

COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance

Version 2.1 – September 14, 2021

Highlights of Changes

- Updated definition of fully immunized (page 4)

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.

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1 Background:

Ontario started to roll out its [vaccine distribution implementation plan](#) in December 2020. The following are Ontario's COVID-19 vaccine program goals (in the order identified below):

1. Prevent deaths
2. Prevent illness, hospitalization and ICU admissions
3. Reduce transmission

The purpose of this **interim guidance document** is to supplement or supersede (where applicable) the [Management of Cases and Contacts of COVID-19](#) in Ontario guidance with updated recommendations for case and contact, and outbreak management of fully immunized and previously positive individuals in Ontario.

All fully immunized and previously positive individuals should continue to follow general public health guidance and recommended infection prevention and control measures.

2 Context

As Ontario continues COVID-19 vaccination rollout and in the context of emerging Variants of Concern (VOC), the province is approaching revisions to case and contact management guidance with caution. Decisions around adjustment to case and contact management practices balance the significant protection offered by the COVID-19 vaccines, and what is known about protection from natural immunity, against the risks of reinfection and concerns of the unknown risks associated with VOCs and their potential for vaccine/immune escape.

Evidence suggests that the vaccines reduce COVID-19 transmission, either by preventing infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), or by reducing the incidence of symptomatic and asymptomatic disease. Additionally, Public Health Ontario is continuously monitoring the impact of vaccination and the emergence of SARS-CoV-2 VOCs including specifically those with potential vaccine/immune escape (e.g., Beta (B.1.351), Gamma (P.1) and Delta (B.1.617.2) variants) to inform and support decision-making related to relaxing individual, setting-specific and societal level public health measures.

As more evidence emerges regarding the spread of VOCs and the potential for vaccine/immune escape, case and contact management measures for vaccinated and previously positive individuals will be continuously reviewed and updated.

3 Definition of a Fully Immunized Individual

- For the purposes of case/contact/outbreak management, an individual is defined as fully immunized if they have received:
 - The full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines,
 - One or two doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada, or
 - Three doses of a COVID-19 vaccine not authorized by Health Canada; and
 - They received their final dose of the COVID-19 vaccine at least 14 days ago.
- Confirmation of vaccination history is generally recommended for informing public health contact management guidance.
 - PHUs can assess vaccination status by accessing COVaxON data via CCM for proof of vaccination where possible or with other paper/electronic records.
- **This interim guidance does not apply to individuals who are “partially vaccinated”** i.e. individuals who have only received their first dose or are less than 14 days after vaccination with their second dose.
- Data is currently limited on vaccine effectiveness in individuals with immunocompromising conditions (e.g., organ or stem cell transplantation recipients, undergoing chemotherapy or immunosuppressive therapies, see [Canadian Immunization Guide](#) for details on these conditions. For these individuals, standard public health case and contact measures (as per [Management of Cases and Contacts of COVID-19](#)), including self-isolation after a high risk exposure should remain unchanged pending further information.

4 Definition of a Previously Positive Individual

- For the purposes of case/contact/outbreak management, an individual is defined as previously positive if they were a confirmed case of COVID-19 where their initial positive result was ≤ 90 days ago AND they have been [cleared from their initial infection](#).
 - **Note:** this does not mean that re-infection is not possible within 90 days of infection, particularly given potential for immune escape with VOCs. However, the low risk of potential transmission from exposed resolved cases who remain asymptomatic are likely outweighed by the potential benefits of avoiding unnecessary self-isolation. PHUs may continue to advise self-isolation depending on risk assessment of epidemiological context of exposure

- Confirmation of previous infection episode is recommended for informing public health contact management.
- This interim guidance **does not apply** to previously positive individuals where their positive specimen result was more than 90 days ago; OR where it is uncertain whether their positive result represented a true infection (e.g., asymptomatic with high Ct value and repeat test negative) OR where the previous infection occurred outside of Canada.
- Data is currently limited on factors that reduce the natural immune response to infection and duration of protection from natural infection. For individuals with immunocompromising conditions (e.g., organ or stem cell transplantation recipients, undergoing chemotherapy or immunosuppressive therapies), standard public health case and contact measures (as per [Management of Cases and Contacts of COVID-19](#)), including self-isolation after a high risk exposure should remain unchanged pending further information.

5 Fully Immunized Individuals or Previously Positive Individuals who are Symptomatic or Test Positive for SARS-CoV-2

5.1 Individuals Who Are Symptomatic

- All fully immunized and previously positive individuals who have symptoms of COVID-19 should be managed in accordance with the [Management of Cases and Contacts of COVID-19](#) in Ontario guidance (self-isolate and be tested for SARS-CoV-2 immediately).
 - **Household members:**
 - Fully immunized and previously positive asymptomatic individuals who are household members of a symptomatic person are not required to stay at home until the symptomatic individual tests negative.
 - If the household member is not fully immunized or previously positive they need to self-isolate until the symptomatic individual receives a negative test result.

