

Public health management of cases and contacts of COVID-19 in Ontario

April 15, 2020 (version 7.0)

Document History

Revision Date	Document Section	Description of Revisions
January 30 2020		Document was created.
February 5 2020	Contact Management – Public Health Advice	Language included to reflect policy change: self-isolation of 14 days for those returning from Hubei province and for close contacts of cases.
February 7, 2020	Throughout Document	Updates to reflect changes to case definition and self-isolation
February 12 2020	Case and Contact Management Travelers from Affected Areas	Updates to language around risk level and corresponding level of self isolation/ self monitoring Addition of Table 3
March 3 2020	Updates throughout document	Updates based on new case definition and evolving advice based on travel history of patient
March 25 2020	Updates throughout document	Change in Purpose section; guidance on testing, explanation on case definition, assessment and management of persons suspected of COVID-19, Information on pets
April 15 2020	Multiple (see below)	Updates on case definition description, travelers from outside of Canada, link to other guidance (e.g. provincial testing), updates to streamline language throughout

Version 7.0 – Significant Updates:

Page #	Description
5	<ul style="list-style-type: none"> Streamlined Purpose section
6	<ul style="list-style-type: none"> Removal of some wording from background section Case Definition Explanation
7	<ul style="list-style-type: none"> Added info/links to Provincial Testing Guidance and Accessing Test Results Updates to Management of Symptomatic Persons not being Tested
11	<ul style="list-style-type: none"> Added information on breastfeeding mothers
12	<ul style="list-style-type: none"> Updates to information on pets
15	<ul style="list-style-type: none"> New information on period of communicability for asymptomatic cases at time of testing
16	<ul style="list-style-type: none"> Updates to Table 1: Healthcare section
18	<ul style="list-style-type: none"> Added information on Healthcare Exposure Settings
21	<ul style="list-style-type: none"> Updates to Period of Self-Isolation/Monitoring section
22	<ul style="list-style-type: none"> Updates to Travelers from Outside of Canada
N/A	<ul style="list-style-type: none"> Removal of Information which is now captured in the Testing Guidance and Quick Reference

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Public health management of cases and contacts of novel coronavirus (COVID-19)

This document provides information for the public health sector in Ontario. The Ministry of Health has developed this document with contributions from [Public Health Ontario \(PHO\)](#) based on current available scientific evidence and expert opinion. This document is subject to change as new information about the novel coronavirus (COVID-19) initially identified in Wuhan, China, is identified and understood.

Nothing in this document is intended to restrict or affect the discretion of local medical officers of health to exercise their statutory powers under the [Health Protection and Promotion Act](#). This document is intended for information and guidance purposes only.

Purpose

The Ministry of Health (ministry) has developed this guidance for public health units (PHUs) to use to assess and manage probable and confirmed cases and persons undergoing testing, and conduct case and contact management activities for COVID-19. This document also contains information on the guidance for individuals with travel history outside of Canada within the past 14 days.

The identification of the first probable case or confirmed case triggers a number of actions, including activation of the Ministry's Emergency Operations Centre (MEOC)¹, at which PHO and relevant ministry divisions are represented. Once activated, the MEOC is the primary source of information, support and provincial coordination of health system response activities. The MEOC can be accessed through the Health Care Provider Hotline at 1-866-212-2272 on a 24/7 basis. Shortly after activation, the MEOC holds a Health Sector Coordination Teleconference with all relevant stakeholders to discuss next steps, including implementation of the guidance in this document. Once activated, the MEOC will continue to provide Health Sector Coordination for all new cases in Ontario.

Investigation Tools

PHUs can use the following tools to conduct case and contact management activities:

- [Appendix 1: Ontario's Severe Acute Respiratory Infection \(SARI\) Case Report Form](#) – PHUs can use this form to guide their collection of information from probable and confirmed cases or their proxies. PHUs should enter all cases in the integrated public health information system (iPHIS), as per iPHIS entry guidelines.
- [Appendix 2: Routine Activities Prompt Worksheet for Cases](#) – PHUs can use this sample worksheet to identify potential exposures that may have led to disease acquisition in a case. Along with the SARI Case Report Form in Appendix 1, this worksheet can also be used to interview the case or their proxy to collect detailed information and to investigate potential exposures in the 14 days before onset of symptoms.
- [Appendix 3: Daily Clinical Update Form for a Case Managed in an Acute Care Setting](#) and [Appendix 4: Daily Clinical Update Form for a Case Managed in a Household Setting](#) – PHUs can use these sample forms to monitor the health status of a probable or confirmed case for the duration of their illness and [infectious period](#), or until a probable case no longer meets the case definition (i.e., as a result of additional laboratory testing).
- [Appendix 5: Close Contact Tracing Worksheet](#) – PHUs can use this sample worksheet to identify close contacts of a probable or confirmed case

¹ For more information on the MEOC, please view the [Ministry of Health Emergency Response Plan](#).

- [Appendix 6: Daily Contact Clinical Update Form](#) – PHUs can use this sample form to follow-up and monitor close contacts.

Assessment and Management of Persons Suspected to Have COVID-19

Case Definition Updates

- Please see the current [Case Definition](#) on the Ministry of Health’s Health Care Provider website
- The case definition has been updated to **no longer include a ‘person under investigation’ definition (PUI)**. This is in response to evolving clinical risk criteria to prompt suspicion of COVID-19, and to align with other case definitions for Diseases of Public Health Significance in Ontario. Only Probable and Confirmed cases are reportable to Public Health Agency of Canada (PHAC) and WHO.
 - PHU follow-up of individuals who would have previously met the PUI case definition (i.e. symptoms plus exposure risk through travel, contact with a case or contact with an ill person who has a travel risk) and who were not tested is at the discretion of the PHU.
 - Data entry into iPHIS of individuals suspected to have COVID-19 is at the discretion of the PHU.
- There is **no longer a ‘presumptive positive’** case definition due to the short time interval to provide a confirmatory test result. Some individuals may still have a ‘preliminary’ result from a hospital or community laboratory, with confirmatory testing provided by a reference laboratory.
- **Laboratory criteria** have been updated as of March 30. Laboratory confirmation of COVID-19 is now based on detection of at least one specific genome target, versus two targets previously.
 - **Inconclusive** results for the probable case definition may be due to an indeterminate result or a positive test with an assay that has limited performance data available.
 - **Indeterminate** results may be due to low viral target quantity, or may represent a false signal. For public health follow-up purposes, an indeterminate result is sufficient laboratory criteria for a probable case, and associated case and contact management. For clinical purposes, indeterminate results may be investigated further, but this is not routinely performed and will only be conducted for clinical purposes at the request of the health care provider.

Provincial Testing Guidance

- PHUs should refer to the latest [COVID-19 Provincial Testing Guidance](#) for the most updated information on provincial testing. This document outlines testing considerations for various populations and settings, and also provides guidance on how to prioritize certain groups in situations of resource limitations.

Accessing Test Results

- As of April 3, 2020, individuals who are tested are able to access their results online through the [Ministry of Health online portal](#). Once the individual learns of their testing result, the portal also informs the individual about next steps

Management of Persons Being Tested for COVID-19

- Healthcare providers who identify individuals at risk of COVID-19 and who meet testing criteria for COVID-19 should inform the individual to self-isolate while test results are pending (if the individual does not require hospital care). Patient information on self-isolation is available on the [PHO website](#).
- Healthcare providers should report the individual being tested to their [local public health unit](#).
- In the hospital setting, clinicians should alert their hospital's Infection Prevention and Control (IPAC) department to ensure appropriate management of the individual.

