

# Case, Contact and Outbreak Management Policy

Victorian COVID-19 Public Health Unit Network

**OFFICIAL**

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Department  
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## DOCUMENT REVISION HISTORY

Version	Date	Key changes from prior version
V.1.0	16 October 2021	N/A
V.1.1	31 October 2021	<p>Inclusion: Reduced quarantine period for vaccinated non-household primary close contacts.</p> <p>Revision: Exposure Site Risk Assessment Tool.</p> <p>Removal: Deputy Chief Health Officer notification for confirmed cases classified 'Lost to Follow Up'.</p>
V.2.0	20 November 2021	<p>Inclusion: Re-exposure period for recovered cases, infectious period definition</p> <p>Revision: Contact definitions, outbreak definitions, isolation period for confirmed cases, quarantine period for contacts</p> <p>Removal: References to Tier 1 exposure sites</p>
V.2.1	30 November 2021	<p>Inclusion: Case and contact definition notes to align with the Pandemic (Quarantine, Isolation and Testing) Orders</p> <p>Inclusion: Management of contacts for aircraft passengers and crew</p> <p>Removal: Border permits for interstate travellers</p>
V2.2	22 December 2021	<p>Revision: Contact definitions, outbreak definitions, quarantine, and testing requirements for contacts, updated Re-exposure period for recovered cases, addition of reinfection</p>
V3.0		<p>Revision: Requirement for confirmed cases to notify all contacts. Changes to isolation, quarantine, and testing settings.</p> <p>Inclusion: Presumptive case definition</p>

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# INTRODUCTION

## Purpose

The Case, Contact, and Outbreak Management Policy (the policy) describes the State's approach to case, contact, exposure site and outbreak management to ensure Victorian guidance aligns with national policy and is consistent across the decentralised response to COVID-19 in Victoria.

The policy will be updated to reflect changes in national guidance and local strategy.

This document should be read in conjunction with the [Communicable Disease Network of Australia Coronavirus Disease 2019 \(COVID-19\) National Guidelines for Public Health Units](#) and locally developed protocols and standard operating procedures.

## Governance

The Department of Health (the department) through the Intelligence, Case, Contact and Outbreak Management (ICCOM) Branch of the COVID-19 Division is responsible for the provision of overall guidance on case, contact and outbreak management and for coordinating the response across the Local Public Health Units (LPHUs). The current operating model has nine LPHUs; three in metropolitan Melbourne and six in regional Victoria.

The policy is endorsed by the Victorian COVID-19 Public Health Unit Network (VCPHUN) and approved by the Deputy Chief Health Officer, ICCOM.

# 1. CASE MANAGEMENT

## Objectives of case management

Contact with confirmed cases should occur as soon as possible after notification to facilitate safe isolation and ensure all urgent medical, support and welfare needs are met.

## Definition

The confirmed case definition intends to capture newly diagnosed cases with laboratory definitive evidence to support a diagnosis.

A **confirmed case** of COVID-19 requires laboratory definitive evidence:

Detection of SARS-CoV-2 by nucleic acid testing;

OR

Isolation of SARS-CoV-2 in cell culture, with confirmation using a nucleic acid test;

OR

SARS-CoV-2 IgG seroconversion or a four-fold or greater increase in SARS-CoV-2 antibodies of any immunoglobulin subclass including 'total' assays in acute and convalescent sera, in the absence of vaccination.

AND

Has NOT been determined to be an historic case nor false positive PCR result nor recently recovered confirmed case within the past 30 days, see below.

A **presumptive case** of COVID-19 requires laboratory suggestive evidence AND either clinical evidence OR epidemiological evidence

**Laboratory suggestive evidence**

A positive result on a COVID-19 Rapid Antigen Test

AND

**Epidemiological evidence:**

A close contact of a confirmed case;

OR

**Clinical evidence**

Any new symptoms consistent with COVID-19<sup>1</sup>

The presumptive case definition intends to define likely cases for the purpose of accessing clinical care and to require isolation as for a confirmed case, especially where access to PCR testing may be limited or results delayed. This is intended as an interim designation until an individual receives a PCR test result to confirm the diagnosis.

1. Common symptoms include fever (e.g. night sweats, chills); or  
Acute respiratory infection (e.g. cough, shortness of breath, sore throat); or

Loss of smell or loss of taste. Other reported symptoms of COVID-19 include: fatigue, headache, runny nose, acute blocked nose (congestion), muscle pain, joint pain, diarrhoea, nausea/vomiting and loss of appetite. Clinical and public health judgement should be used to determine if individuals with sudden and unexplained onset of one or more of these other symptoms should be considered suspect cases.

Notes: Use of the terminology 'confirmed case' in this document and the definition of 'diagnosed persons' as described in the Quarantine Isolation and Testing Orders (QIT) Orders is intended to, and should be interpreted to have, the same meaning.

