

Notification Timeline:**From Lab to Public Health:** Within 1 business day**Practitioner/Institution to Public Health¹:****Deceased:** Within 24 hours via [Notification Form](#).**From Public Health to Ministry of Health²:****Individual case reporting of deaths:** Within 1-2 business days**Outbreaks:** Initial report within 24 hours.

Updates as necessary.

Final report within 30 days of completing the investigation.

Public Health Follow-up Timeline:

No follow-up required of individual cases

Public Health Purposes for Notification of COVID-19

- To ensure timely analysis of mortality caused by COVID-19;
- To take timely and evidence informed actions on outbreaks in high-risk settings; and
- To inform the public and medical community about COVID-19.

Table 1. Surveillance Case Definitions³ (Public Health Agency of Canada, updated June 6, 2023)

Confirmed Case	A person with confirmation of infection with SARS-CoV-2 documented by: • The detection of at least one specific gene target by a validated laboratory-based nucleic acid amplification test (NAAT) assay (e.g. real-time PCR or nucleic acid sequencing) performed at a community, hospital, or reference laboratory (the National Microbiology Laboratory or a provincial public health laboratory) OR • The detection of at least one specific gene target by a validated point-of-care (POC) NAAT^a that has been deemed acceptable to provide a final result (i.e. does not require confirmatory testing) OR • Seroconversion or diagnostic rise (at least four-fold or greater from baseline) in viral specific antibody titre in serum or plasma using a validated laboratory-based serological assay for SARS-CoV-2
-----------------------	---

¹ Local public health is encouraged to collaborate with their partners in ERs, long-term care facilities and hospitals to ensure all roles and responsibilities are well understood and agreed upon, specifically the timely reporting to public health of outbreaks and deaths associated with COVID-19.

² Notification via Panorama

³ Surveillance case definitions ensure uniform reporting to allow comparability of surveillance data. The definition is not intended to be used for clinical or laboratory diagnosis or management of cases.

Probable⁴	A person who: I. Has symptoms compatible with COVID-19 AND - Had a high-risk exposure with a confirmed COVID-19 case (i.e. close contact) OR was exposed to a known cluster or outbreak of COVID-19 AND - Has not had a laboratory-based NAAT assay for SARS-CoV-2 completed or the result is inconclusive^b OR - Had SARS-CoV-2 antibodies detected in a single serum, plasma, or whole blood sample using a validated laboratory-based serological assay for SARS-CoV-2 collected within four weeks of symptom onset II. Had a POC antigen test for SARS-CoV-2 completed and the result is positive (Refer to Table 2.)
Deceased (Adapted from Public Health Agency of Canada, 2023)	- A confirmed COVID-19 case whose death resulted from a clinically compatible illness, unless there is a clear alternative cause of death identified (e.g., trauma, poisoning, drug overdose). - A Medical Officer of Health, relevant public health authority, or coroner may use their discretion when determining if a death was due to COVID-19, and their judgement will supersede the above-mentioned criteria. - A death can be attributed to COVID-19 when COVID-19 is the cause of death or is a contributing factor.
Outbreak	Two or more individuals with confirmed or probable COVID-19 for whom the MHO has determined that transmission likely occurred ⁵ within the high risk setting ⁶ .
^a The only POC test in Saskatchewan deemed acceptable to provide final results is the Abbott ID NOW. ^b Inconclusive is defined as an indeterminate test on a single or multiple NAAT target(s) without sequencing confirmation or a positive test with an assay that has limited performance data availability	

Source: Public Health Agency of Canada. (June 6, 2023). National case definition: Coronavirus Disease (COVID-19). Retrieved from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>

⁴ The probable case definition should only be used for declaring outbreaks in high-risk settings.

⁵ Reasonable evidence that transmission likely occurred within a common non-household setting include:

- Close contact is confirmed with COVID-19 from 2 to 14 days following exposure;
- Individual with exposure to a setting where confirmed case was present and onset of symptoms consistent with incubation period of COVID-19;
- The individual has been located within a closed setting (e.g. admitted to hospital, residing at a work camp, correctional facility) for ≥ 7 days before symptom onset or date of specimen collection if asymptomatic;
- No obvious source of exposure other than at the setting.

⁶ High risk settings includes but are not limited to hospitals, long-term care and integrated facilities, personal care homes, correctional facilities, homeless shelters, group homes.

Epidemiology and Occurrence

SARS-CoV-2 emerged in late 2019 and infection spread rapidly around the world. The World Health Organization (WHO) declared a pandemic in March 2020. In December 2022, the WHO reported 655 million cases and approximately 6.7 million deaths globally.

Understanding of COVID-19 infection patterns continues to evolve and we will likely continue to experience regular surges with some seasonal activity. Severe illness is more likely to occur in persons who are older, immunosuppressed or have co-morbidities.

Variant monitoring

Variants of concern have been reported globally since December 2020⁷. The Roy Romanow Provincial Laboratory, and the National Microbiology Laboratory (NML) continue to monitor for variants.

Refer to [Community Respiratory Illness Surveillance Program \(CRISP\)](#), [Public Health Agency of Canada \(PHAC\)](#) and [the WHO](#) for information.

