safety cabinet. For a list of activities which may be performed in a PC2 laboratory as well as additional precautions please refer to the WHO biosafety guidelines for handling of SARS specimens [who.int/csr/sars/biosafety2003\\_04\\_25/en/](http://who.int/csr/sars/biosafety2003_04_25/en/)

Specific COVID-19 screening and confirmation testing has been available in New Zealand since 31 January 2020.

WHO technical guidance on laboratory testing for COVID-19 can be found on the WHO website [who.int/emergencies/diseases/novel-coronavirus-2019/technicalguidance/laboratory-guidance](http://who.int/emergencies/diseases/novel-coronavirus-2019/technicalguidance/laboratory-guidance)

This guidance includes details on how and which specimens to collect.

Laboratories can also refer to CDC's interim laboratory biosafety guidelines on how to handle specimens from suspected cases in their laboratories [cdc.gov/coronavirus/2019-nCoV/lab/lab-biosafety-guidelines.html](https://www.cdc.gov/coronavirus/2019-nCoV/lab/lab-biosafety-guidelines.html)

## Minimum precautions to reduce the general risk of transmission of acute respiratory infections

- Avoid close contact with people suffering from any acute respiratory infection.
- Frequent hand-washing and drying (or hand sanitiser), especially after direct contact with ill people or their environment.
- Keep hands away from face (eyes, nose and mouth).
- Everyone should practice cough etiquette (maintain distance, cover coughs and sneezes with elbow, disposable tissues or clothing and wash and dry hands).
- People with acute respiratory symptoms should stay home if unwell.
- Adhere to standard infection prevention and control practices in primary health care. All patients with respiratory infection and recent overseas travel history should be provided with a surgical mask upon entry to the facility. For suspected cases of COVID-19 infection, include contact and droplet precautions, such as personal protective equipment (PPE).
- Aerosol-generating procedures<sup>2</sup> should not be performed in primary health care.

## Infection prevention and control (IPC)

Basic hygiene measures (as outlined above) are the most important way to stop the spread of infections, including COVID-19.

In a health care setting, in addition to basic hygiene measures, standard precautions should apply for all patients.

As soon as a case of COVID-19 infection is suspected, additional precautions (droplet and contact) should be immediately implemented, with airborne precautions when aerosolized respiratory secretion are generated from procedures like intubation, suctioning, bronchoscopy, tracheostomy, cardiopulmonary resuscitation.

Infection prevention and control advice is available at [health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals](https://health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals)

Please refer also to WHO recommendations on infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected [who.int/publications-detail-infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail-infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected)

## Contact tracing and management

### Purpose of contact tracing

The purpose of contact tracing is to prevent potential onward transmission, raise awareness about the disease and its symptoms and support early detection of suspected cases.

### Definitions

#### Close contact

Close contacts are those that are likely to be at a higher risk of being infected.

'Close contact' is defined as any person with the following exposure to a suspect, confirmed or probable case during the case's infectious period, without appropriate personal protective equipment (PPE):

<sup>2</sup> Aerosol-generating procedures include nebulizing, intubation, suctioning, bronchoscopy, tracheostomy, cardiopulmonary resuscitation.

- direct contact with the body fluids or the laboratory specimens of a case
- presence in the same room in a health care setting when an aerosol-generating procedure is undertaken on a case
- living in the same household or household-like setting (eg, shared section of in a hostel) with a case
- face-to-face contact in any setting within two metres of a case for 15 minutes or more
- having been in a closed environment (e.g. a classroom, hospital waiting room, or conveyance other than aircraft) within 2 metres of a case for 15 minutes or more
- having been seated on an aircraft within 2 metres of a case (for economy class this would mean 2 seats in any direction including seats across the aisle, other classes would require further assessment)
- aircraft crew exposed to a case (a risk assessment conducted by the airline is required to identify which crew should be managed as close contacts).

## Casual contact

Any person with exposure to the case who does not meet the criteria for a close contact.

## Contact identification and assessment

Identify contacts, level of contact and contact details and assess their risk of severe disease should they become a case. This should be started when a suspect case is identified, before the confirmation of the case. Priority should be given to household- and health care-associated close contacts and high-risk contacts (immunocompromised and those with co-morbidities).

