

Q 1 . What is the definition of a "close contact"?

A 1 . A person who has been in contact with a person (patient) who has since tested positive for COVID-19 via PCR testing, etc. within a short enough period of time that they themselves could also become infected (a period from 2 days before the onset of symptoms, hospitalization, etc.), and those who also meet the following conditions are defined as a close contact:

- A person who lives with the patient or has close-contact with them (including in the car or in the aircraft)
- A person who has examined, nursed or cared for the patient without appropriate infection protection (wearing a mask, etc.)
- A person who may have come into direct contact with contaminants such as airway secretions or bodily fluids of the patient
- Others: A person who has been in contact with the patient for 15 minutes or longer without necessary infection prevention measures within touching distance (1 meter)

Reference: "Guidelines for active epidemiological surveys for patients with the novel coronavirus infection" of the National Institute of Infectious Diseases

In reality, based on this definition, the public health center conducts interviews with the patients, their families, their workplaces, etc., and makes a comprehensive judgment according to the individual situation.

Q 2 . An infection case has occurred in the same class or workplace. In this instance, am I considered a close contact?

A 2 . Whether or not you are considered close contact is determined by the public health center after interviewing the patient, family, workplace, etc., and following a comprehensive judgment based on the definition described in the "Guidelines for active epidemiological surveys for patients with the novel coronavirus infection", as well as according to the situations, including whether or not a mask was worn, the length of contact time, the closeness of the distance, the degree of airtightness of the space, the patient's symptoms, and so forth. Therefore, even if the infection case has occurred in the same class/workplace, it does not automatically mean that you will be considered a close contact.

Q 3. An employee of another company visiting my workplace was determined to be a close contact. In this case, will staff members in my workplace also be considered close contacts?

A 3. Close contact refers to a person who has come into contact with an infected patient (please see Q1). However, even if you have come into contact with a close contact, you are not automatically considered to be a close contact yourself. If the close contact tested positive by a PCR test, the public health center will check the close contact situation with the infected patient again.

Q 4. It has been determined that I am a close contact. Is there anything I should be careful about?

A 4. If you are judged to be a close contact, there is the possibility of having been infected. As such, please pay attention to your health condition (health observation) for 14 days after having come into contact with the infected patient, refrain from outings, and follow the instructions of the public health center.

Q.5. A family member who is living together with me has tested positive and has been hospitalized, or is staying at a care facility. How should I spend my time for the time being?

A 5. The patient's family members are, in principle, considered to be a close contact. Follow the instructions of the public health center, such as paying attention to your health (health observation) and refraining from outings for 14 days after having come into contact with the infected patient as there is a possibility of having been infected yourself. (please see Q4).

Q 6. A family member that I am living together with has tested positive and is receiving medical treatment at home. Is there anything I should be mindful of in my day to day life?

A 6. For those who are being treated at home, going out may spread the infection, so please spend the period of time at home as instructed by the health center. In addition, please report your health condition regularly as per the instructions of the health center, especially if you experience any change in symptoms. Please make sure to also check the health of those living with you. (See Q5).

Also, please note the following eight points.

1.) Divide up the living space

The patient should occupy a private room, and should stay in this designated room.

2.) Limit the number of people who care for the patient

- 3.) Not just the patient, but all those living in the household should wear a mask.
Don't take used masks into other rooms in the house. Don't touch the body of the mask itself. After removing a mask, make sure to wash your hands with soap.
 - 4.) Wash your hands frequently.
Wash your hands frequently with soap, and carrying out disinfectant with the appropriate alcohol.
 - 5.) Circulate the air in the house
Make sure to periodically circulate and refresh the air in the house (opening windows, etc.)
 - 6.) Make sure to disinfect items that are touched by multiple individuals.
Wipe down common areas (door handles, knobs, bed posts, etc.) with commercially available household chlorine bleach diluted to 0.05%, and then wipe with water (see below for how to dilute the chlorine bleach. Please refer to the link).
Make sure to rinse the toilet after it has been used by the patient using regular household cleaners, and diligently carry out disinfecting with a household disinfectant. Also, do not use shared items that have yet to be cleaned.
- * Reference: <https://www.meti.go.jp/press/2020/06/20200626013/20200626013-2.pdf>
- 7.) Wash dirty clothes and linens
When handling clothes or linen that have been soiled with the patient's bodily fluids, wear gloves and a mask, wash them separately from other clothes with a general household detergent, and make sure to dry them completely.
 - 8.) Make sure to seal your garbage before disposing of it
For tissues that have been used for nose blowing, immediately place them inside a plastic bag and seal it tightly before taking it out of the room and disposing of it.

Q 7 . My family member who is living separately from me tested positive, and I was deemed to be a close contact. What should I do now?

A 7 . If it has been determined that you are a close contact, follow the instructions of the health center (Please see Q4). Since close contacts may also be infected, pay attention to your health condition (health observation) for 14 days after having come into contact with the patient, and refrain from unnecessary outings.

Q 8 . I have to buy and deliver groceries to my family member living separately who tested positive and is receiving medical treatment at home. Is there anything I should be careful about?

A 8 . In addition to taking preventive measures such as wearing a mask and washing your hands, when delivering food or luggage to a separated family member who is undergoing medical treatment at home, you should leave the items at the front door to be picked up in order to avoid meeting with the patient directly.

Q 9 . How should I go about disinfecting when an infection case occurs at school or at work?

A 9 . As for the disinfection method, disinfection with sodium hypochlorite (diluted household chlorine bleach) or alcohol disinfectant will be effective (sodium hypochlorite using household chlorine bleach). (Please see the link below for how to make the disinfectant, and also refer to Q6.) Disinfect by wiping the area touched by the patient with these disinfectants. In addition, if the public health center gives instructions on the area of disinfection when conducting an active epidemiological survey, please carry out disinfection by referring to the instructions given.

Reference: Poster showing key points of how to select and use products to disinfect for the novel coronavirus <https://www.meti.go.jp/press/2020/06/20200626013/20200626013-2.pdf>