Algorithm for Contact Tracing for Suspected coronavirus disease (COVID-19) cases on conveyances to CARPHA Member States

**Exposed Traveller**
(History of travel to location with active outbreak or exposed to COVID-19 case)

- **Self-Monitor**
  - 14 Days

  - No Symptoms Develop
  - Symptoms Develop

**Suspected Case**
(Travel history and Symptoms)

- **No follow up required**
- **Isolate person and use PPE**
- **Assess Laboratory Results**
- **Contact Tracing** And do laboratory testing of close contacts on day 1

**Confirmed Case**

- **Maintain isolation until recovered** (Retest on Day 14-21.)
- **Stop Contact Tracing**

**Criteria to be considered in contact tracing**

1. **Case classification**
   - **Contact follow-up**: The Public Health Department at the arrival port should be advised of any suspected cases in order to carryout follow-up of any close contacts.
   - **Case definition**:
     - A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath), AND a history of travel to or residence in a country/area or territory reporting local transmission (See situation report) of COVID-19 disease during the 14 days prior to symptom onset. OR B. A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID19 case (see definition of contact) in the last 14 days prior to onset of symptoms; OR C. A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness of breath) AND requiring hospitalization AND with no other etiology that fully explains the clinical presentation.

2. **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.

3. **Timing of contact tracing in relation to the flight**
   - A 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.

   - A contact is a person who experienced exposure during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case. The mean incubation period for COVID-19 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 COVID-19 on Day 1 and convalescent sample taken Day 14-21.

4. **Carry out 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.

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

6. **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, secretions, diarrhea, other symptoms, or movement of the case warrant 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.