



BOTSWANA COVID-19 GUIDELINE 6: CONTACT TRACING



Vision: A Healthy Nation by 2023
Values: Customer Focus, Botho, Timeliness, Equity, Teamwork, Accountability.

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FOREWORD

Coronavirus disease 2019 (COVID-19) is an infectious disease that has newly appeared in the human population. It may result in morbidity of different severities and may cause sustained community outbreak or proceed to a pandemic.

Globally, there has been an increase in the number of COVID-19 cases. On 30 January 2020, the Director-General of the World Health Organization, following the advice of the Emergency Committee convened under the International Health Regulations (2005), declared the current outbreak of COVID-19 a public health emergency of international concern (PHEIC). This called for global coordination and temporary recommendations were issued under International Health Regulations (IHR). Through the advice, all countries are called to prepare for containment by adopting the following strategies:

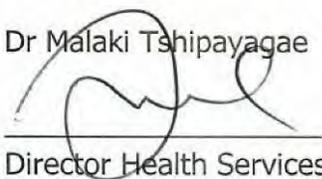
- i. active surveillance
- ii. early detection
- iii. case management
- iv. contact tracing

Botswana has trade and travel relations with many countries which will directly or indirectly impact the risk of transmission in the country. There is also limited capacity at Points of Entries (PoEs) which makes the country more vulnerable. There are social events such as mass gatherings, personal events and unsatisfactory health seeking behaviors hence risk of transmission is high in the event of the COVID-19 infection reaching the country.

It is in this view, that the country preparedness and response to COVID-19 outbreak has become imperative in the light of exponential increase in number of cases in China and the spread to multiple countries across continents. In order to strengthen the country preparedness and response efforts, there is need to document a systematic approach to coordinate the COVID-19 outbreak.

This document therefore presents comprehensive guidelines for contact tracing.

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Director Health Services
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1 CONTACT TRACING

1.1 Purpose

This document provides the steps needed to systematically monitor persons at high risk for COVID-19 infection, as well as to conduct contact tracing of COVID-19 cases in Botswana, and contacts whom they may have exposed to the disease. In conjunction with active case finding and testing, and in synergy with other measures such as physical distancing, contact tracing is recommended in all transmission scenarios.

According to current knowledge, COVID 19 is passed from one person to another primarily through droplet transmission. People in close contact with COVID-19 cases are at high risk of being infected with COVID-19, and, if infected, may also transmit the infection to others. This guideline details how once a COVID-19 case has been identified, the Ministry of Health and Wellness (MoHW) through District Health Management Teams (DHMT) and other implementing partners will track, trace and manage people who may have been exposed to COVID-19.

1.2 Definitions

COVID-19 Case: Cases are defined as “Suspected”, “Probable”, or “Confirmed”

Suspected

1. A patient with acute respiratory illness (sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever) AND a history of any travel outside of Botswana or to a location within Botswana reporting community transmission* of COVID-19 during the 14 days prior to symptom onset;

OR

2. A patient with any acute respiratory illness (sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever) AND having been in contact with a suspected, probable, or confirmed case of COVID-19 (see definition of contact) in the last 14 days prior to symptom onset;

OR

3. A patient who is hospitalised with a severe acute respiratory illness (sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Probable

1. A suspected case for whom testing for the COVID-19 virus is reported by the laboratory as inconclusive.

OR

2. A suspected case for whom testing could not be performed for any reason.

Confirmed

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

*Locations within Botswana reporting community transmission of COVID-19 will change as the epidemic evolves. Updates will be provided by the Ministry of Health and Wellness. At present, given the uncertain epidemiology of COVID-19 transmission in Botswana, all regions are considered to have possible community transmission.

Contact: A contact is any person who had contact with a COVID-19 case (suspected, probable, or confirmed) within a timeframe ranging from 4 days before the onset of symptoms of the case to 14 days after the onset of symptoms. If a confirmed case has no symptoms, a contact is defined as someone who had contact with the case within a timeframe ranging from 4 days before to 14 days after the specimen collection which led

to confirmation. The associated risk depends on the level of exposure as per below classification (section 3.1).

High Risk Person: a person who has an epidemiological risk factor for COVID-19 infection (i.e., travel from a country with local transmission), but who is not a contact of a known case of COVID-19 infection.

Monitoring – a systematic approach to assessing high-risk persons and/or contacts for the development of symptoms indicative of COVID-19 infection for 14 days after possible exposure to a confirmed or probable COVID-19 case.

Contact Tracing - a systematic approach to identify contacts of a person with suspected, probable, or confirmed case of COVID-19 for monitoring.

1.3 **Confidentiality**

It is essential that personal information is kept confidential at all times and data are securely maintained. Identity of cases or contacts must not be made public. To protect patient privacy, contacts are only informed that they may have been exposed to a patient with COVID-19 infection. They are not told the identity of the patient who may have exposed them.

2 IDENTIFICATION OF COVID-19 CASES

COVID-19 cases will be referred to the contact tracing teams from the following sources:

- From health care facilities which have tested symptomatic individuals meeting the case definition (active or passive case finding). Cases will be notified by the responsible clinician;
- From community testing of symptomatic individuals meeting the case definition (active or passive case finding). Cases will be notified by the test team lead;
- From the testing laboratory. Cases will be notified by the duty laboratory scientist;
- From the National Call Centre. Cases will be notified by the call centre supervisor;
- From Port of Entry screening and quarantine centres housing returning residents. Cases will be notified by the Port Health Officer;
- From contact tracing activities; Cases will be notified by the contact tracing supervisor.

