

# Interim Recommendations for Public Health Management of Cases and Contacts in the Community

These measures apply in the context of community transmission.  
Last updated on **July 6, 2020 – Version 7.2**: changes are highlighted in **yellow**

## Context

Coronaviruses are viruses known for causing generally benign respiratory infections in humans and animals. Some strains can be more pathogenic, such as those that cause severe acute respiratory syndrome (SRAS-CoV-1), Middle East respiratory syndrome (MERS-CoV), and the newly identified strain referred to as SRAS-CoV-2.

The term SRAS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) is used to designate this new coronavirus, while the term COVID-19 (Coronavirus Disease 2019) refers to the disease caused by this virus.

This document is to be consulted as a complement to the other documents on COVID-19 produced by the Institut national de santé publique du Québec (INSPQ). The most up-to-date version of these documents can be found on the INSPQ website.

## Recommended measures

This brief presents recommended measures to take in the presence of a person under investigation, a confirmed case of COVID-19 infection, a suspected case or a community contact.<sup>1</sup>

It is based on current knowledge of COVID-19 and expert recommendations from recognized national and international authorities. Some recommendations results from a consensus of members of the expanded case and contact management committee, whose members work at the INSPQ, the Ministère de la Santé et des Services sociaux (MSSS), and some Directions régionales de santé publique.

**The recommended measures are adjusted as the epidemiological situation and new knowledge about the transmissibility of the virus evolve.**

Quick identification of individuals and their contacts who may be infected with SRAS-CoV-2 and taking adequate actions are the priority to prevent further transmission of the microorganism.

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<sup>1</sup> For interventions in healthcare settings, refer to the documents published by CINQ [in French only].  
<https://www.inspq.qc.ca/covid-19/prevention-et-control-e-des-infections>



INFORMATION ON COVID-19	
<b>Surveillance</b>	<p>To monitor the situation as it evolves at the national and international levels:</p> <ul style="list-style-type: none"> <li>▶ INSPQ: <a href="https://www.inspq.qc.ca/covid-19/donnees">https://www.inspq.qc.ca/covid-19/donnees</a> [in French only]</li> <li>▶ <a href="https://nouvelles.ulaval.ca/recherche/carte-interactive-de-la-covid-19-au-quebec-version-20-c65b06b854e34229279de2d140bee269">https://nouvelles.ulaval.ca/recherche/carte-interactive-de-la-covid-19-au-quebec-version-20-c65b06b854e34229279de2d140bee269</a> [in French only]</li> <li>▶ <a href="https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html">https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html</a></li> <li>▶ Johns Hopkins: <a href="https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6">https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6</a></li> <li>▶ WHO: <a href="https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports">https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports</a> and <a href="https://covid19.who.int/">https://covid19.who.int/</a></li> </ul>
<b>Sampling &amp; laboratory testing</b>	<ul style="list-style-type: none"> <li>▶ For information on laboratory testing, refer to: <a href="https://www.inspq.qc.ca/covid-19/labos">https://www.inspq.qc.ca/covid-19/labos</a> [in French only]</li> </ul> <p>It is no longer recommended to wait 48 hours from the onset of symptoms for sampling to avoid false negative results (source: LSPQ). In the case of persistent clinical suspicion with an initial negative result, sampling is to be repeated a few days later.</p>
<b>Priority groups for laboratory testing</b>	<ul style="list-style-type: none"> <li>▶ Refer to the MSSS website: <a href="https://www.msss.gouv.qc.ca/professionnels/covid-19/directives-cliniques-aux-professionnels-et-au-reseau/depistage/">https://www.msss.gouv.qc.ca/professionnels/covid-19/directives-cliniques-aux-professionnels-et-au-reseau/depistage/</a> [in French only]</li> </ul>

DEFINITIONS (for surveillance, intervention and investigation purposes)	
<b>Case definition for surveillance purposes</b>	<ul style="list-style-type: none"> <li>▶ Refer to the MSSS's nosological definitions: <a href="https://www.msss.gouv.qc.ca/professionnels/maladies-infectieuses/coronavirus-2019-ncov/">https://www.msss.gouv.qc.ca/professionnels/maladies-infectieuses/coronavirus-2019-ncov/</a> [in French only]</li> <li>▶ For the criteria to enter data into V10, refer to the directives from the Direction de la vieigie sanitaire.</li> </ul> <p>These case definitions for surveillance purposes are not intended to replace the judgement of clinicians or public health practitioners in managing for affected individuals and may differ from case definitions used for intervention purposes.</p>
<b>Risk assessment of contacts' exposure</b>	<p>Individual risk assessment must consider the duration of exposure, the symptoms presented by the case during the exposure, and the environment where the exposure occurred.</p> <p>To facilitate risk assessment and the management of people who have been exposed to a case, exposure can be categorized into three risk levels: high, moderate and low.</p> <p><b>For modalities, refer to the table "Assessment and management of individuals potentially exposed to SRAS -CoV-2 following contact with a confirmed case."</b></p>
<b>Confirmed case</b>	<p>In this document, this refers to either a case confirmed by a laboratory or confirmed by an epidemiological link with a laboratory-confirmed case.</p> <p>A case confirmed by an epidemiological link means an individual who has developed compatible symptoms (fever OR recent cough or aggravated chronic cough OR respiratory difficulty OR sudden anosmia without nasal congestion, with or without ageusia) and who has had high-risk contact with a laboratory-confirmed case and where there is no other apparent cause (see page 11). This case may have occurred before the laboratory-confirmed case.</p>
<b>Person under investigation (PUI)</b>	<p>Symptomatic individual who has undergone a recommended diagnostic test and is waiting for the result.</p>



