

Ministry of Health

# COVID-19 Case, Contact and Outbreak Management Interim Guidance: Omicron Surge

Version 2.0 – December 15, 2021

This guidance document provides basic information only. It is not intended to provide medical advice, diagnosis or treatment or legal advice.

In the event of any conflict between this guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the Ministry of Health (MOH) [COVID-19 website](#) regularly for updates to this document, mental health resources, and other information.
- Please check the [Directives, Memorandums and Other Resources](#) page regularly for the most up to date directives.

## Background

In response to the evolving situation related to the COVID-19 Omicron (B.1.1.529) variant of concern (VOC), the Ministry of Health is providing interim additional guidance on case, contact and outbreak management for public health units (PHUs) in an effort to mitigate further transmission. The proportion of Omicron cases are rising rapidly in Ontario and timely and efficient case and contact management (C&CM) is needed to identify and recommend self-isolation of high-risk contacts of cases. This guidance is to be used as an interim update to and in conjunction with [Management of Cases and Contacts of COVID-19 in Ontario](#) and where conflicting, superseding the [COVID-19 Fully Vaccinated and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance](#).

Surveillance reporting on VOCs in Ontario can be found on the [Public Health Ontario webpage](#).

The overall goal in Ontario currently is mitigation of further transmission of Omicron by managing individuals with the highest-risk of transmission (i.e. household

contacts, congregate living contacts and school contacts, etc.), as well as mitigating outbreaks and transmission to vulnerable individuals in high-risk settings. Ontario continues to strive to mitigate morbidity and mortality from COVID-19, and to mitigate impacts on hospitals and the broader health system. **Until more is known**, public health case and contact management (C&CM) approaches are outlined below.

Ontario continues to work with federal counterparts to ensure measures are in place to help limit the risk of further transmission from imported cases arriving in the country.

PHUs can refer to [Appendix 10: Case and Contact management COVID-19 Surge Support Model](#) for evidence-informed modifications to case and contact management practices in an effort to ensure that all Ontarians receive increased consistency in the level of service regardless of jurisdiction.

## Updated Case and Contact Management for All COVID-19 Cases

### **All COVID-19 cases can be sent to the Provincial Workforce (PWF) for initial contact.**

- The PWF will provide cases with self-isolation instructions as well as testing and self-isolation information to be passed onto their household members and other high-risk contacts (a virtual handout will be provided).
  - Household members of cases will be asked to self-isolate, regardless of vaccination status.
- The Virtual Assistant Tool will be leveraged to provide case monitoring and additional information for cases.

### **COVID-19 Cases in High-Risk Settings**

- Following the initial case assessment by the PWF as outlined above, if a case is determined to live, work, attend, volunteer or be admitted in any of the following high-risk settings, the PWF will send these cases back to the PHU for additional follow up.
- High-risk settings include:
  - Hospitals and Health care settings (including complex continuing care facilities and acute care facilities)

- Congregate living settings (E.g. Long-Term Care, Retirement Homes, group homes, shelters, hospices, post-secondary dormitories, temporary foreign worker setting, correctional institutions)
- Elementary School, Middle School or Secondary School
- Child Care Centres, Camps

### Case Management

- Cases should be managed as per the [Management of Cases and Contacts of COVID-19 in Ontario](#), however, follow up calls after the initial contact by the PWF are at the discretion of the public health unit.
  - Follow up calls may be considered if challenges in self-isolation are identified, or additional supports for self-isolation are required.

### Management of Contacts in the High-Risk Setting

- PHUs are responsible for follow up of high-risk contacts in the case's high-risk setting.
- All high-risk contacts associated with the high-risk setting of the case must self-isolate for 10 days (regardless of vaccination status or previously positive status) and be tested in accordance with the [COVID-19 Provincial Testing Guidance](#).
- **Management of Critical Staffing Shortages:** If the high-risk contact is a staff member in a health care or congregate living setting, and they are asymptomatic and fully vaccinated, they may work under work-self-isolation as per the [COVID-19 Provincial Testing and Clearance Guidance](#) if clinical care would be severely compromised without additional staffing.

## Definitions for Omicron

The below definitions are for the purposes of data collection, reporting and communications only, these definitions do not need to be applied to C&CM practices. Refer to [SARS-CoV-2 \(COVID-19 Virus\) Variant of Concern \(VoC\) S Screening and Genomic Sequencing for Surveillance](#) for explanations on S gene target failure (SGTF) (i.e., S gene not detected while other SARS-CoV-2 genes are detected) and test interpretation.

### Confirmed case of Omicron

- Laboratory-confirmed SARS-CoV-2 infection with the lineage identified as Omicron (B.1.1.529) by whole -genome sequencing identifying the Omicron variant.

### Probable case of Omicron

- Confirmed or probable COVID-19 cases **AND:**
  - VOC screening results are suggestive of Omicron (this includes, among others, an SGTF on the TaqPath™ assay, a positive del69/70 PCR, or a positive N501Y PCR).

### OR

- An epidemiological link to a confirmed Omicron case