
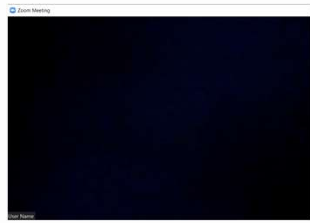




Welcome! We will start soon...

For phone audio, make sure your number is linked to your ZOOM Participant ID# using the

 or  button





1





VIDEO AND MICROPHONE CHECK!

- It's best if you have access to video and audio
- Feel free to keep your camera turned off, but please turn it on for breakout sessions to engage with others
- Please mute yourself when you are not talking
- Please "raise your hand" or use the chat box to ask questions
- Please let us know if you need any support



2

**COVID-19
Case Investigation Interviews**

3

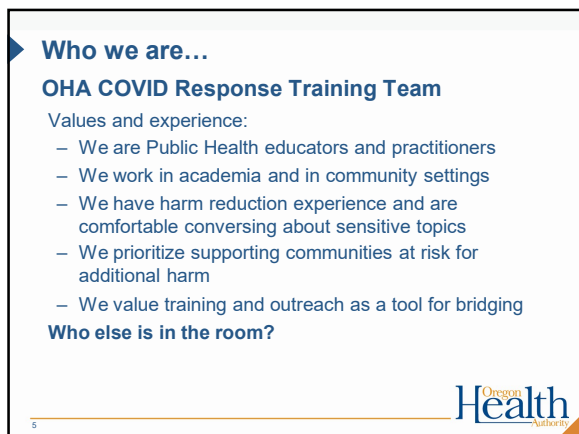


Introduction

5

Oregon Health Authority

4



Who we are...

OHA COVID Response Training Team

Values and experience:

- We are Public Health educators and practitioners
- We work in academia and in community settings
- We have harm reduction experience and are comfortable conversing about sensitive topics
- We prioritize supporting communities at risk for additional harm
- We value training and outreach as a tool for bridging

Who else is in the room?

5

Oregon Health Authority

5



COVID Response & Recovery Unit (CRRU) Training Team

Acknowledgements:

The CRRU Training Team acknowledges there are institutional, systemic, and structural barriers that perpetuate inequity and have silenced the voices of communities over time.

We recognize community-engaged health improvement is a long-term and dynamic process. We are committed to continuous quality improvement, and to bring our best work in every way.

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Oregon Health Authority

6

CRRU Values Statement

The CRRU Training Team is committed to:

- Bringing a trauma-informed approach with a lens of cultural humility to empower the public health workforce to effectively engage with communities, especially those marginalized communities that experience institutional, systemic, and structural barriers.
- Delivering trainings that equitably support and embrace access to quality services and programs, toward the progressive elimination of avoidable disparities.
- Establishing trust and a sustainable dialogue with all training partners and participants.
- Being a trusted and valued resource to support Oregon's public health workforce.
- Offering a safe physical and virtual space to all participants, facilitators, and staff.





7

7

Guiding Group Agreements

- Ask questions
- Engage with curiosity
- Practice patience with yourself and others

8

8

Transparency

This training is a collaborative effort:

- It draws on "best practices" and resources from the Oregon Health Authority (OHA) and the Centers for Disease Control and Prevention (CDC).
- We work closely with state, county and local public health officials as well as community-based partners to respond to changing needs, protocols and capacity.




9

9

Learning Objectives

- Summarize the basic steps of case investigation (e.g. confirmed versus presumptive, collection of information, and referral to resources).
- Describe in detail the COVID 19 case investigation protocol (e.g. isolation guidance and testing guidance).
- Apply best practices of maintaining confidentiality when handling case record and personal information.




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Learning Objectives

- Effectively communicate with a case using empathy, cultural sensitivity, and cultural competency skills.
- Apply Motivational Interviewing skills to build and maintain trust during the case interview.



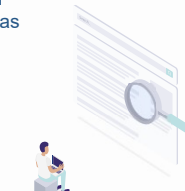
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Learning Objectives

- Identify the proper COVID-19 guidance that relates to infection prevention and control measures for the case as well as their close contacts.
- Facilitate referrals to medical or social service resources as indicated.
- Facilitate referrals to medical or social service resources as indicated.




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Training Schedule


Welcome!
 Introduction
 Summary Tab
 Break out session: opportunity to practice
Break: 5-10 Minutes
 Clinical Tab
 Break out session: opportunity to practice
 Risk and Follow-up Tabs plus Activity
Break: 5-10 Minutes
 Work/School Volunteering
 Break out session: opportunity to practice
 Contacts and Epi-links Tabs plus Activity
Break: 5-10 Minutes
 REALD and SOGI
 Break out session: opportunity to practice
 Wraparound Services
 REDCap Survey
 Next Steps
End 2:30p.m.



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13

Case Investigation Steps




14

14

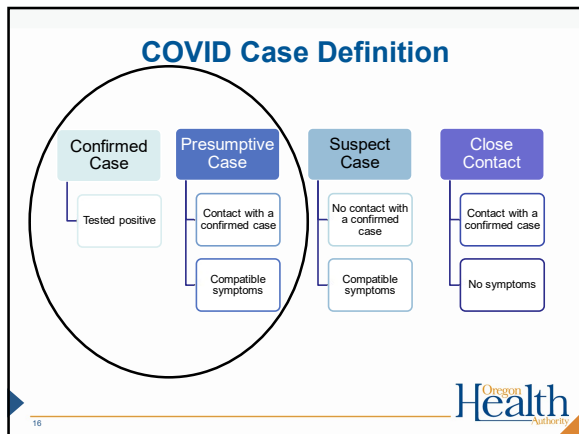
Topics

- COVID-19 Case Definition
- Case Investigation Steps
- Summary

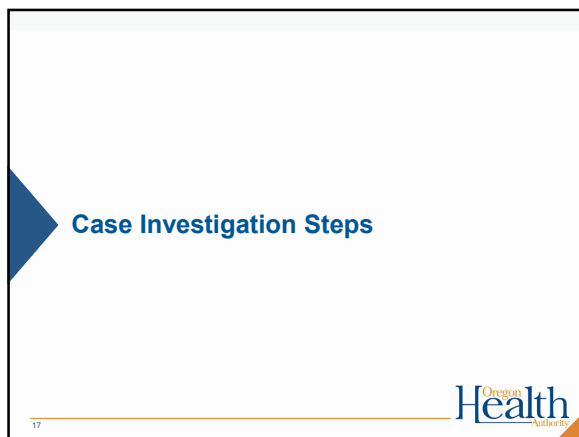


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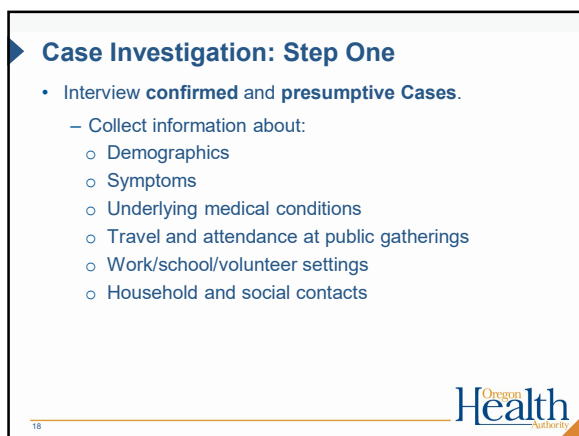
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16



17



18

Case Investigation: Step Two

- Provide Cases with information about the possibility they could spread the virus to others, even if they don't have symptoms (asymptomatic). Cases are also provided information about:
 - How to prevent transmission
 - How to clean and disinfect their home
 - When and how to seek medical care
- Cases are encouraged to stay home and isolate **for at least 10 days after the date of their:**
 - Positive test date (**confirmed Case**)
 - Onset of symptoms and 24 hours symptom free (**presumptive Case**)



19

19

Case Investigation: Step Three

- Provided Cases with referrals to resources and services that support staying home for the recommended isolation duration
- Common concerns include:
 - Lost or reduced wages and risks to employment
 - Food Security
 - Ability to pay energy and other utility bills
 - Housing security



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20

Case Investigation Review

- Call assigned Cases within 72 hours:
 - If contact cannot be made, follow assigned workflow for follow-up communication
- Conduct investigative interview
- Refer Cases to programs and services that support staying home for the recommended duration




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Introduction Summary

- COVID-19 Case Definition
- Case Investigation Steps

22



22

Questions?




23



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Summary Tab

24




24

Topics

- Interview Preparation
- Leave A Message
- Demographic information
- Race, Ethnicity And Language and Disability (REALD)
- Mock call interview segments
- Summary


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25

Interview Preparation

26




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Prepare to Call

- Find a quiet, private place to make your calls
- Have a data form ready – review the questions to be asked
- Practice Case's name(s)
- Have your call back number, schedule, and resources prepared and accessible
- Make multiple attempts: try different times of the day—if all attempts to contact the individual are unsuccessful within a 72-hour period, a letter will be sent
- Be prepared to work with an interpreter service to complete calls
- Make sure the Case is in a private place, or a place that feels comfortable for them to answer personal questions
- Be willing to call back if Case is busy

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Anticipated Concerns

- May not understand how coronavirus is spread
- May feel blamed or judged because of being involved in spreading the disease
- May feel threatened by you (or any government representative)
- Worried about receiving health care—especially if they don't have health insurance or access to care
- Mental health status/issues
- Sick people and parents of ill children worry about loss of income if they take time off work
- Immigration proceedings or documentation status
- May be a participant in a criminal justice proceeding
- Penalty for not following the Governor's orders



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Remember to:

- Be empathetic
- Practice bridging - you and the person you are talking to might have very different lived experiences
- Know when to refer to additional resources
- Do not provide medical advice
- Say THANK YOU! They are doing themselves and their community a huge service



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Interview Results

- Data collected during the interview will be entered into the OPERA data system.
- Information will be analyzed for trends and the results will be shared with epidemiologists, policy makers, local public health authorities, tribal governments and other stakeholders.

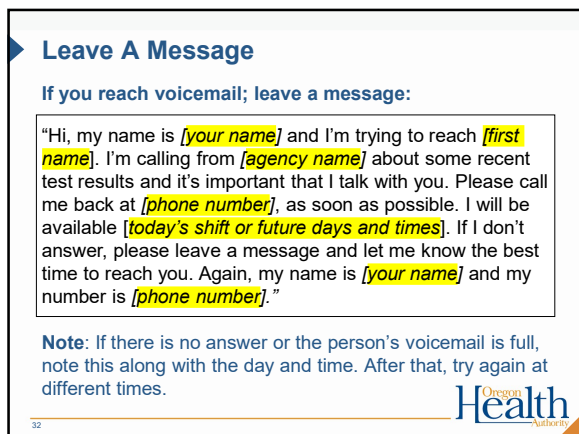


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30



31



32



33

Data Form Review of the Summary Tab/Demographics

Case first name: <input type="text"/>	Case last name: <input type="text"/>	Case phone number: <input type="text"/>
Date of Birth: <input type="text"/>	Date of COVID test: <input type="text"/>	First call attempt: <input type="text"/>
Orpheus CaseID number: <input type="text"/>	Interviewer name: <input type="text"/>	Interview date: <input type="text"/>

Summary tab


Is there a different name you would like me to call you for the rest of the interview?

