Algorithm for Contact Tracing for Suspected 2019-novel coronavirus cases on conveyances to CARPHA Member States

**Criteria to be considered in contact tracing**

- **Contact follow-up**: The Public Health Department at the arrival port should be advised of any suspected cases in order to carry out follow-up of any close contacts.

  - **Case classification**: Contact tracing should be initiated upon confirmation of a 2019-nCoV case, according to the WHO case definition: WHO's Definitions of patients with SARS, suspected of nCoV* / SARS: An ARI with history of fever or measured temperature ≥38°C and cough; onset within the last ~10 days; and requiring hospitalization. However, the absence of fever does not exclude viral infection.

- **Suspect case**: A patient with severe acute respiratory infection (fever, cough, and requiring admission to hospital), with no other etiology that fully explains the clinical presentation AND at least one of the following: • a history of travel to or residence in the city of Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or • patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for. B. Patients with any acute respiratory illness AND at least one of the following: • close contact with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset, or • visiting or working in a live animal market in Wuhan, Hubei Province, China in the 14 days prior to symptom onset, or • worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital-associated 2019-nCoV infections have been reported.

- **Probable case**: A suspect case for whom testing for 2019-nCoV is inconclusive or for whom testing was positive on a sample from 4 days prior to symptom onset. Symptomatic patients with recent travel to China or contact with a confirmed case

  - **Confirmed case**: A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms. *see https://www.who.int/health-topics/coronavirus for latest case definitions. Testing should be according to local guidance for management of community.

- **Symptoms, severity and infectiousness during flight/cruise**: The infectiousness of the index case is likely associated with symptoms and disease severity. Therefore, decisions on contact tracing and other interventions should consider this factor. Cases may be followed up if they meet the case definition.

- **Timing of contact tracing in relation to the flight**: Close contact is defined as a family member or person living in a shared space (house, ship cabin, or hotel room). Also, it may be a healthcare worker or facility staff that carried out any form of invasive procedure that may have produced aerosol (such as intubation). Additionally, it may be someone seated two rows before or behind in an aircraft.

  - The mean incubation period for 2019-nCoV is assumed to be on average five to six days (range 2-14). Close contacts should be asked to observe for symptoms up to 14 days. Conduct testing for 2019-nCoV on Day 1 and convalescent sample taken Day 14-21.

- **Contact tracing within 14 days after the flight**: Perform a full contact tracing and follow up until 14 days after the flight. The identified contacts should be informed about the event, the symptoms and the need to consult a doctor when symptoms develop. The identified contacts should be encouraged to limit their contact with others and be strongly discouraged to travel. If any of them develops symptoms, the person should be immediately isolated and multiple specimens should be collected under appropriate infection prevention and control procedures and according to relevant laboratory protocols.

- **Contact tracing between 14 and 28 days after the flight**: contacts may be contacted once to ask if symptoms have developed. When more than 28 days have passed since the flight, no contact tracing should be initiated.

**Extent of contact tracing for aircrafts**

Contact tracing efforts should focus on:

- passengers seated two seats in all directions around the index case AND
- crew members serving the section of the aircraft where the index case was seated AND
- persons who had close contact with the index case e.g., travel companions or persons providing care.

If severity of symptoms, secretion, diarrhoea, other symptoms, or movement of the case warrants more extensive contact tracing, larger portions of the aircraft or the entire section of the aircraft can be subject to contact tracing. This also applies if, during contact tracing, a secondary case is identified. If a crew member is the index case, all passengers seated in the area served by the crew member during the flight should be regarded as contacts, as should the other members of the crew.