Additional Background Information

Causative Agent

- COVID-19, caused by SARS-CoV-2, is the most recent of seven known strains of Coronavirus. Of the six others, four cause only minor respiratory symptoms similar to those of a cold, and two (severe acute respiratory syndrome [SARS-CoV-1] and Middle East respiratory syndrome [MERS-CoV]), have been associated with more serious and life-threatening diseases.
- Viruses such as SARS-CoV-2 naturally mutate over time. Most mutations do not change the characteristics of the virus.
- Some mutations, or combination of mutations, can impact disease characteristics in a meaningful way (e.g. increased transmissibility, increased severity of disease, or decreased effectiveness of therapeutics and vaccines), leading to designation as a VOC. Over time a VOC may become the dominant strain.

Symptoms (Government of Canada⁸, 2025 Feb 11)

Symptoms can vary from person to person and by age group and can depend on the variant (e.g. approximately 30% of cases with Omicron were asymptomatic⁸).

Some of the more common symptoms include:

- Sore throat

⁷ <https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/>

⁸ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html#s>

- Rhinorrhea
- New or worsening cough
- Shortness of breath or difficulty breathing
- Fever – extremely variable
- Chills
- Fatigue and myalgia
- New loss of smell and/or taste
- Gastrointestinal symptoms (nausea, vomiting, diarrhea)

Symptoms among older adults (65 years of age and older) and those with underlying medical conditions may be atypical or subtle. Atypical symptoms that may present in older adults include delayed onset, delirium, confusion, falls, functional decline, decrease in blood pressure or hypoxia without respiratory symptoms.

Risk Factors for Fatal Outcomes

Risk factors associated with individual susceptibility to severe presentations include:

- Increasing age;
- Various co-morbidities have been reported among severe cases with varying frequencies. The top four include⁹:
 - Cardiac disease including hypertension;
 - Diabetes mellitus;
 - Lung disease (does not include asthma)
 - Obesity (BMI ≥ 30 kg/m²)
- Pregnant women also are reported to experience severe COVID-19.
- Other chronic or underlying medical conditions may also be associated with severe COVID-19 (PHAC, June 2022) (e.g. cancer, immunosuppression).

Long-term symptoms

People can experience long term symptoms even after they recover from their initial infection. This can be referred to as post COVID-19 condition, long COVID, post-acute COVID-19 syndrome (PACS) or long haul COVID¹⁰.

⁹ <https://nccid.ca/2019-novel-coronavirus-outbreak/#:~:text=The%20most%20common%20comorbidities%20found%20in%20people%20with%20COVID%2D19%20are%20shown%20in%20Table%202%3A>

¹⁰ <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/post-covid-19-condition.html>; <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html#i>

Reservoir/Source

It is thought that SARS-CoV-2 emerged from a virus circulating among bats and was transmitted either directly or via an intermediary infected animal host to humans (Heymann, 2022).

Incubation Period

The incubation period for SARS-CoV-2 ranges from 1-14 days with a median of 5-6 days. 97.5% of people developed symptoms within 11.5 days of exposure. (Public Health Agency of Canada, Feb 7, 2024).

Period of Communicability

A person may be infectious for up to three days before showing symptoms (pre-symptomatic) with viral RNA levels appearing to be highest just before or after (2-3 days) symptom onset.

Mode of Transmission

SARS-CoV-2, the virus that causes COVID-19, spreads from an infected person to others through respiratory **droplets** ranging in size from large (that fall to the ground near the infected person within seconds or minutes) to smaller (sometimes called **aerosols**, which will remain suspended in the air for a period of time). These infectious droplets or aerosols are created when an infected person breathes, talks coughs, sneezes, sings or shouts.

- These droplets or aerosols may come into direct contact with the mucous membranes of another person's nose, mouth or eyes, or they may be inhaled into their nose, mouth, airways and lungs.
- Poor ventilation may be a contributing factor. In closed environments, viral particles can accumulate in the air increasing the risk for transmission.
- Aerosol-generating medical procedures¹¹ pose higher levels of risk and require additional precautions.
- The virus may also spread via fomites, which is when a person touches another person (i.e., a handshake) or a surface or an object that has the virus on it, and then touches their mouth, nose or eyes with unwashed hands.
- There is limited epidemiological evidence to support SARS-CoV-2 transmission via fomites, compared to transmission via droplets ([National Collaborating Center of Environmental Health, 2021](#)).

¹¹ High-risk Aerosol-Generating Medical Procedure (AGMPs) needing negative pressure room placement: Intubation, BIPAP, CPAP, bronchoscopy, CPR with bag valve and mask.

Lower risk AGMPs, negative pressure room if available, otherwise private room with hard walls and door closed: Optiflow (for infectious patients only), nebulized therapy, open airway suctioning, sputum induction. NOTE: Nasopharyngeal swab is not considered an (AGMP).

- Zoonotic transmission associated with the COVID-19 has occurred, however, there is currently no evidence to suggest that animals, including companion animals or pets, play a role in the spread of COVID-19.

Lab Reports and Interpretation

Important considerations in interpreting test results include the type of test (i.e. NAAT vs. antigen), the sensitivity and specificity of the test, and the timing of the test relative to the clinical presentation.

Molecular Tests (i.e. nucleic acid amplification tests [NAAT], including reverse transcriptase polymerase chain reaction [RT-PCR]) are conducted using both laboratory-developed and commercial platforms on nasopharyngeal swabs, oral/throat swabs, and lower respiratory specimens (including bronchoalveolar lavage, bronchial wash, endotracheal tube suction, and sputum). NAAT tests may be performed in laboratories or at the point of care and are considered the gold standard for diagnosis, however, the overall clinical picture must be considered. Patient setting and clinical considerations will determine the most appropriate specimen type for this test.