Referrals will be made to the relevant DHMT regional contact tracing supervisors either directly by the testing clinicians or testing laboratory, or by the National Contact Tracing Coordinating Office (MoHW) using the COVID-19 Case Notification Form (Appendix 4). Upon receiving case referrals from any source, the DHMT contact tracing team will contact the case to initiate a case investigation (see Section 4.2).

3 CLASSIFICATION OF COVID-19 CONTACTS

The table below explains classification of COVID-19 contacts based on their level of exposure. In all cases a “COVID-19 case” refers to a suspected, probable, or confirmed case (see Botswana COVID-19 case definitions in Section 1.2). The timeframe for these exposures is from 4 days before the onset of symptoms of the case to 14 days after the onset of symptoms. If a confirmed case has no symptoms, the timeframe ranges from 4 days before to 14 days after the specimen collection which led to confirmation.

3.1 Primary Contacts

CLOSE CONTACTS (High Risk Exposure)
A close contact is defined as a person meeting any of the following criteria:
<ul style="list-style-type: none">• had face-to-face contact with a COVID-19 case within 2 meters for more than 15 minutes
<ul style="list-style-type: none">• had physical contact with a COVID-19 case
<ul style="list-style-type: none">• was in a closed environment (e.g. household, classroom, meeting room, hospital waiting room) with a COVID-19 case for more than 15 minutes
<ul style="list-style-type: none">• A healthcare worker or other persons providing direct care to a COVID-19 case or laboratory workers handling specimens from a COVID-19 case without wearing recommended personal protective equipment (PPE) or incorrect use of PPE (see Guideline 2: Personal Protective Equipment)
<ul style="list-style-type: none">• A person in the same hospital room when an aerosol generating procedure is undertaken on the case, without recommended PPE
<ul style="list-style-type: none">• A person in an aircraft or any other mode of conveyance sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated

CASUAL CONTACTS (Low Risk Exposure)
A casual contact is defined as a person meeting any of the following criteria:
<ul style="list-style-type: none">• having had face-to-face contact with a COVID-19 case within 2 meters for less than 15 minutes
<ul style="list-style-type: none">• who was in a closed environment with a COVID-19 case for less than 15 minutes

3.2 Secondary Contacts

Secondary contacts are individuals who have had contact with a primary contact of an index COVID-19 case (as per the contact definitions above). Identification of secondary contacts is made through interview of the primary contacts. Tracing of secondary contacts in addition to primary contacts can form part of a comprehensive containment strategy if resources allow; however, it is not likely to considerably increase the effectiveness of contact tracing interventions, and will exponentially increase the number of individuals who need tracing. Contact tracing of secondary contacts is therefore not routinely recommended. If the primary contact has a positive baseline COVID-19 test, or subsequently becomes unwell and tests positive for COVID-19 within the first few days of quarantine, these contact lists can be used for contact tracing of their contacts.

(Note: tracing of secondary contacts may be necessary if tracing of primary contacts has been substantially delayed i.e. for over 14 days since the index case presented. Such cases should be discussed with the MoHW contact tracing team on a case by case basis).

4 CONTACT TRACING PROCESS

4.1 Case Notification

Contact tracing is triggered by identification of a suspected, probable or confirmed COVID-19 case:

- Cases identified through the **call centre** or the **national testing laboratory** will be notified to the MoHW's National Contact Tracing Coordinating Office who will immediately inform the relevant DHMT contact tracing teams.
- **Clinical teams, community testing teams, or local laboratories** will notify their DHMT contact tracing teams directly as soon as any suspected, probable, or confirmed COVID-19 case is identified; the DHMT contact tracing supervisor will then be responsible for immediately notifying the national team. If a suspected case is subsequently determined not to be a COVID-19 case by the clinical team, the Case Management Team will immediately inform the Contact Tracing Team so that they can reclassify their contacts and release them from quarantine.

In all cases the individuals responsible for notification will complete and send a COVID-19 **CASE NOTIFICATION FORM** (Appendix 4).

4.2 Contact Identification and Listing

Immediately upon notification of a suspected, probable, or confirmed COVID-19 case (as described above) the contact tracing team will initiate a case investigation to identify all persons who have had contact with the index case. Working with the Clinical or Case Management Teams if necessary, the contact tracing team will interview the COVID-19 case to systematically identify all potential contacts using the **CASE INVESTIGATION GUIDE** (Appendix 5). Contacts are listed on the **CONTACT LISTING FORM** (Appendix 6) and classified as close or casual contacts according to the above definitions. If interviews are performed in person, the personal protective equipment (PPE) guidelines outlined in Appendix 7 must be adhered to).

Contacts are then contacted by the contact tracing team initially by telephone and informed of their contact status. The contact tracing team will clearly explain the testing and quarantine procedures. Contacts should be provided with information about how to reduce the risk of passing on the virus to others. For contact tracing to be effective in preventing onward transmission contacts need to be traced and quarantined within 24-

48 hours. **Contact tracing must be carried out with urgency, and teams should aim to contact and quarantine all contacts of a case within 48 hours of notification.**

4.3 Testing and Quarantine of Contacts

All primary contacts regardless of whether they are symptomatic or asymptomatic shall be taken to a quarantine facility (see Guideline 5: Quarantine and Isolation) by the contact tracing team using dedicated transport, where **nasopharyngeal and oropharyngeal swabs will be collected for COVID-19 testing** (see Appendix 8). Minors under the age of 16 must be quarantined with a responsible adult – ideally a parent or relative; in cases of difficulty the social situation must be evaluated by a social worker. Primary contacts will be interviewed by the contact tracing team using the **CONTACT INTERVIEW FORM** (Appendix 9).

