



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Communicable Diseases and Immunization
Service
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Date: April 16, 2021

Administrative Circular: 2021: 16

ATTN: Medical Health Officers and Branch Offices
Directors of Health Protection
Communicable Disease Environmental Health Officers
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: Revisions to the Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community

Please replace the following section from the Communicable Disease Control Chapter 1: Communicable Disease Control: Novel Coronavirus (COVID-19) - Interim Guidelines (September 25, 2020) with the Novel Coronavirus (COVID-19) - Interim Guidelines (April 15, 2021)

The main changes made in the document were an attempt to organize the section in a more logical manner as well as align them more closely with other BCCDC guidance documents, the addition of more and up to date evidence to inform the practice. Some adjustments came from the new PHAC and IPAC guidelines, as well as considerations of immunization, reinfection and variants of concerns.

The four most clinically significant changes are outlined below, and the rest of the changes are detailed in the subsequent table.

Clinically most significant changes

- 1) Contact management for those with prior infection or at 14 days post 1st dose of vaccine
 - a. For those inside 90 days after infection self-monitor rather than quarantine, in most cases, with MHO discretion for situations when this might not be appropriate
 - b. For those who have been immunized, either with one or two doses, immunization can be considered in the risk analysis for management of close-contacts, at the discretion of the MHO.
- 2) Exposure risk levels and associated management

Adding to the medium-risk category (self-monitoring): Anyone who has been in an indoor setting in close range of where a case engaged in singing, significant shouting, or heavy breathing (e.g., exercise), without both the case and the contact consistently wearing a well-fitted, well-constructed mask, even if for less than 15 minutes

3) Decrease emphasis on the test-based strategy to end isolation

Cessation of isolation for those in the severely immune compromised category at the discretion of the MHO, with consideration of a test-based strategy. Consideration of a test-based strategy for those with severe illness for whom it is critical to end isolation earlier than after 20 days.

CHANGES MADE IN VERSION OF APRIL 15, 2021	
Chapter	Change
Header	Added new sections: Authority and Goal
Pathogen	Added a paragraph about emerging variants with details in a new appendix 5
Clinical Illness	Several updates in the symptoms section: <ul style="list-style-type: none"> - Expansion and detailed description of clinical symptoms - Predictive symptoms - Symptoms in children - PHAC Table 1 on reported frequency of symptoms <p>Added new section: Immune response to natural infection</p> <p>Updated evidence for the Reinfection section including variants and guidance on testing</p>
Epidemiology	Added new section: Epidemiology with linkage to BCCDC sit rep and dashboards
Transmission	Updated evidence for Zoonotic Transmission with more details available in new appendix 4
Incubation Period	Expanded section on incubation period with updated evidence
Period of Communicability	Divided section into several subsections with: <ul style="list-style-type: none"> - Definitions of severity of illness and immune compromise for purpose of communicability period

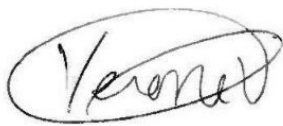
	- Evidence review of the period of communicability
Diagnostic Testing	Added more information from the guidelines on diagnostic testing and consideration of application in case and contact management, as well as on PoC and on serological testing
Surveillance and Reporting	Updated link to new definitions in BC from changes from PHAC definitions Added a section about surveillance of variants
Public Health Management of Confirmed and Probably Cases	Updated guidelines for case management in the community <ul style="list-style-type: none"> - International travel quarantine requirement now referring mostly to appendix with links to relevant webpages, removed from the table - Recommendation for test-based strategy has been significantly changed and now is to be considered mostly for severely immune compromised individuals, in which shedding of live virus has been documented for much longer than 20 days in cohorts and case reports; or to shorten the 20 days of self-isolation for those with severe illnesses when really needed. <p>Added section about considerations in case of mandatory isolation for Indigenous peoples</p> <p>New section added: Ceasing of Isolation of Cases including new appendix 2 on quarantine</p>
Contact Identification and Management	New section added: Contact Definitions and Contact Management <ul style="list-style-type: none"> - Separation of definition of severity of contacts from management table - Update in relation to PHAC update, medium risk category (self-monitor), now including signing, loud speaking, heavy breathing (e.g. exercise) exposures in close proximity when the case or the contact are not wearing a well-fitted well constructed mask even if the exposure was less than 15 minutes - Addition of consideration of protection from prior infection and immunization recommending mostly self-monitor if high risk exposure in the 90 days after a previous infection, and consideration of immunization when assessing the risk and management of exposures. <p>Moved alternative contact management approaches to appendix 7</p>

Appendix 1: Self-isolation considerations for cases	Moved section about considerations in case of mandatory isolation for Indigenous peoples to Public Health Management of Confirmed and Probably Cases chapter
Appendix 2: Travel	New appendix on quarantine after international travel, and other travel related information Removed previous appendix 2 on recommendations for the case and caregivers
Appendix 3: Follow-up for exposure in airplane, cruise, long distance bus or train	Renamed previous appendix 3 to reflect the different modes of travel Removed previous appendix 4 on COVID-19 exposure, cluster, & outbreak management in school and daycares – link to separate guidelines added to contact tracing in outbreak situations
Appendix 4: Evidence summary regarding zoonotic transmission	Revised appendix 4 with an evidence summary on zoonotic transmission and case management
Appendix 5: Variants of Concern	New: appendix 5 on variants of public health concern mostly links to webpages with more information
Appendix 6: Testing threshold for cases and contacts	New: Discussing the evidence related to testing threshold for cases and contacts
Appendix 7: Contact tracing strategies and considerations	Expanded on previous sections of contact tracing with updated evidence
Appendix 8:	Evidence related to the period of communicability

These guidelines are posted at <http://www.bccdc.ca/health-professionals/clinical-resources/communicable-disease-control-manual/communicable-disease-control>

If you have any questions or concerns, please contact me at veronic.clair@bccdc.ca.

Sincerely,



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