Antigen Tests include self-administered rapid tests or Point of Care tests. They may support timely access to testing, and may be most suitable for longitudinal screening (e.g. high-risk congregate settings where testing can be repeated on the same individuals over time). Interpretation requires information about the timing of the collection in comparison to symptom onset, and negative antigen tests should not be used to rule out COVID-19.

Whole Genome Sequencing (WGS) is a genetic fingerprint to identify and monitor genetic mutations and variations. WGS is used to identify 'variants', and monitor what variants are circulating in a population. A percentage of all samples positive by COVID-19 PCR in Canada undergo WGS.

Serologic tests detect antibodies that are produced in response to infection or vaccination; they do not detect the virus.

Table 2. Interpretation of Test Results (RRPL, 2023)

Type of Test	Test Result	Interpretation as per Case Definition	Comments
NAAT ¹	Positive	Confirmed	SARS-CoV-2 virus detected
	Negative	Not a Case	No SARS-CoV-2 virus detected
	Indeterminate	Probable	Virus may have been detected near the limit of detection of the test. Recommend recollection of new sample for repeat

			testing.
	Invalid	Does not meet case definition	Specimen failed Quality Control or exhibited non-specific amplification. Recommend recollection of new sample for repeat testing.
Antigen ²	Positive	Probable	If confirmation is needed, send specimen for NAAT
	Negative	Suspect or Not a Case, depending on test indication	No SARS-CoV-2 virus detected. Repeat testing may be indicated depending on indication for test
	Invalid	Does not meet case definition	Specimen failed Quality Control. Recommend recollection of new sample for repeat testing

¹ NAAT tests include all assays performed in SHA Laboratories as well as point of care Abbott ID NOW testing.

² Antigen tests include those administered by HCWs.

Treatment/Supportive Therapy

Treatment for clinical management is at the discretion of the primary care provider.

As of January 2022, Paxlovid has been approved for use by Health Canada.

Public Health Investigation

General information about self-management of cases and contacts is included under [Prevention Measures](#) for reference.

I. Case

NOTE – Investigation and reporting is required of all **deceased cases**

History

A. Deceased - Refer to [Attachment – Notification of Fatal Outcome COVID-19](#)

- Communication with the primary care provider may be required to determine the association of their COVID-19 infection with their fatal outcome and underlying risk factors that may have predisposed the individual to the fatal outcome.
- Notify RRPL by email to RRPL.Micro.Genomics@saskhealthauthority.ca to ensure WGS is performed for lineage determination.

II. Outbreak Measures

Local or provincial measures may be ordered for the purposes of preventing, reducing and controlling the transmission of SARS-CoV-2 – refer to *Disease Control Regulations* (Section 25.2).

General Prevention Measures

Refer to the [Respiratory and Direct Contact Introduction and General Considerations](#) section of the manual that highlights topics for client education that should be considered as well as provides information on high-risk groups and activities.

Immunization

- COVID-19 vaccines have been shown to be very effective at preventing severe disease, including hospitalization and death due to COVID-19 (Government of Canada, March 2023). Information can be found in the Saskatchewan Immunization Manual, <https://publications.saskatchewan.ca/#/products/129354>

Education

- Core public health measures are the foundation of public health practice to control respiratory viruses including COVID-19. These include staying home when ill, practicing good hand hygiene and respiratory etiquette and should be everyday practices. These measures should be reinforced routinely.

Self-Management Approaches

- In addition to the core practices, individuals are encouraged to wear a mask for 10 days after illness onset while indoors with other people to reduce exposures (particularly those who are at greater risk of complications [e.g. the elderly and immunocompromised individuals]).
- Exposed individuals should self-monitor for 10 days and if eligible for early treatment, should seek medical attention if they develop signs of illness.

Environment

- Proper ventilation of indoor settings is key in limiting transmission of COVID-19. Ventilation, airflow, air filtration and access to fresh air are important in reducing COVID-19 transmission in indoor spaces.
- Routine cleaning and disinfection of common high touch surfaces may help to reduce the presence of SARS-CoV-2 on environmental surfaces and the possibility of transmission.
- Routine [Cleaning and disinfecting](#), particularly of frequently touched surfaces, can kill viruses. Using water and regular household cleaning products or a diluted bleach solution (0.5% sodium hypochlorite) is sufficient.

Setting-Specific Control Measures¹²

Core public health measures should be reinforced routinely. These include staying home when ill, practicing good hand hygiene and respiratory etiquette and promoting adequate ventilation. Wearing a well-constructed and well-fitting non-medical mask is an added measure that individuals may choose to use or may be requested to be used by administration of various settings.

