SoNG Appendix
Coronavirus Disease (COVID-19) CDNA National Guidelines for Public Health Units

Contents
Management of locally acquired COVID-19 ................................................................. 2
Cases .............................................................................................................................. 2
1. Case notification and triage .................................................................................. 2
2. Case interview ....................................................................................................... 2
3. Management of cases .......................................................................................... 2
4. Laboratory results that appear inconsistent with epidemiological and/or clinical picture ..... 2
5. Release from isolation .......................................................................................... 3
   Release from isolation for people with immunocompromise ..................................... 3
Contacts .................................................................................................................... 4
1. Household contacts ................................................................................................ 4
2. Other contacts of people who have COVID-19 ....................................................... 4
   Employer and/or educational facility ...................................................................... 4
Priority settings ......................................................................................................... 5
1. Workplace settings ................................................................................................ 5
2. Early childhood education and care and school settings ......................................... 5
3. Hospitals and inpatient healthcare ....................................................................... 5
4. Healthcare practices in the community ................................................................ 5
5. Aged care facilities ............................................................................................. 5
6. Correctional facilities ......................................................................................... 6
7. Aboriginal communities ....................................................................................... 6
List of abbreviations: .................................................................................................. 7

This document is a NSW specific appendix to the Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units. This appendix is to be used in conjunction with the national guidelines and provides additional jurisdiction specific guidance for NSW and will be regularly reviewed.
Management of locally acquired COVID-19

Cases

1. Case notification and triage

- The Public Health Response Branch (PHRB) sends an SMS to COVID-19 cases identified by PCR. The SMS includes a link to the Testing positive to COVID-19 and managing COVID-19 safely at home factsheet, a direction to self-isolate, instructions to notify all household contacts that they must self-isolate and get tested immediately, and a link to complete a short survey.
- When people self-report a positive rapid antigen test (RAT) result through the Service NSW website they complete a short survey. On completion of the survey, they will receive either:
  - a low risk SMS and self-care pack or
  - an at risk SMS with a link for a NSW Health questionnaire.
- The Case and Contact Team (CACT) will attempt to phone cases who do not have a mobile phone number recorded to provide them with this information.

2. Case interview

- Routine interview of cases is not required.

3. Management of cases

- LHD Clinical Services receive new cases for clinical follow up in their LHD through the Patient Flow Portal (PFP).
- Where PHUs are aware of a case who requires accommodation assistance, the case can be referred to the Special Health Accommodation (SHA) via the PFP.
- Cases are assessed electronically based on the information on the PFP and on LHD electronic medical record (EMR) systems. Cases who are under 65 years of age, are adults who have had at least 2 doses of a COVID-19 vaccine, are not recorded as being Aboriginal, Torres Strait Islander or Pacific Islander, and do not have a chronic condition recorded on their EMR are provided with advice on how to manage COVID-19 safely at home via SMS. The SMS asks the case to call their GP or the NSW Health COVID-19 Care at Home Support Line if they are pregnant or considered at high risk of severe disease. Clinical teams no longer actively managing cases who meet the criteria for home self-management.
- PHUs should establish an Aboriginal Cultural Support model to provide additional support and care for Aboriginal and Torres Strait Islander cases and contacts.
- The Wellbeing Support Pathway is currently in place to provide wellbeing support for cases and close contacts. The NSW Health Isolation Support Line (1800 943 553) managed by PHRB CACT is also available to cases who need welfare, clinical support or accommodation assistance.

4. Laboratory results that appear inconsistent with epidemiological and/or clinical picture

- When case numbers are high, there will be little capacity for PHUs to investigate false positive results, however where the PHU Director considers it necessary the following advice should be considered.
- When investigating potential false positive results, consideration must be given to the local epidemiological context and public health risk of incorrectly deeming a test as false positive.
- Possible scenarios where false positive results may be suspected include:
  - the case is asymptomatic, or
  - the swab was done for surveillance purposes or no known indication, or
o the Ct values are high for the test platform being used, or
o subsequent negative results are already available, or
o an alternative diagnosis is made, such as another respiratory virus.