- Upon receiving a negative PCR test result, symptomatic individuals who are fully immunized or previously positive can be cleared from isolation if afebrile and symptoms have improved for at least 24 hours, and gastrointestinal (GI) (nausea/vomiting, diarrhea, stomach pain) symptoms resolving for at least 48 hours (as per [Quick Reference Guidance on Clearance and Testing](#)).
 - As per the [Management of Cases and Contacts of COVID-19](#) in Ontario guidance, if there is a concern about the accuracy of a test result (e.g., false negative in this case), it is recommended to repeat testing as soon as possible
 - Note: where a health practitioner has provided an alternative diagnosis, testing may not be required (as per [Quick Reference Guidance on Clearance and Testing](#)).

5.2 Individuals Who Test Positive

- Fully immunized individuals who test positive for SARS-CoV-2 and are **symptomatic**:
 - Should be managed in accordance with the [Management of Cases and Contacts of COVID-19 in Ontario](#) guidance.
- Fully immunized individuals who test positive for SARS-CoV-2 and are **asymptomatic**:
 - Can be managed as per section 4.6 “Asymptomatic cases- low pre-test probability” of the [Management of Cases and Contacts of COVID-19 in Ontario](#) guidance, including immediate repeat testing. These individuals must continue to isolate pending results from the repeat test.
 - Asymptomatic fully immunized individuals may be considered to have a “low pre-test probability” in their assessment, even if there has been a high-risk exposure or are part of an outbreak.
- Previously positive individuals who test positive for SARS-CoV-2 after clearance:
 - Should be managed as per section 4.10 “Management of Previously Cleared Cases with New Positive Results” of the [Management of Cases and Contacts of COVID-19 in Ontario](#) guidance. These individuals must continue to isolate pending results from the repeat test.

6 Fully Immunized or Previously Positive Individuals with High-Risk Exposures to Cases of SARS-CoV-2

- For 10 days after their last exposure, individuals who are fully immunized or previously positive with high-risk exposures should:
 - wear a mask and maintain physical distancing when outside of the home to reduce the risk of transmission to others in the event they become a case;
 - self-monitor for symptoms daily and self-isolate immediately if symptoms develop
- Individuals who are fully immunized or previously positive with high-risk exposures are encouraged to report their exposure to their employer and follow any restrictions from work, as specified by their manager and/or Occupational Health department.

6.1 Individuals Who Are Symptomatic

- All fully immunized or previously positive individuals who are symptomatic and have a high-risk exposure are recommended to get tested as soon as possible and must self-isolate pending test results. If the test is negative these individuals are not required to continue self-isolation provided their symptoms are improving and afebrile for at least 24 hours. If they are experiencing GI symptoms, symptoms need to be resolving for at least 48 hours. If they decline testing, they should remain in isolation for 10 days following their last exposure.
 - **Household members:**
 - Fully immunized or previously positive asymptomatic household members do not need to self-isolate while awaiting test results.
 - Household members that are not fully immunized or previously positive should self-isolate while awaiting the test results.

6.2 Individuals Who Are Asymptomatic

- Fully immunized or previously positive individuals who are asymptomatic with high-risk exposures are not required to self-isolate at home or in the community. These individuals should still be tested in accordance with the [Provincial Testing Guidance](#) but do not need to self-isolate while awaiting test results.

- **Household members** of these individuals do not need to self-isolate.
- Self-isolation may still be required of the contact at the discretion of the local public health unit. For example, in the event that the local public health unit has information about the VOC testing results of the index case that the fully vaccinated or previously positive individual was exposed to (e.g., known or suspected [VOC with known vaccine/immune escape](#)), self-isolation may still be required of the contact.
 - If the contact is advised to self-isolate, household members of the asymptomatic and exposed individual who are not fully immunized should also be advised to stay at home except for essential reasons (e.g., attending school/work/buying groceries/picking up prescriptions).

6.3 Residents of Long-term Care/Retirement Homes, Inpatients and other Individuals with Increased Risk of Secondary Transmission

- Due to the uncertainty of level of protection from vaccine-induced or natural immunity in residents and admitted patients, and the increased risk of transmission to vulnerable residents/patients in these settings, self-isolation is still recommended. However, local public health decision-making may be applied in determining whether a resident or patient would be considered at high risk of exposure based on their vaccination status and nature of their exposure to the case.
- Fully immunized and previously positive residents in long-term care and retirement homes and admitted patients with high-risk exposures to a case should continue to be self-isolated and tested, even if they remain asymptomatic.
- In other situations where there is an increased risk to others should the fully immunized or previously positive individual with high-risk exposure become a case (e.g., living in remote communities, living with individuals at increased risk for severe disease, living in congregate settings), self-isolation may also be recommended/required for the contact.

