



*Government of Bermuda*  
Ministry of Health  
OFFICE OF THE CHIEF MEDICAL OFFICER

# COVID-19 Plan for Schools

## Purpose

This document provides guidance for preventing, investigating and managing cases and outbreaks of COVID-19 in school settings in Bermuda. It is a concise guide intended for non-healthcare school personnel who must implement outbreak management procedures. This document is based on the more detailed parent document, “COVID-19 Plan for Schools and Child care Settings (Ministry of Health version)” and has been updated with the guidance effective January 20<sup>th</sup>, 2022. The complexities of surveillance and quarantine guidance for children ages 5 and over cannot be readily applied to those under 5. Hence, the guidance for child care settings is being revised and tailored specifically to the needs and limitations of a younger population. It will be captured in a separate guidance document for child care settings.

## Acknowledgements

This plan has been developed in consultation with the Parent Forum, Private and Public Schools, The Nursery Association, Department of Health (Child health & Child Care Regulation Teams), Ministry of Health (Office of the Chief Medical Officer, Epidemiological Surveillance Unit & Healthy Schools Team) and the Ministry of Education.

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## Background and context

The Covid-19 pandemic has changed and continues to shape the way we live our lives. Particularly within a small community with limited health resources, a rise in infections has the potential to place punishing pressure across the system. The emergence of more transmissible SARS-CoV-2 variants, including Delta and Omicron, increases the urgency to expand vaccination coverage. Ministry of Health, Department of Health, Ministry of Education, schools, parents and young people all need to work together with other organizations to collaboratively monitor the status of the pandemic in the community and continue to apply layered prevention strategies to minimize infections, hospitalizations and deaths. Layered strategies refers to continuing to use multiple public health and social measures to reduce risk of infection. As we learn to live with COVID-19, we all have a part to play in preventing and responding to COVID-19. Personal responsibility in prevention and shared responsibility for responding to outbreaks is required.

**These protocols, updated January 2022, aim to maximize the delivery of face-to-face, high-quality education to all pupils.** The evidence is clear that being deprived of in-person learning can cause significant harm to educational attainment, life chances, mental and physical health.

However, community outbreak circumstances must be considered when assessing the risks of in-person learning for school children. The increased transmissibility of the Omicron variant and the prevalence of multi-generational households and high chronic disease rates in Bermuda, must also be given consideration.

We know that the direct clinical risks to children are low, every adult has been offered the opportunity for 3 doses of the vaccine, and all children aged 5 and over are now eligible for vaccination. However, we need to take the return to in-school learning cautiously and proactively support and protect the wider population, health system, and in particular our single hospital, from becoming overwhelmed. We continue to work closely with the Ministry of Education to revise this guidance as it relates to schools opening safely for in-person learning following holiday periods, and being able to remain safely opened.

**Important pre-conditions for offering more liberal quarantine policies for school and child care settings are the following:**

- **Widespread availability of antigen testing resources**
- **Cooperative families willing and able to commit to at-home testing and timely communication and response to results**
- **High vaccination rates among school staff, parents and students**
- **Adherence to Public Health Measures and willingness to follow Public Health guidance**

Where these pre-conditions have been demonstrably met, it is possible to loosen restrictions in the school. Some of the restrictions that have been lifted include:

- A reduced length of time for isolation of vaccinated COVID-19 positive individuals
- Removal of the need to quarantine for vaccinated close contacts of COVID-19 positive cases
- Acknowledgement of the distinction between individuals who are unvaccinated and those who cannot be vaccinated. Further accommodation can be made for those in the latter category.

## Key recommendations

Immediate measures put in place since February 2022

A reduced length of time for isolation of vaccinated COVID-19 positive individuals to 7 days with a test out with Lateral Flow Devices.

Removal of the need to quarantine for vaccinated close contacts of COVID-19 positive cases. They will have to monitor for symptoms and test daily with Lateral Flow Devices 7 days.

Repeated quarantine (2 or more episodes) within 2 weeks, will not need to quarantine the second or subsequent periods provided that they monitor for symptoms and test daily with Lateral Flow Devices for 7 days.

People who have recently tested positive (within 3 months, verified by a health care provider or by documented positive test result) will not need to further quarantine unless there is a suspicion that this is a new variant. They will have to monitor for symptoms and test daily with Lateral Flow Devices 7 days.

