

Follow-up for Positive COVID-19 Cases and their Close Contacts

Tools for the Field



Welcome to the Team!!



- COVID-19 Response and Guidelines are changing daily.
- Your skillset is needed to ensure we are getting the best data on COVID-19 and how it is affecting our MA population.
- Isolation of Cases and Quarantine of Contacts is the goal until that strategy changes/evolves.

Contact Tracing is an Effective Tool

- **Contact Tracing and Contact Notification**

- Behavior change is more likely when someone is contacted directly by a public health authority and told that “**they**” specifically are a contact to a confirmed case of COVID-19.
 - They are identified for quarantine (which is different and more effective than social distancing).
 - They are given the specifics of quarantine. (Timeframe, plan of action if symptoms develop, etc.)
- While everyone should be social distancing at this moment, we know that details vary widely in how different people view and implement social distancing.
 - Contact notification and quarantine implementation will help Massachusetts reduce the spread of COVID-19.

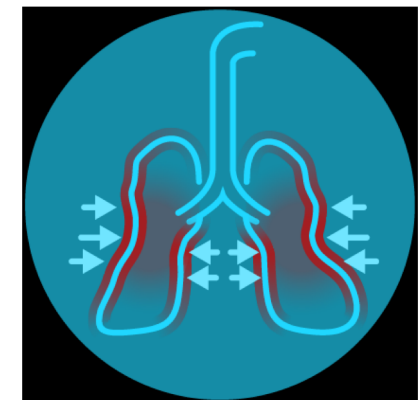
Transmission of COVID-19

- **Mode of transmission:** Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes.
 - Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity.
 - The contribution of small respiratory particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely.
 - Additionally, we now know that some individuals are capable of transmitting the virus 48 hours before their symptoms start.

What are the clinical features of COVID-19?

Mild symptoms to severe illness and death

- These symptoms may appear **2-14 days after exposure** (based on the incubation period of MERS-CoV viruses).
- Fever
- Cough
- Shortness of breath
- Clinical Complications Include: Acute Respiratory Distress Syndrome (ARDS), Pneumonia, Septic Shock.



Incubation of COVID-19

- Existing literature regarding SARS-CoV-2 and other coronaviruses (e.g. MERS-CoV, SARS-CoV) suggest that the incubation period may range from 2–14 days.
- For the purposes of our work, **TWO WEEKS** is key.

Which body fluids can spread infection?

- Upper and Lower Respiratory Tract Specimens.
 - Coughing, sneezing, respiratory droplets.
- SARS-CoV has been isolated from respiratory, blood, urine, and stool specimens.
- It is not yet known whether other non-respiratory body fluids from an infected person including vomit, urine, breast milk, or semen can contain viable, infectious SARS-CoV-2.



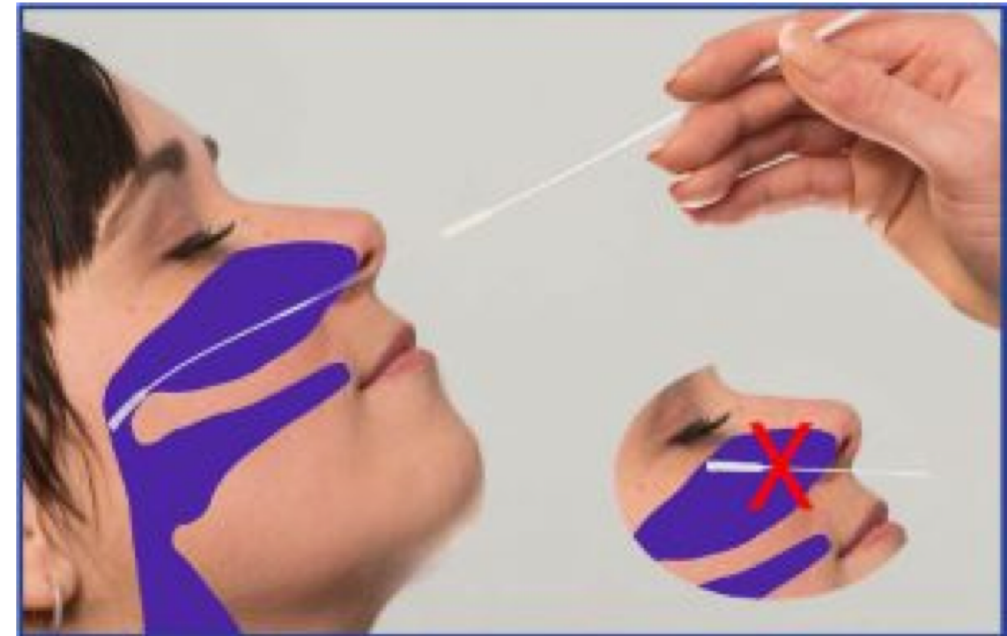
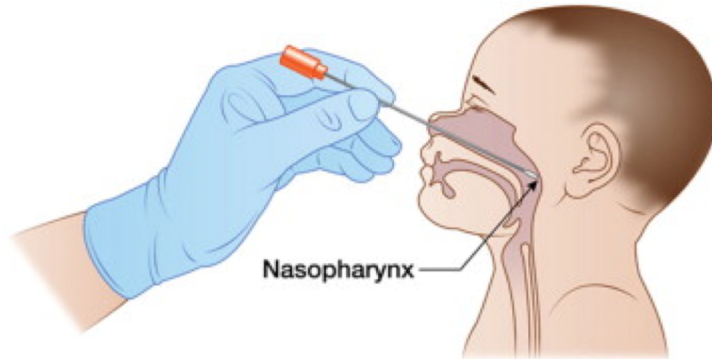
Q: When is someone infectious?

