

National Interim Guidelines for Public Health management of COVID-19 cases and contacts

V11.1. 14/01/2022

This document summarises recommendations for contact management of cases of COVID-19. It is based on the current knowledge regarding COVID-19 and experiences with SARS-CoV and MERS CoV.

This guidance is suitable for a delay phase, when an increasing number of cases and their contacts have been identified in Ireland. It may change if and when we move to a mitigation phase.

Readers should not rely solely on the information contained within these guidelines. Guideline information is not intended to be a substitute for advice from other relevant sources including, but not limited to, the advice from a health professional. Clinical judgement and discretion will be required in the interpretation and application of these guidelines.

This guidance is under constant review based upon emerging evidence at national and international levels and national policy decisions.

These guidelines are aligned with the principles of Art 3 IHR

Please see [here](#) for algorithms to accompany this document.

Please note this guidance does not apply to congregated healthcare settings including acute hospitals and residential care facilities whose guidance is at [acute hospitals](#) and [residential care facilities](#).

Version	Date	Update	Completed by
V11.1	14/01/2022	<ul style="list-style-type: none"> • Added links to contact tracing algorithms • Section 7.5- added in to test 0-3 years only if symptomatic • Added links to where antigen test results can be registered on HSE 	Guidance Unit, HPSC
V11	13/01/2022	Updated version of Contact Tracing guidance	Guidance Unit, HPSC

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1.0 Background

These guidelines have been updated to reflect the evolving situation in relation to the COVID-19 pandemic. This document outlines the measures that should be adopted for contact tracing of all COVID-19 cases. Omicron and Delta remain variants of concern and Omicron is now the predominant variant in Ireland. In this context, enhanced contact tracing measures are no longer applied for probable or confirmed Delta and Omicron cases. Therefore, the contact tracing processes that are implemented for non-VOC and Alpha cases also apply to cases of the Delta and Omicron variants. These guidelines are based on government recommendations which were discussed at the Pandemic Incident Control Team (PICT) meeting on 11/01/2022 and were informed by the European Centre for Disease Prevention and Control (ECDC) guidance on quarantine of close contacts to COVID-19 cases and isolation of COVID-19 cases, 7 January 2022 (1).

2.0 Purpose

The purpose of this document is to provide public health guidance for contact management of cases of COVID-19. The purpose of identifying and managing the contacts of COVID-19 cases is to support early diagnosis and to interrupt onward transmission, through the rapid identification and management of secondary cases that may arise after transmission from primary cases.

3.0 Scope

This document provides information for contact management of all COVID-19 strains including the Alpha, Delta and Omicron variants and for other Variants of Concern (VOCs) (i.e. Beta and Gamma).

4.0 Information on COVID-19

COVID-19 is an illness, identified in late 2019, caused by a virus called SARS-CoV-2. Internationally and in Ireland we continue to learn about how easily the virus spreads from person to person and how to control it.

Effective vaccines against COVID-19 are now available and a robust vaccination programme is underway in Ireland. Viruses constantly change and mutate due to evolution and adaptation processes. As a consequence, the emergence of new variants is to be expected. On the 26th November 2021, the World Health Organisation (WHO) technical advisory group and the European Centre for Disease Prevention and Control (ECDC) also declared the emergence of SARS-CoV-2 variant Omicron, (Pango lineage B.1.1.529, Nextstrain clade 20B) a variant of Concern (VOC). The Omicron variant has now become the predominant variant in Ireland. The estimated prevalence of the Omicron

variant in Ireland was 96% on 5th January 2022 (2). Researchers around the world are currently conducting studies to better understand elements such as the transmissibility of the omicron variant and the severity of disease it can cause. The current limited and preliminary evidence suggests a less severe clinical presentation with Omicron variant infection than with previous variants (2). However, it is still too early to provide a complete assessment of the severity of the Omicron variant and more research and data are required to fully understand its effect.

