

# COVID-19 Case investigation and contact tracing overview – Boone County July 2020

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# Case investigations and contact tracing

- Case investigation
  - Surveillance data
  - Initiate contact investigation
  - Isolation precautions
- Contact tracing
  - Monitoring
  - Quarantine instructions
  - Follow-up testing plan



**Contact Tracing:** The process of identifying people who may have been exposed to a contagious disease and monitoring and treating those people to control the spread of the disease.

# Case investigation - PUI form



## Human Infection with 2019 Novel Coronavirus Case Report Form

Reporting Jurisdiction		Case state/local ID	
Reporting Health Department		CDC 2019-nCoV ID	
Contact ID <sup>a</sup>		NNDSS loc. rec. ID/Case ID <sup>b</sup>	
<small><sup>a</sup>Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. <sup>b</sup>For NNDSS reporters, use GenV2 or NETSS patient identifier.</small>			

### Interviewer Information

Name of Interviewer: Last:	First:	Telephone:	Email:
Affiliation/Organization:			

### Case Classification and Identification

<p>What is the current status of this person?</p> <input type="checkbox"/> Lab-confirmed case* <input type="checkbox"/> Probable case <p>If probable, select reason for case classification:</p> <input type="checkbox"/> Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing* <input type="checkbox"/> Meets presumptive lab evidence <sup>‡</sup> AND either clinical criteria OR epidemiologic evidence <input type="checkbox"/> Meets vital records criteria with no confirmatory lab testing <p><small>*Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test  <sup>‡</sup> Detection of specific antigen in a clinical specimen, OR detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection</small></p>	<p>Under what process was the case first identified? (check all that apply)</p> <input type="checkbox"/> Clinical evaluation <input type="checkbox"/> Routine surveillance <input type="checkbox"/> Contact tracing of case patient <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> EpiX notification of travelers. If yes, DGMQID: _____ <input type="checkbox"/> Unknown <p>Report date of case to CDC (MM/DD/YYYY):      ___/___/___</p> <p>Date of first positive specimen collection (MM/DD/YYYY):      ___/___/___    <input type="checkbox"/> Unknown    <input type="checkbox"/> N/A</p>
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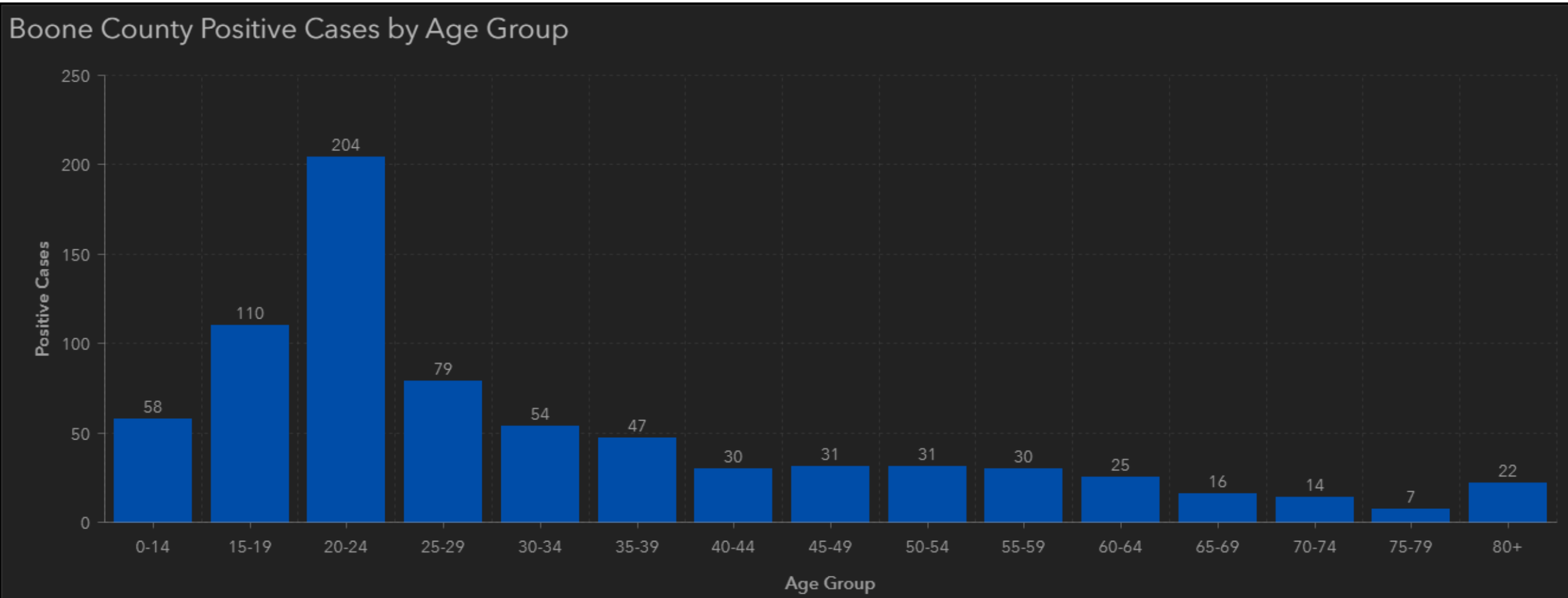
### Hospitalization, ICU, and Death Information

