

**GOVERNMENT OF NAGALAND
DIRECTORATE OF HEALTH AND FAMILY WELFARE
NAGALAND: KOHIMA**

NO. DHFW/COVID-19/2019-20/523-29

Dated Kohima, the 26th April, 2020

Revised SOP for Contact Tracing for COVID-19 Cases

This SOP aims to provide guidance for health authorities on contact tracing for persons, including healthcare workers, who had come in contact with a lab-confirmed case of COVID-19.

A. Purpose of Contact Tracing:

To identify contacts as early as possible for preventing spread of further transmission.

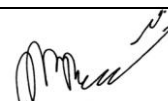
B. Classification and Definition of Contacts:

High risk contact	Low risk contact
<ol style="list-style-type: none"> 1. Touched body fluids of the patient (respiratory tract secretions, blood, vomit, saliva, urine, faeces). 2. Had direct physical contact with the body of the patient including physical examination without PPE or universal safety precaution. 3. Touched or cleaned the linens, clothes, or dishes of the patient. 4. Lives in the same household as the patient. 5. Anyone in close proximity (within 1 meter) of the confirmed case without precautions. 6. Passenger in close proximity (within 1 meter) of a conveyance with a symptomatic person who later tested positive for COVID-19 for more than 6 hours. 	<ol style="list-style-type: none"> 1. Shared the same space (same class for school/worked in same room/similar) and not having a high-risk exposure to confirmed case of COVID-19. 2. Travelled in same environment (bus/train/flight/any mode of transit) but not having a high-risk exposure.

(Please note: Low Risk Contacts do not mean NO RISK contact; equal emphasis must be given for low risk contacts as they are potential source for transmitting the disease)

C. Steps of Contact Tracing:

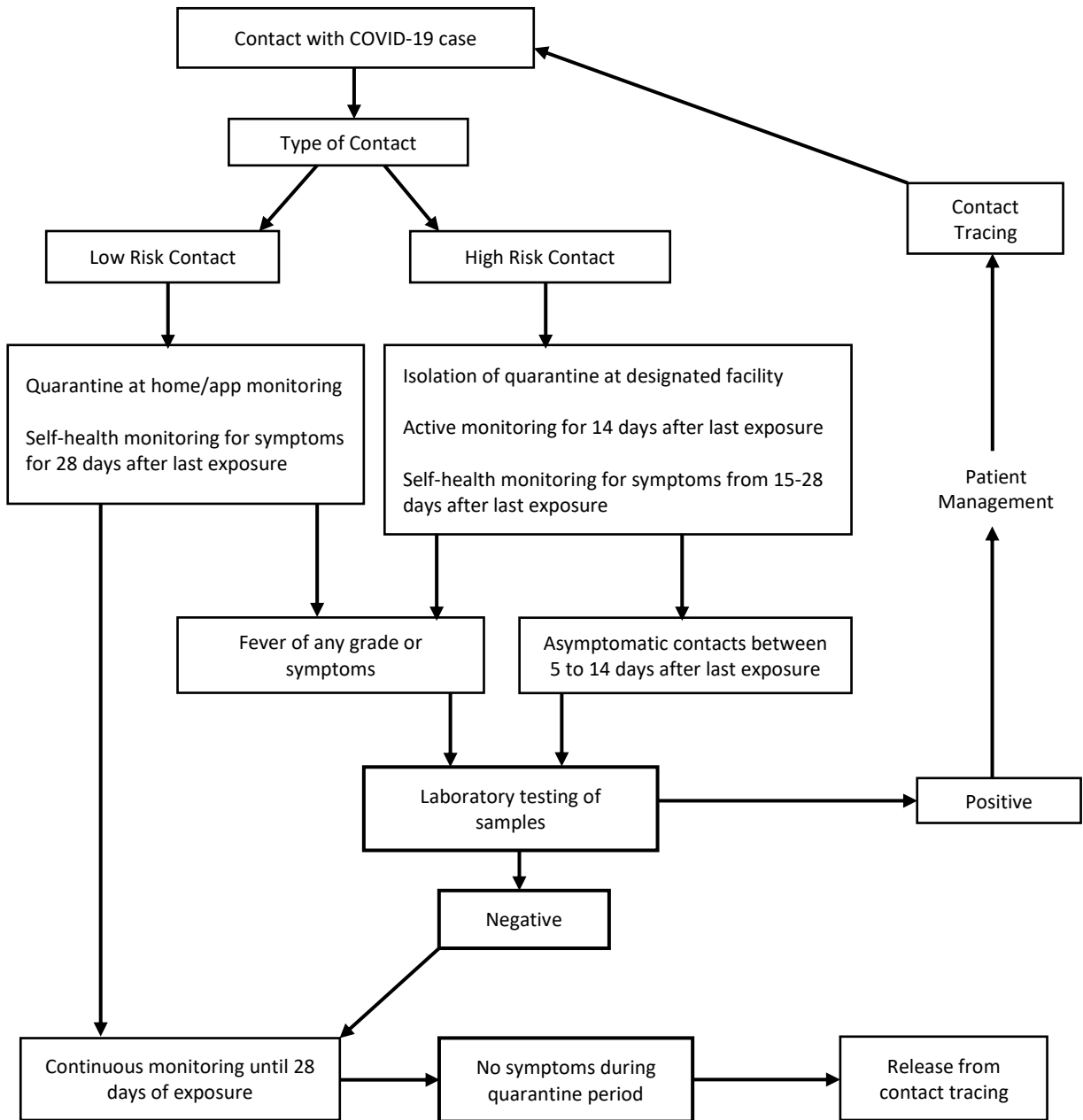
STEPS	ACTIVITY	TIMELINE
1.	<ol style="list-style-type: none"> a. Filling up of CONTACT Line Listing FORM 1 by DSO or Epidemiologist b. Filling up of CIF by medical officer on duty/ DIO/ DSO/ Epidemiologist 	Immediately on confirmation of case
2	<ol style="list-style-type: none"> a. Meeting under Deputy Commissioner (Health, Administration and Police) and distribution of work between departments for contact tracing. FORM 1 and CIF will be shared and discussed in the meeting. B. Formation of teams and work distribution. 	Immediately on completion of FORM 1 and CIF
3	<ol style="list-style-type: none"> a. CONTACT LISTING and follow up by Frontline workers with the help of Police department Using FORMAT 2 for FLWs b. Daily sharing of line list to DSU and SSU c. Analysis of LINE LIST by DSU IDSP and classification into High 	Immediately on assignment of duties