DEFINITIONS (for surveillance, intervention and investigation purposes)	
<b>Suspected cases</b>	<p>In this document, this applies to high- and moderate-risk <b>contacts</b> of a confirmed case who do not meet the criteria of such a case and who present the following symptoms:</p> <p><b>Group A symptoms:</b> One of the following:</p> <ul style="list-style-type: none"> <li>▶ Fever (&gt; 38 °C) OR recent cough or aggravated chronic cough OR respiratory difficulty OR sudden anosmia without nasal congestion, with or without ageusia.</li> </ul> <p>OR</p> <p><b>Group B symptoms B:</b> At least 2 of the following symptoms:</p> <ul style="list-style-type: none"> <li>▶ A general symptom: muscle pain, headache, intense fatigue or significant loss of appetite.</li> <li>▶ Sore throat.</li> <li>▶ Diarrhea.</li> </ul>
<b>Research period for contacts of confirmed cases</b>	<p><b>Symptomatic confirmed case</b></p> <p>Significant <b>exposure</b> occurring in the 48 hours preceding the onset of symptoms and until the end of self-isolation.</p> <p><b>Asymptomatic confirmed case</b></p> <p>Significant <b>exposure</b> occurring in the 48 hours preceding sampling and up to 14 days after (if the case remains asymptomatic).</p> <p>Refer to the table “Assessment and management of individuals potentially exposed to <b>SRAS</b> -CoV-2 following contact with a <b>confirmed case</b>.”</p>

DURATION OF ISOLATION	
<b>Isolation of a confirmed case</b>	<p>A confirmed case (confirmed by a laboratory or by epidemiological link) must self-isolate until the criteria for ending isolation are met (see page 10).</p> <p>If the laboratory-confirmed case is asymptomatic and remains asymptomatic, they must remain in self-isolation until 14 days after the sampling date. If the confirmed case becomes symptomatic, they must self-isolate until 14 days after the onset of symptoms.</p>
<b>Isolation of an asymptomatic contact of a confirmed case</b>	<p>A high- or moderate-risk contact of a confirmed case must self-isolate until 14 days from the last at-risk exposure.</p> <p>Refer to the table “Assessment and management of individuals potentially exposed to <b>SRAS</b> -CoV-2 following contact with a <b>confirmed case</b>.”</p>
<b>Isolation of suspected cases</b>	<p>Suspected cases must respect the same isolation criteria as a confirmed case.</p> <p>If another identified cause explains their symptoms, suspected cases who have had high- or moderate-risk <b>exposure</b> with a confirmed case must complete the isolation period as contacts.</p>
<b>Isolation of asymptomatic contacts of suspected cases</b>	<p>No isolation. Asymptomatic household contacts of suspected cases should self-monitor their symptoms.</p>



### CONDITIONS FOR AT-HOME ISOLATION (person under investigation, confirmed case)

At-home monitoring or self-isolation is possible depending on the clinical presentation of the individual and following an agreement between the treating physician and the DSPublique, especially if the individual has a medical condition that increases the risk of complications (people of advanced age, who are immunosuppressed or who have chronic illnesses), or according to local or regional procedures.

Following the initial investigation, the DSPublique will follow up on day 14 to verify whether the criteria for ending isolation are met and to document the clinical course. Between these calls, the case will be advised to contact 811 if their health condition deteriorates or if they need to consult a medical professional. For follow-up with contacts, refer to the table on contact assessment and management.

The individual:

- ▶ Must remain in a location where healthcare is easily accessible during the isolation period so that they can quickly go to a healthcare facility if required.
- ▶ Must require little care and ideally be able to care for themselves. Otherwise, one person should be assigned to care for this individual.

The members of the household who have not been exposed to the symptomatic individual since the individual's symptoms developed should not return to the home as long as the individual is self-isolated there, especially if these people are at risk of developing complications from infection. If this is impossible, they should stay in another room and be separated from the individual as much as possible. Members of the household who have already been in contact with the PUI or the confirmed case can remain at home but must limit their contact with the sick individual as much as possible. Members of the household who have already been in contact with the person under investigation or with the case may remain at home, but must minimize their contact with the person who is sick.

Ensure that all relevant information on applying prevention and control measures is shared with the affected people.

