



**Maldives**

**Health Protection Agency**

**Ministry of Health**

**Guideline for  
nCoV CONTACT TRACING  
PUBLIC HEALTH UNITS**

*Cornerstone of Public Health Surveillance*

**DRAFT**

**23rd August**

**2020**

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**Ministry of Health**

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# 1. Surveillance Case Definition

- A. Patients with severe acute respiratory infection ( $\geq 38^{\circ}\text{C}$ ,  $100.4^{\circ}\text{F}$  fever, cough, and requiring admission to hospital), **AND** with no other etiology that fully explains the clinical presentation<sup>1</sup> **AND** at least one of the following:
- a history of travel to or residence in China in the 14 days prior to symptom onset,  
**or**
  - patient is a health care worker who has been working in an environment where severe acute respiratory infections of unknown etiology are being cared for.
- B. Patients with any acute respiratory illness **AND** at least one of the following:
- close contact with a confirmed or probable case of 2019-nCoV in the 14 days prior to illness onset,  
**or**
  - visiting or working in a live animal market in China in the 14 days prior to symptom onset,  
**or**
  - worked or attended a health care facility in the 14 days prior to onset of symptoms where patients with hospital-associated 2019-nCoV infections have been reported.

## Probable case

Probable case: A suspect case for whom testing for 2019-nCoV is inconclusive<sup>3</sup> or for whom testing was positive on a pan-coronavirus assay.

## Confirmed case

A person with laboratory confirmation of 2019-nCoV infection, irrespective of clinical signs and symptoms.

## 2.1 Class Classification

### I. PUI (Patient under investigation)

Any person meeting the case definition.

### II. Confirmed case

Any person with positive lab confirmation of infection with n-CoV

### III. Discarded case

Any possible case with a negative n-CoV laboratory result

## 2.2 Other Classification

### a. Primary case:

A primary case is defined as an individual who tests positive for n-CoV by the PHE reference laboratory and has the earliest onset date in a particular setting e.g. hospital, household, school etc. Those cases with onset dates within 24 hours of the onset date of the index case are considered to be “co-primary” cases.

**b. Secondary case:**

After excluding the primary / co-primary cases, a secondary case is defined as the contact whose onset date is 24 hours or more after the latest onset date of the primary and/or co-primary case-contact and confirmed positive for n-CoV.

**c. Imported case:**

An imported case is defined as a case confirmed positive for n-CoV with a history of travel from an affected area as defined below in the 14 days before disease onset.

### **3. Definition of contacts**

*From date of illness onset in index case (the first laboratory confirmed or probable case) and throughout their symptomatic period*

- This definition assumes that the case self-isolated while symptomatic. If the case did not isolate while symptomatic or was transferred to an acute care facility while symptomatic, PHUs should consider additional environments where exposures may have occurred to identify contacts for follow-up and monitoring (e.g., workplace, places of worship, recreation centers, conveyance/ vehicles).
- anyone who provided care for (e.g., bathing, toileting, dressing or feeding) the presumptive confirmed, confirmed or probable case, including a health worker, family member, or individual who had other similarly close physical contact OR anyone who stayed at the same place (e.g., lived with, visited) while the case was ill

### **4. Role of Public Health Units/Border Health units**

#### **4.1 Close contact follow-up and monitoring**

- Confirmed cases identified as part of individual-case investigations will serve as the “starting point” for contact investigations.
- A list of close contacts should be identified and efforts should be made to identify every close contact. This list should be reviewed on a daily basis and sent to HPA daily. Cases should be interviewed as rapidly as possible by using the questionnaire form (Annex). Information on the primary case and their close contacts at the initial recruitment should be sought through combination of face-to-face or telephone interview of the case(or family members if the case is too ill to be interviewed), household members, interview of health care providers and/or review of medical records where required.
- Active follow-up of contacts should take place ideally through face-to-face or telephone interview ideally as soon as possible after identification of a probable case. The PHU will

actively monitor close contacts on a daily basis for 14 days following last known exposure to the case or until a probable case no longer meets the case definition (e.g., the laboratory investigation has ruled out n-CoV infection).

- PHUs may choose to prioritize follow-up and monitoring of close contacts based on their assessment of each contact's risk of exposure. Considerations for prioritizing follow-up and monitoring may include the length of exposure, the type and nature of exposure (e.g., ambulatory transfers, living with the case or having prolonged contact within 3 metres), features of the environment/ location of the exposure, and the underlying health status of the contact. Communicable Disease Surveillance of HPA can support the PHU in making these decisions.
- The PHU can use the Daily Contact follow-up form to monitor close contacts. Close contacts should be informed of how to contact the PHU if they develop symptoms or have other questions.
- A close contact that becomes ill with symptoms compatible with n-CoV infection within 14 days following last known exposure to the case should be tested for n-CoV and managed as a PUI including the initiation of further case and contact management activities until laboratory testing results are available. The PHU should advise asymptomatic close contacts to continue with their usual activities (e.g., attend work, school, etc.). Quarantine of exposed asymptomatic close contacts is not recommended.