- **Health Care settings:** Follow routine environmental cleaning procedures. For Long Term Care Facilities (LTC) - refer to [Response Guidance for Long Term Care Facilities](#).
- **Child care centres:** Maintain cleaning and disinfecting policies and refer to the [Saskatchewan Ministry of Health Infection Control Manual for Child Care Facilities](#).
- **Schools:** Maintain cleaning and disinfecting policies and refer to [Attachment – Template Letter for Increased Illness Activity](#) and [Reducing COVID-19 risk in community settings: A tool for operators](#)

¹² <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/summary-evidence-supporting-covid-19-public-health-measures.html>

Revisions

Date	Change
September 12, 2025	– Removed probable from the deceased definition in alignment with surveillance approach. – Removed reinfection definition – Simplified detailed sections (Epidemiology and Occurrence, post-COVID, Prevention measures) – Reaffirmed lab reports and interpretation section. Updated email address to notify Lab of request for WGS testing. – Reaffirmed links and references. – Removed Attachment – Case and Contact Self Management Recommendations (archived)
Oct 12, 2023	– Removed link to Attachment – Approaches in Schools and Daycares (archived) and created link to new template letters for increased illness activity.
June 23, 2023	– Updated Notification timelines Lab to public health to 1 business day. – Incorporated the updated PHAC Reinfection definition and moved it into a footnote where it is less prominent. – Removed outbreak section and added outbreak definition to surveillance definitions section. – Simplified all sections and updated incubation period based on Omicron studies – Combined “Interpretation of Lab Results” Tables 3A and 3B into one table. – Moved case and contact management details to General Prevention Measures section and reframed to self-management. – Archived and removed all Novel VOC details. – Created NEW Attachment – Notification of COVID-19 Deaths
May 25, 2023	– Removed requirement for Public Health to follow up on severe cases – Rearranged notification timelines to align with likelihood of frequency and adjusted notification from public health to Ministry of Health to 1-2 business days for deceased cases – Updated the Public Health Purpose for Notification to align with the removal of severe case investigations. – Updated footnote related to Novel VOC – Added statement to Footnote C of case definition table regarding viral lineage. – Removed severe case definition. – Minor update to language in incubation period – Rearranged case investigations: A. Deceased

	B. Novel VOC
December 5, 2022	- Updated Surveillance section to remove outdated details and replaced with link to Section 2-220 Community Respiratory Illness Surveillance Program (CRISP) - Revised language in Table 3A, Invalid test result is interpreted as does not meet case definition.
August 31, 2022	- Updated Public Health Purpose for Notification to focus on signals of changing in epidemiology; - Updated Epidemiology and Occurrence and VOC; - Removed dated references and language within causative agent; - Updated signs and symptoms to include more generalized language; - Added other Risk Factors associated with severity; - Added statement from World Health Organization regarding post-COVID condition; - Contact Definition – removed reference to fully vaccinated; - Setting-Specific Control Measures – added general statement regarding core and additional individual and community-based public health measures; - Revised Attachment – Approaches in Schools and Daycares; - Updated the objective of outbreak measures to shift focus to reduce severe outcomes rather than identify all cases and contacts; - Provided specificity that outbreak definition relates to high-risk settings; - Removed full immunized, partially immunized and unimmunized definitions related to immunization under Prevention; - Added bullets related to core and additional measures under Education; - Added new heading of Environmental Controls; - Updated References
March 25, 2022	- Added footnote for Immediate Notification of Novel VOC for better clarity; - Updated Risk factors for severe presentations by adding “does not include asthma” by the RF of lung disease; - Updated the priority groups identified for WGS when lab capacity is limited; - Provided better clarity of the focus of severe, deceased and Novel VOC investigations under Public Health Investigations - Included reference to new data collection worksheets - Novel VOC and Severe or Deceased that are under development and being finalized; - Added a table to cross-reference the criteria of severity with Panorama documentation of s/s to support severity indicator in Panorama; - Updated exclusion to provide clarity of minimum of 5 days isolation with continued measures for the entire period of communicability;

	- Removed reference to ASIS and Voluntary self-isolation site; - Removed reference to document “recovered” in Panorama in Table 4; - Updated Testing timelines for close contacts. - Outbreaks – defined high-risk settings that was previously included and removed in error; included considerations for declaring an outbreak over.
February 4, 2022	Editorial updates (reference, etc) Updates to: - Timeline for Notification and Reporting with focus on investigation and notification of severe cases, Novel VOCs and deaths. - Public Health Purpose for Notification - Probable case definition to include POC Antigen test in accordance with PHAC case definition; incorporated PHAC Reinfection definition. - Definition of severe. - Epidemiology and Occurrence – VOC - Risk Factors associated with Severe Presentations (additions included); - Post COVID Conditions - Incubation Period; Period of communicability - Lab Reports and Interpretation – removed reference to suspect, updated Antigen test Significant changes to Public Health Management of Cases and Contact with a focus on severe cases, deceased cases and cases with a Novel VOC. Rearranged details related to health care workers and settings to Setting Specific Measures. Removed Suspect outbreak definition and outbreak definitions for non-household settings; updated confirmed outbreak definition. Removed details of vaccine effectiveness as the evidence is rapidly evolving.
December 30, 2021	Updated Epidemiology and Occurrence section (Variants of Concern) to include details of Omicron Variant Updates based on decreased isolation for cases who are fully vaccinated: • Period of Communicability based on vaccination status • Cases Management – assessment include vaccination status • Table 4 - Criteria for discontinuing isolation – incorporated immunization status and if five or 10 days isolation accordingly Updated Prevention Measures - Immunization to include information on Omicron vaccine effectiveness and details of the Saskatchewan COVID-19 vaccine booster program
December 8,	• Updated Lab Report and Interpretation section to include information on