If the contact has symptoms suggestive of COVID-19 at baseline, they will meet the criteria for being a “suspected case” and contact tracing of their contacts should be triggered as per these guidelines. Regardless of symptoms, if the baseline COVID-19 PCR test is positive, the contact will become a “confirmed case” and contact tracing of their contacts should be triggered as per these guidelines. Suspected, probable or confirmed COVID-19 cases must be assessed according to Guideline 4: Interim clinical guidance for the management of COVID-19 in Botswana. Probable or confirmed cases must be moved to an isolation facility or hospital as appropriate.

4.4 Monitoring and follow-up of contacts

Current guidelines are for **all** primary contacts (both close and casual) to be admitted to an institutional quarantine facility for active monitoring. This may be reconsidered as the COVID-19 epidemic progresses, depending on facility capacity. If facility capacity is overwhelmed, active monitoring in institutional quarantine facilities will be reserved for close contacts, with casual contacts monitored in home quarantine.

Active monitoring involves:

- Quarantining all contacts for 14 days since last exposure to the confirmed COVID-19 case in a quarantine facility (see Guideline 5: Quarantine and Isolation).
- Daily monitoring of signs and symptoms by a healthcare worker using a daily monitoring tool (Appendix 10). Should a contact develop symptoms at any time, nasopharyngeal and oropharyngeal swabs will be sent for COVID-19 testing and

the contact managed as Guideline 4: Interim clinical guidance for the management of COVID-19 in Botswana.

- Nasopharyngeal and oropharyngeal swab collection for COVID-19 testing (Appendix 8) will be taken from all quarantined contacts who had negative baseline tests and have not had a positive COVID-19 test during follow-up, between day 10 to 14 of quarantine.
- No contact shall be discharged from quarantine before a minimum time period of 14 days since last exposure to the confirmed COVID-19 case and receiving a negative PCR result from the day 10-14 swab
- Upon completion of 14 days since last exposure to the confirmed COVID-19 case, if clinically well and PCR-negative for COVID-19 infection, the contact will be released from quarantine.

4.5 **Contact discharge**

Contacts are removed from the follow-up list when one of the following criteria is met:

- A contact finishes his/her 14 days of follow-up period and has negative COVID-19 test results.
- A contact tests positive for COVID-19 (either on the baseline test, after becoming symptomatic and being tested, or on the day 10-14 test) becomes a case and moved to a case list.
- Subsequent investigation leads to the person being re-classified as a non-contact.

Upon discharge contacts should be advised to continue self-monitoring for respiratory symptoms, hand hygiene, cough etiquette and social distancing. If they develop any of the COVID 19 symptoms they are advised to contact the Call Centre for assistance.

5 HEALTHCARE WORKERS WITH OCCUPATIONAL EXPOSURE

All personnel involved in the response at any given facility shall be classified as Health Care workers (HCW). Management of healthcare workers who have been occupationally exposed to COVID-19 is covered separately in Guideline 7: Management of Healthcare Workers Exposed to COVID-19.

6 DATA MANAGEMENT

Data on contact tracing investigation shall be collated by the DHMTs using **CONTACT LISTING FORM** (Appendix 6) and forwarded daily by the DHMT contact tracing supervisor to the National level (either electronically via DHIS or by email to the National Contact Tracing Team) to ensure optimal tracing and management of all contacts to help interrupt disease transmission. Data from the contact tracing process shall be captured in an electronic data capturing system which is linked to a Situation Room where on a daily basis data is collated for reporting to the Public Health Emergency and Response Committee.