Health Unit Role:

- When PHUs are aware of an individual being tested for COVID-19, they should provide direction on [self-isolation](#) to prevent potential transmission, and actively monitor while testing is pending particularly if the person is not in hospital.
 - For a symptomatic individual with a high risk exposure, PHUs should consider conducting daily active monitoring while testing is pending and consider initiating contact identification and/or contact follow-up
- All patients for whom testing for COVID-19 has been ordered should follow the same advice regarding self-isolation while testing is pending.
- Individuals for whom a negative result for COVID-19 is obtained should continue physical distancing, avoiding public spaces and self-monitoring for symptoms.

Management of Symptomatic Persons NOT Being Tested for COVID-19

- In situations where there are resource limitations, clinicians may prioritize certain groups for testing, therefore not all individuals with respiratory symptoms compatible with COVID-19 and a risk of exposure may be tested for COVID-19. Where the PHU is aware of these individuals, they may provide information on:
 - Worsening signs and symptoms that should prompt urgent medical attention. Examples of worsening symptoms can include: severe difficulty breathing (e.g. struggling for each breath, speaking in single words),

severe chest pain, having a very hard time waking up, feeling confused, and/or lost consciousness.

- How to minimize risk for those living with [vulnerable individuals](#) in the home while self-isolating.
- Symptomatic individuals should [self-isolate](#) for 14 days from symptom onset. At the end of 14 days they should resume physical distancing.
- Advising those who they had close contact with to also self-isolate for 14 days from last contact.
- This applies to those in the same household and anyone else who had close contact when they were sick and not self-isolating, and up to 2 days (48 hours) before they were sick

Recovery Criteria for Symptomatic Persons Not Tested

- Please see current criteria for [removing from isolation](#)

Reporting of Cases to the Public Health Agency of Canada

Within 24 hours of the identification of a **probable or confirmed** case in Ontario, the ministry will report to PHAC as part of national notifiable disease reporting requirements, as well as in accordance with the International Health Regulations.

To meet this timeline, the PHU should enter the case in iPHIS as soon as possible (and within 24 hours) as per the instructions provided in the Enhanced Surveillance Directive (ESD) and the Quick Reference Guide for COVID-19. At a minimum, PHUs should enter the following for each probable or confirmed case:

- reporting PHU
- outbreak or cluster related within Ontario
- gender
- age
- date of symptom onset
- symptoms
- whether hospitalized/date of hospitalization
- whether in ICU/ date of ICU admission
- if deceased/ date of death
- laboratory test method and result (when or if available)
- travel history (i.e., dates and locations (city/country), travel conveyance used)
- other possible exposures (e.g., ill contact, live animal market or other animal contact, etc.)

Note: PHUs are no longer required to complete and submit the SARI case report form to PHO, however, this tool may still be used to guide data collection and iPHIS entry.

Case and Contact Management

The identification of a probable or confirmed case triggers an investigation by the PHU in order to assess potential exposures within the 14 days prior to symptom onset and to evaluate potential transmission among close contacts. These investigation results assist in preventing further transmission and improve knowledge about the epidemiology of COVID-19 (e.g., provide information about duration and type of exposures that facilitate virus transmission).

Case Management

Recommendations to support PHUs to manage a probable or confirmed case are outlined below.

Case follow-up and monitoring

- The PHU interviews the case and/or household contacts/family members (i.e., if the case is too ill to be interviewed, has died, or is a child) as soon as possible to collect the reporting information outlined above (see [Reporting to the Public Health Agency of Canada](#)) and identify close contacts (see [Contact Management](#)).
 - Most PHU investigators conduct these interviews by telephone.
 - For interviews conducted in person, the investigator follows [Routine Practices and Contact, and Droplet Precautions](#) when entering the case's environment (see the ministry's [Guidance for Health Care Workers and Health Sector Employers](#) for further information on occupational health & safety (OHS)² and infection IPAC measures).
- The PHU interviews the case to identify potential exposures that may have led to disease acquisition (see [Appendix 2](#) for a sample template).
- The PHU monitors the probable and confirmed case's health status on a daily basis for the duration of illness (whether the case is in an acute care setting or household setting) and until resolution of their illness. (see [Appendix 3](#) and [Appendix 4](#) for sample templates to assist with this monitoring). The PHU monitors probable case's health status on a daily basis for the duration of illness.

Self-isolation for cases/individuals in the household setting

The PHU should provide the [following advice](#) to a case in a household setting. This guidance can also be applied to individuals undergoing testing, or anyone being asked to self-isolate.

² Further information on legislated occupational health and safety requirements may be found on the Ministry of Labour, Training and Skills Development's [Health and Safety](#) website.

- The individual should self-isolate while ill and not go to work, school, or other public areas. This includes not using public transportation or taxis and limiting visitors. If they must take a taxi/ride share, they should wear a scarf or mask, sit in the backseat, and if possible open the window (weather permitting) to increase air exchange in the vehicle. If possible, the case should also note the taxi/ride share company name and operator number in case there is a need for contact tracing.
- If the case must go out for a medical appointment or urgent care, they should inform the PHU and wear a surgical or procedure mask over their nose and mouth, and travel in a private vehicle if possible.
- The individual or family members (and/or the PHU) should alert all health care workers about the case's status (exposure and illness) so that appropriate OHS & IPAC measures can be taken (including notifying Ambulance Communication Centres that have a direct link to paramedic services, should an ambulance be called to transport the case).
- The individual and household members should reduce opportunities for disease transmission within the household setting:
 - They should be separated from others in the household environment to the greatest extent possible (e.g., remain/ sleep in a separate room and have a dedicated bathroom; if these steps are not possible, maintain a distance of two metres from others).
 - If they cannot be separated from others, then they should wear a mask (if tolerated).
 - Shared rooms or areas (e.g., kitchen, bathroom, and the case's room) should be well ventilated (i.e., keep window open if possible and tolerated).
- The individual should be instructed about respiratory etiquette:
 - They should have tissues beside or with them to be able to cover coughs, sneezes or to wipe or blow their nose. If a tissue is not immediately available when coughing or sneezing they should cover their mouth and nose with the sleeve of their clothing, into the bend of their arm, to reduce droplets spread into the air.
 - They should cover their mouth and nose with tissues or wear a mask while receiving care (e.g., receiving medications, dressing, bathing, toileting, repositioning in bed).
 - They should discard tissues/disposable materials including masks in a plastic-lined, covered garbage can.
 - They should perform hand hygiene frequently by handwashing for at least 15-20 seconds. Handwashing with plain soap and water is preferred however, alcohol-based hand rub/sanitizers (ABHR) are acceptable if soap and water are not available. If hands are visibly soiled, clean them with plain soap and water immediately after contamination with respiratory secretions and/or after disposing of used tissues or masks. They should avoid touching their eyes, nose and mouth with unwashed hands.

- They should use a paper towel to dry hands. If that isn't an option, the case should use a dedicated cloth towel that is kept separate from everyone else's towels and replaced when it becomes wet.
- They should limit contact with household members as much as possible, recognizing that care may need to be provided by household members. Caregiving activities may include washing the case's face or hands and assisting with bathing, toileting, dressing, feeding or offering liquids, and taking medications.
- They may need to make arrangements to remain isolated, including having discussions with their employer, making alternate arrangements to support children/ other dependents and taking steps to ensure an adequate supply of groceries and other necessities.
- Individuals who have travelled to outside of Canada should not visit a farm or handle livestock for at least 14 days after returning to Canada, regardless of their personal health status.