2021	Omicron and introduction of a new SNP screen as an early indicator of this variant.
November 25, 2021	- Updated attachment – Approaches in Schools and Daycares 2021-22 School Year - Added references/links to the Attachment - approaches in Schools and Daycares where appropriate within the chapter itself - Operational immunity section – heading changed to Post-Infection Immunity and added statements regarding: - antigen test results are not anticipated to remain positive for extended periods of time following infection. - Post-infection immunity is not equivalent to immunity provided through immunization. Post-infection immunity does not replace a proof of vaccination where those policies are in place II. Contacts/contact management - Included new section "Special considerations for children ineligible for vaccination" IV. Setting-Specific control measures - Updated link to PHAC school guidance document "Planning for the 2021-2022 school year in the context of COVID-19 vaccination" V. Outbreak measures - Updated outbreak criteria to include: An outbreak will be declared when three or more individuals are confirmed to be positive with COVID-19 in a classroom or cohort (e.g. sports team, bus route, club or other group) within 14 days and attended school while infectious - Attachment – Active Daily Monitoring Form for Contacts of a Case of COVID-19 removed as form no longer utilized
October 1, 2021	- Following template letters updated to reflect change to <i>Public Health Order Mandatory Isolation and Face Covering</i>, that unvaccinated pupils that are identified as a close contact of a household case will not be exempted from the requirement to isolate for 14 days. - Letter Template COVID-19 Notification to School Administrator - Letter Template Parents/Guardians ALERT in class - Letter Template COVID-19 Notification to Daycare Administrator - Letter Template Parents/Guardians ALERT of case in daycare
September 23, 2021	- Included new attachments (daycare template letters) - Letter Template COVID-19 Notification to Daycare Administrator - Letter Template Parents/Guardians ALERT in Daycare - Letter Template General Parents/Guardians Alert of Case in Daycare - Letter Template for COVID-19 Daycare Outbreak

	Updated attachment – Approaches in Schools and Daycares 2021-22 School Year
September 17, 2021	- Updated attachment – Approaches in Schools and Daycares 2021-22 School Year - Removed COVID-19 Fact Sheet as this SHA document will be maintained by SHA and the link to this fact sheet has been added to the appropriate template letter - School template letters updated - COVID-19 Notification to School Administrator - Replaces the previous Notification to School Principal; references to "school principal" have been amended to the more broader term of "school administrator", recognizing that some areas are providing notification to an administrator at the school division; amendments to align with current Public Health Order; removed CC to CDC and OCMHO mailbox. - Parent alert – classroom - Added line to capture the date of last exposure "We have determined that the case was in attendance while communicable on <EXPOSURE DATES>"; amendments to align with current Public Health Order - Parent alert – school - Added line to capture the date of last exposure "We have determined that the case was in attendance while communicable on <EXPOSURE DATES>"; updated title of COVID fact sheet What you Need to Know About COVID-19 and included link to this SHA document - Outbreak declared - Added statement "When an outbreak has been declared, it is assumed that there is an ongoing risk of exposure within the school and a classroom notification may not be sent with each additional case in the school during the outbreak".
September 13, 2021	Included new Attachment – Approaches in Schools and Daycares 2021-2022 School Year
September 2, 2021	- Alternative Contact Management Strategies section expanded to support direct identification and notification of close contacts by the case (pg 16) - Contact assessment of immunization history now includes statement regarding the approved minimal interval i.e. individuals that received two doses without adhering to the approved minimum interval would be considered partially immunized. - Testing recommendation for asymptomatic close contacts amended to advise testing after exposure, rather than "immediately and at day 10" - Testing recommendation for fully vaccinated HCW amended to test after

	exposure, rather than "immediately and at day 10"? • Table 6 removed statement "conduct a risk assessment for non-close contacts if feasible" • Suspect outbreak definition updated to remove schools and high risk workplaces from list of high-risk settings
August 3, 2021	• Notification timeline from Public Health to Ministry of Health has been updated to within 24 hours (page 1). • Table 3B clarity added to Positive results to make clearer distinction made between Abbot ID Now and other POCTs with addition of "(Other POCTs)" to second row (page 12). • Contact management ○ Exclusion and self-isolation (page 23). Language amended that close contacts that have been advised to self-isolate should do so for 14 days from their last exposure. ○ Testing (page 24). Clarity added for asymptomatic contacts. ▪ Testing of asymptomatic non-close contacts is not routinely required. ▪ Fully immunized individuals are not considered close contacts and should not routinely be tested if they are exposed. – The exception is asymptomatic fully immunized HCW who should still be tested following exposure and at day 10 after exposure; antigen testing is acceptable. • Surveillance (page 31) ○ Statement added: Surveillance of COVID-like illness (CLI) from Emergency departments (EDs) - Upward trends in the number of visitors to EDs with CLI can be indicator of increased COVID activity in the community, particularly among those without a personal health care provider or those without access to their personal health provider. • Template letters for case, close contacts, potential exposure to a group have been updated (attachments) ○ Per legal advice, language that has been amended is that the individual "should" rather than "must" take all precautions as advised by Public Health and all reasonable measures to reduce significantly the risk of infecting others. ○ Further detail has been added in regards to fully vaccinated visitors in the case and close contact letters
July 12, 2021	• Public Health Purposes for Notification of COVID-19 revised • Case definitions: ○ Suspect case definition removed