4.1 Vaccine effectiveness

All vaccines currently in use in Ireland are proven to be effective against SARS-CoV-2 infection, severe disease, hospitalisation and death. This does **not** mean that individuals are immune from SARS-CoV-2 once vaccinated and might still be able to transmit SARS-CoV-2 infection to susceptible contacts (3). The available evidence at this time regarding real world vaccine effectiveness and duration of protection shows that all vaccines authorised in the EU/EEA are currently highly protective against hospitalisation, severe disease and death for a variety of strains of COVID-19 (4).

However, studies from Israel and the US have reported declines in vaccine effectiveness in those aged 65 and older. This decline may be due to waning immunity in older persons coupled with relaxation of non-pharmaceutical interventions and the emergence of new variants (5).

Therefore, as of September 2021, the National Immunisation Advisory Committee are recommending:

- **Booster vaccines** for certain cohorts.
- **Additional vaccination dose** for certain cohorts.

Definitions of the terms fully vaccinated, booster vaccines and additional vaccination doses are displayed in [Appendix 1](#).

Waning of immunity and the need for booster doses of vaccine may differ between vaccine products, target populations, circulating SARS CoV-2 virus, in particular variants of concern (VoC), and intensity of exposure. **Therefore, while vaccinations are highly effective at preventing severe disease and hospitalisation, non-pharmaceutical interventions still remain an important public health measure to reduce incidence of disease.**

The European Centre for Disease Control (ECDC) and Centers for Disease Control and Prevention (CDC) acknowledge that more evidence is needed to understand the effectiveness of COVID-19 vaccines in preventing transmission (6,7).

Most vaccine effectiveness studies have not been designed to measure transmission risk (following subsequent exposure) from vaccinated individuals to others. One study from Scotland, however, which did directly measure transmission risk, reported a 30% risk reduction for transmission of SARS-CoV-2 from vaccinated health care workers to their household close contacts as compared to transmission from unvaccinated health care workers. The authors of this study noted that given the potential for household close contacts to have been infected through a different route, the true risk reduction for transmission of SARS-CoV-2 in those who have been vaccinated is likely to be as high as 60% (8).

More evidence is needed to see how effective COVID-19 vaccines are at preventing transmission of the Omicron variant. **Therefore, everyone, regardless of vaccination status, should follow the relevant non-pharmaceutical interventions including social distancing, face covering/mask wearing, hand hygiene, respiratory and good cough etiquette and optimising ventilation indoors to mitigate the spread of the disease.**

4.2 Contact tracing

Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a disease to prevent onward transmission. When systematically applied, contact tracing will break the chains of transmission of COVID-19 and is an essential public health tool for controlling the virus (9).

For the purpose of this guidance, contact tracing of symptomatic cases should be undertaken from 48 hours prior to the onset of symptoms. Contact tracing of truly asymptomatic cases in this context should be initiated from 24 hours prior to date of diagnosis (i.e. date of swab being taken).

Definitions of close and casual contacts are provided in [Appendix 1](#).

5.0 Confirmed cases (either by Rapid Antigen Detection Tests or by RT-PCR)

For further public health protective measures see [section 8.0](#).

- **All confirmed cases should [self-isolate](#) for 7 full days** from date of onset of symptoms or if asymptomatic, from the date of a positive test result (either a Rapid Antigen Detection Test (RADTs) or RT-PCR test). **On receipt of a positive test result, no further testing is required.**
- **Any individual with a positive RADT should regard it as confirmed COVID-19 and [register it with the HSE](#). A confirmatory PCR test is not required.** This individual should now be managed as a case and continue to [self-isolate](#) from the date of onset of symptoms or if asymptomatic, from the time of the positive test result.
- Confirmed cases can exit self-isolation after 7 full days, once symptoms have substantially or fully resolved for the final 2 days (48 hours) of the self-isolation period.
- **All confirmed cases are advised to wear an FFP2 or medical grade face mask¹ (surgical mask) for 10 full days after onset of symptoms or if asymptomatic, from the date of a positive test result.**
- On exiting self-isolation after 7 full days, cases should be advised to follow the below advice, especially during day 8, day 9 and day 10:
 - limit close contact with other people outside their household, especially in crowded, enclosed or poorly ventilated spaces
 - wear an FFP2 mask or medical grade face mask (surgical mask) in crowded, enclosed or poorly ventilated spaces and where they are in close contact with other people
 - avoid contact with anyone who is at higher risk of severe illness if infected with COVID-19
 - work from home unless it is essential to attend in person
 - follow all public health protective measures
- If symptoms develop after exiting self-isolation, the symptomatic individual should self-isolate again and re-test.
- All individuals aged over 12 years old with a positive COVID-19 test result should use a well-fitted medical grade (surgical) or FFP2 face mask for 10 full days. For further information please see [here](#).

