

GUIDELINES FOR CONTACT TRACING OF NEW INFLUENZA A (H1N1) CASE

1. BACKGROUND:

Following the pandemic of new Influenza A (H1N1) in various countries, Ministry of Health & Family Welfare, Government of India has initiated screening of passengers coming from the affected countries. These passengers are being screened at the airports, ports and border crossings for fever, cough, sore throat, shortness of breath and/or other respiratory problems. Any traveler found to have these symptoms is quarantined at identified health facility. Clinical specimens are collected and if tested positive for new Influenza A (H1N1), s(he) is isolated at identified hospital with appropriate treatment. Moreover, indigenous case(s) may be reported in the country in future. Such an event would constitute a signal event for contact tracing.

For any such passenger (testing positive for new influenza A (H1N1)), a list of all co-passengers is obtained containing their contact address including telephone numbers by the concerned agencies. This list is communicated to the State Government which is required to implement contact tracing of all passengers residing in the state with the help of Local Administration and Local Health Authorities.

2. OBJECTIVES:

- (i) Enhanced detection & reporting of individual case(s) and their contacts.
- (ii) Manage the outbreak and monitor its evolution
- (iii) Pick up signs of further geographical spread

3. CASE DEFINITION:

To assist surveillance activities, case definition (available at website: www.mohfw.nic.in) based on clinical, epidemiological and laboratory criteria should be followed.

4. IMPLEMENTATION GUIDELINES:

- (i) As soon as the signal event is detected, contact tracing must be aggressively implemented (preferably to be completed within 48 hours).
- (ii) The contact tracing shall preferably be done by visiting the local residence of the contact(s) by a Health Personnel. Other methods of communication like telephone may be used in certain circumstances or for follow-up.
- (iii) On meeting the 'contact person' the visiting Health Personnel should introduce him(her)self, explain the purpose of contact tracing and should collect data in the prescribed format (Annex-1).

- (iv) Tracing efforts should focus on persons (including household contacts) who had close unprotected (*i.e.* not using mask) contact with the case patient one day before and upto 7 days after the case patient's symptom(s) onset.
- (v) Contact tracing must include identification of extended social networks and travel history of cases during the preceding 7 days of onset of illness.
- (vi) Contacts of cases should be traced and monitored for at least 7 days after the last exposure to the case patient for evidence of acute respiratory febrile illness.
- (vii) Information about close contacts can be obtained from:
 - a. Patient, family members, persons at workplace or school associates, or
 - b. Others with knowledge about the patient's recent activities and travels.
- (viii) Line-listing (proforma enclosed at Annex-1) of all exposed contacts shall be maintained with the following information:
 - a. demographic information,
 - b. date of last exposure or date of contact with the case patient,
 - c. date of onset if fever or respiratory symptoms develop, and
 - d. receipt of antiviral prophylaxis, if any.

4.1. Advisory for Symptomatic Persons:

- (i) Refer persons with fever & respiratory illness to the 'designated health facility' in ambulance for management as under:
 - a. Isolation for strict infection control
 - b. Collection and laboratory testing of specimens (Guidelines available at website: www.mohfw.nic.in)
 - c. Appropriate medical care including antiviral therapy (Guidelines available at website: www.mohfw.nic.in)
- (ii) Depending on the severity of illness, acceptability, and availability of hospital beds, ill contacts may be isolated at a health-care facility or at home while awaiting test-results. However, once confirmed by laboratory, such cases must be managed in a designated health facility.

4.2. Advisory for Asymptomatic Contacts:

- (i) Remain at home (home quarantine) for at least 7 days after the last exposure with a case.
- (ii) Initiate self-health monitoring (format at Annex-2) for the development of fever (regular temperature charting, twice a day) or respiratory symptoms (cough, sore throat, running nose, difficulty in breathing etc.) for 7 days after the last exposure to the case patient.
- (iii) If fever or respiratory symptoms develop (s)he must inform the identified Local Health Official/District CMO/DSO by telephone and further management must be done at a designated health facility.
- (iv) Administration of antiviral chemoprophylaxis should be followed as per policy guidelines (available at website: www.mohfw.nic.in).

- (v) Active monitoring (e.g. daily visits or telephone calls) for 7 days after the last exposure shall be done by the identified Local Health Officials.

4.3. Responsibilities of Agencies:

- (i) International Health division of the Directorate General of Health Services/ MoHFW Government of India shall collect information with the help of APHO of concerned airport about the list of passengers and their relevant details (complete address and contact numbers) and transmit the same to the respective State Government(s) immediately.
- (ii) State Government with support from SSO, State RRT, DSOs and local administration shall be responsible for:
 - a. contact tracing activities;
 - b. follow-up activities; and
 - c. Management of cases
 - d. regular reporting to Director (NICD) and Director (EMR)
- (iii) NICD will provide the technical assistance to the state/district health authorities.
- (iv) Director (EMR), Directorate General of Health Services will co-ordinate the entire exercise.

4.4. Infection Control Practices:

Appropriate infection control practices as per the guidelines (available on website: www.mohfw.nic.in) shall be followed while implementing contact tracing.

Format for reporting line-list of contacts of novel Influenza A (H1N1) case

Reported by: District.....		State					Date (dd/mm/yy):											
Sl. No.	Name	Age (year)	Sex (M/F)	Complete Address	Phone numbers for contact		Relation with Case	Date of exposure	Date (dd/mm) of onset of symptoms									
					Home (with STD code)	Mobile No.			Fever	Running nose	Cough	Sore throat	Respiratory distress	Others (specify)	Anti-viral prophylaxis			
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
Name and Signature of Identified Local Health Officer (with designation):																		