## 5.1 PUI case steps

### I. Interview Form

n-CoV CASE INITIAL INTERVIEW QUESTIONNAIRE					
Health Protection Agency					
Communicable Disease Surveillance					
Interviewer :			Date and Time:		
Case Details					
First Name		Last Name		ID Number/PPNo	
Date of Birth		Age		Address	
Onset of Fever			Date of Admission		
Vessel name (Sea vessel)			Seat number (for flight passenger/crew)		
Travel history					
Traveled to		Date of arrival to Maldives			
Travel Purpose					
<p>1. Have you been to china within the last 14 days?</p> <p>2. Which countries have you been to within the last 14 days</p> <p>2. Do you remember the date of arrival to the Maldives?</p> <p>3. What is the purpose of the travel to the specified country?</p> <p>4. During the journey how many people stayed closed to you in the same room?</p> <p>5. Can you give us the detail of the flight you have travelled from the specified place to Maldives?</p> <p>6. Have you been to a live animal market or wet market (Raw meat market) during the journey?</p> <p>7. Do you have any contact a person who has these symptoms (FEVER, COUGH and BREATHING DIFFICULTY) during the journey?</p> <p>9. Were any of your colleagues having the same symptoms?</p> <p><b>After arrival to Maldives:</b></p> <p>a. Did you wear mask in the flight?</p> <p>b. Did you wear mask during the travel to your home?</p> <p>c. Did you visit any place other than your home?</p> <p>d. How many people are there in your house?</p> <p>10. Can you please tell us the name, age and contact number of the people who stayed with you during your journey to the specified place?</p> <p>11. Can you please tell us the name, age and contact number of the people who are staying with you in the house?</p> <p>12. If you have contacted any other person except your family living in the same house, can you give us there information?</p> <p>13. Can you give us the information of the visitors who has visited after you have admitted to the hospital?</p>					
Interviewer :					
Date:					
Time:					
Location :					

- I. Identify contacts of PUI
- II. Information
- III. Follow up contacts

## 6. Infection prevention and control precautions for n-CoV Infection

### 6.1 Prevention Steps for People Confirmed to Have, or Being Evaluated for, n-CoV Infection

If you are confirmed to have, or being evaluated for, n-CoV infection you should follow the prevention steps below until a healthcare says you can return to your normal activities.

- **Stay home**

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas, and do not use public transportation or taxis.

- **Separate yourself from other people in your home**

As much as possible; you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.

- **Call ahead before visiting your doctor**

Before your medical appointment, call the healthcare provider and tell him or her that you have, or are being evaluated for, n-CoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected.

- **Wear a facemask (N95, surgical or regular facemask)**

you should wear a facemask when you are in the same room with other people and when you visit a healthcare provider. If you cannot wear a facemask, the people who live with you should wear one while they are in the same room with you.

- **Cover your coughs and sneezes**

cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water.

- **Wash your hands**

wash your hands often and thoroughly with soap and water. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

- **Avoid sharing household items**

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water.

- **Monitor your symptoms**

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** going to your medical appointment, call the healthcare provider and tell

him or her that you have, or are being evaluated for, n-CoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected.

### **6.2 Prevention Steps for Caregivers and Household Members**

If you live with, or provide care at home for, a person confirmed to have, or being evaluated for, n-CoV infection, you should:

- Make sure that you understand and can help the person follow the healthcare provider's instructions for medication and care. You should help the person with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Have only people in the home who are essential for providing care for the person.
  - Other household members should stay in another home or place of residence. If this is not possible, they should stay in another room, or be separated from the person as much as possible. Use a separate bathroom, if available.
  - Restrict visitors who do not have an essential need to be in the home.
  - Keep elderly people and those who have compromised immune systems or certain health conditions away from the person. This includes people with chronic heart, lung or kidney conditions, and diabetes.
- Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
- Wash your hands often and thoroughly with soap and water. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wear a disposable facemask, gown, and gloves when you touch or have contact with the person's blood, body fluids and/or secretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhea.
  - Throw out disposable facemasks, gowns, and gloves after using them. Do not reuse.
  - Wash your hands immediately after removing your facemask, gown, and gloves.
- Avoid sharing household items. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with a person who is confirmed to have, or being evaluated for, n-CoV infection. After the person uses these items, you should wash them thoroughly (see below "Wash laundry thoroughly").
- Clean all "high-touch" surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, body fluids and/or secretions or excretions on them.
  - Read label of cleaning products and follow recommendations provided on product labels. Labels contain instructions for safe and effective use of the cleaning product including

precautions you should take when applying the product, such as wearing gloves or aprons and making sure you have good ventilation during use of the product.