For instructions, refer to: <https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/>



MEASURES TO APPLY			
	Person under investigation (PUI) or suspected case	Confirmed case	Asymptomatic contacts
<b>Hand hygiene (HH)</b> Refer to the document <i>Notions de base en prévention et contrôle des infections : hygiène des mains</i> , available here <a href="https://www.inspq.qc.ca/publications/2438">https://www.inspq.qc.ca/publications/2438</a> [in French only] MSSS documents, available here: <a href="https://publications.msss.gouv.qc.ca/msss/document-000438/">https://publications.msss.gouv.qc.ca/msss/document-000438/</a> <a href="https://publications.msss.gouv.qc.ca/msss/document-000441/">https://publications.msss.gouv.qc.ca/msss/document-000441/</a>	<ul style="list-style-type: none"> <li>▶ Wash hands frequently (washing with soap and water or using a hydroalcoholic solution).</li> <li>▶ Wash hands after every contact with the symptomatic individual or their environment, after taking off a homemade mask or gloves, and after any contact with infected bodily fluids (oral or respiratory secretions, stool).</li> <li>▶ Do not touch the eyes, nose or mouth with potentially contaminated hands.</li> <li>▶ Ensure that a sink, water and soap are available.</li> </ul>		
	<ul style="list-style-type: none"> <li>▶ Use a paper towel or a towel <b>reserved</b> for drying hands.</li> </ul>		No specific measures.
<b>Respiratory hygiene and etiquette</b> Refer to the document <i>Notions de base en prévention et contrôle des infections : hygiène et étiquette respiratoires</i> , available here <a href="https://www.inspq.qc.ca/publications/2439">https://www.inspq.qc.ca/publications/2439</a> [in French only] MSSS documents, available here: <a href="https://publications.msss.gouv.qc.ca/msss/document-000451/">https://publications.msss.gouv.qc.ca/msss/document-000451/</a> <a href="https://publications.msss.gouv.qc.ca/msss/document-000453/">https://publications.msss.gouv.qc.ca/msss/document-000453/</a>	<ul style="list-style-type: none"> <li>▶ Cover the mouth and nose when coughing or sneezing, using tissues or a bent elbow, and wash hands immediately afterwards.</li> </ul>		
	<ul style="list-style-type: none"> <li>▶ Wear a <b>medical mask</b><sup>1</sup> during healthcare visits if there is a fever or cough.</li> <li>▶ <b>Wear a medical mask<sup>1</sup> or cover the mouth and nose with tissues during care</b> (e.g., being dressed, bathed, going to the toilet or being repositioned in bed) if these are done by another person or in the presence of an uninfected person.</li> </ul>		<ul style="list-style-type: none"> <li>▶ No special measures (as long as the individual is asymptomatic).</li> <li>▶ Respect physical distancing measures even if asymptomatic.</li> </ul>
<p><i>Some at-home measures for limiting transmission via droplets and contact have been retained.</i></p> <p><i>In acute care environments, the additional droplet and contact precautions have been retained for most ambulatory clients. Additional airborne and contact precautions are applied when certain procedures are practiced for cases presenting particular severity criteria and for those who are hospitalized.</i></p>			
<b>Thermometer and personal protective equipment (PPE)</b>	<ul style="list-style-type: none"> <li>▶ Verify the knowledge of the individual or the caregiver concerning the proper use of a thermometer and homemade mask.</li> </ul>		
	<ul style="list-style-type: none"> <li>▶ The individual must have a thermometer (reserved for their exclusive use or disinfected between each person), gloves (for the family caregiver if in contact with bodily fluids), and <b>medical masks</b><sup>1</sup> (for any required travel outside of the home, contact with other people, or for the caregiver when they are providing care).</li> </ul>		<ul style="list-style-type: none"> <li>▶ The individual must have a thermometer (for self-monitoring) and <b>medical masks</b><sup>1</sup> if possible (if they become symptomatic and must travel).</li> </ul>



MEASURES TO APPLY			
	Person under investigation (PUI) or suspected case	Confirmed case	Asymptomatic contacts
<b>Monitoring symptoms</b>	<ul style="list-style-type: none"> <li>▶ Must take their temperature at least once daily, ideally at the same time, note it, and monitor the progression of COVID-19-compatible symptoms throughout the entire monitoring period. This will help to determine the end of the contagious or isolation period.</li> <li>▶ Must contact Info-Santé 811 or 911 without delay if their health deteriorates.</li> </ul>		<ul style="list-style-type: none"> <li>▶ Must take their temperature at least once daily, ideally at the same time, note it, and monitor the appearance of COVID-19-compatible symptoms throughout the entire monitoring period.</li> <li>▶ Must consult the guide for self-care and quickly contact the designated professional or Info-Santé 811 (depending on the region's established procedure) upon appearance of symptoms.</li> <li>▶ Refer to the table "Assessment and management of individuals potentially exposed to SRAS - CoV-2 following contact with a confirmed case."</li> </ul>
<b>Guidelines for consulting a healthcare professional</b>	<ul style="list-style-type: none"> <li>▶ Postpone all non-emergency appointments.</li> <li>▶ Must wear a <b>medical mask</b> during travel or during the visit.</li> <li>▶ Must contact the designated professional or Info-Santé 811 (according to the instructions received) before attending a consultation with a healthcare professional if their health is deteriorating or for any other reason. Instructions for minimizing potential exposures (e.g., <b>wearing a mask</b>, types of transportation allowed or to avoid) will be shared with them depending on the regional procedures.</li> </ul>		
<b>Outdoor activities and travel</b>	<ul style="list-style-type: none"> <li>▶ Must stay at home (must not go to work, school, daycare, or <b>any</b> other public places).</li> <li>▶ Must not take public transport (bus or metro) if travel to consult a healthcare professional is required. Prioritize a personal automobile or ambulance if required. If a taxi is required, follow the recommendations here: <a href="https://www.inspq.qc.ca/en/publications/2938-drivers-taxi-ride-sharing-industry-covid19">https://www.inspq.qc.ca/en/publications/2938-drivers-taxi-ride-sharing-industry-covid19</a>.</li> </ul>	Refer to the table "Assessment and management of individuals potentially exposed to SRAS -CoV-2 following contact with a <b>confirmed case</b> ."	