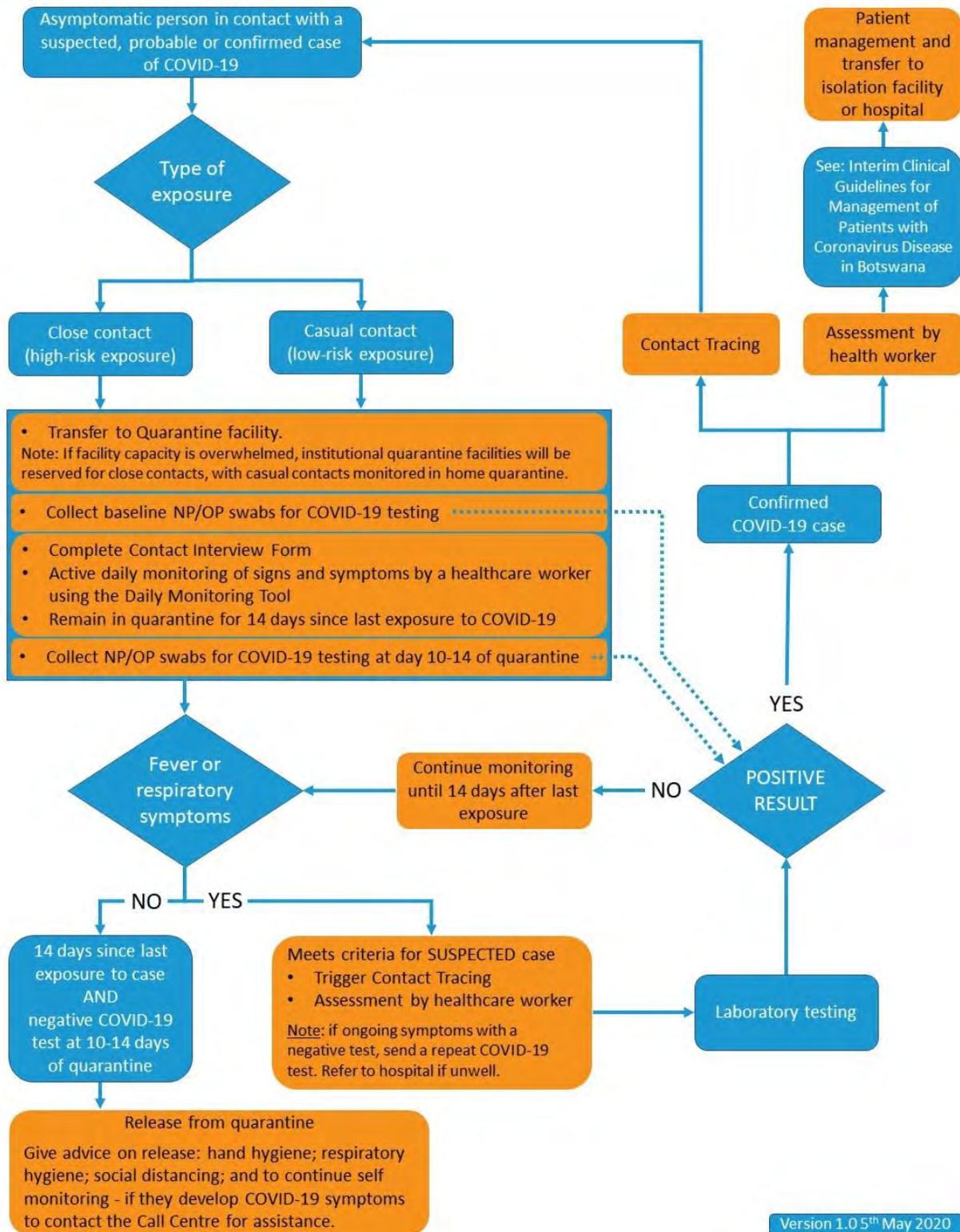
6.1 Quality Assurance / Improvements

Each DHMT in collaboration with the National Contact Tracing Coordinating Team and assigned Implementing Partners shall establish an Audit team which shall:

- conduct weekly support visits and performance review to the various contact tracing teams
- conduct spot checks to ensure adherence to agreed guidelines

A formal monitoring and evaluation framework is being developed.

Figure 1: Summarized Key Steps of Contact Tracing:



7 APPENDICES

7.1 Appendix 1: Roles and Responsibilities

RESPONSIBLE PERSON	TASK AND RESPONSIBILITY	TIME LINE
National Contact Tracing Coordinating Office (MOHW)	<ul style="list-style-type: none"> ▪ Receives, collates, and disseminates to the appropriate DHMT information on “high risk” individuals from Points of Entry (PoE) triggering any contact tracing for travellers from affected areas arriving into Botswana ▪ Receives notification of all probable and confirmed cases from case management team for contact tracing of probable and confirmed cases ▪ Receives information on potential contacts from the call centre ▪ Informs the district contact tracing teams about data from national database ▪ Ensures that contact tracing is being carried out at district level and monitors according to guidelines ▪ Capacity building of districts on contact tracing ▪ For any probable or confirmed case, the national contact tracing team shall provide guidance/support to the district ▪ Record keeping of the contact tracing data and reports ▪ Report to the Incident Manager 	Daily
CONTACT TRACING SUPERVISORS (DHMT & IPs)	<p>The Contact Tracing Supervisor/s will oversee the contact tracing activities for the designated location and shall be expected to fulfil the following duties:</p> <ul style="list-style-type: none"> • Obtain daily contact list details from National level team (electronic or paper-based) • Assign contacts to district-level contact tracing teams for follow up • Coordinate transport requirements for contact tracing teams. • Monitor contact tracing process, provide advice and assistance by phone to teams on the ground. • Receives, collates, and immediately disseminates reports of symptomatic contacts to the appropriate 	Daily

	<p>Case Management Team so that cases can receive appropriate care.</p> <ul style="list-style-type: none"> • Review contact tracing progress with Tracers at the end of each day, identify areas needing attention before report submission to the M&E team and National Coordinating Team. • Debrief with team to address concerns daily for timely management. • Oversee Infection Prevention and Control • Lead all quality related initiatives – adherence to laboratory SOP’s, screening and contact tracing process in collaboration with the National Team. 	
<p>Contact Tracing Teams</p>	<p>Contact Tracing Teams are responsible for day to day identification of all listed primary and secondary contacts of COVID 19 cases. While executing their duties, they shall be expected to fulfil the following:</p> <ul style="list-style-type: none"> • Conduct contact tracing • Conduct contact tracing if there is a suspect identified from the institutional quarantine sites • Keep records of the contacts traced (e.g. data and reports) • Compile district contact list forms and report to the national contact tracing team • Review the contact tracing list with the Supervisor every morning before going out to ensure in-depth understanding of the case • Don PPE while undertaking contact tracing as per the guidelines • Maintain social distance of at least two meters throughout the visit/engagement • Build rapport with the contacts before introducing or asking contact tracing related questions • Explain the purpose of the investigation process to the contact or the head of the household. Carefully explain that you will ask several questions regarding the health of all the contacts in the house. If there is more than one household under the dwelling, meet with them separately 	<p>Daily</p>

