TRIBAL RESOURCE GUIDE FOR COVID-19 CASE INVESTIGATION AND CONTACT TRACING

NPAIHB
Indian Leadership for Indian Health

ACKNOWLEDGMENTS

This guide was created by the Northwest Tribal Epidemiology Center's COVID-19 Response Team and draws from the collective wisdom of our partners and Northwest Portland Area Indian Health Board's member tribes.

CONTENTS

Overview

The Northwest Portland Area Indian Health Board (NPAIHB), Northwest Tribal EpiCenter (NWTEC) has put together and compiled this Resource Guide to assist the tribes in the fight against the COVID-19 Pandemic. Our hope is that this will be a helpful resource for the tribal communities.

Understanding COVID-19

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. For more information about the virus, visit the CDC.

Historical Perspective

COVID-19 has already taken a greater toll on American Indian and Alaska Native (AI/AN) communities than many other parts of the population. In states with sufficient race/ethnicity data to assess the impact, COVID-19 incidence was found to be 3.5 times higher for AI/AN than for whites.[1] This pandemic carries with it not only the immediate threat of the virus, but the specter of a history of epidemics that devastated many tribal communities in the past. The historical trauma associated with those memories, as well as the current-day persistent effects of colonization and systemic racism, means COVID-19 impacts Native communities differently than others in the United States.

Tribes' response to the pandemic reflects this history. In the Northwest, tribal governments were among the first to issue stay-at-home orders for and shut down tribal offices and businesses, and have been quick to develop policies and plans to address the public health crisis. In spite of limited resources and discouraging lack of coordination at the federal level, Northwest tribes draw upon generations of resilience and are committed to protecting their communities.

---

[1] Hatcher SM, Agnew-Brune C, Anderson M, et al. COVID-19 Among American Indian and Alaska Native Persons — 23 States, January 31–July 3, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1166–1169

Case Investigation & Contact Tracing (CI-CT) in Tribal Communities: Key Considerations[2]

Contact tracing and case investigation refers to the process of identifying people who have been exposed to COVID-19 and asking them to quarantine for the period of time they may be infectious. At this time, there is no vaccine to prevent COVID-19 and spread of the disease is difficult to control because it can be transmitted by people who don't know they are sick. Because of this, case investigation and contact tracing (CI-CT) are crucial tools for tribes to slow the spread of COVID-19 in their communities. In tribal communities, group gatherings and multi-generational households are common, which makes having a strong CI-CT plan even more important.

Case investigation starts this process. When someone tests positive or is identified as a probable case, Case Investigators conduct an interview asking about their contact with other people during the time they were infectious.

Contact tracing then begins, as the contact tracing team reaches out to each person who was exposed via the case (the contacts), verifies their identity, advises them to quarantine during the incubation period of the virus, and provides support and guidance as well as monitoring their symptoms until the incubation period is complete.

The CDC offers these considerations when planning a CI-CT response:

- Contact tracing is one of the most important tools Since COVID-19 can be spread before symptoms occur or when no symptoms are present, case investigation and contact tracing activities must be swift and thorough.

- The complete clinical picture of COVID-19 is not fully known. As scientists learn more, updates may be made to recommendations for testing priorities and the window period (when the patient was infectious and not under isolation) in which contacts should be elicited.

- Remote communications for the purposes of case investigation and contact tracing should be prioritized; in-person communication may be considered only after remote options have been exhausted.

- Given the potentially large number of cases and contacts, jurisdictions may need to prioritize case investigation and contact tracing activities. Prioritization should be based on vulnerability, congregate settings/workplaces and healthcare facilities, including long-term care facilities and confined spaces (prisons).

- Depending on jurisdictional testing capacity, case investigations may be considered for patients with a probable diagnosis of COVID-19, not just confirmed COVID-19 cases.

---

[2] Adapted from the CDC contact tracing plan overview

- Broad community engagement is needed to foster an understanding and acceptance of local case investigation and contact tracing efforts within each community.

- Significant social support may be necessary to allow clients with probable and confirmed COVID-19 diagnoses to safely self-isolate and close contacts to safely self-quarantine.

- Due to the magnitude of the pandemic, jurisdictions will likely need to build up their workforce, recruit from new applicant pools, and train individuals from varied backgrounds.

- The use of digital contact tracing tools may help with certain case investigation and contact tracing activities but will not replace the need for a large public health workforce.

Developing a Case Investigation-Contact Tracing (CI-CT) Program

Planning for an effective CI-CT program in a tribal setting requires inter-departmental collaborative efforts within the tribe as well as developing (or strengthening) partnerships with local health departments. Support is available from NWTEC and the CDC's COVID-19 Tribal Support Unit. A comprehensive checklist can be found at CDC.gov.

This section gives an overview nine critical components tribes should address in planning a case investigation and contact tracing program.

For more detailed information about developing a CI-CT program, please visit the CDC's Contact Tracing Resources for Health Departments page.

