Ontario

Ministry of Health

COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge

Version 1.0 – December 30, 2021

This guidance document provides basic information only. It is not intended to provide medical advice, diagnosis or treatment or legal advice.

In the event of any conflict between this guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, mental health resources, and other information,
- Please check the Directives, Memorandums and Other Resources page regularly for the most up to date directives.

Background

In response to the evolving situation related to the COVID-19 Omicron (B.1.1.529) variant of concern (VOC), the Ministry of Health is providing updated guidance on testing, and case, contact and outbreak management. This guidance is to be used as an interim update and where conflicting, superseding all other guidance documents on the Ministry's website. The number of Omicron cases is rising rapidly in Ontario such that individuals with symptoms indicative of COVID-19 can be presumed to be infected with COVID-19 to initiate timely self-isolation and prevent transmission in the community. Ontario continues to strive to mitigate morbidity and mortality from COVID-19, and to mitigate impacts on hospitals and the broader health system, and on society overall.

Surveillance reporting on VOCs in Ontario can be found on the Public Health Ontario webpage.

Prioritization Molecular[1] Testing for COVID-19 Infection

The following people are eligible for molecular testing (PCR or rapid molecular testing):

- Symptomatic[2] people who fall into one of the following groups:
  - Hospitalized patients
  - Patients seeking emergency medical care, at the discretion of the treating clinician
  - Patient-facing healthcare workers
  - Staff, volunteers, residents/inpatients, essential care providers, and visitors in hospitals and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, temporary foreign worker settings, and correctional institutions
- Symptomatic outpatients for whom COVID-19 treatment is being considered
  - includes those 70 and older who have a risk factor including obesity (BMI ≥30), dialysis or stage 5 kidney disease (eGFR <15 mL/min/1.73 m2), diabetes, cerebral palsy, intellectual disability of any severity, sickle cell disease, receiving active cancer treatment, solid organ or stem cell transplant recipients, or 50 and older if First Nations, Inuit, or Métis with any of those risk factors[3]
- Symptomatic people who are underhoused or homeless
- Symptomatic elementary and secondary students and education staff who have received a PCR self-collection kit through their school
- Symptomatic/asymptomatic people who are from First Nation, Inuit, and Métis communities and individuals travelling into these communities for work
- Symptomatic /asymptomatic people on admission/transfer to or from hospital or congregate living setting
- High risk contacts and asymptomatic/symptomatic people in the context of

[1] Positive results from molecular point-of-care testing results should be considered confirmed cases **and no longer require a PCR confirmatory test.**

[2] Symptomatic is defined as having at least one symptom or sign from the COVID-19 Reference Document for Symptoms.

[3] https://covid19-sciencetable.ca/sciencebrief/clinical-practice-guideline-summary-recommended-drugs-and-biologics-in-adult-patients-with-covid-19-version-6-0/

confirmed or suspected outbreaks in highest risk[4] settings, including hospitals, long-term care, retirement homes, other congregate living settings and institutions, and other settings as directed by the local public health unit
- Individuals, and one accompanying caregiver, with written prior approval for out-of-country medical services from the General Manager, OHIP
- Asymptomatic testing in hospital, long-term care, retirement homes and other congregate living settings and institutions as per provincial guidance and/or Directives, or as directed by public health units.

Testing Guidance for Specific Settings and Populations

Prior to Scheduled Surgery

Testing prior to a scheduled (non-urgent/emergent) surgery in a hospital or other surgical setting (e.g. independent health facility, etc.):

- Testing prior to surgery will be determined by COVID-19 Regional Steering Committee/Response Table, and may vary across Ontario regions.
    - For areas with low community transmission of COVID-19 (<10 cases per 100,000/week), testing prior to a scheduled surgical procedure is not required. In areas where community transmission of COVID-19 is not low (>10 cases per 100,000/week), any patient with a scheduled surgical procedure requiring a general anaesthetic may be tested with PCR 24-48 hours prior to procedure date.
    - Regardless of vaccination status, patients should only go out for essential reasons (e.g. work, school) for as close to 10 days prior to a scheduled procedure as is feasible.
    - In the event of a positive test result, the scheduled non-urgent/emergent procedure should be delayed (at the discretion of the clinician) for a period of at least 10 days and until cleared by public health and/or infection control.

