Public health advice for the management of COVID-19 cases and contacts

V1.2

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Readers should not rely solely on the information contained within these guidelines. Guidance 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 this guidance. ***This guidance is under constant review based upon emerging evidence at national and international levels and national policy decisions.***

Please note, in general, this guidance does not apply to patients and residents in congregated health and care settings including acute hospitals and residential care facilities. This guidance can be found at acute hospitals and residential care facilities. For occupational health guidance, please see here.

Please note this document is uncontrolled when printed.

Version History

Version	Date	Update	Completed by
1.2	18/04/2023	• For key changes to this guidance please refer to Section 1.1	Research & Guideline Development Unit
1.1	10/03/2022	• Update to Section 6.0 regarding symptoms in children	Research and Guidance Unit
1.0	25/02/2022	• Updated version of Contact Tracing guidance	Research and Guidance Unit

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1.0 Introduction

Facilitated by the high level of vaccine-induced and naturally acquired immunity in the population in Ireland our response to COVID-19 has moved from one based on extensive case finding to reduce infection to now focusing on mitigation of the severe impacts of COVID-19 infection. A clinically driven model approved by the Chief Medical Officer in March 2023, and endorsed by the Government is being implemented.

Self-directed PCR tests will **no longer be recommended** for the general population who have symptoms consistent with a respiratory virus infection[1]. The portals through which members of the public previously booked PCR tests, or were supplied with antigen tests are closed.

This change in approach emphasises the on-going need to protect those most vulnerable to the severe effects of the disease and those with risk factors for severe disease who may benefit from specific interventions, particularly through the COVID-19 vaccination programme as well as interventions including treatment with anti-viral medications.

This updated document reflects this transition and our ongoing response will be informed by the evolving epidemiological situation, evidence and international guidance.

1.1 Key changes in this guidance

- Implementation of a clinically driven model approved by the Chief Medical Officer in March 2023, and endorsed by the Government.
    - The portals through which members of the public previously booked PCR tests, or were supplied with antigen tests are closed.
- Adults with **symptoms** consistent with a viral respiratory infection (including COVID-19) are advised to stay at home and avoid contact with other people until 48 hours after symptoms have substantially or fully resolved
- Children and young people (under 18 years of age) who have **symptoms** consistent with a viral respiratory infection (including COVID-19) and who are unwell or have a high temperature should stay at home and avoid contact with other people. They can go back to school, college or childcare,

[1] Instead, the general advice is to stay at home until 48 hours after symptoms have substantially or fully resolved

and resume normal activities when they no longer have a high temperature and they are well enough to attend.

- Patient facing **HCWs**[2] who have **symptoms** of a respiratory infection and who have a high temperature and who do not feel well enough to attend work should take an antigen test as soon as they feel unwell.
- Any adult[3] who has been **diagnosed with COVID-19 (either PCR or antigen test confirmed)** should stay at home for 5 days and avoid contact with others from date of onset of symptoms or if asymptomatic from the date of their first positive test.
- Children and young people (under 18 years of age) who have a **positive COVID-19 test result (either PCR or antigen test confirmed)** should **s**tay at home and avoid contact with others for **3 full days**, after the day they took the test or from the day their symptoms started (whichever was earliest).
- Health and care workers who have been **diagnosed with COVID-19 (either PCR or antigen test confirmed)** should follow general testing advice for the public except where indicated by local dynamic institutional risk assessment(s) or as part of the public health management of an outbreak or specific public health risk. This risk assessment may indicate a requirement for specific HCWs to undertake antigen testing prior to returning to work particularly if they are **working with the most clinically vulnerable.**

2.0 Purpose

The purpose of this document is to meet the needs for public health advice for the management of COVID-19 cases and contacts.

[2] This includes but is not limited to people providing care in community care settings, care homes, hospices, disability services, older persons services, acute and non-acute hospitals, community hospitals, mental health services, palliative care services, primary care clinics, home care, paramedics and community services.