- Use a diluted bleach solution or a household disinfectant with a label that says “EPA-approved.” To make a bleach solution at home, add 1 tablespoon of bleach to 1 quart (4 cups) of water. For a larger supply, add ¼ cup of bleach to 1 gallon (16 cups) of water.
- Wash laundry thoroughly.
  - Immediately remove and wash clothes or bedding that have blood, body fluids and/or secretions or excretions on them.
  - Wear disposable gloves while handling soiled items. Wash your hands immediately after removing your gloves.
  - Read and follow directions on labels of laundry or clothing items and detergent. In general, wash and dry with the warmest temperatures recommended on the clothing label.
- Place all used gloves, gowns, facemasks, and other contaminated items in a lined container before disposing them with other household waste. Wash your hands immediately after handling these items.
- Monitor the person’s symptoms. If they are getting sicker, call his or her medical provider and tell him or her that the person has, or is being evaluated for, n-CoV infection. This will help the healthcare provider’s office take steps to keep other people from getting infected. Ask the healthcare provider to call the local or state health department.

### **6.3 Prevention Steps for Close Contacts**

If you have had close contact with someone who is confirmed to have, or being evaluated for, n-CoV infection, you should:

- Monitor your health starting from the day you were first exposed to the person and continue for 14 days after you were last exposed to the person. Watch for these signs and symptoms:
  - Fever.
  - Coughing.
  - Shortness of breath.
  - Other early symptoms to watch for are chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, and runny nose.
- If you develop symptoms, follow the prevention steps described above, and call the HOTLINE (7377004) or your healthcare provider as soon as possible. Before going to your medical appointment, call the healthcare provider and tell him or her about your possible exposure to n-CoV. This will help the healthcare provider’s office take steps to keep other people from getting infected. Ask your healthcare provider to call the local or state health department.

- If you do not have any symptoms, you can continue with your daily activities, such as going to work, school, or other public areas.

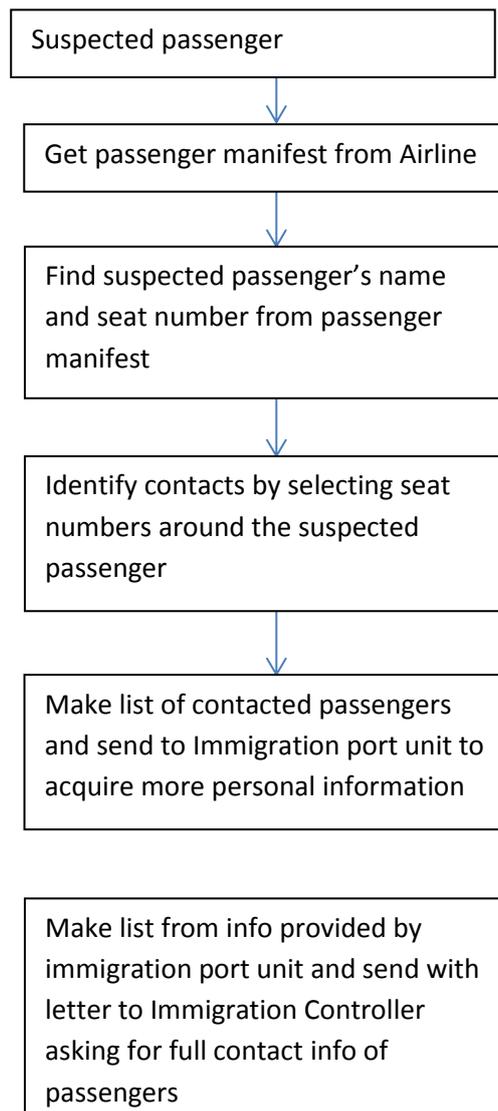
You are not considered to be at risk for n-CoV infection if you have not had close contact with someone who is confirmed to have, or being evaluated for, n-CoV infection.

## 7. Contact Tracing For Passengers

### 7.1 CONTACT TRACING FOR PASSENGERS WHO DEVELOP SYMPTOMS AFTER LEAVING THE VESSEL/PORT

If a passenger develops symptoms after he/she leaves the plane or vessel, his/her contacts in the vessel shall be traced and put under surveillance.