Newborns

Newborns born to people with confirmed COVID-19 at the time of birth should be tested for COVID-19 within 24 hours of delivery, regardless of symptoms.

[4] Highest risk settings include hospitals, Long-Term Care, retirement homes, congregate living settings (see page 10-11). All other settings would be considered non-highest risk.

If parent testing is pending at the time of mother-baby discharge, then follow-up must be ensured such that if maternal testing is positive the baby is tested in a timely manner. If bringing the baby back for testing is impractical, the baby should be tested prior to discharge.

Newborns currently in the NICU/SCN born to mothers with confirmed COVID-19 at the time of birth should be tested within the first 24 hours after birth and, if the initial test is negative, again at 48 hours after birth, regardless of symptoms.

Newborns <48 hours old at time of transfer born to individuals who are asymptomatic and screen negative for symptoms do not require PCR testing on hospital admission/transfer.

People with Cancer

Routine testing of all asymptomatic patients prior to radiation or systemic treatment is **not** recommended. Rather, a regional approach should be adopted after reviewing local epidemiology by regional COVID-19 response committees. In regions with low community transmission of COVID-19 (<10 cases per 100,000/week), routine testing prior to treatment is not required but should be done at the discretion of the treating clinician if they feel it is necessary or indicated, in particular when:

- High dose multidrug chemotherapy is planned
- Radiation treatment will involve treatment of lung tissue
- Treatment is planned in patients with a new ground glass lung opacity
- Treatment (radiation or systemic) is planned in patients who are significantly immunosuppressed

Hematopoietic Cell Therapy

All patients booked for hematopoietic cell therapy should be tested 24-48 hours before their appointment apart from exceptional circumstances, e.g., Priority A case requiring urgent same day treatment.

Hemodialysis Patients

Testing for symptomatic in-centre hemodialysis patients

- Test symptomatic patients using a low-threshold approach, incorporating any symptoms within the COVID-19 Reference Document for Symptoms.
- Patients with persistent respiratory symptoms or fever despite a negative test should be managed on Droplet and Contact Precautions and be retested as appropriate, based on clinical judgment.

Testing for in-centre hemodialysis patients who reside in Long-Term Care /retirement homes or other congregate living settings

- Periodic testing of asymptomatic patients from Long-Term Care/retirement homes is not recommended where the home does not have known cases.
- Periodic testing of hemodialysis patients in Long-Term Care/retirement homes with known cases or outbreaks should continue regularly until the outbreak is considered cleared.
- If a Long-Term Care/retirement home patient comes from a home where there is currently a COVID-19 outbreak or one is subsequently declared and the patient becomes a laboratory-confirmed case, decisions around additional testing of asymptomatic patients and staff should be left to the discretion of local infection prevention and control as testing decisions will be informed by the size and layout of the unit.
- Testing for in-centre hemodialysis patients who reside in Long-Term Care/retirement homes to be conducted in the hemodialysis unit, or in accordance with hospital and local public health protocols, if not already done in the home.

Testing for hemodialysis patients in hemodialysis unit where outbreak declared

- If an outbreak is declared in a hemodialysis unit, test all patients in that unit regardless of whether they are symptomatic.
- Retesting should be directed by the outbreak management team overseeing the outbreak, in collaboration with local public health.

Rapid Antigen Testing

There are several distinct uses for rapid antigen tests (RATs), including:

1) Screen testing

- Screen testing is frequent, systematic testing of people who are asymptomatic and without known exposure to a COVID-19 case with the goal of identifying cases that are pre-symptomatic or asymptomatic.
- Screen testing with RATs involves routine testing one or more times per week. Individuals in non-highest risk settings participating in routine asymptomatic RAT testing who have a positive result **do not require a PCR/rapid molecular confirmatory test**.

2) For people with symptoms (see page 7)

3) For test-to-work purposes (see page 14)

4) One-off, non-routine/infrequent asymptomatic testing

Positive RAT results do not require PCR/rapid molecular confirmatory testing. If an asymptomatic individual without a known exposure to a COVID-19 case decides to complete a RAT outside of routine screening programs, for example prior to a social event/gathering/visit in a non-highest risk setting, then they should complete it as close to the event as possible (e.g. on the same day, ideally within a few hours of the event) and understand important limitations to a negative RAT result including:

- RATs have low sensitivity for COVID-19 in people who are asymptomatic and without a known exposure to a confirmed case of COVID-19.
- People infected with COVID-19 may test negative for several days before testing positive on RAT. Therefore, a negative test may represent a false negative and the infection status of the individual may change within hours of taking the test.
- Those with a negative one-off RAT should still follow existing public health measures including masking and limiting contacts.