1. Establish Workforce

The chart below shows a simple example of how the essential roles of a Case Investigation-Contact Tracing team sit within the larger Incident Management Team. Most tribes will likely be able to fill the higher-level roles from within their existing workforce, and they may indeed already be part of the tribe's overall incident management team; however, during an outbreak or surge in cases, tribes may need assistance to ramp up their workforce. Resources to assist with this are provided at the end of this section.
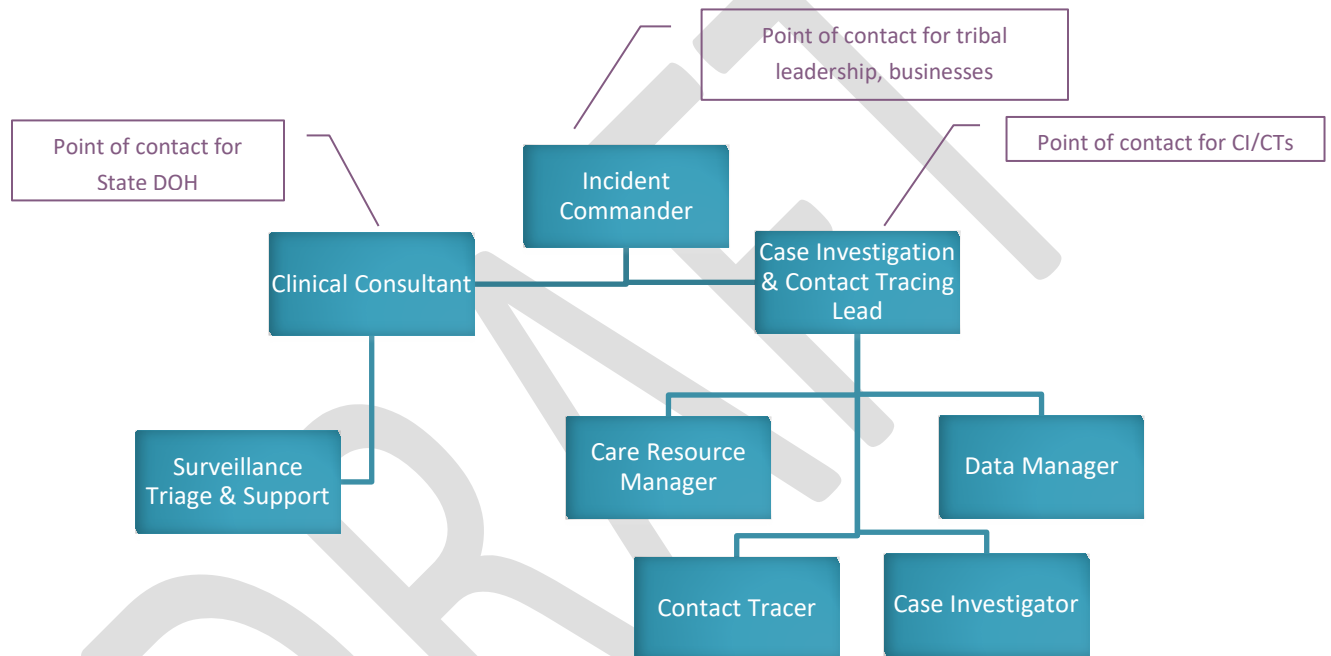
The table below gives some examples of the kinds of existing staff that might be suited to each role, and details of the job duties. Within each tribe, the specifics may differ and this is intended only as a starting point in developing your workforce and duties.

Roles and Responsibilities of Key Tribal Health Staff to Support COVID-19 Case Investigation & Contact Tracing

Role	Description	Classifications-Workforce Performing these Activities
Surveillance Triage and Support	Processes incoming laboratory and provider reports in surveillance system. Follows-up to obtain relevant medical and demographic information. Acts as a resource for interjurisdictional communication & transfer of patient and contact information. Responsible for gathering relevant locating information (e.g., "people-searches") for clients and contacts.	Surveillance Data Clerks, Administrative Support Staff, Communicable Disease Representative, Data Entry Technicians, Lab Technicians
Case Investigator	Conducts interviews of patients with confirmed or probable COVID-19, with a focus on motivational interviewing and cultural competency. Interviews should be guided by standard protocols and include: providing disease-specific information; assessing signs and symptoms, and underlying health conditions; discussing symptom onset to determine window period for contact elicitation and exposure risk for close contacts; discussing work, social, recreational, and community activities to identify who may have been exposed; eliciting information on close contacts, including names, exposure dates and locating information; and assessing support needs to maintain health and compliance during self-isolation.

Facilitates testing and referral to healthcare services and resource care coordination, as indicated. May conduct home-based specimen collection.

Provides recommendations for self-isolation and review of daily monitoring procedures. Conducts daily monitoring during self-isolation. | Communicable Disease Representative, Public Health Associate Program (PHAP) Assignees, Public or Community Health Nurses, Nurses, Health Educators, Social Workers, Medical or Nursing Students, Medical Assistants, Patient Navigators, Community Health Representatives, Community Members.

Case Investigators and Contact Tracers need to have emotional intelligence, good communication and problem-solving skills.

Generally speaking, hiring from within the tribe is preferable as it may allow for more effective CI-CT as they are local and familiar with the tribe's culture. However, this can also raise concerns about privacy and make boundary setting a challenge.

If hiring from outside the tribe, cultural considerations should be a part of the training.

Contact NTWEC for assistance! |

Role	Description	Classifications-Workforce Performing these Activities
Contact Tracer	Communicates with contacts to notify them of exposure, provides disease and transmission information, gathers data on demographics, living arrangements, and daily activities. Asks about signs/symptoms and underlying medical conditions. Provides referrals for testing (if appropriate). May conduct home-based specimen collection. Provides recommendations for self-quarantine and reviews daily monitoring procedures. Assesses supports necessary to maintain compliance during self-quarantine. Conversations with contacts should be guided by standard protocols. Conducts daily monitoring during self-quarantine	Communicable Disease Representative, Public Health Associate Program (PHAP) Assignees, Public or Community Health Nurses, Nurses, Health Educators, Social Workers, Medical or Nursing Students, Medical Assistants, Patient Navigators, Community Health Representatives, Community Members. Case Investigators and Contact Tracers need to have emotional intelligence, good communication and problem-solving skills. Generally speaking, hiring from within the tribe is preferable as it may allow for more effective CI-CT as they are local and familiar with the tribe's culture. However, this can also raise concerns about privacy and make boundary setting a challenge. If hiring from outside the tribe, cultural considerations should be a part of the training. ***Contact NTWEC for assistance!***
Case Investigation & Contact Tracing Lead	Directly oversees the work of the Case Investigator and/or Contact Tracer and others who may work as part of a team. Assigns work and oversees the quality of work. Ensures completion of case interviews and contact follow-up according to established standards. Reviews work for missing information, inconsistencies, or areas that need further exploration and directs staff follow-up to seek clarification and obtain additional information. Addresses complex issues with cases or contacts that have been escalated by staff. Interactive with CI-CT team regarding the monitoring of clients with COVID-19 who are determined to be at higher risk for severe disease. Assesses & assists CI-CT team members when changes (initiation or increase in severity) in signs and symptoms of clients. Facilitates prompt medical attention, as necessary. Uses qualitative (interview audits) and quantitative (review of statistical outputs) methods to review performance and determine areas for formal or informal professional development, training, coaching, and	Supervisory Public or Community Health Nurses, Epidemiologists, Health Investigator Supervisors, Communicable Disease Investigator Supervisors

