

NWT Office of the Chief Public Health Officer

Interim COVID-19 Public Health Management Exposures/Symptoms

Healthcare professionals (HCPs) should review NWT's communicable disease manual chapter (The Chapter) on Coronavirus Disease (COVID-19) Interim Public Health Disease Management for the Northwest Territories. The chapter supersedes this algorithm.

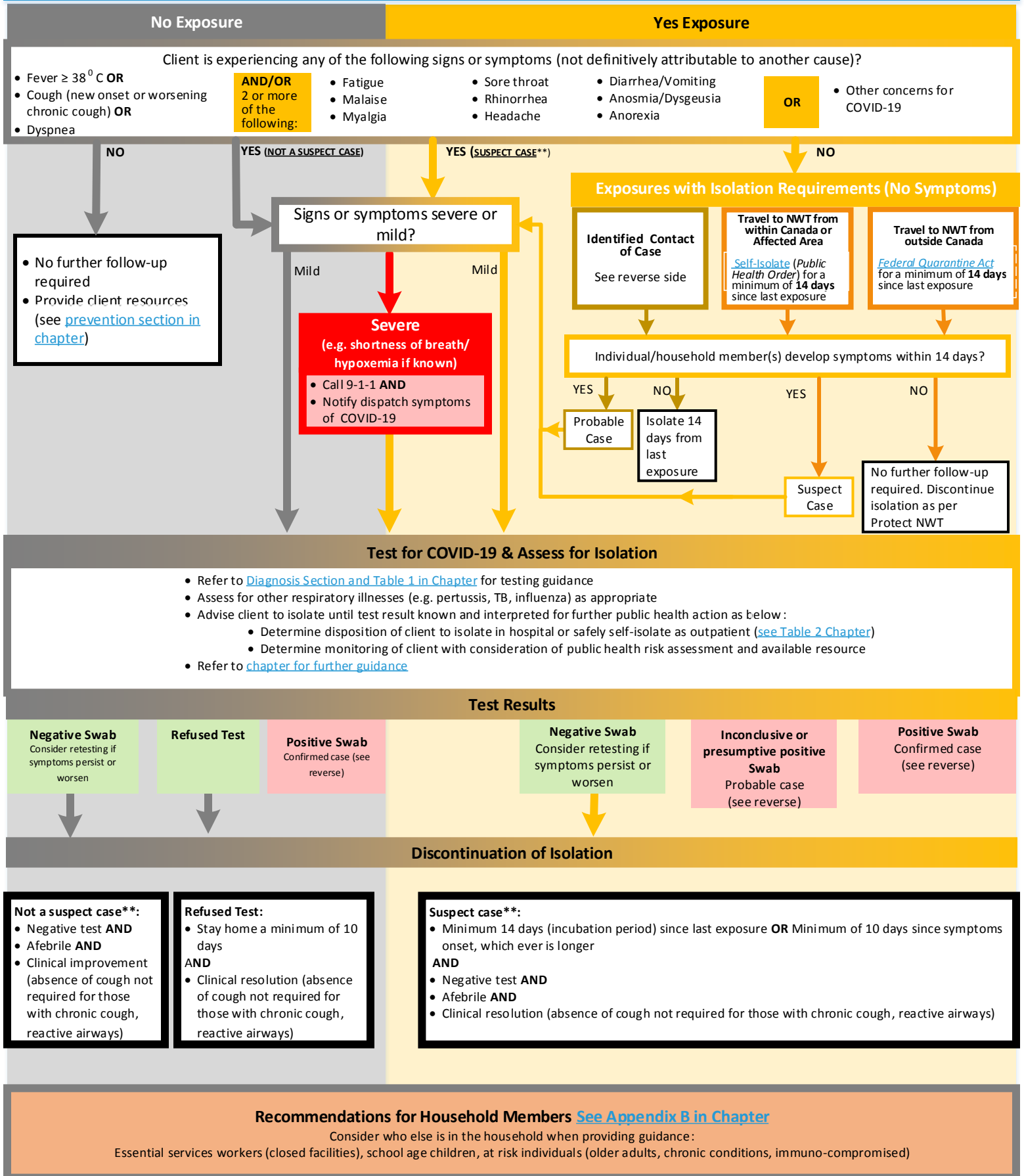
For case & contact management see reverse

Exposure Criteria

In the last 14 days a person is/has:

- A contact of a confirmed* or probable* case; **OR**
- Returned to Canada/NWT from outside the country; **OR**
- Returned to NWT from within Canada (excluding areas within NWT's bubble); **OR**
- Any travel from an affected area; **OR**
- Was involved in a COVID-19 cluster or outbreak; **OR**
- A laboratory exposure to biological material known to contain COVID-19;

*see reverse for confirmed or probable case definition, and definition of contact



****Suspect case**
 • A person with symptoms of COVID; AND
 • Meets exposure criteria

Interim COVID-19 Public Health Management of Cases and Contacts

Healthcare professionals (HCPs) should review NWT's communicable disease manual chapter (The Chapter) on Coronavirus Disease (COVID-19) Interim Public Health Disease Management for the Northwest Territories. The chapter supersedes this algorithm.

