

Ministry of Health

COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge

Version 2.0 – January 13, 2021

This guidance document provides basic information only. It is not intended to provide medical advice, diagnosis or treatment or legal advice.

In the event of any conflict between this guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the Ministry of Health (MOH) [COVID-19 website](#) regularly for updates to this document, mental health resources, and other information,
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.

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Background

In response to the evolving situation related to the COVID-19 Omicron (B.1.1.529) variant of concern (VOC), the Ministry of Health is providing updated guidance on testing, and case,

contact and outbreak management. This guidance is to be used as an interim update and where conflicting, superseding all other guidance documents on the Ministry's [website](#). The number of Omicron cases is rising rapidly in Ontario such that individuals with symptoms indicative of COVID-19 can be presumed to be infected with COVID-19 and initiate timely self-isolation to prevent transmission in the community. Ontario continues to strive to mitigate morbidity and mortality from COVID-19, and to mitigate impacts on hospitals and the broader health system, and on society overall.

Surveillance reporting on VOCs in Ontario can be found on the [Public Health Ontario webpage](#).

Prioritization for Molecular¹ Testing for COVID-19 Infection

The following people are eligible for molecular testing (PCR or rapid molecular testing):

- [Symptomatic](#)² people who fall into one of the following groups:
 - Patient-facing healthcare workers
 - Staff, volunteers, residents/inpatients, essential care providers, and visitors in highest risk settings
 - Highest risk settings include: hospitals (including complex continuing care facilities and paramedic services) and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices and correctional institutions
 - Household members of workers in highest risk settings
 - Temporary Foreign Workers in congregate living settings
 - Patients seeking emergency medical care, at the discretion of the treating clinician
 - Outpatients for whom COVID-19 treatment is being considered, including:
 - [Immunocompromised individuals](#) not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection, regardless of vaccination status.
 - Individuals who are not fully vaccinated and at highest risk of severe disease (anyone aged ≥70 years or ≥60 years who is Indigenous

¹ Results from molecular point-of-care testing should be considered final and no longer require a confirmatory PCR test.

² Symptomatic is defined as having the symptoms or signs that require COVID-19 testing, as outlined in the [COVID-19 Reference Document for Symptoms](#).

- and/or has additional risk factors)³
- Pregnant people
 - People who are underhoused or homeless
 - First responders, including fire, police and paramedics
 - Elementary and secondary students and education staff who have received a PCR self-collection kit through their school
- Symptomatic/asymptomatic people:
 - From First Nation, Inuit, and Métis communities and individuals travelling into these communities for work
 - On admission/transfer to or from hospital or congregate living setting
 - Close contacts and people in the context of confirmed or suspected outbreaks in highest risk⁴ settings as directed by the local public health unit
 - Individuals, and one accompanying caregiver, with written prior approval for out-of-country medical services from the General Manager, OHIP
 - Asymptomatic testing in hospital, long-term care, retirement homes and other congregate living settings and institutions as per provincial guidance and/or Directives, or as directed by public health units.

Testing Guidance for Specific Settings and Populations

Prior to Scheduled Surgery

Testing prior to a scheduled (non-urgent/emergent) surgery in a hospital or other surgical setting (e.g., independent health facility, etc.):

- In the context of current COVID-19 epidemiology, any patient with a scheduled surgical procedure requiring a general anaesthetic may be tested with PCR 24-48 hours prior to procedure date.
- Regardless of vaccination status, patients should only go out for essential reasons (e.g., work, school) for 10 days prior to a scheduled procedure as is feasible.

³ Risk factors include obesity (BMI ≥ 30), dialysis or stage 5 kidney disease (eGFR < 15 mL/min/1.73 m²), diabetes, cerebral palsy, intellectual disability of any severity, sickle cell disease, receiving active cancer treatment, solid organ or stem cell transplant recipients or other important risk factors at the opinion of the physician.

⁴ Highest risk settings include hospitals (including complex continuing care facilities and paramedic services) and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, and correctional institutions. All other settings would be considered non-highest risk.

- In the event of a positive test result, the scheduled non-urgent/emergent procedure should be delayed (at the discretion of the clinician) for a period of at least 10 days and until cleared by public health and/or infection control.