MEASURES TO APPLY			
	Person under investigation (PUI) or suspected case	Confirmed case	Asymptomatic contacts
<b>Place of isolation / accommodation</b>	<ul style="list-style-type: none"> <li>▶ Individual bedroom (must sleep alone in a bed).</li> <li>▶ Reserved bathroom if possible, otherwise disinfect bathroom after each use.</li> <li>▶ Must limit contact with other members of the household.</li> <li>▶ Must not stay in the same room as other members of the household or, if this is not possible, maintain a distance of 2 metres from others or wear a <b>medical mask<sup>1</sup></b> (or cover the nose and mouth with a clean cloth or a tissue). The mask must be changed regularly (if damp).</li> <li>▶ Whenever possible, shared spaces such as the kitchen or bathroom should be well-ventilated by opening the windows.</li> <li>▶ Ideally, only those contacts already exposed to the case at home and those essential for care will remain at the home.</li> </ul>		Refer to the table “Assessment and management of individuals potentially exposed to <b>SRAS</b> -CoV-2 following contact with a confirmed case.”
<b>Family caregiver</b>	<ul style="list-style-type: none"> <li>▶ Wash hands after each contact with a symptomatic person (washing with soap and water or using a hydroalcoholic solution).</li> <li>▶ Keep hands away from the face during and after care, until able to practice HH.</li> <li>▶ Ideally, assign a risk-free person in good health to care for the symptomatic individual or limit the number of people providing care.</li> <li>▶ Wear a <b>medical mask<sup>1</sup></b> during care.</li> <li>▶ Use disposable gloves if there is a possibility of coming into contact with infected bodily fluids (oral or respiratory secretions, stool). Practice hand hygiene immediately after removing gloves.</li> </ul>		Not applicable.
<b>Healthcare workers (HCW) (home care)</b>	<ul style="list-style-type: none"> <li>▶ <a href="https://www.inspq.qc.ca/publications/2917-mesures-soins-domicile-covid19">https://www.inspq.qc.ca/publications/2917-mesures-soins-domicile-covid19</a> [in French only]</li> </ul>		
	<ul style="list-style-type: none"> <li>▶ It is important to advise the HCW that the individual or another person living in the home is in isolation when the appointment is arranged.</li> </ul>		
<b>People living in the same household and visitors</b>	<ul style="list-style-type: none"> <li>▶ No visitors are permitted.</li> <li>▶ Wearing a mask is not recommended for asymptomatic home contacts, unless they are in the same room as a symptomatic person who is not able to wear one (e.g., children <b>under two years old</b>).</li> <li>▶ Avoid contact with or sharing objects contaminated with infected bodily fluids (oral or respiratory secretions, stool) from the individual (e.g., toothbrushes, cigarettes, utensils, dishes, glasses, mugs, towels or bedding).</li> <li>▶ Stay at least 2 metres away from the infected individual or PUI.</li> </ul>		No measure required for contacts of contacts.