Historical case and suspected false positive PCR definitions are included in the [CDNA COVID-19 National Guidelines for Public Health Units](#).

## Infectious period

A person diagnosed with COVID-19 is considered to be infectious;

- 1 If symptomatic at the time of the test, 48 hours prior to onset of symptoms or
- 2 If asymptomatic at the time of the test, 48 hours prior to the first positive specimen collection (PCR)

until 7 days after the date on which the first positive specimen (PCR) was collected; or;

until such other time as specified by an officer or nominated representative of the Department.

## Key activities

### Notification

Laboratories and requesting medical practitioners are required to notify the department of all confirmed cases of COVID-19 as soon as practicable, and within 24 hours, under the *Public Health and Wellbeing Act 2008*.

Presumptive cases of COVID-19 are recommended to notify the department of their Rapid Antigen (RA) test results.

### Initial contact with case

All confirmed cases are contacted by the department by text message on notification. Laboratories are also directly notifying confirmed cases, either via SMS or phone call, when they return a positive result.

Cases may be prioritised for interview through the completion of an electronic survey tool, identifying priority cohorts based on attendance at sensitive settings. **Sensitive settings** include healthcare, residential aged care, disability and correctional facilities, critical industries and first nations communities.

### Interview

Confirmed case interviews should identify attendance at sensitive settings during the case's infectious period as detailed in the [Surge Case Interview](#). Interviews with cases may also be completed via an electronic interview tool.

Completion of a full case interview, including acquisition history and movements during infectious period, may be considered in exceptional circumstances.

Confirmed cases must notify all close contacts, including household members with whom they reside and other individuals that meet the definition of a close contact, and their workplace(s) or education facility if they attended during their infectious period.

Confirmed cases are also required to notify any social contacts they have been in contact with during their infectious period.

## Clinical management

The clinical management of a confirmed case is the responsibility of the COVID-19 Positive Pathways program or equivalent clinical program. All confirmed and presumptive cases must be referred on notification for initial assessment, review of treatment eligibility, and ongoing management.

## Welfare support

Provision of welfare support to confirmed cases and their household is the responsibility of the Department of Family, Fairness and Housing (DFFH) and is facilitated through the Areas of Operations, and partner organisations including local government. Supports include but are not limited to; financial assistance, emergency accommodation, food, and other supplies.

## Clearance

All confirmed cases are passively and automatically released from isolation on Day 7 from their first positive PCR specimen collection date without consideration of their clinical history or assessment of symptoms.

Confirmed cases are provided notification from the department of their future clearance date upon initial notification and contact.

Hospitals, aged care and other residential facilities can continue to manage cases who are significantly immunocompromised or have ongoing symptoms, under appropriate precautions.

## Lost to follow up

Reasonable attempts to contact a case must be exhausted before classifying a confirmed case as 'lost to follow up'. Contact attempts may include data linkage, Household Engagement Program referral, and Victoria Police referrals.

## Death notifications

For surveillance purposes, a COVID-19 death is defined as a death in a confirmed COVID-19 case, unless there is a clear alternative cause of death that is unrelated to COVID-19 (e.g. trauma). For a death to be classified as a COVID-19 death there should be no period of complete recovery from COVID-19 between the COVID illness and death of the person. Where a Coroner's report is available, these findings are to be reflected as the definitive determination. All deaths should be notified to ICCOM.

## Expert review panel

An Expert Review Panel (the panel) may be convened at the request of a public health unit to adjudicate on the diagnosis of COVID-19 for specific cases, including identifying false positive diagnoses. Evidence to be considered includes clinical presentation, epidemiological information, and laboratory test results. The panel determines whether the initial diagnosis is consistent with the laboratory, clinical and epidemiological findings, and may also advise on the likely timing of infection.

## Re-exposure period for recovered cases

If a recently recovered COVID-19 case becomes a close contact of a confirmed case, they do not need to quarantine again if:

- the re-exposure was less than 30 days since the recovered case's symptom onset (or first positive test if asymptomatic).

Within this 30-day period, recovered cases;

- can continue to attend high-risk settings
- do not need to be furloughed from work if re-exposed
- do not need to participate in surveillance testing as part of their employment or education if re-exposed.

## Reinfection

Reinfection is defined as a subsequent confirmed SARS-CoV-2 infection in a person with a past known history of confirmed COVID-19 that is determined to be a separate episode to the first based on epidemiological and/or laboratory findings. SARS-CoV-2 RNA detection must be greater than 30 days after the first laboratory confirmed infection to be considered reinfection.

## 2. CONTACT MANAGEMENT

### Objectives of contact management

The purpose of contact management is to identify and notify individuals who have been exposed to a confirmed case of COVID-19 to facilitate safe quarantine and prevent ongoing transmission.