The PHU should provide the following advice to **household caregivers and others** in the case's immediate household environment:

- The only people in the household should be those who are essential for providing care:
 - People who are not taking care of the individual should make arrangements to live somewhere else until they no longer need to self-isolate. If this is not possible, they should stay in another room or be separated from the person as much as possible.
 - Anyone who is at [higher risk of developing complications](#) from infection should avoid caring for or come in close contact with the individual. This includes anyone who is:
 - An older adult
 - At risk due to underlying medical conditions (e.g., heart disease, hypertension, diabetes, chronic respiratory diseases, cancer)
 - At risk due to a compromised immune system from a medical condition or treatment (e.g., chemotherapy)
 - If the case is a breastfeeding mother: Considering the benefits of breastfeeding and the insignificant role of breast milk in transmission of other respiratory viruses, breastfeeding can continue; however, the case should wear a medical mask, or if not available, a non-medical mask or facial covering (e.g., homemade cloth mask, dust mask, bandana) or loosely cover the baby with a blanket or towel. The mother should adhere to respiratory etiquette and perform hand hygiene before and after close contact with the baby.
- Household caregivers who have been living in the same household since the individual became symptomatic (and who have already had an exposure risk) may decide to use gloves, a mask and eye protection (goggles or a face shield) to reduce their risk of acquiring the virus while providing care and when in the same room as the case.

- A new caregiver coming into the household and who hasn't had previous contact with the individual while they were symptomatic (and therefore has not had a previous exposure) should wear gloves, a mask and eye protection while providing care to the case and when in the same room as the case.
- When they have left the individual's room, caregivers must remove personal protective equipment (PPE) in the appropriate sequence to reduce the risk of contamination of hands or face through inadvertent contact with contaminated PPE:
 - After gloves and the gown are removed, perform hand hygiene. Plain soap and water is preferred however, alcohol-based hand rub/sanitizers (ABHR) are acceptable if soap and water are not available. If hands are visibly soiled, clean them with plain soap and water.
 - Remove eye protection. Then remove the mask by holding only onto the ear loops or ties (do not touch the front of the mask that was over the face) and dispose of the mask immediately into a waste container or disposable bag. Clean eye protection with a cleaner/disinfectant as per manufacturer's instructions or place into a container for later cleaning/disinfection.
 - Perform hand hygiene again immediately after removing PPE. If hands are visibly dirty or have come into contact with respiratory secretions or other body fluids, clean them with plain soap and water to physically remove the soil.
- Caregivers should avoid other types of possible exposure to the individual or contaminated items. For example, they should avoid sharing toothbrushes, cigarettes, eating utensils, drinks, phones, computers, other electronic devices, towels, washcloths or bed linen. Dishes and eating utensils should be cleaned with dish soap and water after use. Use of a dishwasher with a drying cycle also provides a sufficient level of cleaning.
- High-touch areas such as toilets, sink tap handles, doorknobs and bedside tables should be cleaned daily using regular household cleaners and more often if visibly soiled. If they can withstand the use of liquids for disinfection, high-touch electronics such as phones, computers and other devices may be disinfected with 70% alcohol or alcohol wipes. The contact's clothes and bedclothes can be cleaned using regular laundry soap and water and do not require separation from other household laundry.
- All waste generated can be bagged in a regular plastic bag and disposed of in regular household waste.
- While there have been limited reports of pets becoming infected with COVID-19, it has not been shown that pets or other domestic animals play a significant role in the spread of COVID-19. Due to the many unknowns regarding if and how the virus affects animals, cases should limit their contact with household pets, if possible. The case should observe the same respiratory etiquette and hand hygiene with the pet as for another person. Caregivers may also decide to take the same precautions around pets that have already had close contact with a symptomatic case. These measures may decrease the risk of the pet acting as a

fomite for the spread of the virus or from any possibility of disease transmission, including human-to-animal.

While it is unlikely that pets will become sick from COVID-19, pets that have been living in the same household since the case became symptomatic (and who have already had an exposure risk) should be monitored for any signs of illness. If signs of fever or infection develop, the animal's caretaker should contact their local veterinarian to talk about the more common respiratory illnesses and conditions that could be the cause and to allow the veterinarian to assess the situation.

Given the high degree of exposure, household contacts should be assessed for their level of contact with a case, and be provided information on self-isolation or self-monitoring by the PHU ([see Contact Management](#)) for 14 days from last exposure to the case. The ministry has developed a fact sheet on [Preventing 2019-nCoV from Spreading to Others in Homes and Communities](#) that PHUs can use to provide guidance and information for probable cases, presumptive confirmed cases and confirmed cases and their close household contacts when being cared for in household settings.

In the event the case lives in a congregate setting, with communal facilities such as dining areas and bathrooms, the PHU should assess the living situation for options to minimize interactions with others. This may include assessing bathroom and kitchen facilities or alternate living arrangements.

Occupational health & safety and infection prevention & control advice for acute care settings

- If the PHU refers the probable or confirmed case to an acute care setting for follow-up, the PHU should provide a procedure mask for the case to wear when in public and during transport (in a private vehicle or ambulance). The PHU should notify the acute care setting of the case's impending arrival and advise/remind the organization that at this time, in addition to [Routine Practices](#), cases are to be placed on **Droplet and Contact Precautions**. Airborne, droplet and contact precautions should be used for aerosol-generating medical procedures, in an airborne infections isolation room, where available.
- Acute care settings should consult the ministry's [website on COVID-19](#).

Self-care while convalescing

Treatment

At this time, there is no specific treatment for COVID-19. The case should rest, eat nutritious food, stay hydrated with fluids like water, and manage their symptoms. Over the counter medication can be used to reduce fever and aches. Vitamins and complementary and alternative medicines are not recommended unless they are being used in consultation with a licensed healthcare provider.

Monitor temperature regularly

The case should monitor their temperature daily, or more frequently if they have a fever (e.g., sweating, chills), or if their symptoms are changing. Temperatures should be recorded and reported to the PHU as per its instructions. If the case is taking acetaminophen (e.g. Tylenol) or ibuprofen (e.g. Advil), the temperature should be recorded at least 4 hours after the last dose of these fever-reducing medicines.

Maintain a suitable environment for recovery

The environment should be well ventilated and free of tobacco or other smoke. Airflow can be improved by opening windows and doors, as weather permits.

Stay connected

- Staying at home and not being able to do normal everyday activities outside of the home can be socially isolating. PHU's can encourage people who are isolating themselves at home to connect with family and friends by phone or computer.

Contact Management

Contact management may involve collaboration between **PHUs and acute care settings**:

- PHUs are responsible for monitoring close contacts of probable and confirmed cases in the community. This includes close contacts who were exposed in an acute care setting or other health care setting (e.g., primary health care setting, urgent care clinic) but live in the community. The responsibility for monitoring close contacts that were exposed during their hospital admission (i.e., inpatients) and subsequently discharged prior to completing 14 days should be transferred from the acute care setting to the PHU.
- Acute care settings are responsible for monitoring close contacts who were exposed in the hospital and are currently admitted (i.e., inpatients). This includes patients who were exposed in the emergency department and subsequently admitted. Acute care settings are also responsible for monitoring health care workers who were exposed at work. Acute care settings should refer to [PIDAC Tools for Preparedness: Triage, Screening and Patient Management for Middle East Respiratory Syndrome Coronavirus \(2019-nCoV\) Infections in Acute Care Settings](#) for additional information.