In order to trace contacts of a passenger afterwards a trip, the airline and relevant authorities must share the required information needed by the health authorities.



### **7.2 PROCESS OF EVACUATION FROM AN AIRCRAFT OR PASSENGER VESSEL IF A PERSON IS SUSPECTED TO HAVE DEVELOPED n-CoV SYMPTOMS IN THE VESSEL**

If a person who was exposed to n-corona virus develops symptoms (i.e. becomes ill with fever and cough) while on board of an aircraft flight or freighter/passenger ship sailing to the Maldives, this is

considered a health emergency, and pilot or captain should inform the port of entry regarding the ill person suspected of having a communicable disease. This should be declared in a health section of the general declaration form as in annex 9 of the ICAO convention, or the maritime declaration of health form and in accordance with article 37 of the International Health Regulations (2005). The following details will be attended to, and added onto the usual pandemic preparedness SOP that is followed by the international airport.

The ill person as well as crew members or passengers who have come into contact with the ill person should be taken care of appropriately in order to prevent any further spread of the disease.

There is no reason to quarantine the airplane or vessel upon arrival when a passenger presents with symptoms during the flight. However, the flight will be docked into the quarantine bay so as to minimize disruption of other airport operations during the procedures required.

Disembarkation of passengers should be done in the following order:

1. It will be communicated to the passengers that there will be a slight delay for health reasons in order to attend to a person who became ill in the flight.
2. A port health officer and a doctor will be taken to the flight, both wearing appropriate PPE, and he/she will make a quick assessment of the situation verify whether n-CoV is suspected in the ill person (according to travel and contact history), whether the ill person is in a life-threatening situation, and if suspected of n-CoV, identify contacts among passengers. If MERS is not suspected, the emergency is lifted.
3. If the ill person is in a life-threatening situation, he/she will be evacuated first. If not, he/she will remain seated to disembark last.
4. If the ill person is suspected of having n-CoV, the ill person (if stable) and contacts (described below) will remain and first, the rest of the passengers will disembark.
5. Next, the passengers and crew members who have come into contact with the ill person will be taken directly to the area next to the designated isolation room, and attended to by port health officers from the port health unit, where they will go through the process for contacts of persons with n-CoV (i.e. close surveillance with fever monitoring). After this, immigration and customs clearance may proceed.
6. The ill person, if stable will disembark last. He/she will be accompanied by the port health officer directly to the designated isolation room in the airport. Immigration and customs issues will be attended to while he/she is kept in isolation, with assistance from port health authorities, and under infection control procedures. His/her luggage will be brought to this isolation room.

The attached is a sample announcement to be given by the captain of the flight. Port Health Officer boarding the plane should explain the situation to the captain and request him to make the necessary announcements.

### **7.2.1 IDENTIFYING CONTACTS IN A VESSEL**

If the passenger is at risk of having been exposed to n-Co virus on a vessel (air, sea or land), the following epidemiological measures based upon proximity to the index patient should be considered

