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SUBJECT: COVID-19: Contact Tracing**KEYWORDS:** Coronavirus, SARS-CoV-2, COVID-19, Contact Tracing, Epidemiological Investigation**FOR:** Health System**CONTACTS:** dspdps@dgs.min-saude.pt

COVID-19 was recognized by the World Health Organization as a pandemic on 11th March 2020. In this context, several measures were taken to contain the spread of the infection by SARS-CoV-2. Given how the epidemic evolved, a gradual lifting of the containment measures was determined.

According to the World Health Organization (WHO), the European Commission and the European Centre for the Prevention and Control of Diseases (ECDC) effective tracking of contacts (identification, risk assessment and implementation of measures) is a key element for early detection of cases and limiting the spread of COVID-19.



This “Test-Track-Trace” strategy has been adopted in Portugal at three levels: a) early identification of cases through the appropriate use of laboratory tests; b) adequate clinical follow-up (using the information system available on the Trace COVID-19 platform) of all cases of SARS-CoV-2 infection, either in an outpatient or in a hospital environment; c) effective identification and monitoring of confirmed case contacts, coordinated by health authorities.

Contact tracing consists of three steps¹:

- a) Identification of all persons (contacts) who were potentially exposed to respiratory droplets or secretions from a case of COVID-19;
- b) Evaluation of contacts with risk stratification, through investigation and communication with the identified contacts;
- c) Implementation of measures, including prophylactic isolation and surveillance (follow-up and regular monitoring of contacts regarding their symptoms).

¹ European Centre for Disease Prevention and Control. Contact tracing: public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union – second update, 8 April 2020. Stockholm: ECDC; 2020.

Thus, pursuant to paragraph a) of item 2 of art. 2 of Regulatory Decree No. 14/2012, of 26 January, the Directorate-General for Health issues the following Guideline:

Contact Definition

1. A contact is a person who has been exposed to a COVID-19 case, or to material infected with SARS-CoV-2, within the transmissibility period.
2. For the purpose of tracking contacts, the transfer period extends from 48 hours before the symptom onset date of the symptomatic COVID-19 case or the date of collection of biological product from the laboratory test in the case of asymptomatic COVID-19 until the day on which the cure of the case is established, defined under the terms of DGS Guidelines 004/2020 and 010/2020.
3. The risk of getting SARS-CoV-2 infection is dependent on the level of exposure. The COVID-19 case contacts are classified according to their level of exposure, as high-risk and low-risk exposure, in accordance with Appendix 1.
4. The stratification of contacts by risk of exposure determines the type of surveillance and measures to be implemented.
5. The implementation of the measures in this Guideline does not apply to persons with previous history of SARS-CoV-2 infection, confirmed by laboratory, that have met the cure criteria as established in DGS Guidelines 004/2020 or 010/2020.

Contact approach

6. When a COVID-19 case is identified, detailed epidemiological analysis must be carried out by the Health Authority, supported by the Public Health Unit and, based on the risk assessment, the appropriate measures must be applied.
7. Epidemiological investigation procedures, in particular contact tracing, should be performed as early as possible, preferably within 12 hours following the identification of the case, and regardless of the existence of the COVID-19 case came to be known.
8. The contacts identified during the epidemiological investigation, classified according to Appendix 1, must be entered in the SINAVE (National Epidemiological Surveillance System) "List of Contacts" and on the Trace COVID-19 platform (<https://tracecovid19.min-saude.pt/>).

9. All persons who have been considered to be possible “contacts” by the SNS24, or by other health professionals, and who have been inserted, as such, on the Trace COVID-19 platform (under “active surveillance” until evaluation by the Health Authority) should also be investigated. To this end, the Health Authority, supported by the Public Health Unit, must use the Trace COVID-19 platform, performing the daily tasks generated by the platform for contacts.
10. If the identified case of COVID-19 was on board an aircraft or ship within the period of transmissibility, the Health Authority of the airport / aerodrome where the aircraft landed or the port where the ship docked must be informed.
11. If, during contact tracing, citizens, whether Portuguese or otherwise, are identified who are not in Portugal, the Regional Health Authority should inform the DGS Public Health Emergency Centre (cesp@dgs.min-saude.pt) whenever necessary and in accordance with applicable legislation, in order to share relevant information with the Health Authorities of the respective countries.
12. All contacts must be informed by the locally responsible Health Authority of the measures to be taken, in accordance with the risk assessment and with this Guideline.
13. If, during the identification of contacts, symptomatology compatible with COVID-19 is detected, the Health Authority responsible for tracking contacts should initiate Suspected Case procedures, in accordance with this Guideline.
14. For the effective implementation of the procedures in this Guideline, the Health Authority may request support from other elements of the Public Health Unit, or other professionals outside it, which it considers necessary, distributing some of the tasks to them, namely the daily monitoring of contacts.

