

Department of Health / Ministère de la Santé
Office of the Chief Medical Officer of Health /
Bureau du médecin-hygiéniste en chef
P.O. Box / Case postale 5100
Fredericton, NB / Fredericton (N.-B.) E3B 5G8
Telephone / Téléphone 506-457-4800
Facsimile / Télécopieur 506-443-8702

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To / Dest. Health care professionals; Horizon; Vitalité; NBMS; NANB; NBPA; Social Development; College of Pharmacists; ANB/EMP; NBHEOC, Paramedic Association of New Brunswick / Professionnels de la santé; Horizon; Vitalité; SMNB; AINB; APNB; Développement social; Ordre des pharmaciens; ANB/PEM; COUMSNB, Association des paramedics du Nouveau-Brunswick

From / Exp. Dr. / D^{re} Cristin Muecke, Deputy Chief Medical Officer of Health / Médecin-hygiéniste en chef adjointe

Copies Dr. / D^{re} Jennifer Russell, Heidi Liston, Jeff McCarthy, Eric Levesque, Penny Higdon, Shelley Landsburg, Regional Medical Officers of Health / Médecins-hygiénistes régionaux, RHA PH Directors / Directeurs de la santé publique des RRS, Bruce MacFarlane, Marilyn Babineau, Dr. Tania Arsenault

Subject / Objet Contact Management: Contact of a Contact when a Variant of Concern is suspected / Gestion des contacts: les contacts d'un contact lorsqu'un variant préoccupant est soupçonné

This memo is replacing the memo of March 29, 2021 entitled “Contact Management: Contacts of a contact when a variant of concern is suspected”.

COVID-19 variants of concern are now prevalent in our province, both through ongoing UK variant activity in zone 4 and through more frequent travel-related introductions (including both UK and South African strains), and we continue to assess and adjust outbreak management strategies. At this critical time, we are facing increased pressure on our acute-care capacity, while also requiring more aggressive outbreak control measures that take the challenges of the variants into account, including lower thresholds for isolating contacts and expanding isolation to contacts of contacts.

The chart attached captures the current public health contact management approach for variants of concern. It is a risk-based approach depending on the nature and context of the exposure and accounts for the vaccine rollout and effectiveness. It represents the current New Brunswick context

La présente note de service remplace celle du 29 mars 2021 intitulée « Gestion des contacts : les contacts d'un contact lorsqu'un variant préoccupant est soupçonné ».

Les variants préoccupants de la COVID-19 sont maintenant répandus dans notre province, en raison à la fois de la propagation en cours du variant du Royaume-Uni au sein de la Zone 4 et de l'augmentation des transmissions liées aux voyages (tant pour la souche du Royaume-Uni que celle d'Afrique du Sud), et nous continuons à évaluer et à ajuster les stratégies de gestion des éclosions. En ce moment critique, nous devons faire face à une pression accrue sur notre capacité en matière de soins de courte durée tout en exigeant des mesures de contrôle des éclosions plus agressives qui tiennent compte des défis que présentent les variants, notamment l'instauration de seuils plus bas pour l'isolement des contacts et l'extension de l'isolement aux contacts des contacts.

Le graphique ci-joint illustre l'approche actuelle de gestion des contacts de Santé publique en ce qui concerne les variants préoccupants. Il s'agit d'une approche fondée sur les risques en fonction de la nature et du contexte de l'exposition qui tient compte de la mise en œuvre de la vaccination et des

with low population immunity and variant circulation; it will be adjusted as these variables change. As population level immunity increases, there will be more consideration of individual level vaccination status in determining isolation measures. Personal public health measures such as masking, distancing and hand washing remain baseline requirements.

It is important to note that this is for informational purposes and does not replace the need for public health and/or occupational health guidance and direction for specific scenarios. Please refer to your regional public health experts for further interpretation.

Sincerely,

considérations d'efficacité. Elle représente le contexte actuel du Nouveau-Brunswick, défini par une faible immunité de la population et la propagation des variants, et sera ajustée selon l'évolution de ces variables. Au fur et à mesure que le niveau d'immunité de la population augmente, l'accent sera davantage mis sur le statut d'immunisation de chaque personne pour déterminer les mesures d'isolement. Les pratiques individuelles de santé publique comme le port du masque, la distanciation et le lavage des mains demeurent des exigences de base.

Il est important de noter qu'il s'agit d'un document informatif qui ne remplace pas le besoin de conseils et de directives en matière de santé publique et de santé au travail pour des situations particulières. Veuillez consulter les experts en santé publique de votre région pour une interprétation plus complète.