Newborns

Newborns born to people with confirmed COVID-19 at the time of birth should be tested for COVID-19 within 24 hours of delivery, regardless of symptoms.

If parent testing is pending at the time of mother-baby discharge, then follow-up must be ensured such that if maternal testing is positive the baby is tested in a timely manner. If bringing the baby back for testing is impractical, the baby should be tested prior to discharge.

Newborns currently in the NICU/SCN born to mothers with confirmed COVID-19 at the time of birth should be tested within the first 24 hours after birth and, if the initial test is negative, again at 48 hours after birth, regardless of symptoms.

Newborns <48 hours old at time of transfer born to individuals who are asymptomatic and screen negative do not require PCR testing on hospital admission/transfer.

People with Cancer

In the context of current COVID-19 epidemiology (>10 cases per 100,000/week), any patient may be tested with PCR 24-48 hours prior to treatment. In regions with low community transmission of COVID-19 (<10 cases per 100,000/week), routine testing prior to treatment is not required but should be done at the discretion of the treating clinician if they feel it is necessary or indicated, in particular when:

- High dose multidrug chemotherapy is planned
- Radiation treatment will involve treatment of lung tissue
- Treatment is planned in patients with a new ground glass lung opacity
- Treatment (radiation or systemic) is planned in patients who are significantly immunosuppressed

Hematopoietic Cell Therapy

All patients booked for hematopoietic cell therapy should be tested 24-48 hours before their appointment apart from exceptional circumstances, e.g., Priority A case requiring urgent same day treatment.

Hemodialysis Patients

Testing for symptomatic in-centre hemodialysis patients

- Test symptomatic patients using a low-threshold approach, incorporating symptoms within the [COVID-19 Reference Document for Symptoms](#).

- Patients with persistent respiratory symptoms or fever despite a negative PCR test should be managed on Droplet and Contact Precautions and be retested as appropriate, based on clinical judgment.

Testing for in-centre hemodialysis patients who reside in Long-Term Care /retirement homes or other congregate living settings

- Periodic testing of asymptomatic patients from Long-Term Care/retirement homes is not recommended where the home does not have known cases.
- Periodic testing of hemodialysis patients in Long-Term Care/retirement homes with known cases or outbreaks should continue regularly until the outbreak is considered cleared.
- If a Long-Term Care/retirement home patient comes from a home where there is currently a COVID-19 outbreak or one is subsequently declared and the patient becomes a laboratory-confirmed case, decisions around additional testing of asymptomatic patients and staff should be left to the discretion of local infection prevention and control as testing decisions will be informed by the size and layout of the unit.
- Testing for in-centre hemodialysis patients who reside in Long-Term Care/retirement homes is to be conducted in the hemodialysis unit, or in accordance with hospital and local public health protocols, if not already done in the home.

Testing for hemodialysis patients in hemodialysis unit where outbreak declared

- If an outbreak is declared in a hemodialysis unit, test all patients in that unit regardless of whether they are symptomatic.
- Retesting should be directed by the outbreak management team overseeing the outbreak, in collaboration with local public health.

Rapid Antigen Testing

Positive rapid antigen test (RAT) results **do not require PCR/rapid molecular confirmatory testing.**

There are several distinct uses for RATs, including:

1) Screen testing

- Screen testing is frequent, systematic testing of people who are asymptomatic and without known exposure to a COVID-19 case with the goal of identifying cases that are pre-symptomatic or asymptomatic.
- Screen testing with RATs involves routine testing one or more times per week.
- An individual **with confirmed COVID-19 on a molecular or rapid antigen test** may resume asymptomatic screening testing after 30 days from their COVID-19 infection (based on the date of their symptom onset or specimen collection). If there is

uncertainty about the validity of the COVID-19 infection (e.g., asymptomatic infection with high cycle threshold value result), they may resume asymptomatic screening testing immediately.

2) For people with symptoms (see [page 7](#))

3) For test-to-work purposes (see [test to work guidance document](#))

4) One-off, non-routine/infrequent asymptomatic testing

If an asymptomatic individual without a known exposure to a COVID-19 case decides to complete a RAT outside of routine screening programs, for example prior to a social event/gathering/visit in a non-highest risk setting, then they should complete it as close to the event as possible (e.g. on the same day, ideally within a few hours of the event) and should understand important limitations to a negative RAT result including:

- RATs have low sensitivity for COVID-19 in people who are asymptomatic; RATs have a lower positive predictive value when used for individuals without a known exposure to a confirmed case of COVID-19.
- People infected with COVID-19 may test negative for several days before testing positive on RAT. Therefore, a negative RAT may represent a false negative and the infection status of the individual may change within hours of taking the test.
- Those with a negative one-off RAT should still follow existing public health measures including masking and limiting contacts.