## General principles

The principles underlying the public health measures to prevent and minimize SARS-CoV-2 transmission in school settings are as follows:

- Ensuring continuity of safe, adequate and appropriate educational and social learning and development of children
- Minimizing the risk of SARS-CoV-2 transmission within school and school-associated settings among children, teachers and other school staff
- Guarding against the potential for schools to act as amplifiers for transmission of SARS-COV-2 to vulnerable individuals at home and in the community
- Ensuring school-related public health and social measures are integrated into and support the wider measures implemented at the community level

References: [Considerations for school-related public health measures in the context of COVID-19 \(who.int\)](#)  
[COVID-19 PHASES FOR SCHOOL PROTOCOLS 2021-2022.pdf \(www.gov.bm\)](#)



## Preventative principles

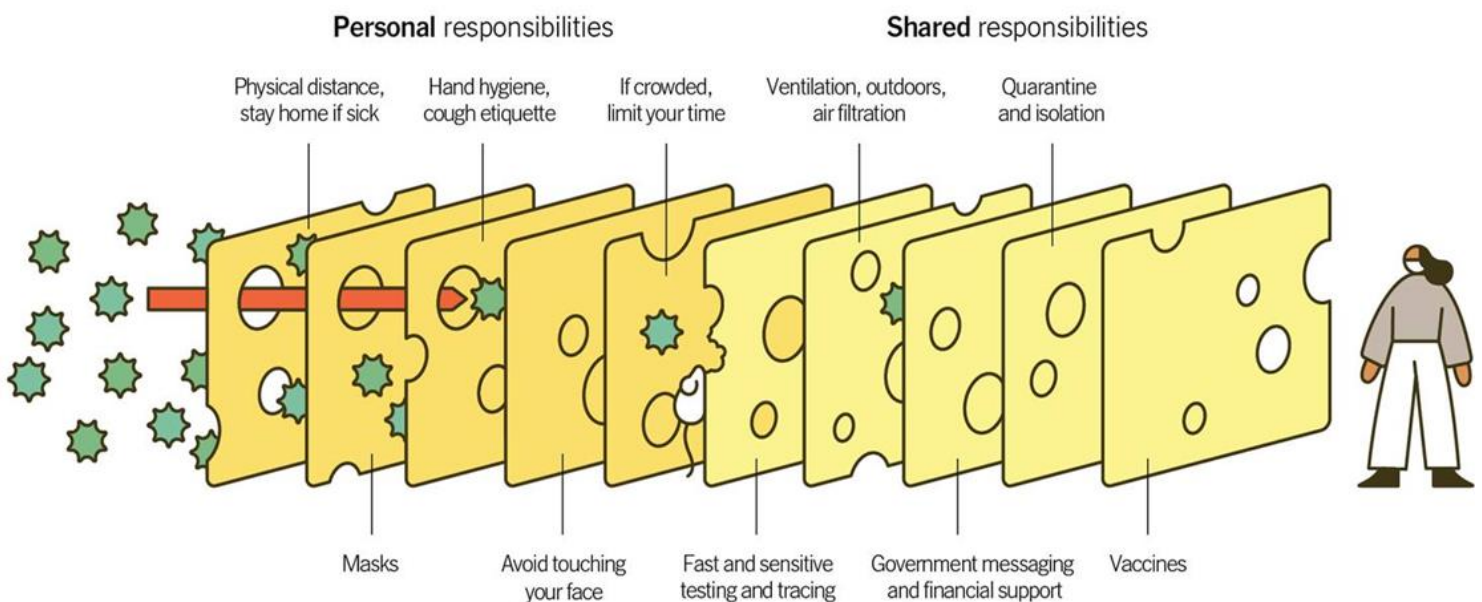
All COVID-19 policies should consider the following key principles which are intended to mitigate, not eliminate, risk, and which optimize protections within school settings.

