

Simcoe Muskoka District Health Unit (SMDHU) COVID-19 Variant of Concern (VOC) Strategy

Case, Contact & Outbreak Management Measures

Updated: March 8, 2021

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Preamble

A new variant of the SARS-CoV-2 virus (VOC-202012/01, variant B.1.1.7) has been identified in the UK and has more recently been detected in Ontario. Other variants have been identified in various parts of the world. Current evidence points to possible increased transmissibility, but shows no indication that these VOCs are transmitted in fundamentally different modes from other variants of the virus¹. At this time there are no changes to current Infection Prevention and Control (IPAC) measures for VOCs. However, higher transmissibility suggests that for a given exposure there is a greater likelihood of infection, and hence the utmost importance with a lower margin of error for adherence to current IPAC measures.

This SMDHU advice is based on the [Ministry of Health COVID-19 Variant of Concern: Case, Contact and Outbreak management Interim Guidance document](#). At the time of writing, about 70% of all COVID cases in Simcoe-Muskoka are a VOC and we expect this to continue to rise. **This guidance now not only relates to VOC, but to all COVID confirmed or epidemiologically-linked probable or confirmed cases and their contacts.**

SMDHU is witnessing increasing prevalence of community transmission with VOC cases therefore, the following **high priority settings** with increased risk of transmission will be prioritized for public health follow-up:

- Congregate living settings (e.g., long-term care homes (LTCH), retirement homes, shelters, dormitories, correctional institutions)
- Health care settings, including home care
- Remote, isolated or Indigenous communities
- Schools/child care settings
- Large essential workplaces associated with outbreaks (e.g., manufacturing, food processing, distribution)

¹ [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#); Public Health Ontario (January 29, 2021).

Case and Contact Management

Comprehensive & timely case management

- Prioritization of case and contact management for individuals in high priority settings
- Prioritization of case and contact management for individuals with suspected links to individuals testing positive for a VOC will occur
- All confirmed/probable cases with known links to VOC actioned same day
- Active follow-up with cases on days 1, 7, 14

Enhanced contact management

- Lower threshold for assessment of all COVID-19 exposures (applicable to all settings including healthcare):
 - In household settings², most contacts will be deemed high-risk unless case was already in self-isolation from start of their infectious period
 - In most situations, the appropriate and consistent use of a medical mask and eye protection by the contact is sufficient to be considered low risk of exposure;
 - If a medical mask & eye protection is not worn, the following approaches³ will be used:
 - When case & contact are both wearing masks (medical or non-medical), but contact is not wearing eye protection while being within 2 metres of case for a cumulative duration of at least 15 minutes in a 24 hour period, the contact will be deemed high-risk;
 - When the case is not wearing a mask, and the contact is not wearing both medical mask and eye protection, any duration of exposure except for a transient exposure while the contact is within 2 metres of the case will be deemed high-risk;
 - When the contact is not wearing a mask, even if the case is wearing a mask (medical or non-medical), any duration of exposure except for a transient exposure while the contact is within 2 metres will be deemed high-risk;
 - Direct physical contact (e.g., hugging, kissing) with a case (regardless of masking or duration) will be deemed high-risk:
 - Note: Transient interactions (e.g., brushing past someone, grocery clerk passes bag and hands touch) will not be considered high-risk; and
 - Situations where the assessment suggests potential increased risk (considering duration, ventilation, adherence to Personal Protective Equipment (PPE) use) will be deemed high-risk exposures. An example would be persons in a small lunch room with no windows and an exposure time of greater than 60 mins.

² Household members do not include those living in congregate living settings.

³ SMDHU Exposure Assessment Resource available at: <https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/exposureassessmentexternal.pdf?sfvrsn=0>

- All high-risk contacts (regardless of level of exposure) of confirmed/probable cases to be identified within 24 hours of successful case investigation:
 - Contact investigator active follow-up with contacts on days 1, 7, 14;
 - Testing recommended for high-risk contacts:
 - First swab⁴: Day 0-6 following exposure; and
 - Second swab: on or after day 10 of quarantine.
 - Note: Testing should occur at any time if symptoms develop.
- If high-risk contacts cannot adequately self-isolate within their primary residence, and rehousing is not feasible, the entire household may be placed in quarantine.
- Household members of a high-risk contact will be asked to stay at home except for essential reasons⁵, especially while the quarantining person is waiting for test results.
- High-risk contacts that develop symptoms will be managed as probable cases and have contact tracing initiated prior to testing results being available:
 - Household members of a symptomatic high-risk contact will be asked to stay at home and not leave for essential reasons, until the symptomatic individual receives a negative test result.

Options for supporting strict self-isolation and quarantine for cases and contacts

- Consideration of [psychosocial impacts of self-isolation](#)
- Courier, delivery supports for food and necessities
- Use of community supports and agencies
- Technology supports to connect virtually with friends/family
- Sick leave benefits through the federal government, and emergency financial supports through the provincial government

Infection Prevention and Control/Outbreak Measures

- Infection Prevention and Control/Outbreak Measures Residents/patients to don medical masks (if able) for any care/activity where individual is <2 metres from resident/patient.
- All new & incoming staff confirmed to receive consistent/standardized IPAC education.
- Enhanced application, adherence and monitoring of IPAC measures is required.
- For health care, LTCH and retirement home settings, avoid use of staff, students or volunteers that are not adequately trained in IPAC measures.
- Assessment/education regarding Aerosol-Generating Medical Procedures (AGMP) and appropriate precautions required.

⁴ If first swab occurs on or after day 7 following exposure, repeat testing is not recommended unless symptoms develop.

⁵ Essential reasons for leaving home include: going to the grocery store or pharmacy, accessing health care services, for exercise, attending school and/or child care, and for essential work.

Date of Revision	Revisions
February 5, 2021	<ul style="list-style-type: none"> ▪ High-risk exposure definition further clarified ▪ Addition of definition for essential reasons ▪ Expectations for individuals discontinuing work/support to facilities in VOC outbreak
February 12, 2021	<ul style="list-style-type: none"> ▪ Clarification for assessment of household members of cases ▪ High-risk exposure clarification that 15 minute exposure is cumulative within a 24 hour period ▪ Essential visitors allowed in COVID-19 outbreak facilities until VOC is confirmed ▪ Addition of definition for confirmed VOC outbreak ▪ Infrequent essential visitors only required to be tested once post-exposure (on or after day 7) ▪ Clarification of surveillance testing requirements during outbreaks
March 8, 2021	<ul style="list-style-type: none"> ▪ Removal of extraordinary outbreak control measures to harmonize with provincial VOC control measures