Public Health Advice for Symptomatic Individuals

As molecular testing is prioritized for those at increased risk of severe outcomes and those living and working in highest risk settings, molecular testing is no longer being recommended for all individuals in the community with symptoms compatible with COVID-19. See [flow chart 1](#) for recommendations.

Individuals with COVID-19 Symptoms

- **[COVID-19 symptoms](#)⁵ include:**
 - fever and/or chills; OR
 - cough; OR
 - shortness of breath; OR
 - decrease or loss of taste or smell; OR

⁵ Symptoms should not be related to any other known causes or conditions. See the [COVID-19 Reference Document for Symptoms](#) for more information.

- **Two or more of:**
 - runny nose/nasal congestion
 - headache
 - extreme fatigue
 - sore throat
 - muscle aches/joint pain
 - gastrointestinal symptoms (i.e. vomiting or diarrhea)
- **Individuals** with [COVID-19 symptoms](#) (as above) who are ineligible for PCR/rapid molecular testing are presumed to have COVID-19 infection and are advised to **self-isolate** as soon as possible after symptom onset. The recommended duration of self-isolation depends on relevant clinical factors such as age, vaccination status, severity of infection, and immune status. In all scenarios, **symptoms need to be improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present prior to ending self-isolation.**

Table 1: Isolation Period for Individuals with COVID-19 Symptoms

Isolation Period	Population
5 days after symptom onset	<ul style="list-style-type: none"> ● Fully vaccinated individuals ● Children under the age of 12
10 days after symptom onset	<ul style="list-style-type: none"> ● Individuals 12+ who are not fully vaccinated ● Immunocompromised ● Hospitalized for COVID-19 related illness (or at discretion of hospital IPAC)

- If self-isolation is complete after 5 days, regardless of vaccination status or age, for a total of 10 days from symptom onset, individuals with [COVID-19 symptoms](#) must:
 - Continue to wear a well-fitted mask in all public settings
 - Not visit anyone who is immunocompromised or at higher risk of illness (i.e., seniors)
 - Not visit any highest risk settings. See section on [highest-risk settings](#) for more information.
- See [section below](#) on the use of rapid antigen tests for early test-based clearance.
- **All household members** of the individual with COVID-19 symptoms, regardless of vaccination status, should self-isolate only while the individual with COVID-19 symptoms is isolating, regardless of ongoing exposure.
 - If additional household members develop [COVID-19 symptoms](#), they should follow [isolation directions for symptomatic individuals](#) and if eligible for testing, they should seek testing. Any other household members who are still well and have not developed COVID-19 symptoms should extend their self-

isolation until the last symptomatic (or COVID-19 positive if applicable) person has finished their self-isolation period. The initial household member(s) with symptoms of COVID-19 do not have to extend their self-isolation period based on other household members becoming ill.

- Individuals with [COVID-19 symptoms](#) are advised to inform their close contacts of their potential exposure to COVID-19
 - This includes those who had contact with the ill individual within the 48 hours prior to their symptom onset and until they started self-isolating; AND
 - Were in close proximity (less than 2 meters) for at least 15 minutes or for multiple short periods of time without appropriate measures as masking, distancing and/or use of personal protective equipment (as per [Management of Cases and Contacts of COVID-19 in Ontario](#)).
 - If the symptomatic individual attends group settings (e.g., childcare, school, in-person work), generally, contacts in those settings (e.g., the classroom cohort) would **not** be considered close contacts due to the health and safety measures in place in these settings. However, specific individuals in those settings may be identified by the case as close contacts based on their prolonged, unprotected, close interactions with the case either in or outside of the setting.
 - Close contacts are advised to follow directions as per [flow chart 2](#).