Role	Description	Classifications-Workforce Performing these Activities
	mentoring. Recognizes staff for exceptional and outstanding performance.	
Care Resource Manager	Assesses social support that clients and contacts need to maintain healthy living in self-isolation or self-quarantine. Identifies housing needs and facilitates transition to appropriate housing supports. Provides tools (e.g., thermometer) to assist with daily monitoring and prevent further spread in home. Coordinates other support services such as delivery of food or medications, and referral to programs that provide financial assistance.	Resource Managers, Patient-care Navigators, Care Specialists, Disease Intervention Specialists, Social Workers, Medical Assistants, Community Health Outreach Workers, Medical Case Managers, Medical Care Coordinators
Data Manager	Manages digital infrastructure for surveillance and contact investigation. Abstracts data from surveillance system for import into appropriate contact investigation platform and visa-versa, when automated data synchronization is not available. Assesses and improves data quality and interoperability of data systems. Supports the development and modification of data systems to appropriately capture, integrate and report multiple data streams necessary to monitor response progress and outcomes.	Epidemiologists, Data Managers, Public Health Informatics Specialists, Software Developers, Systems Engineers, Data Engineers, Data Integration Specialists, ***Contact NTWEC for assistance!***
Clinical Consultant	Provides clinical support to the case investigation team, provides consultation for complex cases, and collaborates with healthcare providers, hospitals, and other facilities regarding clinical recommendations.	Medical Directors, Physicians, Nurse Practitioners, Physician Assistants, Medical Epidemiologists ***Contact NTWEC for assistance!***

[1] *Adapted from CDC.gov template on Staffing Roles*

Additional roles that can be helpful on the CI-CT team include:
- Infection Control Personnel – to conduct investigation of congregate living facilities and workplaces that have had an exposure or need assistance implementing infection control procedures
- Epidemiologist – to analyze data on cases and contacts to identify outbreaks and priority populations, and provide QI recommendations to the CI-CT process.

For tribes that do not have capacity to fill these roles, NWTEC staff are available to provide technical assistance in these areas, either on site or remotely. Please visit NPAIHB's COVID resource request page for more information.

Hiring Options

Tribal Community

Hiring Case Investigators and Contact Tracers from within your tribal community can be a good strategy as local Contact Tracers are familiar with tribal services, culture and geography, and may face less challenge with establishing rapport. This will lead to better adherence to the isolation/quarantine guidelines.

If Case Investigators and Contact Tracers already have social or family relationships with the contacts and cases they are working with, privacy concerns may need to be addressed. Another consideration when hiring local Case Investigators and Contact Tracers is boundary setting; small tribal communities are close-knit and it may be difficult for Case Investigators and Contact Tracers to "turn off" when they are not on duty, potentially leading to burn out.

Sample Job Descriptions
- Sample Tribal Contact Tracer job description
- Case Investigator COVID-19 Response Job Description
- Contact Tracer COVID-19 Response Job Description
- Communicable Disease Investigator COVID-19 Response Job Description
- Supervisor or Team Lead for Case Investigation and Contact Tracing COVID-19 Response Job Description

If adequate CI-CT staffing cannot be found within your tribal community, there are several resources to help

Mission Assignments (FEMA, AmeriCorps)

Tribes can request a FEMA Mission Assignment or deployment of USPHS Commission Corps officers through a request for Direct Federal Assistance through the Portland Area Indian Health Service. Tribes should contact the Area Emergency Management Point of Contact. For the Portland Area, this is:

Primary: Tom Weiser - thomas.weiser@ihs.gov - 503-416-3298
Alternate: Roney Won - Roney.won@ihs.gov - 503-414-5579

CDC Staffing Resources

For tribes in need of epidemiological support, infection control and incident command set up, and assistance developing a contact tracing plan, CDC can deploy Epidemic Intelligence Service (EIS) officers or other staff to work with tribal staff on-site. Contact the CDC Tribal Support Unit at eocevent362@cdc.gov to request assistance.

NWTEC Staffing Resources

NWTEC can assist with providing CDC Foundation staff to support tribal CI-CT teams, as resource permit. In addition, NWTEC has a team of certified contact tracing volunteers who can supplement tribal CI-CT teams either remotely or in-person during surges and outbreaks in cases. NWTEC can also provide infection control, data management, policy development and

epidemiologic technical assistance   Please contact Celeste Davis, Environmental Public Health Program Director at cdavis@npaihb.org or Dawn Bankson, CDC Foundation COVID-19 Corps Public Health Nurse at dawnbankson@cdcfoundation.org for more information about these options.

Mutual Aid Agreements

Mutual Aid Agreements or Cross Jurisdictional Sharing Agreements with local health jurisdictions are another option to supplement workforce, as well as other resource sharing. These relationships should be formalized through an agreement between the tribe and the local health jurisdiction. American Indian Health Commission offers a wealth of guidance in setting up these agreements, here.

2. Develop CI-CT Protocols and Processes

Workflow

Case Reporting

The process begins with the identification of a confirmed or probable case. If staffing is limited, tribes may opt to prioritize confirmed cases. Possible sources of case identification:

- Community member is tested outside of the tribal community and the local health department transfers the information
- Community member tests positive at a tribal testing facility
- Contact tracer identifies a contact as a probable case

Notification of the positive test result usually comes from the clinic, and a Case Investigator is assigned. The Case Investigator must make contact swiftly to minimize opportunity for infectious contacts to spread the disease. For each case, the investigator should be provided with

- Name
- Phone number or other contact information
- Date of birth
- Date of positive test

Case Interview and Contact Elicitation

The Case Investigator will complete the initial interview to elicit all close contacts who were exposed to the case during their infectious period. Tribes should develop scripts and forms or data collection tools for Case Investigators to record this information (see forms and data management sections), and determine what methods of contact to use, and maximum number of contact attempts. In some communities, in-person outreach may be necessary.