[3] Additional considerations are required for health and care workers

3.0 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 available and a robust primary and booster vaccination programme has been implemented in Ireland. Although the high level of population immunity has modified the impact of infection, SARS-CoV-2 is likely to represent a significant public health challenge in Ireland and internationally for the foreseeable future. There continues to be a significant degree of vigilance to the risk of the emergence of SARS-CoV-2 variants that may possess properties that confer significant immune or therapeutic escape, increased intrinsic transmissibility, increased pathogenicity or that are more difficult to detect by some diagnostic methods. It is important to note that in the event of future surges of disease, the public health management of COVID-19, including priorities in terms of testing and tracing may differ from those required during periods of low incidence or where there is high confidence in the level of protection offered by vaccines and/or natural immunity. 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 (1). This does **not** mean that individuals are immune from SARS-CoV-2 infection once vaccinated. People who are vaccinated may still be able to get infected and to transmit SARS-CoV-2 infection to susceptible contacts (2). Definitions of the primary vaccination series, booster vaccines and additional vaccination doses are displayed in Appendix 1.

Significant uncertainties in relation to the incidence of SARS-CoV-2 infection will remain for the foreseeable future. New infections are likely to continue at least for some time and perhaps indefinitely. New infections may occur in surges following waning of population immunity or variants. However, the proportion of infections resulting in severe disease or death is expected to be low in this scenario. The end state response will focus on mitigation of the impacts of COVID-19 for those most vulnerable to significant disease as a result of infection.

4.0 Public Health Protective Measures

The following public health advice will remain part of the collective response to COVID-19 and other respiratory illnesses:

- wearing a face covering/mask is no longer mandatory, however, anyone who wishes to continue to wear a face covering/mask should not be discouraged from doing so. Mask wearing is also advised based on individual or dynamic institutional risk assessment[4].
- the continued adherence to infection, prevention and control measures in **health & care settings** in line with evolving national guidance.
- the continuation of **public health measures including**
    - **advice to stay at home if symptomatic**
    - **hand and respiratory hygiene**
    - **maximising ventilation** *(taking account of thermal comfort)*
    - **maintenance of good basic cleaning schedules to reduce the risk of spread of all infections, in all settings**.

      These measures are important for mitigating the spread of COVID-19 but also for mitigating the spread of other viral infections.
- encouraging and supporting further uptake and proper implementation of guidance on ventilation and air filtration across sectors remains a key requirement to ensure the positive impact that ventilation and air filtration may have on reducing transmission of SARS-CoV-2 is fully realised.
- everyone is encouraged and supported to complete their **primary and booster programmes of vaccination** according to the National Immunisation Advisory Committee (NIAC) advice and facilitated through the HSE COVID-19 vaccination programmes.

[4] The dynamic institutional risk assessment will require appropriate advice and input from relevant others including Infection, Prevention and Control Team (IPCT), Occupational Health Departments, Departments of Public Health.

5.0 Adults with symptoms consistent with a viral respiratory infection (including COVID-19)

*As of 30th March 2023, the vast majority of individuals will not be offered a test (either PCR or antigen) for COVID-19 and **must** follow general advice for symptomatic individuals. This change in approach will however, continue to emphasise the on-going need to protect those most vulnerable to the severe effects of the disease and those with risk factors for severe disease who may benefit from specific interventions.*

- In general, **any adult**[5] who has symptoms consistent with a viral respiratory infection (including COVID-19), such as;
    - a high temperature (38 degrees Celsius or above)

      and/or

    - does not feel well enough to go to work or carry out normal activities

  is advised to **stay at home** and **avoid contact** with other people **until 48 hours after symptoms have substantially or fully resolved**. It is particularly important that individuals with such symptoms avoid close contact with anyone who is at **very high risk or high risk** of severe COVID-19 disease irrespective of vaccination status.
- Anyone of **any age and regardless of underlying health condition who has symptoms** such that they are concerned due to **clinical deterioration**

  or

- Anyone with an **underlying risk profile** who may be eligible for therapeutic intervention **should** seek medical advice which may include clinical assessment and testing for COVID-19 and for other infections if appropriate.