¹ Other masks such as N95 and FFP3 provide a similar level of protection.

- Children aged 9-12 years old should wear a well fitted mask as much as is reasonably practical during the 10-day period. A medical grade mask (surgical mask) is preferable, if it fits the child well; otherwise a well-fitting cloth mask can be worn.
- This guidance applies equally to healthcare workers, however in relation to derogation please see [here](#) for further information.

6.0 All symptomatic individuals and symptomatic close contacts

For further public health protective measures see [section 8.0](#).

6.1 Symptomatic individuals

- **Anyone with symptoms should immediately [self-isolate](#) and get tested.**
- **All symptomatic individuals should use a well-fitted medical grade (surgical) or FFP2 face mask.**
 - Children aged 9-12 years old should wear a well fitted mask as frequently as is reasonably practical.
 - A medical grade mask (surgical mask) is preferable, if it fits the child well; otherwise a well-fitting cloth mask can be worn.
- The following individuals **should seek an RT-PCR test**
 - those aged between 0-3 years old
 - those aged 40 years and older
 - all healthcare workers (HCW)
 - those who are immunocompromised and those in [risk groups](#) should contact their GP to arrange an RT-PCR test
- All other symptomatic individuals should perform **three** RADTs over three consecutive days. The first test should be performed as soon as possible. The individual should complete 3 RADTs. If all three tests are negative, and if it is 48 hours since their symptoms have substantially or fully resolved, they can exit self-isolation.
- **Any individual with a positive RADT should regard it as confirmed COVID-19 and [register it with the HSE](#). A confirmatory PCR test is not required.** This individual should now be managed as a case as per [section 5.0](#).
- If a child aged less than 3 months is symptomatic, contact your GP for advice.
- This guidance applies equally to healthcare workers, however in relation to derogation please see [here](#) for further information.

6.2 Symptomatic close contacts

- **Anyone with symptoms should immediately [self-isolate](#) and get tested.**
- **All symptomatic individuals should use a well-fitted medical grade (surgical) or FFP2 face mask.**
 - Children aged 9-12 years old should wear a well fitted mask as frequently as is reasonably practical. A medical grade mask (surgical mask) is preferable, if it fits the child well; otherwise a well-fitting cloth mask can be worn.
- The following individuals **should seek an RT-PCR test**
 - those aged between 0-3 years old
 - those aged 40 years and older
 - all healthcare workers (HCW)
 - those who are immunocompromised and those in [risk groups](#) should contact their GP to arrange an RT-PCR test
- Symptomatic close contacts (aged 4-39 years) should perform **three** RADTs over three consecutive days. The first test should be performed as soon as possible. The close contact should complete 3 RADTs. If all tests are negative, and if it is 48hrs since their symptoms have substantially or fully resolved, they can exit self-isolation **but should continue to follow the advice as set out in [section 7.0](#) (for asymptomatic close contacts).**
- If a child aged less than 3 months is symptomatic, contact your GP for advice.
- This guidance applies equally to healthcare workers, however in relation to derogation please see [here](#) for further information.