The implementation of several coordinated interventions can greatly reduce risk and enhance protections:

- All eligible individuals should receive the Covid-19 vaccine and booster. It may be necessary for schools to collect Covid-19 vaccine information of staff and students to inform risk assessment in the context of case management
- All students older than 8 years and all school staff should wear face masks at school (unless medical or developmental conditions prohibit use). Between 5 and 8 years mask wearing is encouraged when not sitting at one’s desk/work area, but it is not mandated.
- Hand hygiene and respiratory etiquette (including avoiding touching your face), upheld at every opportunity
- Social distancing of six feet where possible and a minimum of three feet,
- Staff, parents and students should stay home when sick or experiencing any symptoms of upper respiratory infection. For robust or vaccinated individuals, symptoms of Covid-19, particularly the Omicron variant, can be very mild and mimic minor ‘cold’ or allergy symptoms. Testing such individuals for Covid-19 using rapid antigen kit is wise during the pandemic.
- Adequate and timely Covid-19 testing resources must be available and accessible.
- Ventilation, outdoor teaching and air filtration should be maximized.

### Multiple Layers Improve Success

The Swiss Cheese Respiratory Pandemic Defense recognizes that no single intervention is perfect at preventing the spread of the coronavirus. Each intervention (layer) has holes.



Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong



- It is critically important to develop strategies that can be revised and adapted depending on the level of viral transmission and test positivity rate throughout the community and schools, recognizing the differences between school communities.
- School setting policies should be adjusted to align with new information about the pandemic; administrators should refine approaches when specific policies are not working.<sup>12</sup>
- School settings must continue to take a multi-pronged, layered approach to protect students, teachers, and staff (ie, vaccination, universal mask use, ventilation, testing, quarantining, and cleaning and disinfecting). Combining these layers of protection will make in-person learning safe and possible. Schools should monitor the implementation and effectiveness of these policies.
- School settings should monitor the attendance of all students daily, inclusive of in-person and virtual settings. Schools should use multi-tiered strategies to proactively support attendance for all students, as well as differentiated strategies to identify and support those at higher risk for absenteeism.
- Schools must be in close communication and coordinate with government public health authorities, school nurses, local pediatric practitioners, and other medical experts.
- School Covid-19 policies should be practical, feasible, and appropriate for child and adolescent developmental stages, and address teacher and staff safety. Special considerations and accommodations to account for the diversity of youth should be made, especially for populations facing inequities, including those who are medically fragile or complex, have developmental challenges, or have disabilities.
- School setting policies should be guided by supporting the overall health and well-being of all children, their families, and their communities and should also look to create safe working environments for educators and school staff. This focus on overall health and well-being includes addressing the behavioral/mental health needs of students and staff.
- Ongoing governmental funding should be provided for all school settings so they can continue to implement all the Covid-19 mitigation and safety measures required to protect students and staff. Funding to support virtual learning and provide needed resources should continue to be available for communities, schools, and children facing limitations implementing these learning modalities in their home (eg. socioeconomic disadvantages) or in the event of school closure because of a resurgence of Covid-19 in the community or a school outbreak.



## Screening

Screening is considered on the advice of public health teams based on community transmission stage and vaccination levels for particular populations.

Level of COVID-19 transmission in community	<b>Low Transmission<sup>1</sup></b> <b>Green</b>	<b>Moderate Transmission</b> <b>Yellow</b>	<b>Substantial Transmission</b> <b>Orange</b>	<b>High Transmission</b> <b>Red</b>
<b>Students</b>	<b>No need for screening</b>	<b>Offer screening testing for students</b> at least once per week.		
<b>Teachers and staff</b>	<b>No need for screening</b>	<b>Offer screening testing for all teachers and staff</b> at least once per week.		
<b>High risk sports and activities</b>	<b>Recommend screening testing for high-risk sports<sup>2</sup> and extracurricular activities<sup>3</sup></b> at least once per week for participants		<b>Recommend screening testing for high-risk sports and extracurricular activities</b> twice per week for participants	<b>Cancel or hold high-risk sports and extracurricular activities virtually</b> to protect in-person learning, unless all participants are fully vaccinated.
<b>Low- and intermediate-risk sports</b>	Do not need to screen students participating in low- and intermediate-risk sports. <sup>2</sup>	<b>Recommend screening testing for low- and intermediate-risk sports</b> at least once per week		

Table 1. Screening Testing Recommendations for Schools by Level of Community Transmission (Adapted from CDC)

<sup>1</sup> [Levels of community transmission](#) defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%.)

<sup>2</sup> Examples of low-risk sports are diving and golf; intermediate-risk sport examples are baseball and cross country; high-risk sport examples are American football, soccer, rugby and wrestling.