6.4 Table 1. At a Glance: C&CM for Fully Immunized or Previously Positive Individuals without Immune Compromise

Symptomatic individuals

Population	Initial Contact Recommendations	Public Health Unit Follow-Up Responsibilities
Individuals who are fully immunized or previously positive.	Self-isolate and get tested as soon as possible.	If the test is negative these individuals are not required to continue self-isolation provided their symptoms are improving and afebrile for at least 24 hours. If they are experiencing GI symptoms, symptoms need to be resolving for at least 48 hours. If they decline testing they should isolate for 10 days.

Individuals who test positive for SARS-CoV-2

Population	Initial Contact Recommendations	Public Health Unit Follow-Up Responsibilities
Fully immunized individuals	Self-isolate	Asymptomatic individuals should be re-tested as soon as possible and managed in accordance with Section 4.6 of the Management of Cases and Contacts of COVID-19 in Ontario guidance as a “low pre-test probability” positive. Symptomatic individuals should be managed in accordance with the standard Management of Cases and Contacts of COVID-19
Previously positive individuals	Self-isolate	These individuals should be managed in accordance with Section 4.10 of the Management of Cases and Contacts of COVID-19 in Ontario

Asymptomatic with a High-Risk Exposure to a case of SARS-CoV-2

Population	Initial Contact Recommendations	Public Health Unit Follow-Up Responsibilities
Fully immunized or previously positive Residents of high risk congregate living settings/ Inpatients	Self-isolate and get tested as soon as possible	These individuals should be managed in accordance with standard Management of Cases and Contacts of COVID-19 in Ontario guidance.
Fully immunized or previously positive Healthcare Workers	Not required to self-isolate in the community.* Get tested as soon as possible. Maintain masking and physical distancing outside of the home and self-monitor for symptoms for 10 days from last exposure.	These individuals are encouraged to report their exposure to their employer and/or workplace Occupational Health Department and follow any work restriction requirements. These individuals must self-isolate immediately and get tested if they develop symptoms of COVID-19.
All other fully immunized or previously positive individuals	Not required to self-isolate in the community.* Get tested as soon as possible. Maintain masking and physical distancing outside of the home and self-monitor for symptoms for 10 days from last exposure.	These individuals are encouraged to report their exposure to their employer and/or workplace Occupational Health Department and follow any work restriction requirements. These individuals may continue to attend school/child care/camp. These individuals must self-isolate immediately and get tested if they develop symptoms of COVID-19.

* Contacts who are not required to self-isolate must be managed by the health unit, and cannot be referred to the Contact Tracing Initiative in PHO.

7 Fully Immunized and Previously Positive Individuals who are Part of an Outbreak of SARS-CoV-2

7.1 Testing

- In an outbreak setting, asymptomatic point prevalence testing can exclude fully immunized/previously positive individuals including healthcare workers, non-healthcare workers, essential caregivers, residents of long-term care homes or retirement homes, and patients admitted to hospital. These individuals should be included in point prevalence testing if:
 - A high risk exposure is determined or cannot be ruled out
 - Ongoing/uncontrolled transmission is occurring
 - There is an indication that the outbreak strain has vaccine/immune escape (e.g., symptomatic cases are occurring among fully vaccinated individuals)
 - The outbreak is occurring in a particularly vulnerable population (e.g., transplant unit, dialysis unit)
 - It is operationally not feasible to distinguish fully immunized or previously positive individuals in a timely way to be excluded from point prevalence testing
- Repeat testing as soon as possible of asymptomatic fully immunized or previously positive individuals with a positive result from point prevalence testing is recommended to inform next steps in the case/contact/outbreak management.
- A more aggressive approach to contain the outbreak might be warranted if symptomatic cases are identified among fully immunized individuals. This can include quarantining of fully immunized individuals with high risk exposures in addition to the testing requirements as described above.

7.2 Cohort dismissals

- In settings with cohort-based dismissals of potentially exposed individuals (e.g., schools/childcare, camps, some workplaces), cohorts should continue to be dismissed to facilitate timely exclusion of potentially exposed individuals from the setting.

- Return of partial cohorts is permitted at the discretion of the PHU based on assessment of the individual level vaccination status, prior positive status of dismissed cohort members, and risk assessment of outbreak including risk of breakthrough infections. Fully immunized and previously positive individuals may be permitted to return to the setting if the outbreak is still ongoing while maintaining all infection prevention and control measures as required for outbreak management.
- Unless otherwise advised by the PHU, household members of dismissed cohorts are not expected to stay at home during the period of the dismissal.