(If no, re-state and confirm: "So, <first name/last name> is best?")

Thank you [confirmed first name]. What pronouns do you use?

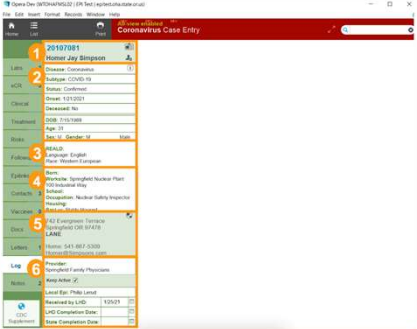
<input type="checkbox"/> She/her	<input type="checkbox"/> No pronouns, use my name	<input type="checkbox"/> I don't know what this question is asking
<input type="checkbox"/> He/him	<input type="checkbox"/> Not listed (please specify): <input type="text"/>	<input type="checkbox"/> Don't know
<input type="checkbox"/> They/them		<input type="checkbox"/> I don't want to answer

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OPERA Demographics Pane: Summary Tab/Demographics




35



35

Mock Call

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Review: Demographics/Summary Tab Data Form

Case first name: Jennifer	Case last name: Ruden	Case phone number: <input type="text"/>
Date of Birth: <input type="text"/>	Date of COVID test: <input type="text"/>	First call attempt: <input type="text"/>
Orpheus CaseID number: <input type="text"/>	Interviewer name: <input type="text"/>	Interview date: <input type="text"/>

Summary tab


Is there a different name you would like me to call you for the rest of the interview?

[If no, re-state and confirm: "So, <first name/last name> is best?"]

Thank you (confirmed first name). What pronouns do you use?

<input type="checkbox"/> She/her	<input type="checkbox"/> No pronouns, use my name	<input type="checkbox"/> I don't know what this question is asking
<input type="checkbox"/> He/him	<input type="checkbox"/> Not listed (please specify): <input type="text"/>	<input type="checkbox"/> Don't know
<input type="checkbox"/> They/them		<input type="checkbox"/> I don't want to answer

40



40

Questions?




41



41

REALD Language

42




42

Summary Tab: REALD Language

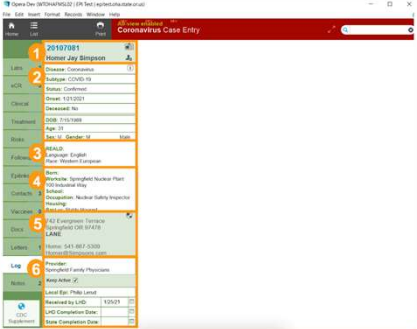
REALD: Language/communication	
What language do you speak at home? <input type="text"/>	
If other language indicated above AND not already requested in pre-interview	
Would you prefer an interpreter to continue this conversation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no interpreter requested, or resuming interview once interpreter is on the phone line:	
What is your preferred language when speaking with a healthcare provider? <input type="text"/>	
What is your preferred language for written health communications? <input type="text"/>	

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43

OPERA Demographics Pane: REALD Language




44



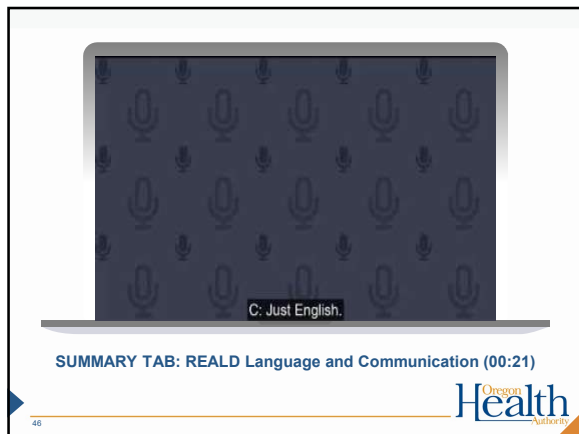
44

Mock Call

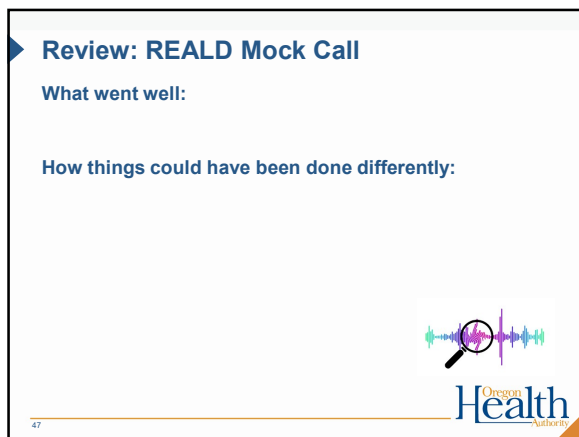
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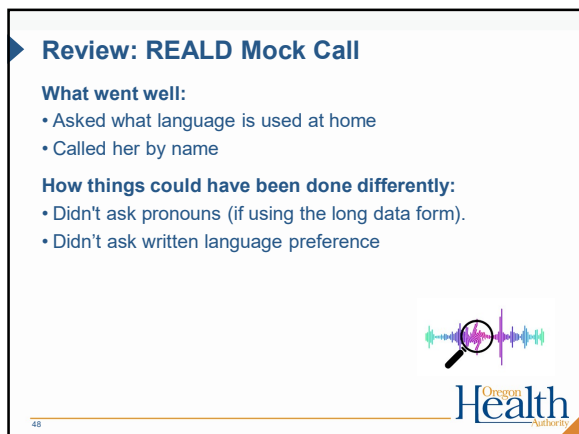
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46



47



48

Completed: Data Form Review: REALD Language Assessment


Case first name: Jennifer	Case last name: Ruden	Case phone number: <input type="text"/>
Date of Birth: <input type="text"/>	Date of COVID test: <input type="text"/>	First call attempt: <input type="text"/>
Orpheus CaseID number: <input type="text"/>	Interviewer name: <input type="text"/>	Interview date: <input type="text"/>

Summary tab

Is there a different name you would like me to call you for the rest of the interview? **Jennifer**
(If no, re-state and confirm: "So, <first name/last name> is best?")

Thank you (confirmed first name). What pronouns do you use?

<input type="checkbox"/> She/her	<input type="checkbox"/> No pronouns, use my name	<input type="checkbox"/> I don't know what this question is asking
<input type="checkbox"/> He/him	<input type="checkbox"/> Not listed (please specify): <input type="text"/>	<input type="checkbox"/> Don't know
<input type="checkbox"/> They/them	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> I don't want to answer



49

Questions?





50

REALD Disability



51

Summary Tab: REALD Disability

REAL-D: Disability: I am now going to ask you some questions about disabilities. Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.

Do you need health information in an alternate format, such as Braille or large font? ☐ Yes ☐ No

Are you blind, or do you have serious difficulty seeing, even when wearing glasses? ☐ Yes ☐ No

Does a physical, mental or emotional condition limit your activities in any way? ☐ Yes ☐ No

If age 5 or older:

Do you have serious difficulty walking or climbing stairs?
☐ Yes ☐ No ☐ Unknown ☐ Declined

Do you have difficulty dressing or bathing?
☐ Yes ☐ No ☐ Unknown ☐ Declined

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
☐ Yes ☐ No ☐ Unknown ☐ Declined

If age 15 or older:

Because of a physical, mental, or emotional condition, do you have serious difficulty doing errands alone, such as visiting a doctor's office or shopping?
☐ Yes ☐ No ☐ Unknown ☐ Declined

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52

OPERA Demographics Pane: REALD Disability Needs

[illegible]

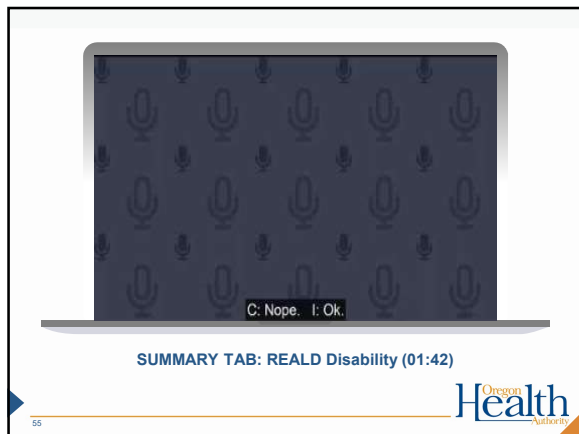
53

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Mock Call

54

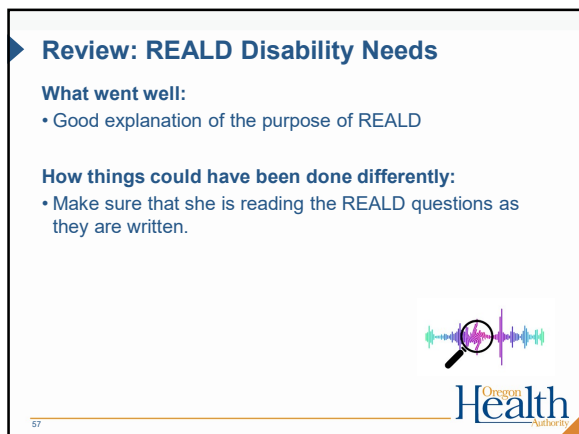
54



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56



57

Completed: Data Form Review: REALD Disability Needs

REAL-D: Disability: "I am now going to ask you some questions about disabilities. Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential."

Do you need health information in an alternate format, such as Braille or large font? ☐ Yes ☒ No

Are you blind, or do you have serious difficulty seeing, even when wearing glasses? ☐ Yes ☒ No

Does a physical, mental or emotional condition limit your activities in any way? ☐ Yes ☒ No

If age 5 or older:

Do you have serious difficulty walking or climbing stairs? ☐ Yes ☒ No ☐ Unknown ☐ Declined


Do you have difficulty dressing or bathing? ☐ Yes ☒ No ☐ Unknown ☐ Declined

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? ☐ Yes ☒ No ☐ Unknown ☐ Declined

If age 15 or older:

Because of a physical, mental, or emotional condition, do you have serious difficulty doing errands alone, such as visiting a doctor's office or shopping? ☐ Yes ☒ No ☐ Unknown ☐ Declined

58



58

Questions?




59



59

Contact and Address Confirmation

60



60

Summary Tab: Contact and Address Confirmation

Contact and address confirmation

Is the phone number I'm calling you on the best way to reach you by phone?

☐ Yes ☐ No, update phone number: _____

We will send you follow up information from this call. Would you like to receive it by postal mail or email?

☐ Postal mail ☐ Email → What is your email address? _____

[Confirm address on file in Opera.] Is this your correct home address? ☐ Yes ☐ No

If no, correct home address: _____

City: _____ State: _____ County of residence: _____

Is this also the address where you receive mail? ☐ Yes ☐ No

If no, correct mailing address: _____

City: _____ State: _____ County of residence: _____

What type of residence is this? ☐ Single family ☐ Multifamily ☐ Group home *[list continues below]*

High risk living situations ****Report to team lead/county when done, if not previously known****

<input type="checkbox"/> LTCF/Skilled nursing facility	<input type="checkbox"/> Correctional facility	<input type="checkbox"/> Dormitory/housing with shared space
<input type="checkbox"/> Unstably housed/homeless	<input type="checkbox"/> Work camp/farmworker housing	<input type="checkbox"/> Other (describe): _____



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61

OPERA Demographics Pane: Contact and Address Confirmation

[illegible]

62

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Mock Call



63

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Review

What went well:

How things could have been done differently:



65

65


Review

What went well:

- Verified that the cases address was correct.