<p>Was the patient hospitalized?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <p>If yes, admission date 1 _____ discharge date 1 _____      ___/___/___ (MM/DD/YYYY)    ___/___/___</p>	<p>If hospitalized, was a translator required?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <p>If yes, specify which language: _____</p>	<p>Was the patient admitted to an intensive care unit (ICU)?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <p>If yes, admission date 1 _____ discharge date 1 _____      ___/___/___ (MM/DD/YYYY)    ___/___/___</p>
<p>Did the patient die as a result of this illness?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown    If yes, date of death (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown date		

### Case Demographics

<p>Date of birth (MM/DD/YYYY): ___/___/___</p> <p>Age: _____ Age units (yr/mo/day): _____</p> <p>State of residence: _____ County of residence: _____</p> <p>Does this case have any tribal affiliation? <input type="checkbox"/> yes</p> <p>Tribe name(s): _____ Enrolled member? <input type="checkbox"/> yes</p>	<p>Sex:</p> <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female <input type="checkbox"/> Unknown <p>If female, currently pregnant?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>Ethnicity:</p> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown	<p>Race (check all that apply):</p> <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
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# Age distribution – July 13, 2020



# PUI form (continued)

## Exposure Information

In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):

- Domestic travel (outside state of normal residence). Specify state(s): \_\_\_\_\_
- International travel. Specify country(s): \_\_\_\_\_
- Cruise ship or vessel travel as passenger or crew member. Specify name of ship: \_\_\_\_\_
- Workplace  
If yes, is the workplace critical infrastructure (e.g., healthcare setting, grocery store)?  
 Yes, specify workplace setting: \_\_\_\_\_  No  Unknown
- Airport/airplane
- Adult congregate living facility (nursing, assisted living, or long-term care facility)
- School/university/childcare center
- Correctional facility
- Community event/mass gathering
- Animal with confirmed or suspected COVID-19. Specify animal: \_\_\_\_\_
- Other exposures, specify: \_\_\_\_\_
- Unknown exposures in the 14 days prior to illness onset

- Contact with a known COVID-19 case (probable or confirmed)

If the patient had contact with a known COVID-19 case:

What type of contact?