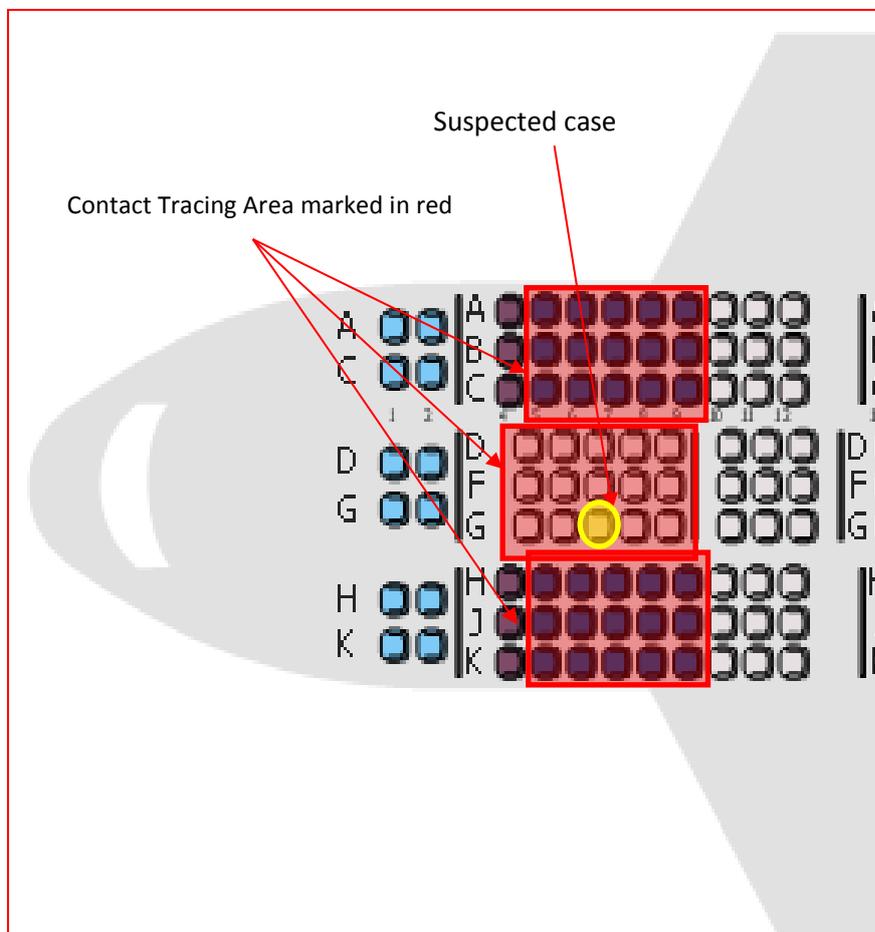
### **7.2.2 PASSENGERS AND CREW WITH REPORTED DIRECT CONTACT**

Co-travelers and crew members who had reported direct body contact with the index case, and those who had contact with clothes or belongings, or contact with any body fluids of the index case should be traced-back. To gather this information, any records of significant events on the flight should be obtained from the airline. Assess for vomiting and diarrhea, and if present, ask for use of the same toilet as the index case as well.

### 7.2.3 CONTACT TRACING ON BOARD A FLIGHT

All presumed contacts will be taken to a separate designated area for screening. They will complete a declaration form and be checked for symptoms and details about how the contact occurred. If they are real contacts with a history of contact, as per the WHO guidelines, and not symptomatic, they will be put under **close surveillance** and released. Their movements will be followed up. Contact tracing and follow-up will be conducted according to the WHO guideline for contact tracing and follow-up.

### 7.2.4 PASSENGERS SEATED FROM THE INDEX PATIENT



As direct contact is the main route of transmission for novel corona virus, only passengers who were seated in the same row as the index case should be included in the trace-back. The passengers seated 2 rows ahead and 2 rows behind the index case should also be included in the contact tracing.

### **7.2.5 CREW MEMBERS OF PLANE SECTION**

Crew members who provided in-flight service in the section of the aircraft where the index case was seated should be included in the trace-back, as well as other crew members who had direct contact with the patient.

### **7.2.6 CLEANING STAFF OF PLANE SECTION**

The staff that cleaned the section seat where the index case was seated and the toilet facilities (if used by the index case) should be traced-back.

Traced-back passengers, crew members and cleaning staff who have been identified should be assessed for their specific level of exposure. The risk for transmission is considered low if no direct contact with the passenger or with material potentially contaminated by the passenger's bodily fluids has occurred. Self-monitoring of temperature should be considered for 14 days for all contacts. The same measures should be considered if a patient reports symptoms during a flight but fails to alert the crew.

### **7.2.7 HANDLING OF BAGGAGE BELONGING TO THE ILL PERSON**

If the passenger developed symptoms only while in the vessel, checked in luggage can be brought out as per the usual methods. Port health communicates with OCC and OCC informs terminal services on safe handling of baggage. Baggage will not be handled until instructions are given by Port Health. A separate line will be maintained for the baggage of the particular airline.

If passenger has developed symptoms before embarking on the flight, which has a very rare chance of occurring, the luggage should be separated using barrier precautions (e.g. gloves or covers for luggage), and disinfected before release. The risk of contamination of other luggage is minimal.

Hand-luggage should be taken separately along with the patient, and handled with barrier precautions, such as gloves. Visible soiled luggage should not be handled until the Port Health Officer makes arrangements. Luggage should be delivered to the ill passenger to be transported with him/her to the isolation hospital.

The affected luggage may be cleaned under strict infection control guidance and disinfected by cleaning the outer surface using standard disinfectants (e.g. sodium hypochlorite, 70% alcohol solution or sterilium) and keeping for the required time as per the WHO guideline, after which they may be handled normally provided they are locked or sealed well.