	<ul style="list-style-type: none"> • Exercise confidentiality when asking individual questions to facilitate openness • Thank the contact for their time and explain any critical information <p><i>NB: Avoid answering questions or issues that you do not have answers to.-It may lead you into trouble. Refer to relevant offices.</i></p>	
Health Education Officer	<p>Each team will have a Health Education Officer to support mobilisation, health education and appropriate messaging. On a daily basis the team is expected to:</p> <ul style="list-style-type: none"> • Conduct public address to notify areas to be visited of the planned contact tracing and provide accurate information as required • Demonstrate cough and hand washing techniques to contacts and those isolated • Distribute COVID-19 IEC materials and condoms as needed • Assess for IEC needs and fulfil appropriately 	Daily
Social Worker	<ul style="list-style-type: none"> • Assess emotional and psychological needs due to COVID 19 impact and offer counselling and support services to all needy contacts. 	Daily
M&E Officer	<p>Each district will be supported by 1 M&E Officers to prepare:</p> <ul style="list-style-type: none"> • Review daily reports from contact tracing teams for accuracy, completeness and reliability • Ensure all gadgets are working well and the REAL TIME system is achieving the intended on a daily basis. • Monitor movements of home quarantined clients through their phones and report any movements to the Supervisors to facilitate enforcement 	Every Monday

7.2 Appendix 2: National Contact Tracing Team And Implementing Partners

NATIONAL CONTACT TRACING TEAM		
NAMES	CONTACTS	EMAIL
Naledi Mokgethi	76816671	nsmokgethi@gmail.com
Dr Lisani Ntoni	76816313	lisani.ntoni@gmail.com
Rinett Pharatlhatlhe	76816695	prinett@yahoo.com
Dr Chidzani Mbenge	76817367	cmbenge@gmail.com
Dr Tuduetsi Molefi	76816763	tmonagen@gmail.com
Sidney Kololo	76817163	kolsid@gmail.com
NATIONAL HEALTH LABORATORY		
Dr Madisa Mine	71307122	mmine@bhp.org.bw
Maruping Maruping	71404463	Mrumaruping@gov.bw
IMPLEMENTING PARTNERS - ACHAP		
Oarabile Dintwa	Makgabana- 71470676	dintwa@achap.org

7.3 Appendix 3: District Contact Tracing Teams

DISTRICT CONTACT TRACING TEAM LEADERS			
District	Name	Phone	Email
Greater Gaborone	Lesego Releseng Boikanyo Bikimane Shirley Kejelepula	76816581 71790097 74393540	lreleseng@gmail.com bbikimane@gmail.com shirlpet76@gmail.com
South East	Nkidi Machaba	76050506	nkidimachaba@yahoo.com
Kweneng East	Tswelelo Gamontle Dr Terence Mukhuwa	71535967 77535926	tgamontle@gmail.com
Kweneng West	Mr Phuthego	76184742 /7250750 4/ 73455340 /7300625 7	rogerphuthego@gmail.com
Ngami	Gomodimo Leaname	77020844	lgomodimo@yahoo.com
Chobe	Ms. Itumeleng Kanwi	75215223	kamwiitumeleng6@gmail.com
Okavango	Ms. Malebogo Kehakgametse	74373537	lesirekeha@gmail.com
Greater Francistown	Ookeditse S Chikunyane	71858454 71818296	gookeditse@gmail.com sekane@gmail.com
North East	Ms. Habana Jorosi	77858389	habanajorisi@gmail.com
Tutume	Dr Madamombe Charles	74614498	charles.madamombe@gmail.com
Bobirwa	Boitumelo Puso	76816346	kgonwanabm@gmail.com
	Maghunga (Mmadinare)	71570784	rsankoloba@gov.bw
Selebi Phikwe	Baraedi	73154663	
Palapye	Pauline Mahilo	72244489 73224970 / 4923051	pamahilo@gmail.com
Serowe	Kagisano Dipholo Dr Onkgopotse Oduetse	73243900 74544345	kagisodipholo@gmail.com
Mahalapye	Maome Kelaeboga Ketlogetswe	76774360	mknkley13@gmail.com kealebogaketlogetswe@gmail.com

		72917183 /7388707 7	
Boteti	Mr Luke Lepodisi Eric Sigweni	71539272 /7301089 4 71219662 /7301093 4	lepodisiluke@gmail.com manix0236@gmail.com
Ghanzi	K Maapatsane Dr Finini	73133149	kmaapatsane@gmail.com fininib@gmail.com
Charles Hill	Ms. Ralekgobo	72168432	ralekgobo.m@gmail.com
Kgalagadi North	Phillip Kobue	77422540	kobuepp@gmail.com
Kgalagadi South (Tsabong)	Veronica Lesele Dr Mwaipopo	77750516 73251485	verolesele@gmail.com gmwaipopo56@gmail.com
Mabutsane	Mr Pitso Nthatang	72886741	pitsonthatang@gmail.com
Kanye	Dr Mpitika Mr Ralekgetla	74064015 73395890	tetolisa@gmail.com
Moshupa	Dr Kasongo	73299754 /7140139 8	
Goodhope	Onalenna Rasemphathi	74704238	onarasemphathi@gmail.com
Kgatleng	Dr Pone Ms. Gakekgomo	73005972 72427702	drpone@gmail.com swendana@gmail.com
Lobatse	Edith Ramosaladi	75002730	Qodeshi15@gmail.com
Jwaneng	Onalenna Thebeyadira Bontle Phafane	72132632 71656316	thebeyadira@gmail.com bphafane@yahoo.com