<sup>3</sup> High-risk extracurricular activities are those in which increased exhalation occurs, such as activities that involve singing, shouting, band, or exercise, especially when conducted indoors.

## Pre return saliva PCR testing

The pre-return saliva testing policy of the Ministry of Education continues to evolve, guided by the community outbreak status and laboratory testing capacity.



### Routine surveillance testing:

a) PCR Testing:

A policy has been developed by the Ministry of Education to support weekly saliva PCR testing as routine surveillance.

b) Lateral Flow Antigen Testing:

Lateral flow devices (rapid antigen testing) can be used as an additional public health measure to safely maintain in-person learning in schools, layered on top of usual public health and social measures. Lateral flow antigen testing is being used as an additional option for screening and case management where school capacity, parental cooperation and testing resources exist.

## Investigation of COVID-19 Outbreaks in Schools

School settings are high priority for outbreak investigation due to the impact on children and essential workers and the potential for community transmission. As per the Public Health Act 1949, school settings are to report suspect, probable and confirmed cases of COVID-19 or concerns about multiple ill individuals in a cohort to the Epidemiology and Surveillance Unit (ESU).

**In order for schools to be safe, school nurses, health and safety leads (or alternate named point of contact/responsible team) need to be assigned to each school to complete a risk assessment for each suspect or probable case.** Outbreak investigations and response in school settings rely on prompt identification, risk assessment and communication to school surveillance teams to minimize onward spread and contain outbreaks. The risk assessment should be completed and signed off **by two designated point of contacts for the school**. It is anticipated at least one of these is a member of the Health and Safety committee or senior leadership of the school. School staff should be familiar with initial actions and capable of leading this risk assessment, contacting the surveillance team once this step is completed. The risk assessment should then be sent to and discussed with Ministry of Health school surveillance team and initial actions agreed.

It is essential that clear lines of communication and collaborative relationships are maintained based on mutual trust and respect. The timely completion of accurate risk assessments and public health actions are particularly important given the revision of close contact definitions to try to reduce the number of individuals who have to quarantine at home and the length of quarantines.

Completely closing schools or individual classrooms should be avoided where possible. However, if this does need to occur (for instance in the context of home quarantine being required), the school should swiftly move to distance learning arrangements and adaptive strategies to reduce potential impact to students and families, teachers and the wider school community.





## Investigation and management of a **single COVID-19 Case** in School Settings

When ONE (1) case of COVID-19 is reported from the school, the following control measures will be put in place:

- I. Designated points of contact for school setting should perform initial actions and lead risk assessment before discussion with the school surveillance team:

### **Suspected or probable case**

- Contact parent or caregiver to arrange for case to go home immediately
- Gather initial information for risk assessment – including symptoms, vaccination status, exposure time, contacts
- Advise confirmatory PCR test needed, as resources allow and following further investigation
- Provide information on quarantine

**Close contacts** of a child or staff confirmed with COVID-19 will be identified. Identification will be prioritized after reviewing the risk assessment and taking into consideration the following factors:

1. Household contacts
2. School setting contacts
  - a. Bubble /Cohort of students to include teacher, staff and students
  - b. Review schedule of class activities during infectious period of case (2 days prior to symptoms or test result)
  - c. Substitute or other staff/therapists/visitor that work between schools.
  - d. Students or staff involved with extra-curricular activities that were school based (Bubble)
  - e. Morning care and after school care (Bubble)
  - f. Extra-curricular activities for out of school hours / family / social
  - g. Car pooling

- II. Communication with **close contacts** will be done via MOH Letter.

a. Advice will be as follows:

- Close contacts who have been vaccinated will not have to quarantine but must have an initial PCR test or certified antigen test to assure they are negative. They will be recommended to have home LFTs through day 7 in order to remain in school.
- Close contacts who are unvaccinated but participating in the school testing programme must test negative with a PCR or certified LFT initially and daily negative home LFTs in order to remain in school, and follow the advice in the MOH Close Contact letter.
- Close contacts who are unvaccinated and not participating in the school testing programme you must quarantine at home until 10 days post-exposure, and follow testing guidance provided in the MOH Close Contact Letter. Individuals may self-release from home quarantine once they have received their final negative test results.

b. Minimize contact, as much as possible, with household members who need to be shielded or may be vulnerable, and avoid non-essential gatherings as instructed in the MOH Letter (ie. avoid group gatherings, parties, sleep overs and other such activities until final negative test results).