How things could have been done differently:

- Did not verify the actual telephone number with the case.
- Did not verify the email address, since the case prefers to receive email versus postal mail.
- Ensure that the contact information is verified. This includes the telephone number as well as other contact information such as the email address information.



66

66

Completed: Data Form Review: Contact and Address Confirmation

Contact and address confirmation
 Is the phone number I'm calling you on the best way to reach you by phone?
☒ Yes ☐ No, update phone number: _____


We will send you follow up information from this call. Would you like to receive it by postal mail or email?
☐ Postal mail ☒ Email → What is your email address? _____

[Confirm address on file in Opera.] Is this your correct home address? ☒ Yes ☐ No
 If no, correct home address: _____
 City: _____, State: _____ County of residence: _____

Is this also the address where you receive mail? ☒ Yes ☐ No
 If no, correct mailing address: _____
 City: _____, State: _____ County of residence: _____

What type of residence is this? ☐ Single family ☐ Multifamily ☐ Group home (list continues below)

High risk living situations **Report to team lead/county when done, if not previously known**
☐ LTCF/Skilled nursing facility ☐ Correctional facility ☐ Dormitory/housing with shared space
☐ Unstably housed/houseless ☐ Work camp/farmworker housing ☐ Other (describe): _____



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Interview Practice
 15 Minutes



MODULE ONE – Demographics, REALD Language Assessment, REALD Disability Needs, Contact and address confirmation



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Questions?






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Module 1 Summary of Data Form and Case Investigation

- Interview Preparation
- Leave A Message
- Demographic information
- Race Ethnicity And Language and Disability Needs (REALD)


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**BREAK
(5-10 Minutes)**

71



71

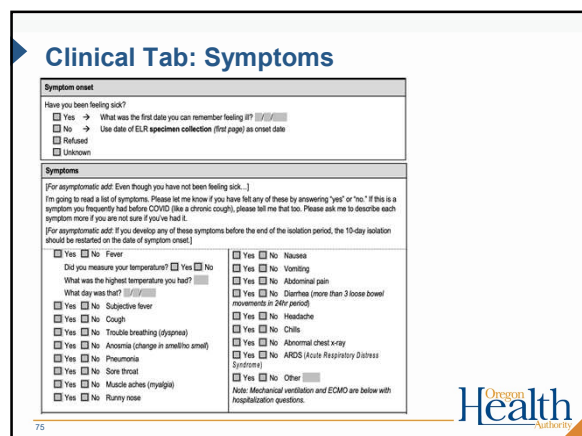
Clinical Tab

72



72





Clinical Tab: Hospitalization

Hospitalization

Have you had to stay overnight at the hospital since your Coronavirus diagnosis? ☐ Yes ☐ No

If yes: Do you know the name of the hospital where you were admitted?

Do you remember what dates you were at the hospital? Admit: Discharge:

Were you in the ICU? ☐ Yes ☐ No

☐ Mechanical ventilation

☐ Received ECMO

How were you transported to the hospital?

☐ Ambulance Date: Time: Ambulance company:


☐ Personal vehicle

☐ Public transportation

☐ Other (specify)

☐ Unknown

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OPERA Clinical Tab; Symptoms and Hospitalizations

20190264
Protein Biogener

CLINICAL

Have you had symptoms since diagnosis? ☐ Yes ☐ No

What date did you have symptoms?

How long did you have symptoms?

What date did you stop having symptoms?

How long did you stop having symptoms?

CLINICAL QUESTIONS

Have you had symptoms since diagnosis? ☐ Yes ☐ No


What date did you have symptoms?

How long did you have symptoms?

What date did you stop having symptoms?

How long did you stop having symptoms?


77



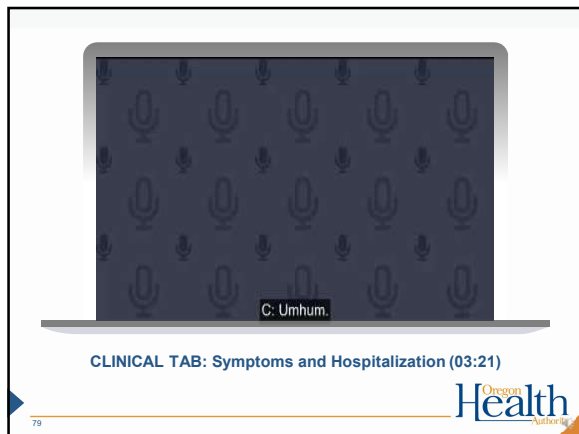
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Mock Call

78



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CLINICAL TAB: Symptoms and Hospitalization (03:21)

79

79

Review

What went well:

How things could have been done differently:



80

80


Review

What went well:

- Asked about signs and symptoms, within the context of the conversation with the case

How things could have been done differently:

- Make sure that you are asking about hospitalization as it relates to COVID-19.



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Completed: Data Form Review: Clinical Tab; Symptoms and Hospitalizations

Symptom onset

Have you been feeling sick? ☒ Yes → What was the first date you can remember feeling ill? **10/17/21**
☐ No → Use date of ELR specimen collection (first page) as onset date:
☐ Relapsed
☐ Unknown

Symptoms

[For asymptomatic add: Even though you have not been feeling sick...]
 I'm going to read a list of symptoms. Please let me know if you have felt any of these by answering "yes" or "no." If this is a symptom you frequently had before COVID (like a chronic cough), please tell me that too. Please ask me to describe each symptom more if you are not sure if you've had it.
 [For asymptomatic add: If you develop any of these symptoms before the end of the isolation period, the 10-day isolation should be restarted on the date of symptom onset.]

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No: Nausea
Did you measure your temperature? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No: Vomiting
What was the highest temperature you had? <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No: Abdominal pain
What day was that? // //	<input type="checkbox"/> Yes <input type="checkbox"/> No: Diarrhea (more than 3 loose bowel movements in 24hr period)
<input type="checkbox"/> Yes <input type="checkbox"/> No: Subjective fever	<input type="checkbox"/> Yes <input type="checkbox"/> No: Headache
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No: Chills
<input type="checkbox"/> Yes <input type="checkbox"/> No: Trouble breathing (dyspnea)	<input type="checkbox"/> Yes <input type="checkbox"/> No: Abnormal chest x-ray
<input type="checkbox"/> Yes <input type="checkbox"/> No: Anorexia (change in appetite)	<input type="checkbox"/> Yes <input type="checkbox"/> No: ARDS (Acute Respiratory Distress Syndrome)
<input type="checkbox"/> Yes <input type="checkbox"/> No: Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No: Other <input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No: Sore throat	
<input type="checkbox"/> Yes <input type="checkbox"/> No: Muscle aches (myalgia)	
<input type="checkbox"/> Yes <input type="checkbox"/> No: Runny nose	

Note: Mechanical ventilation and ECMO are below with hospitalization questions.

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Completed: Data Form Review: Clinical Tab: Symptoms and Hospitalizations

Hospitalization

Have you had to stay overnight at the hospital since your Coronavirus diagnosis? ☐ Yes ☐ No

If yes: Do you know the name of the hospital where you were admitted?

Do you remember what dates you were at the hospital? Admit: // // Discharge: // //

Were you in the ICU? ☐ Yes ☐ No

☐ Mechanical ventilation
☐ Received ECMO

How were you transported to the hospital?


☐ Ambulance Date: // // Time: Ambulance company:
☐ Personal vehicle
☐ Public transportation
☐ Other (specify)
☐ Unknown

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Interview Practice
 10 Minutes



PART ONE – Clinical Tab Symptoms and Hospitalizations

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Questions?



85



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Summary

- Clinical Tab: Symptoms and Hospitalization

86



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Risks and Follow-up Tabs

87



87

Topics

- Medical Conditions, Activities and Exposure
- Travel
- Mock call interview segments
- Summary



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Medical Conditions, Activities and Exposure



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Risks Tab: Medical Conditions

Underlying medical conditions:

Next, I'd like to ask you about your overall health and medical history. Do you currently have any medical conditions?

☐ Yes ☐ No

If yes: Can you describe them to me?

I would also like to read a list of medical conditions. Please let me know if you have ever been told by a doctor that you have the medical condition by answering "yes" or "no."

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chronic lung disease (<i>asthma/emphysema/COPD</i>)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes Mellitus (<i>type I or II</i>)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cardiovascular disease (<i>heart disease</i>)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chronic renal disease (<i>kidney disease</i>)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Chronic liver disease
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Immunosuppressed condition (<i>condition that makes it harder to fight infection, like cancer</i>)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neurologic/neurodevelopmental/intellectual
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any other chronic diseases not already mentioned? <input type="text"/>

Do you smoke (cigarettes) currently, or have you ever smoked?

☐ No ☐ Current smoker ☐ Former smoker

Has a doctor ever diagnosed you with obesity?

☐ Yes ☐ No ☐ Refused ☐ Unknown



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Risks Tab: Pregnancy

Pregnancy (review DOB from front page. Ask women, nonbinary and transgender men 14-55 years old, DOB 1965-2006)

Are you currently pregnant, or is there a chance you could be?
 [for: Is anyone in your home pregnant?] ☐ Case ☐ Someone else in household ☐ No ☐ Unknown

If yes: I'm guessing your COVID diagnosis might create some concern under these circumstances. [pause]
 Do you know the due date? / / **Report to team lead or county when done**


Contact with case during exposure period

In the two weeks before you started feeling sick [or: tested positive], did you have close contact with anyone else who has tested positive for COVID? Close contact means within 6' for more than 15 minutes within 24 hours.

☐ Yes ☐ No

If yes: ☐ Household contact ☐ Community contact ☐ Healthcare related contact

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OPERA Risks Tab

20115082
 Mary E Murphy

QUESTIONS


1. Did you have any close contact with someone who has COVID-19?
 Yes ☐ No ☐ If yes, please specify: []

2. Did you have any close contact with someone who has COVID-19?
 Yes ☐ No ☐ If yes, please specify: []

3. Did you have any close contact with someone who has COVID-19?
 Yes ☐ No ☐ If yes, please specify: []

4. Did you have any close contact with someone who has COVID-19?
 Yes ☐ No ☐ If yes, please specify: []

92



92


Risks Tab: Activities

Activities

I'm going to go through a list of activities. Can you tell me if you've participated in any of these in the past two weeks?
 Just a yes or no for each. (select all that apply):

<input type="checkbox"/> Yes <input type="checkbox"/> No Non-public gatherings of more than 10 people	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Bar or restaurant	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Gym/fitness center	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Participate in recreational sports activities	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Bowling alley	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Movie theater, theatre, or concert	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Faith-based gatherings	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Spectate sporting event	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Protest/demonstration	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Medical appointments	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Fair or festival	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> Yes <input type="checkbox"/> No Other	<input type="checkbox"/> Yes: indoors <input type="checkbox"/> outdoors
<input type="checkbox"/> None	

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93

Risks Tab: Activities continued...