- **The onset and duration of viral shedding and period of infectiousness for COVID-19 are not yet known.** It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to infection with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present.
- **Asymptomatic infection** with SARS-CoV-2 has been reported, but it is not yet known completely what role asymptomatic infection plays in transmission.
- **Infectious Prior to Symptoms?** Similarly, the role of pre-symptomatic transmission (infection detection during the incubation period prior to illness onset) is unknown. However, we have some data to conclude that some individuals are capable of transmitting the virus 48 hours before their symptoms start.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

Testing for COVID-19

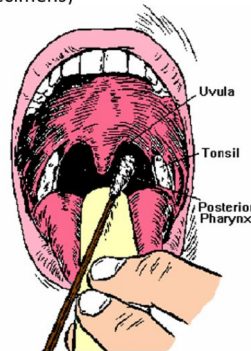
- Nasopharyngeal Swab (NP swab) is the specimen of choice.



Oropharyngeal Swab

(preferred specimens)

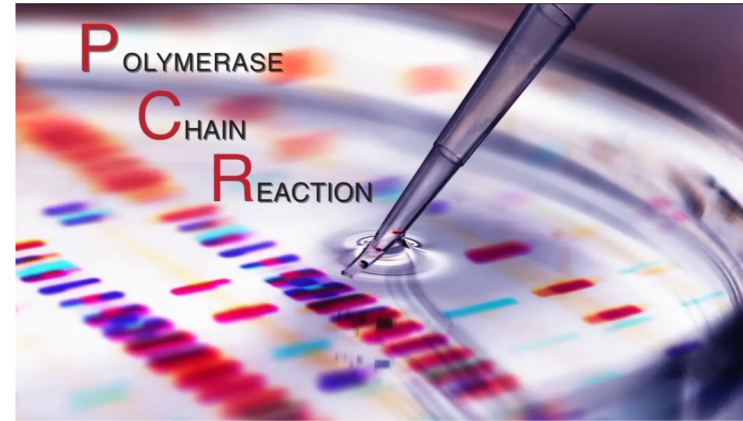
1. Ask the subject to open his or her mouth
2. Depress the tongue
3. Swab the posterior pharynx behind the tonsils
4. Avoid the tonsils



- Oropharyngeal Swabs were also being utilized earlier in the outbreak, but NP is now the specimen of choice.

Testing for COVID-19

- Nasopharyngeal Swab (NP swab) is the specimen of choice.
- PCR Testing – swab is utilized to detect virus DNA



FYI: Additional testing processes (such as rapid testing in the field and serology testing) are in the works.

Can people who recover from COVID-19 be infected again?

- We don't yet know the answer.
 - The immune response to COVID-19 is not yet understood. Patients with MERS-CoV infection are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed for patients with COVID-19.

COVID-19 Cases with Positive Lab Results

- All COVID-19 patients with a positive PCR result are considered **“CONFIRMED” as of March 14, 2020.**
 - Includes CDC, MA State Public Health Lab, and approved clinical and commercial Labs.
- The case definition may change to include:
 - Ill patients who are contacts of a confirmed case but without a test results
 - Ill patients who have some type of positive antibody test

Who Can Get Tested for COVID-19?

- Testing started out only through CDC. (Jan/Feb)
- Testing then expanded to State Laboratories. (Early March)
- Testing is currently being rolled out through commercial labs and also some larger medical providers. Expanding daily. (Mid March)
- Preliminarily patients had to meet very strict testing criteria and be preapproved.
 - March 13, 2020, MDPH published clinical advisory with expanded testing guidance outlining who should be tested and where to send those specimens (State Lab vs. elsewhere).

Who Can Get Tested for COVID-19?

- Public Health Pre-Approval for testing is **NOT REQUIRED**. Although not everyone presenting in the clinical setting will necessarily be tested (decisions based upon symptoms and available resources in the clinical setting).

PRIORITY 1 Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system

- Hospitalized patients
- Symptomatic healthcare workers

PRIORITY 2 Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

PRIORITY 3 As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Health care workers and first responders
- Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations

- **NON-PRIORITY** Individuals without symptoms

Person Under Investigation (PUI)

- A Person Under Investigation for possible infection with COVID-19.
 - Refers to patients who meet investigation criteria (symptoms +/- epidemiological risk) and qualify for testing.
 - Not used at this point in the outbreak
 - Typically referred to suspect cases waiting for testing results.
 - With expanded testing opportunities, not every patient is investigated prior to testing, and fewer people receive comprehensive public health investigations prior to testing.
 - More Applicable Key Terms Today: Suspect Case, Confirmed Case, Contact, etc.

Who is considered a close contact?

- **Close Contact is Defined as:**
- **Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (usually 10-15 minutes) while they were symptomatic or in the 2 days prior to symptom onset;**
 - close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
- **- or -**
- **b) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed) while not wearing recommended personal protective equipment or PPE** (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection).