c. Conduct daily self-monitor for symptoms of COVID-19 including temperature taking and recording

d. Inform their doctor immediately, if they develop symptoms of COVID-19 or if a LFT is positive.

e. Access the telephone Hotline # 444 2498 and related health education materials / resource guidance such as Quarantining, Isolation, Symptom monitoring, Health and Wellbeing for information as needed. (<https://www.gov.bm/quarantine-contact-tracing>)



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- III. Messaging for the school, parents and students about COVID-19 preventive health measures will be reinforced via the MOED or MOH Facebook group, teachers and email.
- IV. Identification of the confirmed case will not be shared with anyone but a parent/guardian or the individual's primary physician.
- V. **Casual contacts** of a child or staff confirmed with COVID-19 will be identified through completion of a risk assessment.
- VI. Casual contacts will be contacted via MOH Casual Contact Letter from the designated point of contact from the facility. Casual contacts will not be required to quarantine but will be advised to test as follows:
  - a. If they have been vaccinated, or are unvaccinated and participating in the school testing program, they must have an initial negative test (as outlined in their MOH Casual Contact Letter) to return to school. They can self-monitor for 10 days while in school. They do not require a test at the end of the monitoring period.
  - b. If they are unvaccinated, and not participating in the school testing program, they must have an initial negative test (as outlined in their MOH Casual Contact Letter) to return to school, self-monitor daily and have a certified Antigen test on day 10.
  - c. Avoid crowds, closed spaces and close contacts
  - d. Casual contacts are strongly advised against attending birthday parties, playdates, sleepovers, extra-curricular activities, social engagements etc.
  - e. Conduct daily self-monitor for symptoms of COVID-19 including temperature taking and recording
  - f. Inform their doctor immediately, if they develop symptoms of COVID-19
  - g. Self-isolate immediately if they develop symptoms of COVID-19 and test via Antigen or PCR .
  - h. Access the telephone Hotline # 444 2498 8 am to 8 pm and related health education materials/resource guidance such as Quarantining, Isolation, Symptom monitoring, Health and Wellbeing on [Novel Coronavirus \(COVID-19\) | Government of Bermuda \(www.gov.bm\)](#) for information as needed
- VII. Reinforcement of ALL public health measures will be done in accordance with the Entry to Exit Protocol.
  - a. Encourage good hand hygiene (washing with soap and water or use of alcohol - based hand sanitizer) and respiratory hygiene practices (covering nose and mouth when coughing or sneezing and discarding soiled tissues in a bin)
  - b. Reinforce mask use among adults, primary (depending on phase for school protocols), middle and senior school students
  - c. Ensure physical distancing is maintained at 6 feet if possible, minimum 3 feet
  - d. Strengthen environmental sanitation including cleaning of frequently touched surfaces, toys, desks, keyboard and door knobs etc.
  - e. Ensure maximum ventilation in all classrooms
  - f. Remain home if unwell or if displaying any symptoms of respiratory illness



## Investigation and management of COVID-19 Cluster or Outbreak in a School setting

1. If TWO (2) or more linked confirmed cases of COVID-19 have been identified in one school, principals should restrict visitation, mixing groups and consider cancelling certain activities.
2. The school will be designated as having an outbreak. **An outbreak response team will be established** to include ESU lead (School Surveillance Coordinator), School Surveillance Officer, Contact tracer, Community Health Nurse or other designated points of contact for school (1), Healthy Schools team and admin support;
3. Roles will be established for the following:
  - a. Risk Assessment
  - b. Contact Tracing
  - c. Daily school surveillance – baseline illness, syndromic sick reports for absent students and staff, review of entry screening turned away log
  - d. Testing
  - e. Public health monitoring
4. Assess to determine the following:
  - a. Epidemiological link between the 2 cases
  - b. Alternative source for the second case
  - c. Potential for further spread.
5. The school and/or Department of Health **may** decide to close the school or year group for 14 days in order to interrupt the chain of transmission IF:
  - a. There are 2 or more persons confirmed with COVID-19 who are epidemiologically-linked in school
  - b. There are not enough staff and/or students in attendance to make onsite learning feasible for safety and instruction resulting from quarantining or exclusion of symptomatic persons, etc.
  - c. There are large numbers of parents / household members that are quarantined
6. Communicate with parents about alternate care / learning methods.
7. Communicate to parents and employers about alternate work options to mitigate employment impact. (Provide a standardized letter for parents to provide to employers explaining the importance of the need to quarantine due to an outbreak within a school).
8. Blended learning methods (remote learning and onsite learning) may be necessary
9. Onsite learning will ensure 6 feet physical distancing if possible, minimum 3 feet, bubbles of no more than 10 persons including the teacher/para-educator, staggered arrival and exit, staggered lunch breaks.