Tracing and categorization of Close Contacts

- A close contact is defined as:
 - A person who provided care for the patient, including healthcare workers, family member or other caregivers, or

- who had other similar close physical contact or
- who lived with or otherwise had close, prolonged contact with a probable or confirmed case while the case was ill.
- PHUs conduct contact tracing activities to identify close contacts of a probable, or confirmed case (see [Appendix 5](#) for a sample worksheet to conduct close contact tracing activities).
- PHUs may also conduct contact identification and possibly contact follow-up activities for individuals undergoing testing and who have had a high risk exposure
- PHUs should assess each contact based on exposure setting and risk of exposure based on the interaction with the case.
- **Period of communicability:**
 - As early symptoms of COVID-19 may be mild and non-specific, and there have been early reports of potential asymptomatic transmission, contact tracing should extend from **48 hours** prior to symptom onset to **14 days** after symptom onset.
 - The period of communicability has been updated from previous guidance based on emerging information on infectiousness and transmission in the incubation period
 - For cases who have never had symptoms at the time of testing, the period of communicability extends from **48 hours prior to the positive specimen collection date**.
- **Self-isolation of contacts:** While the isolation of asymptomatic contacts is technically termed “quarantine”, the common use of “self-isolation” to refer to both symptomatic and asymptomatic individuals means we have adopted the language of “self-isolation” for asymptomatic close contacts for ease of understanding. The purpose of self-isolation is to prevent the risk of spread in the event a contact becomes infected and prior to recognizing they are infectious. Due to varying degrees of risk posed by different exposures, contacts can be categorized into three levels of risk exposure and corresponding requirements for self-isolation:
 - **High-risk exposure** – self-isolation for high-risk exposure. If individual becomes symptomatic, consider testing if they meet the testing criteria.
 - **Medium-risk exposure** – self-monitoring for medium-risk exposure. If individual becomes symptomatic, consider testing if they meet the testing criteria.
 - **No/Low-risk exposure** – no monitoring required. Provide information and reassurance.
- **Table 1** details contacts by their exposure setting and exposure type, as well as their recommended level of self-isolation or self-monitoring.
- **Table 2** details description of self-isolation and self-monitoring and PHU follow-up.
- **Prioritization of contact follow-up:**
 - PHUs should prioritize contact follow-up for high risk exposure and then medium risk exposures as resources allow

Table 1: Contact management recommendations based on exposure setting and type

Exposure Setting	Exposure Type	Level of Self Isolation or self-monitoring
Household (includes other congregate settings)	<ul style="list-style-type: none"> • Anyone living in the same household, while the case was not self-isolating: <ul style="list-style-type: none"> ○ This may include members of an extended family, roommates, boarders, ‘couch surfers’ etc. ○ This may include people who provided care for the case (e.g., bathing, toileting, dressing, feeding etc.) ○ This may include congregate settings (e.g., dormitories, shelters, group homes, detention centres, child/daycare centres) where contacts are in direct contact through shared communal living areas (e.g., kitchen, bathroom, living room) 	Self-isolation – High risk exposure
	<ul style="list-style-type: none"> • Household contacts as above who only had exposure to the case while the case was self-isolating and applying consistent and appropriate precautions as per the guidance “Self-isolation for cases/individuals in the household setting” 	Self-monitoring – Medium risk exposure
Community	<ul style="list-style-type: none"> • Had direct contact with infectious body fluids of the case (e.g., coughed on or sneezed on) • Had close prolonged¹ contact while case was not self-isolating 	Self-isolation – High risk exposure
	<ul style="list-style-type: none"> • Had prolonged¹ contact while the case was self-isolating as per the guidance “Self-isolation for cases/individuals in the household setting” 	Self-monitoring – Medium risk exposure
	<ul style="list-style-type: none"> • Only transient interactions (e.g., walking by the case or being briefly in the same room) 	No isolation required – No/low risk exposure
Healthcare (including all locations where health care is	<p>Patient is the case:</p> <ul style="list-style-type: none"> • Healthcare worker and/or support staff who provided care for the case, or who had physical contact (i.e., < 2 metres from patient for any duration of time) 	Self-isolation – High risk exposure (or work self-isolation)

provided, e.g., community, acute care, long-term care)	<p>without consistent and appropriate use of personal protective equipment²</p> <ul style="list-style-type: none"> • Other patients in the same patient care area when the case was not under droplet and contact precautions • Other patients in waiting room/common areas (i.e., < 2 metres from case for any duration of time) when the case was not masked 	
	<p>HCW is the case:</p> <ul style="list-style-type: none"> • All patient encounters (i.e., patient was < 2 metres away from HCW for any duration of time), without consistent and appropriate use of personal protective equipment (e.g., when the HCW was not wearing a surgical/procedure mask) • All co-workers who had close prolonged contact¹ with the HCW (e.g., within 2 metres in an enclosed common area when the HCW was not wearing a surgical/procedure mask) 	Self-isolation – High risk exposure (or work self-isolation)
	<p>Patient is the case:</p> <ul style="list-style-type: none"> • Healthcare worker and/or support staff who provided care for the case, or who had other similar close physical contact with consistent and appropriate use of personal protective equipment² 	Self-monitoring – Medium risk exposure
	<p>HCW is the case:</p> <ul style="list-style-type: none"> • All patient encounters (i.e., patient was < 2 metres away from HCW for any duration of time), with consistent and appropriate use of personal protective equipment (e.g., the HCW was wearing a surgical/procedure mask) • All co-workers who had close prolonged contact¹ with the HCW (e.g., within 2 metres in an enclosed common area when the HCW was wearing a surgical/procedure mask) 	Self-monitoring – Medium risk exposure
	<ul style="list-style-type: none"> • Laboratory worker processing COVID-19 specimens from case without appropriate PPE (including accidental 	Self-isolation – High risk exposure (or work self-isolation)

	exposures where appropriate PPE was breached). ²	
	<ul style="list-style-type: none"> Laboratory worker processing COVID-19 specimens from case with appropriate PPE.² 	Self-monitoring – Medium risk exposure
Conveyance (e.g., aircraft, train, bus)	<ul style="list-style-type: none"> Passengers or airplane crew seated within 2 meters of the case (approximately two seats in all directions, depending on type of aircraft and seating) Other passengers/crew with close prolonged¹ contact while case was not wearing mask or direct contact with infectious body fluids 	Self-monitoring – Medium risk exposure
	<ul style="list-style-type: none"> Crew members who do not meet criteria above 	No isolation required- No/low risk exposure
	<ul style="list-style-type: none"> Other passengers seated elsewhere in cabin/car as case who do not meet above criteria. 	No isolation required – No/low risk exposure
Travel to affected area	<ul style="list-style-type: none"> Exposure by travelling outside of Canada in past 14 days³ 	Self-isolation – High risk exposure

¹ As part of the individual risk assessment, consider the duration and nature of the contact's exposure (e.g., a longer exposure time likely increases the risk), the case's symptoms (coughing or severe illness likely increases exposure risk) and whether personal protective equipment (e.g., procedure/surgical mask) was used. Prolonged exposure duration can be defined as lasting more than **15 minutes**.

² Refer to relevant guidance for health care professionals on what constitutes appropriate PPE for the type of interaction with the case. [PHO IPAC guidance on PPE](#)

³ Health Care Workers returning from travel should not attend work if they are sick. If there are particular workers who are deemed critical, by all parties, to continued operations, these workers undergo regular screening, use appropriate Personal Protective Equipment (PPE) for the 14 days and undertake active self-monitoring. This includes taking their temperature twice daily to monitor for fever, and immediately self-isolate if symptoms develop and self-identify to their occupational health and safety department.

Health care exposure settings

To prevent nosocomial transmission of COVID-19 in health care settings, prioritize rapid assessment and notification of patient and HCW/staff exposures, to enable prompt self-isolation for high risk exposures.