CASES

Confirmed Case

A person with laboratory confirmation of infection with a validated NAAT

Probable Case

A person with clinical illness who meets exposure criteria AND

- whose COVID-19 PCR test is inconclusive or presumptive positive;

OR

A person (with no lab testing done) with clinical illness who had

- contact to a lab-confirmed COVID-19 case OR
- lived in or worked in a closed facility experiencing a COVID-19 outbreak

Suspect Case

a person with clinical illness and exposure criteria (see reverse) who isn't a confirmed or probable case

Reporting Requirements

HCPs:

Report the following **immediately** to OCPHO (867) 920-8646

- Confirmed or probable cases
- Suspect cases if hospitalized, lived/ worked/ trained/volunteered/visited closed facility
- Contacts of a confirmed case
- Outbreak or suspect outbreak
- MIS-C

Send [COVID-19 Report Form B](#)

Send [COVID-19 Exposure Investigation Form](#)

Notify Authority COVID Response Team at **867-445-8225** for all confirmed or probable cases

Case Isolation Requirements

HCPs should:

- Consult [Table 2: Determining Isolation Site and Guidance to Reduce Transmission in Households for Suspect, Confirmed and Probable Cases and Contacts](#)

Case Management

HCPs should:

- Follow guidance in the Chapter for management of confirmed, probable, suspect cases who are hospitalized, isolating at home or at alternate site, or immunocompromised
- Actively monitor until case meets criteria for discontinuation of isolation
- Complete [COVID-19 Case Status Report Form – Part C](#) to report any clinical changes (or once weekly) until case recovers and is non-communicable

Initiate Contact Investigation

- Initial interview to identify exposures /contacts
- Initiate [COVID-19 Contact Line List](#)
- See the Chapter Key Activities in Contact Investigation and proceed to "CONTACTS" section of this algorithm for overview

Discontinuing Isolation of a Case

Consult OCPHO prior to **discontinuing isolation** (see [Table 3 in the Chapter](#)) of **ALL** cases. In hospitalized cases contact IPAC (867) 445-2121

CONTACTS

Review [Table 4 and 4b](#) in Chapter to determine if exposed individuals are contacts or not

Contacts of Case

A contact is a person exposed to a probable or confirmed case during their communicable period who:

- Provided direct care for the case or who had other similar close physical contact **without** the recommended use of PPE
- Direct physical contact with the case or their body fluids
- Lived with, shared a closed space (e.g. room or vehicle), or otherwise had close prolonged contact ≥ 15 minutes and within 2m **without** the recommended use of PPE

Not a Contact of a Case

For example, a person is not a contact in the following situations:

- Transient interactions (e.g. walked by case)
- < 15 min face to face interaction **without** recommended PPE
- HCP provided direct care **with** recommended PPE (patient is case)
- Patients who received care **with** recommended PPE and appropriate IPC precautions (HCP is case)

Review Additional Measures

HCPs should consult OCPHO for direction on management of contacts or non-contacts in high risk settings, including:

- School, LTCF, or remote or closed worksite outbreaks
- Exposures in densely populated public settings
- Outbreaks involving sporting events or team
- Outbreaks involving communal living arrangements

(See [Chapter](#) Additional Contact Tracing Measures)

Management of Contacts

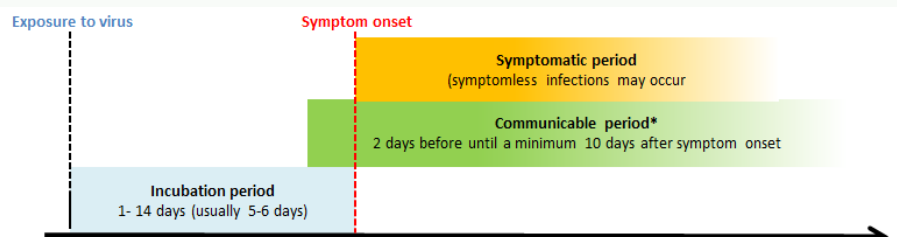
HCPs should:

- Identify and list possible transmission settings e.g. mass gathering, work sites, schools conveyances, closed facilities etc
- Provide isolation guidance for contacts and their households (see [Table 4 and Appendix B](#) the Chapter)
- Provide [educational resources](#)
- Monitor contacts – consult [Table 2 in Chapter](#) OCPHO strongly recommends active daily monitoring of household contacts
- Advise contacts to notify HCP if symptoms develop. If symptoms develop follow reverse for Public Health Management Exposures/Symptoms and manage as a probable case
- Test **all** contacts on day 10 of their incubation period while completing isolation precautions
- Follow [Table 3](#) in the Chapter for guidance on discontinuation of isolation

Management of non contacts

HCPs should:

- Reassure clients they are not contacts
- Advise to Self-monitor for symptoms for 14 days after last exposure to case's communicable period
- Advise to isolate if symptoms develop and arrange testing – See reverse for Public Health Management Exposures/Symptoms
- Provide educational resources
- Follow routine employer and WSCC guidance



*Communicable period for asymptomatic case: 2 days before until a minimum of 10 days after date the lab sample was collected from the confirmed case. Review symptoms that persist for ≥ 24 hours in the 7 days before testing. If symptoms are present, use symptom onset date to determine communicable period.