Isolation vs. Quarantine

ISOLATION

- For symptomatic people.
- For Confirmed COVID-19 Cases.
- Prevents people from infecting others
- **LASTS UNTIL THE PERSON IS NO LONGER CONTAGIOUS**
 - CDC recommendations:
 - At least 7 days past symptom onset AND
 - 72 hours without fever without the use of fever reducers (like Tylenol) AND
 - Significant improvement in respiratory symptoms (cough, shortness of breath)

CASES

QUARANTINE

- For asymptomatic people who have had an exposure (i.e. travelers from high risk areas, close contacts of confirmed cases, etc.)
- Prevents people from infecting others in the event they develop symptoms
- **LASTS FOR 14 DAYS FROM LAST EXPOSURE.** (If you don't develop illness, you are then released.)

CONTACTS

Social Distancing vs. Quarantine

Social Distancing:

- Maintain at least 6 ft between you and any other person.
- Working from home instead of at the office.
- Closing schools or switching to online classes.
- Visiting loved ones by electronic devices instead of in person.
- Cancelling or postponing conferences and large meetings.

EVERYBODY

Quarantining:

- Staying at home – NO GOING OUT.
- Using standard hygiene and washing hands frequently
- Not sharing things like towels and utensils.
- Not having visitors
- Staying at least 6 feet away from other people in your household

CONTACTS

Key Documents for COVID-19 Follow-Up

1. COVID-19 Interview Tool for Confirmed Cases and Identifying Their Contacts (April 1, 2020)
 - Paper-based interviewing tool to guide your interview with confirmed cases.
2. Close Contact Identification Form (March 29, 2020)
 - Paper-based tool to assist in identifying and tracking close contacts.
 - Space for 5 contacts per page.
3. Isolation Guidance (For Cases)
 - MDPH Guidelines – give these to Confirmed Cases
4. Quarantine Guidance (For Contacts)
 - MDPH Guidelines – give these to Quarantined Contacts

Background on Follow-Up

- February: Returning travelers (beginning with China) were identified for quarantine.
 - MDPH received CDC lists and created contact events for 14 Day quarantine period & monitoring.
- 1/25/2020: First Confirmed Case in MA (Travel related)
- End of February/Early March – follow-up volume expanded to include positive cases identified here in MA and their contacts due to the evidence of community transmission
 - Confirmed Cases and their identified contacts are followed up at the state and local level.
- Today: widespread community transmission in Massachusetts

COVID-19 Response Involves Local Boards of Health (LBOHs)

- New positive labs create “Novel Coronavirus (SARS, MERS, etc)” events in State Surveillance System called MAVEN.
- Local Boards of Health (LBOHs) can see events in their town/jurisdiction.
 - Conduct Index Case Interviews.
 - Make sure isolating.
 - Contact Identification, Notification, and follow-up.
 - Make sure quarantining.
 - Identify additional exposures of interest
 - Medical appointments (notify facility)
 - High Risk Settings (LTCF, nursing homes, schools, etc.) (notify facility)
 - Workplace (may identify specific contacts or notify facility – situation based)
 - Flights while infectious (notify CDC via the Quarantine Station)

COVID-19 Response Involves Local Boards of Health (LBOHs)

- Assistance for local follow-up is needed.
 - Not all have local capacity.
 - Not all have MAVEN access.
 - Many towns may receive too many cases to handle.
 - May also lose staff to illness/quarantine as outbreak progresses.
- When local assistance needs are identified, these index cases and their contacts will be assigned to Volunteer Corps for follow-up.
- This is a partnership. Data collected and entered by Volunteer Corps will eventually be seen by State and Local Public Health Staff. Be sure to update REDCap notes as soon as possible to reduce confusion and questions.

Volunteer Corps Follow-Up: Confirmed Cases

Confirmed Cases – Assigned in REDCap

1. Read Event Notes. There may be preliminary information on the case from previous calls/follow-up. There might already be an indication if the case has been hospitalized or a clinical summary.

1. Provider Call: You MAY need to contact the Ordering Provider to obtain some key clinical information if it looks like the patient might have been hospitalized.



Use
Interview
Tool

- Consult Facility Infection Prevention or ordering provider to obtain hospitalization details and other key clinical information.
 - Symptom Onset Date, symptoms, clinical complications, hospitalization dates, underlying conditions, race/ethnicity, occupation
- Confirm contact information.
- If patient is hospitalized and unable to be interviewed, obtain Emergency Contact Information for conducting Interview.

Volunteer Corps Follow-Up: Confirmed Cases

- Confirmed Cases

- Interview Cases

- Demographics
 - Clinical Information (e.g. symptoms, underlying conditions)
 - Risk history (how they may have been exposed)
 - Identifying Close Contacts/Exposures of Concern

- Answering Questions/Concerns

- Ensuring Isolation is Followed

- Use Isolation Guidelines Document (email)

Use Interview Tool



Use COVID-19 REDCap Training Volunteers document to enter information

Use Close Contact Form




Use Isolation Guidelines Document



Volunteer Corps Follow-Up : Contact Notification

- Create Contact Event in REDCAP
- Contact Notification
 - Notify Contacts of Exposures
 - Instruct Contacts on Quarantine Period
 - Establish Follow-Up Plan if Contact develops symptoms.
 - Answering Questions/Concerns
 - Ensuring Quarantine is Followed
 - Use Quarantine Guidelines Document (email)



Use REDCAP Use
COVID-19 REDCap
Training
Volunteers
document to enter
information



Use Quarantine
Guidelines
Document

How is the case notified they are positive?

