Ontario

Ministry of Health

COVID-19 Variant of Concern: Case, Contact and Outbreak Management Interim Guidance

Version 2.0 – February 26, 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.

Background

In response to the evolving situation related to COVID-19 variants of concern (VOCs), the Ministry of Health is providing interim additional guidance on case, contact and outbreak management for public health units (PHUs) for cases in an effort to mitigate further community transmission. This guidance is to be used as an interim update to and in conjunction with Management of Cases and Contacts of COVID-19 in Ontario.

A VOC is a mutation in the SARS-CoV-2 genome for which there is either conclusive or strong evidence that it will have an impact on public health and clinical practice, including transmission, virulence and vaccine efficacy. Mutations with a theoretical basis for impact on public health and clinical outcomes but without evidence of impact can be described as "mutations of interest". National case definitions are expected in the near future.

Three notable VOCs currently circulating include the B.1.1.7 (501Y.V1) (first identified in the United Kingdom (UK)), which has been identified in Ontario and for which the most data exists; the 501Y.V2 variant first identified in South Africa; and the P.1 variant first identified in Brazil. Information on these variants is rapidly evolving, particularly for B.1.1.7. There is growing international evidence of increased transmissibility for all three VOCs, emerging evidence of an increased risk of death from B.1.1.7, and increased risk of vaccine escape and reinfection with the E484 mutation found in 501Y.V2 and P.1. The increased transmissibility has been associated with significant strain on affected public health and health care systems. Early anecdotal experience in Ontario indicates that the incubation period can be shorter (i.e., less than two days in some cases), resulting in rapid transmission.

The Ontario laboratory network is currently working to increase screening for VOCs in SARS-CoV-2 positive specimens and conducting further analysis on all VOC screen-positive specimens. Timely reporting of VOC screen positive results to health units will support intensified public health response to limit further transmission. However, timing from positive specimen result to VOC screen positive can be variable, and may not be timely enough for enhanced contact management in response to identification of a VOC. As such, effective public health measures at the population level, coupled with enhanced measures for all COVID-19 cases and contacts, are also needed to address VOCs.

Surveillance reporting on VOCs in Ontario can be found on the Public Health Ontario webpage.

The overall goal is to stop/slow the spread of VOCs to the greatest extent possible to mitigate impacts on hospitals and the broader health system, and to mitigate the impacts on settings and communities where people are likely to be disproportionately affected. This includes containment to the greatest extent possible in regions of Ontario where VOC community transmission has yet to be detected, and mitigation where VOC community transmission is occurring.

Given this evidence, this document details case, contact and outbreak management guidance for **ALL confirmed and probable cases of COVID-19**, as well as **additional guidance for VOC screen positive cases when timely intervention is feasible** for the case, contacts, and/or outbreaks. These enhanced interventions for all cases and all VOC screen positive cases should be added on top of routine case and contact management as outlined in the Management of Cases and Contacts of COVID-19 in Ontario.

Due to the need for more intensive public health response related to VOCs, PHUs can refer to Appendix 10: Case and Contact management COVID-19 Surge Support Model for evidence-informed modifications to case and contact management practices in an effort to ensure that all Ontarians receive increased consistency in the level of service regardless of jurisdiction. Appendix 10 also enumerates **high Priority Risk Settings for Transmission (Table 3)** that should be prioritized for health unit follow-up for all cases and their contacts, and particularly if an outbreak in those settings is associated with or strongly suspected to be caused by a VOC.

Health units identifying cases or outbreaks that warrant targeted testing for VOCs (where screening has not been conducted), should follow instructions from the Public Health Ontario COVID-19 Variants of Concern Test Information Sheet.

In addition to these measures, Ontario continues to work with federal counterparts to ensure measures are in place to help limit the risk of further transmission from imported cases arriving in the country.

All public health measures to reduce transmission of the SARS-CoV-2 virus continue to apply to the new variants but require **more rigorous application** due to the increased transmission risk. It is important that every effort is made to implement effective mitigation measures in all settings where people interact.