- For information on testing of **symptomatic residents of long-term residential care facilities** (LTRCF) please see here for most up to date guidance .
- Patient facing **HCWs**[6] who have symptoms of a respiratory infection and who have a high temperature and who do not feel well enough to attend **work should take an antigen test as soon as they feel unwell.**
    - If the test is positive, they follow the advice for confirmed cases (Section 6.0).

[5] Additional considerations are required for health and care workers

[6] This includes but is not limited to people providing care in community care settings, care homes, hospices, disability services, older persons services, acute and non-acute hospitals, community hospitals, mental health services, palliative care services, primary care clinics, home care, paramedics and community services.

- If the test is negative they should stay at home and avoid contact with other people until 48 hours after their symptoms have substantially or fully resolved. They can attend work if they're clinically well enough to do so and they do not have a high temperature.
- If the staff member works with patients who are at **very high risk or high risk** of severe COVID-19 disease irrespective of vaccination status, they should discuss this with their line manager who will undertake a risk assessment.

6.0 Adults with a positive COVID-19 test result

- Any adult[7] who has been **diagnosed with COVID-19 (either PCR or antigen test confirmed)** should follow this advice;
    - **stay at home for 5 days** and **avoid contact** with others from date of onset of symptoms, where the date of symptom onset is day 0, or if asymptomatic[8], from the date of their first positive test. Exit from this period after day 5 is on the basis that symptoms have substantially or fully resolved. If a high temperature persists or individuals still feel unwell, they should continue to follow this advice until they are well enough to return to normal activities and no longer have a high temperature.
    - Although many individuals will no longer be infectious to others after 5 days, some may still be infectious for up to 10 days from the start of their infection. Individuals should avoid meeting people at very high risk or high risk of severe COVID-19 disease irrespective of vaccination status, for 10 days after symptom onset or if asymptomatic the day the test was taken.
    - If the individual's condition is getting worse, seek medical advice.
    - For ongoing public health protective measures, individuals should refer to **Section 4.0** of this guidance
- **Close contacts** of confirmed cases who do not have **symptoms,** do not need to restrict their movements or undertake COVID-19 testing. If they develop symptoms they should follow advice for symptomatic people in **Section 5.0** above.
- **Health and care workers** should
    - follow **general testing advice for the public** except where indicated by local dynamic institutional risk assessment(s) or as part of the public health management of an outbreak or specific public health risk.
    - The local dynamic institutional risk assessment may indicate a requirement for specific HCWs to undertake antigen testing prior to returning to work particularly if they are **working with the most clinically vulnerable**. As part of this risk assessment, consideration should be given to redeployment until 10 days after their symptoms started (or the day their first positive test was taken if they did not have symptoms).

[7] Additional considerations are required for health and care workers

[8] Although testing is not required for asymptomatic people, Some people may take an antigen test for assurance, based on their perceived risk of exposure to someone they know was a confirmed case. Any asymptomatic individual who has a positive antigen test result should consider this result definitive and follow advice as in 6.0 above

- If return to work testing is recommended, health and care workers can return to work when they have had 2 consecutive negative antigen test results (taken at least 24 hours apart). The first antigen test should only be taken 5 days after the day their symptoms started (or the day their first positive test was taken if they did not have symptoms); this is described as day 0. If both antigen tests results are negative, they may return to work immediately after the second negative antigen test result, provided they meet the criteria outlined below.
- If the day 5 antigen test is positive, they should continue to test daily until they have received two negative antigen test results, taken 24 hrs. apart. If the staff member's antigen test result is positive on the 10th day, they should discuss this with their line manager who may undertake a further risk assessment. If a staff member is tested with an antigen test within 90 days of a prior positive COVID-19 test and the result is positive, they should follow the advice for staff members who have received a positive test result for COVID-19 again, unless a clinical or risk assessment suggests that a re-infection is unlikely.
- Health and care workers returning to work should feel well enough to work, and not have a high temperature. The staff member must continue to comply rigorously with all relevant infection, prevention and control procedures and personal protective equipment (PPE) must be worn properly in line with local/national recommendations.