Have you had guests in your home or were a guest in someone else's home?
☐ Yes ☐ No

In general, how often do you wear a mask when you are not in your home?
☐ All of the time
☐ Most of the time
☐ Some of the time
☐ Not much of the time
☐ None of the time
☐ I was unable to get a mask
☐ I was not around people that were not in my household

In general, how often are you able to stay physically distanced from people who don't live in your household?
☐ All of the time
☐ Most of the time
☐ Some of the time
☐ Not much of the time
☐ None of the time
☐ I was not around people that were not in my household

Do you vary your mask or physical distancing wearing behavior depending on if the people you're around are vaccinated or not?
☐ Yes ☐ No ☐ Unsure ☐ Refused

In the past 14 days, how many rides did you take on public transit?
☐ None
☐ 1-4
☐ 5-10
☐ More than 10

94

Oregon Health
Author

94

Mock Call

95

Oregon Health
Author

95

RISKS TAB: Exposure and Activities (01:18)

C: we're going to look at two weeks before that date

96

Oregon Health
Author

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Completed: Data Form Review: Risk Tab

Pregnancy (review DOB from front page. Ask women, nonbinary and transgender men 14-55 years old, DOB 1965-2006)
 Are you currently pregnant, or is there a chance you could be?
 [for: Is anyone in your home pregnant?] ☐ Case ☐ Someone else in household ☐ No ☐ Unknown

If yes: I'm guessing your COVID diagnosis might create some concern under these circumstances. [pause]
 Do you know the due date? / / **Report to team lead or county when done**

Contact with case during exposure period
 In the two weeks before you started feeling sick [or: tested positive], did you have close contact with anyone else who has tested positive for COVID? Close contact means within 6' for more than 15 minutes within 24 hours.
☐ Yes ☐ No
 If yes: ☐ Household contact ☐ Community contact ☐ Healthcare related contact

100




100

Completed: Data Form Review: Risk Tab

Activities
 I'm going to go through a list of activities. Can you tell me if you've participated in any of these in the past two weeks?
 Just a yes or no for each. (select all that apply):

<input type="checkbox"/> Yes <input type="checkbox"/> No Non-public gatherings of more than 10 people	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Bar or restaurant	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Gym/fitness center	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Participate in recreational sports activities	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Bowling alley	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Movie theater, theatre, or concert	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Faith-based gatherings	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Spectate sporting event	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Protest/demonstration	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Medical appointments	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Fair or festival	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Other	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> None	

101




101

Completed: Data Form Review: Risk Tab

Activities
 I'm going to go through a list of activities. Can you tell me if you've participated in any of these in the past two weeks?
 Just a yes or no for each. (select all that apply):

<input type="checkbox"/> Yes <input type="checkbox"/> No Non-public gatherings of more than 10 people	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Bar or restaurant	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Gym/fitness center	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Participate in recreational sports activities	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Bowling alley	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Movie theater, theatre, or concert	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Faith-based gatherings	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Spectate sporting event	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Protest/demonstration	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Medical appointments	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Fair or festival	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No Other	If yes: indoors <input type="checkbox"/> outdoors <input type="checkbox"/>
<input type="checkbox"/> None	

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102

Interview Practice
10 Minutes



PART ONE – Risks and Follow-up

103

Health
Authors

103

Questions?



104

Health
Authors

104

Travel

105

Health
Authors

105

Risks Tab: Travel

Travel
 In the two weeks before you started feeling sick (or: tested positive), up until (today or end of isolation period, whichever comes first), did you travel outside of your home area?
☐ Yes ☐ No

If yes: Where did you travel? _____

How did you travel? (auto, plane, train, bus, cruise ship, other vessel, bike, other, unknown): _____


Airline/cruise/bus company name: _____

What was the reason for your travel (work, vacation, see family, military, missionary, volunteer, Peace Corps, education, adoption, immigrant/refugee, migrant labor, other, unknown): _____

Who did you travel with? (solo, same HH, multiple HH, organized group, cruise, military, other): _____

Dates of travel: ____/____/____ to ____/____/____


Flight number: _____



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106

Mock Call



107

107

RISKS TAB: Travel (04:20)




108

108

Review: Mock Call Travel

What went well:

How things could have been done differently:



109

109


Review: Mock Call Travel

What went well:

- Checked in with the case to see if there was any additional information that was important
- Reassured case that confidentiality would be maintained

How things could have been done differently:

- Should have tried to find out more information about the coffee shops location (can be more than one with that name).



110

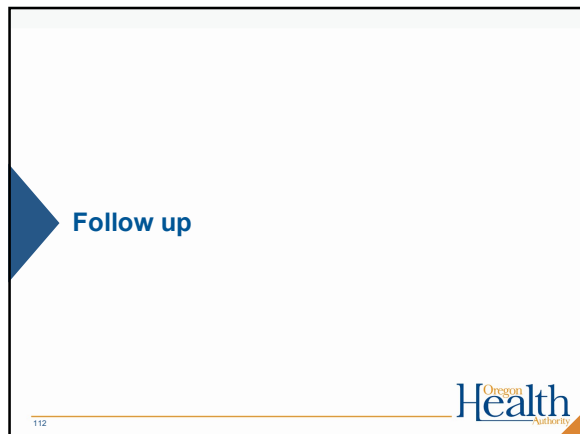
110

Questions?

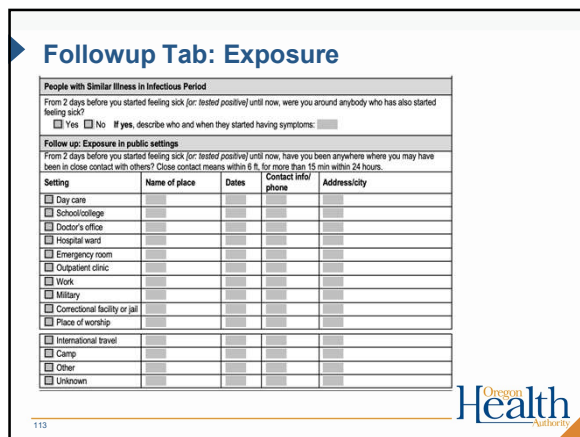



111

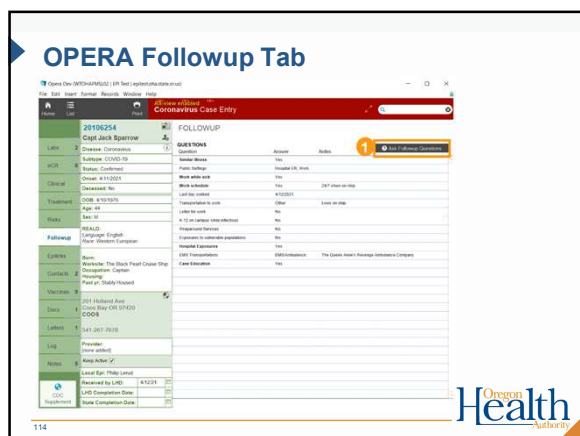
111



112



113



114

Completed: Data Form Review: Travel Information

Travel
In the two weeks before you started feeling sick (or: tested positive), up until (today or end of isolation period, whichever comes first), did you travel outside of your home area? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: Where did you travel? _____
How did you travel? (auto, plane, train, bus, cruise ship, other vessel, bike, other, unknown): _____
Airline/cruise/bus company name: _____
What was the reason for your travel (work, vacation, see family, military, missionary, volunteer, Peace Corps, education, adoption, immigrant/refugee, migrant labor, other, unknown): _____
Who did you travel with? (solo, same HH, multiple HH, organized group, cruise, military, other): _____
Dates of travel: // // to // //
Flight number: _____

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115

Completed: Data Form Review: Follow up Information

People with Similar Illness in Infectious Period				
From 2 days before you started feeling sick (or: tested positive) until now, were you around anybody who has also started feeling sick? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe who and when they started having symptoms: _____				
Follow up: Exposure in public settings				
From 2 days before you started feeling sick (or: tested positive) until now, have you been anywhere where you may have been in close contact with others? Close contact means within 6 ft. for more than 15 min within 24 hours.				
Setting	Name of place	Dates	Contact info/ phone	Address/city
<input type="checkbox"/> Day care				
<input type="checkbox"/> School/college				
<input type="checkbox"/> Doctor's office				
<input type="checkbox"/> Hospital ward				
<input type="checkbox"/> Emergency room				
<input type="checkbox"/> Outpatient clinic				
<input type="checkbox"/> Work				
<input type="checkbox"/> Military				
<input type="checkbox"/> Correctional facility or jail				
<input type="checkbox"/> Place of worship				
<input type="checkbox"/> International travel				
<input type="checkbox"/> Camp				
<input type="checkbox"/> Other				
<input type="checkbox"/> Unknown				

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116

Interview Practice 10 Minutes



Travel and Follow up Information

117

117

Questions?



118



118

Group Practice



Risks and Follow-up Activity


119



119

Date of Onset & Sickness Timeframe Activity

120




120

Date of Onset & Sickness Timeframe

Activity

- We have a 72-year-old female named Esther Lee Mesquita who lives alone in a townhouse apartment at a retirement community in Portland, OR. She started having flu like symptoms that included a cough and “feeling warm” on 10/17/21 and went to her doctor on 10/18/21, where she was tested for COVID 19. She received her positive test results on 10/20/21 at 0800 and you called her at 1130 to do the case interview. During the case interview, you discover that she has a history of high blood pressure, type -2 diabetes, and asthma. She also traveled to Vancouver, WA on 09/18/21 for a birthday party with her sister, niece, and daughter. She was at the dining hall on 10/16/21 at a birthday party for one of the residents that turned 100 years old.
- Based on this this scenario, what is her date of onset and what is her isolation period? Where do you think she contracted COVID-19 from? What are some other concerns about this case? Who in this scenario needs to be contacted?



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Questions?





122

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Summary

- Medical Conditions, Activities and Exposure
- Travel



123

123

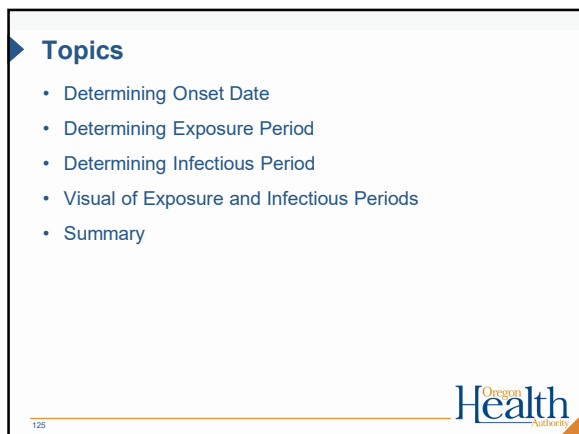


Closer Look: Onset & Exposure, and Infectious Timeframe

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Oregon Health
Autism

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Topics

- Determining Onset Date
- Determining Exposure Period
- Determining Infectious Period
- Visual of Exposure and Infectious Periods
- Summary

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Oregon Health
Autism

125



Determining Onset

126


Oregon Health
Autism

126

Calculating Onset Timeline

- Symptomatic: Date of symptom onset.
- Asymptomatic: Collection date of first positive test result.
- Chronic symptoms: Onset indeterminate and use collection date of first positive test result.