Public Health Advice for Symptomatic Individuals

As molecular testing is prioritized for those at increased risk of severe outcomes and those living and working in highest risk settings, molecular testing is no longer being recommended for all individuals in the community with symptoms compatible with COVID-19. See page 9 for a flow chart of recommendations.

- **Symptomatic individuals** who are ineligible for PCR/rapid molecular testing are advised to self-isolate as soon as possible after symptom onset.
    - If symptoms include any symptom from the list below, the individual is presumed to have COVID-19 infection and is advised to self-isolate.
        - If the individual is fully vaccinated OR is a child under the age of 12 years old, they should self-isolate for at least 5 days from symptom onset AND until their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms), whichever is longer in duration.
        - If the individual is not fully vaccinated and is 12 years old or older, or if they are immune compromised, they should self-isolate for 10 days from symptom onset AND until their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and they are afebrile, whichever is longer in duration.
    - **The symptoms include:**
        - Fever and/or chills; OR
        - Cough; OR
        - Shortness of breath; OR
        - Decrease or loss of taste or smell; OR
        - **Two or more of:**
            - runny nose/nasal congestion
            - headache
            - extreme fatigue
            - sore throat
            - muscle aches/joint pain
            - gastrointestinal symptoms (i.e. vomiting or diarrhea)
    - If symptoms do not include any of the above, the individual is less likely to have COVID-19 infection and is advised to self-isolate until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms).

- **All household members** of the symptomatic individual, regardless of vaccination status, should stay at home while the symptomatic individual is isolating (for at least 5 days from symptom onset AND until they are afebrile and their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms)) due to the high rate of transmission within households. If they develop symptoms, they should follow isolation directions for symptomatic individuals and if eligible for testing, seek testing.

- If a **RAT** is available to the person with any of the above listed symptoms, RAT may be used to assess the likelihood that symptoms are related to COVID-19.
  - A **positive RAT** is highly indicative that the individual has COVID-19, and the individual is required to self-isolate.
    - If the individual is fully vaccinated or is a child under 12 years of age, they should self-isolate for 5 days from symptom onset and until their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms), whichever is longer in duration.
    - If the individual is not fully vaccinated and is 12 years old or older or if they are immune compromised, they should self-isolate for 10 days from the onset of symptoms, or from the date of their test (whichever was earlier).
    - In the community non-high risk setting positive RATs do NOT need to be confirmed by PCR/rapid molecular test.
    - Positive RAT tests do NOT need to be reported to the public health unit.
    - **All household members** of the positive RAT individual, regardless of vaccination status, should stay at home while the symptomatic individual is isolating (for at least 5 days from symptom onset AND until they are afebrile and their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms)) due to the high rate of transmission within households. If they develop symptoms they should follow isolation directions for symptomatic individuals and if eligible for testing, seek testing.
  - If two consecutive RATs, separated by 24-48 hours, are both **negative**, the symptomatic individual is less likely to have COVID-19 infection, and the individual is advised to self-isolate until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal

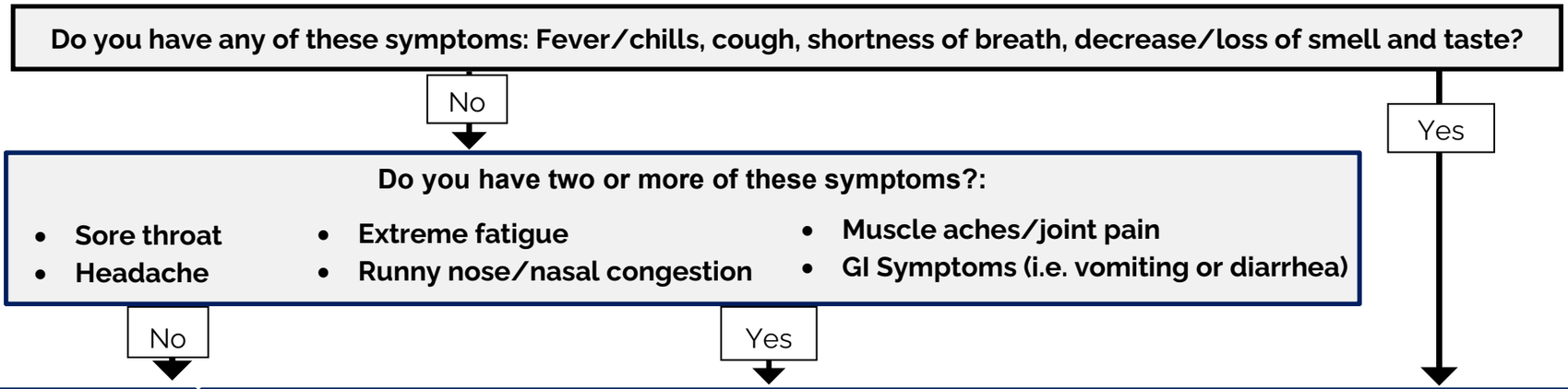
symptoms). The household members of the symptomatic individual with two negative tests may also discontinue self-isolation.

- If the symptomatic individual works in a **highest risk setting**, they should avoid work for 10 days from symptom onset.
    - If RAT is available, these individuals can return to work on day 7 from the date of symptom onset or positive test (molecular of PCR) (whichever is earlier) if they meet the following criteria:
        - Have two consecutive negative RATs at least 24 hours apart (e.g. day 6 and 7) AND
        - Their symptoms have been improving for at least 24 hours (or 48 hours if gastrointestinal symptoms).

Ontario

You have symptoms and are concerned you may have COVID-19. Now what?

This guidance does not apply to individuals who live, work, volunteer or are admitted in a highest risk setting*



- It is less likely that you have COVID-19 infection.
- Self-isolate until your symptoms are improving for at least 24 hours (48 hours for gastrointestinal symptoms).
- Your household members do not need to self-isolate.

- It is highly likely that you have a COVID-19 infection.
- You must self-isolate immediately:
  - For at least **5 days** from your symptom onset and until your symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) whichever is longer in duration if you are:
    - 12 years of age or older AND fully vaccinated.
    - 11 years old or younger, regardless of your vaccination status
  - For **10 days** from your symptom onset if you are:
    - 12 years of age or older AND either partially vaccinated or unvaccinated.
    - Immune compromised, regardless of your age
- All of your household members (regardless of their vaccination status) must self-isolate while you are self-isolating.
- Most individuals do not need a COVID-19 test. If you are in the eligible individual list, get PCR test, rapid molecular test or rapid antigen tests (if you have access). If testing is not available, you must fulfill the self-isolation.
- If your symptoms worsen, seek advice from Telehealth or your health care provider.
- Notify your workplace.

*Highest risk settings/individuals include hospitals, Long-Term Care, retirement homes, congregate living settings, and health care workers providing care to immunocompromised people.

Note: In the context of Omicron, individuals who are previously positive in the last 90 days and not fully vaccinated are **not** considered equivalent to fully vaccinated.