In some circumstances (e.g., those involving many patients / HCWs / staff contacts), in order to inform timely self-isolation recommendations, it may be necessary to assess exposures of groups of patients and/or HCWs/staff (e.g., by affected service areas/units over specific dates), rather than individual exposures.

In this circumstance, HCWs deemed critical to operations may be placed on [work self-isolation](#).

Contact tracing for airplane passengers

Decisions related to contact tracing individual air travelers who may have been exposed to a case of COVID-19 on a flight should be made based on a risk assessment conducted by the PHU to which the case is notified, considering the:

- case's classification (e.g. confirmed) and the type and severity of symptoms during the flight, and whether masked or not
- current messaging to all international travelers (e.g., to self-monitor, avoid crowds and public places etc.),
- timing of notification and likelihood of getting sufficient passenger contact information (i.e., within 14 days of flight),
- incremental benefit of individual communication to those seated within 2 metres of the case versus public communication of the flight number (with or without identification of the section of the plane where the case was seated).

There is no direct evidence at present that contacting individual air travelers/crew has facilitated early case finding. Nor is there evidence regarding transmission risk in relation to flight duration.

PHUs should send the following information to PHO (EPIR@oahpp.ca) if they identify a flight/cruise with a confirmed case:

- Flight number, date, departure location, arrival location, relevant rows
- Cruise line, dates of travel, departure port, arrival port

Table 2: Description of self-isolation and self-monitoring based on risk levels in Table 1.

Category	Actions for the individual	Public health monitoring/activities
Self-isolation – High risk exposure	<ul style="list-style-type: none"> • Do not attend school or work • Avoid close contact with others, including those within your home, as much as possible (see Preventing 2019-nCoV from spreading to others in homes and communities) • Have a supply of procedure/surgical masks available should close contact with others be unavoidable • Postpone elective health care until end of monitoring period • Use a private vehicle. Where a private vehicle is not available, 	<p>Intermittent monitoring for 14 days from last exposure (interval at discretion of PHU)</p> <p>Consider providing thermometer or assessing other needs/supports to facilitate self-isolation and monitoring of symptoms</p> <p>Provide handouts: Self-isolation</p>

	<p>private hired vehicle may be used while wearing a procedure/surgical mask and sitting in the rear passenger seat with the window open (weather permitting). Do not take public transportation.</p> <ul style="list-style-type: none"> • Remain reachable for daily monitoring by local public health unit • Discuss any travel plans with local public health unit • If symptoms develop, ensure self-isolating immediately, and contact local public health unit and health care provider prior to visiting a health care facility 	<p>“Preventing 2019-nCoV from spreading to others in homes and communities”</p>
<p>Self-monitoring – Medium risk exposure</p>	<ul style="list-style-type: none"> • Self-monitor for fever and respiratory symptoms <ul style="list-style-type: none"> ○ If symptoms develop, contact local public health unit and health care provider prior to visiting a health care facility ○ Self-isolate immediately if symptoms develop • Avoid places where you cannot easily separate yourself from others if you become ill • Health care workers should inform their employer/institution of their exposure • Avoid social visits to areas with highly vulnerable individuals (e.g., visitors should not attend long-term care homes unless the resident is near end of life) 	<p>Indicate they should self-monitor and contact local PHU if symptoms develop</p> <p>If symptoms develop consider for testing (if meet testing criteria) and/or refer to assessment centre or primary care physician</p> <p>Written information provided by public health unit on symptoms to watch for, timing of the self-monitoring period, and information on what to do if symptomatic</p> <p>Provide handouts: Self-monitoring</p>
<p>No/low risk exposure</p>	<p>None</p>	<p>No active follow-up required</p>

Contact follow-up and monitoring

Period of self-isolation/monitoring

- The period of self-isolation and/or self-monitoring is 14 days following last known exposure to a case.
- Household close contacts should self-isolate for 14 days from their last contact with the ill household member while they were not self-isolating. If additional members of the household become ill, the asymptomatic household members do not need to extend their period of self-isolation based on last exposure to the new case.
- The PHU can use the **Daily Contact Clinical Update Form** in [Appendix 6](#) to monitor close contacts.
- All contacts should be informed of how to contact the PHU if they develop symptoms or have other questions.
 - A contact who becomes ill with any symptoms compatible with COVID-19 within 14 days following last known exposure to the case should immediately self-isolate (if not already) and report their symptoms to the PHU. The PHU should consider testing for COVID-19 (if meet testing criteria) and advise the contact to self-isolate (until laboratory testing results are available). Detailed information on [laboratory testing for COVID-19](#) is available at the PHO website and from local hospital and community laboratories providing COVID-19 testing.
 - For contacts with high risk exposures who become symptomatic, the PHU may initiate contact investigation and management (due to a high index of suspicion for becoming a case).
 - For contacts with high risk exposure who become symptomatic and their COVID-19 testing is negative, they should continue self-isolating until the end of their 14-day period in case their symptoms worsen and require reassessment/re-testing.
 - For contacts with medium risk exposure who become symptomatic and their COVID-19 testing is negative, they should resume self-monitoring until the end of their 14-day period in case their symptoms worsen and require reassessment/re-testing.
 - Contacts who become symptomatic and are not tested should follow the guidance above on isolation if they are isolating at home.
- The PHU should advise contacts to seek medical attention if symptoms develop and/ or call 911 if they require emergency care and inform paramedic services or health care provider(s) that they are a contact of a case.
- The PHU should advise contacts that if they develop symptoms, the PHU will ask them to follow [self-isolation requirements](#)
- For contacts who are self-isolating (high risk exposure), the PHU should ask about the contact's needs in order to be able to comply with these recommendations. This might include discussion with employers, making

alternate arrangements to support children/dependents and ensuring an adequate supply of groceries and other necessities.

- All contacts should also consider these needs if they become symptomatic and need to isolate themselves.

Travelers from outside of Canada

As of March 26, 2020, the [Public Health Agency of Canada](#) has put emergency measures in place that require a mandatory 14-day self-isolation (or quarantine period) for all individuals entering Canada regardless of symptoms. Health Care Workers and Essential Service Workers returning from any destination outside of Canada are permitted to return to work upon their return from travel providing they are asymptomatic. These workers should self-monitor for symptoms and immediately self-isolate should symptoms develop.

Returning travelers who are under federal Quarantine Orders are subject to requirements of the Order. All incoming travellers, at point of entry, will be asked for their contact information and where they are staying. Oversight and enforcement of these orders will be done by Peace Officers and the RCMP, and will include random touch points with returning travellers to ensure compliance.

Should an individual subject to a federal quarantine order require non-COVID related health care outside of a federal quarantine facility (e.g., if transfer from a federal quarantine facility to a local hospital is required, during the quarantine period), these individuals should be managed as having a high risk exposure requiring isolation, in consultation with local public health unit and local health care providers, including IPAC.

Table 3: Assessment and management of asymptomatic travelers

Travel outside of Canada in the past 14 days	Consider as 'High risk exposure'. Follow Table 2 – 'Self-isolation – High risk exposure'
Travel within Canada	If individuals self-identify to their PHU with concern of risk of exposure within Canada: Determine based on the exposure history whether the individual should be recommended to self-monitor (medium risk exposure), self-isolate (high risk exposure), or no active follow-up (low/no risk exposure) as per Table 2.

Any returning travelers who develop symptoms should follow self-isolation guidance. If a returning traveler is tested and is negative, they should resume self-isolation for the remainder of their 14-day isolation period in case their symptoms worsen and require reassessment/re-testing.

Returning travelers who are Health Care Workers should also comply with the mandatory quarantine. If deemed critical to operations, discuss use of Work Self Isolation with employer and/or Occupational Health.