If the symptomatic person does not meet the COVID-19 symptom list

- If the individual's symptoms are not included within the [COVID-19 symptom list](#), they do not require self-isolation, and the individual is to monitor for other symptoms, and stay home until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms), to limit the spread of other illnesses that the individual may have (e.g., cold, Influenza, other viral respiratory or gastrointestinal illness).
- Household members and other contacts of these individuals **do not** need to self-isolate, as long as they have no symptoms.
- If the individual develops additional symptoms such that they now meet the COVID-19 symptom list above, they and their household should follow the guidance above.

Use of RATs for Individuals with [COVID-19 Symptoms](#)

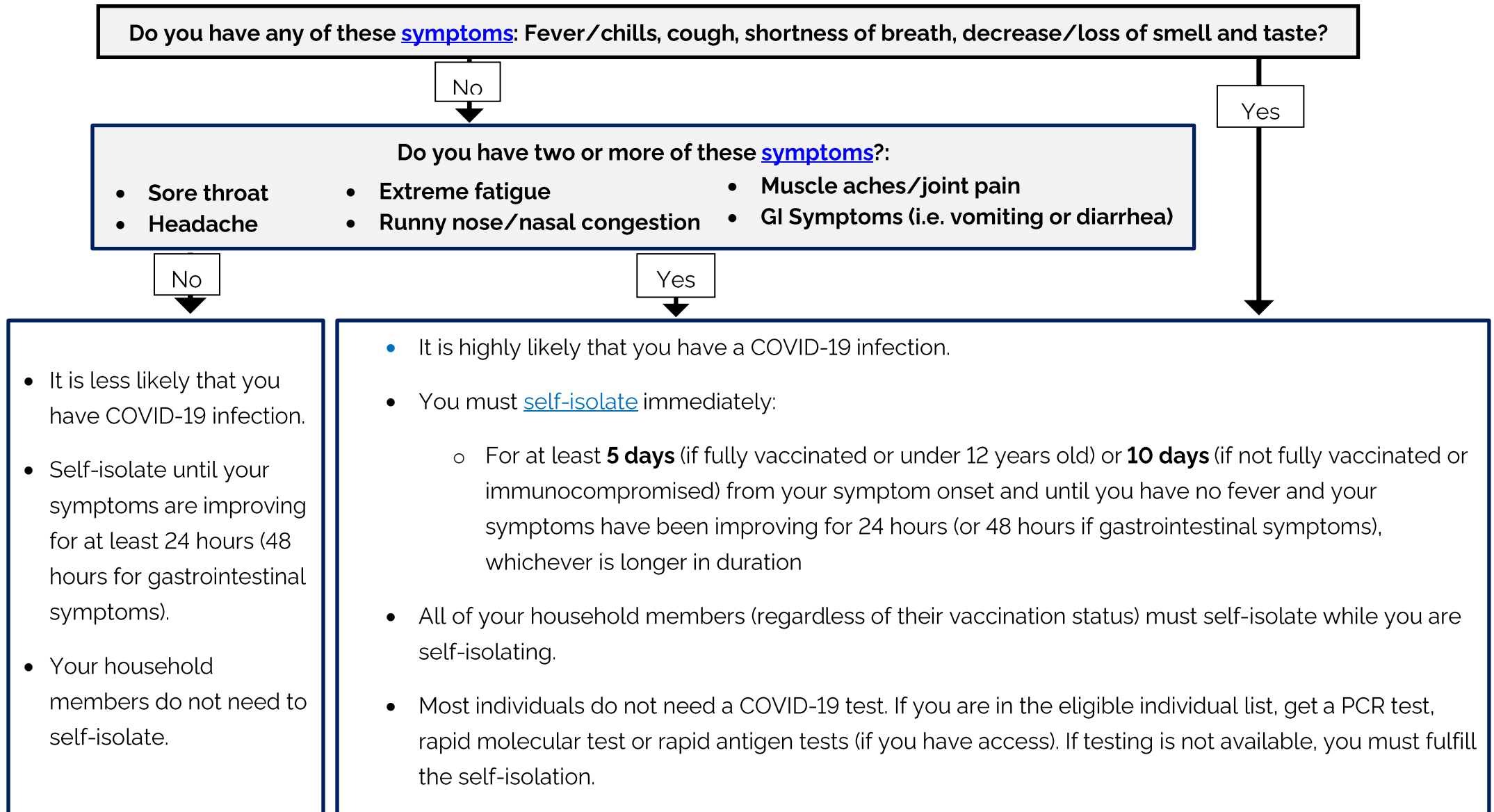
- If a **RAT** is available to the person with any of the above listed symptoms, RAT may be used to assess the likelihood that symptoms are related to COVID-19.
 - A single negative RAT test in an individual with COVID-19 symptoms does not mean that they do not have COVID-19 infection.
 - If two consecutive RATs, separated by 24-48 hours, are both **negative**, the symptomatic individual is less likely to have COVID-19 infection, and they are advised to self-isolate until they have no fever and

symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms).