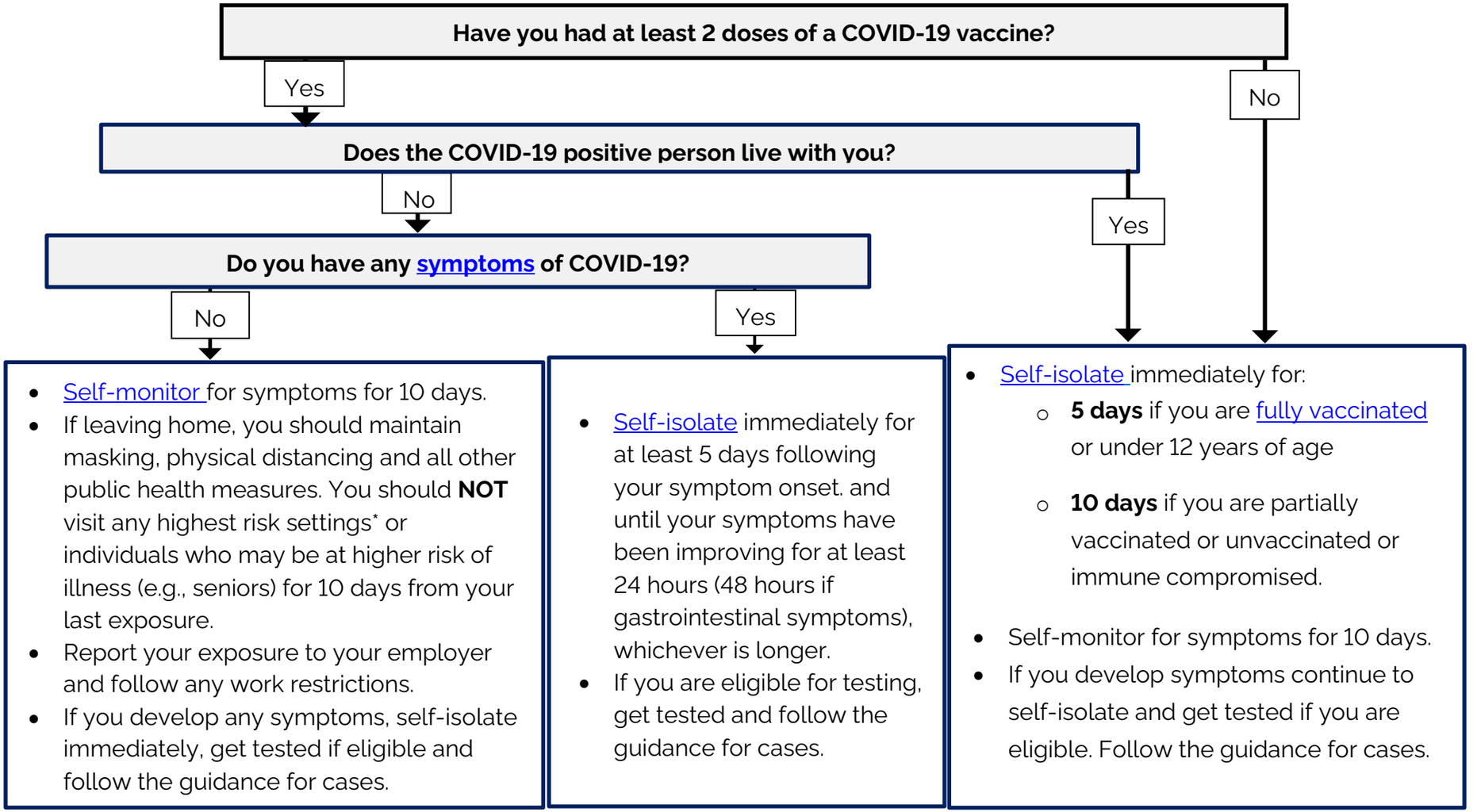
Updated Case and Contact Management for All COVID-19 Cases

- Individuals who have tested positive on a COVID-19 test (PCR, rapid molecular, or rapid antigen) should self-isolate immediately.
    - If the individual is 12 years of age or older AND either partially vaccinated, or unvaccinated they must self-isolate for **10 days** from the onset of symptoms, or from the date of their test (whichever came sooner).
    - If the individual is immune compromised (regardless of age and vaccination status) they must self-isolate for **10 days** from the onset of symptoms, or from the date of their test (whichever came sooner).
    - If the individual is 12 years of age or older AND fully vaccinated they must self-isolate for at least **5 days** from symptom onset and until their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) whichever is longer in duration
    - If the individual is under 12 years of age (regardless of their vaccination status), they must self-isolate for at least **5 days** from symptom onset and until their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) whichever is longer in duration
- Individuals who are presumed to have COVID-19 based on their symptoms (see flow chart on page 10) should also self-isolate as per the above criteria.
- All household members (regardless of their vaccination status) will need to self-isolate while the case is self-isolating.
- People who test positive on PCR or rapid molecular tests may be contacted by their local public health unit or the provincial case and contact management team.
- All test-confirmed COVID-19 cases (i.e. people who test positive on PCR, rapid molecular, or rapid antigen) should notify high risk contacts of their exposure. High risk contacts include:
    - Anyone with whom the COVID-19 positive person came into close contact within the 48 hours prior to symptom onset if symptomatic or 48 hours prior to the test date if asymptomatic, and until the positive person started self-isolating.
    - Close contact means you were in close proximity (less than 2 meters) to them for at least 15 minutes or for multiple short periods of time without appropriate measures as masking and use of personal

protective equipment (as per Management of Cases and Contacts of COVID-19 in Ontario).
    - Other high risk contacts as advised by public health.
    - Cohort based dismissals in school will no longer be used and case and contact management in school will be updated to reflect the changes in this guidance.
- See page 13 for a flow chart of directions for high risk contacts that are not associated with the highest risk settings.