## Roles & Responsibilities

Private schools and government public schools follow the control measures set out in this guidance, and health and safety legislation applies equally to all schools. Schools should work closely with parents, staff and unions when agreeing the best approaches for their circumstances.

During an outbreak it is essential that there is a clear understanding of the roles and responsibilities of all stakeholders. **See parent document for details of Roles and Responsibilities.** Well-coordinated and established roles assist in the rapid and efficient response to an outbreak. This collaboration can decrease the negative impacts and length of an outbreak. It is beneficial for all teams involved to prepare for the potential of an outbreak by periodically reviewing the designated roles and responsibilities. It is anticipated that this section could be used to inform communications with stakeholders.



## Training and capacity building

In order to build autonomy and empower schools to conduct their own risk assessments around COVID-19, there are training and capacity building requirements. This training and engagement centres around the designated points of contact and team but also involves anyone who would contribute to risk assessments. This includes but is not limited to students, parents, school administrators, classroom teachers, health and safety committee members, school nurses, assistant directors and principals.

Training allows designated leads within schools to be able to independently conduct risks assessments and swiftly report back to school surveillance.

## Communication

1. Strengthened communication about public health measures for COVID-19 prevention will be done for all schools – public, private and home school via Government schools webpage [www.gov.bm/coronavirus-schools](http://www.gov.bm/coronavirus-schools), FAQ's etc.
2. Communication will be shared with school principals and administrators about the status of COVID-19 related to schools.
3. Official letters provided by MOH for schools to disperse during an outbreak:
  - a. **Risk Assessment Letter:** Template has been provided to all schools to communicate when they are notified of a positive COVID-19 case associated with a school facility. The letter advises that an investigation is being conducted into how the school has been affected by the positive case. After receiving this letter please standby for further instruction.
  - b. **Public Health Instruction Letters:** Sent to specific individuals affected by the confirmed COVID-19 case with instructions to quarantine and test. Letters are for “Casual” and “Close Contacts”.
4. A letter from the Chief Environmental Health Officer to provide schools with formal notice (as legislated) for school closures and cleaning/disinfecting and school opening following inspection will be sent.
5. Information will remain anonymous and confidential.
6. Engagement with parents, students and staff about re-opening of the school will occur and consider status of the pandemic in Bermuda: sporadic cases , clusters or community transmission

## Monitoring after reopening

1. ESU decision about reopening the affected school will consider:
  - a. Community wide transmission
  - b. Capacity of the hospital to treat persons with COVID-19, adults and children
  - c. Burden of illness
  - d. Number of new epidemiological linked cases with a school
  - e. Number of schools affected
  - f. Vulnerabilities of the said school – student, staff / household
  - g. Information on the effectiveness of remote learning



## References

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## Glossary

### *Close Contact*

- An individual who has had contact with a lab-confirmed or probable COVID-19 case:
- **more** than 15 minutes of contact, **within** 6 feet (2 metres), within 24hours\*
- direct physical contact with a probable or confirmed case
- Household contacts defined as living or sleeping in the same home; individuals in shared accommodation sharing kitchen or bathroom facilities.

### *Casual contact*

- An individual who has had contact with a lab-confirmed or probable COVID-19 case:
- **less** than 15 minutes of contact, **within** 6 feet (2 metres) and/or
- **more** than 1hour, in a closed space\*\*

\*[Covid19 Glossary of key terms | CDC \(www.cdc.gov\)](https://www.cdc.gov)

\*\* [Glossary and definitions: COVID-19 terminology | Health and wellbeing | Queensland Government \(www.qld.gov.au\)](https://www.qld.gov.au)

\*\* [Contact tracing for COVID-19 | Ministry of Health NZ \(www.health.gov.nz\)](https://www.health.gov.nz)