<b>MEASURES TO APPLY</b>			
	<b>Person under investigation (PUI) or suspected case</b>	<b>Confirmed case</b>	<b>Asymptomatic contacts</b>
<b>Laundry</b>	<ul style="list-style-type: none"><li>▶ Place laundry contaminated with infected bodily fluids (oral or respiratory secretions, stool) (e.g., sheets, towels or clothes) in a cloth or plastic bag. Move these bags to the washing machine. Avoid shaking the laundry or the container while placing the laundry in the washing machine. Avoid contact between skin or clothing and the contaminated laundry. The laundry can however be washed with laundry from other members of the household, in hot water, using regular laundry detergent.</li></ul>		No specific measures.
<b>Dishes</b>	<ul style="list-style-type: none"><li>▶ The individual's dishes and utensils should be washed with soap and water after use. Using a dishwasher is also acceptable.</li></ul>		No specific measures.
<b>Waste management</b>	<ul style="list-style-type: none"><li>▶ Tissues and disposable items used by the individual must be disposed of in a garbage bin with a bag (ideally with a cover). Close the bag before disposing of it in the container used for regular garbage collection.</li></ul>		No specific measures.
<b>Environmental health</b>	<ul style="list-style-type: none"><li>▶ On a daily basis, disinfect surfaces (tables, counters, door handles, faucets, toilets, telephones, keyboards, computer accessories, etc.) frequently touched by the individual. Use the cleaning product typically used at home. Disinfect bathroom surfaces and the toilet at least once daily and more often if they have been contaminated by bodily fluids.</li><li>▶ Disinfectants or presoaked disposable disinfectant wipes must be used according to the instructions on the packaging (concentration, dilution, contact time, rinsing if required, etc.).</li></ul>		Regular maintenance.
<b>Management of dead bodies</b>	<ul style="list-style-type: none"><li>▶ A letter from the NDPH authorizes funeral homes to take possession of bodies with confirmed COVID-19 without case-by-case authorization from the DSPublique.</li><li>▶ For information on dead body management, refer to the INSPQ site: <a href="https://www.inspq.qc.ca/publications/2913-mesures-services-funeraires-covid19">https://www.inspq.qc.ca/publications/2913-mesures-services-funeraires-covid19</a> [in French only].</li></ul>		No specific measures.



MEASURES TO APPLY			
	Person under investigation (PUI) or Suspected case	Confirmed case	Asymptomatic contacts
<b>Contact with a pet</b>	<ul style="list-style-type: none"> <li>▶ HH before and after contact with the animal.</li> </ul> For more information, refer to: <a href="https://publications.msss.gouv.qc.ca/msss/en/document-002497/">https://publications.msss.gouv.qc.ca/msss/en/document-002497/</a>		
<b>Duration of the measures</b>	<ul style="list-style-type: none"> <li>▶ If another etiologic agent (i.e. streptococcus) is identified for a suspected case or person under investigation, wait for a confirmed negative result for COVID-19 before discontinuing the necessary measures for this virus (when applicable).</li> <li>▶ If the individual is in isolation due to moderate- or high-risk contact with a confirmed case, they must at least complete the recommended isolation time.</li> <li>▶ If no other cause has been identified and a COVID-19 diagnosis cannot be ruled out, follow the same guidelines for ending isolation in confirmed cases.</li> </ul>	<ul style="list-style-type: none"> <li>▶ According to an assessment by the attending physician or the professional designated for patient follow-up:</li> <li>▶ All of the following factors must be taken into consideration before making a decision to lift measures:<sup>2, 3, 4, 5, 6, 7</sup> <ul style="list-style-type: none"> <li>▶ A period of at least 142 days has elapsed since the start of the acute illness.</li> <li>▶ There has been an absence of acute symptoms for 24 hours (with the exception of a residual cough which can persist).<sup>6</sup></li> <li>▶ There has been an absence of fever for 48 hours (without having taken antipyretics).</li> </ul> </li> </ul>	Apply measures according to the risk assessment.  Refer to the table “Assessment and management of individuals potentially exposed to SRAS -CoV-2 following contact with a confirmed case” up to 14 days following last contact with the symptomatic person.

<sup>1</sup> The medical mask may be a surgical mask or procedural mask. If a medical mask is not available, use a face covering (or non-medical/homemade mask). Face coverings differ from one to another in how they are made (materials, design); as they are not a licensed product, we cannot confirm that they are as effective as a medical mask.

<sup>2</sup> Discontinuation of isolation without a confirmatory test applies to isolated cases in the home and hospitalized cases who would have been discharged before the end of their isolation period. Isolation may also be lifted for patients who have been hospitalized in intensive care or intubated, or who are immunosuppressed (whether hospitalized or not), without confirmatory test. It is preferable to wait 21 days instead of 14. For confirmed asymptomatic cases, isolation can be lifted 14 days after the date of sampling. The cases that meet the criteria for ending isolation are considered recovered.

<sup>3</sup> For cases related to immunosuppression, refer to the INESSS document [https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19\\_Immunosuppression.pdf](https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Immunosuppression.pdf) [in French only].

<sup>4</sup> For return-to-work recommendations for healthcare workers, including paramedics, refer to those issued by the CINQ.

<sup>5</sup> Although the duration of immunity to SRAS -CoV-2 is unknown, infected individuals who are otherwise in good health can be considered sufficiently protected to discontinue their isolation before their household contacts (if applicable). It would be more prudent to maintain isolation measures for individuals with vulnerability to COVID-19 (e.g., advanced age, immunosuppression, chronic illness, etc.) until the end of their household contacts' isolation period.

<sup>6</sup> In the absence of information on the contagiousness of individuals experiencing a persistent anosmia, isolation could be lifted despite the residual presence of this symptom. In terms of clinical criteria, the CDC considers the absence of a fever and the improvement of respiratory systems to be the only grounds for ending isolation.

<sup>7</sup> For hospitalized individuals whose households accommodate various vulnerable people (e.g., private seniors' residences or intermediary and family resources), refer to the MSSS directives: <https://publications.msss.gouv.qc.ca/msss/document-002584/> [in French only].



