

APPENDIX 17: Contact Tracing

Definition: Close contacts are considered to be family, friends or health care workers who lived with, or who had direct contact with respiratory secretions, body fluids and/or excretions (eg faeces) of possible, probable or confirmed cases of SARS, while that case was symptomatic.

Close contacts remain at risk until ten days after their last contact with a symptomatic case.

The response to a close contact of a SARS case will vary according to the classification of the case (suspect/probable/confirmed). Detailed up to date guidance will be provided at: http://www.hpa.org.uk/infections/topics_az/SARS/case_contacts.pdf. As definitions may change rapidly, regular inspection of the website is recommended.

A list of close contacts of the SARS case should be generated within 12 hours of the case being reported.

Trusts will be responsible for identifying and following up staff and other inpatient contacts. Although Boards will have responsibility for contact tracing in the community, initial details should be sought from the case by the Trust clinical team where possible.

Close contacts of the case should be assessed within 24 hours of the case being reported.

Assessment should be by telephone in the first instance. A subsequent home visit may be necessary because of individual circumstances such as patient concern or unsuitable home circumstances.

Verbal and written information on SARS should be provided to close contacts, detailing the need for active/passive surveillance and on the need to contact their GP urgently should they themselves become unwell.

If necessary, a home quarantine kit (**APPENDIX 15**) should be provided with instructions for use.

Contact information should be fed back to the Board/Trust contact tracing team for entry onto the contact database, within 24 hours of the assessment.