TECHNICAL REPORT

Public health management of persons having had contact with novel coronavirus cases in the European Union

30 January 2020

Background

The rapidly evolving epidemiological situation with the novel coronavirus (2019-nCoV) epidemic is prompting EU Member States to review not only case management but also how to deal with people who have been in contact with newly detected cases ('contacts'). This document can be read together with WHO's guidance 'Home care for patients with suspected novel coronavirus (2019-nCoV) infection presenting with mild symptoms and management of contacts' [1].

Scope of this document

This document aims to provide guidance for EU/EEA public health authorities on the management of persons having had contact with novel coronavirus cases.

Target audience

Public health professionals and healthcare practitioners in EU/EEA Member States.

Purpose of contact management

The purpose of managing 2019-nCoV case contacts is:

- to identify symptomatic contacts as early as possible for isolation and treatment, and
- to facilitate prompt laboratory diagnostic testing.

Definition of contact persons

A contact of a 2019-nCoV case is a person not currently presenting symptoms, who has or may have been in contact with a 2019-nCoV case. The associated risk of infection depends on the level of exposure which will, in turn, determine the type of monitoring. Establishing the level of contact can be difficult and requires the case to be interviewed.

Suggested citation: European Centre for Disease Prevention and Control. Public health management of persons having had contact with cases of novel coronavirus in the European Union, 30 January 2020. Stockholm: ECDC; 2020.

1. Close contacts* (high-risk exposure)

A close contact of a probable or confirmed 2019-nCoV case is defined as:

- a person living in the same household as a 2019-nCoV case;
- a person having had face-to-face contact or was in a closed environment with a 2019-nCoV case;
- a healthcare worker or other person providing direct care for a 2019-nCoV case, or laboratory workers handling 2019-nCoV specimens;
- a contact in an aircraft sitting within two seats (in any direction) of the 2019-nCoV case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated [2] (if severity of symptoms or movement of the case indicate more extensive exposure, passengers seated in the entire section or all passengers on the aircraft may be considered close contacts).

2. Casual contacts (low-risk exposure)

A casual contact of a probable or confirmed 2019-nCoV case is defined as:

- an identifiable person having had casual contact with an ambulant 2019-nCoV case;
- a person having stayed in an area presumed to have ongoing, community transmission.

Healthcare workers with occupational exposure

Healthcare workers caring for 2019-nCoV patients in EU/EEA hospitals should be registered and monitored in accordance with the occupational health procedures/routines in their country of practice. This will usually involve registration, active monitoring of symptoms and prompt testing and isolation in the event of symptoms possibly related to 2019-nCoV.

Contact management steps after a case is identified

Immediately after a case is confirmed, the next steps are:

- contact identification and listing, and classification of the contact as having had high-risk exposure ('close contact') or low-risk exposure ('casual contacts');
- contact tracing and assessment (i.e. communicate with contact persons and assess risk);
- contact management and follow-up (i.e. inform, advise, follow-up - this includes testing if indicated);
- follow-up of contact tracing results by an outbreak control team.

Monitoring of contacts

Figure 1 describes the monitoring of contacts and the actions to take.

Depending on the specific situation, public health authorities can support, promote or implement further restrictions (e.g. voluntary limitation of contacts by the person, or avoiding contact with crowds).

Contact tracing and management are based on the latest available knowledge, as below.

- The incubation period of 2019-nCoV is currently understood to be 2–12 days. For precautionary and practical purposes, a follow-up period of 14 days (two weeks) should be considered.
- A case is believed to be most infectious when symptoms are present, but could possibly already be infectious before the onset of symptoms. Infectiousness is likely to be correlated with severity of symptoms in ambulatory patients.
- Transmission is believed to be mainly via respiratory droplets. At present, it is still unclear whether airborne transmission is possible (29 January 2020). Faecal transmission has not been ruled out, however the first published case series documented only one case with diarrhoea out of 38 [3].

* Adapted from Global Surveillance for human infection with novel coronavirus (2019-nCoV) - Interim guidance. Available from: https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-2019-nCoV)

Main actions for contact persons

Close contacts (high-risk exposure):

- active monitoring by public health authorities, for 14 days from last exposure;
- daily monitoring for 2019-nCoV symptoms, including fever of any grade, cough or difficulty breathing;
- avoid social contact;
- avoid travel;
- remain reachable for active monitoring.