	Risk contacts and low risk contacts with appropriate actions d. Daily monitoring of FLW by supervisors and reporting to SSU and DSU IDSP using Daily Reporting Format 3 e. Police department will also share daily line list of contacts through mobile tower dumps, contacts from public places like markets, offices, other social gatherings.	
4.	Sampling, home quarantine / facility quarantine, isolation as per guideline and compilation and analysis of data	

D. Management of Contacts from Line Listing:

Figure 1: Algorithm for management of contacts of confirmed COVID-19 cases



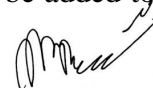
E. Preparation of Contact line-list by FLW (Step 3 of Contact Tracing):

1. The FLW should be trained on filling of Form 2 (by filling exercise), health and safety precautions and reporting of symptomatic case.
2. The supervisor will provide each FLW with a contact tracing form (form2), with the COVID-19 surveillance ID number, date of contact with case, name, age, sex, address and phone number, pre-filled for each contact assigned to the contact tracer

- (if details are available). A rational workload should be given to each FLW.
3. The FLW will fill each row (one row for each contact) until completion of 28 days following the last exposure for each contact.
 4. The supervisor/DSU with Data Entry Operator (DEO) will update the master contact line list(Form 4) daily
 5. The contact tracing form will be carried by the FLW until completion of contact tracing (28 days from the last exposure for each contact). At the end of this time, the contact tracer will submit the filled form-2 to the supervisor.
 6. The master contact line-list (Form 4) should be shared on daily basis to district, state and national-level for regular data analysis.

