

# Contact Tracing Procedure and Process

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## Background

As the cruise industry prepares to return to service, one area that will need to be developed and become fully operational is the cruise line’s contact tracing plan should a person under investigation for a communicable disease be identified.

Contact tracing is part of the process of supporting patients and notifying to cruising, once countries start to relax mitigation efforts such as stay at home orders and social distancing, cruise operators will need to implement a contact tracing plan conducted by a team of designated contact tracing personnel. While specific requirements have yet to be determined, we anticipate governmental authorities and authoritative agencies such as *ACEP, CLIA, the CDC, WHO, Public Health England, ANVISA, Canada Health and EU Healthy Gateway* to begin requiring cruise lines demonstrate their contact tracing plan. Identifying contacts and ensuring they do not interact with others is critical to protect communities from further spread. If communities are unable to effectively isolate

## Contact tracing

A core disease control measure employed by local, state and international health department personnel for decades is contact tracing. The ability to follow the exposure and level of contagion is a key strategy for preventing further spread of infectious diseases including COVID-19. To ensure robust contact tracing, immediate action is needed and should be applied to the shipboard environment. Communities including cruise ships must identify and train a contact tracing team and that team must work collaboratively with health authorities to stop the transmission of COVID-19.

Certain core principles of contact tracing should always be adhered to:

- Contact tracing is part of the process of supporting patients with suspected or confirmed infection.
- During contact tracing, designated shipboard staff work directly with patients to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious.
- All persons on board a ship should be assessed for their exposure and classified as close contacts (high risk exposure) or casual contacts (low risk exposure)

Based on our current knowledge, a close (high risk exposure) contact is someone who was within 6 feet / 2 meters of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated.

## Contact Tracing Onboard Ships

When a person on board becomes a person under investigation (PUI) for a communicable disease such as COVID-19 it is essential that detailed contact tracing is immediately implemented. Any person who meets the clinical criteria for Covid-19 should be asked to provide detailed information about the places that they have visited and about their contacts, including the period from one day before the onset of symptoms on board the ship or ashore.

The WHO, CDC and EU Healthy Gateways all have slightly different definitions of what is considered a close contact. The WHO definition defines a close contact as a person who has been within 1-meter contact of someone who has the disease. The CDC definition is 2 meters distance of an infected person for at least 15 minutes or being directly coughed on with infectious secretions. The EU Healthy Gateways defines a close contact very specifically for the cruise ship environment, breaking down a close contact into high risk exposure and low risk exposure.

Case and contact definitions are based on the current available information and are regularly revised as new information accumulates. Individual countries may adapt case definitions depending on their local epidemiological situation and cruise operators will need to ensure they are aware of the itinerary specific case definitions published by local health authorities and regulatory bodies. The close contact definitions may be adopted based on the region of the world the cruise line operates in and may need to vary from ship to ship.

### **World Health Organization Definition of a Close Contact:**

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses>

Close contact means that you live with or have been in settings of less than 1 meter (3-feet) from those who have the disease.

### **CDC Definition of a Close Contact:** (<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

Someone who was within 2 meters (6 feet) of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated.

Data are limited to precisely define the “prolonged exposure” to determine “close contact”, however 15 minutes of close exposure can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether either the case patient or contact were wearing an N95 respirator (which can efficiently block respiratory secretions from contaminating others and the environment). At this time, differential determination of close contact for those using fabric face coverings is not recommended.

In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than 10 minutes because the contact is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

Close contact is defined as—

- being within approximately 6 feet (2 meters) of a COVID-19 case; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

— or —

- having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

#### **EU Healthy Gateways Definition of a Close Contact:**

[https://www.healthygateways.eu/Portals/0/plcdocs/EU\\_HEALTHY\\_GATEWAYS\\_COVID-19\\_MARITIME\\_20\\_2\\_2020\\_FINAL.pdf?ver=2020-02-21-123842-480](https://www.healthygateways.eu/Portals/0/plcdocs/EU_HEALTHY_GATEWAYS_COVID-19_MARITIME_20_2_2020_FINAL.pdf?ver=2020-02-21-123842-480)

The following definitions have been developed to be applied on board ships, adapting the definitions by WHO and ECDC .