7.0 Asymptomatic close contacts

Asymptomatic close contacts of any age (regardless of vaccination status) who have recovered from COVID-19 following a positive PCR or antigen test carried out since December 1st 2021 are exempt from [restricted movements](#) and testing unless they become symptomatic. If they become symptomatic they should immediately self-isolate, get tested and those aged 13 years and over should wear a well fitted medical grade (surgical) or FFP2 face mask. Children aged 9-12 years old should wear a well fitted mask as frequently as is reasonably practical during this period

For further public health protective measures see [section 8.0](#).

7.1 Aged 13 years and over who are at least seven days post booster vaccine dose or have completed their primary vaccination schedule and have had COVID-19 infection detected (RT-PCT or RADT) within the last three months

For those who have had confirmed COVID-19 (either by Rapid Antigen Detection Test or RT-PCR) infection since December 1st 2021, please see [section 7.0](#).

For further public health protective measures see [section 8.0](#).

- Asymptomatic close contacts who are 13 years and over and who are at least seven days post their booster vaccine dose or have completed their primary vaccination schedule and have had COVID-19 infection detected (RT-PCT or RADT) within the last three months² **are not required to [restrict their movements](#)**. If symptoms develop, please manage as per [section 6.0](#) above.
- **Asymptomatic close contacts are required to wear an FFP2 mask or medical grade mask (surgical mask) for 10 full days.**
- **Asymptomatic close contacts should perform three RADTs.** The RADTs used should be those recommended on the HSE website or received directly from the HSE.
- The first RADT should be performed as soon as possible, the second three days later and the final test on the seventh day.
- **Any individual with a positive RADT should regard it as confirmed COVID-19 and [register it with the HSE](#). A confirmatory PCR test is not required.** This individual should now be managed as a case as per [section 5.0](#) and immediately [self-isolate](#) from the date of positive test result.

² Asymptomatic close contacts of any age (regardless of vaccination status) who have recovered from COVID-19 following a positive PCR or antigen test carried out since December 1st 2021 are exempt from [restricted movements](#) and testing unless they become symptomatic. If they become symptomatic they should immediately self-isolate and get tested and wear a medical grade (surgical) or FFP2 face mask.

- Individuals who have been in close contact with a symptomatic individual should assume that the symptomatic individual has COVID-19 until the test results are obtained.
- This guidance applies equally to healthcare workers, however in relation to derogation please see [here](#) for further information.

7.2 Aged 13 years and over who have not received their booster vaccine

For those who have had confirmed COVID-19 (either by Rapid Antigen Detection Test or RT-PCR) infection since December 1st 2021, please see [section 7.0](#).

For further public health protective measures see [section 8.0](#).

Asymptomatic close contacts who are 13 years and over and who have either;

- NOT received their booster vaccine OR
- Have NOT had COVID-19 infection detected (RT-PCR or RADT) within the last three months regardless of completing their primary vaccination schedule (Please note this does not apply to those who developed COVID-19 since December 1st 2021, please see [section 7.0](#).)

- Should [restrict their movements](#) for a period of 7 full days. Restricted movements should begin on the date of last contact with a positive case (if known) or if not, from date of notification as a contact.
- **Asymptomatic close contacts are required to wear an FFP2 mask or medical grade mask (surgical mask) for 10 full days.**
- **Asymptomatic close contacts should perform three RADTs.** The RADTs used should be those recommended on the HSE website or received directly from the HSE.
- The first RADT should be performed as soon as possible, the second three days later and the final test on the seventh day of [restricted movements](#)
- **Any individual with a positive RADT should regard it as confirmed COVID-19 and [register it with the HSE](#). A confirmatory PCR test is not required.** This individual should now be managed as a case as per [section 5.0](#) and immediately [self-isolate](#) from the date of positive test result.
- Individuals who have been in close contact with a symptomatic case should assume that the symptomatic individual has COVID-19 until the test results are obtained.
- Asymptomatic close contacts who become symptomatic should follow the testing advice as per [section 6.0](#).
- This guidance applies equally to healthcare workers, however in relation to derogation please see [here](#) for further information.