## **Assessment by Health personnel on board a flight:**

### **What to assess after boarding the plane**

<b>Assessment question</b>	<b>Action if 'Yes'</b>
<ul style="list-style-type: none"><li>• Is the patient in life-threatening situation? E.g. shortness of breath, unconscious, vitals deranged</li></ul>	Advise to evacuate the ill person first
<ul style="list-style-type: none"><li>• Does the patient have fever?</li></ul>	Take precautions to prevent infection – use PPE, avoid unnecessary contact with the patient and request to take to isolation room
<ul style="list-style-type: none"><li>• How ill is patient? (able to walk by self without support)</li></ul>	If able to walk by self, avoid unnecessary exposure to other staff and travellers, and request patient to walk out by him/herself. If not, allow only minimum no. of staff to assist.
<ul style="list-style-type: none"><li>• Has the traveler received medical assistance during the flight?</li></ul>	If yes, may need to continue. Airport clinic doctor will assess and advise on action.
<ul style="list-style-type: none"><li>• Are the symptoms consistent with nCoV? Symptoms may include: fever, cough, shortness of breath and is from or has history of travel(within last 14 days), or transited in China</li></ul>	Port Health Officer and doctor wear N95 mask and goggles and gloves before entering plane. Confirm to OCC to activate pandemic plan and arrange for patient isolation. If vomiting/diarrhea+, ask if patient used toilet, if so which toilet, any other area, seat or pathway contaminated and note it.
<ul style="list-style-type: none"><li>• Are any of the patient's belongings including travel documents and hand luggage) contaminated by body fluids such as vomit, blood, other body fluids)</li></ul>	Port health officer wearing PPE will handle these and take them along with the patient to isolation room. (At isolation room, they will be cleaned as per guidelines before handing to any other authorities for formalities.)
<ul style="list-style-type: none"><li>• Is the environment of the plane/ship contaminated (by vomit, spilled blood, other body fluid)?</li></ul>	Mark the area (tag) and inform all persons to avoid touching the area; Check if any other passengers or crew were exposed, inform MNDF to be prepared to clean and decontaminate after evacuation.
<ul style="list-style-type: none"><li>• How many passengers and staff were exposed (contacts)? High risk contacts include those who have:<ul style="list-style-type: none"><li>a) Touched the patient's body fluids (blood, vomit, saliva, urine, faeces). This includes having used the same toilet as the patient who has vomiting or diarrhea (define exact toilets), or walked on the contaminated pathway, sat in seats that were contaminated with body fluids or touched contaminated luggage.</li><li>b) Had direct physical contact with the patient's body (alive/dead) after he/she became ill.</li><li>c) Touched or cleaned the clothes, belongings or luggage of the patient after he/she became ill.</li><li>d) Slept, sat or ate in the same seat as the patient or immediately next to the patient</li></ul></li></ul>	Inform OCC for arrangements. Group (a) are 'contaminated contacts'. They should be asked to immediately wash their hands, followed by face if contaminated, with soap and water, as soon as possible. Contaminated contacts and any of their hand luggage contaminated with body fluids will be taken with the patient in the contaminated vehicle to the isolation room for assessing. At isolation room, if they have not been able to wash, they should be offered a room and toilet for washing with soap and water before any investigation. Port health officers should closely supervise washing and disposal of contaminated clothing's.  Rest of the contacts are not contagious themselves, but require contact investigation.

<p>after he/she became ill.</p> <p>e) If patient has any babies, has baby been breastfed by the patient.</p> <p>f) Suffered a needle-stick injury from a contaminated instrument while attending to the patient while he/she was ill.</p>	<p>They should be transported together in a separate vehicle for contact investigation. This vehicle does not require decontamination. If less than 15 contacts – to area outside of isolation room, if more than 15 contacts – to designated area for pandemic screening.</p> <p>After taking to screening area, can further question, assess and advise contacts.</p>
<ul style="list-style-type: none"> <li>• Is patient alone, or are there any relative/friend travelling with patient?</li> </ul>	<p>If so They are among the close contacts and should be included in the contact tracing</p>
<ul style="list-style-type: none"> <li>• Are any enhanced precautions for the disembarkation of ill and healthy travelers needed?</li> </ul>	<p>For ill passenger with fever and any passengers who have been contaminated with body fluid and their hand luggage, request separate vehicle that needs decontamination.</p> <p>For contacts who have not been contaminated with body fluids and their clean hand luggage, arrange an ordinary separate vehicle (that does not need special decontamination)</p> <p>For travelers who have not had any contact, separate disembarkation to the normal route. All passengers are asked to complete declaration forms/passenger locator forms, and these will be given out in the flight before disembarking. Port health officers at the counter will collect completed declaration form/passenger locator forms.</p>
<ul style="list-style-type: none"> <li>• Does the traveler have additional travel planned (currently in-transit)?</li> </ul>	<p>Inform airline authorities. If suspected of nCoV, passenger will not be allowed to travel further until clearance given by health authorities (HPA).</p>

### **Sample Announcement by Captain in flight**

“Dear passengers please remain in your seats and do not stand up yet. We are sorry there will be some delay in disembarking from the plane.