All persons on board should be assessed for their exposure and classified as close contacts (high risk exposure) or casual contacts (low risk exposure). Two different definitions of contacts should be used depending on the number of confirmed cases identified on board.

- If only one case or a cluster of a few cases (e.g. persons sharing the same cabin) have been identified on board, then the following definitions of contacts should be applied:

- Close contact (high risk exposure):
  - a person who has stayed in the same cabin with a suspect/confirmed COVID-19 case;
  - a cabin steward who cleaned the cabin of a suspect/confirmed COVID-19 case;
  - a person who has had close contact within one meter (3-feet), or was in a closed environment with a suspect/confirmed COVID-19 case (for passengers this may include participating in common activities on board or ashore, participating in the same immediate travelling group, dining at the same table; for crew members this may include working together in the same area of the ship or friends having face to face contact);
  - a healthcare worker or other person providing direct care for a COVID-19 suspect/confirmed case
- Casual contact (low risk exposure): Casual contacts are difficult to define on board a confined space such as a cruise ship, therefore, it is advised to consider as casual contacts all travelers on board the ship who do not fulfill the criteria for the definition of a close contact.
- If an outbreak on board a cruise ship occurs as a result of on-going transmission on board the ship (more than one case not staying in the same cabin), the assessment of exposure should be done among crew members and among passengers. If it is difficult to identify who the close contacts are, then all travelers on board could be considered as close contacts having had high risk exposure. However, this may be modified depending on the risk assessment of individual cases and their contacts conducted by the public health authorities.

## Post Disembarkation Contact Tracing

When a suspected or confirmed Covid-19 case is identified following the completion of a voyage, whether the person remains onboard or has returned home, it may be necessary to complete contact tracing both onboard and ashore. Follow up of guests and crew with potential exposure as well as reporting to responsible health authorities may be necessary and

would remain the responsibility of the cruise operator in conjunction with the designated contact tracing personnel onboard the vessel.

- Once close contacts previously disembarked from the vessel are identified, the cruise operator should notify these exposed individuals (contacts) of their potential exposure as rapidly and sensitively as possible.
- To protect patient privacy, contacts should only be informed that they may have been exposed to a patient with the infection. They are not to be told the identity of the patient who may have exposed them.
- Where possible, close contacts should be directed to follow up with their regular doctor to be provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.
- Additionally, close contacts should be encouraged to report their health status and recent exposure to their local health department.
- Per the CDC, close contacts should be encouraged to stay home and [maintain social distance](#) from others (at least 6 feet/2 meters) for 14 days after their last exposure or as otherwise advised by their regular doctor, in case they also become
  - <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>
  - They may wish to monitor themselves by checking their temperature twice daily and watching for cough or shortness of breath.
- To the extent possible, the cruise line operator may designate someone to regularly contact affected guests during the 14-day period
- Contacts who develop symptoms should promptly isolate themselves and notify their doctor who will determine the need for evaluation and further medical care.
- If a crew member who is no longer on board be considered a close contact will need to be followed by the cruise line operator as well as their crew manning agency if applicable.

## Designating a Contact Tracing Team – Shipboard and Shoreside

Contact tracing is a specialized skill and to be done effectively, it requires people with the training, supervision, and access to social and medical support for patients and contacts. Contact tracing may be broken into several parts and multiple resources may be utilized to implement the Contact Tracing Plan. These combined resources should demonstrate the following skills:

- An understanding of patient confidentiality, including the ability to conduct interviews without violating confidentiality (e.g., to those who might overhear their conversations)
- Understanding of the medical terms and principles of exposure, infection, infectious period, potentially infectious interactions, symptoms of disease, pre-symptomatic and asymptomatic infection
- Excellent interpersonal, cultural sensitivity, and interviewing skills such that they can build and maintain trust with patients and contacts
- Basic skills of crisis counseling, and the ability to confidently refer patients and contacts for further care if needed
- Resourcefulness in locating patients and contacts who may be difficult to reach or reluctant to engage in conversation
- Understanding of when to refer individuals or situations to medical, social, or supervisory resources

Cultural competency appropriate to the guest and crew population.