	○ Probable case definition revised and positive antigen test removed to align with other jurisdictions and to adapt to antigen tests being deregulated in Saskatchewan. • Symptoms updated and information on post COVID conditions added. • Case management: ○ Active Daily monitoring no longer recommended ○ Amended monitoring, education, exclusion and isolation sections ○ Added details in monitoring, education and case preventive measures • Contact management: ○ Contact definitions updated as PHAC definitions updated to include immunization information ○ Active daily monitoring no longer recommended ○ Amended assessment, monitoring, education, exclusion and isolation sections ○ Testing recommendations amended. Testing of non-close contacts no longer required unless symptomatic. ○ Amended Table 6 Public Health Management of Contacts based on Risk • New section IV. High Risk Setting-Specific Control Measures created to replace information in previous pandemic measures section • Outbreak definitions updated • New attachments: ○ Template letter to COVID-19 case ○ Template letter to COVID-19 close contact ○ Template letter to Group exposed to a COVID-19 case
June 15, 2021	• Updates to Lab Reports and Interpretation section (pages 8-12) ○ Molecular testing section amended to remove RRPL and RUH as only labs performing molecular testing ○ Added BD veritor antigen test to Table 3B ○ Included details of the new SNP assay used to identify the B.1.617 variant ▪ Whole genome sequencing (WGS) section amended to include updated SNP information and L452R mutation ▪ Table 3C updated with L452 mutation added • Information on vaccine effectiveness added to immunization section (page 20-21) • Updates to Contacts/Contact management section (pages 23-28) ○ Incorporated definitions and impacts of immunization with amendments to assessment, isolation and testing sections ○ Table 6 amended to added clarity of contact management based on

	unimmunized/partially immunized and fully immunized/symptomatic or /asymptomatic including assessment, isolation and testing • Re-opening roadmap steps added (page 35) • New attachment added for modified self isolation
April 30, 2021	• Updated information on screening for VOC in Saskatchewan, recognizing current SNP assay in Saskatchewan detects the N501Y and E484K mutations (page 9). Table 3C updated. • Provided better clarity into the Attachment - Exposure Risk Matrix reasons why PPE is only considered in work related exposures.
April 16, 2021	• Inserted reference to the Voluntary Self Isolation Support Program (VSISP) (page 17) • Amended link to SK Immunization Manual (page 20) • Inserted additional info to Assessment section for HCWs (page 22) • Clarification that all cases in SK are to be considered as VOC (page 23) and amended box on page 24 to reflect same • Additions to special considerations for HCW (page 26) • Revisions to workplace settings section (page 30)
April 6, 2021	• Removed Attachment - Risk Classification for HCWs with Potential Workplace Exposures to COVID-19 Cases in Healthcare Settings as this document updated and only applicable to Saskatchewan Health Authority (SHA) health care workers. SHA will house and maintain this document. ○ Removed links to Attachment in footnote 11 (pg. 21) and assessment section (pg. 22) and added links to PHAC guidance documents and SHA HCW risk classification.
March 30, 2021	• Updated information on whole genome sequencing and screening for VOC in Saskatchewan (pg. 10) • Updated Table 3C Table of SNP and WGS Result Possibilities and Comments (pg. 12) to provide further clarify on SNP per RRPL update March 29, 2021. Specifically, amended SNP (N501Y) report result of "N501Y: Potential Variant of Concern Identified" to "VOC, undetermined lineage" and included statement that positive results are considered final. • Amended section on exclusion and isolation of the case (pg. 16) to note increased transmissibility of the VOC and need for an appropriate mitigation plan. Added link to isolation considerations for household member of a VOC case. • Added link to the SIM in immunization section for further information (pg. 20)

	Updated isolation/exclusion section of the contact and included isolation considerations for household members of a VOC positive case (pg. 23)
March 12, 2021	- Added additional information on variants of concern into additional background information – causative agent (page 4) - Added additional information on WGS and SNP (page 10) - Added new Table 3C - Table of SNP and WGS Result Possibilities and Comments (pg. 12) - Added details to Public Health Investigation – case regarding assessing for contacts and when backward tracing should be considered (pg. 15) - Included clarification under exclusion and isolation of the case that exposures in households cannot be eliminated but measures can reduce the extent of ongoing exposures (pg. 16) - Included clarification under exclusion and isolation of the contact that all household members of a case are considered close contacts due to the risk of exposure before diagnosis or symptom onset and the inability to eliminate ongoing exposures in household settings (pg. 23) - Added new testing recommendations for contacts (pg. 23 and Table 6): - Test all asymptomatic close contacts as soon as possible following exposure and at day 10 after exposure - Immediately test all non-close contacts; repeat testing if symptoms develop
February 11, 2021	- Updated the Case Definitions based on PHAC updated definitions. Added definition of Deceased. - Updated the symptoms information. - Added contextual information about impact of COVID in children from CPS (Treatment pg. 11) Included reference to Assisted Self-Isolation Sites (pg. 13) - Added reference to persistent symptoms - Updated incubation period reference - Updated period of communicability with new reference; provided explicit clarity on contact tracing periods for symptomatic and asymptomatic cases - Updated Mode of transmission with more scientific details. - Included reference to the COVID Alert App - Updated Risk Factors to include settings that are considered higher risk - Incorporated information on variants of concern and the surveillance plan within WGS. - Updated Table 3B to reflect confirmed classification via Abbott ID now test. - Reformatted history under Public Health Investigation pg. 17)