Responsibilities

All PHUs:

- Keep updated on the COVID-19 case definitions (available on the ministry's [Guidance for Health Care Workers and Health Sector Employers on 2019-nCoV](#) website).
- Keep updated on the Government of Canada's [COVID-19 Affected Areas](#) list in order to inform decision making for patients who have travelled abroad
- Review the case and contact management guidance in this document.
- Ensure health care workers who may be engaged in case and contact management are aware of appropriate OHS & IPAC measures

PHUs with a probable or confirmed case within their jurisdiction:

- Enter case details in iPHIS as per iPHIS guidance. Conduct contact tracing to identify contacts of the case.
- Monitor case on a daily basis for the duration of illness and until cleared from self-isolation
- Provide information and monitoring of contacts based on their exposure level for 14 days following last known exposure to a case.
- Ensure close contacts of cases³ are self-isolating for 14 days following the last exposure to the case.
- Ensure local health care workers are aware of appropriate screening, laboratory testing and IPAC & OHS measures.
- Support coordinated provincial communication activities.

PHO:

- Participate in the MEOC's response activities.
- Provide scientific and technical advice to stakeholders in areas such as laboratory testing, case and contact management information, reporting of case information using data entry in the integrated public health information system

³ This includes: probable and confirmed cases

(iPHIS), outbreak management recommendations, and advice on clinical management and IPAC & OHS measures.

- Conduct provincial epidemiological surveillance and analyses.
- Provide laboratory testing for COVID-19.
- Transmit information received from PHAC to PHUs on returning travelers

Ministry of Health:

- Coordinate the response to COVID-19 in Ontario.
- Coordinate and participate in MEOC's response activities.
- Share information with the public.
- Receive notifications of PUIs.
- Report case details to PHAC.

Additional Resources

- Centers for Disease Control and Prevention's [COVID-19 website](#)
- European Centre for Disease Prevention and Control's [COVID-19 website](#)
- Ministry of Health's [novel coronavirus website](#)
- Provincial Infectious Diseases Advisory Committee's [Tools for Preparedness: Triage, Screening and Patient Management of Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\) Infections in Acute Care Settings](#)
- Public Health Agency of Canada's [Emerging Respiratory Infection website](#)
- [Government of Canada's COVID-19 Affected Areas list](#)
- World Health Organization's [Disease Outbreak News website](#)
- World Health Organization's [Global Alert and Response website](#)
- World Health Organization's [coronavirus](#)

Appendix 1: Ontario's Severe Acute Respiratory Infection Case Report Form

CLIENT RECORD		PROXY Information	
iPHIS Case ID: _____			
Last name: _____ First name: _____ Usual residential address: _____ _____		Is respondent a proxy? (e.g., for deceased patient, child) <input type="checkbox"/> No <input type="checkbox"/> Yes (complete information below)	
City: _____ Province/Territory: _____ Postal code: _____		Last name: _____ First name: _____	
Responsible Health Unit: _____ Branch office: _____		Relationship to case: _____	
Diagnosing Health Unit: _____		Phone number(s): (_____) _____ - _____ _____ (_____) _____ - _____	
Phone number(s): (_____) _____ - _____ _____ (_____) _____ - _____			
Date of Birth ____/____/____ (dd/mm/yyyy)			
Contact information for health unit person reporting			
Name: _____ Telephone #: () ____ - _____ Email: _____			

Emerging Pathogens and Severe Acute Respiratory Infection (SARI) Case Report Form

(2) ADMINISTRATIVE INFORMATION					
<input type="checkbox"/> Initial Report <input type="checkbox"/> Updated Report	Report Date: ____/____/____ (dd/mm/yyyy)				
Outbreak or cluster related? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, local Outbreak #: _____ Number of ill persons associated with the outbreak: _____	For Provincial Use Only Has the outbreak been declared and made public? <input type="checkbox"/> Yes <input type="checkbox"/> No If case is related to a provincial /territorial outbreak, P/T Outbreak ID: _____				
(3) CASE DETAILS: DISEASE / AETIOLOGIC AGENT / SUBTYPE					
<input type="checkbox"/> Severe Acute Respiratory Infection <input type="checkbox"/> Middle East respiratory syndrome coronavirus (MERS-CoV) <input type="checkbox"/> COVID-19, Wuhan, China <input type="checkbox"/> Other Novel Respiratory Pathogen <i>Specify:</i> _____	<input type="checkbox"/> Novel Influenza A <input type="checkbox"/> H1__ <input type="checkbox"/> H3__ <input type="checkbox"/> H5__ <input type="checkbox"/> H7__ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Novel Influenza B _____				
(4) CASE DETAILS: CASE CLASSIFICATION <small>(please refer to Ontario case definitions)</small>					
<input type="checkbox"/> Confirmed <input type="checkbox"/> Presumptive Confirmed <input type="checkbox"/> Probable					
(5) CLIENT RECORD: DEMOGRAPHIC INFORMATION					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <input type="checkbox"/> Other (sp): _____	Age: _____ years <i>If under 2 years</i> _____ months <input type="checkbox"/> Unk				
Does the case identify as Aboriginal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to answer <input type="checkbox"/> Unk If yes, please indicate which group: <input type="checkbox"/> First Nations <input type="checkbox"/> Metis <input type="checkbox"/> Inuit Does the case reside on a First Nations reserve most of the time? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to answer <input type="checkbox"/> Unk					
(6) SYMPTOMS <small>(check all that apply)</small>					
Date of onset of first symptom(s): ____/____/____ (dd/mm/yyyy)					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Fever ($\geq 38^{\circ}\text{C}$) <input type="checkbox"/> Feverish (temp. not taken) <input type="checkbox"/> Cough <input type="checkbox"/> Sputum production <input type="checkbox"/> Headache <input type="checkbox"/> Rhinorrhea/nasal congestion <input type="checkbox"/> Sore throat </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Swollen lymph nodes <input type="checkbox"/> Sneezing <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Otitis <input type="checkbox"/> Fatigue/prostration <input type="checkbox"/> Malaise/chills <input type="checkbox"/> Myalgia/muscle pain <input type="checkbox"/> Arthralgia/joint pain </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Shortness of breath/difficulty breathing <input type="checkbox"/> Chest pain <input type="checkbox"/> Anorexia/decreased appetite <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal pain </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Nose bleed <input type="checkbox"/> Rash <input type="checkbox"/> Seizures <input type="checkbox"/> Dizziness <input type="checkbox"/> Other, specify: _____ _____ <input type="checkbox"/> No Symptoms </td> </tr> </table>		<input type="checkbox"/> Fever ($\geq 38^{\circ}\text{C}$) <input type="checkbox"/> Feverish (temp. not taken) <input type="checkbox"/> Cough <input type="checkbox"/> Sputum production <input type="checkbox"/> Headache <input type="checkbox"/> Rhinorrhea/nasal congestion <input type="checkbox"/> Sore throat	<input type="checkbox"/> Swollen lymph nodes <input type="checkbox"/> Sneezing <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Otitis <input type="checkbox"/> Fatigue/prostration <input type="checkbox"/> Malaise/chills <input type="checkbox"/> Myalgia/muscle pain <input type="checkbox"/> Arthralgia/joint pain	<input type="checkbox"/> Shortness of breath/difficulty breathing <input type="checkbox"/> Chest pain <input type="checkbox"/> Anorexia/decreased appetite <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Nose bleed <input type="checkbox"/> Rash <input type="checkbox"/> Seizures <input type="checkbox"/> Dizziness <input type="checkbox"/> Other, specify: _____ _____ <input type="checkbox"/> No Symptoms
<input type="checkbox"/> Fever ($\geq 38^{\circ}\text{C}$) <input type="checkbox"/> Feverish (temp. not taken) <input type="checkbox"/> Cough <input type="checkbox"/> Sputum production <input type="checkbox"/> Headache <input type="checkbox"/> Rhinorrhea/nasal congestion <input type="checkbox"/> Sore throat	<input type="checkbox"/> Swollen lymph nodes <input type="checkbox"/> Sneezing <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Otitis <input type="checkbox"/> Fatigue/prostration <input type="checkbox"/> Malaise/chills <input type="checkbox"/> Myalgia/muscle pain <input type="checkbox"/> Arthralgia/joint pain	<input type="checkbox"/> Shortness of breath/difficulty breathing <input type="checkbox"/> Chest pain <input type="checkbox"/> Anorexia/decreased appetite <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Nose bleed <input type="checkbox"/> Rash <input type="checkbox"/> Seizures <input type="checkbox"/> Dizziness <input type="checkbox"/> Other, specify: _____ _____ <input type="checkbox"/> No Symptoms		