**Assessment and management of individuals potentially exposed to SRAS -CoV-2 following contact with a confirmed case**

RISK ASSESSMENT		RISK MANAGEMENT		
Risk level <sup>1, 2</sup>	Type of exposure	ASYMPTOMATIC CONTACTS		
		Movement restrictions	Level of monitoring	Travel/movement
<b>HIGH-risk exposure</b>	<ul style="list-style-type: none"> <li>▶ Person living in the same household<sup>3</sup> as a confirmed case.<sup>1, 6</sup></li> <li>▶ Intimate partner (e.g., sexual relations) with a confirmed case.<sup>1</sup></li> <li>▶ Person who provides physical care to a confirmed case in a non-medical setting<sup>4</sup> (e.g., in the home).<sup>1, 6</sup></li> <li>▶ Person who has had direct contact with infectious bodily fluids (e.g., having received spittle or expectoration in the face from someone coughing or sneezing, having touched their face after touching a tissue containing secretions without first washing their hands, etc.).</li> </ul>	<p>Home isolation (at home or in a similar setting).<sup>6</sup></p> <p>Refer to:  <a href="https://publications.msss.gouv.qc.ca/msss/en/document-002495/">https://publications.msss.gouv.qc.ca/msss/en/document-002495/</a></p>	<p>Active monitoring by phone or Internet recommended. Minimum frequency: (day 0 and day 14).</p> <p><b>If the individual becomes symptomatic (see page 3 for the list of symptoms):</b></p> <p><b>If the individual has had contact with a laboratory-confirmed case presenting Group A symptoms:</b></p> <p>Without a NAAT,<sup>8</sup> becomes a <b>confirmed case by epidemiological link:</b></p> <p>Investigation, identification of contacts and recommendation to isolate for the confirmed cases and their contacts.</p> <p><b>Other situations (contacts of confirmed cases by epidemiological links or contacts of laboratory-confirmed cases presenting Group B symptoms):</b></p> <p>A minimal investigation to determine whether a NAAT is recommended.<sup>8</sup></p> <ul style="list-style-type: none"> <li>▶ <b>If it is,</b> manage like a PUI.</li> <li>▶ <b>If not,</b> manage like a <b>suspected case.</b><sup>9</sup> Must follow the same isolation recommendations as confirmed cases. Ask the suspected case to inform their household contacts to self-monitor.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Public transport prohibited.<sup>7</sup></li> <li>▶ Transport by <u>private vehicle.</u></li> </ul>



RISK ASSESSMENT		RISK MANAGEMENT		
Risk level <sup>1, 2</sup>	Type of exposure	ASYMPTOMATIC CONTACTS		
		Movement restrictions	Level of monitoring	Travel/movement
<b>MODERATE -risk exposure</b>	<p>Person whose exposure does not fall under the definition of high-risk exposure, but when one of the following conditions apply:</p> <ul style="list-style-type: none"> <li>▶ The person has had prolonged contact (at least 15 minutes of cumulative or continuous exposure, or according to the risk assessment) within 2 metres of a confirmed case who was not following the recommended isolation measures or when this person was not applying the required measures.<sup>1</sup> This includes exposures that have taken place on means of transportation (e.g., a domestic flight, bus, train or boat) when the contacts can be identified<sup>5</sup> (e.g., by tickets with assigned seats).</li> </ul>	<p>Home isolation (in the home or a similar setting).<sup>6</sup></p> <p>Practice <b>physical</b> distancing.</p> <p>Refer to:  <a href="https://publications.msss.gouv.qc.ca/msss/en/document-002495/">https://publications.msss.gouv.qc.ca/msss/en/document-002495/</a></p>	<p>Self-monitoring with public health supervision (e.g., contact by electronic means).</p> <p>Minimum frequency: day 0 and day 14.</p> <p><b>If the individual becomes symptomatic (Group A or Group B symptoms):</b>            A minimal investigation to determine whether a NAAT is recommended.<sup>8</sup>  <b>If it is,</b> manage like a PUI.  <b>If not,</b> manage like a <b>suspected case</b>.<sup>9</sup> No extensive investigation. Must follow the same isolation recommendations as confirmed cases. Ask the suspected case to inform their household contacts to self-monitor.</p>	<ul style="list-style-type: none"> <li>▶ Public transport prohibited.<sup>7</sup></li> <li>▶ Transport by <u>private vehicle</u>.</li> </ul>