F. Role of FLW during Contact Tracing:

1. Using the form-2, the FLW will visit the household of the contact, will introduce themselves and explain the purpose of the visit to the head of the household and contact(s).
2. During the initial visit, the FLW will communicate with high-risk contacts, explaining the need for quarantine (home / facility) for 14 days after last exposure to a COVID-19 case. If the contact develops fever and any respiratory symptoms should immediately report to state helpline number. The supervisor and FLW will ensure that contacts understand that daily visits will take place for 14 days after the last contact with the case, and self-health monitoring will be done by the contact between days 15 to 28 after the last exposure to the case.
 - a. Example: If the person met a lab confirmed case on 28 March 2020 and the FLW reaches the house on 2 April 2020, in this scenario, day 1 for the contact tracing will be 29 March 2020.
 - b. The FLW will take symptom history from 29 March 2020 and will follow the case till 11 April 2020 for completion of 14 days and till 25 April 2020 for completion of 28 days
3. For low-risk contacts, the supervisor and FLW will explain the need for home quarantine and self-health monitoring by contact for 28 days after last exposure to the case (as per example above). The low risk contacts should be sensitized to report immediately to state helpline number if develop fever and respiratory symptoms.
4. The supervisor and FLW will use the initial visit to interview the contact and assess for additional contacts that may have been missed previously. The added contacts will be updated in the master database.
5. If contacts refuse quarantine or monitoring, the FLW should notify the supervisor. The contact should be revisited to reassess their willingness to be monitored.
6. If the contact has a **fever, cough or difficulty in breathing during first or subsequent visit/call:**
 - a. The FLW will immediately notify the state helpline number with the contact's name and location.
 - b. The FLW will provide reassurance to the contact and urge him to remain in the home and isolated from other persons until further assessment can be performed by the case investigation team.
 - c. The FLW should maintain a safe distance from the contact but remain in the area until the case investigation team arrives.
 - d. The FLW will record on the daily reporting form that the contact was symptomatic.
 - e. The symptomatic contact now becomes a suspect case and will be sent for isolation at health facility. Sample will be tested for COVID-19.
 - f. Any individual who have been exposed to the suspect case must be added to



the list of contacts if the suspect case becomes a confirmed case. Any shared contacts between the original case and the new case must be line-listed as contacts of the confirmed case, and these contacts must re-start their 14 days quarantine and additional 14 days of self-health monitoring.

- g. The FLW will provide a triple layer mask to the symptomatic contact to wear until they are seen by medical personnel.
 - h. The case investigation team will notify the healthcare facility of the contact's arrival.
7. If a contact is not seen physically (high-risk contact) or reachable by phone (low-risk contact) on any one day during the initial 14 days of contact tracing, he or she should be labelled as a missing contact and this information should be shared with the supervisor during feedback and recorded in the Form-2.
8. If any contact is missing for three consecutive days within the first 14 days, he or she should be labelled as lost to follow up. The details should be shared with the supervisor and medical officer for necessary administrative action.

G. Release from Contact Tracing:

1. Contacts may be released from daily follow-up when:
 - a. Contacts have completed 28-day follow-up after the date of last exposure with lab confirmed case
 - i. without developing COVID-19 compatible symptoms or
 - ii. remain negative for COVID-19 laboratory test.
 - b. If listed individuals did not have a history of exposure to COVID-19 and were erroneously identified as contacts.
2. The FLW should record the completion of the 28-day follow-up period on the reporting format and should communicate this information to the supervisor/ MOIC by submitting the contact tracing format (Form 2) for record purpose.

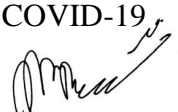
H. If contact leaves the District/State/Country:

When FLW realizes that contacts they are tracing have left the community, it is important that they immediately alert the MOIC/DSO. Once this occurs, the FLW and the MOIC/DSO need to work to determine where the contact likely travelled. The family members may not be forthcoming with this information, so it may be necessary to engage community leaders and other community liaisons to assist with this investigation. Once the destination of travel (as well as any other transit locations) has been determined, the supervisors must begin the notification process.

I. Contact Tracing in Cluster:

If there is clustering of cases in a defined geographic area, whole area will be put under containment plan and containment measures will be activated.