127



127

Determining Exposure Period

128




128

Calculating Exposure Timeline

- Timeframe for possible sources of infection for the case.
- 14 days before onset until the onset date.

129



129

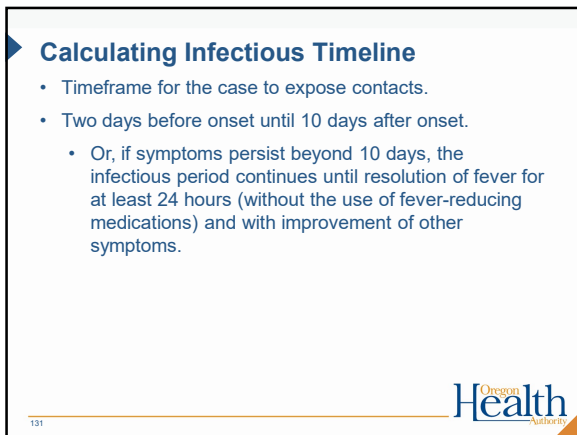


Determining Infectious Period

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Oregon Health Division

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Calculating Infectious Timeline

- Timeframe for the case to expose contacts.
- Two days before onset until 10 days after onset.
 - Or, if symptoms persist beyond 10 days, the infectious period continues until resolution of fever for at least 24 hours (without the use of fever-reducing medications) and with improvement of other symptoms.

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Oregon Health Division

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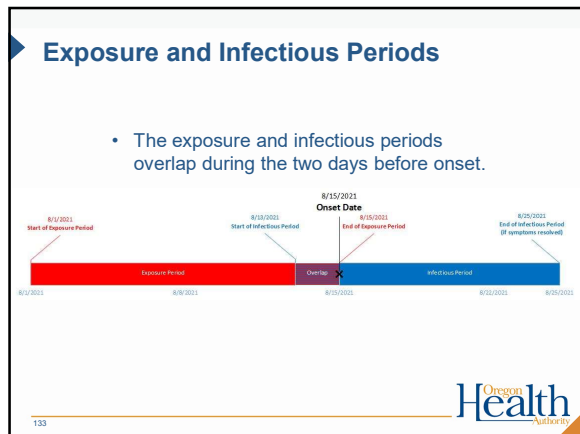


Visual

132

Oregon Health Division

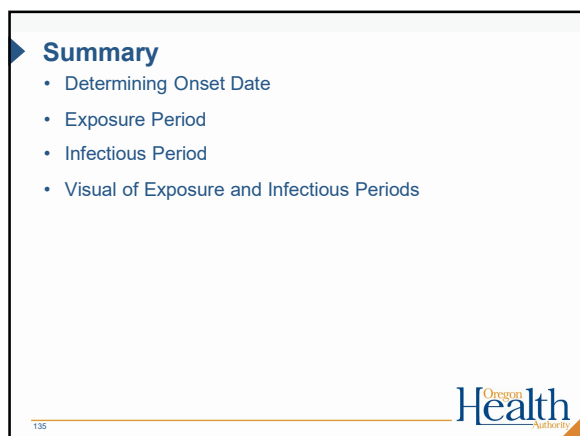
132



133



134



135

Questions?



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Oregon Health
Authors

136


BREAK
(5-10 Minutes)

137

Oregon Health
Authors

137

Group Practice



**Onset, Exposure, and Infectious
Period Activity**

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Oregon Health
Authors

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Date of Onset & Sickness Timeframe Activity

Test date: Friday, September 10
 Date and time of call: Monday, September 13 at 10:15am
 Case name and DOB: Sue Storm 11/1/1961
 Case is not reached, left voicemail.

Date of onset:
 Start of Exposure period:
 End of Exposure period:
 Start of Infectious period:
 End of Infectious period:
 Contacts:
 Summary note:



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Answers: Date of Onset & Sickness Timeframe Activity

Test date: Friday, September 10
 Date and time of call: Monday, September 13 at 10:15am
 Case name and DOB: Sue Storm 11/1/1961
 Case is not reached, left voicemail.

Date of onset:
 Start of Exposure period:
 End of Exposure period:
 Start of Infectious period:
 End of Infectious period:
 Contacts:
 Summary note:



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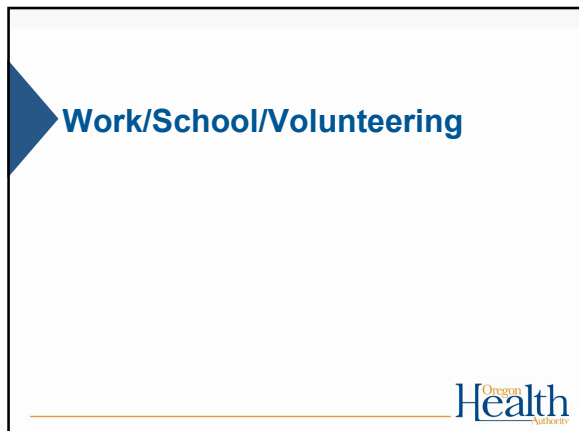
140

Questions?



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Work/School/Volunteering

Work/school/volunteering outside the house

In the two weeks before you started feeling sick (or tested positive) to today, did you work, attend school (if young child: daycare) or volunteer, such as helping someone else outside your home?

☐ Yes - Work ☐ Yes - Student ☐ Yes - Other: ☐ None ☐ Remote only ☐ On leave

If yes: What is the name and location?

Work/school/daycare/volunteer site name:
 Address:
 City: State: ZIP code:

What do you do/what is your role there? (occupation)

If worksite city is different from home city: (Verify same or different county)
 If different: Case works in County → Assign opera note to county with worksite information.

Letter for work

Do you need a letter for work? ☐ Yes ☐ No

Workplace contact (enter as opera note)

We will follow-up with your employer to let them know of a worksite exposure to Coronavirus. You can also follow-up with them directly if you would like to share this information with them. We will notify your employer that an employee has tested positive for COVID-19, and we will do our best to maintain your confidentiality in this notification. Our goal is to allow your employer to take precautions to protect other staff and those you work with. Will you share your HR's or supervisor's information with me?

HR/supervisor's name: HR/supervisor's contact info: - -

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Oregon Health
Autism

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Work/School/Volunteering

High Risk Employment/School/Volunteer Situations

Worked in/attended school or daycare within 14 days of onset? **Report when done**

☐ Yes ☐ No ☐ Unsure ☐ Refused

If yes:

- ☐ Daycare center/preschool (including Pre-K and preschools attached to K-12 school)
- ☐ School - K-12 (including Pre-K and preschools attached to K-12 school)
- ☐ Extracurricular activity/sports
- ☐ Higher education

If yes: Does the case reside in on-campus housing (including Greek life housing)? ☐ Yes ☐ No ☐ Unsure ☐ Refused

If yes: Was the student or staff fully remote? ☐ Yes ☐ No ☐ Unsure ☐ Refused

Worked in healthcare, EMS or other care facility within 14 days of onset? **Report when done**

Type of setting: ☐ LTC/skilled nursing ☐ Dialysis
☐ Hospital ☐ Ambulatory surgery
☐ EMS ☐ Other:

If yes: Do you provide direct patient care? ☐ Yes ☐ No

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Oregon Health
Autism

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Work/School/Volunteering

Worked/volunteered in other high risk setting within 14 days of onset? **Report when done**

Congregate settings:

- ☐ Dorm or other high-density residence
- ☐ Correctional facility
- ☐ Confined workspace

Vulnerable populations:

- ☐ Elderly (60 years or older)
- ☐ Correctional facility
- ☐ Homeless or unstably housed people
- ☐ Unknown
- ☐ Other (please describe vulnerable population):

Works closely with other people

- ☐ Works closely with other people
- ☐ Interacts with the public
- ☐ Other (please describe):

Immunocompromised

- ☐ Immunocompromised
- ☐ Pregnant
- ☐ Migrant/seasonal farmworker or work camp resident

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Oregon Health
Autism

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Work/School/Volunteering

Last day worked/attended school or daycare/volunteered

What is the last day that you were at work/school/volunteered? Date:

Did you work/attend school/volunteer while sick? ☐ Yes ☐ No


For K-12 students only:

Were you on campus within two days of your positive test or symptom onset?
☐ Yes ☐ No

If yes: Dates on campus:

If yes: Why were you on campus? (check all that apply)

- ☐ Class
- ☐ Extracurricular activity
- ☐ Sports
- ☐ Use of school services, such as school computers, library, counseling, or tutor



148

148

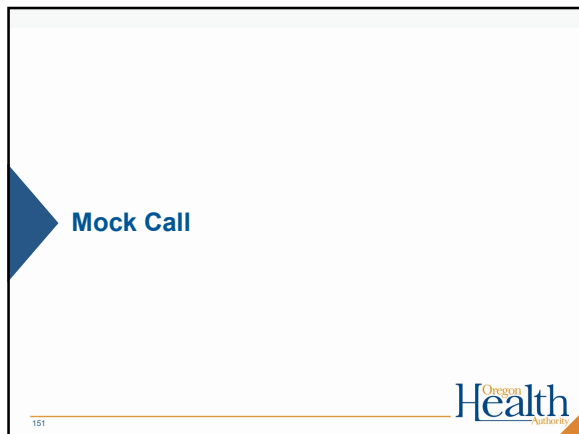
Work/School/Volunteering

Schedule	
What is your work/school/volunteer schedule? 	
Transportation	
How do you get to work/school/volunteer? <input type="checkbox"/> Drive alone <input type="checkbox"/> Public transit <input type="checkbox"/> Carpool <input type="checkbox"/> Rideshare (Uber/Lyft) <input type="checkbox"/> Bike/walk <input type="checkbox"/> Parent/guardian drop off <input type="checkbox"/> School bus <input type="checkbox"/> Other: 	NOTE: <i>If case carpools, make sure to add contact info into Social Contacts table.</i>

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The screenshot displays the OPERA Followup Tab interface. At the top, there's a header with the text 'OPERA Followup Tab: Work, school, and Volunteering'. Below this, a navigation bar shows 'Case Jack Sparano' and 'Coronavirus Case Entry'. The main content area is divided into several sections: 'Overview' (showing case details like 'Case Jack Sparano', 'Subtype: COVID-19', 'Created: 4/11/2020', 'Deceased: No', 'Status: Case is resolved', 'Page: 12', 'Page Size: 25'), 'Questions' (showing a list of questions with columns for 'Answer' and 'Notes'), and 'Followup' (showing a list of follow-up items with columns for 'Status', 'Due Date', 'Assigned To', and 'Comments'). The 'Followup' section is currently selected, showing a list of follow-up items with columns for 'Status', 'Due Date', 'Assigned To', and 'Comments'. The 'Status' column shows 'Not Started', 'In Progress', and 'Completed'. The 'Due Date' column shows dates like '4/11/2020' and '4/12/2020'. The 'Assigned To' column shows names like 'John Doe' and 'Jane Smith'. The 'Comments' column shows text like 'I am not sure what to do' and 'I am not sure what to do'.