- Most providers receive the test results electronically and should call the patient upon receipt of results.
- Some providers are not calling out results right away, so **you may be the first one to inform the case they are positive.**
 - That is OK. Public Health is frequently the first to notify a patient.
 - Remember, these patients are waiting for these results. They want to know as soon as possible.

What should I tell the case?

- Inform them they are under isolation **immediately (if not already)**.
- They should isolate away from others in the household.
- Provide *MDPH Isolation Guidelines*.
- They will be under isolation until they meet criteria for clearance.
 - **Criteria for clearance could change but is currently based on symptom improvement with a minimum of 7 days since onset**
- Should seek healthcare if symptoms worsen
 - Make Sure to call in advance if seeking medical care so sites can be prepared to receive the case.
- Use the Interview Tool.
 - The data you collect will help inform this outbreak and the epidemiology of this new pathogen. You may be the only person collecting data on this case's risks, exposures, and clinical outcomes. We are relying on your investigation.

Use the Interview Tool to Guide You

COVID-19 Interview Tool for Confirmed Cases and Identifying Their Contacts
(ver 4.0 April 1, 2020)

Use this interviewing tool to guide your interviews with confirmed cases of COVID-19. This tool will assist with collecting critical information on the confirmed case (this page), as well as identifying their close contacts and high risk exposures for future follow-up (page 2).

Interview Date:	REDCAP ID#:
Patient Demographics:	
Patient Name: _____ Date of Birth: ___/___/___	
Phone 1: (____) _____ (h/v/w) Phone 2: (____) _____ (h/v/w)	
Email Address: _____	
Address: _____ (Street) (Apt #)	
Town: _____ State & Zip: _____	
Occupation/Employer:	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown	
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
Clinical Questions:	
Did patient have symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Symptom Onset Date: ___/___/___	
• Abdominal Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
• Chills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
• Cough: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
o Cough onset Date: ___/___/___	
• Diarrhea: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
• Difficulty breathing/Shortness of breath: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
• Fever: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
o Fever onset Date: ___/___/___	
o Fever highest temp: _____	
o Fever duration (days): _____	
• Headache: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
• Muscle Aches/Pains (myalgia): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
• Sore Throat: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
• Vomiting: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
• Other, specify: _____	
Symptom Resolution Date: ___/___/___	
Clinical Complications:	
Did patient develop pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Did patient develop acute respiratory distress syndrome (ARDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Was patient Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Hospitalization Dates: ___/___/___ to ___/___/___	
Hospitalized in ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Hospitalization Location: _____	
Underlying Health Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Unknown	
If yes, please Specify: _____	
Is Case a Healthcare Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk (This Question is very important.)	
Possible Sources of Exposure 14 Days Prior to Illness: (Where was this case potentially exposed?)	
Check all possible sources of exposure that apply to this Case:	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Is Case a known contact to a confirmed case? (Confirmed Case Name or Mover ID): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Was Case exposed at a healthcare facility? (Facility Name& Date): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Did case attend any community events or group activities in the 14 days prior to symptom onset? (Describe): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Did Case Travel in the 14 days prior to symptom Onset? (Dates & Locations): _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Unknown Source of Exposure?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Other possible exposures? Specify _____	

COVID-19 INTERVIEWING TOOL ver 4.0_4-01-2020 PI

- Page 1 Covers The Confirmed Case and their Clinical Symptoms, Complications, and possible source of exposure.



- We are trying to determine risk, severity of illness, and if there are certain populations being affected by COVID-19.

THINK ABOUT THE CASE.

Use the Interview Tool to Guide You

- Page 2 helps describe what is considered “Close Contact” and helps you and the Case brainstorm different categories of interactions with people that might have led to exposures.



- We are trying to determine who should be notified. Where might this case have exposed others?

THINK ABOUT IDENTIFYING CONTACTS.

COVID-19 Interview Tool for Confirmed Cases and Identifying Their Contacts
(ver. 4.0 April 1, 2020)

Close Contact is Defined as:

a) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time;

- close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection).

Identifying Close Contacts to the Confirmed Case

Where did the case potentially expose others?

Use the following conversation guide to identify potential contacts to the confirmed case. Look for close contact with the case beginning in the 2 calendar days prior to symptom onset. Write your notes here, and then utilize the Close Contact Form to identify and track individual contacts for follow-up.
Note: Symptom Onset Date: ___/___/___ (Infectious Period Begins Two Calendar Days Prior. Onset Date is Day Zero.)