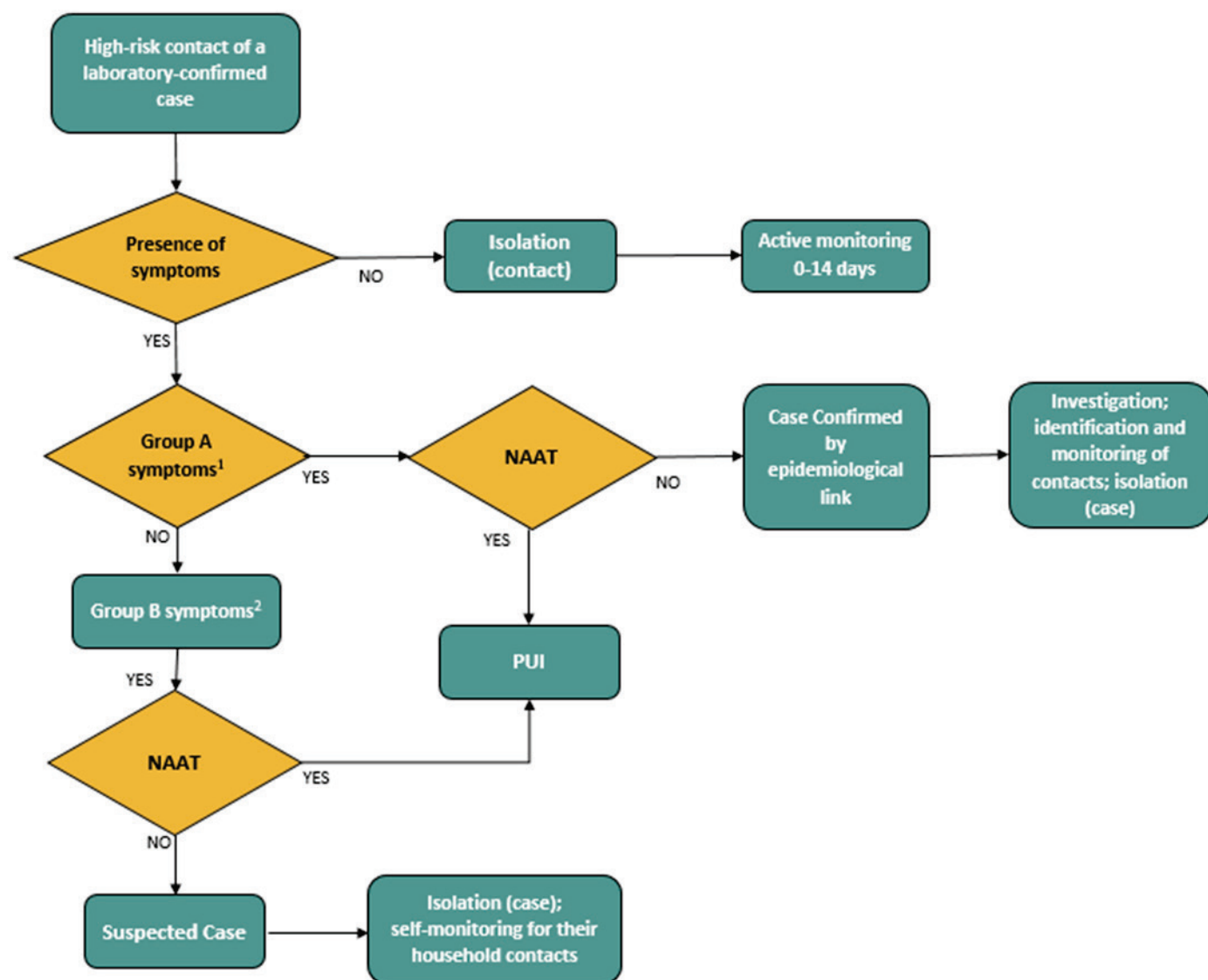


RISK ASSESSMENT		RISK MANAGEMENT		
Risk level <sup>1, 2</sup>	Type of exposure	ASYMPTOMATIC CONTACTS		
		Movement restrictions	Level of monitoring	Travel/movement
<b>LOW-risk exposure</b>	Person who has not had exposure that falls under the definitions of moderate- or high-risk exposure.	Follow the health recommendations. <sup>10</sup>	<p>No systematic identification of these contacts or individual public health surveillance.</p> <p>If contacts have been identified, recommend self-monitoring and encourage them to call the COVID-19 information line or 811 as needed.</p>	Follow the health recommendations. <sup>10</sup>