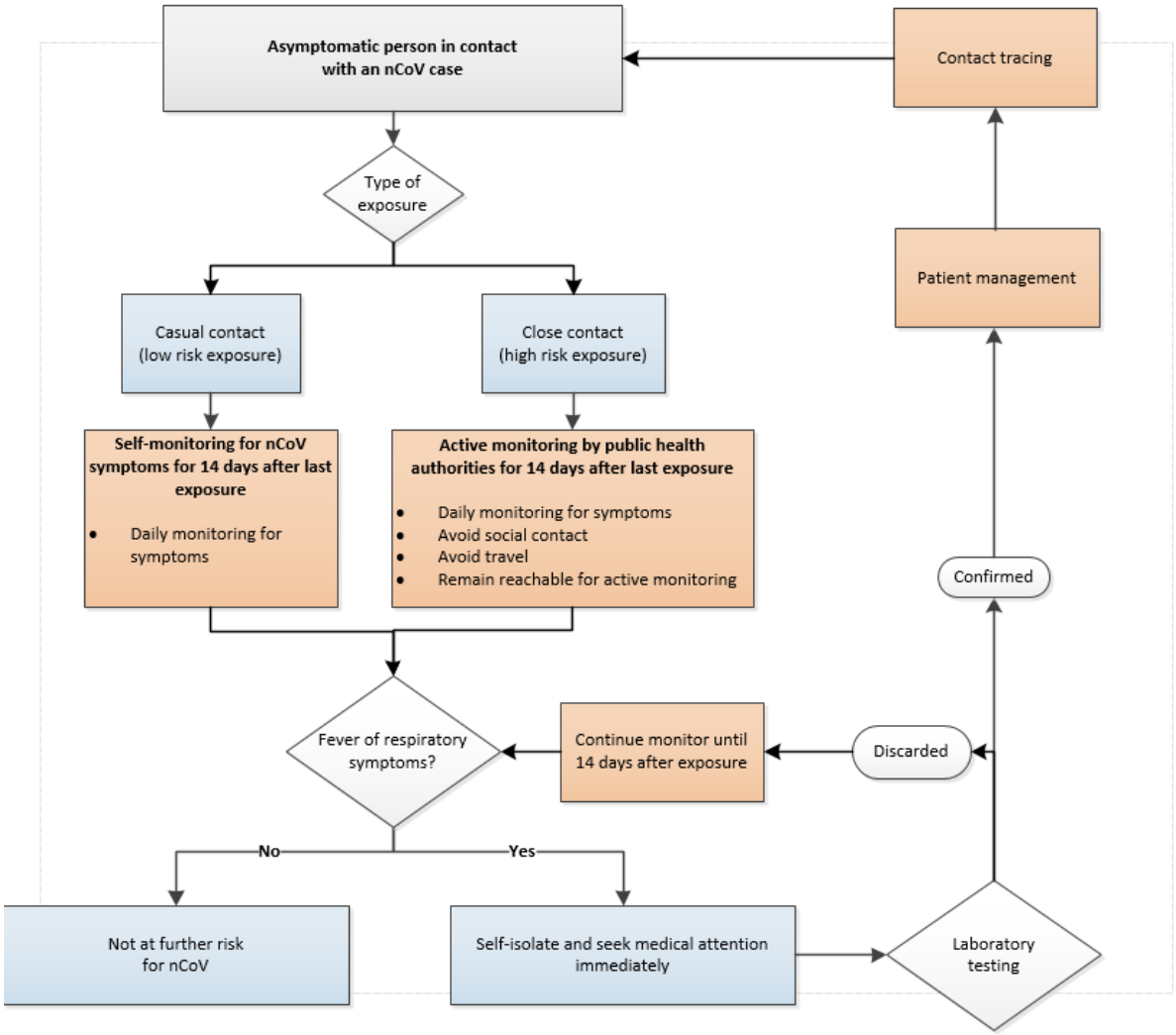
Casual contacts (low risk exposure):

- self-monitoring for 2019-nCoV symptoms, including fever of any grade, cough or difficulty breathing, for 14 days from last exposure;
- public health authorities may do more, depending on the specific situation.

Contact persons should immediately self-isolate and contact health services in the event of any symptom appearing within 14 days. If no symptoms appear within 14 days of last exposure the contact person is no longer considered to be at risk of developing 2019-nCoV disease.

Implementation may be modified depending on the risk assessment for individual cases and their contacts by public health authorities.

Figure 1. Algorithm for management of contacts of probable or confirmed 2019-nCoV cases



References

1. World Health Organization (WHO). Home care for patients with suspected novel coronavirus (2019-nCoV) infection presenting with mild symptoms and management of contacts. Interim guidance. 2020 [updated January 2020]. Available from: https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(2019-nCoV)-infection-presenting-with-mild-symptoms-and-management-of-contacts
2. European Centre for Disease Prevention and Control (ECDC). Risk assessment guidelines for infectious diseases transmitted on aircraft (RAGIDA) Middle East Respiratory Syndrome Coronavirus (MERS-CoV) 2020 [updated January 2020]. Available from: https://www.ecdc.europa.eu/sites/default/files/documents/infectious-diseases-transmitted-on-aircrafts-ragida-risk-assessment-guidelines.pdf
3. Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. The Lancet. 24 January 2020.