Infectious Period Dates: 2 days prior to symptom onset: ___/___/___ to Date Isolated/Last Known Exposure: ___/___/___

1. Household Contacts: <input type="checkbox"/> Yes or <input type="checkbox"/> None Identified
2. Close Friends/Associates: <input type="checkbox"/> Yes or <input type="checkbox"/> None Identified
3. High Risk Exposures (Medical appointments or visits to Rest Homes, Long Term Care Facilities, Nursing Homes, Schools, etc.): <input type="checkbox"/> Yes or <input type="checkbox"/> None Identified
4. Workplace Exposures: <input type="checkbox"/> Yes or <input type="checkbox"/> None Identified
5. Air Travel While Symptomatic? <input type="checkbox"/> Yes or <input type="checkbox"/> None Identified <i>Date, Airline, Flight Number, and Cities of Origin & Destination Needed. MDPH will contact airline with this info.</i>
6. Community Exposures (Discuss): <input type="checkbox"/> Yes or <input type="checkbox"/> None Identified <i>The case may be concerned about community activities. Not all events attended may constitute close contact.</i>
7. Other Questions/Concerns? <input type="checkbox"/> Yes or <input type="checkbox"/> None Identified <i>Are there other issues or concerns the case would like to discuss? Have we covered all possible activities and potential exposures from when the case was symptomatic?</i>

COVID-19 INTERVIEWING TOOL ver. 4.0_4-01-2020 P2

Use the Close Contact Identification Form to Make Notes on Individual Contacts

COVID-19 Close Contact Identification Form (March 29, 2020)

Index Case Name/REDCAP ID: _____

REDCAP ID# _____ Contact Name: _____ Date of Birth: ____/____/____ Phone: (____) ____-____ Email Address: _____ Address: _____ Town: _____ State: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <input type="checkbox"/> Other	Date of Last Exposure: ____/____/____ Quarantine End Date: ____/____/____ <i>(exposure + 14 days)</i> Exposure Setting: <input type="checkbox"/> Household Contact <input type="checkbox"/> Close Contact <input type="checkbox"/> Workplace <input type="checkbox"/> Other: _____ Notification Plan: _____ Who will notify this contact?
REDCAP ID# _____ Contact Name: _____ Date of Birth: ____/____/____ Phone: (____) ____-____ Email Address: _____ Address: _____ Town: _____ State: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <input type="checkbox"/> Other	Date of Last Exposure: ____/____/____ Quarantine End Date: ____/____/____ <i>(exposure + 14 days)</i> Exposure Setting: <input type="checkbox"/> Household Contact <input type="checkbox"/> Close Contact <input type="checkbox"/> Workplace <input type="checkbox"/> Other: _____ Notification Plan: _____ Who will notify this contact?
REDCAP ID# _____ Contact Name: _____ Date of Birth: ____/____/____ Phone: (____) ____-____ Email Address: _____ Address: _____ Town: _____ State: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <input type="checkbox"/> Other	Date of Last Exposure: ____/____/____ Quarantine End Date: ____/____/____ <i>(exposure + 14 days)</i> Exposure Setting: <input type="checkbox"/> Household Contact <input type="checkbox"/> Close Contact <input type="checkbox"/> Workplace <input type="checkbox"/> Other: _____ Notification Plan: _____ Who will notify this contact?
REDCAP ID# _____ Contact Name: _____ Date of Birth: ____/____/____ Phone: (____) ____-____ Email Address: _____ Address: _____ Town: _____ State: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <input type="checkbox"/> Other	Date of Last Exposure: ____/____/____ Quarantine End Date: ____/____/____ <i>(exposure + 14 days)</i> Exposure Setting: <input type="checkbox"/> Household Contact <input type="checkbox"/> Close Contact <input type="checkbox"/> Workplace <input type="checkbox"/> Other: _____ Notification Plan: _____ Who will notify this contact?
REDCAP ID# _____ Contact Name: _____ Date of Birth: ____/____/____ Phone: (____) ____-____ Email Address: _____ Address: _____ Town: _____ State: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk <input type="checkbox"/> Other	Date of Last Exposure: ____/____/____ Quarantine End Date: ____/____/____ <i>(exposure + 14 days)</i> Exposure Setting: <input type="checkbox"/> Household Contact <input type="checkbox"/> Close Contact <input type="checkbox"/> Workplace <input type="checkbox"/> Other: _____ Notification Plan: _____ Who will notify this contact?

COVID-19 Close Contact Identification Form P1

- This is just a tool to help you collect sufficient identifying information on Close Contacts (not a required form)



- Keep copies of this form (tracks 5 contacts per page).

You can then add these named contacts to REDCap.

Let's Look at the Interview Tool

Patient Demographics

- Some of this information will already be in the REDCap event when it is assigned to you, however incomplete information is not unusual.
- You may have to make a separate inquiry to a medical provider to obtain enough contact information.
- Race, Ethnicity, and Gender can be sensitive topics. You may want to ask those missing variables after you have gotten the interview going.

Interview Date: _____		REDCAP ID#: _____	
Patient Demographics:			
Patient Name: _____		Date of Birth ___/___/___	
Phone 1: (____) _____ - _____ (h/c/w)		Phone 2: (____) _____ - _____ (h/c/w)	
Email Address: _____			
Address: _____		_____	
(Street)		(Apt #)	
Town: _____		State & Zip: _____	
Occupation/Employer: _____			
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other	

Clinical Questions

- Obtaining information on the patient's symptom history is key.
- Do the best you can with the patient's recall.
- Treat this like a conversation, obtain general information, and then go back and ask them specific questions based upon their responses.

