

Ministry of Health

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

Version 3.0 – October 12, 2021

## Highlights of Changes

- Updated list of immunocompromising conditions ([page 4](#))
- Link to full COVID-19 symptom list ([page 7](#))
- Updated section 6.3 ([page 9](#))
- Updated Table 1 with additional measures for fully vaccinated/previously positive high-risk contacts ([page 10](#))

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 vaccinated and previously positive individuals in Ontario.

All fully vaccinated 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 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 Vaccinated Individual

- For the purposes of case/contact/outbreak management, an individual is defined as fully vaccinated if they have received:
  - The full series of a COVID-19 vaccine authorized by Health Canada<sup>1</sup>, 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 not completed a full series of a Health Canada authorized vaccine, individuals who have only had one or two doses of non-Health Canada authorized vaccine, or who are less than 14 days after vaccination with their final dose.
- Data is currently limited on vaccine effectiveness in individuals with immunocompromising conditions. The [National Advisory Committee on Immunization \(NACI\) recommends](#) an additional dose following a 1 or 2 dose vaccine series for those with moderate to severe immunocompromising conditions (see [NACI statement](#) for list of immunocompromising conditions).
  - For individuals with immunocompromising conditions, **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 regardless of their vaccination status (even if they received a third dose) pending further information.

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<sup>1</sup> The COVID-19 vaccines currently authorized by Health Canada are listed here: [COVID-19 Vaccines: Authorized vaccines - Canada.ca](#)

## 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  $\leq 90$  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 Vaccinated Individuals or Previously Positive Individuals who are Symptomatic or Test Positive for SARS-CoV-2

### 5.1 Individuals Who Are Symptomatic

- All fully vaccinated 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 vaccinated 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 vaccinated 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 vaccinated 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 vaccinated 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 vaccinated 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 vaccinated 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 Vaccinated or Previously Positive Individuals with High-Risk Exposures to Cases of SARS-CoV-2

### 6.1 Symptomatic Individuals

- All fully immunized or previously positive individuals who have ANY [symptom of COVID-19](#) 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 vaccinated or previously positive asymptomatic household members do not need to self-isolate while awaiting test results.
    - Household members that are not fully vaccinated or previously positive should self-isolate while awaiting the test results.

## 6.2 Asymptomatic Individuals

- Fully vaccinated 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 but do not need to self-isolate while awaiting test results.
  - **Household members** of these individuals do not need to self-isolate.
  - For 10 days after their last exposure, individuals who are fully vaccinated 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 ANY symptom of COVID-19 develops (see [Reference Document for Symptoms](#));
    - Avoid non-essential visits to settings with vulnerable populations or where there is a large number of unvaccinated people (for example: volunteering or visiting a long-term care home, shelter, school or child care setting).
  - Individuals who are fully vaccinated 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.
- 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 significant vaccine/immune escape](#) and/or if the index case is a breakthrough case or if a significantly greater proportion of breakthrough cases than would be expected are reported among other high risk contacts), self-isolation may still be required of the contact(s).
  - If the contact is advised to self-isolate, household members of the asymptomatic and exposed individual who are not fully vaccinated 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**

- Fully vaccinated 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 and regardless of receiving a COVID-19 vaccine booster dose after their primary vaccine series.
  - This recommendation is due to the evolving evidence on the 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. 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 the nature of their exposure to the case.
- In other situations where there is an increased risk to others should the fully vaccinated 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 Vaccinated or Previously Positive Individuals without Immune Compromise

### Symptomatic individuals

Population	Initial Contact Recommendations	Public Health Unit Follow-Up Responsibilities
Individuals who are fully vaccinated 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 they are 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 vaccinated individuals	Self-isolate	<b>Asymptomatic</b> individuals should be re-tested as soon as possible and managed in accordance with Section 4.6 of the <a href="#">Management of Cases and Contacts of COVID-19 in Ontario</a> guidance as a “low pre-test probability” positive. <b>Symptomatic</b> individuals should be managed in accordance with the standard <a href="#">Management of Cases and Contacts of COVID-19</a>
Previously positive individuals	Self-isolate	These individuals should be managed in accordance with Section 4.10 of the <a href="#">Management of Cases and Contacts of COVID-19 in Ontario</a>