(7) SYMPTOMS, INTERVENTIONS, and OUTCOME

Date of first presentation to medical care: ____/____/____ (dd/mm/yyyy)

Clinical Evaluations (check all that apply) Altered mental status Arrhythmia Clinical or radiological evidence of pneumonia Diagnosed with Acute Respiratory Distress Syndrome Encephalitis Hypotension Meningismus/nu
chal rigidity O2 saturation
≤95% Renal Failure Sepsis Tachypnea (accelerated
respiratory rate) Other (specify): _____

Case Hospitalized?

 Yes No UnkDiagnosis at time of admission:

Admission Date: ____/____/____

(dd/mm/yyyy)

Re Admission Date: ____/____/____

(dd/mm/yyyy)

Case admitted to Intensive Care Unit (ICU)

 Yes No Unk

ICU Admission Date: ____/____/____

(dd/mm/yyyy)

ICU Discharge Date: ____/____/____

(dd/mm/yyyy)

Patient isolated in hospital? Yes No Unk

If yes, specify type of isolation (e.g., respiratory droplet precaution, negative pressure): _____

Supplemental oxygen therapy

 Yes No Unk

Mechanical ventilation

 Yes No Unk

If yes, number of days on ventilation _____

Case Discharged from Hospital

 Yes No Unk

Discharge Date 1: ____/____/____

(dd/mm/yyyy)

Case Transferred to another hospital

 Yes No Unk

Discharge Date 2: ____/____/____

(dd/mm/yyyy)

Transfer Date: ____/____/____

(dd/mm/yyyy)

Current Disposition

 Recovered Stable Deteriorating Deceased

____/____/____ (dd/mm/yyyy)

If deceased, is post-mortem:

 Performed Pending None UnkRespiratory illness contributed to the cause of death? Yes No UnkRespiratory illness was the underlying cause of death? Yes No Unk

Cause of death (as listed on death

certificate): _____

(8) RISK FACTORS (check all that apply) None identified

Cardiac Disease

 Yes No Unk

If yes, please specify:

Hemoglobinopathy/Ane
mia Yes No Unk

If yes, please specify:

Hepatic Disease

 Yes No Unk

If yes, please specify:

Receiving
immunosuppressing
medications Yes No Unk

If yes, please specify:

Metabolic Disease

 Yes No Unk

If yes, please specify:

Substance use

 Yes No Unk

If yes, please specify:

<input type="checkbox"/> Diabetes <input type="checkbox"/> Obese (BMI > 30) <input type="checkbox"/> Other: _____ _____	<input type="checkbox"/> Smoker (current) <input type="checkbox"/> Alcohol abuse <input type="checkbox"/> Injection drug use <input type="checkbox"/> Other: _____ _____
Renal Disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>If yes, please specify:</i>	Malignancy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>If yes, please specify:</i>
Respiratory Disease <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>If yes, please specify:</i> <input type="checkbox"/> Asthma <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Other: _____ _____	Other Chronic Conditions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>If yes, please specify:</i>
Neurologic Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>If yes, please specify:</i> <input type="checkbox"/> Neuromuscular Disorder <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other: _____ _____	Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>If yes, week of gestation:</i> _____
Immunodeficiency disease / condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>If yes, please specify:</i>	Post-Partum (≤6 weeks) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
(9) TREATMENT <i>(submit additional information on a separate page if required)</i>	
Did the case receive prescribed prophylaxis prior to symptom onset? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	Specify name: _____ date of first dose: ____/____/_____ (dd/mm/yyyy) date of last dose: ____/____/_____ (dd/mm/yyyy)
In the treatment of this infection, is the case taking: <input type="checkbox"/> Antiviral medication <input type="checkbox"/> Antibiotic/antifungal medication <input type="checkbox"/> Immunosuppressant/immunomodulating medication <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Other	Specify name (1): _____ date of first dose (1): ____/____/_____ (dd/mm/yyyy) date of last dose (1): ____/____/_____ (dd/mm/yyyy) Specify name (2): _____ date of first dose (2): ____/____/_____ (dd/mm/yyyy) date of last dose (2): ____/____/_____ (dd/mm/yyyy)
(10) INTERVENTIONS: IMMUNIZATIONS	
Did the case receive the <u>current</u> year's seasonal influenza vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Vaccine not yet available	<i>If yes, date of vaccination:</i> _____/_____/_____ (dd/mm/yyyy)

Did the case receive the previous year's seasonal influenza vaccine? Yes No Unk

Did the case receive pneumococcal vaccine in the past? Yes No Unk
 If yes, year of most recent dose: ____/____/____ (dd/mm/yyyy)
 If yes, type polysaccharide or conjugate: 7 or 13

(11) LABORATORY INFORMATION

Microbiology / Virology / Serology (complete if applicable)

Lab ID	Date Specimen Collected	Specimen Type & Source	Test Method	Test Result	Test Date

Antimicrobial Resistance of suspect etiological agent(s) (complete if applicable)

Lab ID	Name of Antimicrobial	Specimen Type & Source	Test Method	Test Result	Test Date

(12) EXPOSURES (add additional details in the comments section as necessary)

Travel

In the 14 days prior to symptom onset, did the case travel outside of their province/territory of residence or outside of Canada? Yes No Unk
 If yes, please specify the following (submit additional information on a separate page if required)

	Country/City Visited	Hotel or Residence	Dates of Travel
Trip 1			
Trip 2			

In the 14 days prior to symptom onset, did the case travel on a plane or other public carrier(s)? Yes No Unk

If yes, please specify the following

Travel Type	Carrier Name	Flight / Carrier #	Seat #	City of Origin	Dates of Travel

Human

In the 14 days prior to symptom onset, was the case in close contact (cared for, lived with, spent significant time within enclosed quarters (e.g., co-worker) or had direct contact with respiratory secretions) with:

A confirmed case of the same disease? Yes No Unk
 If yes, specify the Case ID: _____
 A probable case of the same disease?