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153

Review

What went well?

- Verified that contact information was correct nice job of information gathering and keeping dialogue going with case.

How things could have been done differently:

- Verify the email address information



Oregon
Health
Partners

154

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Completed: Data Form Review: Work, School, and Volunteering

Work/school/volunteering outside the house

In the two weeks before you started feeling sick (or: tested positive) to today, did you work, attend school (if young child: daycare) or volunteer, such as helping someone else outside your home?

☐ Yes - Work ☐ Yes - Student ☐ Yes - Other: ☐ None ☐ Remote only ☐ On leave

If yes: What is the name and location?
Work/school/daycare/volunteer site name:
Address:
City: State: ZIP code:

What do you do/what is your role there? (occupation)

If worksite city is different from home city: (Verify same or different county)
If different: Case works in County → Assign opera note to county with worksite information.

Letter for work:
Do you need a letter for work? ☐ Yes ☐ No

Workplace contact (enter as opera note)
We will follow-up with your employer to let them know of a worksite exposure to Coronavirus. You can also follow-up with them directly if you would like to share this information with them. We will notify your employer that an employee has tested positive for COVID-19, and we will do our best to maintain your confidentiality in this notification. Our goal is to allow your employer to take precautions to protect other staff and those you work with. Will you share your HR's or supervisor's information with me?
HR/supervisor's name: HR/supervisor's contact info: - -

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Completed: Data Form Review: Work, School, and Volunteering

High Risk Employment/School/Volunteer Situations

Worked in/attended school or daycare within 14 days of onset? ****Report when done****

☐ Yes ☐ No ☐ Unsure ☐ Refused

If yes:

- ☐ Daycare center/preschool (excluding Pre-K and preschools attached to K-12 school)
- ☐ School - K-12 (including Pre-K and preschools attached to K-12 school)
- ☐ Extracurricular activity/sports
- ☐ Higher education

If yes: Does the case reside in on-campus housing (including Greek life housing)? ☐ Yes ☐ No ☐ Unsure ☐ Refused

If yes: Was the student or staff fully remote? ☐ Yes ☐ No ☐ Unsure ☐ Refused

Worked in healthcare, EMS or other care facility within 14 days of onset? ****Report when done****

Type of setting: ☐ LTC/facility nursing ☐ Dialysis
☐ Hospital ☐ Ambulatory surgery
☐ EMS ☐ Other:

If yes: Do you provide direct patient care? ☐ Yes ☐ No

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Completed: Data Form Review: Work, School, and Volunteering

Worked/volunteered in other high risk setting within 14 days of onset?		**Report when done**
Congregate settings: <input type="checkbox"/> Dorm or other high-density residence <input type="checkbox"/> Correctional facility <input type="checkbox"/> Confined workspace Vulnerable populations: <input type="checkbox"/> Elderly (60 years or older) <input type="checkbox"/> Correctional facility <input type="checkbox"/> Homeless or unstably housed people <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please describe vulnerable population): _____	<input type="checkbox"/> Works closely with other people <input type="checkbox"/> Interacts with the public <input type="checkbox"/> Other (please describe): _____ <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Pregnant <input type="checkbox"/> Migrant/seasonal farmworker or work camp resident	

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Oregon Health
Autism

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Completed: Data Form Review: Work, School, and Volunteering

Last day worked/attended school or daycare/volunteered	
What is the last day that you were at work/school/volunteered? Date: _____	
Did you work/attend school/volunteer while sick? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For K-12 students only:	
Were you on campus within two days of your positive test or symptom onset?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes: Dates on campus: _____	
If yes: Why were you on campus? (check all that apply)	
<input type="checkbox"/> Class <input type="checkbox"/> Extracurricular activity <input type="checkbox"/> Sports <input type="checkbox"/> Use of school services, such as school computers, library, counseling, or tutor	

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Oregon Health
Autism

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Completed: Data Form Review: Work, School, and Volunteering

Schedule	
What is your work/school/volunteer schedule? _____	
Transportation	
How do you get to work/school/volunteer?	
<input type="checkbox"/> Drive alone <input type="checkbox"/> Carpool <input type="checkbox"/> Bike/walk <input type="checkbox"/> School bus	<input type="checkbox"/> Public transit <input type="checkbox"/> Rideshare (Uber/Lyft) <input type="checkbox"/> Parent/guardian drop off <input type="checkbox"/> Other: _____


NOTE:
If case carpools, make sure to add contact info into Social Contacts table.

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Oregon Health
Autism

159

Interview Practice
10 Minutes



PART ONE – Work, School, and Volunteering



160

160

Questions?






161

161

Summary

- Contacts:
 - Workplace
 - Social
 - Household
- This information will be uploaded into the ARIAS Data System for contact tracing.



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162



163



164



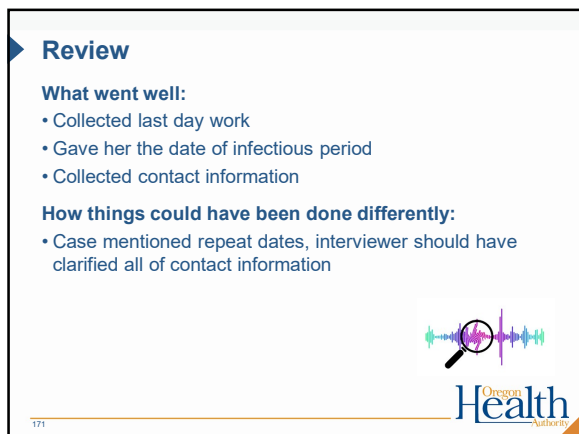
165



169



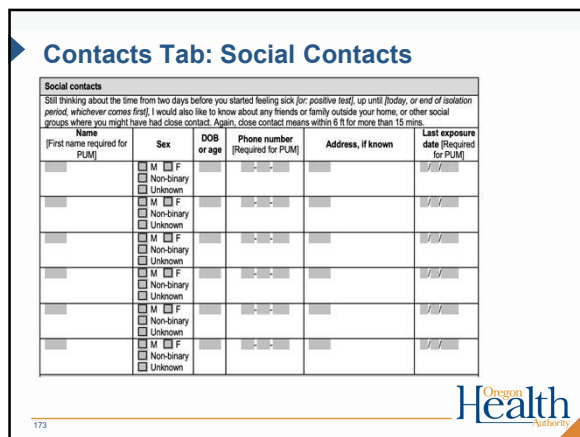
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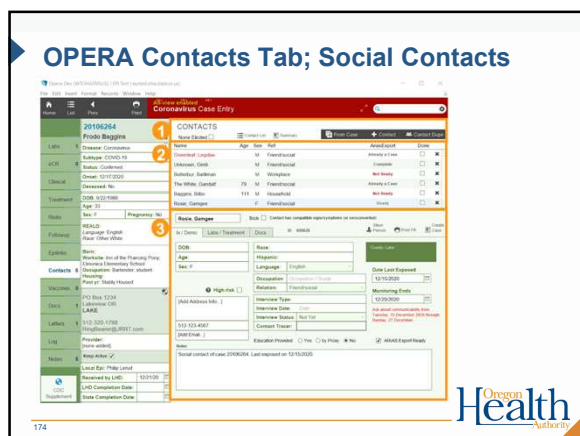
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172



173



174

Contacts Tab: Household Contacts

Household contacts

Next, I will ask you some questions about the people who live at your address. As we go through this list, I will ask you if anyone has had symptoms. Later I will share important information on how everyone around you can stay healthy.

Name (First name Required for PUM)	Sex	Relationship	DOB or age	COVID-19 tested?	Sick? If Yes, Symptoms	Phone number (If different Required for PUM)
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="text"/>

OPERA Contacts Tab: Household

Coronavirus Case Entry

CONTACTS

Name	Age	Sex	Address	Status
John Doe	35	M	123 Main St, Apt 101	Household
Jane Doe	32	F	123 Main St, Apt 101	Household
Bob Doe	38	M	123 Main St, Apt 101	Household

Details

Basic

Name: John Doe
 Age: 35
 Sex: M
 Address: 123 Main St, Apt 101
 Status: Household
 Monitoring Status: Not Monitored
 Last Update: 10/25/2020
 Last Contact: 10/25/2020
 Last Seen: 10/25/2020

Notes

Notes: No notes for this contact.

Completed: Data Form Review: Work, Social, and Household Contacts

[illegible]

178



178

Completed: Data Form Review: Work, Social, and Household Contacts

[illegible]

170



179

Interview Practice

10 Minutes



PART ONE – Work, Social, and Household Contacts

100



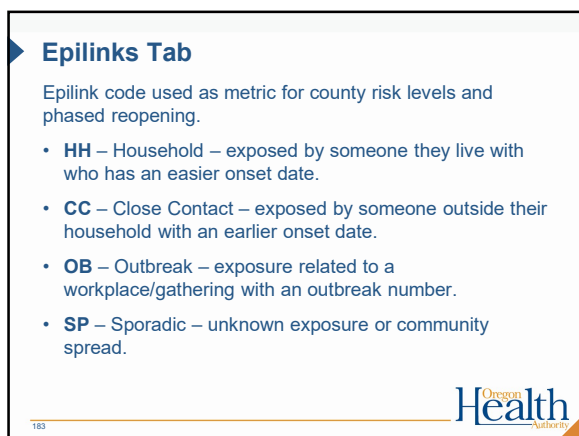
180



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182



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The screenshot displays the OPERA Epilinks interface. At the top, the title 'OPERA Epilinks Tab' is prominent. Below it, a navigation bar includes 'Opera Data (INFO/HELP/FAQ/LOGO)', 'OPERA User', and 'Help'. The main content area is divided into several sections:

- Left Sidebar:** Contains navigation links: Home, About, Search, Reports, Results, and a highlighted 'Epilinks' link.
- Top Section:** Displays '60000097 Risk Wastewater' and 'EPI LINKS'. It includes a search bar with the text 'Associated with a known outbreak?' and a filter for 'Case is the contact of another outbreak?'.
- Filter Section:** Includes 'Extension Term' (Large, Small), 'Exp. Date' (2019-03-28), and 'Exp. Range' (1990-2020). It also has a 'Get Page Size' dropdown and a 'Show all' link.
- Search Results:** A table showing search results for 'Epilinks'. The table has columns for 'Status', 'Name', 'Location', 'Date', 'Case', and 'Outbreak'. The first row shows 'Epilinks' with a status of 'Active', name 'Epilinks', location 'Epilinks', date '2019-03-28', case '1', and outbreak '1'.
- Overview Info:** A section titled 'OVERVIEW INFO' showing 'Outbreak ID' (2019-03-28) and 'Epilinks'.
- Case Details:** A section titled 'CASE DETAILS' showing 'Case ID' (2019-03-28) and 'Epilinks'.
- Case List:** A table listing cases with columns for 'Name', 'Age', 'Gender', 'County', 'Status', and 'Outbreak ID'. The table shows one case: 'Epilinks' with age '19', gender 'Male', county 'Epilinks', status 'Active', and outbreak ID '1'.