CASE INVESTIGATION WORKFLOW (COVID-19)
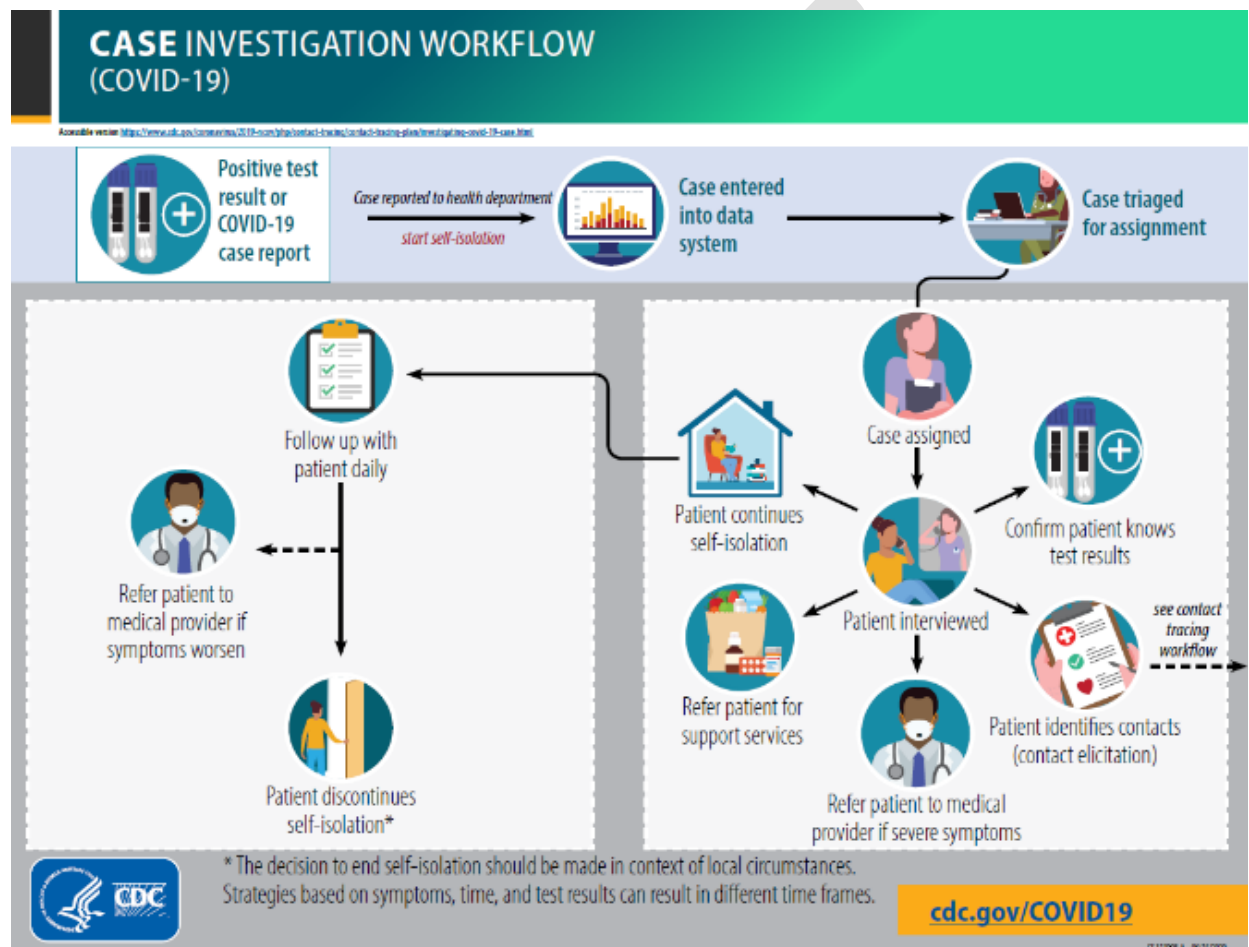
The Case Investigator will provide instructions to self-isolate, the expected timeline and criteria for release, and offer support services. A daily symptom check-in will be set up. Ideally, the same Case Investigator will contact the case each day to monitor symptoms, answer questions, and provide any support services that are needed.

Case Investigators will immediately report to the CI-CT Lead any cases who were at mass gatherings or congregate settings while infectious (e.g., shelter, school, health care facility, or workplace). Notification

and investigation for these situations will be directed by the Incident Command (see CDC guidance on outbreak and congregate setting investigation).

