

## NCP: Close Contact Management Protocol

This Protocol was formulated to guide local efforts in investigating and managing close contacts of Novel Coronavirus Pneumonia Cases and effectively control the spread of the disease based on the update understanding of research results in China and overseas.

### I. Definition

Close contacts refer to people who had unprotected close contact (within 1 meter) with a confirmed or suspect case within two days before illness onset, or with an asymptomatic infected person within two days before sampling, including:

(1) Those living, studying, working or other close contacts such as working in close distance, or sharing the same classroom or living in the same room;

(2) Health care workers or family members who diagnose, treat, take care of or visit the case, or other people who have similar close contact with the case, such as those directly treating and nursing the case, visiting the case or staying in the closed environment where the case stays, roommates of the case and their carers in the same room;

(3) People who are in the same transportation with the case and have close contacts, including those who have taken care of the patient in the transportation, accompanying people of the patient (family, colleagues, friends, etc.), or other passengers and crew members evaluated as having close contacts with cases or asymptomatic infected persons. See Appendix 1 for methods to assess close contacts in different transportation tools.

(4) Those evaluated by field investigators as meeting criteria of close contacts.

The identified close contacts should be registered using the Form for Close Contacts of Novel Coronavirus Pneumonia Cases (see Appendix 2).

### II. Requirements in management

#### 1. Management of close contacts.

This is arranged by local health authorities along with relevant departments. For those who reject medical observation, the local public security agency may involve and take them into mandatory isolation.

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(1) When individuals are put under medical observation, they should receive verbal or written notification on the justification, duration, legal basis, issues to note, knowledge of the disease, name and phone number of contact person and the health care facility that are responsible for the medical observation.

(2) Medical observation can take place in centralized settings. If not feasible, this can take place at home with closer management of the contacts. The medical observation period is 14 days after the last unprotected contact with the case or asymptomatic infected person. The close contacts of a confirmed case or an asymptomatic infected person should complete the 14-day quarantine even if they are tested negative during quarantine.

(3) Persons under centralized or home-based medical observation should live relatively independently to minimize contact with co-residents. Adequate cleaning and disinfection are done to the observation sites to minimize contamination per *Technical Protocol for Disinfecting Specific Locations*. They should not go out during the observation period. If going out is necessary, approval from the medical observation management personnel has to be obtained. When going out, the person should wear a disposable surgical mask and avoid going to crowded places.

(4) General contacts (other than close contacts with whom a case has lived, studied or worked with) who were not in the same plane, train, ferry or other transportation vehicle with the case should be provided with information on the health risks, the necessity of seeking medical attention whenever fever, dry cough or other respiratory symptom, diarrhea, or conjunctival suffusion develops, and the obligation to provide history of recent activities.

## **2. Measures taken during medical observation**

(1) During medical observation, measures to be taken are:

1) During the medical observation, a designated health facility staff shall take the person's temperature in the morning and evening every day, ask about the person's health status, fill in the medical observation record form, provide necessary help and guidance and fill in the *Medical Observation Registration Form for Close Contacts of Novel coronavirus Pneumonia Cases* (Appendix 3). The *Daily Report Form for Medical Observation of Close Contacts of Novel Coronavirus Pneumonia Cases* (Appendix 4) and *Daily Summary Form for Medical Observations of Close Contacts of Novel Coronavirus Pneumonia Cases* (Appendix 5) can be references for local staff when consolidating the data.

2) The medical observation manager should take precautions in personal protection as per *Guideline for personal protection of specific groups*.

(2) During the medical observation, if the person under observation develops any symptoms (including fever, chill, dry cough, productive cough, nasal congestion, rhinorrhea, sore throat, headache, weakness, myalgia, joint soreness, shortness of breath, dyspnea, chest distress,

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conjunctival suffusion, nausea, vomiting, diarrhea and abdominal pain), it should be reported immediately to the local health authority, and the person should be transferred to a designated health care facility according to regulations for diagnosis and treatment with specimen collected for laboratory testing and screening. If the person is identified as a suspect case or a confirmed case, the close contacts should be put under medical observation.

(3) Upon the completion of medical observation, if the close contact has no presentation of any abnormalities, he or she should be discharged from the medical observation.

### **3. Locations for centralized medical observation**

(1) The following criteria should be met in selecting and equipping the premises for centralized medical observation:

1) Centralized medical observation facilities should be located in a relatively isolated area far from densely populated area. It should not be in a health care facility.

2) Within the facilities for centralized observation, there should be different functional areas with clear signs such as living areas, supply areas and medical observation areas. The premise should be properly ventilated, equipped with basic facilities to support normal living of people under medical observation and easy for implementing regular disinfection measures.

3) Single rooms with private bathrooms should be available in the centralized observation premise to accommodate the individuals under medical observation.

4) The premise should have its own septic tank. Sewage should be disinfected before discharged into the municipal sewage network. An alternative to stand-alone septic tank is a container exclusive for excrement collection. It is disposed of only after being disinfected and treated per *Technical Protocol for Disinfection of Specific Settings*.

### **III. Information Reporting**

County/district CDCs are encouraged to report health conditions of those being discharged from the medical observation according to the *Interim Guideline for Investigation and Management of Close Contacts of Novel Coronavirus Pneumonia Cases* developed by China CDC (CCDC [2020]14).

