Contact Risk Assessment Flowchart (For community, non-healthcare settings)

All questions below pertain to interactions the case had with potential contacts in a community, non-healthcare setting during their **Infectious Period**. This is the timeframe during which the case is considered most infectious.

- The infectious period for SYMPTOMATIC cases starts 2 days prior to onset of symptoms, including even mild symptoms (e.g., headache, sore throat, runny nose, fatigue) and ends the date the case meets the criteria to end isolation (10 days since onset AND 24 hours well for most).
- The infectious period for ASYMPTOMATIC cases starts 2 days prior to specimen collection date and ends 10 days after specimen collection date.

Are any of the following true of your interaction with the contact during your infectious period, regardless of whether the interaction occurred indoors or outdoors? Did you have direct physical contact with the person (e.g., hug, kiss, handshake)? UWere you within 6 feet of the person for more than 15 minutes total in a day? (This includes single encounters of more than 15 minutes OR multiple encounters within a single day adding up to more than 15 minutes.) Could the person have had contact with any of your respiratory secretions (e.g. coughed/sneezed on, contact with dirty tissue, sharing a drinking glass, food or towels or other personal items) Do you live with the person or did you stay overnight for at least one night in a household with the person without complete⁺ separation? (See flowchart on page 2) No Yes Were you and/or the contact wearing Not a Close Contact a mask or a cloth face covering (e.g., cloth mask, bandana, scarf) during the interaction(s)?* WEDSS reminder: Yes No All close contacts, regardless of what jurisdiction they live in, should be entered in WEDSS on the Intervention Tab as contacts of the Disease Incident (DI). Please be sure to select the appropriate Contact Type (e.g., household contact, close **Close Contact** contact). A Contact Investigation (CI) should be created for all close contacts that are WI residents, with the appropriate WI jurisdiction assigned in the CI. Please follow the Interstate Notifications Methods – LTHD alerting DHS for instructions on how to report Non-WI close contacts.

CDC Considerations for Contact Risk Assessment in Community Settings:

Data to inform the definition of close contact are limited. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), and whether the exposure was to a person with symptoms (e.g., coughing likely increases exposure risk). While research indicates masks may help those who are infected from spreading the infection, there is less information regarding whether masks offer any protection for a contact exposed to a symptomatic or asymptomatic patient. Therefore, the determination of close contact should be made irrespective of whether the person with COVID-19 or the contact was wearing a mask, or whether the contact was wearing respiratory PPE (e.g., N95).

⁺Complete separation means no physical contact, no time together in the same room, and no sharing of any spaces such as sleeping in the same bedroom or using the same bathroom or kitchen unless households can adhere to strict <u>CDC cleaning/disinfection guidance</u>. *The use of a mask or cloth face covering by an infectious individual in a community, non-healthcare setting most likely reduces the risk of transmission of COVID-19, but it is unknown to what degree. In a community setting, risk assessment and quarantine guidance for a contact is not affected by the case-patient or the contact wearing a mask or cloth face covering. Only the use of proper PPE (face shield, face mask or N95, gloves, and gown) in a healthcare setting is sufficient to eliminate the need for quarantine of a close contact of an infectious individual.

Supplemental: Household Contact Exposure Assessment Flowchart

This resource is a supplement to the Contact Risk Assessment Flowchart. The Contact Risk Assessment Flowchart should be used to determine whether an individual meets the criteria for a close contact. If a household member meets the criteria for a close contact, this flowchart can be used to determine if the household contact is having ongoing exposure to the case-patient within the home.