- Household contact
- Community-associated contact
- Healthcare-associated contact (patient, visitor, or healthcare worker)

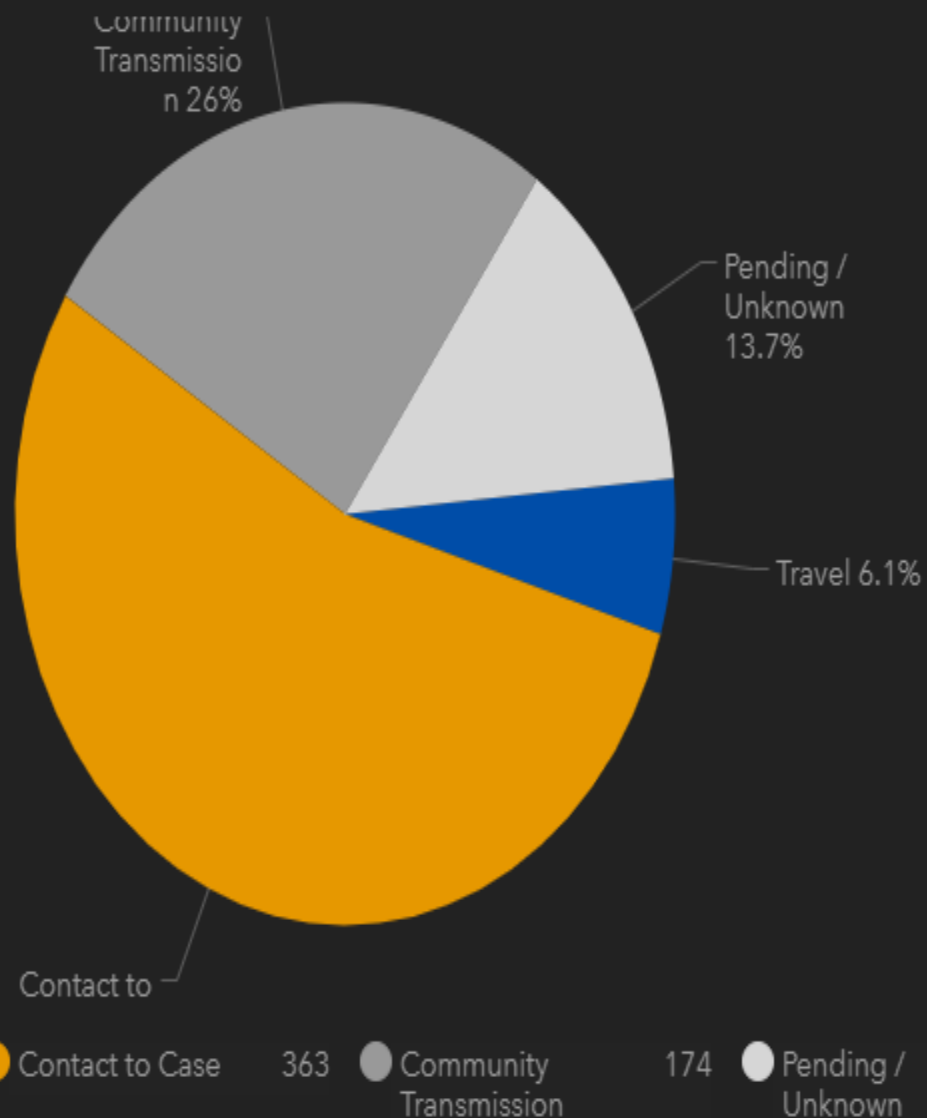
Was this person a U.S. case?

- Yes, nCoV ID(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
- No, this person was an international case and contact occurred abroad
- Unknown if U.S. or international case

Is this case part of an outbreak?

- Yes, specify outbreak name: \_\_\_\_\_  No  Unknown

## Boone County Positive Cases by Source of Exposure



**Community Spread:** The spread of a disease in an area without a clear chain of events or connection to a person who is known to be infected.