You've been exposed to someone who has tested positive for COVID-19 on PCR, rapid molecular, or rapid antigen test. Now what?

This guidance does not apply to individuals who live, work, volunteer or are admitted in a highest risk setting*



*Highest risk settings include hospitals, Long-Term Care, retirement homes, health care workers providing care to immunocompromised, congregate living settings

Note: In the context of Omicron, individuals who are previously positive in the last 90 days and not fully vaccinated are **not** considered equivalent to fully vaccinated.

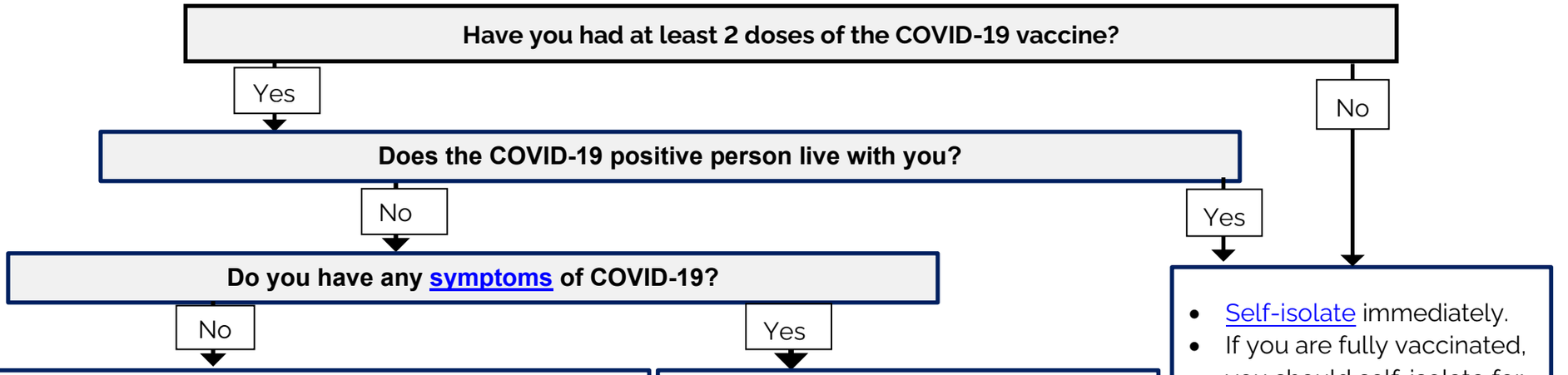
COVID-19 Cases in Highest Risk Settings

- If the individual who has tested positive on a PCR test lives, works, attends, volunteers or is admitted in any of the highest risk settings below, the local public health unit or the provincial case and contact management staff will follow-up with the case and high risk contacts in those highest risk settings.
- Highest risk settings include:
    - Hospitals and health care settings, including complex continuing care facilities and acute care facilities
    - Congregate living settings, e.g. long-term care homes, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, temporary foreign worker settings, and correctional institutions
    - First Nations, Inuit, Métis communities

High Risk Contacts in Highest Risk Settings

- High risk contacts who **live** in a highest risk setting should self-isolate regardless of vaccination status.
- Asymptomatic high risk contacts who **work/volunteer/attend** a highest risk setting can follow guidance for contacts regarding self-monitoring/self-isolation in the community (i.e., outside of the highest risk setting), unless otherwise directed by the public health unit.
    - Individuals who work in the highest risk settings above should avoid work for 10 days.
- Regardless of COVID-19 vaccination status, high risk contacts should not be working in highest risk settings, unless required for critical work shortages (see below for work-self-isolation guidance).
- High risk contacts in the highest risk setting with no outside exposure risk are recommended to test immediately, at PHU discretion (e.g., as part of an outbreak investigation), or if they develop symptoms.

You've been exposed to someone who has tested positive for COVID-19 on PCR, rapid molecular, or rapid antigen test and you work in a highest risk setting.* Now what?