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

Population	Initial Contact Recommendations	Public Health Unit Follow-Up Responsibilities
<p>Fully vaccinated or previously positive <b>Residents of high risk congregate living settings/ Inpatients</b></p>	<ul style="list-style-type: none"> <li>Self-isolate and get tested as soon as possible and if negative, repeat testing on or after day 7 of their last exposure.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>These individuals should be managed in accordance with standard <a href="#">Management of Cases and Contacts of COVID-19 in Ontario</a> guidance, regardless of whether the individual has received a booster dose of a COVID-19 vaccine.</li> </ul>
<p>Fully vaccinated or previously positive <b>Healthcare Workers</b></p>	<ul style="list-style-type: none"> <li>Not required to self-isolate in the community.</li> <li>Get tested as soon as possible and if negative, repeat testing on or after day 7 of their last exposure.<sup>2</sup></li> <li>Maintain masking and physical distancing outside of the home and self-monitor for symptoms for 10 days from last exposure.</li> <li>Avoid non-essential visits to settings with vulnerable populations or where there is a large number of unvaccinated people (for example: volunteering or visiting a long-term care home, shelter, school or child care setting) for 10 days after last exposure.</li> </ul>	<ul style="list-style-type: none"> <li>These individuals are encouraged to report their exposure to their employer and/or workplace Occupational Health Department and follow any work restriction requirements.</li> <li>If these individuals develop symptoms of COVID-19, they must self-isolate immediately and get tested.</li> <li>These individuals should be followed up with at least twice during their self-monitoring period, including on day 10. Follow up should inquire about symptoms and provide reminders for testing, masking and isolating if they develop any symptoms.</li> </ul>

<sup>2</sup> PHUs may use their discretion and follow the [Provincial Testing Guidance](#) for discrete exposures (i.e. if the high-risk contact was only exposed to the case and they do not share acquisition exposures), they may be tested on or after day 7 from their last exposure to the case; if they were tested between day 0-6, they should be tested again on or after day 7 of their self-monitoring period.

<b>Population</b>	<b>Initial Contact Recommendations</b>	<b>Public Health Unit Follow-Up Responsibilities</b>
<p>All other fully vaccinated or previously positive individuals</p>	<ul style="list-style-type: none"> <li>• Not required to self-isolate in the community.</li> <li>• Get tested as soon as possible and if negative, repeat testing on or after day 7 of their last exposure.<sup>2</sup></li> <li>• Maintain masking and physical distancing outside of the home and self-monitor for symptoms for 10 days from last exposure.</li> <li>• Avoid non-essential visits to settings with vulnerable populations or where there is a large number of unvaccinated people (for example: volunteering or visiting a long-term care home, shelter, school or child care setting) for 10 days after last exposure.</li> </ul>	<ul style="list-style-type: none"> <li>• These individuals are encouraged to report their exposure to their employer and/or workplace Occupational Health Department and follow any work restriction requirements.</li> <li>• These individuals should be followed up with at least twice during their self-monitoring period, including on day 10. Follow up should inquire about symptoms and provide reminders for testing, masking and isolating if they develop any symptoms.</li> <li>• These individuals may continue to attend school/child care/camp.</li> <li>• If these individuals develop symptoms of COVID-19, they must self-isolate immediately and get tested.</li> </ul>

## 7 Fully Vaccinated 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 vaccinated/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 significant vaccine/immune escape (e.g., symptomatic/severe 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 vaccinated or previously positive individuals in a timely way to be excluded from point prevalence testing
- Repeat testing as soon as possible of asymptomatic fully vaccinated 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 stringent approach to contain the outbreak might be warranted if symptomatic/severe cases are identified among fully vaccinated individuals. This can include quarantining of fully vaccinated individuals with high risk exposures in addition to the testing requirements as described above.
- Fully vaccinated and previously positive individuals who are high-risk contacts in the outbreak should continue to follow guidance for testing as a high-risk contact.

## 7.2 Cohort dismissals

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