Clinical Questions:	
<p>Did patient have symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Symptom Onset Date: ___/___/___</p> <ul style="list-style-type: none">• Abdominal Pain <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown• Chills <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown• Cough <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<ul style="list-style-type: none">○ Cough onset Date: ___/___/___• Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown• Difficulty breathing/ Shortness of breath <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk• Fever <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown<ul style="list-style-type: none">○ Fever onset Date: ___/___/___○ Fever highest temp: _____○ Fever duration (days) _____• Headache <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown• Muscle Aches/Pains (myalgia) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown• Sore Throat <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown• Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown• Other, specify: _____ <p>Symptom Resolution Date ___/___/___</p>	<p>Clinical Complications:</p> <p>Did patient develop pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Did patient develop acute respiratory distress syndrome (ARDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Is Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Was patient Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Hospitalization Dates: ___/___/___ to ___/___/___</p> <p>Hospitalized in ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Hospitalization Location: _____</p> <p>Underlying Health Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Unknown</p> <p><i>If yes, please Specify</i> _____</p> <p>Is Case a Healthcare Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>(This Question is very important.)</i></p>

Where might your case have been exposed to COVID-19?

- This portion of the interview is really meant to capture where the Confirmed Case might have originally been exposed themselves.
- This section addresses the 14 days prior to illness onset.
- Sample questions are on the Interview Tool, but this is more of a conversation. Use these prompts to determine if you can identify a source for your case.
 - Did they have a known exposure to a confirmed case?
 - Did they travel on a plane to another state or country just before becoming ill?
 - etc.

Possible Sources of Exposure 14 Days Prior to Illness: <i>(Where was this case potentially exposed?)</i>	
Check all possible sources of exposure that apply to this Case:	
<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Unk	Is Case a known contact to a confirmed case? <i>(Confirmed Case Name or ID):</i> _____
<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Unk	Was Case exposed at a healthcare facility? <i>(Facility Name & Date):</i> _____
<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Unk	Did case attend any community events or group activities in the 14 days prior to symptom onset? <i>(Describe):</i> _____
<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Unk	Did Case Travel in the 14 days prior to symptom Onset? <i>(Dates & Locations):</i> _____
<input type="checkbox"/> <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/> Unk	Unknown Source of Exposure?
<input type="checkbox"/> Yes, <input type="checkbox"/> <u>No</u> <input type="checkbox"/> Unk	Other possible exposures? Specify _____

How do I conduct a contact tracing investigation?

- Ask the case to identify everyone they have had **close contact with** beginning with the two calendar days prior to symptom onset.
 - Inquire about air travel and high risk exposures
- **Close contact definition:** Being within 6 feet for 10-15 minutes or more.
 - Medical settings may use a more conservative definition of “close contact.”
- They do not need to identify people they had contact with prior to the two calendar days before symptom onset.
- Collect **name, phone number, address, and date of exposure.**
 - **Not all index cases will know complete addresses, but try to get Town and a Phone Number so you can notify the contact.**

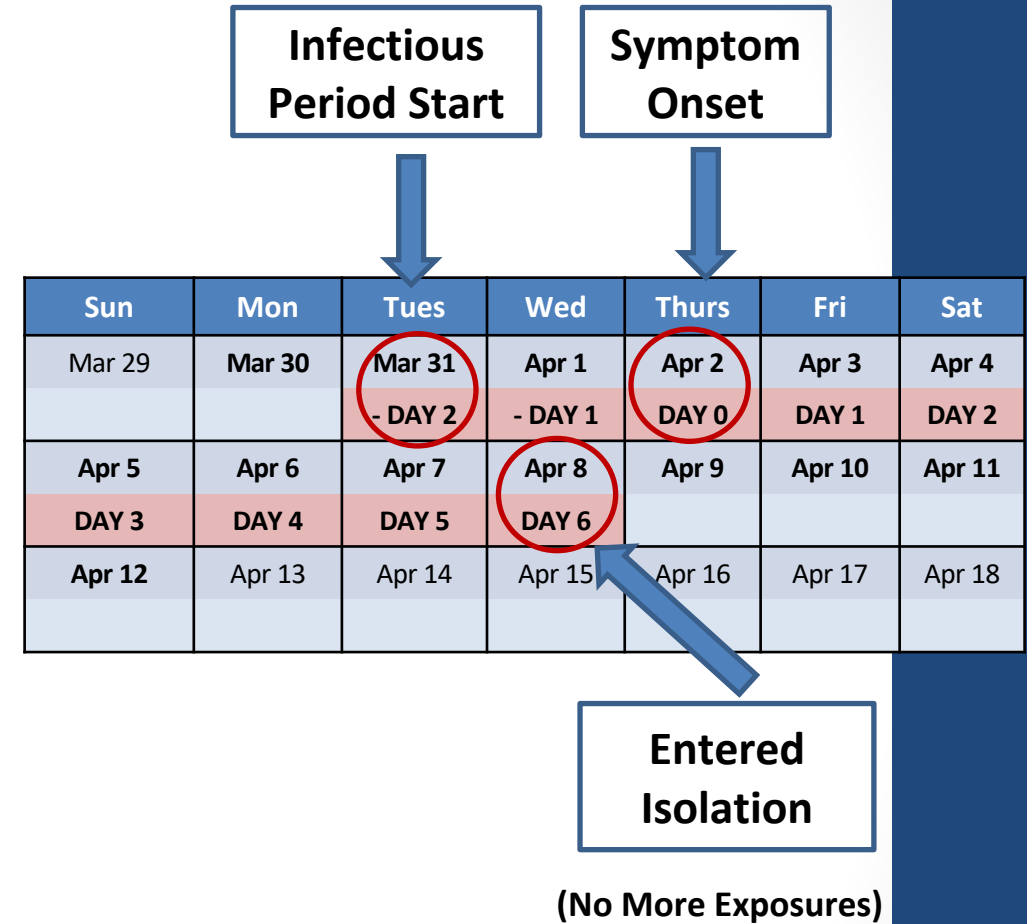
Determining Infectious Period – for Case