7.0 Children and Young People (under 18 years of age) with symptoms consistent with a viral respiratory infection (including COVID-19) and for confirmed cases

- Children and young people who have symptoms consistent with a viral respiratory infection (including COVID-19) and who are unwell or have a high temperature should stay at home and avoid contact with other people. They can go back to school, college or childcare, and resume normal activities when they no longer have a high temperature and they are well enough to attend. Children can go to school with a runny nose or sneezing as long as they:
    - Have no other symptoms
    - Do not have a high temperature (38 degrees Celsius or above)
    - Are otherwise well
- Anyone of **any age and regardless of underlying health condition who has symptoms** such that they are concerned due to **clinical deterioration**

Or

- Anyone with an **underlying risk profile** who may be eligible for therapeutic intervention **should** seek medical advice which may include clinical assessment and testing for COVID-19 and for other infections if appropriate.
- Children and young people (under 18 years of age) who have a **positive COVID-19 test result (either PCR or antigen test confirmed) should follow this advice**:
    - Stay at home and avoid contact with others for **3 full days**, after the day they took the test or from the day their symptoms started (whichever was earliest).
    - At the end of this period (**after day 3**), children and young people who feel well and do not have a high temperature, can return to normal activities. Children and young people with mild symptoms such as a runny nose, sore throat or slight cough who are otherwise well, can return to their education or childcare setting.
    - If the individual's condition is getting worse, seek medical advice.

8.0 Asymptomatic close contacts

- Asymptomatic close contacts **do not need** to restrict their movements.
- Testing is **not** indicated for this population.
- If they **develop symptoms** they should follow advice in Section 5.0.
- It is recognised that some asymptomatic individuals may choose to use rapid antigen detection tests. Any asymptomatic individual who has a positive antigen test result should consider this result definitive and follow advice as above in **Section 6.0 Adults with a positive COVID-19 test** result or **Section 7.0 Children and Young People (under 18 years of age)** with a positive test result.
- There is **no specific testing regime** for asymptomatic **health and care workers.**
- Serial testing in **Long Term Residential Care Facilities** (LTRCF) will now cease. Mass testing may be requested by Public Health Departments for particular settings, including LTRCF, based on Public Health Risk Assessment. For information on testing of **residents of long-term residential care facilities** (LTRCF) please see here for most up to date guidance.
- Routine admission testing of scheduled and unscheduled admissions and transfers to hospital and residential care facilities should be based on current national IPC guidance and advice. It is not currently recommended but can be done if required based on local dynamic institutional risk assessment.

9.0 References

(1) 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

(2) 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/en/publications-data/sars-cov-2-transmission-newly-infected-individuals-previous-infection

(3) 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

(4) National Advisory Immunisation Committee (NIAC) '*Chapter 5a – COVID-19'* [Internet]. National Advisory Immunisation Committee. 2022 [cited 2022 Feb 28]. Available at: https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/covid19.pdf

10.0 Appendix 1

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. (3).

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 (3) The objective of a booster dose is to restore vaccine effectiveness from that deemed no longer sufficient.

Primary vaccination series definition

Primary vaccination series is defined by the vaccine administered as the first dose for 1-dose series and the second dose for 2-dose series. A list of authorised and recommended vaccines can be found here.

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 to have completed their primary vaccination schedule 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 one or more additional vaccine doses in addition to their primary vaccination course because evidence suggests that those who are severely immunocompromised[9] do not have adequate protection following a primary COVID-19 vaccine course. Additional vaccine

[9] *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*

booster doses enhance 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.

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 (4).