7.4 Appendix 4: COVID-19 Case Notification Tool

SUSPECTED COVID-19 CASE NOTIFICATION FORM

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Σιμ πτομ σ	φε περ	σορε τηροα	χοσυη	σηορνε σσοφβρε ατη	Δσε οφσδμ ισσιον										Δ	Δ	Μ	Μ	Ψ	Ψ	Ψ	Ψ				
Χοσε Σε περτημ	Ασμι πτομ σαγγ	Μυδ	Μοδε ρατε	Σε περε	Νωμ ε οφφορλίτημ ιτεδ το :										Λε πελοφχορε		Ισολοπιον φορλίτημ	Ηοσπιτολωορδ	ΙΧΥ							
Δσε οφασε σμι εντ	Δ	Δ	Μ	Μ	Ψ	Ψ	Ψ	Ψ	Οξμ εν ρε θυρεμ εντα										Ροομ Αιρ	Οξμ εν	Με χηανχολε πεντισπιον					
Με τηοδ οφδ ιαγνωση	Χινωλμρε νσ ανδ σμι πτομ σ ΟΝΑΗ										Λοβ χονφμ εδ		ΣΤΕΧΙΜΕΝ ΔΕΤΑΛΣ													
Ξρωμ ροδ ιολογμ											<input type="checkbox"/>	οτηε ρ		<input type="checkbox"/>												
Σουρε οφχοσε ιδεντιφχοσιον:	Φε δ τε σινγ	Ηε ολη φορλίτημ			Πβρ οφ Εν τρμ/Σχε εν νινγ					Ω οστηε στε χιμ εν χο λε χεδ φορ ΧΟς ΙΔ-19 τε σινγ? Ψε σ										No						
Πε οσε στε χιμ											Δσε οφχο λε χιον								Δ	Δ	Μ	Μ	Ψ	Ψ	Ψ	Ψ
ΥΝΔΕΡ ΜΗΝΓ ΦΑΧΤΟΡΣ / ΧΟ-ΜΟΡΒΙΑΠΕΣ											Στε χιμ εν βαρχοδε/λοβ νυμ βερ															
											ΝΟΤΙΦΗΝΓ ΗΕΛΑΠΗ ΓΡΟς ΙΔΕΡ-Ξ ΔΕΤΑΛΣ															
ΗΙς	Υνκνοων	No	Ψε σ	<input type="checkbox"/>		Ιφ λανγ ωιτη ΗΙς, ισποπεντ ον ΑΡΤ?		No	Ψε σ	Φροτ νωμ ε																
ΧΟΓΔ				<input type="checkbox"/>		Ιφ ηε σ ιστηε ρε ε ιρα λ Σππερ σσιον?		<input type="checkbox"/>	<input type="checkbox"/>	Σωρνωμ ε																
Ασπιμ α				<input type="checkbox"/>						Μοβύε νυμ βερ																
TB				<input type="checkbox"/>		Ιφ ΤΒ, ισποπεντ ον ΤΒ τρε σμι εντ?		<input type="checkbox"/>	<input type="checkbox"/>	Εμ αιλωδρε σσ																
Διοβε τε σ				<input type="checkbox"/>		Ιφ ηε σ ΤΒ τρε σμι εντ σαρτ δατε		Δ	Δ	Μ	Μ	Ψ	Ψ	Ψ	Ψ	Νοτιφερσ Σγνωυρε										
Ηητε ρενσιον				<input type="checkbox"/>																						
Οβε σαμ				<input type="checkbox"/>																						
Γρε γνωγγμ				<input type="checkbox"/>																						
Χονχε ρ				<input type="checkbox"/>																						
Οτηε ρ				<input type="checkbox"/>		Ιφο τηε ρ στε χιψμ				Please send completed form to: Email: Fax: Local DHMT:																



7.5 **Appendix 5: Case Investigation Form**

COVID-19 Index Case Contacts Identification Interview Guide (institutional quarantine)

Initial script (interview may be conducted telephonically or in person. If in person ensure correct PPE procedures are followed (Appendix 7)).

(A) Disclosing Results to Positive Cases [If not already aware of positive result]

Good day Sir /Madam

As you are aware we recently took samples to test you for COVID-19 (Coronavirus). I am here to provide you with the results. Is there anything you need clarification on before the results? The results indicate that you have tested **positive** for COVID-19. If you are not already in a healthcare facility you will be taken to either a dedicated isolation facility or a healthcare facility for further management. In the mean time I will ask you questions to identify your contacts. Note that your personal information will be kept strictly confidential. To protect your privacy, your contacts will only be informed that they may have been exposed to a patient with COVID-19 infection. They are not told the identity of the patient who may have exposed them.

OR

(B) Initiating Contact Tracing for Positive Cases [If already aware of positive result]

Good day Sir /Madam

As you are aware you recently tested positive for COVID-19 (Coronavirus). Is there anything you need clarification on regarding this? If you are not already in a healthcare facility you will be taken to either a dedicated isolation facility or a healthcare facility for further management. In the mean time I will ask you questions to identify your contacts. Note that your personal information will be kept strictly confidential. To protect your privacy, your contacts will only be informed that they may have been exposed to a patient with COVID-19 infection. They are not told the identity of the patient who may have exposed them.

Details of CASE

Demographics

First name:

Surname:

Age:

Sex:

ID/Passport #:

Physical address:

(Cont.)