- Obtain exact symptom onset date to determine Infectious Period.
 - Symptom onset date should be day of first noticed symptom
 - Often sore throat, cough, aches/myalgias or fevers.
 - Consider from two calendar days prior to onset until the last time they had contact with others (entered isolation)
 - Use a Calendar and ask what the case did each day, counting back 2 days from the onset of the first symptom.
- Symptom Onset = Day 0
- Infectious Period Start Date = 2 days prior to onset
- Infectious Period END date = when patient is released from isolation
 - Typically looking for the date they entered isolation (last contact with others)



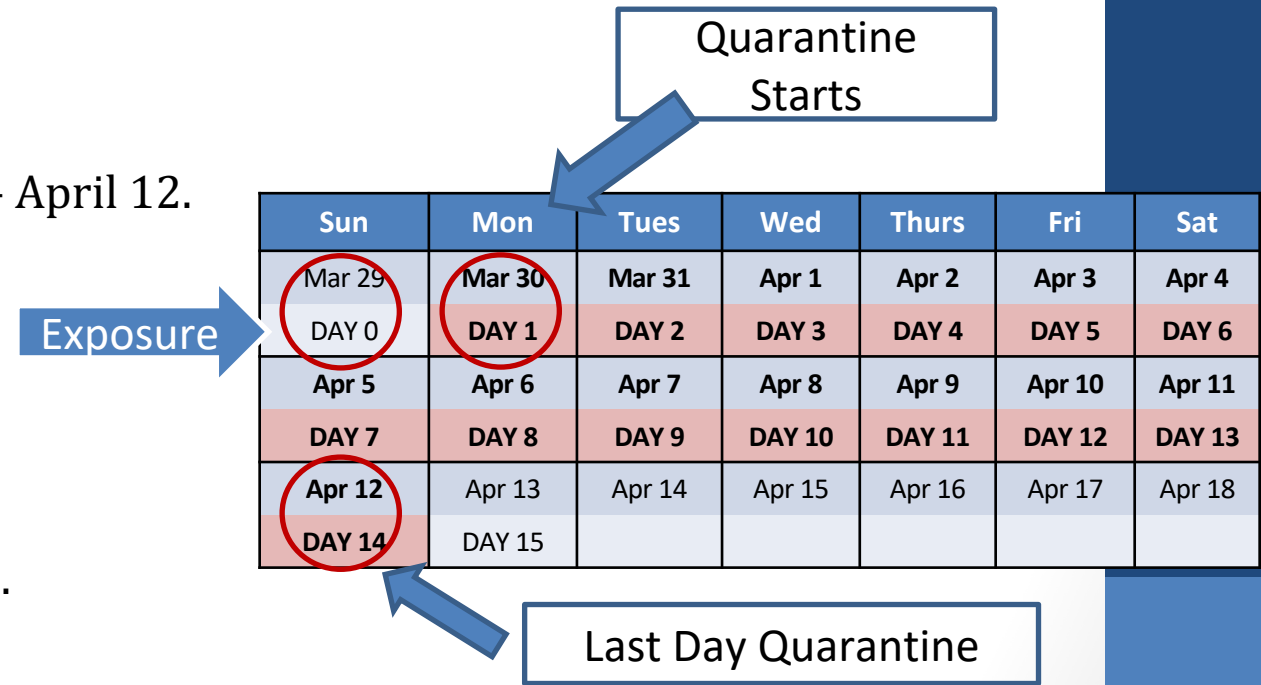
Determining Infectious Period – for Case

- Notes:
 - Symptom Onset Date = Day Zero (for determining when Case can exit Isolation)
 - Use full days, not times of day.
 - If a case had a morning meeting, then developed a sore throat that night, consider that Day Zero and people in that morning meeting exposed.
- Example, a confirmed case developed a cough in the evening on Thursday, April 2.
 - Symptom Onset Date = Thursday, April 2.
 - (Do not worry about time of day. This full day is the onset.)
 - Infectious Period Start date = Tuesday, March 31.
 - We would be looking for any close contacts/exposures from Tuesday March 31st on.
 - Infectious Period End date = when case is no longer infectious (usually when they are discharged from isolation)
 - You can likely just go to when they entered isolation (no more contact with others).