- The household members of the symptomatic individual with two negative tests may also discontinue self-isolation, as long as they are asymptomatic.
- A **positive RAT** is highly indicative that the individual has COVID-19, and the individual and their household members are required to self-isolate, as per [self-isolation directions](#) for individuals with COVID-19 symptoms and their household members.
 - Positive RATs do NOT need to be confirmed by PCR/rapid molecular test and do not need to be reported to the public health unit.

You have symptoms and are concerned you may have COVID-19. Now what?

This guidance does not apply to individuals who live, work, volunteer or are admitted in a highest risk setting*



*Highest risk settings include hospitals (including complex continuing care facilities and paramedic services) and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices and correctional institutions.

Note: Symptoms should not be related to any other known causes or conditions. See the [COVID-19 Reference Document for Symptoms](#) for more information

Updated Case and Contact Management

People who test positive by PCR or rapid molecular tests may be contacted by their local public health unit or by the provincial case and contact management team.

Time-Based Clearance for Cases

- Individuals who have [symptoms of COVID-19](#) OR tested positive on a COVID-19 test (PCR, rapid molecular, or rapid antigen) should self-isolate immediately.
- The recommended duration of self-isolation **after the date of specimen collection or symptom onset** (whichever is earlier) depends on relevant clinical factors such as age, vaccination status, severity of infection, and immune status. In all scenarios, **symptoms need to be improving for 24 hours (or 48 hours if gastrointestinal symptoms) and there must be no fever present prior to ending self-isolation.**

Isolation Period	Population
5 days after the date of specimen collection or symptom onset (whichever is earlier)	<ul style="list-style-type: none"> • Fully vaccinated individuals • Children under the age of 12
10 days after the date of specimen collection or symptom onset (whichever is earlier)	<ul style="list-style-type: none"> • Individuals 12+ who are not fully vaccinated • Immunocompromised • Hospitalized for COVID-19 related illness
20 days after the date of specimen collection or symptom onset (whichever is earlier)	<ul style="list-style-type: none"> • Severe illness⁶ (requiring ICU level of care) • Severe immune compromise⁷

Test-based clearance (where available) for Cases

- Generally, test-based clearance is not recommended, unless for early return to work in highest-risk settings during critical work shortages. See [COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings Guidance](#) for more information on early return to work.

⁶ Severe illness is defined as requiring ICU level of care for COVID-19 illness (e.g., respiratory dysfunction, hypoxia, shock and/or multi-system organ dysfunction).

⁷ Examples of **severe immune compromise** include cancer chemotherapy, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, taking prednisone >20 mg/day (or equivalent) for more than 14 days and taking other immune suppressive medications. Factors such as advanced age, diabetes, and end-stage renal disease are generally not considered severe immune compromise impacting non-test based clearance.

- Workers who are confirmed cases or isolated due to [COVID-19 symptoms](#) are not required to provide proof of a negative test result (by NAAT) or a positive serological test result to their employers in order to return to work. It is expected that workers who have tested positive abide by public health direction and advice on when they would be considered clear to return to work.

Management of Household Members

- All asymptomatic household members (regardless of their vaccination status) will need to self-isolate while the case is self-isolating.
- Cases should isolate away from household members where possible to avoid ongoing exposure.
 - If household members develop COVID-19 symptoms, they should follow isolation directions for symptomatic individuals and if eligible for testing, they should seek testing. Any other household members who are still well and have not developed COVID-19 symptoms should extend their self-isolation until the newly symptomatic (or COVID-19 positive) person has finished their self-isolation period. The initial household member(s) with symptoms of COVID-19 do not have to extend their self-isolation period based on other household members becoming ill.
- Individuals who have been previously positive (based on positive RAT or molecular test results) within the last 90 days, and tested positive on or after December 20th, 2021⁸, may be managed as equivalent to 'fully vaccinated' household members.
- If self-isolation is complete after 5 days, regardless of vaccination status or age, for a total of 10 days from the last exposure to the COVID-19 case, household members must:
 - Continue to wear a well-fitted mask in all public settings
 - Not visit anyone who is immunocompromised
 - Not visit any highest risk setting.