- Cases may be considered false positive results if:
  - Two further swabs, ideally collected on different days, are negative, with the first re-swab collected as soon as possible and within 72 hours of the initial swab.*
  - Household contacts test negative
  - The case remains asymptomatic, or COVID-19 is not the most likely explanation for any symptoms

- Cases may be determined to be likely false positive (or at least not infectious and not requiring public health follow up) by senior PHU or PHRB staff, in consultation with a microbiologist if required.

- Where there is significant delay between the initial positive swab and subsequent negative swabs additional evidence, such as serology, may be required to distinguish between recent resolved cases and false positive results. In some scenarios, one further negative swab may be adequate to determine a case to be a false positive (for example, when supplementary testing of the original swab is negative).

- Indeterminate results should not be notified by laboratories.

5. Release from isolation
Cases will be released based on release from isolation criteria outlined in the [Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units.](https://www.health.nsw.gov.au)

Release from isolation for people with immunocompromise

- People with immunocompromise who are inpatients: release from isolation should occur in line with criteria in the [Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units.](https://www.health.nsw.gov.au)

- People with immunocompromise who are in the community: automated release from isolation at 7 days will occur, however clinicians should advise these patients to take additional precautions for at least the next 7 days including:
  - Minimising movements
  - Avoiding high risk settings (aged care, hospitals, corrections, disability settings) unless medically necessary
  - Wear a mask when around other people
  - Do not spend time with other people who may be vulnerable to COVID
  - Observe careful hand hygiene and physical distancing

- Additional considerations are recommended for immunocompromised patients entering high-risk settings in the early period post COVID (see flow chart) to protect onward transmission in these settings.
Contacts

1. Household contacts
   - Cases are required to inform people that they live with that they have tested positive for COVID-19. These people (household contacts) are required to isolate for 7 days and comply with the NSW Health COVID-19 self-isolation guideline. They must have a RAT as soon as practicable after notification, and a RAT on the sixth day of isolation. If both tests are negative, they may leave isolation after 7 days.
   - Household contacts who have a positive RAT result are considered a positive case and need to immediately self-isolate and follow the advice in the Testing positive to COVID-19 and managing COVID-19 safely at home factsheet. The Getting tested for COVID-19 factsheet provides more information about RAT and PCR tests.
   
   See: Information for people exposed to COVID-19.

2. Other contacts of people who have COVID-19
   - Cases are asked to tell anyone they have been in contact with during their infectious period (48 hours prior to onset of symptoms, or date of their positive swab if asymptomatic) that they have tested positive. These people should follow the advice in the Information for people exposed to COVID-19 factsheet.
   - In some situations, the PHU or PHRB may deem other people contacts if they attended a setting where transmission has occurred or where there is a high risk of transmission. These contacts will also receive a text message informing them of their requirements.

Employer and/or educational facility

- If a case has worked or attended an educational facility while infectious, they are required to inform their employer and/or their educational facility that they have tested positive.
- The case’s workplace or educational facility should assess the risk in their workplace using tools available from the Guidance for businesses with a worker who tests positive webpage. Workplaces that provide essential services may seek advice from the PHRB Venues Management Team (VMT) if needed.
- Cases associated with ECEC, primary and high schools are managed by the Department of Education.
Priority settings

- Priority settings include settings with high risk of adverse health impact (due to the presence of vulnerable people) and settings with high risk of social impact (such as critical industry). Settings with high risk of adverse health impact are those where the effects of an outbreak would be more serious due to health vulnerabilities among residents or patrons, or there is an increased risk of transmission due to the presence of people who are not fully vaccinated. A setting with high social impact risk is a setting which may impact essential services.

- In collaboration with LHDs, PHUs should assist in priority settings with vulnerable people to advise on controlling the risk of spread, including:
  - Aged care facilities
  - Disability services
  - Correctional facilities
  - Aboriginal communities

- The guidance documents below have been developed for the risk assessment and management of contacts in a range of special settings, these are self-help guides to empower early action and support self-sufficiency of workplaces and venues.

- Guidance has been developed to support special settings, as below.

1. Workplace settings

- Risk assessment and management guidance is available for workplace settings including offices, hospitality venues, retail premises, TAFE/universities, supermarkets, warehouses and construction sites.