Determining Quarantine Period – for Contact

- You must identify an exposure date to determine a quarantine period.
 - Exposure Date = Day Zero.
 - Quarantine Period is Day 1 through the end of Day 14, returning to activities on Day 15.
 - Example:
 - Exposed on March 29th. (DAY 0)
 - Quarantine Period (Day 1- Day 14): March 30 – April 12.
 - Quarantine is Over (Day 15): April 13th.
- Notes:
 - Have a calendar handy. Count the days out loud.
 - Use full days, not times of day.
 - Contact will already be in Quarantine Period when you contact them. Make sure they start quarantine immediately.



What do I do about the contacts?

- Input the contacts into REDCap
 - Make sure there is enough location information that another volunteer could contact them.
 - Make sure their exposure date is included so a Quarantine Period is defined.
- Notify contacts they have been exposed to a confirmed case and need to enter quarantine for 14 days from day of exposure
 - If they are currently symptomatic, refer them to medical assessment.
- Send the contacts the *MDPH Quarantine letter*
- Advise Quarantining Contacts to actively monitor themselves.
 - Contact is in charge of monitoring themselves for changes in health status.
 - Monitor temperature and development of cough, shortness of breath, sore throat, muscle aches and pains
 - They should establish a plan for notifying their provider if they need medical assessment at a later date.

Managing Contacts

Interviewing Tool
Will Help

- Prioritize household members/Close Contacts
 - Should be quarantining away from the case to prevent recurring exposure
- Partner with the Index Case to help in notifications.
- Prioritize high risk settings/settings of interest.
 - Follow-up in Long Term Care Facilities (LTCFs), nursing homes, doctors offices, and schools
- If you identify a setting where numerous exposures took place (i.e. work, conference, camp) then notify the organization
 - They should be able to send out a general notification so that you don't have to contact all individuals
 - Large Gatherings: Remember most people would be considered at low risk and DPH/CDC have only rarely recommended public notifications in a setting like this

When is isolation over? – Using Symptoms

- The **non-test-strategy**. It should be applied to people who test positive for covid-19 **and** anyone who is clinically diagnosed with covid-19 and not tested.
- **Symptomatic persons with covid-19 (lab-confirmed or clinically diagnosed) who are in home isolation may discontinue home isolation under the following conditions:**
 - At least 3 days (72 hours) have passed *since recovery* (defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms – e.g., cough, shortness of breath) **AND**
 - At least seven days have passed since symptoms first appeared (illness onset). Onset date (of symptoms) would be considered “day zero.”
- Therefore, anyone with covid-19 should stay home for a minimum of seven days. They should only discontinue isolation if at least 72 hours have also passed since “recovery.”

Guidance issued 3/16/2020

When is isolation over? – Using Testing

- Initial Guidance from CDC required two negative tests:
 - The **test-based strategy** is largely unchanged (two negative swabs at least 24 hours apart, resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms).
 - Still an option (but not the best use of resources).

When is isolation over? – Asymptomatic Cases

- **Asymptomatic persons** with lab-confirmed covid-19 infection may discontinue home isolation when at least 7 days have passed since the date of their first positive covid-19 diagnostic test and they have had no subsequent illness.

This should be rare – but we know it happens.

When is isolation over?

- Non-Test based strategy is most practical. However, some providers or workplaces may request the test-based strategy.
- What if someone was released based upon the Non-Test strategy and then had a positive test?
 - They need to isolate for 7 days after the last positive test. If no additional symptoms, they can exit isolation.

Quarantine FAQs

- **If someone is in quarantine, is their family quarantined as well?**
 - A. No. Their family members are not quarantined as long as the quarantined individual remains asymptomatic. If the quarantined individual develops symptoms, they must immediately isolate from their family and the family is now under quarantine from their last contact because they are close contacts.
 - Advise the quarantining contact to reduce exposure with their family as much as possible.
- **If someone in quarantine tests NEGATIVE, how long must they stay in quarantine?**
 - A. They must stay in quarantine until the 14 day period has passed AND their symptoms have resolved.
- **How long do household contacts have to quarantine?**
 - A. Through 14 days after their LAST exposure to the case. If complete isolation isn't possible for the case, then the 14 days starts when the confirmed case is finally cleared to exit isolation.

FAQ

- **What about the children of people in isolation?**
 - Children should remain quarantined away from the case to prevent exposure
 - If this is not possible, then the quarantine period of child will restart every time the child is exposed to the case
- **What about the contacts of contacts?**
 - You do not need to investigate the contacts of asymptomatic contacts
- **What if a contact develops symptoms?**
 - They should consult with a medical provider to determine if an assessment is right for them. They should isolate from everyone while symptomatic and while awaiting results.
- **What if the test comes back negative?**
 - If a person under quarantine tests negative, they still need to complete their quarantine in the event that COVID-19 infection occurs after the testing is done

Tips for Interviewing Confirmed Cases

- Treat this like a conversation, do not go line by line.
- Being empathetic is very important.
- Try to capture several pieces of information at a time for one section, by starting with an open-ended question about that section (symptoms, etc.)
- Be prepared with probing questions to fill in the gaps.
- If you don't know the answer to a question, write it down and let them know you will get back to them. Confirm the best number to reach them. Or a back up number or email to make sure we can follow up with the answer to this important question.

Contact us at:

- **PIH**
- **HVD**
- **MDPH Epidemiology Division: 617-983-6800**
- **MPDH Office of Surveillance and Informatics: 617-983-6801**