- A house to house search for all the symptomatic cases will be conducted by the FLW. The information will be collected on FORM2-A.
- Any person with symptoms suggestive of COVID-19 infection (like fever, cough, difficulty in breathing) will be sent for isolation and sample will be collected for testing for COVID-19.
- In the allotted area, the FLW will do the case search till 14 days after the last confirmed case. All the residents of the containment area will be motivated for immediate self-reporting if any of the family member develop COVID-19 symptoms.



J. Capacity Building:

- The District will sensitize all FLWs, Medical Officers and other healthcare workers immediately on the formats and one personal safety measures.
- The CMO office should also sensitize teams from the Police department as and when needed for contact tracing.
- Mock drill on a hypothetical case can be done in coordination with all line departments before an actual case is reported in the district.

K. Health and Safety precautions for Frontline Health Worker (FLW-ASHA, AWW, ANM, Link Worker, other) doing Contact Tracing:

1. The FLW should maintain a distance of at least one meter from the contact at all times and if available interview should be done outdoors or a well-ventilated space.
2. Triple layer masks should be worn by the contact tracing team members. Additional personal protective equipment (e.g. goggles, gloves, gown) is not required.
3. If interviewing any person having respiratory symptoms, the FLW should provide him mask before interviewing
4. The contact tracing team members to maintain standard infection prevention and control measures and perform hand hygiene before and after each visit and ensure respiratory etiquettes throughout.
5. The FLW should not work if they have fever, cough, or difficulty in breathing and immediately inform their supervisor of their symptoms.

Table 1: Activities, human resources and data collection for contact tracing for COVID-19 cases

Activity	Human Resources	Data collection
Interview case	DSO / Epidemiologist	Case-investigation form
Create contact list	Epidemiologist/Medical Officer	Form 1 (Contact list format)
Classify contacts as high or low risk	Epidemiologist/Medical Officer	Form 1
Sharing of details of contacts with state/district/block	District Surveillance Officer / State Surveillance Officer	Form 1
Sharing of details of contact tracing with FLW following their training	MOIC	Form 1 and Form 2 (Enlisting and follow-up of contacts)
Initial visit to high risk contacts for enlisting and quarantine (home/facility), then follow- up till 28 days from date of last exposure with lab confirmed case	Frontline Health worker (FLW) /supervisor	Form 2
Sample collection from asymptomatic high- risk contact between 5 and 14 days of last exposure with lab confirmed case	Lab technician	Lab Request Form
Initial visit to low risk contacts to inform and provide information on self-health monitoring for 28 days from date of last exposure with lab confirmed case	Frontline Health worker (FLW) /supervisor	Form 2

House to house search for cases in a cluster	Frontline Health worker (FLW) / supervisor	Form 2 A
Reporting by supervisor / block on day 1 of contact tracing and then on weekly basis (applicable for paper-based system)	Supervisor / Block MOIC	Form 3
If any contact develops symptoms, he/should be immediately reported to state helpline number	Contact tracer / Supervisor	Telephonic information
Updation of master line list for contact tracing (applicable for paper-based system)	Supervisor and DEO	Form 4 (Master Line list for contacts)

Annexures:

1. Contact list format (Form1)
2. Contact tracing and follow-up format (Form2)
3. Search for symptomatic cases in Cluster (Form 2A)
4. Daily reporting format (Form3)
5. Line list of Contacts (Form4)



(DR. VIZOLIE Z. SUOKHRIE)

Principal Director

Directorate of Health and Family Welfare
Nagaland : Kohima

NO. DHFW/COVID-19/2019-20/

Dated Kohima, the __ April, 2020

Copy to:

1. The Commissioner and Secretary to the Governor of Nagaland, for kind information
2. The Addl Chief Secretary to Chief Minister, Nagaland, Kohima for kind information.
3. The Senior PS to the Hon'ble Minister for Health and Family Welfare, Government of Nagaland, for kind information
4. The Deputy Secretary to Chief Secretary for kind information
5. The Home Commissioner, Government of Nagaland for kind information
6. The Principal Secretary to the Government of Nagaland, Health and Family Welfare Department for information
7. The Deputy Commissioner / Superintendent of Police / Chief Medical Officer / Medical Superintendent of all districts for kind information and necessary action
8. Guard File / Office copy



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Principal Director

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Nagaland : Kohima

COVID-19 CONTACT LINE LISTING FORM

Form-1 (TO BE FILLED BY EPIDEMIOLOGIST/MEDICAL OFFICER)

