## Annex 2

Methods of Data Collection with Key Informants

In this case study, a mixed-methods design was used to describe CT activities in Oman. The process included the following:

- Key informant interview (KII): an invitation email was sent to Oman Ministry of Health (MoH)
  to request nomination of a focal point (epidemiologist or other public health specialist) who met
  the following criteria:
  - Oversees CT operations at the National level within the MoH.
  - Has at least one year of experience performing COVID-19 CT activities.
  - Has a good knowledge of local COVID-19 CT strategies and guidelines.
  - Has access to COVID-19 CT database and clearance to share information on CT key indicators.
  - Can dedicate time to pre-fill the questionnaire and provide answers during the KII conference call.
  - o Has a good mastery of the English language.

The key informant interviews (KII) were conducted virtually. A semi-structured questionnaire was adapted from the WHO-HQ questionnaire for qualitative assessment of CT systems (see Annex 1)

2) A quantitative tool was sent to the key informant to extract information on six key indicators of CT activities (Table 3). These indicators were extracted from the WHO global guidance to CT in the context of COVID-19.[2]

Gray Literature and Dashboard Review

- 1. Document and dashboard review: the interview was complemented by reviewing the relevant documents, policies, and guidelines developed by Oman MoH as well as EMRO dashboards and databases which included:
  - O Household & community contact tracing & de-isolation guideline for COVID-19: covers several areas such as case classification, actions taken as per case classification, CT among healthcare workers (HCWs), tracing and monitoring of close contacts, risk assessment and geo-tagging using artificial intelligence and management of symptomatic and asymptomatic contacts in addition to de-isolation criteria. [6]
  - O <u>Guideline for Home/ Institutional Isolation For COVID-19:</u> describes the types of isolation (home and institutional) with the necessary instructions to implement both types.[7]
  - EMRO COVID-19 dashboard: presents the number of new and cumulative confirmed cases and deaths, number of tests per 100 000, and cumulative case fatality ratio reported from the 22 countries in the EMR countries.[8]
  - EMFLU database: in which case-based forms for confirmed COVID-19 cases from different countries in the EMR are stored.[9] Oman has maintained an updated database since the outset of the pandemic.

Table 3: Key contact tracing indicators

| Indicator                                       | Definition   |
|---|--|
| Proportion of contacts seen                     | # contacts seen / # contacts to follow                             |
| _   | # contacts not seen for >2 consecutive days / # contacts to follow |
| Proportion of contacts who become suspect cases | # new suspect cases among contacts / # contacts to follow          |

| Proportion of contacts who      | # new confirmed cases among contacts / # of  |
|---------------------------------|--|
| become confirmed cases          | contacts to follow                           |
| Proportion of new cases who are | # newly confirmed cases among contacts / #   |
| known contacts                  | newly confirmed cases                        |
|                                 |  |
| Time from symptom onset to case | Average number of hours/days between symptom |
| confirmation                    | onset among contact and case                 |
|                                 | isolation/confirmation by PCR                |