### **Appendixes**

1. Guidance on Assessment of Close Contacts in Transportation System
2. Registration Form for Close Contacts of Novel coronavirus Pneumonia Cases

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3. Medical Observation Daily Registration Form for Close Contacts of Novel coronavirus Pneumonia Cases
  4. Daily Report Form for Medical Observation of Closely Contacts of Novel coronavirus Pneumonia Cases
  5. Daily Summary Form for Medical Observations of Close Contacts of Novel coronavirus Pneumonia Cases

Translation organized by WHO China Office

## **Guidance on assessment of close contacts in transportation system**

### **1. Airplane**

- (1) Close contacts are defined as those seated in the same row, within three rows in the front and three rows in the back of the patient as well as the crew members serving the defined areas in the aircraft. Other passengers are grouped as general contacts.
- (2) The definition expands to everyone in the aircraft if it is not equipped with high-efficiency particulate filter.
- (3) Other known close contacts of the case.

### **2. Train**

- (1) For closed and air-conditioned train, close contacts are all the passengers and crew members who were in the same car of hard seat or hard sleeper, or in the same compartment of soft sleeper with the patient.
- (2) For regular train other than the closed one, passengers in the same compartment of soft sleeper, or the same segment and the next segments both back and front in the same car of hard seat or hard sleeper as the patient, and the crew members assigned to these areas are close contacts.
- (3) Other known close contacts of the case.

### **3. Coach**

- (1) For a closed and air-conditioned coach, all the passengers in the same coach are close contacts.
- (2) For a regular coach other than a closed one, passengers in three rows in the front and three rows in the back as well as the driver are close contacts.
- (3) Other known close contacts of the case.

### **4. Ferry**

- (1) All the passengers in the same cabin as the patient as well as the crew members assigned to this area.
- (2) During the contact period, if the passenger already had obvious symptoms like fever, sneezing, dry cough or vomiting, he or she should be classified as a close contact regardless of the duration of the contact.

Appendix 2

**Registration Form for Close Contacts of Novel coronavirus Pneumonia Cases**

Name	Contact NO.	Gender	Age	Relation with Patient	First contact time	Last contact time	Contact frequency	Contact Place	Ways of contact	Notes(Duration of each contact)

1. Contact frequency: ① often ② average ③ occasionally
2. Contact place: ① At home ② Healthcare facility ③ Workplace ④ Entertainment setting ⑤ Other (please specify)
3. Ways of contact: ① Eat together ② Share apartment ③ Share room ④ Share bed ⑤ Work and study in the same room  
⑥ Diagnosis and treatment ⑦ In the same ward ⑧ Entertainment activities ⑨ Other (please specify)

Appendix 3

### Medical Observation Daily Registration Form for Close Contacts of Novel coronavirus Pneumonia Cases

Suspect    Confirmed    Asymptomatic infection    Name:\_\_\_\_\_Contact Number:\_\_\_\_\_Date of Onset:\_\_\_\_\_

Number	Name	Gender	Age	Address	Observation started(Date)	Clinical Manifestation																																	
						Temperature (°C)							Dry cough							Other																			
						1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7													

Notes: 1. This table is to be used by health personnel who are observing the close contacts of novel coronavirus pneumonia cases or asymptomatic infected persons.

2. In "Clinical Manifestation", fill in actual body temperature. Tick  $\sqrt$  when there are "dry cough" or  $\times$  when there is no such symptoms. Fill in the corresponding code for other symptoms: ① Chills ② Sputum production ③ Nasal congestion ④ Rhinorrhea ⑤ Sore throat ⑥ Headache ⑦ Fatigue ⑧ Myalgia ⑨ Arthralgia ⑩ Shortness of breath, dyspnea ⑪ Chest distress ⑫ Conjunctival congestion ⑬ Nausea ⑭ Vomiting ⑮ Diarrhea ⑯ Abdominal pain

Organization:\_\_\_\_\_ Name:\_\_\_\_\_ Date:\_\_\_\_\_(year/ month/ day)

Appendix 4

### Daily Report Form for Medical Observation of Closely Contacts of Novel coronavirus Pneumonia Cases

Street / Community or Home	Date when observation for the first case started	Cumulative number of people observed	People under medical observation				Number of people developing clinical manifestations		Conversions			Expected date when the last close contact is discharged
			Observations on the day		# of discharge		New	Total	To cases	To asymptomatic infected persons	Total	
			#	New	Pending	Total						
Total												—

Notes:

This form is used by health care workers for consolidating data for reporting.

Clinical manifestations: fever, dry cough, shortness of breath, etc.

The cumulative numbers in the table refer to the aggregated numbers since the medical observation starts.

Organization: \_\_\_\_\_ (health care facility)    Name: \_\_\_\_\_    Date: \_\_\_\_\_ (year/ month/ day)



Appendix 5

**Daily Summary Form for Medical Observations of Close Contacts of Novel coronavirus Pneumonia Cases**

Catchment	Date when observation for the first case started	Cumulative number of people observed	People under medical observation				Number of people developing clinical manifestations		Conversions			Expected date when the last close contact is discharged
			Observations on the day		# of discharge		New	Total	To cases	To asymptomatic infected persons	Total	
			#	New	Pending	Total						
Total												

Notes:

1. This table can be used by city and district CDCs for statistical summary.
2. Clinical manifestations: fever, dry cough, shortness of breath, etc.
3. The cumulative numbers in the table refer to the aggregated numbers since the medical observation started.

Organization: \_\_\_\_\_ CDC: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_ (year/ month/day)