Contacts with High-Risk Exposure

15. A contact classified as having high-risk exposure, in accordance with Appendix 1 is subject to:
 - a. Active surveillance for 14 days, from the date of the last exposure;
 - b. Determination of prophylactic isolation, at home or another place defined locally by the Health Authority until the end of the active surveillance period, in accordance with the model in Dispatches no. 2836-A / 2020 and/or no. 3103-A / 2020².

² http://www.seg-social.pt/documents/10152/16819997/GIT_70.docx/e6940795-8bd0-4fad-b850-ce9e05d80283

16. Active surveillance aims to detect early onset of symptoms compatible with COVID-19 and includes:
- a. Daily contact, by telephone or using other telematic means (namely the self-reporting functionality, available in the Electronic Health Registry or on the COVID-19 portal [<https://covid19.min-saude.pt>], by the Health Authorities or professionals who have been assigned this task, supervised by the Health Authority;
 - b. Registration on the Trace COVID-19 platform.
17. The high-risk contact should be informed of the following measures to be taken during the active surveillance period:
- a. Daily self-monitoring of symptoms compatible with COVID-19, through the self-reporting functionality available in the Electronic Health Registry or on the COVID-19 portal; this data migrates to the Trace COVID-19 platform, under instructions from the Health Authority, if it considers that the conditions are met for reliable reporting;
 - b. Measure and record body temperature, twice a day;
 - c. Be contactable;
 - d. Strictly implement hand hygiene measures and respiratory etiquette;
 - e. Be in compulsory isolation/confinement, pursuant to the legislation in force, at home or another place designated for that purpose, and in compliance with the rules and measures defined in DGS Guideline 010/2020;
 - f. Preferably contact the Health Authority responsible for active surveillance (through the telephone number provided by it to the user, at the time of the first contact), or SNS24, if symptoms appear compatible with COVID-19.
18. The Local Health Authority, for the purpose of monitoring compliance with mandatory confinement, as provided for in the legal framework in force, must send information regarding people in prophylactic confinement / isolation to the security forces and services of the area of residence, using the existing communication circuits between the Health Authorities and security forces and services.
19. For high-risk contacts, a molecular laboratory test can be considered (RT-PCR or rRT-PCR), depending on the risk assessment by the Health Authorities, especially in outbreak / cluster situations^{3,4} and in people with prolonged exposure to the case (such as cohabitants), particularly in enclosed spaces with poor ventilation.

³ **Outbreak** is a disease situation with a higher incidence than expected in a region, community or well-defined location; **Cluster** is an aggregate of cases with a spatial and / or temporal relationship, perceived as superior to that expected by chance (adapted from: Dictionary of Epidemiology, 6th Edition Edited by Miquel Porta. Oxford University Press, New York, New York).

⁴ Namely those at risk identified in DGS Guideline 004/2020, including residents in RNCCI, UCCI and ERPI, in accordance with DGS Guideline 009/2020 and patients with Chronic Kidney Disease in Haemodialysis, in accordance with DGS Guideline 008/2020.

20. In the situations indicated in the previous point, the laboratory test for SARS-CoV-2 must be carried out on contacts in prophylactic isolation, between the 7th-8th day⁵ after the last risk exposure, or when the contact is identified in a situation of continual exposure (for example, daily) to the confirmed case. If:
 - a. Positive result: DGS Guideline 010/2020.
 - b. Negative result: active surveillance and prophylactic isolation are maintained, in accordance with points 15 to 187 of this Guideline.
21. During the active surveillance period, if symptoms compatible with COVID-19 are identified, the Health Authority must initiate the Suspected Case procedure, in accordance with this Guideline.

Contacts with Low-Risk Exposure

22. A contact classified as having low-risk exposure, in accordance with Appendix 1, is subject to passive surveillance for 14 days from the date of the last exposure.
23. The low-risk contact should be informed of the following measures to be taken during the passive surveillance period:
 - a. Daily self-monitoring for symptoms compatible with COVID-19;
 - b. Measure and record body temperature, twice a day;
 - c. Strictly implement distancing, hand hygiene and respiratory etiquette and the use of a mask according to Guideline 019/2020 and DGS Information 009/2020;
 - d. Do not frequent places with crowds of people, maintaining work activity and ensuring compliance with the preceding paragraph;
 - e. Self-isolate and contact the Health Authority responsible for passive surveillance (through the telephone number provided by it to the user, at the original contact), or SNS24, if symptoms appear compatible with COVID-19.
24. The information related to self-monitoring provided for in the previous number of this Guideline must be registered, by the user, in the Electronic Health Registry or on the COVID-19 portal, through the self-reporting functionality; this information migrates to the Trace COVID-19 platform. If it is impossible to register symptoms electronically, the patient must do so in person.

⁵ The median incubation period for SARS-CoV-2 infection is 5-6 days, so performing a laboratory test after this period (on the 7th to 8th day) seems to decrease the probability of a negative result being a “false negative”.