Both travel-related and community transmission cases exist in Ontario, and provincewide strict adherence to all public health measures is necessary. Rapid vaccine roll-out continues for priority populations. As COVID-19 vaccines cannot be used for post-exposure prophylaxis, the identification of cases and outbreaks of VOCs does not alter current vaccine delivery plans.

Additional resources on VOCs are available on the Public Health Ontario website.

For further support regarding case and contact management please contact the Ministry Emergency Operations Centre at EOC.Operations.MOH@ontario.ca.

Enhanced Contact Management for ALL cases in the Province:

1. **Enhanced identification of contacts:** Have a **lower threshold for classifying contacts as high risk of exposure** and requiring quarantine, based on the risk assessment of exposure that considers duration, mask use, ventilation, etc. This includes, but is not limited to:

- **Community contacts:** Contact with a case within 2 metres for at least a cumulative duration of 15 minutes, regardless of whether case and/or contact are masking (lower intervals of time that are more than transient interactions may be used at health unit discretion, particularly if one or more persons were not wearing masks).
    - Transient interactions (e.g., brushing past someone, grocery clerk passes bag and hands touch) will be considered low-risk
    - Situations where the assessment suggests potential increased risk (considering longer duration, poor ventilation, poor adherence to PPE use) will be deemed high-risk exposures.
- **Workplace contacts (including health care settings and school/childcare settings):** Direct care for, service provision to or interaction with a case.
    - **Low-risk exposure:** In general, consistent and appropriate use of recommended personal protective equipment (medical mask and eye protection) by the contact should be considered a low risk exposure.
        - However, the PHU may do an additional assessment in the context of the interactions with the case and other factors that may increase risk of exposure.
    - **High-risk exposure:** scenarios that would be considered high-risk exposure for the contact are listed below. Exceptions where other PPE may be required (e.g. respirator for aerosol-generating procedure) should be considered by PHUs during assessment.
        - When case & contact are both wearing masks (medical or non-medical), but contact is not wearing eye protection while being within 2 metres of case for a cumulative duration of at least 15 minutes in a 24-hour period;
        - When the case is not wearing a mask, and the contact is not wearing both medical mask and eye protection, for any duration of exposure except for a transient exposure while the contact is within 2 metres of the case;
        - When the contact is not wearing a mask, even if the case is wearing a mask (medical or non-medical), for any duration of exposure except for a transient exposure while the contact is within 2 metres;

        - Direct physical contact with a case should be assessed based on consistent and appropriate use of recommended PPE

2. **Enhanced asymptomatic testing recommendations:**
    - The quarantine period for high-risk exposure contacts remains at 14 days.
    - In the context of an **outbreak,** or if there has been **ongoing exposure to a case** over their period of communicability (e.g., household contact), or if the contact had similar acquisition exposures as the case:
        - High-risk exposure contacts are recommended to **test immediately** to facilitate identification of cases.
        - For contacts that test negative initially, they are recommended to **test again on or after day 10 of quarantine**. If the initial test was collected on or after day 7 of quarantine, repeat testing on or after day 10 is not necessary.
    - Repeat testing is recommended if the contact becomes symptomatic.
    - If there has been a **discrete exposure to a case** (i.e. when the contact was exposed at a specific time(s), such as a visit), the contact should be advised to **test on or after day 7 of quarantine**. Repeat testing is not required if the specimen was collected on or after day 7. However, repeat testing on or after day 10 of quarantine is recommended if the initial specimen was collected on day 0-6 of quarantine. Repeat testing is also recommended if the contact becomes symptomatic.
    - Health units are generally not required to ensure contacts are tested or follow up on results of testing with contacts (unless necessary for outbreak management). While contacts should be encouraged to seek testing for COVID-19, completion of the test is not required prior to exit from quarantine.
3. High-risk exposure contacts that **develop symptoms should be managed as probable cases** and have contact tracing initiated prior to testing results being available. Further contact management may be discontinued if the probable case subsequently tests negative. Health units should follow PHO data entry guidance, and not enter these contacts as probable cases if test results are pending.
4. As part of routine contact follow up, public health units should **counsel contacts to tell their household members that they are required to stay home except for essential reasons** for the duration of the contact's quarantine period. Essential reasons include: attending work/school/childcare and essential errands such as groceries or picking up prescriptions. This messaging is

recommended to alert the household members that they are at increased risk of exposure based on sharing a household with a quarantining individual and reinforce adherence to public health prevention measures.