There is a sick person in cabin no. ..., seat no. .... Who needs medical attention and evacuation. Please remain seated and stay calm to help us evacuate the patient, and also for your own safety. This sick person may have an infectious disease. So the health authorities are investigating right now before you leave the plane. Please follow the advice we give you for your own safety.

Any person who has been in contact with the sick person in seat no. .... Please press the button above your seat to call for staff assistance and remain seated. The health officer or our crew member will come to you.

Contact means if you have done any of the following things:

- (a) Touched the patient’s body fluids (blood, vomit, saliva, urine, faeces).
- (b) Had direct physical contact with the body of the patient (alive/dead).
- (c) Touched or cleaned the clothes or belongings of the patient.

If you have had any such contact with the patient, please press the button for help and stay in your seat.”

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(give 5 minutes and repeat the message, while health officers assess the patient identify how many persons claim to have been in contact.)

After assessment, the port health officer and medical doctor will assess whether patient had cough, vomiting or diarrhea and advise additional contacts required accordingly. These should be announced with the second announcement.

If patient had vomiting or diarrhea, check exactly which toilet patient used, and whether any other seats or aisle was contaminated with secretions, and add to announcement:

“(d) You may also be a contact if you have used toilet no. .... (define exact place), /touched any fluid on seats or other places while walking on the aisle leading to (cabin /seats/definite path to be described or shown)”

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### **Sample Announcements when releasing the passengers:**

- When first group of passengers without any contact can be released safely, announce that”  
“Passengers in area/seat no’s (define clearly) have been declared to be safe, and can disembark now through .... Door .... (Direct away from the patient’s area). Please complete the declaration form while you wait for immigration formalities and hand it over to the Health desk.”

- When 2<sup>nd</sup> group of passengers and crew who claim to have had contact with the patient are ready to disembark, announce:

“Passengers and crew who have had contact with the sick person will now disembark. You will be taken to a designated area for a check-up by the health authorities, and will be told how to proceed from there. Please follow the instructions of the Health authorities. These measures are for your own safety and for that of others. Thank you for your cooperation.”

- If Patient is not stable and needs to be taken before other passengers and crew disembark, announce:

“The patient is very ill and needs to be evacuated. For your safety, all passengers are strictly advised to remain in your seats and avoid going near the area the patient is taken through. If you are in a seat along the aisle, please move away from the aisle if possible. Your cabin crew will assist you to stay out of the way. In any case that you come into direct contact with the patient while evacuating, please inform the cabin crew or authorities when the next announcement is given for contacts.”

## **Protocol for Mass Contact Investigation following detection of an ill person suspected of nCoV in the airport**

### **What to assess among asymptomatic Contacts at the Isolation room**

In addition to any points left out from the assessment in plane,

- Separate clean and contaminated persons.
- Do a thorough assessment of contamination with body fluids and provide facilities and supervise procedure for washing and decontamination of contaminated contacts in the room next to the patient room.
  - Soap and disinfectant should be provided.
  - Advice to first wash hands with soap and water (demonstrate and supervise).
  - Then wash face with soap and water if contaminated.
  - Then remove contaminated clothes, dispose into bag provided and take bath with soap and water.
  - Change into clean clothes, use disinfectant alcohol rub on hands.
- After decontamination and changing into clean clothes, asymptomatic contacts will be treated as 'clean'.
- Separate clean and contaminated luggage and items.
- Personnel already in PPE will perform any decontamination of contaminated items such as travel documents and luggage belonging to contacts. Those items that are heavily contaminated and cannot be recovered will be disposed of into biohazard bags.
- Inform immigration and customs to attend to procedures of contaminated persons and items at the isolation room, with guidance and help from Port health officers. Count the number of contaminated persons and contaminated items and provide to immigration and customs when informing.
- Perform contact investigation.