7.3 Asymptomatic household close contacts aged less than 13 years

For those who have had confirmed COVID-19 (either by Rapid Antigen Detection Test or RT-PCR) infection since December 1st 2021, please see [section 7.0](#).

For further public health protective measures see [section 8.0](#).

- Asymptomatic **household³** close contacts aged 0-12 years old **should [restrict their movements](#) for 7 full days**. Restricted movements should begin from date of last contact with positive case (if known) or if not, from date of notification as a contact.
- **Children aged 9-12 years old should wear a well fitted mask as frequently as is reasonably practical during the 10-day period**. A medical grade (surgical) mask is preferable, if it fits the child well; otherwise a well-fitting cloth mask can be worn.
- **Asymptomatic household contacts who are aged 0-3 years are not required to undertake testing unless they develop symptoms**. If symptoms develop within this age group, an RT-PCR test is required.
- **Asymptomatic household close contacts aged 4-12 years old should take regular antigen tests over 7 days, with the last test on day 7**.
- Asymptomatic close contacts should perform three RADTs. The RADTs used should be those recommended on the HSE website or received directly from the HSE.
- The first RADT should be performed as soon as possible, the second three days later and the final test on the seventh day of restricted movements.

³ Household contacts are people living or sleeping in the same house, people in shared living spaces who share a kitchen or bathroom

7.4 Asymptomatic non-household contacts under 13

For those who have had confirmed COVID-19 (either by Rapid Antigen Detection Test or RT-PCR) infection since December 1st 2021, please see [section 7.0](#).

For further public health protective measures see [section 8.0](#).

- **Asymptomatic non-household close contacts aged 0-12 years old are NOT required to [restrict movements](#) or undergo testing unless they develop symptoms.** If symptoms develop, please refer to [section 6.0](#).
- Asymptomatic children who are school/childcare pod members of a case will continue to be offered antigen testing through the existing HSE programme.
- Asymptomatic children aged 9-12 years old who are non-household contacts should wear a well fitted mask as frequently as is reasonably practical. A medical grade (surgical) mask is preferable, if it fits the child well; otherwise a well-fitting cloth mask can be worn.

7.5 Asymptomatic household close contacts of a case for whom it is not feasible to self-isolate

NOTE: Those close contacts of any age who have recovered from COVID-19 following a positive PCR or antigen test carried out since December 1 2021 are exempt from [restriction of movements](#) and testing unless they become symptomatic. Please see [section 7.0](#).

For further public health protective measures see [section 8.0](#).

When a case cannot feasibly [self-isolate](#), the following applies:

- Asymptomatic household contacts who have received their booster vaccine **OR** have completed their primary vaccination course **AND** have had confirmed COVID-19 infection in the previous 3 months
 - **do not need to restrict their movements**
 - **should perform 3 antigen tests over the first 7 days** (The first RADT should be performed as soon as possible, the second three days later and the final test on the seventh day of restricted movements) and repeat over the second 7 days.
Asymptomatic household contacts who are aged 0-3 years are not required to undertake testing unless they develop symptoms
 - are required to wear an FFP2 mask or medical grade (surgical) mask for **14 full days**

- asymptomatic children aged 9-12 years who are household contacts should wear a well fitted mask as frequently as is reasonably practical. A medical grade mask (surgical mask) is preferable, if it fits the child well; otherwise a well-fitting cloth mask can be worn.

When a case cannot feasibly [self-isolate](#), the following applies:

- Asymptomatic household close contacts who have not received their booster vaccine OR have not had confirmed COVID-19 infection in the past 3 months should:
 - [restrict their movements](#) for 14 full days
 - perform antigen tests over the first 7 days (three of these RADTs should be performed. The first RADT should be performed as soon as possible, the second three days later and the final test on the seventh day of restricted movements) and repeat over the second 7 days. **Asymptomatic household contacts who are aged 0-3 years are not required to undertake testing unless they develop symptoms**
 - these asymptomatic household close contacts are required to wear an FFP2 mask or medical grade mask (surgical mask) for **14 full days**
 - asymptomatic children, who are household close contacts, and are aged 9-12 years old should wear a well fitted mask as frequently as is reasonably practical during the 14-day period. A medical grade mask (surgical mask) is preferable, if it fits the child well; otherwise a well-fitting cloth mask can be worn.