- Public health units are not expected to collect individual level information on the household members of the quarantining contact.
- Household members should not be entered as contacts.
- Public health units are not expected to provide individual level advice to the household members or assess their individual situation and ability to comply with their stay at home requirement.
- Household members include those living with, or having similar interactions with the contact (e.g., caregivers).

5. **All household members of symptomatic individuals are required to quarantine until the symptomatic individual receives a negative COVID-19 test result or is provided an alternative diagnosis by a healthcare professional.**
    - If the symptomatic individual does not seek COVID-19 testing, all household members must quarantine for 14 days (period of incubation) from break in contact with that symptomatic individual. If there is no break in contact, this would start at the end of the symptomatic individual's isolation period (i.e., 10 days from symptom onset).
6. Household members do NOT include those living in separate units in congregate living settings (for example: those who live in a separate unit within the same retirement home). Public health units should apply the specific congregate living advice guidance to individuals in quarantine in those settings.
7. **Support cases and contacts with isolation and quarantine measures**, including consideration of:
    - Use of isolation facilities
    - Use of community supports and agencies
    - Psychosocial supports
    - Courier, delivery supports for food and necessities
    - Emergency financial supports through the provincial government
    - Provincial unpaid job-protected infectious disease emergency leave and federal government financial supports including employment insurance.

Enhanced Case Management for VOC Screen Positive Cases

- To support provincial surveillance and to inform broad public health measures, prioritize obtaining and reporting case details for VOC cases, particularly travel history, other potential sources of acquisition, association with outbreaks, contacts, outcomes and medical risk factors.
- Prioritize case entry as per Public Health Ontario's Enhanced Surveillance Directive.
- If potential source cases for the VOC case are identified, attempt to submit their positive specimen for further testing by following COVID-19 Variants of Concern Test Information Sheet.
- Once a VOC is identified as part of an outbreak or cluster, additional testing for VOCs among cases is not required, as the results will not change public health management.
- Case and contact follow-up should be prioritized where the case is identified as VOC screen positive and there is an opportunity to interrupt transmission into a community. Additional considerations:
    - Results of VOC screening must be available within the contact follow-up period to be actionable for the health unit.
    - Ensuring completeness of case and contact management is warranted for regions with lower overall COVID-19 prevalence, and/or in regions where existing community transmission of VOCs is less likely,
    - Ensuring completeness of case and contact management is also warranted for high risk settings for transmission, where feasible, in all other regions within Ontario.

Outbreak Management for All High Priority Risk Settings

- Consider VOC screening (if not already conducted as per VOC screening criteria) for the first case in any of the Priority Risk Settings for Transmission. Up to the first three specimens may be submitted for VOC screening for outbreaks by following COVID-19 Variants of Concern Test Information Sheet.

- At this time, there is no change to infection prevention and control (IPAC) measures recommended for COVID-19 based on the identification of a VOC as part of the outbreak. Health units should continue to follow setting-specific outbreak guidance.
- Enhanced application, adherence and monitoring of IPAC measures is required in contained settings with ongoing risk of transmission (e.g., long-term care homes, correctional facilities), consider repeat prevalence testing of previously negative individuals in the outbreak every 3-4 days to assess for rapid spread of infection.
- Restrict staff from working in other locations.
- For health care, long-term care and retirement home settings, staff, students or volunteers must be adequately trained in IPAC measures.
- Support cases and contacts with isolation and quarantine measures, including consideration of
    - Use of isolation facilities
    - Use of community supports and agencies
    - Psychosocial supports
    - Courier, delivery supports for food and necessities
    - Emergency financial supports through the provincial government
    - Provincial unpaid job-protected infectious disease emergency leave and federal government financial supports including employment insurance