### Contact definitions

**Note: Definitions applying to workplace or education facility contacts, or venue contacts within this policy are intended to provide scope to the category of 'Exposed persons' as described within the QIT Orders.**

#### Close contact

A **close contact** is defined as an individual that resides or stays overnight in the same premises as a confirmed case or has had a total of four or more hours of contact (cumulative) in a residential setting\* during their infectious period, OR;

An individual who has been determined to be a close contact of a diagnosed person by an officer or nominated representative of the department, including in the event of an outbreak, and has been given notice of this.

\*A **residential setting** is a building or a part of a building where individuals:

1. spend the night for sleeping; including a house, apartment, or other private dwelling, and
2. share facilities for acts of daily living which have the potential to create exposure between coresidents.

A residential setting includes:

- a. Aged care facilities
- b. Military residential settings
- c. Boarding schools
- d. Boarding houses
- e. Homeless shelters
- f. Maritime vessels

*Close contact* may also be assessed to have occurred, or close contacts identified, when there is reasonable evidence of exposure, for example in the context of an outbreak.

#### Exposed Person (workplace and education facility contact)

A **workplace or education facility contact** is defined as an individual who does not meet the close contact definition and who – in any workplace or education facility - has had:

- at least 15 minutes face to face contact, or
- greater than 2 hours within the same room\* with a confirmed case of COVID-19 during their infectious period.

\*Same room refers to a smaller indoor space (<100m<sup>2</sup>), for example a classroom or shared office.

Please refer to the relevant Contact Assessment and Management Guidance documents for further guidance.

### Exposed Person (social contact)

A **social contact** is defined as an individual who does not meet the close contact definition and who outside a workplace or education facility having had:

- at least 15 minutes face to face contact, or
- greater than 2 hours within the same room\* with a confirmed case of COVID-19 during their infectious period.

## Key activities

### Identification and notification

- A case must take reasonable steps to notify close and social contacts of their testing and quarantine requirements.
- A case must take reasonable steps to notify their workplace or educational setting. Workplace and education contacts must be identified and notified of their quarantine and testing requirements by the relevant setting.

### Quarantine

#### Close contacts

- All close contacts, regardless of their vaccination status or vaccine eligibility, must quarantine for 7 days:
  - If continuing to reside with the confirmed case, from the specimen collection date of first case in household,
  - If not continuing to reside with the confirmed case, from the date of last contact whilst the case was infectious.

#### Workplace, education facility and social contacts

- There are no ongoing quarantine requirements for workplace or education contacts.

### Testing

#### Close contacts

All close contacts must undertake a RAT:

- if continuing to reside in same premises as the case – on Day 1 and Day 6 following case's specimen collection OR;
- if not continuing to reside at same premises – on Day 1 and Day 6 from last exposure to the case whilst infectious.

A PCR must be performed

- If symptoms develop
- On Day 6 if RA testing not available OR
- If a positive RA result is received.

It is recommended that a **close contact** undertake a RA Test on 3 other days between days 1 and 6.

#### Workplace, education facility and social contacts

- It is strongly recommended that if asymptomatic the contact performs daily RA testing for 5 days following notification.
- If a contact returns a positive RA test or develops symptoms, they must undertake a PCR test and isolate until returning a negative result.

### Contact summary

Classification	Identification	Notification	Testing	Quarantine
<b>Close contact</b>	Case	Confirmed case (mandatory)	<p>RA test required: if continuing to reside in same premises on Day 1 and Day 6 following case's specimen collection OR; if not continuing to reside at same premises – on Day 1 and Day 6 from last exposure to the case whilst infectious.</p> <p>Must perform a PCR if symptoms develop or on Day 6 if RA tests not available.</p>	<p>If continuing to reside in same premises as case: Quarantine for 7 days from specimen collection date of the first case in household, or the date of last contact.</p> <p>If not continuing to reside in same premises: then for 7 days from last exposure to the case whilst infectious.</p>
<b>Workplace or education facility contact</b>	Facility	Facility (mandatory)	<p>Undertake daily COVID-19 rapid antigen (RA) testing for five days following notification (strongly recommended).</p> <p>If RA test positive or symptomatic, must undertake PCR and isolate until receiving a negative result.</p>	N/A

<p><b>Social contacts</b></p>	<p>Case</p>	<p>Confirmed Case (mandatory)</p>	<p>Undertake daily COVID-19 rapid antigen (RA) testing for five days following notification (strongly recommended).</p> <p>If RA test positive or symptomatic, must undertake PCR and isolate until receiving a negative result.</p>	<p>N/A</p>
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## 3. EXPOSURE SITE MANAGEMENT

### Objectives of exposure site management

Exposure site management aims to identify individuals who may have been exposed to a case and ensure there is no ongoing environmental risk at the site.

