

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

*Last modified 4/29/2021*

**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 on-campus 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.
- Note:** LPHAs should still ensure close contacts are exported to ARIAS and be sure to complete the Monitoring Status field by selecting 'education/notification complete'

## **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 (e.g., farms, grocery stores, food processing and distribution centers)
  - Schools (K-12)
  - Childcare centers (with two or more cases among staff or students)
- **With the reopening of K-12 schools, school-related risk questions and outbreak response are of particular importance. Please ensure these Opera fields and Outbreak records are documented as completely as possible. If your LPHA needs assistance, please reach out to your CRRU Regional Epidemiologist.**
- 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.)
- 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. Verify Case identifiers (Name, DOB, phone #, address)
2. Date of first call attempt
3. Interview date
4. Deceased?
5. Date of death
6. Sex
7. Housing status (e.g., stable, unstable, etc.)
8. Live in congregate setting?
9. Type of congregate setting (e.g., LTCF, group home, corrections, camps, shelters, etc.)
10. Name of congregate setting
11. Point of contact at congregate setting
12. Phone number for POC at congregate setting
13. REAL D Race, Language and Disability questions
14. Where do you work (or go to school or daycare)?
15. Address of worksite/daycare/school

16. If attending/working at school, what type of school?
17. If attending school, is the case fully remote?
18. If attending school, what was your last day on campus?
19. Occupation?
20. Work in congregate setting?
21. Work in healthcare?
22. What healthcare setting (e.g., LTCF/SNF, dialysis, hospital, etc.)?
23. Do you provide direct patient care?
24. What was your last day at work?
25. Do you need a letter for work?
26. Have you had any symptoms?
27. Symptom onset date
28. Hospitalized?
29. Dates of hospital admission/discharge
30. Were you transported by EMS to hospital?
31. Possible exposure locations (worksites, school, congregate living, healthcare)
32. Household contacts (Name, Sex, Relationship, DOB/Age, Sick?, Phone number)
33. High-risk work contacts (Name, Sex, Relationship, DOB/Age, Sick?, Phone number)
34. High-risk social contacts (Name, Sex, Relationship, DOB/Age, Sick?, Phone number)
35. Do you have access to the food you will need to stay home and isolate?
36. Do you need help paying your rent or utility bills?
37. Do you have family/friends/neighbors you can ask for help with errands?