The interface is designed for users to search, filter, and view details of epidemiological data related to wastewater and other health issues.

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Summary

- Contacts
 - Work
 - Social
 - Household
- EpiLinks
 - Your best guess based on the information you know and may be changed in future as new information is found.
 - EpiLink code used as metric for county risk levels and phased reopening

185

Oregon Health Authority

185

Questions?




186


Oregon
Health
Authority

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Group Practice




Epilinks



187

187

Epilinks Source(s) of Infection Activity




188

188

Epilink Activity

- We have a 72-year-old female named Esther Lee Mesquita who lives alone in a townhouse apartment at a retirement community in Portland, OR. She started having flu like symptoms that included a cough and "feeling warm" on 10/17/21 and went to her doctor on 10/18/21, where she was tested for COVID 19. She received her positive test results on 10/20/21 at 0800 and you called her at 1130 to do the case interview. During the case interview, you discover that she has a history of high blood pressure, type -2 diabetes, and asthma. She also traveled to Vancouver, WA on 09/18/21 for a birthday party with her sister, niece, and daughter. She was at the dining hall on interacted with other retirees on 10/16/21 at a birthday party for one of the residents that turned 100 years old.
- Based on this this scenario, what is her epilink? Is there any documentation that needs to be covered?




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Topics

- Epilink Assessment
- Epilink Codes
- Epilink Notes
- Complex Exposures
- Summary


190



190

Epilink Assessment

191




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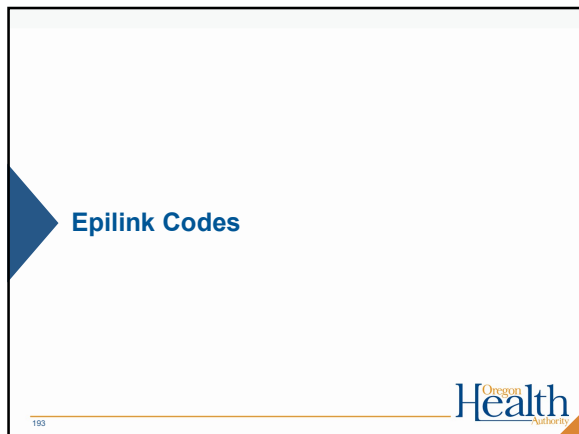
Post-Interview Analysis

- Investigate exposures during exposure period.
- Is the case associated with a known outbreak?
 - If yes, what is the outbreak ID?
- Was the case a close contact to another source case?
 - If yes, what is their Case ID and onset date?
 - Are the onset dates consistent with transmission from the source case to this case?
 - What is the link or relationship between cases?
 - (workplace, household, friend/social, airplane contact, etc.)

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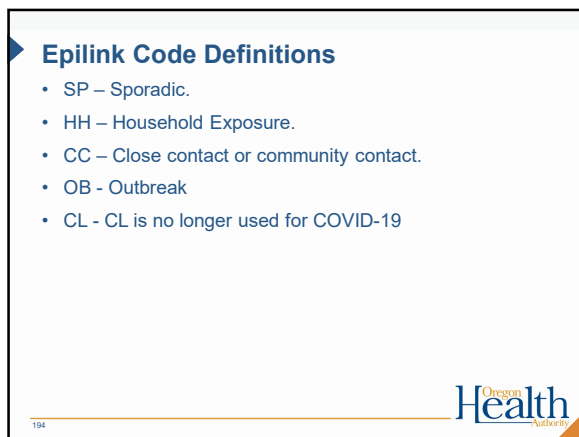
192



Epilink Codes

193

193

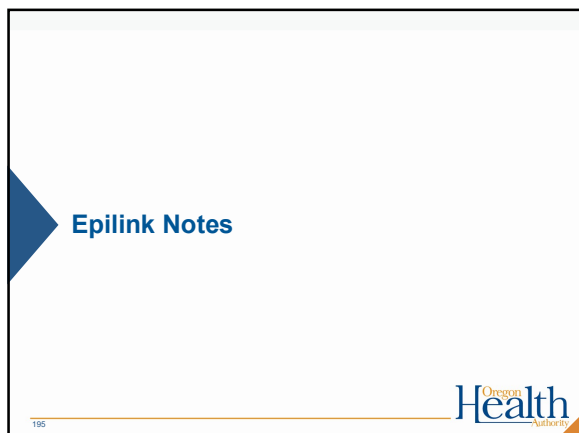


Epilink Code Definitions

- SP – Sporadic.
- HH – Household Exposure.
- CC – Close contact or community contact.
- OB - Outbreak
- CL - CL is no longer used for COVID-19

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Epilink Notes


195

195

Examples of EpiLink Notes

- No known exposures.
- Case is child of case 10203040 (onset 8/30/21). Parent was sick first.
- Social contact of case 12345678 (onset 9/4/21). Friend had onset prior to case.
- Case reports others at work are sick. Workplace OB found 2020-5000. Case reports household family became symptomatic after case.

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Complex Exposures

197




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Best Practices for Complex Exposures

- Document all exposures in the Epi Linkage Notes.
- Which exposure is the most likely path of transmission?
- Assessment may change in future as new information is learned.
- Discuss complex exposure scenarios or questions with your lead or manager.

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198



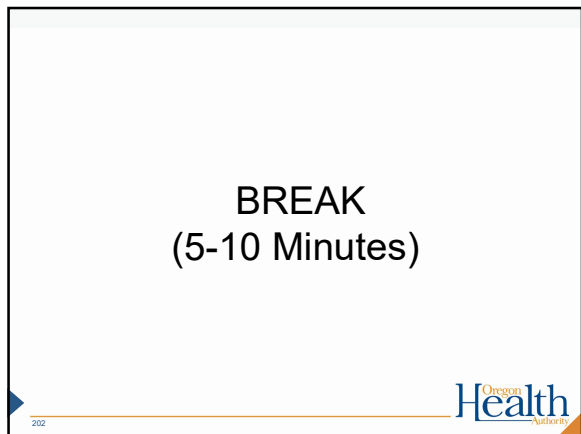
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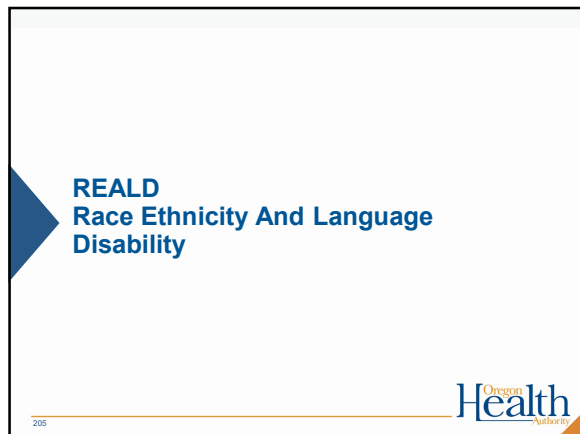
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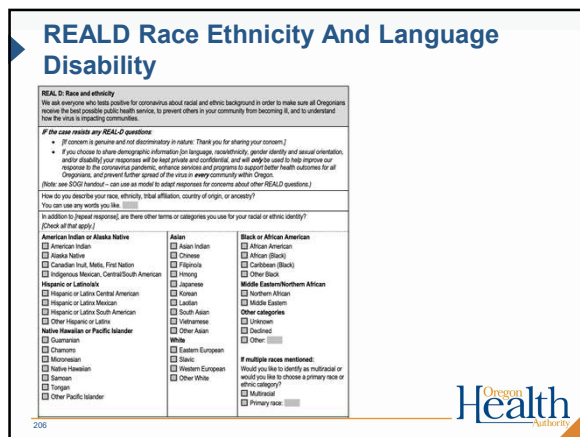
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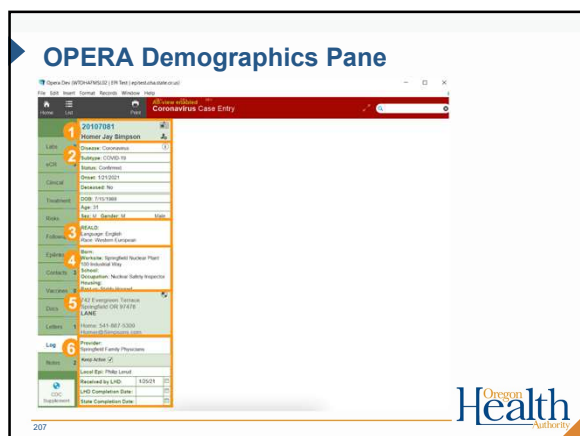
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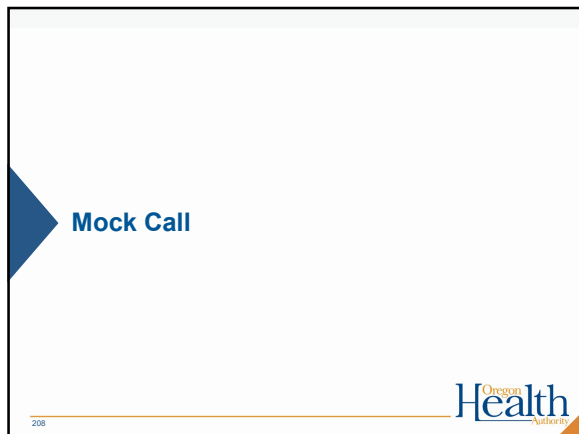
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208



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210


Review

What went well:

- The investigator did a great job of giving the case an opportunity to indicate how they show up in the world, by reading the rest of the categories listed under the race and ethnicity section.

Reminder:

- Please read the questions verbatim, as they are written, to ensure that we are collecting accurate information that can be used to help marginalized communities impacted by COVID-19.



211

211

SOGI
Sexual Orientation and Gender Identity



212

212

SOGI – Sexual Orientation and Gender Identity

REAL-D SOGI: Gender identity

How do you describe your gender? [Pause] You can use any words you like.

In addition to [repeat their response, and check if listed below], are there other terms or categories you use for your gender identity? You can choose as many as you want. [Check all that apply]

[If their response is not included] Some of the options include:


REAL-D SOGI: Sexual orientation/sexual identity

How do you describe your sexual orientation or sexual identity? [Pause] You can use any words you like.

In addition to [repeat their response, and check if listed below], are there other terms or categories you use for your sexual orientation or sexual identity? You can choose as many as you want. [Check all that apply]

[If their response is not included] Some of the options include:

<input type="checkbox"/> Same-gender loving	<input type="checkbox"/> Queer
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Questioning
<input type="checkbox"/> Gay	<input type="checkbox"/> Not listed (please specify): <input type="text"/>
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Don't know
<input type="checkbox"/> Straight (attracted primarily or only to other gender(s))	<input type="checkbox"/> I don't know what this question is asking
<input type="checkbox"/> Pansexual	<input type="checkbox"/> I don't want to answer (declined)
<input type="checkbox"/> Asexual	



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213

▶ SOGI – Sexual Orientation and Gender Identity

REAL-D SOGI: Sexual orientation/sexual identity


How do you describe your sexual orientation or sexual identity? [Pause] You can use any words you like.