### Key activities

#### Workplaces and education facilities

**Workplaces** includes any setting where Occupational Health and Safety laws apply.

**Educational facilities** include primary, secondary and specialist schools in the government and non-government sector as well as early learning centres and higher education.

Confirmed cases are required to notify their workplace or education facility if they are diagnosed with COVID-19.

If the case has attended their workplace or education facility during their infectious period, the facility must:

- identify and notify all contacts (if relevant)
- provide all contacts with the following advice:
  - It is strongly recommended that if asymptomatic the contact performs daily RA testing for 5 days following notification.
  - If a contact returns a positive RA test or develops symptoms, they should undertake a PCR test and isolate until returning a negative result.
- collect, record and store a list of all contacts and their results.

Workplaces and educational facilities are required to notify the department in the event of an outbreak defined by the relevant settings below.

Evidence of cleaning certificates and approval to reopen after cleaning has been completed is not required but may be considered in some circumstances. Support and guidance may be provided on request.

#### Other settings

Routine exposure site management is not required but may be considered in exceptional circumstances, for example in sensitive settings. Support and guidance may be provided on request by the department or LPHU.

Risk assessments can be undertaken to identify inpatients, outpatients and visitors who are exposed in health services. Testing and isolation (for inpatients) is at the discretion of the health service. People with significant exposure in health services who are staff, outpatients or visitors can be made close contacts at the discretion of the LPHU / DH, when a period of quarantine is judged essential to reduce risk of onwards transmission.

Referrals to the Infection Prevention and Control Response and Occupational Physicians teams are not routinely required but may be considered on a case-by-case basis.

Evidence of cleaning certificates and approval to reopen after cleaning has been completed is not required but may be considered in some circumstances, for example where there are known or suspected compliance issues.

**Website publication**

Exposure sites are not published online but public communication may be considered in exceptional circumstances.

## 4. OUTBREAK MANAGEMENT

### Objectives of outbreak management

Outbreak management aims to control ongoing transmission through active case finding, contact identification, environmental assessment and consequence management.

### Definition

An outbreak in a **residential aged care facility** is defined as:

- a resident of a residential aged care facility who has been diagnosed with COVID-19 via PCR test and has been onsite at the residential aged care facility at any time during their infectious period; or
- two or more staff of the residential aged care facility diagnosed with COVID-19 via PCR test within 72 hours;

In **all other settings** (excluding households), an outbreak is defined as five or more persons who are:

- diagnosed with COVID-19 via PCR test;
- epidemiologically linked; and
- diagnosed with COVID-19 within seven days, commencing from the time that the first person is diagnosed.

### Notification and response

**Settings are required to notify the department or LPHU if the relevant outbreak definition is met.** The outbreak definitions do not preclude a setting from contacting the department for pre-emptive advice or support. Outbreak notifications should trigger the provision of guidance and advice with active outbreak management only occurring in certain circumstances.

### Key activities

- Establishment of an Outbreak Management Team
- Agree outbreak and contact definitions
- Develop testing strategy
- Lead an environmental investigation
- Establish an Incident Management Team if required
- Outbreak reporting

### Outbreak Management Team

An Outbreak Management Team (OMT) is a multi-agency public health-focused group that is led by either an LPHU or by an ICCOM team with accountability derived from the Chief Health Officer. Its

primary goal is to ensure public health control measures are implemented to contain or reduce the spread of COVID-19. Other specialist stakeholder agencies may be invited to attend based on the outbreak setting (e.g. Department of Justice and Community Safety, Department of Jobs, Precincts and Regions, Department of Education Training, Department of Family, Fairness and Housing).

### **Incident Management Team**

An Incident Management Team (IMT) is responsible for managing the wider impacts of the outbreak; this includes establishment of testing centres, provision of food and accommodation support to cases or contacts, liaising with community organisations and local government to ensure robust communications and partnerships, and emergency management logistics and reporting.

## 5. SUPPORTING DOCUMENTS

### Reference documents

[COVID-19 Communicable Disease Network of Australia National Guidelines for Public Health Units](#)

### Contact Management Guidelines

Setting	Last Updated
<a href="#">Contact Assessment and Management Guidance: healthcare services (hospitals)</a>	30 December 2021
<a href="#">Contact Assessment and Management Guidance: primary care, community-based healthcare and emergency services</a>	30 December 2021
<a href="#">Contact Management Guidance - VCE Examination COVID-19 prevention and management guidance</a>	15 October 2021
<a href="#">Contact Assessment and Management Guidance: workplaces, business and industry</a>	30 December 2021
<a href="#">Residential Aged Care Facility COVID-19 Furlough and Worker Mobility Guidance</a>	18 November 2021