



2021 Infection Prevention & Control for General Practice

June 2021 e – newsletter # 5 – How does contact tracing for COVID-19 work?

Part 1 - The contact

It can be something like this scenario (realistic and possible but not necessarily true)

“ Hello I am Marg Jennings from the Health department and I am just checking I am speaking to Scott Morrison?”

After confirming my organisation and the contact’s identity I then go on to inform him that he is a close contact of a case. I now check if it is OK and safe for him to speak to me and that it will take a few minutes. I then ask

*“Scott, can you tell me if you have any of the following symptoms - **headache, runny nose, sneezing, sore throat, cough, fever, etc** (note symptoms have changed and loss of smell/taste is way down the ladder of symptoms. Breathlessness has also dropped down).*

If the contact has any of the symptoms above, please refer to local protocol for response - be mindful if they have breathlessness as that needs urgent attention. At a minimum, instruct the contact to seek SARS-CoV-2 testing

If the contact has no symptoms, explain quarantine in simple terms:

*i.e “**Quarantine** means that you should try to not have contact with other people, except if you need to see a doctor. If you live with other people, you might try to find another place to stay. Or you might use your own bedroom and bathroom. If you can’t avoid being around other people, you should wear a mask at all times. The mask should completely cover your nose and mouth. You will need to do this for 14 days”.*

Check that the contact understands completely. Identify challenges that may stop the contact from following your quarantine instructions. Offer resources to improve the contact’s chances of following your quarantine instructions.

Part 2 – The case

It can be something like this scenario (realistic and possible but not necessarily true)

I introduce myself and then ask if I have Norman Swan? I ask him if he has already been contacted by his doctor etc to inform him that he has tested positive? We first check how he is in case he needs medical attention, we stress isolation and check whether he can isolate where he is or does he need to be supported ie medihotel. We then ask if it’s OK to ask questions about where he has been and who with the last two weeks to work out where he may got it from and of course we are especially interested in the 48 hours until symptoms started so we can work out who he may have transmitted it to. (Regardless of his immunisation status). We ask

1. Where Norman may have got it from (his upstream contacts)

“Norman can you tell me if you have been out and about the last two weeks? If you keep a diary that might make it easier to jog your memory, or your phone for texts, or even your bank statements. Let’s take it slowly and start with your recollections”. *(He is Sydney based but this is why this is a good teaching exercise currently)*

2. Who Norman may have transmitted it to (downstream contacts)

“Norman, let’s go back to when your symptoms first started which was Thursday you say? So in your diary can you tell me who you were with Tuesday and Wednesday please?” *Obviously I take details so I can contact the contacts*

Now I wrap up the call with asking if there are questions? Common questions are

1. What happens if I get sick?
2. Can you give me a letter for my job or landlord?

I have taken these questions from the Johns Hopkins course for contact tracing I did 6 months ago.