	• Added details to symptom monitoring (pg. 18) • Added referral to primary care provider • Added reference to ASIS and SIS • Refine purpose of contact managements (pg. 23) • Added information on alternative strategies for contact management • Updated Contact Definitions (Table 5) to align with updated PHAC guidance. • Included link to Exposure Risk Matrix as a new attachment • Provided reference to testing timeframe for symptomatic and asymptomatic contacts (pg. 27 and Table 6) • Updated Table 6 to align with PHAC contact management guideline • Added details for outbreak management including reporting suspect outbreaks and when suspect outbreaks are deemed not to be outbreaks. • Added details of outbreaks in school settings including the communication protocol • Added section on outbreaks in workplace settings (pg. 36) • Added Link to immunization information (pg. 39) • Updated references • Included criteria for when a suspect outbreak investigation can be considered closed (Table 7)
January 7, 2021	• Removed reference to the initial notification via e-mail template by 10am. • Updated Lab Reports and Interpretation section to include reference to point of care testing and antigen testing and interpretation of those test results. • Updated number of tables and figures and associated references throughout the chapter. • Updated the Criteria for Discontinuing case Isolation to include details of mild to moderate infection, severe immune compromised and severe illness and associated notes. • Included reference to acknowledge immunization for COVID-19 has begun in Saskatchewan and does not impact contact investigations at this time.
December 16, 2020	• Updated the Criteria for Discontinuing Case Isolation to 10 days from 14 days.
September 10, 2020	• Added new outbreak definitions Table 5 • Included reference to School Exposure Risk Matrix in Contact investigation • Included new attachments - template letters for cases/outbreaks in schools and School Exposure Risk Matrix
June 22, 2020	• Changed reference from multisystem inflammatory syndrome in children to Pediatric inflammatory multisystem syndrome (PIMS) (pg. 5) • Updated Daily Active Monitoring Attachment to align with symptoms update

	and included Attachments for Contact tracing (initial assessment and Contact tracing DCW) that align with the Go.data contact tracing application.
June 9, 2020	- Added loss of taste or smell to list of symptoms (pg. 4) - Added Multi-system inflammatory syndrome in children under signs and symptoms (pg. 4-5) - Introduced serologic testing to the Lab Reports and Interpretation (pg. 7) - Added graphic that displays timing of laboratory findings following exposure to COVID-19 (pg. 8) - Added section entitled Operational Immunity to provide context around the decision for managing re-exposure of recovered cases in the 3 months following recovery (pg. 8) - Added detail about investigating cases for acquisition attributed to a workplace exposure under History (pg. 10) and the requirement as per the Disease Control Regulations to report these instances to the Ministry of Labor under Referrals (pg. 11) - Added reference to reporting obligations under the International Health Regulations (pg. Provided explicit detail of contact tracing period for asymptomatic contacts with no known exposure (i.e. 2 days before specimen collection date) (pg. 11) - Added clarity to the meaning of diagnosis date in the Criteria for Discontinuing Isolation for asymptomatic cases by adding specimen collection date (pg. 12) - Added bullet under Assessment of Contact Investigation about COVID-19 cases that have recovered <u>in the past 3 months</u> do not require public health follow-up if named as a contact (pg. 15). - Updated Flight Protocol to include details to send to PHAC for international cases or contacts. - Updated Contact tracing algorithm to include response to test results.
May 14, 2020	- Updated timeline for reporting into Panorama to 11 a.m. (pg. 1) - Added atypical signs and symptoms that may present in children, older adults and persons with developmental disabilities (pg. 4) - Added details to incubation period based on unpublished PHAC data (pg. 5). - Added details about source investigation when no known source can be found under section I. “Case Investigation – History” (pg. 8). - Updated the Incubation and communicability graphic with additional details (Figure 1) - Updated to align with PHAC guidance re: active daily monitoring of cases (pg. 9)

	- Added a bullet regarding Education for cases about self-isolating in the home and in co-living settings as well as environmental cleaning in the home (pg. 9). - Added reference to Health Care Worker Risk Assessment in Table 3). New addition "Attachment – Health Care Worker Risk Assessment." - Added a section specific to Health Care Workers (pg. 15) - Added Outbreak Definitions (Table 5)
April 17, 2020	- Added a visual to represent incubation and communicability (pg. 8) - Added information about limiting contact with pets (pg. 11) - Corrected reference from Table 4 to Table 3 in Assess for Contacts. - Updated Close Contact definition in Table 3 to include "up to 48 hours prior to symptom onset"
April 15, 2020	- Added reference to Canadian Clinical Management guidelines. - Updated period of communicability to address asymptomatic and pre-symptomatic transmission. - Included further details related to self-isolation. - Included importance of recognizing and mitigating outbreaks in Long Term Care facilities and added reference to the LTC Guidelines. - Added definition of prolonged in contact definition. - Clarified self-isolation for non-close contacts following a negative test result - Incorporated contact tracing timelines for asymptomatic cases that have been lab confirmed. - Included Assessment under contact management to assess for level of risk. - Included a link to the Public Health Order that identifies exemptions for mandatory self-isolation following return to Canada.
April 3, 2020	- Case Definition - removed person under investigation, added suspect, updated probable to include epi-linked, changed lab criteria for confirmed case. - Updated transmission details based on updated scientific knowledge. - Removed reference to person under investigation throughout. - Updated contact-tracing period to up to 48 hours before symptom onset. - Updated definition of mass gathering to include public and private events of large and small sizes. - Updated the IPAC lifting criteria for hospitalized and residents in Long-term care.
March 21, 2020	- Updated process for notification to Ministry of Health. - Added RRPL to confirmed case definition as their testing now meets criteria. - Updated period of communicability based on mild symptoms and isolation requirements. - Added lab report interpretation in accordance with case classifications. - Updated exclusion based on Sask decision for 14 days post-onset of symptoms

	for mild cases. • Updated close contact by removing flight crew and lab exposures. • Updated public health measures. • Removed requirement for daily public health follow-up of contacts on self-isolation and self-monitoring.
March 2020	• NEW