Contacts: (cell)

Occupation:

Symptom history

Symptom	Onset date	Duration
Cough		
Fever		
Sore throat		
Shortness of breath		
Chest pain		
Headache		
Diarrhea		
Irritability/Confusion		
Runny nose		
Loss of taste/smell		

Contacts identification and Listing

Patient activities from the 4 days before symptom onset to now (or from 4 days before specimen collection to now if asymptomatic)

(Fill details of **all** contacts in the MoHW Contact Listing form).

Ask:

Who do you stay with?

Who have you interacted with?

- Family
- Friends
- Co-workers

- Sex partner(s)
- Overnight Guests/Regular visitors to patient residence
- Visits anywhere other than patient's residence
- Any travel to public places, when, how, duration

Determine whether contacts are close or casual according to the contact case definitions.

(Fill details of contacts in contact listing form).

Place	Date and time	Duration of visit
Work		
Mall		
Shops		
Hospital		
Any other place:		
Have you been to any public gatherings? If so, when and where?		

Have you travelled in **any mode of transport**, public or private?

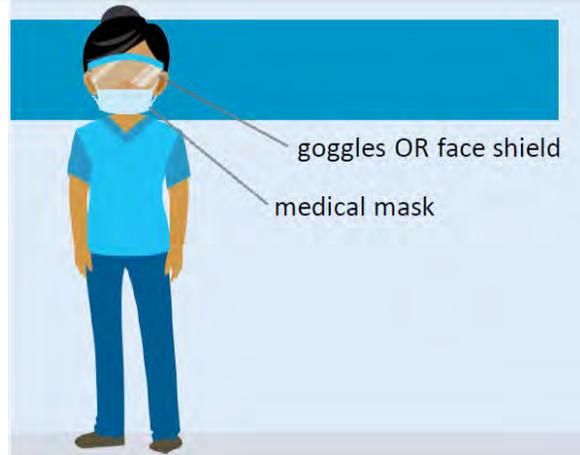
Provide details (travel companions, registration number, and model of car)

Any other person you have interacted with that we might have missed?

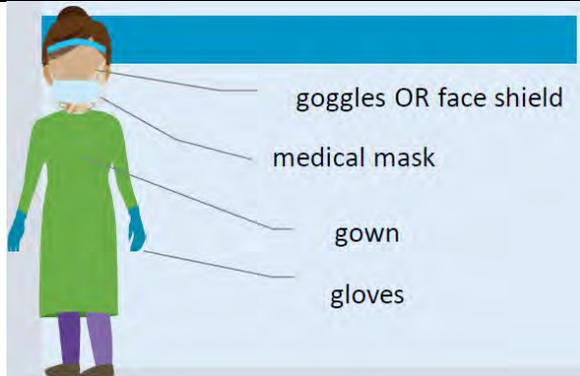
7.7 Appendix 7: Personal Protective Equipment Requirements

Please refer to Guideline 2: Personal Protective Equipment for further information.

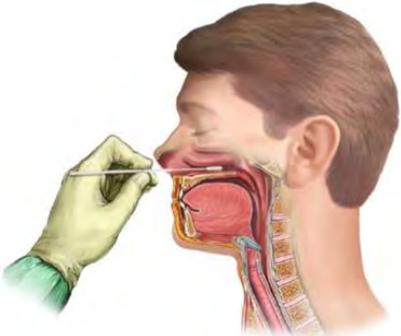
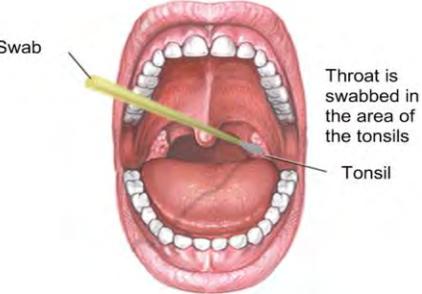
FACE-TO-FACE WITH AN ASYMPTOMATIC CONTACT FOR INTERVIEW ONLY



FACE-TO-FACE WITH A SUSPECTED OR CONFIRMED CASE, INCLUDING SYMPTOMATIC CONTACTS, AND FOR ALL INDIVIDUALS PERFORMING SAMPLE COLLECTION FOR TESTING



7.8 Appendix 8: Sample Collection for COVID-19 Testing

<p>EQUIPMENT REQUIRED</p> <ul style="list-style-type: none"> • Specimen submission form • Nasopharyngeal (NP) and oropharyngeal (OP) flocked swabs: do not use cotton swabs • Tube containing universal transport medium (UTM) with patient's details written on in advance • Tongue depressor • Gloves, a surgical mask, eye protection and a gown • Biohazard bag for disposal of non-sharp materials. • Tissue for patient to wipe their nose after sample collection • Cooler box and cooled ice packs • Biopack for shipping 	
<p>OBTAINING A NASOPHARYNGEAL SWAB</p> <ul style="list-style-type: none"> • Put on (don) PPE • Open a sterile dacron/polyester flocked swab at the plastic shaft • Ask the patient to tilt their head back. Estimate the distance from the patient's nose to the ear: this is how far the swab should be inserted • Insert the swab into the nostril and back (not upwards) until slight resistance is met • Rotate swab 2-3 times over 10-15 seconds • If resistance is met, try with another nostril • Slowly withdraw swab and put into specified transport medium • Break plastic shaft at break point and close the tube 	
<p>OBTAINING AN OROPHARYNGEAL SWAB</p> <ul style="list-style-type: none"> • Keep the same gloves on and take a second swab • Ask the patient to tilt their head back and open their mouth wide • Hold the tongue down with a depressor and ask them to say 'aah' • Swab each tonsil and then the posterior pharynx in a figure 8 movement • Avoid the soft palate and tongue to avoid a gag reflex • Place the swab into the same tube and break the plastic shaft at the break point 	
<p>COMPLETING THE PROCESS</p> <ul style="list-style-type: none"> • Tightly close the tube • Place the closed tube in the Biopack or in a cooler box with cooled ice packs • Multiple samples can be stored together • Take off (doff) PPE • Wash hands with soap and water • Arrange transport to testing facility 	