8.0 Further public health protective measures for all confirmed cases and close contacts

- Given the high levels of infection across the country, it is particularly important that cases and close contacts continue to follow the public health advice issued to the general population. Cases and close contacts exiting isolation/restricted movements after seven days (or for a period of ten days for close contacts not required to restrict movements i.e. those who have had confirmed COVID-19 infection, either by Rapid Antigen Detection Test or RT-PCR infection since December 1st 2021) will be advised to:
 - **limit close contact with other people outside their household, especially in crowded, enclosed or poorly ventilated spaces**
 - **wear a face covering in crowded, enclosed or poorly ventilated spaces and where they are in close contact with other people**

- **avoid contact with anyone who is at higher risk of severe illness if infected with COVID-19**
- **work from home unless it is essential to attend in person**
- **follow all public health protective measures.**

Antigen testing

- **Close contacts excluding those who have recovered from COVID-19 following a positive PCR or antigen test carried out since December 1st 2021, should take an antigen test before entering crowded, enclosed or poorly ventilated spaces and prior to having close contact with other people from outside their household.**

This guidance applies equally to healthcare workers, however in relation to derogation please see [here](#) for further information.

Please note those of any age who have recovered from COVID-19 following a positive PCR or antigen test carried out since December 1st 2021 are exempt from restriction of movements and testing unless they become symptomatic. If they become symptomatic they should immediately [self-isolate](#) and get tested and wear a medical grade (surgical) or FFP2 face mask. Children aged 9-12 years old should wear a well fitted mask as frequently as is reasonably practical during this period

Table 1: Management of asymptomatic close contacts of confirmed COVID-19 cases

	Age	Vaccination status	Household/non household	Masks	Restricted movement	Testing	Duration of RADTs
Asymptomatic close contacts	≥13 years	Boosted*		FFP2 or Medical grade (surgical mask) x10 days	0 days	Regular RADTs over 7 days, with the last test on the seventh day of restricted movements.	7 days
	≥13 years	Not boosted		FFP2 or Medical grade (surgical mask) x10 days	7 days		7 days
	<13 years**		Household	Well-fitted mask (≥9yrs) x 10days	7 days	Regular RADTs over 7 days, with the last test on the seventh day of restricted movements. Aged 0-3 years: No testing unless symptomatic (PCR)	7 days
	<13 years**		Non-household	Well-fitted mask (≥9yrs) x 10days	0 days	No testing unless symptomatic Asymptomatic children who are school/childcare pod members of a case will be offered antigen testing. Please see here for further information.	n/a

*Boosted are those who are 7 days post their booster vaccine OR who have completed their primary vaccination course and had infection in the past 3 months