Contact Tracing

All contacts identified in the case interview will then be assigned to Contact Tracers. Contact Tracers should attempt to reach the contacts within 24 hours. At a minimum, Contact Tracers must receive the name of the contact, at least one potential way to reach them (may be via employer, friend, or family member), and the date of last exposure to the case.
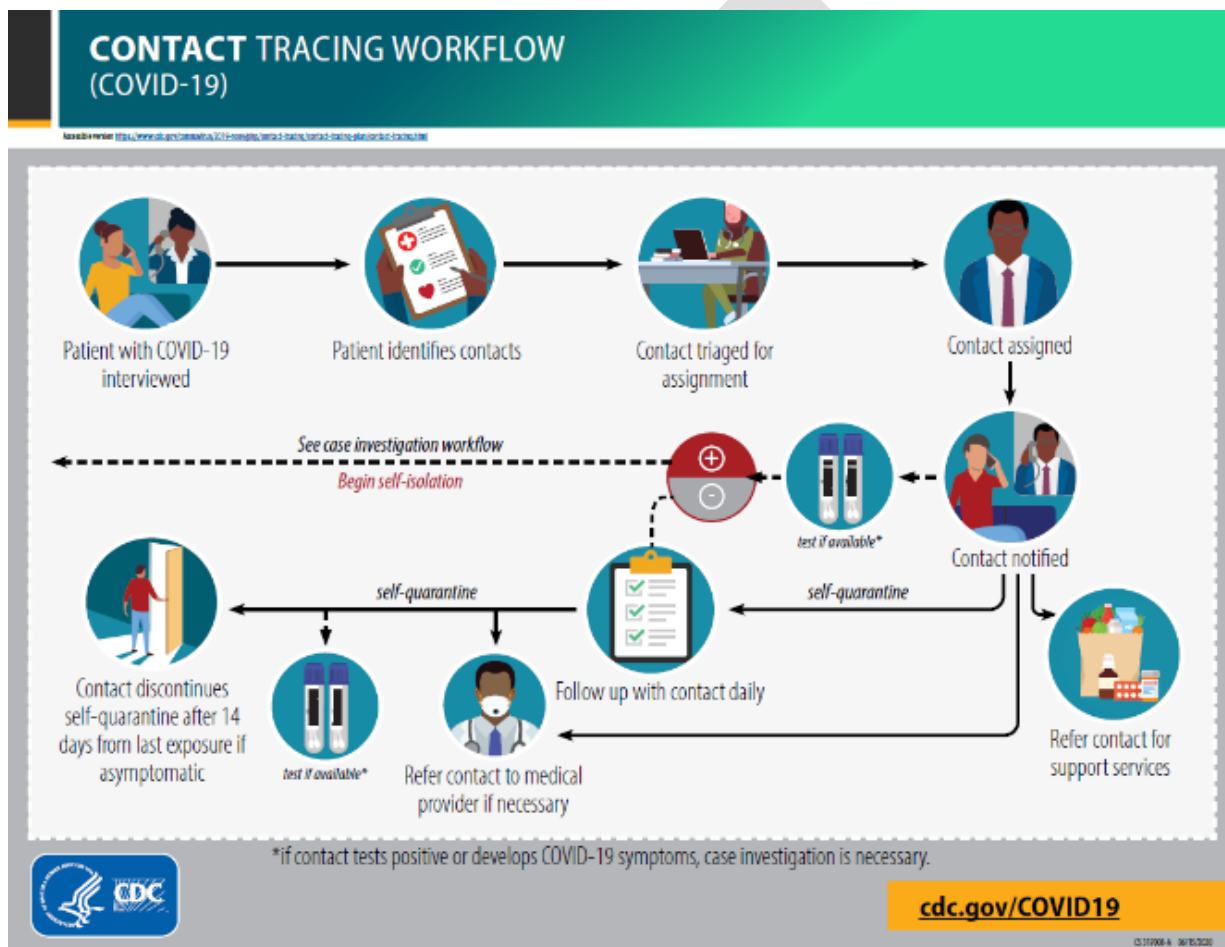
Contact Tracers will notify contacts of their exposure, provide quarantine and testing instructions, information about expected quarantine timeframe and criteria for release, and offer support services. Tribes should determine protocol for handling contacts that live outside the tribal jurisdiction, and exactly what that jurisdiction is. If it is to depend on tribal enrollment or AI/AN race, be sure to include that question in your intake script.

Within tribal communities, large multi-generational households are common. Contact tracing studies have found that within-household transmission of COVID-19 is a major source of new infections. Tribes should consider whether contacts should be asked to stay separate from their household members as well as the public.

Who should be tested depends on availability of testing resources within the tribe. Best practice is to test all close contacts; however, tribes may opt to recommend testing only for those who are symptomatic or had prolonged exposure. The tribe's testing policy should be included in CI-CT onboarding training, as well as where to be tested and how to make an appointment, if necessary. Tribes should develop scripts or forms and data collection tools for Contact Tracers to record contact information (see forms and data management sections).

Contacts should be stratified as high, medium or low risk depending on age and risk factors as well as level of exposure. High risk contacts should be contacted daily for symptom monitoring. Medium to low risk contacts may be able to self-monitor and only require Contact Tracers to check in 2-3 times throughout the quarantine period. Some tribes may opt to use an automated system to conduct symptom checks. This can be a good option when staffing is limited.

Monitoring Cases and Contacts

Case Investigators and Contact Tracers will monitor cases and contacts as determined by the stratification. Ideally, the data management system should allow all team members to view a line list of who is being monitored, and whether or not they are symptomatic. Clinical staff may wish to receive a report of symptomatic cases/contacts daily. The team should determine what level of symptom worsening should trigger a referral from the Contact Tracer to the Clinical Support staff, and how many days of no response should trigger a welfare check out to the home of the case/contact (this may differ by risk category).

If the contact tests positive or develops symptoms that would make them a probable case, they will be advised to begin isolation immediately. The Contact Tracer will notify the CI-CT Lead and Clinic Support staff to verify the positive test result or report the contact as a probable case. A Case Investigator will be assigned and the process of case investigation begins.

It is helpful to have one Contact Tracer monitor all cases and contacts within a household, rather than dividing households among multiple Contact Tracers. Symptom check in phone calls are more efficient, and the Contact Tracer has up-to-date information about the household members' dates of last exposure.

Discontinuing Isolation or Quarantine

The criteria for discontinuing isolation and quarantine continue to change as we learn more about the disease. For the latest criteria, visit CDC.gov. Currently, the criteria are:

For a person with mild to moderate illness who is not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

If the person was asymptomatic throughout their infection, they may discontinue isolation when at least 10 days have passed since the date of their first positive viral diagnostic test.

For a person who has a severe to critical illness or is severely immunocompromised, CDC recommends extending the isolation to up to 20 days from symptom onset, together with the other criteria, and to consider consultation with infection control experts.

Close contacts must quarantine for 14 days from last exposure to the virus, **even if they test negative** for COVID-19 or feel healthy. The incubation period for the virus is 2 to 14 days, so symptoms may appear at any time between 2 to 14 days after exposure to the virus.

Note that a negative test is not recommended as criterion for discontinuing isolation because recent findings have demonstrated that people may continue to shed virus fragments for several weeks or months after they are no longer infectious. These viral fragments are not capable of making copies of themselves, and therefore cannot cause COVID-19 in another person, but they will sometimes result in a positive test. For this reason, the CDC recommends the above symptom-based strategy for determining when to end isolation, rather than a test-based strategy which may unnecessarily keep people in isolation. More information can be found here.

Tribes may want to have Contact Tracers alert Clinical Support staff when they believe one of their cases or contacts has met the criteria for discontinuation, and have the Clinical Support staff sign off. If staffing resources are limited, tribes may opt to give Contact Tracers authority to discontinue asymptomatic cases/contacts, and only require Clinical sign-off when symptoms need to be reviewed.

The case/contact will then be closed out in the data management system.

CI-CT team meetings 1-2 times weekly are recommended to address questions and problem solve. Team meetings or a HIPAA-compliant group communication tool are preferable to one-on-one communication so that all team members learn from each other and receive the same instructions.

3. Coordinate Support Services

To maximize adherence to isolation and quarantine orders, it is important that community members are offered the support they need to stay home and stay healthy. Tribes should prepare a community resource guide which can be used by Case Investigators and Contact Tracers. The process to request services, as well as eligibility criteria and delivery limits should be included.

A Tribal Community Resource Guide should include the following:

- Tribal COVID-19 phone numbers
- Clinic number
- Pharmacy number
- Ambulance service number
- Community/Public Health Nursing Department phone number
- Community Testing outreach phone number
- Mental Health Provider services phone number
- Emergency Mental Health phone numbers
- Financial resources such as tribal emergency assistance funds, utilities relief, etc.
- Resource phone numbers for:
  - Food assistance/resources
  - Shelter/housing resources
  - Cleaning assistance and/or supplies
  - Medical supplies and PPE such as thermometers, gloves, masks
  - Laundry assistance for those who normally use a laundromat
  - Community outreach/welfare check

Isolation and quarantine order letters are also a critical part of the support needed to ensure cases and contacts follow isolation/quarantine orders. Those who will not be reporting to work or school need to provide documentation of their order to stay home to their schools or employers as quickly as possible. Ideally these letters should be sent from the clinic or CI-CT team to avoid cases and contacts leaving home to pick them up.

Case Investigators and Contact Tracers may send the letters themselves, or communicate requests for letters to the CI-CT Lead or Clinical Support staff. Case Investigators and Contact Tracers need to know when the letter has been sent to communicate this back to the case/contact. There should be a similar process to send isolation/quarantine discontinuation letters.

Tribal public health authority, along with relevant tribal law, code, or policy should be cited in the letter. To maximize adherence to isolation/quarantine orders, it is critical that cases and contacts feel confident that their schools and employers will not question their need to stay home.

Sample work/school release letters and quarantine/isolation discontinuation notice letters are found below:

4. Create Data Management Strategy

An important consideration in developing your contact tracing plan is how the data will be managed. While paper forms can be a simple way to collect information initially, communication between clinic providers and the CI-CTs will be greatly improved if everyone can access information about the cases and contacts in a central location. A data system also aids in linking cases and contacts, watching for clusters and outbreaks, and evaluating the CI-CT process for improvement. The good news is that there are several off-the-shelf tools available to tribes, some of which are free.

Since these data will necessarily contain Patient Identifying Information, any data management strategy must ensure HIPAA-compliance.

Comparison of Data Management Options

Name	Free	HIPAA-compliant	Integrates with other jurisdictions	Provides automated monitoring	Customizable	Used by
Excel	✓	Dependent on storage			✓	
Sara Alert	✓	✓	✓	✓		Idaho Dept of Health & Welfare
TIM	✓	✓		✓		Some Washington local jurisdictions
Opera/ ARIAS*	✓	✓	✓			Oregon Heath Authority
CommCare		✓	✓	✓	✓	Navajo

Excel

At the most basic level, data can be stored locally in an excel workbook. If all Case Investigators and Contact Tracers have access to a secure server, data can be entered and viewed without needing cloud-based storage. However, if some Case Investigators and Contact Tracers are remote or teleworking and VPN access is not possible, box.com is another option for file storage. Enterprise level box.com accounts are HIPAA compliant.

Excel is completely customizable, but quite difficult to ensure quality data entry and reports must be built by someone with at least intermediate skill. It does not integrate with local health jurisdictions or allow for automated outreach to cases and contacts.

Sara Alert

Sara Alert Monitoring System is a free open source tool that automates the process of public health monitoring and reporting of individuals exposed to or infected with COVID-19 or any infectious disease. It was developed by public health experts for public health.

The dashboard of Sara Alert allows all CI-CT team members to see a list of cases and contacts as well as their symptom status.

Sara Alert offers the option to enroll cases and contacts in automated monitoring either by text, email, or automatic phone call. It can also be used to record manual monitoring for those who require or prefer a personal phone call.

Sara Alert is being used by the Idaho State Department of Health and tribes in Idaho can reach out the state to request support. This will allow tribes and counties to transfer cases and contacts between jurisdictions. Visit https://saraalert.org/ to learn more or request an account.

TIM

Text Illness Monitoring is a mobile texting platform that assists in symptom monitoring during an infectious disease outbreak. To enroll a case/contact you just need their name (first and last) and phone number. TIM is supported by CDC and is available to tribal, state, and local public health organizations at no cost to assist with COVID-19. For more information, please review the TIM FAQ.

Tribes can request information, training, or a TIM account by contacting CDC at *eocevent340@cdc.gov*.

Oregon Health Authority – Orpheus, ARIAS

For tribes in Oregon, Oregon Health Authority (OHA) has invited tribes to use the same platform as the state and counties are using for case investigation and contact tracing data management.