The Ministry of Health has launched the National Close Contact Service (NCCS) to make initial contact with all close contacts (other than case partners or those who reside with the case) thought to have been in contact with someone who has been confirmed as having COVID-19. Public Health Units need to provide the NCCS information on the close contacts of people with a confirmed case of COVID-19. They can do this via REDCap or using secure file transfer.

The NCCS will inform close contacts of their potential exposure, ensure they are aware of self-isolation requirements and provide them health advice. They are also checking what assistance they may require and providing contact details to obtain this. Once NCCS has made successful contact with a close contact their details will be handed over to Healthline for regular follow up through the self-quarantine period.

## Management of contacts

1. As soon as a suspect case is identified, as a minimum their household close contacts should be advised to self-quarantine until laboratory results are available or as required by the local medical officer of health. Other close contacts will be contacted later and as relevant when laboratory results are available. **Close contacts** should be counselled about their risk and the symptoms of COVID-19 and if possible be provided with written information about the disease, self-quarantine guidance and a COVID-19 'All of Government Factsheet for Welfare Support'. They should be advised to **self-quarantine** for 14 days since last exposure with the confirmed case (or as appropriate). If they develop symptoms they should immediately notify Healthline and/or their public health unit, and for health care workers, their facility infection control unit. **Symptomatic close contacts of confirmed and probable cases should be tested for COVID-19.** The PHU is responsible for household contacts only, with the support of Healthline. The ongoing monitoring of close contacts in self-quarantine is undertaken by Healthline for the 14-day period. All close contacts of a confirmed case (particularly an overseas confirmed case) should be reported to the local Medical Officer of Health and the NCCS.
2. Advise **casual contacts** to monitor their health for 14 days and report any symptoms immediately to the local public health unit. There are no restrictions on movements; however casual contacts should be advised to isolate themselves and contact the public health unit if they develop symptoms. High risk casual contacts (immunocompromised, people with co-morbidities) do not require additional public health follow-up. This group should receive additional information related to their risk.

## Self-isolation/self-quarantine

Self-isolation/self-quarantine means staying away from situations where someone could infect other people. This means any situation where you may come in close contact with others (face-to-face contact closer than 2 metre for more than 15 minutes), such as social gatherings, work, school, child care/pre-school centres, university, polytechnic and other education providers, faith-based gatherings, aged care and health care facilities, prisons, sports gatherings, restaurants and all public gatherings.

## Special situations

### Cases in health care or aged-care facilities

If one or more confirmed COVID-19 cases have occurred within a health care or aged-care facility, an outbreak management team should be convened, including a senior facility manager, an infection control practitioner and appropriate clinical staff, in consultation with public health unit staff.

### People working in vulnerable settings

There is evidence that human-to-human risk of transmission of coronaviruses is increased in hospital and aged care settings. No health care workers can work in a public setting if they:

- have been in or transited through (excluding airport transit) Category 1 countries ([health.govt.nz/covid19-countries-areas-concern](https://health.govt.nz/covid19-countries-areas-concern)) or have been in close contact with someone confirmed with COVID-19 in the last 14 days. They should self-isolate for 14 days from the date of departure or close contact
  - They should register their details with Healthline if they have not already (call 0800 358 5453 or +64 9 358 5453 for international SIM).

Exposed health care workers who are DHB employees should be discussed with the DHB infection prevention and control and/or occupational health teams.

## Management of travellers

All travellers arriving in New Zealand from Category 1 countries are required to register with Healthline, be advised of COVID-19 symptoms and self-isolate for 14 days following departure from the Category 1 country.

Guidance on self-isolation can be found at [health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-self-isolation](https://health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-self-isolation)

People who are close contacts of confirmed COVID-19 cases should be notified to the local public health unit and NCCS, receive daily monitoring of symptoms, self-quarantine for 14 days following last contact with a confirmed case and be provided with information on what they need to do if they develop symptoms.

Travellers arriving in New Zealand from Category 2 countries should be advised of COVID-19 symptoms and be provided with information on what they need to do if they develop symptoms.