**This applies regardless of vaccination status of the child.

References

- (1) ECDC 'Guidance on quarantine of close contacts to COVID-19 cases and isolation of COVID-19 cases, in the current epidemiological situation, 7 January 2022' [Internet]. European Centre for Disease Prevention and Control. 2021 [cited 2022 Jan 12]. Available at: <https://www.ecdc.europa.eu/en/covid-19/prevention-and-control/quarantine-and-isolation>
- (2) (ECDC Epidemiological Update 'Weekly epidemiological update: Omicron variant of concern (VOC) – week 1 (data as of 7 January 2022) EU/EEA' [Internet]. European Centre for Disease Prevention and Control. 2022 [cited 2022 Jan 12]. Available from: <https://www.ecdc.europa.eu/en/news-events/weekly-epidemiological-update-omicron-variant-concern-voc-week-1-data-7-january-2022>
- (3) ECDC Technical Report 'Risk of SARS-CoV-2 transmission from newly infected individuals with documented previous infection or vaccination' [Internet]. European Centre for Disease Prevention and Control. 2021 [cited 2022 Jan 12]. Available at: <https://www.ecdc.europa.eu/sites/default/files/documents/Risk-of-transmission-and-reinfection-of-SARS-CoV-2-following-vaccination.pdf>
- (4) ECDC 'Interim public health considerations for the provision of additional COVID-19 vaccine doses' [Internet]. European Centre for Disease Prevention and Control. 2021 [cited 2021 Nov 11]. Available from: <https://www.ecdc.europa.eu/en/publications-data/covid-19-public-health-considerations-additional-vaccine-doses>
- (5) NIAC 'NIAC Interim Recommendations Regarding Booster doses of COVID-19 vaccine for those aged 80 years and older those aged 65 and older in long term care facilities' [Internet]. National Immunisation Advisory Committee. 2021 Sep [cited 2021 Nov 11]. Available from: <https://rcpi-live-cdn.s3.amazonaws.com/wp-content/uploads/2021/09/NIAC-Recommendations-re-booster-doses-07.09.2021.pdf>
- (6) ECDC 'Questions and answers on COVID-19: Vaccines' [Internet]. European Centre for Disease Prevention and Control. 2021 [cited 2021 Nov 11]. Available from: <https://www.ecdc.europa.eu/en/covid-19/questions-answers/questions-and-answers-vaccines>
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- (8) Shah AS, Gribben C, Bishop J, Hanlon P, Caldwell D, Wood R, et al. Effect of vaccination on transmission of COVID-19: an observational study in healthcare workers and their households. *New England Journal of Medicine* 2021; 385:1718-1720 DOI: 10.1101/2021.03.11.21253275. Available from: <https://www.medrxiv.org/content/10.1101/2021.03.11.21253275v1>
- (9) WHO 'Interim guidance on contact tracing in the context of COVID-19'. [Internet] World Health Organisation 2020 [cited 2022 Jan 12]. Available from https://apps.who.int/iris/bitstream/handle/10665/332049/WHO-2019-nCoV-Contact_Tracing-2020.1-eng.pdf
- (10) World Health Organisation. 'Interim statement on booster doses for COVID-19 vaccination' [Internet] World Health Organisation 2021 [cited 2021 Nov 11]. Available from: <https://www.who.int/news/item/04-10-2021-interim-statement-on-booster-doses-for-covid-19-vaccination>
- (11) Harris RJ, Hall JA, Zaidi A, Andrews NJ, Dunbar JK, Dabrera G. Effect of Vaccination on Household Transmission of SARS-CoV-2 in England. *New England Journal of Medicine*. 2021; 385:759-760 DOI 10.1056/NEJMc2107717. Available from: <https://www.nejm.org/doi/full/10.1056/nejmc2107717>

Appendix 1 - Definitions

Individuals who are considered to have boosted immunity are those who are 7 days post their booster vaccine OR who have completed their primary vaccination course and had infection in the past 3 months

An additional vaccination dose may be needed as part of an extended primary series for targeted populations where the immune response rate following the standard primary series is deemed insufficient. The objective of an additional dose in the primary series is to optimise and enhance the immune response to establish a sufficient level of effectiveness against disease. (10).

Booster doses are administered to a vaccinated population that has completed a primary vaccination series (currently one or two doses of COVID-19 vaccine, depending on the product), when with time the immunity and protection has fallen below a rate deemed sufficient in that population (10) The objective of a booster dose is to restore vaccine effectiveness from that deemed no longer sufficient.