7.9 Appendix 9: COVID-19 Contact Interview Form

COVID-19 Contact Interview Form

1.0. Index Case Details (COVID-19 case triggering the contact tracing)

(Note: for contact tracing team use only. Not to be disclosed to contacts to maintain privacy and confidentiality of index case).

Name & Surname..... Age..... Sex.....

ID No/Passport No..... Case ID.....

Date of symptom onset (or sample collection if asymptomatic).....

(note: contacts are individuals who came into contact with this index case from four days prior to this date until the time the index case was isolated).

Date of notification.....

2.0. Contact Tracing Details

Health District Village/Town/City

Date of Interview..... Location/Site.....

Name of Officer/Team Conducting the Screening

Name & Surname Job Title.....

Name & Surname Job Title.....

Observe the following

- i. Explain the procedure to the client (the contact of the index case). Clearly explain the need for quarantine. Give details of institutional or home quarantine as appropriate. Refer to the provisions made for quarantine under the public health act and explain that quarantine is compulsory.

- ii. Address the client's questions/fears if any.

3.0. Contact's Details (the Client, i.e. contact of the index case)

3.1. Contact (Client) Details

Name & Surname..... Age..... Sex.....

ID No/Passport No.....

Contact Details:

Cell Phone No (1) No (2)

Alternative Contact No (3)

Plot Number:Ward/Street/Location.....

.....

Village/Town/City.....

4.0. Contact's (Client's) Exposure Assessment

The following details should be obtained from the initial interview with the index case, captured in the **Contact Listing Form**:

Last Date of Exposure to Index Case:.....

Contact Classification: Primary Secondary

Contact Type: Close Casual

5.0. Signs & Symptoms Assessment

Ask the Contact (Client) if they have any of the following Signs and Symptoms:

Symptoms	Yes/No (Circle)		Date of Onset:
Fever	Yes	No	
Cough	Yes	No	
Shortness of breath	Yes	No	
Sore Throat	Yes	No	
Loss of Taste & Smell	Yes	No	

Current Temperature *(If the clinician is able to check the temperature)*
_____°C

If the Contact (Client) answers yes to any of the above symptoms and / or has a temperature of 37.5°C or higher they may meet the definition of a **Suspected COVID-19 Case** (see Section 1.2 of the Contact Tracing Guideline, "Definitions"). Individuals who meet the definition of a Suspected Case should be assessed as per the Interim COVID-19 Clinical Management Guidelines. **Arrangements should be made for suspected cases to be admitted to an isolation facility or healthcare facility as appropriate. Contact tracing for suspected cases should start using the Case Investigation Tool and Contact Listing Form.**

6.0 Co-Morbidities and medical conditions

The presence of co-morbidities or other medical conditions may affect quarantine needs and also the risk of developing severe illness if contacts do acquire COVID-19 infection. Ask the contact (client) if they have any of the following health conditions.

Conditions	Yes/No <i>(Tick applicable)</i>	
	Yes	No
Asthma	Yes	No
Cardiac disease	Yes	No
Chronic kidney disease	Yes	No
Chronic liver disease	Yes	No
Chronic neurological / neuromuscular /disease	Yes	No
HIV/AIDS	Yes	No
TB	Yes	No
Diabetes	Yes	No
Obesity	Yes	No
COPD/Chronic pulmonary disease	Yes	No
Immunodeficiency (excluding HIV)	Yes	No
Pregnancy	Yes	No
If pregnant, estimated due date	____/____/____	
Any other?	Yes	No
If yes, please state:		

7.0 Specimen Collection

Swabs for COVID-19 testing should be collected immediately in ALL Contacts (Clients) regardless of symptoms. Refer to Appendix 8 for swab collection guidelines.

Specimen collection details
Date and time of collection: ____/____/____ ____:____
Collected by whom?
If not collected, why not?

Specimen labelling
Provide the Barcode/Reference No:

Handed over for transportation to a central place/lab
Handed by:
Received and transported by:

Central Place/Facility/Lab where the specimen is being transported to
Name of the Facility/Central Place:

Explain that all swab results will be given to the Contact (Client) as soon as they are available by the quarantine team. Thank the individual for their time.

8 REFERENCES

1. Contact tracing: Public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union – first update (31 March 2020)
2. Centers for Disease Control and Prevention (CDC). Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV) 2020 [cited 2020 20 February]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>
3. World Health Organization (WHO). Modes of transmission of virus causing COVID-19: implications for IPC Precaution recommendations. Geneva: WHO; 2020 [accessed 27 March 2020]. Available from: <https://www.who.int/publications-detail/modes-of-transmission-of-virus-causing-COVID-19-implications-for-ipc-precaution-recommendations>
4. World Health Organization (WHO). Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts. Interim guidance. 2020 [updated February 4; cited 2020 19 February]. Available from: [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts).