Tribal COVID-19 Case Investigation-Contact Tracing (CI-CT), and Outbreak Response under Surge Conditions

As COVID-19 continues to surge across the Pacific Northwest and U.S., we’ve put together some helpful suggestions to manage an overwhelming number of positive Sars-CoV-2 cases and exposed contacts. If your staff are able to maintain their current level of *Case Investigation-Contact Tracing* (herein referred to as *CI-CT*), that is always the optimal choice. However, if your COVID-19 case numbers exceed your current staffing capacity, then the following recommendations may be useful. (Adapted from OHA) <https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/DISEASESAZ/COVID19/COVID-19-Surge-Condition-Protocol.pdf>

***Case Investigation***:

* Do not try and complete the entire case investigation form. Minimize the number of case interview questions (see list of questions below) to ***focus*** on the epidemiological links for public health actions 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 one phone call attempt; if unable to reach, send one text message. If no response, mail case letter. The CI-CT staff should forward appropriate case contact information to local Tribal Health Services or appropriate state or local public health to ensure access to other important services.
* Provide workplace notifications only to employers of high-consequence facilities, notably congregate care (LTCF, SNF, ALF, adult foster homes, corrections, shelters, transitional housing), agricultural and food production (processing plants, packing houses, farms).
* Notify schools when a case of COVID-19 is identified among teachers, volunteers, or students who are providing or receiving in-person services.
* Focus elicitation of close contacts on household members and those who are at high risk of severe outcomes due to COVID-19 infection, or those who are in close contact with high risk individuals, themselves.
* Ask the person who tested positive – the case – to help notify any close contacts about their potential exposure.

 ***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).
* Eliminate active monitoring of close contacts for 14 days. Have persons contact the CI-CT staff or Health Clinic if they become symptomatic.
* 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 other services.

***Outbreak Response:***

* At a minimum, obtain outbreak numbers for high-consequence outbreaks affiliated with:
	+ LTCFs, SNFs, ALFs
	+ Behavioral health facilities
	+ Adult foster homes, including ID/DD group homes
	+ Shelters
	+ Addiction/Transitional housing
	+ Jails/Prisons
	+ Facilities involving migrant and seasonal workers
	+ Food chain facilities
	+ Schools
	+ Childcare centers (with two or more cases among staff or students)
	+ Other

***High-priority case interview questions:***

1. Name of Case

2. Verify DOB

3. Verify phone #, home address

4. Sex

5. Date of first call attempt & Date of Interview

6. Confirmed test date?

7. Are you a close contact of a lab-confirmed case?

8. Possible exposure locations (daycare, school/college, doctor’s office, hospital ward, ED, clinic, work, military, correctional facility, place of worship, travel, camp, other)

9. Any symptoms / symptom onset?

\* Fever (subjective or measured)?

\* Cough?

\* Difficulty breathing?

\* Loss of taste or smell?

10. Hospitalized? Dates of hospital admission/discharge?

11. If deceased, date of death?

12. Housing status (e.g., stable, unstable, number of people dwelling in home, etc.)

13. Live in congregate setting?

\* Name & Type of congregate setting, phone #’s (e.g., LTCF, group home, corrections, camps, shelters, etc.)

14. Race/Ethnicity/Language

15. Occupation or place of work/school. Need a work/school letter?

16. Co-morbidities?

17.Disabilities:

\* Blind/difficulty seeing?

\* Deaf/serious difficulty hearing?

\* Serious difficulty walking?

\* Memory, mental or communication impairments?

\* Behavioral Health issues?

\* Difficulty with activities of daily living?

\* Any other disabilities

18. Household contacts (Name, Sex, Relationship, DOB/Age, Sick?, Phone numbers)

19. Names/numbers of other contacts 2 days before symptom onset or confirmed test.

20. Do you have access to the food you will need to stay at home and isolate?

21. Do you need help paying your rent or utility bills?

22. Do you have family/friends/neighbors you can ask for help with errands or do you need assistance?