Orpheus is the main monitoring system used by OHA for tracking **all** reportable communicable diseases. Within Orpheus, OHA has developed two COVID-19 specific modules which work together.

a. **Opera** was created to specifically monitor **Covid-19** confirmed and presumptive cases. The Case Investigators enters Covid-19 case information into Opera along with the information the close contacts of that case. Every night, the *contact data* is transferred over to the ARIAS System.

b. **ARIAS** is for **Contact Tracer Monitoring**. Contact tracers using ARIAS gain access to *only the contacts* and can input information on the contacts along with using the automatic contact monitoring system (similar to Sara Alert and TIM).

These two systems are extremely comprehensive, receive laboratory results directly, and within Oregon, tribes using Opera and ARIAS can transfer cases tribes, local health jurisdictions, and the state. However, the learning curve may be steep for new Contact Tracers, and all data entered is accessible to the state epidemiologists.

To request access, training, and technical support for Opera and ARIAS contact Stefanie Murray, LPHA/Tribes Assessment Coordinator at ARIAS.Support@dhsoha.state.or.us

CommCare

CommCare is an open source platform created by software company Dimagi. The system includes modules for case investigation, contact tracing, and investigations of outbreaks/mass testing. Case Investigators and Contact Tracers can opt contacts in to receive automatic text message monitoring messages. Contact Tracers can also place personal phone calls and use the system to record symptoms manually if contacts prefer not to use text or don't have access to a cell phone, just as with Sara Alert.

Case sharing groups can be configured so that CI-CT team members can see a complete line list of who is being monitored. Notifications can be configured so that team members are alerts with a new case or contact is added or when a case/contact has a status change.

Unlike TIM and Sara Alert, CommCare allows automated messaging to be customized. However, it does not offer email or automated phone calls like Sara Alert. Data can be exported to multiple formats, and there are pre-built reports within the system.

While flexible and comprehensive, cost may be prohibitive for this platform as pricing ranges from $250 - $1000 monthly.

For more information, visit CommCare's COVID-19 page.

5. Develop Scripts & Forms

Tribes should develop community-specific case investigation and contact tracing scripts and forms their CI-CT team. Sample scripts and forms are found here:

Sample close contact notification of exposure and intake interview script

Sample case investigation script (from Washington DOH)

Case investigation form – fillable PDF

Close contact intake form - fillable PDF

Close contact 14-day symptom tracking log – fillable Word document

6. Establish Communication Plan

Effective communication between tribal administration, clinic, the CI-CT team, and local health jurisdictions is critical to a successful CI-CT plan. Consider communication platforms such as slack, zoom, box.com or secure email. If patient information is to be discussed, communication should be via a HIPAA compliant platform or encrypted.

Key communication considerations

- If not using a central data management system, how will Case Investigators and Contact Tracers be notified of new cases or contacts assigned to them? How will Case Investigators report new contacts to the rest of the team?
- Who is the point of contact for Contact Tracers to obtain contact information for employees of the tribe or tribal casinos/hotels? During case investigation, co-workers are often identified only by name, and Contact Tracers need to have a reliable point of contact at tribal places of employment to obtain contact information for the co-worker. CI-CT Leads should work with tribal employers to establish a working relationship and ensure the flow of information for Contact Tracers is timely. For a comprehensive guide to the role of employers in effective contact tracing, please see this guide from Challenge Seattle.
- How often should the CI-CT team meet? Who should be at these meetings?

Confidentiality Considerations

Establishing trust with cases/contacts is critical to the contact tracing process. Confidentiality concerns are understandable. Recommended responses to common case/contact questions are found below (modified from CDC.gov).

What will happen with my personal information during Contact Tracing?

"Discussions with health department staff are confidential. This means that your personal and medical information will be kept private and only shared with those who may need to know, like your health care provider.

If you have been diagnosed with COVID-19, your name will not be shared with those you came in contact with. The tribal COVID-19 contact tracing team will only notify people you were in close contact with (within 6 feet for more than 15 minutes) that they might have been exposed to COVID-19, but not who they were in contact with."

If I participate in Contact Tracing using a digital tool, is my personal health information secure?

"Yes, if you agree to participate in contact tracing for COVID-19 with the tribal COVID-19 contact tracing team, your information is secure. Discussions with contact tracing staff are confidential. This means that your personal and medical information will be kept private and only shared with those who may need to know, like your health care provider.

Health departments may use case management tools to help make the contact tracing process more efficient. If you choose to provide information through one of these tools, your information is secure and stored with the tribal COVID-19 response team. These tools also help the tribe quickly receive and analyze information about COVID-19. Case management tools are under the same laws and regulations for all sensitive health information use (e.g. HIPPA). You must provide consent for the tribal COVID-19 response team to collect information using a case management tool. Just like traditional contact tracing, digital tools will not collect information regarding money, Social Security numbers, bank account information, salary information, or credit card numbers.

Further confidentiality guidance from CDC:

Security protections need to be built into all technologies and processes. Each person who has access to the system should only have access to the information that is relevant to their particular role. One technique to help ensure privacy is a log that shows every person who has looked at any particular record. This can be audited, and anyone can ask for a copy of their log record at any time. Protections need to be even more stringent for frontend software of apps for use by the public. Workforce training should explicitly include privacy protection training. Explore if there are potential legal issues with integration to get data from providers. A specialist lawyer may need to advise on whether EMR or labs or coroners are allowed to share data directly with contract tracers under current law, especially without consent from the patient. Explore if there are legal issues around sharing information back to another facility or feeding it into another database. There need to be strict protections that limit how far the data can go. Apply CDC's Data Security and Confidentiality Guidelines to all technologies and processes.

7. Train Case Investigators-Contact Tracers

Some of your CI-CT training will be specific to your tribal policies and the protocol established by your team. Case Investigators and Contact Tracers from outside the tribal community should also receive some background on the history and culture of the tribal community, and cultural considerations for communication.

For general contact tracing training, there are several free high-quality courses and other training resources tribes can use to train new Case Investigators and Contact Tracers.