Management of Close Contacts

- All COVID-19 cases (i.e., people who test positive on PCR, rapid molecular, or rapid antigen) and people with [COVID-19 symptoms](#) should notify close contacts of their exposure. Close contacts include:
 - Anyone with whom the COVID-19 positive person came into close contact within the 48 hours prior to symptom onset if symptomatic or 48 hours prior to the specimen collection date if asymptomatic, and until the positive person started self-isolating.
 - Close contact means you were in close proximity (less than 2 meters) for at least 15 minutes or for multiple short periods of time without appropriate

⁸ December 20th 2021 is when Omicron VOC made up >90% of COVID-19 cases in Ontario.

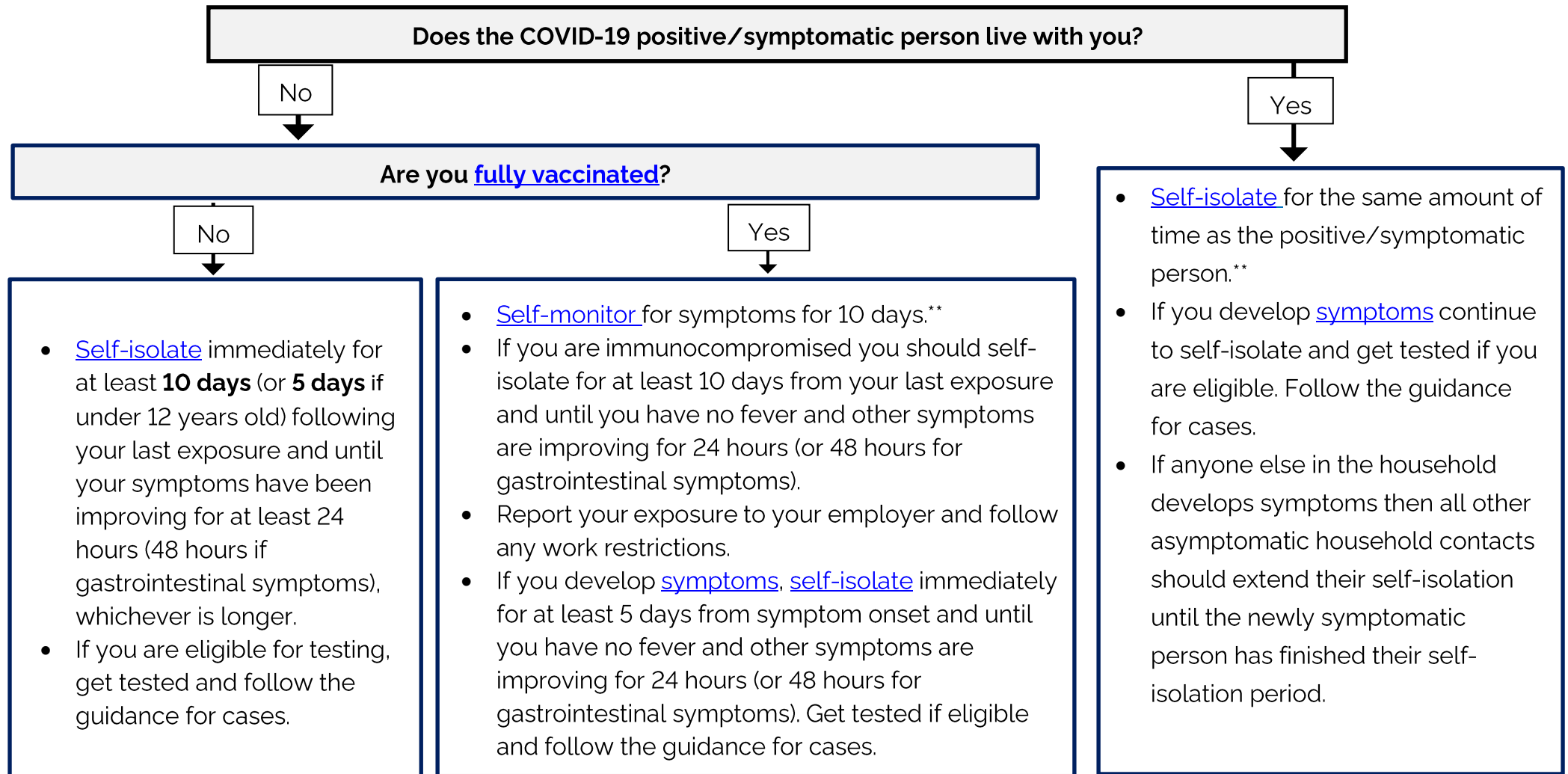
measures as masking and use of personal protective equipment (as per [Management of Cases and Contacts of COVID-19 in Ontario](#)).

