

COR-2022-181580

**MEMORANDUM**

**From:** Dr. Janice Fitzgerald, Chief Medical Officer of Health

**To:** Regional Health Authorities

**Re:** Case and Contact Management Memo Update

**Date:** October 21, 2022

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The Department of Health and Community Services (HCS) continues to collaborate with the Public Health Agency of Canada and other jurisdictions to monitor the impact of COVID-19. Given the effectiveness of COVID-19 vaccines, recent approval of vaccine for children 6 months to 5 years old, and the decreased severity of disease seen with the Omicron variant, public health is recommending changes to case and contact management (CCM) of COVID-19 as well as testing and isolation recommendations.

The new recommendations for CCM of COVID-19 are as follows:

- Symptomatic individuals should isolate at home until symptoms have improved with no fever for at least 24 hours. Individuals may choose to use a Rapid Antigen Test if available. If a RAT is negative and symptoms persist, another RAT should be used 48 hours later. For ten days after symptoms have started, individuals should wear a mask, avoid high-risk areas, including non-essential visits to hospitals or long-term care homes. Individuals whose symptoms have improved without fever for at least 24 hours can go to work, including those working in high-risk settings.
- Individuals who test positive for COVID-19 (through a RAT or PCR) should isolate at home until symptoms improve without fever for at least 24 hours. Individuals that are considered high-risk may be eligible for early treatment with Paxlovid. These individuals should consult with their primary care provider or pharmacist to determine if treatment with Paxlovid is appropriate. For ten days after symptoms have started, individuals should wear a mask, avoid high-risk areas and interacting with high-risk groups. However, individuals that work in these high-risk environments can go to work when symptoms have improved.
- Symptomatic individuals that may be eligible for early treatment should still be tested for COVID-19, this will not change. If individuals do not have personal access to RATs they will be provided to them by local community pharmacies. Primary Care providers may also offer PCR testing for this purpose.
- Symptomatic health care workers in RHAs that provide direct patient/resident care should isolate at home and it is strongly recommended they test using RATs, as noted above. If the test results are negative, they should follow recommendations for symptomatic individuals as above. If test results are positive, Public Health recommends that the health care worker be

excluded from work for five days from symptom onset. After day 5, these individuals should return to work if symptoms have improved with no fever for at least 24 hours.

In extenuating circumstances, symptomatic health care workers that provide direct patient care and are considered critical for service provision, may be required to work. RHAs should develop an appropriate approval process and parameters for work considering guidance from public health. This guidance was distributed in a MEMO to RHAs on October 20<sup>th</sup>, 2022 titled: **Public Health Guidance for Early Return to Work for COVID-19 Positive Health Care Workers.**

- Asymptomatic contacts will not be asked to isolate, but can monitor for symptoms. If an individual becomes symptomatic, they would follow the recommendations outlined above.

HCS is exploring options to make RATs more accessible to the public. Updates will be provided in the near future.

Infection Control Guidance and Outbreak Management of COVID-19 in healthcare facilities and congregate living settings such as personal care homes and shelters is revised to align with the updated case and contact management. Recommendations are based on current epidemiology and vaccination status of the population and the regional health authority's ability to operationalize safely during a potential surge of ILI (Influenza like Illness). Click here for link to updated guidance: [COVID-19 website](#)