General Training Courses

- Johns Hopkins University COVID-19 Contact Tracing Via Coursera

- ASTHO - Making Contact: A Training for COVID-19 Contact Tracers

- Northwest Center for Public Health Practice - Every Contact Counts

- Learn about other CDC-funded trainings

Tribal Contact Tracing Training Resources

- NPAIHB COVID-19 training

- National Indian Health Board (NIHB) Webinar: Contact Tracing in Indian Country (7/10/20)

- American Indian Health Commission (AIHC) Training/Webinars

8. Develop Contact Tracing Community Messaging Strategy

For many tribal members, contact tracing may be a new concept. There is a natural distrust of receiving a phone call from a stranger asking for personal information. Strong community messaging can help increase the likelihood that cases and contacts will answer the CI-CT calls, provide complete and accurate contact recall and disclosure, and adhere to isolation and quarantine guidance.

Contact tracing messaging tips

- When possible, messaging should be tribe-specific and come from tribal leadership or other trusted voices in the community. If Case Investigators and Contact Tracers are community members, including them in messaging materials may be helpful to put a "face" to the program.

- Messaging should be credible, acknowledge community members' fears, and give clear direction about what actions they can take.

- The focus should not be on coercion and mandates, but towards tribal pride, importance of family and community, and desire to protect others.

- While the urgency of addressing COVID-19 may be acknowledged, it should be balanced with a positive focus on tribal resilience. The message should leave community members feeling hopeful and empowered that they can play a meaningful role in reducing the impact of COVID-19 on their friends, family and neighbors.

Critical Contact Tracing Messaging Talking Points

- "What is Contact Tracing?": Create widespread community understanding that contact tracing is an important tool to protect their tribal community.

  o Educate the community about the general process of contact tracing and how it helps slow the spread of COVID-19.

  o Education about the criteria for isolation and quarantine orders and discontinuation – *it is important community members know to expect a quarantine period of 14 days regardless of test results as it takes up to 14 days for the virus to incubate.*

  o Guidance on when to be tested.

  o Information about tribal policies and resources to support those in isolation/quarantine.

- "Answer the Call": Raise awareness of the CI-CT team so community members are aware they may be getting a call

  o How to identify that it is a legitimate CI-CT call (call will be from the tribal clinic, for example).

  o What kind of information they will ask for.

- What kind of information they will NOT ask for.

- A focus on the Contact Tracer's role as a community resource to answer questions, connect cases and contacts with assistance, and help monitor their symptoms during isolation and quarantine.

- "Help Stop the Spread": Normalize the idea of participating in contact tracing

  - Community members should feel positive about providing Case Investigators with information about close contacts and view it as their contribution to reducing the impact of COVID-19 on their tribe.

  - Encourage community members to write down their encounters with others if they begin feeling sick or test positive, even before the Case Investigator reaches out to them.

- "Your Privacy is Protected": Dispel myths around what contact tracing is and is not

  - Reassure the public that Case Investigators and Contact Tracers are not "watching" their movements.

  - Educate that Contact Tracers will never provide the identity of a case when notifying contacts.

Resources and Samples for Contact Tracing Messaging

- **CDC**, as part of their Social Media Toolkit, provides sample Facebook, Twitter, and Instagram messages and images around contact tracing.

- **Resolve to Save Lives** offers a complete contact tracing messaging toolkit, including general guidance on campaign development and examples of posters, social media posts, and radio PSAs.

- National Indian Health Board has developed a contact tracing fact sheet for tribes.

Tribal Resources and Samples for General COVID-19 Messaging

- Center for American Indian Health offers a wide range of COVID-19 media materials that can be customized to your tribe
- National Indian Health Board
  - How do We Talk About COVID-19
  - Testing Resources and Guidance

- We R Native's Exercise Safe Sweats campaign
- We R Native's Ask Aunty series (several COVID-19 related episodes)
- NPAIHB's COVID-19 community messaging tools

9. Establish Tribal Resolutions and Policies

Tribal codes, resolutions and policies to support CI-CT efforts are essential, and as public health authorities and sovereign nations, tribes are able to act swiftly to put these into place. These steps are critical to establishing jurisdictional relationships between tribes and state and local governments in contact tracing efforts. They also set the stage for providing clear guidance to community members. Without strong tribal policies and resolutions to support isolation and quarantine orders such as paid leave policies, job protection, and access to resources, community members will be less likely to follow isolation and quarantine orders. Enforcement of isolation and quarantine orders may take a number of forms, and each tribe will have to determine the degree to which isolation and quarantine is mandated by tribal law or voluntary.

Resources for developing Tribal Policies and Codes

- American Indian Health Commission offers a wide range of sample plans, policies, codes and resolutions specific to tribal communicable disease emergency response, as well as webinars about developing and implementing them.

- USET: Tribal Administrative Leave Provisions for those ordered to quarantine/Isolate:

- Department of Labor: Family First Coronavirus Response Act Paid Leave

- CDC criteria for employees to return to work, per 'adapted' CDC guidelines. CDC recommends a symptom-based strategy for determining when 'person' can return to work.

- National Conference of State Legislatures: Defining essential workers

- CDC Outbreak Investigation Guidance

- Challenge Seattle: Role of Employers in Effective Contact Tracing

- NPAIHB COVID-19 Policy and Legislative Resources

- National Indian Health Board: Reopening During COVID-19: Considerations for Tribal Nations

- OSHA Guidance on Preparing Workplaces for COVID-19

Other Contact Tracing and COVID-19 Response Resources

- Northwest Portland Area Indian Health Board (NPAIHB)
  - https://npaihb.org
  - https://www.indiancountryecho.org/
- National Indian Health Board (NIHB)
  - https://www.nihb.org/
- American Indian Health Commission (AIHC)
  - https://aihc-wa.com
- Seattle Indian Health Board (SIHB)
  - https://www.sihb.org/
- Indian Health Services (IHS)
  - https://www.ihs.gov/
- Center for American Indian Health/Johns Hopkins University
  - https://caih.jhu.edu/news/covid19/
- Centers for Disease Control and Prevention (CDC)
  - https://www.cdc.gov/
  - https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/contact-tracing.html
  - https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/index.html