People with respiratory illness coming from any countries or areas of concern should be assessed using infection prevention and control precautions (standard, contact and droplet). If they meet the suspect case definition, they should be immediately notified to the local Medical Officer of Health. In a hospital setting, the local infectious disease physician should also be immediately contacted.

As the Northern Hemisphere is in the winter/spring season, common respiratory illnesses are expected among travellers. It is therefore important to remind all travellers to maintain simple infection prevention and control behaviour such as basic hand and respiratory hygiene (using clean tissues each time they blow their nose), avoiding close contact with those suffering respiratory illness, staying home if unwell and practising good coughing and sneezing etiquette.

## Where to get further information and advice

Please see the webpages below for the latest information:

- General information for the public: [health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus](https://health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus)
- World Health Organization (WHO) situation updates and advice: [who.int/emergencies/diseases/novel-coronavirus-2019](https://who.int/emergencies/diseases/novel-coronavirus-2019)

## APPENDIX 1 – Example of standard operating procedures for contact management

### Contact assessment

Identify close contacts, level of contact and contact details with priority given to household, health-care associated close contacts and high-risk contacts (those with co-morbidities, pregnant and immunocompromised).

### Prioritising investigation of close contacts

- Identify the quarantine period for people/events.
- Prioritise contacts based on the following:
  - a. likelihood of developing severe disease if infected
  - b. likelihood of becoming infected (ie, intensity/duration of exposure)
  - c. time since last exposure (ie, urgency to go into quarantine).

### Organising follow-up of close contacts

- Send all contact details to the National Close Contact Service who will undertake the remaining steps below, except in the case of immediate household contacts who *may* continue to be followed up by the Public Health Unit.
- For large contact groups:
  - a. ask a key informant (eg, workplace manager or team lead; school principal; sports team coach) to send a list of people with likely exposure to the case
  - b. consider text and email for initial contact.

### Investigating close contacts

- Initial communication with contact should be made by phone; gather information on symptoms (if any), risk factors for severe illness if infected, needs while in quarantine etc.
- Contacts with apparent symptoms of COVID-19 must be escalated urgently for clinical discussion and/or clinical assessment. Those that meet the suspect case definition will require management as cases.
- Routine laboratory testing for SARS-CoV-2 is NOT required for asymptomatic close contacts.

### Counselling and education of close contacts

- There is no specific chemoprophylaxis or immunoprophylaxis available for contacts.
- Counsel close contacts about their risk and symptoms of COVID-19; provide with written information if available.
- Advise that all close contacts self-quarantine at home for 14 days from last exposure to a confirmed COVID-19 case and should monitor their health during this 14-day period.