### **Contact investigation**

- A team of port health officers will perform contact investigation among contacts who are clean. If contact tracing has to be in 2 locations, 1 officer will be sent to isolation room, 5 officers to the second location for clean contacts, and 1 officer at health desk in terminal for collecting completed forms.
- Print and keep ready for each staff, copies of
  - procedure for surveillance and contact investigation
  - procedure for communicating with contacts
  - contact tracing sheets for noting contact details
  - Tourist establishment contact list provided by Ministry of Tourism
  - info sheets for giving to contacts and resort focal points
  - temperature monitoring sheets for giving to contacts and resort focal points
  - leaflets for giving to resort personnel
- First gather all the clean contacts together, apologize for the inconvenience, explain regarding why they are there and the procedure of contact investigation. Request them to complete the

declaration form accurately and hand over to you. Read out the criteria for considering as contacts:

- Touched the patient's body fluids (blood, vomit, saliva, urine, faeces). This includes having used the same toilet as the patient who has vomiting or diarrhea (define exact toilet), or walked on the contaminated pathway, sat in seats that were contaminated with body fluids or touched contaminated luggage.
  - Had direct physical contact with the patient's body (alive/dead) after he/she became ill.
  - Touched or cleaned the clothes, belongings or luggage of the patient after he/she became ill.
  - Slept, sat or ate in the same seat as the patient or immediately next to the patient after he/she became ill.
  - If patient has any babies, has baby been breastfed by the patient.
  - Suffered a needle-stick injury from a contaminated instrument while attending to the patient while he/she was ill.
- Give our info sheets and temperature monitoring sheets to all contacts.
  - Explain procedure for surveillance and temperature monitoring to the group.
  - Then bring individually to the desk. Inquire what sort of contact they have had.
    - If it is an actual contact, put on close surveillance and check if they understood the procedure of temperature monitoring and reporting to port health, and provide Port health contact numbers.
    - Note down details of the contact in contact tracing sheet.
    - If the person has not had any real contact with the ill person, put on ordinary surveillance. Provide info sheets and contact details as in surveillance procedure.
  - Thank everyone for their cooperation and understanding.
  - After that, clean contacts and clean luggage can be released to be taken to immigration and customs at the terminal. Contact tracing officers will accompany them to the terminal area. Take extra copies of info sheets (and leaflets, if available) to give to resort personnel.
  - After completion of procedures, they will meet the resort personnel who come to pick up the guests at the designated point (near Information desk) (May be joined by MRC volunteers if available) Provide explanations that the guests are not infective, and safe to go to resort, but need monitoring of their health, and clearly inform the person picking up to get the focal point of the tourist establishment to contact port health for instructions. Give a copy of the info sheet with port health contact number and temperature monitoring sheet in an envelope to the person and advise them to give it to the resort focal point. If feasible, provide them with the guest list of persons under surveillance, also in envelope. Provide leaflets on nCoV prevention (open) to resort personnel and anyone coming to Information Desk.
  - When handing over, check information of resort with contact sheet and confirm and update resort name and phone number.
  - If a person does not come to take the guest, then contact focal point of the establishment they plan to go to, explain to the focal point that the guest has been in contact with a person with communicable disease and needs to be monitored, confirm whether guest is actually going there, explain procedure as in 'close surveillance' procedure and then allow the guest to leave.
  - For Maldivians, if no one to pick them up, get their own contact number and a number of another person to contact in case of emergency.

- Inform MRC and get assistance for psychosocial support for those at the resort.

### Close Contact Tracing Worksheet

When interviewing a case to identify potential close contacts, consider all individuals that could have had exposure since the case was symptomatic. See the Close Contact Tracing section for the definition of a close contact. Use the following activity prompts to help identify potential close contacts: work; school; visitors at home; volunteer activities; daycare; religious activities; social activities (restaurants, shopping); sports; visits to acute care settings, long-term care homes, retirement homes, medical labs, dentists, and other health care providers; contact with ill persons.

**Date of Onset:** \_\_\_/\_\_\_/\_\_\_ (All contacts must be identified from the date of onset of fever)

Case Last Name: \_\_\_\_\_ Case First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 \_\_\_\_\_ Gender \_\_\_\_\_

Date/Time (start and End)	Activities	Location of Activity	Name and Contact information of potential close contacts	Comments	Type of Contact

Details of investigating Public Health Officer

## Contact Daily follow-up form

Full Name: Arifa Hassan NID: A00000

Address/ Current location: L. Gan

Date of Birth: 25th Nov 1898 Gender: Female

Nearest Flu clinic/Hospital: L. Gan Regional Hospital

	Follow-up date/time (dd/mm/yyyy) and 24 hr clock	Symptoms (Y/N)	If yes, please specify (e.g., fever >38; cough, difficulty breathing, headache, fatigue, sore throat, chills, muscle pain, nasal congestion, nausea, vomiting, diarrhea, joint pain, decreased appetite)	Did contact seek medical attention for ARI symptoms? (Y/N)	If yes, please specify where contact went to seek attention (e.g., primary health care, home care, acute care, etc.)
1	22 July 2015	N	-	N	-
2	23 July 205	Y	Cough	Y	L. Gan Regional Hospital
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**Details of Public Health Officer**





## **ANNEX**