2. Early childhood education and care and school settings

- The response to COVID-19 exposures in the school settings is currently under review.

- Early childhood education and care (ECEC) COVID-19 guidance for families is now available on the NSW Health website.

3. Hospitals and inpatient healthcare

- Risk assessment and management guidance and the Healthcare worker exposure risk assessment matrix is available for NSW Health healthcare workers exposed to COVID-19 in the workplace. Additional resources are available on the Clinical guidance and resources webpage.

4. Healthcare practices in the community

- COVID-19 Healthcare practices in the community – risk assessment matrix currently being reviewed

5. Aged care facilities

- The Protocol to support joint management of a COVID-19 outbreak in a residential aged care facility in NSW is available to support management of outbreaks in aged care facilities. Additional resources are available on the Residential aged care facility outbreak webpage.

- In the setting where a residential aged care facility has had a COVID-19 exposure from either a visitor or staff member, and no transmission to residents has been demonstrated by the return of negative swabs collected on day 6 and residents continuing to be asymptomatic, residents can be de-isolated and the facility can return to normal function after day 7. The facility must continue symptom surveillance for a further 7 days and urgently test any symptomatic resident.

- The Commonwealth Permissions and Restrictions for Workers in Aged Care- Interim Guidance is available to provide guidance for work permissions and restrictions on a worker after a COVID-19 exposure.
6. **Correctional facilities**
   - Public Health Guidance for outbreak management of COVID-19 in a correctional facility has been developed. It is intended for use by Justice Health to conduct the necessary risk assessment and contact identification processes within a correctional facility where exposure has occurred.

7. **Aboriginal communities**
   - The PHU should complete and update the Managing COVID-19 in an Aboriginal Community - LHD preparedness checklist as the situation develops. Management Plans are in place to guide response in Aboriginal communities and health services (contact Centre for Aboriginal Health).
   - If PHUs are made aware of a large funeral, wake or sorry business event occurring, they may consider conducting a rapid risk assessment (including anticipated funeral size, current outbreak context and locations of attendees). CAH are also able to assist with engaging the appropriate stakeholders. The factsheet Looking out for each other at funerals, memorials and Sorry Business is available to support families holding funerals and related events. Additional resources that can be used by PHUS include:
     - ‘Doing Sorry Business Safely’
     - Important Sorry Business information
     - It’s important to do sorry business safely
     - Stay safe during sorry business
     - COVID-19 Aboriginal health resources
     - Managing COVID-19 in an Aboriginal community – LHD preparedness checklist
     - COVID-19 Contact Risk Assessment for General Community Settings
     - COVID-19 Safety Plans for significant events
**List of abbreviations:**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAT</td>
<td>Case Allocation Team</td>
</tr>
<tr>
<td>CCAS</td>
<td>COVID Case Assessment System</td>
</tr>
<tr>
<td>CACT</td>
<td>Case and Contact Team</td>
</tr>
<tr>
<td>CDNA</td>
<td>Communicable Diseases Network Australia</td>
</tr>
<tr>
<td>CMT</td>
<td>Case Management Team</td>
</tr>
<tr>
<td>ECEC</td>
<td>Early Childhood Education Centre</td>
</tr>
<tr>
<td>LHD</td>
<td>Local Health District</td>
</tr>
<tr>
<td>NCIMS</td>
<td>Notifiable Conditions Management System</td>
</tr>
<tr>
<td>PCR</td>
<td>Polymerase Chain Reaction</td>
</tr>
<tr>
<td>PFP</td>
<td>Patient Flow Portal</td>
</tr>
<tr>
<td>PHRB</td>
<td>Public Health Response Branch</td>
</tr>
<tr>
<td>PHRB OT</td>
<td>Public Health Response Branch Operations Team</td>
</tr>
<tr>
<td>PHU</td>
<td>Public Health Unit</td>
</tr>
<tr>
<td>RAT</td>
<td>Rapid Antigen Test</td>
</tr>
<tr>
<td>SHA</td>
<td>Special Health Accommodation</td>
</tr>
<tr>
<td>SoNG</td>
<td>Series of National Guidelines</td>
</tr>
<tr>
<td>VMT</td>
<td>Venues Management Team</td>
</tr>
</tbody>
</table>