- Self-monitor for symptoms for 10 days.
- Get tested if recommended by the public health unit.
- If your test is **positive** you must self-isolate. Follow the guidance for cases.
- If leaving home, you should maintain masking, physical distancing and all other public health measures.
- You should **NOT** attend work for 10 days from your last exposure.
- Report your exposure to your employer and follow any work restrictions. If there is a critical staff shortage, you may be able to attend work under work-self isolation (WSI). Follow WSI guidelines.
- If you develop any symptoms, get tested as soon as possible and self-isolate until you get your result.

- Self-isolate immediately.
- Get tested as soon as possible.
- If your test is **negative** you can discontinue self-isolation once symptoms have been improving for at least 24 hours (or 48 hours if you have gastrointestinal symptoms).
- If your test is **positive** you must self-isolate. Follow the guidance for cases.
- Notify your employer and follow any work restrictions and early clearance guidance.

- Self-isolate immediately.
- If you are fully vaccinated, you should self-isolate for **5 days**.** If you are partially vaccinated or unvaccinated or immune compromised, you should self-isolate for 10 days.
- Notify your employer and follow any work restrictions and early clearance guidance.
- If you develop symptoms, get tested and follow the guidance for cases.

*Highest risk settings include paramedics, hospitals, Long-Term Care, retirement homes, health care workers providing care to immunocompromised, congregate living settings

** After 5 days of self-isolation, do NOT attend work until 10 days from your last exposure. Report your exposure to your employer and follow any work restrictions.

Note: In the context of Omicron, individuals who are previously positive in the last 90 days and not fully vaccinated are **not** considered equivalent to fully vaccinated.

Management of Critical Staffing Shortages in highest risk settings

- **Test-to-work** is a strategy to support work-self isolation to meet critical workforce needs for highest risk settings, in which staff are able to return to work when they would otherwise be on self-isolation at home.
    - While the safest approach is to continue self-isolating, all layers of protection in the hierarchy of controls should be optimized to reduce the risk of having an exposed individual in the workplace.
    - Staff who are cases (i.e. have tested positive or symptomatic) should be considered only in the **critical** staffing shortage situation as per guidance.
- Staff who are critical to operations in these settings who are household contacts of cases, or have been otherwise advised to self-isolate, may return to work on work self-isolation if: they
    - remain **asymptomatic; AND**
    - **are actively screened ahead of each shift; AND**
    - **are fully vaccinated ;AND**
    - **continuously test negative on required testing (see table 1)**
- Alternatively, two negative RATs on days 6 and 7 collected 24 hours apart is sufficient to allow early return to work on day 7.
- In the critical staffing shortage when health and safety of the public is concerned, staff who are cases (symptomatic or tested positive) may return to work on work self-isolation, if they
    - remain asymptomatic; AND
    - are fully vaccinated; AND
    - HCW must wear fit-tested, seal-checked N95 respirators at all time during work. Staff working along side HCW must also wear fit tested N95 respirators at all times.
    - Non-HCW must wear a well fitted medical mask or KN95 mask (if available). Staff working together must maintain physical distancing at all times and preferably wear a well fitted medical mask or KN95 mask (if available).

    - Work self-isolation would ideally only begin on day 7 after two negative RATs at least 24 hours apart (i.e., day 6 and 7).
- The fewest number of high risk exposed healthcare workers should be returned to work to allow for business continuity and safe operations in clinical and non-clinical areas.
- Those who have received 3 doses should be prioritized to return before those who received only 2 doses.
- HCW on work self-isolation should avoid working with immunocompromised individuals.
- For **health care settings only**, the frequency of RAT testing may be determined by employer occupational health and safety.

Table 1: Testing Requirements for Work Self-Isolation

Nature of exposure	**Work self-isolation**	**Testing Requirements**
No ongoing exposure to case	10 days since last exposure	**Initial PCR test and daily RAT** **OR** **RAT on day 6 and 7 for return on day 7**
Ongoing household exposure	Work self-isolation for 10 days from last exposure to the case in their period of contagiousness (up to 15 days from the date on which the household case became symptomatic or from the date of the positive test of the household case).	**Initial PCR test and daily RAT** OR **RAT on day 9 and 10 for return on day 11**
Ongoing outbreak exposure	Work self-isolation until 10 days after exposure to the last case (presuming ongoing exposure during the outbreak).	Follow PHU guidelines for RAT and PCR/rapid molecular testing as part of recommended outbreak management. testing.