In addition to repeat their response, and check if listed below, are there other terms or categories you use for your sexual orientation or sexual identity? You can choose as many as you want. [Check all that apply]

[If their response is not included] Some of the options include:

<input type="checkbox"/> Same-gender loving <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight (attracted primarily or only to other gender(s)) <input type="checkbox"/> Pansexual <input type="checkbox"/> Asexual	<input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Not listed (please specify): <input type="text"/> <input type="checkbox"/> Don't know <input type="checkbox"/> I don't know what this question is asking <input type="checkbox"/> I don't want to answer (declined)
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214



214

▶ OPERA Demographics Pane REALD Race and Ethnicity

2019/10/01

1. Patient Jay Simpson

2. Patient Jay Simpson

3. Patient Jay Simpson

4. Patient Jay Simpson

5. Patient Jay Simpson

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▶ Mock Call

216



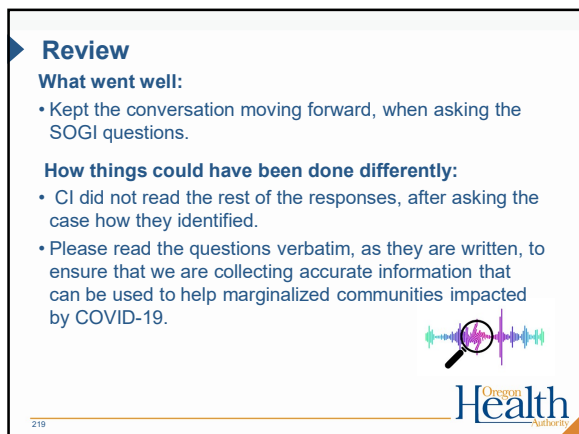
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217



218



219

Completed: Data Form REALD and SOGI

REAL-D: Race and ethnicity
We ask everyone who tests positive for coronavirus about racial and ethnic background in order to make sure all Oregonians receive the best possible public health service, to prevent others in your community from becoming ill, and to understand how the virus is spreading in communities.

If the case results any REAL-D questions:

- If concern is genuine and not discriminatory in nature: Thank you for sharing your concern.
- If you choose to share demographic information (on language, race/ethnicity, gender identity and sexual orientation, and/or disability) your responses will be kept private and confidential, and will only be used to help improve our responses to the coronavirus pandemic, enhance services and programs to support better health outcomes for all Oregonians, and prevent further spread of the virus in every community within Oregon.

(Note: see SOGI handout – can use as model to adapt responses for concerns about other REALD questions.)

How do you describe your race, ethnicity, tribal affiliation, ancestry of origin, or ancestry?

You can use any words you like. White; Jewish

In addition to [repeat response], are there other terms or categories you use for your racial or ethnic identity?

(Check all that apply.)

American Indian or Alaska Native

☐ American Indian

☐ Alaska Native

☐ Canadian First Nation, First Nation

☐ Indigenous Mexican, Central/South American

☐ Hispanic or Latino

☐ Hispanic or Latino Central American

☐ Hispanic or Latino Mexican

☐ Hispanic or Latino South American

☐ Other Hispanic or Latino

☐ Native Hawaiian or Pacific Islander

☐ Chamorro

☐ Chamorro

☐ Micronesian

☐ Native Hawaiian

☐ Samoan

☐ Tongan

☐ Other Pacific Islander

Asian

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Hmong

☐ Japanese

☐ Korean

☐ Laotian

☐ South Asian

☐ Vietnamese

☐ Other Asian

White

☐ Eastern European

☐ Black

☒ Western European

☐ Other White

Other

Other

Black or African American

☐ African American

☐ African (Black)

☐ Caribbean (Black)

☐ Other Black

Middle Eastern/Northern African

☐ Northern African

☐ Middle Eastern

Other categories

☐ Unknown

☐ Declined

☐ Other

If multiple races mentioned:

Would you like to identify as multiracial or

would you like to choose a primary race or

ethnic category?

☒ Multiracial

☐ Primary race

220

220

Completed: Data Form REALD and SOGI

REAL-D SOGI: Gender identity

How do you describe your gender? [Pause] You can use any words you like.

In addition to [repeat their response, and check if listed below], are there other terms or categories you use for your gender identity? You can choose as many as you want. (Check all that apply)

(If their response is not included) Some of the options include:

REAL-D SOGI: Sexual orientation/sexual identity

How do you describe your sexual orientation or sexual identity? [Pause] You can use any words you like.

In addition to [repeat their response, and check if listed below], are there other terms or categories you use for your sexual orientation or sexual identity? You can choose as many as you want. (Check all that apply)

(If their response is not included) Some of the options include:

☐ Same-gender loving

☐ Lesbian

☐ Gay

☐ Bisexual

☐ Straight (attracted primarily or only to other

gender(s))

☐ Pansexual

☐ Asexual

☐ Queer

☐ Questioning

☐ Not listed (please specify):

☐ Don't know

☐ I don't know what this question is asking

☐ I don't want to answer (declined)

221

221

Completed: Data Form REALD and SOGI

REAL-D SOGI: Sexual orientation/sexual identity

How do you describe your sexual orientation or sexual identity? [Pause] You can use any words you like.

In addition to [repeat their response, and check if listed below], are there other terms or categories you use for your sexual orientation or sexual identity? You can choose as many as you want. (Check all that apply)

(If their response is not included) Some of the options include:

☐ Same-gender loving

☐ Lesbian

☐ Gay

☐ Bisexual

☐ Straight (attracted primarily or only to other

gender(s))

☐ Pansexual

☐ Asexual

☐ Queer

☐ Questioning

☐ Not listed (please specify):

☐ Don't know

☐ I don't know what this question is asking

☐ I don't want to answer (declined)

222

222

Questions?



223




223

Summary

- Race Ethnicity And Language Disability (REALD)
- Sexual Orientation and Gender Identity (SOGI)

224



224

Wraparound Services

225



225

Topics

- Resources and Services
- Mock call interview segment
- Summary

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Resources and Services

227



227

Summary Tab: Wraparound Services

Wraparound services

Public health is not just about staying free of symptoms, it is about having access to the resources and support needed to remain healthy. This is even more important when we need to stay home to prevent the spread of COVID-19.

We'll talk more about staying home later in this phone call, but first I want to know:

- Do you/your family have access to food you need to stay home? ☐ Yes ☐ No ☐ Unsure/declined
- Are there any other barriers to staying home that you need help with, such as assistance paying your housing or utility bills? ☐ Yes ☐ No ☐ Unsure/declined
- Do you have family, friends, or neighbors that you can ask for help with running errands, or other things you may need help with? ☐ Yes ☐ No ☐ Unsure/declined
- Will you have difficulty staying in a separate space from healthy people in your home? ☐ Yes ☐ No ☐ Unsure/declined

It can be hard to predict what needs will arise if you are being asked to stay home for a while. The number for (Enter county name) County will also be included in the follow up information you receive. Please reach out later if needs arise.

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OPERA Notes Tab

229

229

Mock Call

230

230

SUMMARY TAB: Wraparound Services (01:25)

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Review

What went well:

How things could have been done differently:



232

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Review

What went well:

- Great job of asking if the case needed help with rent, food or utilities.
- Great job of giving the case the 211 number for additional resources.

How things could have been done differently:

- Make sure to ask if they have enough resources to last through the isolation period (quarantine for any contacts).
- Provide any additional wraparound resource information.



233

233

Completed: Data Form Wraparound Services


Wraparound services

Public health is not just about staying free of symptoms, it is about having access to the resources and support needed to remain healthy. This is even more important when we need to stay home to prevent the spread of COVID-19.

We'll talk more about staying home later in this phone call, but first I want to know:

- Do you/your family have access to food you need to stay home? ☐ Yes ☒ No ☐ Unsure/declined
- Are there any other barriers to staying home that you need help with, such as assistance paying your housing or utility bills? ☐ Yes ☒ No ☐ Unsure/declined
- Do you have family, friends, or neighbors that you can ask for help with running errands, or other things you may need help with? ☐ Yes ☒ No ☐ Unsure/declined
- Will you have difficulty staying in a separate space from healthy people in your home? ☐ Yes ☒ No ☐ Unsure/declined


It can be hard to predict what needs will arise if you are being asked to stay home for a while. The number for Enter county name County will also be included in the follow up information you receive. Please reach out later if needs arise.



234

234

Interview Practice
10 Minutes



REALD, SOGI, and Wraparound Services

235

Health
Oregon
Authors

235

Summary

- Wrap around resources and Services
- Case investigation over the telephone

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Health
Oregon
Authors

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**Case Investigation
RedCap Survey**

237

Health
Oregon
Authors

237

► **Topics**

- Case Investigation RedCap Survey Definition
- Case Investigation RedCap Survey Steps
- Summary


238



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► **Case Investigation RedCap Steps**

239




239

► **Case Investigation RedCap: Definition**

- RedCap uses case investigation process, to ask some of the basic demographic questions that are related to our state COVID-19 metrics, while allowing the case, to participate by completing rest of the questions, on their own, at a time that works best for them.

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► **Case Investigation RedCap: Step One**

- Interview **confirmed** and **presumptive Cases**.
 - Collect information about:
 - Demographics
 - Symptoms
 - Work/school/volunteer settings
 - Wrap around services
 - REAL-D questions
 - Isolation Guidance
 - Cases are encouraged to stay home and isolate for **at least 10 days** after the date of their:
 - Positive test date (**confirmed Case**)
 - Onset of symptoms and 24 hours symptom free (**presumptive Case**)

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► **Case Investigation RedCap: Step Two**

- **Provide information about the RedCap Survey.**
 - Ask permission to send the link via email, text, or letter.
 - If Yes, verify email or telephone number. Provide case with Case ID.
 - If No, ask if we can complete the survey over the telephone

242



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https://www.oregon.gov/oha/covid19/Documents/Redcap%20Mock%20Scenario%20Recording-20210915_154355-Meeting%20Recording.mp4

Case Investigation Red Cap: Mock Call Segment

243




243

Case Investigation RedCap Summary

- Call assigned Cases:
 - If contact cannot be made, follow assigned workflow for follow-up communication
- Conduct REDCap interview questions, which includes sending the case the survey link.
- Verify that the case has their case ID number, which is needed in order to complete the RedCap survey.
- Complete REAL-D questions on the telephone with the case.
- Refer Cases to programs and services that support staying home for the recommended duration

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Case Investigation RedCap Summary

- Leave a note in Opera indicating that you spoke with the case and they are willing to participate in completing the RedCap Survey.

Sample Opera Notes:

- Spoke with case. REDCap sent via email / text
- Spoke with case. REDCap requested via postal mail
- Spoke with case. Interview and REDCap survey completed over phone

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Next Steps



246




246

Opera Access and Training

- OPERA Training
 - OID Request
 - Orientation
 - Intermediate training opportunities
- Continuing Education Workshops


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Materials Reminder

Remember to Bookmark the training resources webpage!



248



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Questions?



249




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Evaluation

Please complete the evaluation!

We can only improve with your feedback!


Contact: training.support@dhsosha.state.or.us




250

THANK YOU!

- For your time and attention.
- For your commitment to reducing the spread of the COVID-19 virus and maintaining your community's health.





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