25. During the period of passive surveillance, if symptoms compatible with COVID-19 are identified the Health Authority is to be alerted through the Trace COVID-19 platform, or by the user, and must confirm that Suspected Case procedures have been initiated or should initiate them.

Suspected Case Detected During Identification or Surveillance of Contacts

26. The Health Authority that detects the appearance of symptomatology compatible with COVID-19 must assess, by telephone, the suspected case and forward it, according to the severity of the clinical picture and the procedures defined in DGS Guideline No. 004/2020, for:
- a. Self-care, in isolation at home;
 - b. Clinical evaluation in a Dedicated COVID-19 Area in Primary Health Care (*ADC-COMUNIDADE*) of the area of residence;
 - c. Clinical evaluation in Dedicated COVID-19 Area in the SNS Emergency Services (*ADC-SU*);
 - d. *INEM*, (National Institute for Medical Emergency) through the 112 channel.
27. The suspected case must undergo laboratory testing for SARS-CoV-2, according to DGS Guideline 015/2020, the test being prescribed by the Health Authority to patients referred for self-care or by the doctor who evaluates the person in the *ADCComunidade* or *ADC-SU* (Community or Public Health Centre).
28. The suspected case with instruction to self-care, in isolation at home, is monitored by the USF / UCSP teams, in accordance with Guideline 004/2020, until the result of the laboratory test is known.
29. The suspected case with a positive laboratory test maintains clinical follow-up through the USF / UCSP teams, in accordance with Guideline 004/2020. In this case, the Health Authority must initiate confirmed case procedures, including epidemiological investigation and contact tracing, in accordance with this Guideline.
30. The suspected case with a negative laboratory test maintains vigilance and any measures previously instituted by the Health Authority in accordance with this Guideline, without prejudice to the appropriate assessment and follow-up of the clinical situation by the person's attending physician.

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APPENDIX 1: Classification of COVID-19 contacts⁶

The classification of the risk of exposure of contacts is the responsibility of the Health Authority, according to the criteria defined in this appendix.

The Health Authority, when performing individual risk assessment (case by case), can consider as other situations as contact, and can also change the classification of the contact's risk exposure, namely when personal protective equipment or a mask is being used.

High-Risk Exposure

Person with:

- Face-to-face contact with a COVID-19 case at a distance of less than 2 metres and for 15 minutes or more;
- Direct physical contact with a COVID-19 case;
- Direct unprotected contact with contaminated secretions from a COVID-19 case;
- Contact in a closed environment with a case of COVID-19 (e.g. cohabitation, classroom, meeting room, waiting room) for 15 minutes or more;
- Travel with a COVID-19 case:
 - o On an aircraft where:
 - Person is seated up to 2 places in any direction in relation to the case (2 places around the case);
 - Person is a travel companion;
 - Person provides direct care to the case;
 - Person is part of an onboard crew and serves the case's section;
 - If case has severe symptoms or there is great movement within the aircraft, everyone can be considered as a contact;
 - o On a ship where:
 - Person is a travel companion;
 - Person shares the same cabin;
 - Person provides direct care;
 - Person is part of an onboard crew and serves the case's cabin;
 - The conditions described in the points above that do not relate to travel also apply;

⁶ European Centre for Disease Prevention and Control. Contact tracing: public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union – second update, 8 April 2020. Stockholm: ECDC; 2020.

- o In any other form of transport that:
 - Does not have good ventilation;
 - Does not make frequent stops with opening of doors;
 - Does not reduce the maximum capacity;
- Exposure associated with health care, with direct, unprotected provision of care to cases of COVID-19 (that is, without the use of PPE suitable for the respective assistance activity, in accordance with Guideline 007/2020 or Guideline 019/2020, or when there are indications of incorrect use / removal);
- Unprotected contact, in the laboratory environment or at collection sites, with products infected with SARS-CoV-2.

Low-Risk Exposure

Person with:

- Face-to-face contact with a COVID-19 case at a distance of less than 2 meters and for less than 15 minutes;
- Contact in a closed environment with the case of COVID-19 for less than 15 minutes or protected contact for 15 minutes or more;
- Travel with the case of COVID-19 in any means of transport, with the exception of those mentioned in the high-risk exposure;
- Sporadic contact (in movement / circulation) with the case of COVID-19;
- Exposure associated with health care, without providing direct care to cases of COVID-19 not using PPE;
- Exposure associated with health care, with direct, protected provision of care to cases of COVID-19 (that is, with the use of PPE appropriate to the respective assistance activity, according to Guideline 007/2020 or Guideline 019/2020).

The duration of contact with a COVID-19 case increases the risk of transmission, so a 15-minute time limit has been set, according to international recommendations, for the purposes of organization and feasibility.

Informal Translation into English by Safe Communities Portugal

APPENDIX 2 following page

APPENDIX 2: Flow-chart of approach in accordance with the classification of the contact