Sincères salutations,



Dr./D^{re} Cristin Muecke, MD, MSc, FRCPC
Deputy Chief Medical Officer of Health / Médecin-hygiéniste en chef adjointe

Management of a Contact and Contacts of Contacts in the context of a Variant of Concern (VOC)		
Type of Contact	Testing Requirements	Isolation Requirements
Community (Including: Household, community or Workplace Exposures if not health care or critical infrastructure)		
Contact of Case (household, non-healthcare worker)	Day 3-5 (or sooner if available): <ul style="list-style-type: none"> • PCR via expedited transport to GDL, • Rapid test only on approval of MOH Day 10: PCR	<ul style="list-style-type: none"> • 14-day isolation regardless of vaccination status • Daily monitoring
Contact of Case (community, non-healthcare worker)	Day 3-5 (or sooner if available): <ul style="list-style-type: none"> • PCR via expedited transport to GDL, • Rapid test only on approval of MOH Day 10: <ul style="list-style-type: none"> • PCR 	<ul style="list-style-type: none"> • 14-day isolation • Daily monitoring 1 vaccine at least 14 days ago or full series , within 3 months of exposure – RMOH risk assessment depending on setting, circumstances - may allow for work isolation with relevant PH measures, daily monitoring, provided asymptomatic and not immune compromised
Contact of Case (Previously Recovered less than 3 months ago)	No testing unless symptomatic	<ul style="list-style-type: none"> • Work isolation • Daily monitoring
Contact of Contacts (Household)	If symptomatic, expedited testing or consider rapid testing (MOH approval)	<ul style="list-style-type: none"> • Isolate until contact's negative day 10 test results received • Provide key messages such as isolation measures and symptom monitoring initially or conveyed through contact when in same household, no daily monitoring 1 vaccine at least 14 days ago or full series , within 3 months of exposure – work isolation with relevant PH measures, daily monitoring, provided asymptomatic and not immune compromised

Contact of Contacts (Previously Recovered less than 3 months ago)	No testing unless symptomatic	<ul style="list-style-type: none"> • Self-monitoring
Healthcare Worker (Household or Community exposure)* <i>*for exposures in RHA workplace, refer to RHA Employee Health guidance</i>		
Employees of RHA: Contact of a Case (Also applies to long term care facilities, EM ANB, Immunizing pharmacy staff) Household	Day 5 and 10 unless otherwise indicated by Employee Health Day 3-5 (or sooner if available): <ul style="list-style-type: none"> • PCR via expedited transport to GDL, • Rapid test only on approval of MOH Day 10: <ul style="list-style-type: none"> • PCR 	<ul style="list-style-type: none"> • 14 day isolation regardless of vaccination status • Daily Monitoring
Employees of RHA: Contact of a Case (Also applies to long term care facilities, EM ANB, Immunizing pharmacy staff) Community	Day 5 and 10 unless otherwise indicated by Employee Health	<u>No vaccine – 14 day isolation</u> <u>Daily monitoring</u> <u>1 vaccine at least 14 days ago or full series</u> , within 3 months of exposure – RMOH risk assessment in consultation with employee health department
Employees of RHA: Contacts of contacts (Also applies to long term care facilities, EM ANB, Immunizing pharmacy staff)	Day 5 and 10 unless otherwise indicated by Employee Health May test the contact more frequently to allow for work isolation	<u>1 vaccine at least 14 days ago or full series</u> , within 3 months of exposure – may consider work isolation with relevant PH measures if more frequent testing of contact is possible, active monitoring via Employee Health, if asymptomatic <u>No vaccine</u> – Isolate until contact’s negative day 10 test results received; OR 14 day isolation depending on RMOH risk assessment and employee health department

**Non-Healthcare Personnel: Critical Infrastructure
(Household, Community or Non- Health Care facility workplace
Exposures)**

<p>Non-health care personnel who are required for essential on-site work such as critical infrastructure, enforcement and inspection etc.</p> <p>Contact of contacts only (contact of case would follow community section guidelines above)</p>	<p>Day 5 and 10 if work isolation approved</p>	<p>Work isolate (includes continuous masking and physical separation from other work colleagues, only when necessary for critical functions that can't be done remotely, while also isolating from the case or contact) after consultation and approval from RMOH</p>
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Compliance with Public Health Measures

<p>Non-compliant with all Public Health Measures (ie. testing) : contact of a case</p> <p>Non-compliant with all Public Health measures (ie. testing) : contact of a contact of a case</p>		<p>If they have completed their 14 days away from the case, if they have no symptoms and no new exposure, they can be released at Day 14th. If these criteria are not met, please discuss with MOH</p> <p>If they have completed their 14 days isolation, if the contact of the case tested negative on Day 10, if the contact of the contact of the case has no symptoms and no new exposure, they can be released at Day 14th. If these criteria are not met, please discuss with MOH</p>
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