## The role of the Contact Tracing Team

The designated contact tracing personnel onboard and shoreside will need to quickly locate and talk with the person under investigation (PUI), assist in arranging for the PUI to isolate themselves, and work with the PUI to identify people with whom the person has been in close contact with, in order to easily identify and locate them. The actual number of staff needed varies depending on a number of factors including but not limited to:

- The daily number of cases
- The number of contacts identified

- How quickly patients are isolated, and contacts are notified and advised to stay home, self-monitor, and maintain social distance from others

Contact tracers need to:

- Practice the appropriate infection control measures when working with patients with symptoms and/or suspected of infection.
- Immediately identify and interview people suspected of a communicable disease such as SARS CoV-2 infections and COVID-19
- Support isolation of those who are infected
- Inform contacts of their exposure, assess their symptoms and risk, and provide instructions for next steps
- Direct those with symptoms to testing and care both onboard and ashore



## Ongoing Plan Review and Developments

The contact tracing plan will require ongoing review to ensure a streamlined approach that rapidly identifies and investigates close contacts of a suspected or confirmed case of Covid-19.

Consideration should be given to regularly review the following metrics and outcome measures:

- Case interviewing:
  - Time to interview from symptom onset and from diagnosis;
  - Proportion interviewed
  - Median number of contacts elicited
  - Proportion with no contacts elicited
- Contact notification:
  - Proportion of contacts notified
  - Time from first potential exposure to notification
- Contact follow-up:
  - Daily proportion of contacts whose status is evaluated
  - Proportion of contacts with symptoms evaluated within 24 hours of onset of symptoms
  - Proportion of contacts who complete their full self-monitoring period
- Contact tracing efficacy:
  - Percent of new COVID-19 cases arising among contacts during self-monitoring period.

Consideration should also be given to the adoption of emerging technologies that can assist with implementation of the contract tracing plan through client communication, medical monitoring, and strategies to amplify contact tracing. All of which may greatly help with scaling up contact tracing when required.

## Contact Tracing Training Tools

It may be necessary to provide ongoing training to those persons identified to participate in the contact tracing plan. Cruise operators may consider developing individual training plans or can utilize training resources from the CDC, WHO and other health authorities.

Contact tracing is an essential part of infection control for any outbreak of a contagion or a pandemic. The tools available can be applied for use as necessary by the cruise line.

COVID-19 Contact Tracing Training Guidance and Resources

<https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/index.html>

Contact Tracing: Part of a Multipronged Approach to Fight the COVID-19 Pandemic

<https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

**Background:** This web page contains a sample training plan including training topics that may be helpful for state and local public health jurisdictions to consider when designing their own training plan for COVID-19 contact tracers. Each heading represents the learning objective for that section. Suggested training modalities/formats are provided, as well as information about sample existing trainings and resources. This document may be updated as new resources become available.

**Target Audience:** Community health workers or volunteers with little or no experience conducting contact tracing.

Content describing non-CDC tools on this site is provided for informational purposes only and is not intended to indicate endorsement, actual or implied, of the tools. Additionally, information on this site is provided “as is,” for users to evaluate and make their own determination as to their effectiveness.

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CDC Contact Tracing Learning Objectives & Links:

- [Identify Strategies to Reduce Spread of COVID-19](#)
- [Identify the Primary Components of COVID-19 Contact Tracing](#)
- [List Requirements for Protecting Health Information](#)

- [Describe COVID Contact Tracing Protocol](#)
  - [Apply Contact Tracing Protocol to Realistic Scenarios](#)
  - [Identify Jurisdiction-Specific Contact Tracing Tools and Protocols](#)
  - [Analyze Contact Tracing Encounters for Continuous Quality](#)
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