### Quarantine and restriction of close contacts

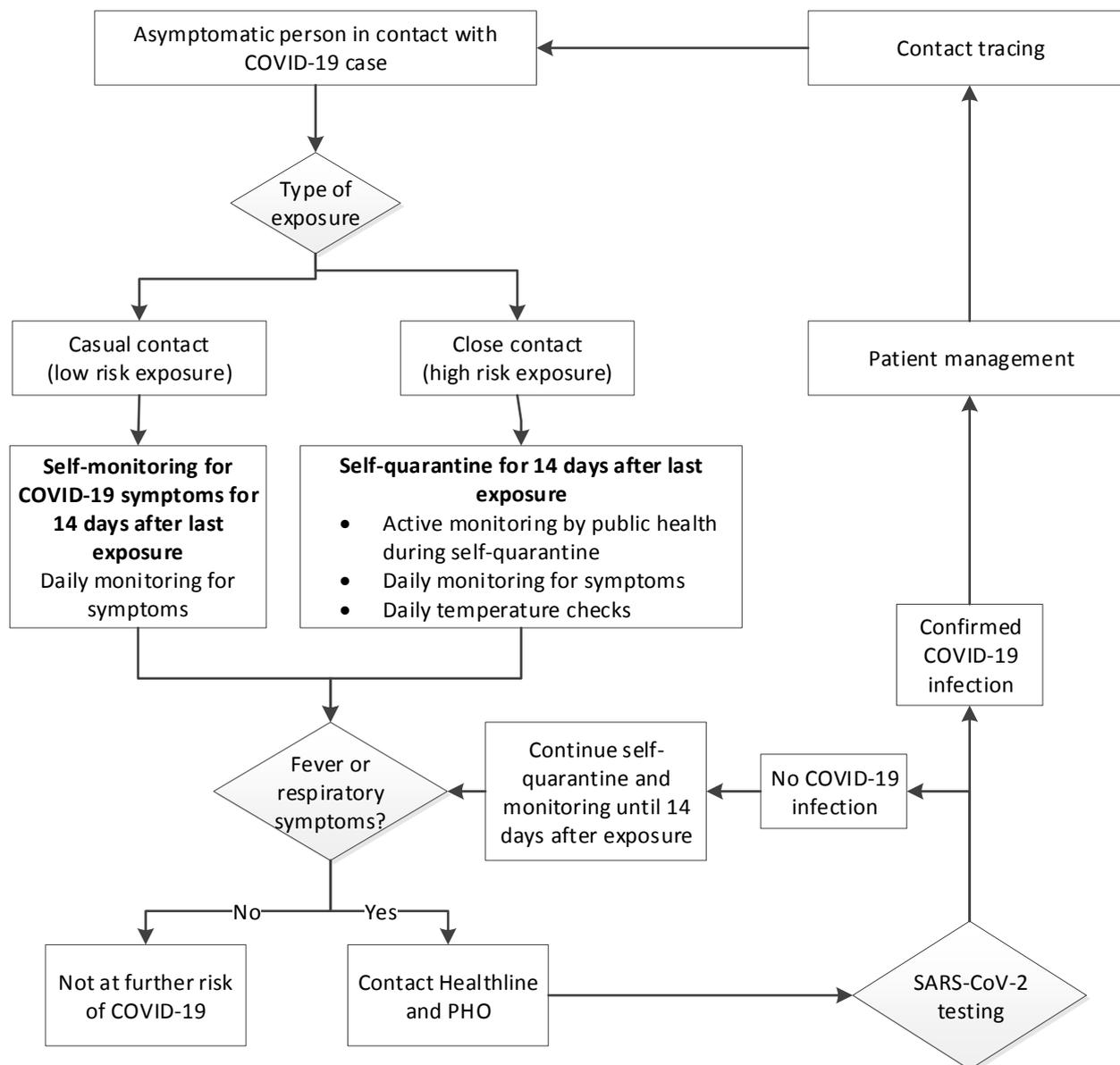
- Provide contacts with guidance on monitoring health while in self-quarantine.
- Provide contacts with welfare support information.
- Provide advice on infection control for those in self-quarantine.
- Self-quarantined close contacts should be contacted daily for review of the following:
  - a. adherence with self-quarantine
  - b. development of symptoms that may be consistent with COVID-19
  - c. wellbeing while in self-quarantine.
- All those who develop symptoms that may be consistent with COVID-19 or who develop a temperature of 38 degrees Celsius or greater must be escalated for clinical discussion and/or assessment.
- Advise self-quarantined close contacts on the processes for seeking medical care (see below).

### Investigation and management of casual contacts

Casual contacts should monitor their health for 14 days and report any symptoms.

There are no restrictions on movements. However, casual contacts should be advised to isolate themselves and contact the PHU if they develop symptoms.

**Figure 1 - COVID-19 contact management algorithm**



Adapted from ECDC, "Public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union." Published 25 February 2020. URL: [ecdc.europa.eu/sites/default/files/documents/covid-19-public-health-management-contact-novel-coronavirus-cases-EU.pdf](https://ecdc.europa.eu/sites/default/files/documents/covid-19-public-health-management-contact-novel-coronavirus-cases-EU.pdf)

### Medical care for individuals in self-isolation/self-quarantine

If individuals under self-isolation/self-quarantine need to see a doctor for any reason (eg, fever, respiratory symptoms, other illness/injury), they should phone Healthline or telephone their GP or hospital emergency department before presenting. Patients with severe symptoms should phone 111 and make it clear that they are in self-isolation because of COVID-19.

Self-quarantined close contacts who are unwell but not requiring urgent medical assessment should contact Healthline.