

COVID-19 Case Investigation, Contact Tracing, and Outbreak Response under Surge Conditions

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Purpose: *Modify current COVID-19 response activities to ensure LPHA, CBO, and OHA resources are focused on serving the most vulnerable Oregonians during surge conditions. LPHAs able to continue conducting the full complement of case investigation, contact tracing, and outbreak response activities should do so. The following recommendations represent the minimum activities expected of LPHAs while operating surge conditions.*

Case Investigation

- Reduce number of case interview questions (see list of questions) to focus on public health action and vulnerable populations more likely to have severe outcomes, including older adults, people with underlying medical conditions, and populations experiencing health disparities.
- Consider limiting outreach to cases to one phone call attempt; if unable to reach, send one text message. If no response, mail case letter. LPHAs will provide appropriate contact information for connecting with Community Based Organizations or appropriate LPHA staff to ensure access to wraparound services.
- Provide workplace notifications only to employers of high-consequence facilities, notably congregate care (LTCF, SNF, ALF, adult foster homes, corrections, shelters, transitional housing) and food chain (processing plants, packing houses, farms).
- Notify schools when a case of COVID-19 is identified among teachers, volunteers, or students who are providing or receiving in-person services.
- Focus elicitation of close contacts on household members and those who are at high risk of severe outcomes due to COVID-19 infection, or those who are in close contact with high risk individuals, themselves.

Contact Tracing

- Prioritize contact outreach to high-risk contacts of cases (e.g. ,people who work in congregate settings, people with high risk close contacts, people who are themselves at high risk for severe COVID-19 outcomes).
- Educate cases to notify their household members of their exposure and need to quarantine.
- Eliminate active monitoring of close contacts for 14 days.
- Limit contact tracer interactions with contacts to a single conversation; this call should prioritize providing education about COVID-19, quarantine recommendations, testing site information, work exclusion letter (if needed) and referral for wraparound services.

Outbreak Response

- At a minimum, obtain outbreak numbers for high-consequence outbreaks affiliated with:
 - LTCFs, SNFs, ALFs
 - Behavioral health facilities
 - Adult foster homes, including ID/DD group homes
 - Shelters
 - Addiction/Transitional housing
 - Jails/Prisons
 - Facilities involving migrant and seasonal workers
 - Food chain facilities
 - Schools
 - Childcare centers (with two or more cases among staff or students)
- If large or otherwise notable outbreaks are identified that do not meet the above criteria, please obtain an outbreak number for situational awareness, particularly for outbreaks that may result in the need for interagency support (e.g., testing, PIOs, SME consultation, etc.)
- If requested, OHA Regional Epidemiologists will close out outbreak records created during surge conditions once 28 days without a new case have elapsed; they will also take the responsibility for BOGUSing outbreaks that do not have more than 1 case in a 14-day period.

High-priority case interview questions

1. Name of Case
2. Verify DOB
3. Verify phone #
4. Verify home address
5. Date of first call attempt
6. Interview date
7. Deceased?
8. Date of death
9. Sex
10. Housing status (e.g., stable, unstable, etc.)
11. Live in congregate setting?
12. Type of congregate setting (e.g., LTCF, group home, corrections, camps, shelters, etc.)
13. Name of congregate setting
14. Point of contact at congregate setting
15. Phone number for POC at congregate setting
16. REAL D Race
17. REAL D Ethnicity
18. REAL D Language – What language do you speak at home?
19. Preferred language when speaking with a healthcare provider?

20. Preferred language for written health communications?
21. Prefer health information in an alternative format (e.g., Brail, large font)?
22. Prefer an interpreter?
23. REAL D Disability – Are you blind/have serious difficulty seeing?
24. Are you deaf/have serious difficulty hearing?
25. Have serious difficulty walking or going up stairs (age ≥5 yrs)?
26. Have serious difficulty concentrating, remembering, or making decisions (age ≥5 yrs)?
27. Have difficulty dressing or bathing (age ≥5 yrs)?
28. Have serious difficulty communicating (age ≥5 yrs)?
29. Have serious difficulty doing errands alone (age ≥15 yrs)?
30. Have serious difficulty with mood, intense feelings, controlling your behavior, delusions, or hallucinations (age ≥15 yrs)?
31. Where do you work (or go to school or daycare)?
32. Address of worksite/daycare/school
33. Occupation?
34. Work in congregate setting?
35. Work in healthcare?
36. What healthcare setting (e.g., LTCF/SNF, dialysis, hospital, etc.)?
37. Do you provide direct patient care?
38. What was your last day of work?
39. Do you need a letter for work?
40. Have you had any symptoms?
41. Symptom onset date
42. Fever (subjective or measured)?
43. Cough?
44. Difficulty breathing?
45. Loss of taste or smell?
46. Hospitalized?
47. Dates of hospital admission/discharge
48. Were you transported by EMS to hospital?
49. Are you a close contact of a lab-confirmed case?
50. Possible exposure locations (daycare, school/college, doctor's office, hospital ward, ED, clinic, work, military, correctional facility, place of worship, travel, camp, other)
51. Household contacts (Name, Sex, Relationship, DOB/Age, Sick?, Phone number)
52. High-risk work contacts (Name, Sex, Relationship, DOB/Age, Sick?, Phone number)
53. High-risk social contacts (Name, Sex, Relationship, DOB/Age, Sick?, Phone number)
54. Do you have access to the food you will need to stay home and isolate?
55. Do you need help paying your rent or utility bills?
56. Do you have family/friends/neighbors you can ask for help with errands?