Name of Epidemiologist/Medical Officer _____ Phone No: _____ Date of listing contact: / /

Details of Confirmed COVID-19 Case Central Surveillance ID:

ID No	Full Name	Age (yrs.)	Sex (M/F)	Detail Address	Occupation	Date of symptom onset	Date of lab confirmation	Details of any Travel history	Duration of travel

Details of contacts and places visited (2 days before and up to 14 days of symptom onset)

Sr No	Name of contact	Date of last exposure to confirmed case	Age (yrs.)	Sex (M/F)	Detail Address	Occupation	Mobile number	High risk / Low risk contact	Place of exposure (community / health care)	Place of quarantine (home / facility / no quarantine)
1										
2										
3										
4										
5										
6										
7										
8										
9										
	Name of place visited	Date of visit	Number of persons met	Number of persons met	Detail Address	Duration of stay	Mobile number (facility / person)	Mode of travel	Vehicle detail	State / dist informed
1										



CONTACT LISTING AND FOLLOW-UP FORM

FORM - 2 (FOR FRONTLINE HEALTH WORKER)

Name of Epidemiologist / Medical Officer _____

Phone No: _____

Date: / /

Details of Confirmed COVID-19 Case

Central Surveillance ID	Full Name	Age (yrs)	Sex (M/F)	Detail Address	Occupation	Date of symptom onset	Date of Lab confirmation

Details of any travel history:

Duration of travel:

Name of Frontline Health Worker _____ Mob No. _____; Name of Supervisor _____ Mob No: _____
District _____ Block _____ Vill/Mohalla _____ Date of start of contact tracing ____/____/____

Sr No	Date of last exposure	Name of contact (HRC/LRC)	Age (yrs.)	Sex (M/F)	Address	Phone number	Day of follow - up (Put a 'X' if the contact has no symptom and put a 'v' if the contact has one of the following symptoms - fever, cough or difficulty breathing)																											
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1																																		
2																																		
3																																		
4																																		
5																																		
6																																		
7																																		

HRC/LRC: High Risk Contact / Low Risk Contact (Write HR or LR after the name of the contact)

*Missing contact: A contact is not seen/reached by contact tracer on that particular day is considered as missing contact.

**Lost to follow up contact: If a contact is not seen/reached for three consecutive days is considered as lost to follow up.



Daily Reporting Format (Supervisory / Block)
(FOR SUPERVISOR/BLOCK)

-FORM-3

Central Surveillance ID: _____

Date of Start of Contact Tracing: ___/___/___ Date of Reporting: ___/___/___

Village/ Mohalla _____ Block _____

District _____ State _____

Name of Supervisor: _____ PH No: _____

Reporting parameters	Day 1	Last week (every Tuesday)
Total number of frontline health workers deployed		
Total number of contacts for tracing under the supervisor / block		
Number of new contacts added		
Number of contacts followed up		
Number of contacts not found		
Number of contacts lost to follow up		
Number of contacts who had / developed symptoms		
Number of symptomatic contacts referred to case investigation team		
Number of contacts from whom sample was collected		
Number of contacts completing 14 days quarantine period from the date of last exposure		

Name of contacts developing symptoms

Name of contacts referred to case investigation team

Remarks, if any:



Master Contact Line list of case with central surveillance ID _____ Date of onset of symptoms of case: __/__/_____ FORM 4 (For DEO)

Sl. No.	Name	Age (DOB)	Sex (M/F)	Village	Block	District	State	Contact No.	Relationship with contact (Household contact / Community / Health care worker/ co traveler / others)	Type of contact (High Risk / Low Risk)	Tracked (Yes/No)	Country of visit, if any

Cont.....

Date of arrival from affected country, if applicable	Date of last exposure	Observation started from	Symptomatic (Yes/No)	Date of onset of symptoms	Isolated (Home/Hospital) Pls specify name of hospital	Sample taken (yes/no)	Date of sample taken	Result – Positive / Negative / Pending	Date of completion of 28 days quarantine period from the last exposure	Today's status (admitted / quarantined / migrated out / left the country)	Date of result	Remarks