References

- Berard, R.A., Scuccimarri, R., Haddad, E.M., Morin, M.P., Chan, K., Dahdah, N.S., McCrindle, B.W., Price, V.E., Yeung, R.S., Laxer, R.M. (July 6, 2020). Paediatric inflammatory multisystem syndrome temporally associated with COVID-19. Canadian Pediatric Society. Retrieved January 2021 from: <https://www.cps.ca/en/documents/position/pims>
- European Center for Disease Prevention and Control, (March 31, 2020). Contact tracing: Public health management of persons, including healthcare workers, having had contact with COVID-19 cases in the European Union – second update). Stockholm: ECDC; 2020.
- European Center for Disease Prevention and Control, (Jan 21, 2021). Risk related to the spread of new SARS-CoV-2 variants of concern in the EU/EEA – first update. Retrieved Feb 2, 2021 from <https://www.ecdc.europa.eu/en/publications-data/covid-19-risk-assessment-spread-new-variants-concern-eueea-first-update>
- Fowler, R., Hatchette, T., Salvadori, M., Ofner, M., Poliquin, G., Yeung T. & Brooks, J. (2020). Clinical Management of Patients with Moderate to Severe COVID-19 – Interim Guidance. Retrieved from <http://www.ammi.ca/Content/Clinical%20Care%20COVID-19%20Guidance%20FINAL%20April2%20ENGLISH%281%29.pdf>
- Government of Canada (2020). COVID-19 signs, symptoms and severity of disease: A clinician guide. Retrieved February 2021 from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/signs-symptoms-severity.html>
- Government of Canada (2023). COVID-19 vaccine: Canadian immunization guide. Retrieved May 2023 from <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/page-26-covid-19-vaccine.html>
- Government of Ontario (2021). Management of cases and contacts of COVID-19 in Ontario. Retrieved April, 2021 from https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf
- Health Canada. (1999). Infection control guidelines – Routine practices and additional precautions for preventing the transmission of infection in health care. *Canada Communicable Disease Report (CCDR)*, 25S4, July 1999. Retrieved August 2011 from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99pdf/cdr25s4e.pdf>
-
-

Health Canada. (2002). Infection control guidelines – Prevention and control of occupational infections in health care. *Canada Communicable Disease Report (CCDR)*, 28S1, March 2002. Retrieved August 2011 from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/02pdf/28s1e.pdf>.

Infection Prevention and Control Canada. (n.d.). Information about Coronavirus. Retrieved from <https://ipac-canada.org/coronavirus-resources.php>

Public Health Agency of Canada. (2008). Influenza: *Understanding pandemic influenza*. Retrieved August 2011 from http://www.phac-aspc.gc.ca/influenza/pdf/lang/english_understanding_fact_sheet.pdf.

Public Health Agency of Canada. (2011). *Influenza*. Retrieved August 2011 from <http://www.phac-aspc.gc.ca/influenza/index-eng.php>.

Public Health Agency of Canada. (2020a). Coronavirus disease (COVID-19): For health professionals. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html#w>

Public Health Agency of Canada. (2020b). Coronavirus disease (COVID-19): Summary of assumptions. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/assumptions.html#a4>

Public Health Agency of Canada. (2020c). Coronavirus disease (COVID-19): Symptoms and treatment. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html>

Public Health Agency of Canada. (2020d). Public health management of cases and contacts associated with novel coronavirus disease 2019 (COVID-19). Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html#ca>

Public Health Agency of Canada. (2021 Dec). Public health management of cases and contacts associated with novel coronavirus disease 2019 (COVID-19). Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html>

Public Health Agency of Canada (2022 Jun). COVID-19 signs, symptoms and severity of disease: A clinician guide. Retrieved Aug 2022 from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/signs-symptoms-severity.html#a1>

US Center for Disease Control and Prevention (2021). Science brief: COVID-19 vaccines and vaccination. Retrieved June 9, 2021 from <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html>.

World Health Organization. (2020a). Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19). Retrieved from <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

World Health Organization. (2020b). Q&A on coronaviruses (COVID-19). Accessed Feb. 26, 2020. Retrieved from: <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

World Health Organization (2022). Public health surveillance for COVID-19. Interim guidance. Accessed Aug 22, 2022. Retrieved from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-SurveillanceGuidance-2022.2>

World Health Organization (2023). Statement on the update of WHO's working definitions and tracking system for SARS-CoV-2 variants of concern and variants of interest. Accessed May 17, 2023. Retrieved from: <https://www.who.int/news/item/16-03-2023-statement-on-the-update-of-who-s-working-definitions-and-tracking-system-for-sars-cov-2-variants-of-concern-and-variants-of-interest>