- Others as advised by public health.
- Cohort based dismissals in non-highest risk settings (i.e. childcare/schools, workplaces) will no longer be used. Specific individuals within cohorts may be identified **by the case** as close contacts based on their prolonged, unprotected, close interactions with the case. However, the rest of the cohort would not be considered a close contact. See the COVID-19 [Interim Guidance for Schools and Child Care: Omicron Surge](#) for more information.
- See [flow chart 2](#) for directions for close contacts that are not associated with the highest risk settings.
- Individuals who have been previously positive (based on positive test results) within the last 90 days, and tested positive on or after December 20th⁹, 2021, may be managed as equivalent as 'fully vaccinated' high-risk contacts.

⁹ December 20th 2021 is when Omicron VOC made up >90% of COVID-19 cases in Ontario.

You've been identified as a close contact of someone who has tested positive for COVID-19 or someone with COVID-19 symptoms. Now what?

This guidance does not apply to individuals who live, work, volunteer or are admitted in a highest risk setting (hospitals, Long-Term Care, retirement homes, congregate living settings)



Wear a well-fitted mask in public, physical distance and maintain other public health measures for 10 days following your last exposure if leaving home. You should **NOT visit any highest risk settings* or individuals who may be at higher risk of illness (i.e. seniors or immunocompromised) for 10 days from your last exposure.