- <sup>1</sup> Assessment of all exposures applies to contacts with a confirmed case from 48 hours prior the onset of symptoms up until their isolation is lifted.
- <sup>2</sup> As a precaution and to account for the scientific uncertainty surrounding **SRAS** -CoV-2 transmission, in case of doubt between two exposure risk levels, it is recommended to assign the higher risk level.
- <sup>3</sup> Following assessment, this can include: dormitories, shelters, student residences, seniors' residences, detention centres, daycares and other places where there may be contact through the sharing of common spaces, e.g., kitchen, bathroom, living room, etc.
- <sup>4</sup> For addressing potentially exposed healthcare workers, refer to the INSPQ COVID-19 documents on this subject, available at: <https://www.inspq.qc.ca/covid-19/prevention-et-contrôle-des-infections>
- <sup>6</sup> Voluntary isolation or isolation under public health orders on a case-by-case basis in a place determined by the public health authorities. The isolation time for contacts of a case is 14 days starting from the last day of potential **moderate- or high-risk** exposure to the case. For household contacts, if the case and **the contact** apply the recommended measures, the 14-day period starts on the day the measures are put in place. If the measures are not implemented and **the contact continues to be exposed** to the case, the 14-day period will start when the case is no longer considered contagious (the date the measures are lifted). **When it is recommended to wear a mask, only the use of a medical mask can be considered adequate protection for the contact.**
- <sup>7</sup> In addition to the prohibited use of public transport, it is also prohibited to use commercial means of long-distance transport (e.g., plane, boat, train or bus). If the use of a taxi is necessary, follow the recommendations provided here: <https://www.inspq.qc.ca/en/publications/2938-drivers-taxi-ride-sharing-industry-covid19>
- <sup>8</sup> For the NAAT priorities (screening, diagnosis), refer to: <https://msss.gouv.qc.ca/professionnels/covid-19/directives-cliniques-aux-professionnels-et-au-reseau/depistage/> [in French only].
- <sup>9</sup> These suspected cases will not be subject to a complete investigation; finding their contacts is not required. They must however still be recommended to self-isolate as is done with confirmed cases and to inform their household contacts to self-monitor. Suspected cases presenting Group A symptoms meet the definition of clinical cases for monitoring purposes. For the criteria to enter data into V10, follow the instructions issued by the Direction de la vigie sanitaire of the MSSH.
- <sup>10</sup> Refer to: <https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/>



## HIGH-RISK CONTACT OF A LABORATORY-CONFIRMED CASE



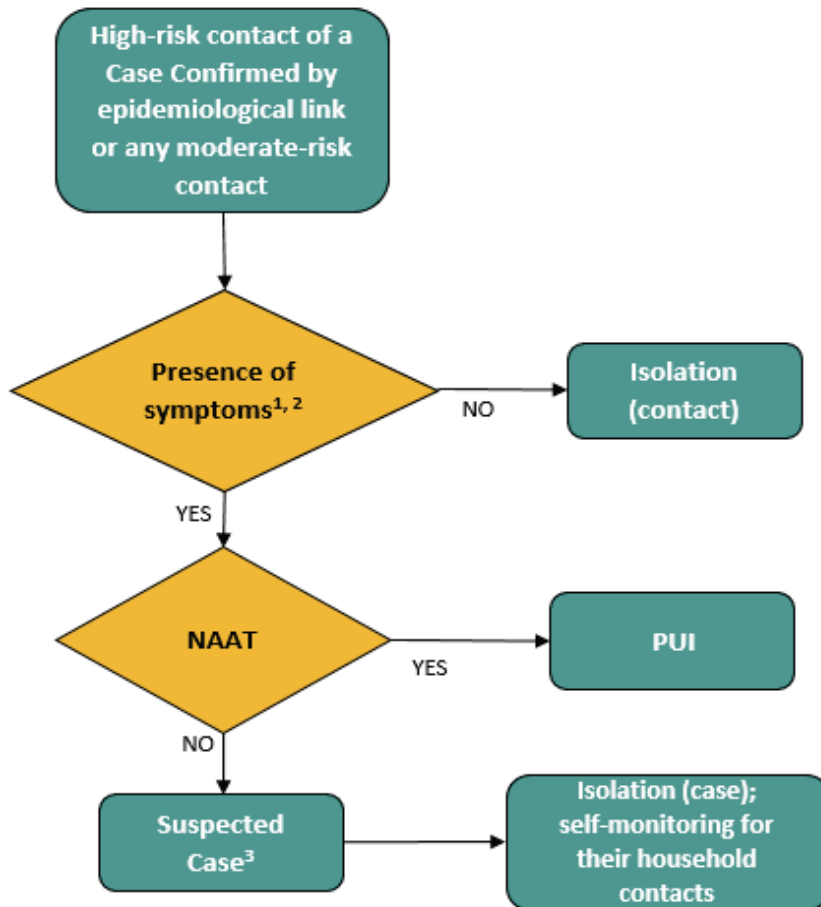
<sup>1</sup> Group A : fever, cough, respiratory difficulty, anosmia, ageusia

<sup>2</sup> Group B : at least two of the following symptoms :

- A general symptom : muscle pain, headache, severe fatigue, significant loss of appetite
- Sore throat
- Diarrhea



## OTHER CONTACTS



<sup>1</sup> Group A: fever, cough, respiratory difficulty, anosmia, ageusia

<sup>2</sup> Group B: at least two of the following symptoms :

\* A general symptom: muscle pain, headache, severe fatigue, significant loss of appetite

\* Sore throat

\* Diarrhea

<sup>3</sup> If presenting Group A symptoms, it meets the definition of a clinical case (surveillance)



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# Interim Recommendations for Public Health Management of Cases and Contacts in the Community

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Publication N° : 2902– English version

The French version is entitled *Mesures pour la gestion des cas et des contacts dans la communauté : recommandations intérimaires* is also available on the website of the Institut national de santé publique du Québec at: <https://www.inspq.qc.ca/publications/2902-mesures-cas-contacts-communaute-covid19>