Close contact definition

- Any individual who has had face-to-face contact with a COVID-19 case within two metres for more than a total of 15 minutes over a 24-h period (even if not consecutive)
- Household contacts defined as living or sleeping in the same home, individuals in shared accommodation sharing kitchen or bathroom facilities and sexual partners.
- Healthcare workers, including laboratory workers, who have not worn appropriate PPE or had a breach in PPE during the following exposures to the case:
 - Direct contact with the case (as defined above), their body fluids or their laboratory specimen
 - Present in the same room when an aerosol generating procedure is undertaken on the case.
- Passengers on an aircraft sitting within two seats (in any direction) of the case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. If there is more than one case and they are sitting together then contact tracing is extended to two rows.
- For close contacts who have shared a closed environment with a case for longer than two hours, a risk assessment should be undertaken. This risk assessment may vary depending on the setting, the size of the room, ventilation and the distance from the case.

Casual contact definition

- Healthcare workers, not including laboratory workers, who have taken recommended infection control precautions, including the use of appropriate PPE, during the following exposures to the case:
 - Direct contact with the case (as defined above) or their body fluids
 - Present in the same room when an aerosol generating procedure is undertaken on the case.
- Any individual who has shared a closed space with a case for less than two hours.
- Passengers on an aircraft sitting beyond two seats (in any direction of a case)

Fully vaccinated definition

Persons who are **fully vaccinated** (i.e., completed their primary vaccine schedule) include those who are:

- a. 7 days after receipt of the **second** Pfizer-BioNTech (Comirnaty®) dose (two dose vaccination course)
- b. 14 days after receipt of the second Spikevax® (Covid-19 vaccine Moderna®) dose (two dose vaccination course)
- c. 15 days after receipt of the second AstraZeneca (Vaxzevria® or Covishield) dose (two dose vaccination course)
- d. 14 days after receipt of the Janssen (Janssen®) dose (one dose vaccination course)
- e. 14 days after receipt of an extended primary dose of vaccination (three dose vaccination course¹).

Please note this does not apply to those who have received:

- i. a transplant (solid organ, bone marrow, haematopoietic stem cell) in the past 12 months
- ii. systemic cytotoxic chemotherapy or other systemic cancer chemotherapy in the past 12 months.

¹ An additional mRNA vaccine dose should be given to those aged 12 and older who are immunocompromised, associated with a suboptimal response to vaccines who have completed their primary course, regardless of whether the primary course was an mRNA or an adenoviral vector vaccine. This is an extended primary vaccination course. The additional vaccine should be given after a minimum interval of two months following the last dose of an authorised COVID-19 vaccine

Ideally the same vaccine should preferably be used for both doses of a primary vaccination course, however, in some instances a heterologous vaccination schedule can be delivered. Heterologous COVID-19 vaccination means getting two different COVID-19 vaccines e.g., getting the Vaxzevria® vaccine for the first dose followed by an mRNA vaccine Comirnaty® (Pfizer BioNTech) or Spikevax® (COVID-19 Vaccine Moderna) for the second dose. In these circumstances, these individuals are also considered fully vaccinated after their second dose (7 days after Comirnaty® and 14 days after Spikevax®).

The National Immunisation Advisory Committee (NIAC) advises that individuals may be offered an additional vaccine dose in addition to their primary vaccination course because evidence suggests that those who are severely immunocompromised do not have adequate protection following a primary COVID-19 vaccine course. This additional vaccine dose

enhances their protection; however, if the person's immune system response to vaccination could be compromised due to either of the following conditions:

- i. a transplant (solid organ, bone marrow, haematopoietic stem cell) in the past 12 months
- ii. systemic cytotoxic chemotherapy or other systemic cancer chemotherapy in the past 12 months.
 - **Then, if they become an asymptomatic close contact, they should be treated as an un-boosted close contact, i.e. be offered 3 RADTs over 7 days and advised to restrict their movements for 7 days. If they develop symptoms, they should self-isolate immediately and contact their GP to arrange an RT-PCR test.**

A booster dose may also be offered to a vaccinated population that has completed a primary vaccination series, when with time, the immunity and clinical protection has fallen below a rate deemed sufficient for that population (10).