If yes, specify disease: _____ and specify the Case ID: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
A person who had fever, respiratory symptoms like cough or sore throat, or respiratory illness like pneumonia?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
If yes, specify the type of contact:		
<input type="checkbox"/> Household member	<input type="checkbox"/> Person who travelled outside of Canada	
<input type="checkbox"/> Person who works in a healthcare setting	<input type="checkbox"/> Person who works in a laboratory	
<input type="checkbox"/> Works with Patients	<input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Person who works with animals		
Where did exposure occur?		
<input type="checkbox"/> In a household setting	<input type="checkbox"/> In a health care setting (e.g., hospital, long-term care home, community provider's office)	
<input type="checkbox"/> School/daycare	<input type="checkbox"/> Other institutional setting (dormitory, shelter/group home, prison, etc.)	
<input type="checkbox"/> Farm	<input type="checkbox"/> In means of travel (plane, train, etc.)	
<input type="checkbox"/> Other (please specify)		
Occupational / Residential		
The case is a:		
<input type="checkbox"/> Health care worker or health care volunteer	<input type="checkbox"/> Resident in an institutional facility (<i>dormitory, shelter/group home, prison, etc.)</i>	
<i>If yes, with direct patient contact?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
<input type="checkbox"/> Laboratory worker handling biological specimens	<input type="checkbox"/> Veterinary worker	
<input type="checkbox"/> School or daycare worker/ attendee	<input type="checkbox"/> Farm worker	
<input type="checkbox"/> Resident of a retirement residence or long-term care facility	<input type="checkbox"/> Other:	
Animal		
A. Direct Contact (<i>touch or handle</i>)		
In the 14 days prior to symptom onset, did the case have <u>direct contact</u> with any animals or animal products (<i>faeces, bedding/nests, carcass/fresh meat, fur/skins, camel milk, etc.</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
If yes, specify date of last direct contact: ____/____/____ (dd/mm/yyyy)		
What type of animals did the case have direct contact with? (<i>check all that apply</i>)		
<input type="checkbox"/> Cat(s)	<input type="checkbox"/> Dogs	<input type="checkbox"/> Horses
<input type="checkbox"/> Cows	<input type="checkbox"/> Poultry	<input type="checkbox"/> Sheep / Goat
<input type="checkbox"/> Wild Birds	<input type="checkbox"/> Rodents	<input type="checkbox"/> Swine
<input type="checkbox"/> Camel	<input type="checkbox"/> Snakes/ reptiles	
<input type="checkbox"/> Wild game (eg. Deer)	<input type="checkbox"/> Bats	<input type="checkbox"/> Other: _____
Did the animal display any symptoms of illness or was the animal dead? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
Where did the direct contact occur? (<i>check all that apply</i>)		
<input type="checkbox"/> Home	<input type="checkbox"/> Work (<i>fill in occupational section</i>)	<input type="checkbox"/> Agricultural fair or event/petting zoo
<input type="checkbox"/> Outdoor work/recreation (camping, hiking, hunting etc.)		<input type="checkbox"/>
Other: _____		
B. Indirect Contact (<i>e.g., visit or walk through or work in an area where animals are present, etc.</i>)		
In the 14 days prior to symptom onset, did the case have <u>indirect contact</u> with animals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		
If yes, specify date of last indirect contact: ____/____/____ (dd/mm/yyyy)		

Where did the indirect contact occur? *(check all that apply)*

- Home
- Work *(fill in occupational section)*
- Agricultural fair or event/petting zoo
- Outdoor work / recreation (camping, hiking, hunting, etc.)
- Market where animals, meats and/or animal products are sold
- Other: _____

(13) ADDITIONAL DETAILS/COMMENTS *(add as necessary)*

Appendix 2: Routine Activities Prompt Worksheet – Case⁴

When interviewing a case, ensure that the following activity prompts are considered to identify a possible source of infection within the 14 days prior to the onset of symptoms: work; school; visitors at home; volunteer activities; daycare; religious activities; social activities (restaurants, shopping); sports; visits to acute care settings, long-term care homes, retirement homes, medical labs, dentists, and other health care providers; contact with ill persons; and contact with birds/swine or other animals.

Date of Onset: _____ (Create an acquisition exposure for each activity)

Case Last Name: _____ Case First Name: _____ Date of Birth: _____ Gender: _____

PHU representative: _____

Date/Time (Start and End)	Activities/Contacts	Location of Activity	Contact Person (Name & Tel)	Comments

⁴ Adapted with permission from Toronto Public Health

Date/Time (Start and End)	Activities/Contacts	Location of Activity	Contact Person (Name & Tel)	Comments

Appendix 3: Daily Clinical Update Form – Case Managed in an Acute Care Setting

Case Last Name: _____ Case First Name: _____ Date of Birth: _____ Gender: _____
(yy/mm/d)

Progression	Follow-up Date/Time (YEAR/MM/DD)	Purpose (1)	Admission Date (YEAR/MM/DD)	Discharge Date (YEAR/MM/DD)	Facility Name (Progression Recovery Location) (2)	Facility Type (3)	Classification (4)	Progression (Clinical) (5)	Progression				PHU representative	
									ICU (Y/N/DK)	Antiviral Drugs (Y/N/DK)	Oxygen Saturation	Temp		On Oxygen (Y/N/DK)

1) Purpose C = Convalescing D = Diagnostics I = Isolation T = Treatment	(2) Facility Name - Progression Recovery Location Enter facility name or DK = Don't know	(3) Facility Type Hosp = Hospital = Long-term care Home = person is at home DK = Don't know	(4) Classification C = Confirmed P = Probable PUI = Person Under Investigation DNM = Does Not Meet case definition	5) Progression – Clinical CC = Case Closed. Completed home isolation after discharged from hospital or no longer being followed. D = Deceased DC = Discharged I = Improving	II = Improving (Intubated) S = Stable SI = Stable (Intubated) W = Worsening WI = Worsening (Intubated) EX = Extubated	Notes:
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Appendix 5: Close Contact Tracing

Worksheet⁵

When interviewing a case to identify potential close contacts, consider all individuals that could have had exposure since the case was symptomatic. See the [Close Contact Tracing](#) section for the definition of a close contact. Use the following activity prompts to help identify potential close contacts: work; school; visitors at home; volunteer activities; daycare; religious activities; social activities (restaurants, shopping); sports; visits to acute care settings, long-term care homes, retirement homes, medical labs, dentists, and other health care providers; contact with ill persons; and contact with birds/swine or other animals.

Date of Onset: _____

Case Last
Name: _____

Case first
Name: _____

Date of
Birth: _____

Gender: _____
(yy/mm/dd)

PHU
representative: _____

Date/Time (Start and End)	Activities	Location of Activity	Name & contact information of potential close contacts	Comments

⁵ Adapted with permission from Toronto Public Health

Date/Time (Start and End)	Activities	Location of Activity	Name & contact information of potential close contacts	Comments

Appendix 6: Close Contact Daily Clinical Update Form

Contact Last Name: _____ Contact First Name: _____ Date of Birth: _____ Gender: _____
(yy/mm/dd)

PHU representative: _____

Follow-up Date/Time (YEAR/MM/DD and 24 Hour Clock)	Symptoms? (Y/N)	If yes, please specify (e.g., fever >38; cough, difficulty breathing, headache, fatigue, sore throat, chills, muscle pain, nasal congestion, nausea, vomiting, diarrhea, joint pain, decreased appetite)	Did contact seek medical attention for ARI symptoms? (Y/N)	If yes, please specify where contact went to seek attention (e.g., primary health care, home care, acute care, etc.)

<p style="text-align: center;">Follow-up Date/Time (YEAR/MM/DD and 24 Hour Clock)</p>	<p style="text-align: center;">Symptoms? (Y/N)</p>	<p style="text-align: center;">If yes, please specify (e.g., fever >38; cough, difficulty breathing, headache, fatigue, sore throat, chills, muscle pain, nasal congestion, nausea, vomiting, diarrhea, joint pain, decreased appetite)</p>	<p style="text-align: center;">Did contact seek medical attention for ARI symptoms? (Y/N)</p>	<p style="text-align: center;">If yes, please specify where contact went to seek attention (e.g., primary health care, home care, acute care, etc.)</p>