Management of COVID-19 Cases and Contacts in Highest Risk Settings

Case Management

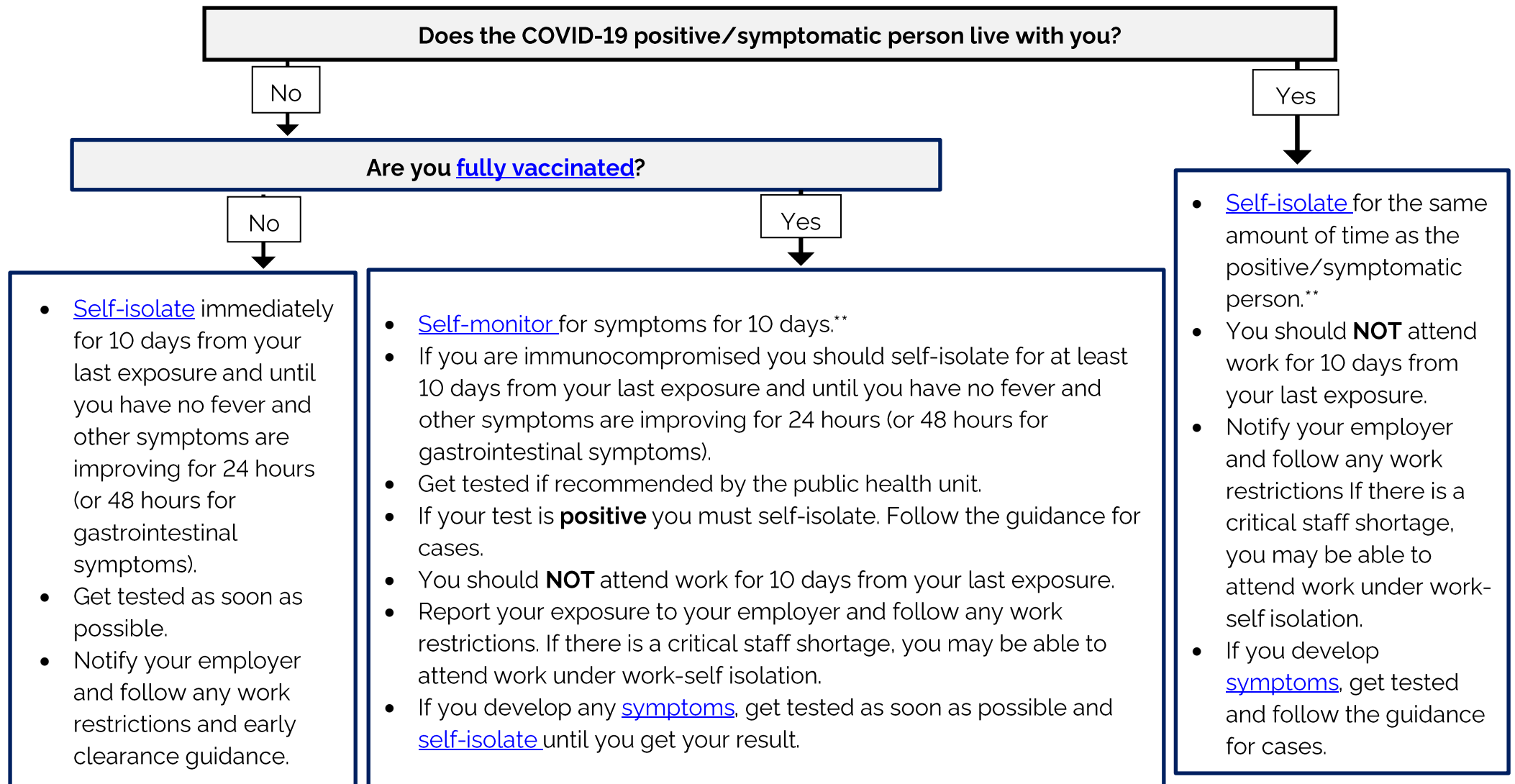
- If an individual who lives, works, attends, volunteers or is admitted in any of the highest risk settings has symptoms of COVID-19, they should self-isolate immediately and seek testing.
- If the individual who has tested positive on a PCR test lives, works, attends, volunteers or is admitted in any of the highest risk settings below, the local public health unit or the provincial case and contact management staff will follow-up with the case and close contacts in those highest risk settings.
 - Highest risk settings should notify their local public health unit of individuals who test positive on a rapid antigen test and did not receive PCR confirmatory testing if they are associated with a suspect or confirmed outbreak in the setting. PCR confirmatory testing is not required for positive RATs in highest-risk settings, but may be conducted for reporting/case management purposes.
- Highest risk settings include:
 - Hospitals (including complex continuing care facilities and paramedic services) and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, and correctional institutions
- If a COVID-19 positive person or an individual with [COVID-19 symptoms](#) works in a **highest risk setting**, they should not attend work for 10 days from symptom onset (or from specimen collection date if asymptomatic).
 - See [COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings Guidance](#) for more information on early return to work if needed.
- If the case **lives** in a highest risk setting, they should isolate for at least 10 days from symptom onset (or from positive specimen collection date if asymptomatic).

Close Contacts in Highest Risk Settings

- Close contacts who **live** in a highest risk setting should self-isolate for 10 days from last exposure, regardless of vaccination status.
- Asymptomatic close contacts who **work/volunteer/attend** a highest risk setting can follow [guidance for contacts](#) regarding self-monitoring/self-isolation in the community (i.e., outside of the highest risk setting), unless otherwise directed by the public health unit.
- Regardless of COVID-19 vaccination status, close contacts should not be working in highest risk settings for 10 days from last exposure, unless required for critical work

shortages (see [COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings Guidance](#)).

You've been identified as a close contact of someone who has tested positive for COVID-19 or someone with **COVID-19 symptoms** and you work in a highest risk setting.* Now what?



*Highest risk settings include hospitals (including complex continuing care facilities and paramedic services) and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, and correctional institutions.

Wear a well-fitted mask in public, physical distance and maintain other public health measures for 10 days following your last exposure if leaving home. You should **NOT visit any highest risk settings* or individuals who may be at higher risk of illness (i.e. seniors or immunocompromised) for 10 days from your last exposure.

