

Annex 12 : MANAGEMENT OF CLOSED CONTACTS OF CONFIRMED CASE

1. Closed contacts of confirmed case were those as below:
 - Health care associated exposure without appropriate PPE (including providing direct care for COVID-19 patients, working with health care workers infected with COVID-19, visiting patients or staying in the same close environment of a COVID-19 patient).
 - Working together in close proximity or sharing the same classroom environment with a with COVID-19 patient
 - Traveling together with COVID-19 patient in any kind of conveyance
 - Living in the same household as a COVID-19 patient

2. Close contacts can be detected through the following activities:
 - a. Contact tracing by the Rapid Assessment Team (RAT) and the Rapid Response Team (RRT) on the field;
 - b. Monitoring of personnel who were in close physical contact to the case or who were handling the relevant specimens;
 - c. Person who came and declare themselves at either government and private hospital and clinic
 - d. Notification through IHR Focal Point from other country if they identified Malaysia close contact from their confirmed case

3. All close contacts of confirmed case shall be screened for COVID-19 at screening hospitals and health centres. The close contact could be assigned based as follows:
 - a. Asymptomatic – Person Under Surveillance (PUS)
 - b. Symptoms and fulfilled admission criteria (Suspected Case required admission, refer to Annex 2b)
 - c. Symptomatic doesn't fulfilled admission criteria (Suspected Case not required admission, refer to Annex 2a) :-

4. Overall management of **Asymptomatic Close Contact**
 - All asymptomatic close contact identified should be tested for COVID-19 using RT-PCR.
 - All asymptomatic close contact will be assigned as **Person Under Surveillance**. They will be require to undergone 14 days home surveillance under supervision and observation order.
 - If RT-PCR positive, this person will be admitted to hospital and treated as confirmed COVID-19 case (Annex 2e)
 - If RT-PCR negative, continue home surveillance. At any point, this person developed symptom, this person will be manage as suspected case (refer Annex 2, 2a and 2b).

- At Day 13, RTK (Ab) will be conducted to this person, and if the result of RTK (Ab) is negative, no symptoms developed, the release order will be issued at Day 14 (Annex 17).

5. The role of District Health Office for asymptomatic close contact

- Visit case at home (first day of home surveillance)
- Issued Supervision and Observation Order (Annex 14)
- Explain regarding COVID-19 and its risk for them and their family
- Explain on the home assessment tool (Annex 10)
- Ask PUS to download and registered MySejahtera app
- Entered details of PUS into e-COVID.
- To consult ID Physician / Specialist On-Call of the identified hospital (**Annex 3**) for referral of the respective contact, if the following were to occur:
 - i. the contact become symptomatic; **or**
 - ii. the result of RT-PCR positive