● Travel

41

● Contact to Case

363

● Community Transmission

174

● Pending / Unknown

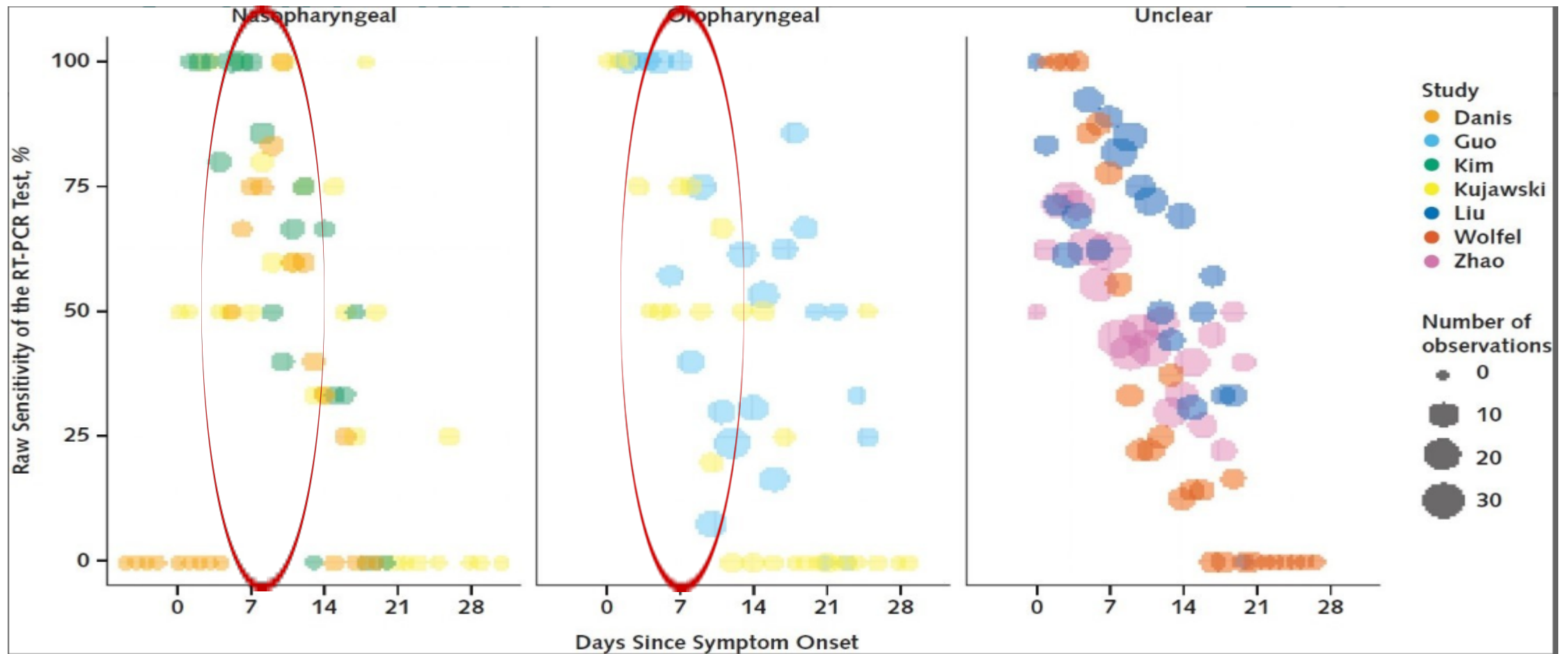
# Contact tracing

Contact ID	Date of Last Exposure	Ongoing Exposure? (Y/N)	Address as the Case? (Y/N)	Contact's First Name	Contact's Last Name	Contact's Phone Number	Monitor	Exposure Notes -- Anything the Contact Tracer Needs to Know

**Self-quarantine:** Choosing or volunteering to be quarantined after being exposed to a contagious disease. Self-quarantine usually happens at home to avoid spreading a disease to other people. Health experts recommend that individuals who may have been exposed to COVID-19 self-quarantine for 14 days after exposure, take their temperature daily and avoid interacting with people who are at high risk of complications from COVID-19.

PCR test 7  
– 9 days  
post  
exposure

# Why do I have to wait so long for a test?



<https://www.acpjournals.org/doi/10.7326/M20-1495>

# (19)20-24 year-olds - thoughts

- Good communicators
- Amateur contact tracing
  - Over informing (> 48 hours)
  - Misinforming
- Spill over to other demographics
- Politicizing of COVID19
- Bars and parties

Willies/Field House – June 26, 2020



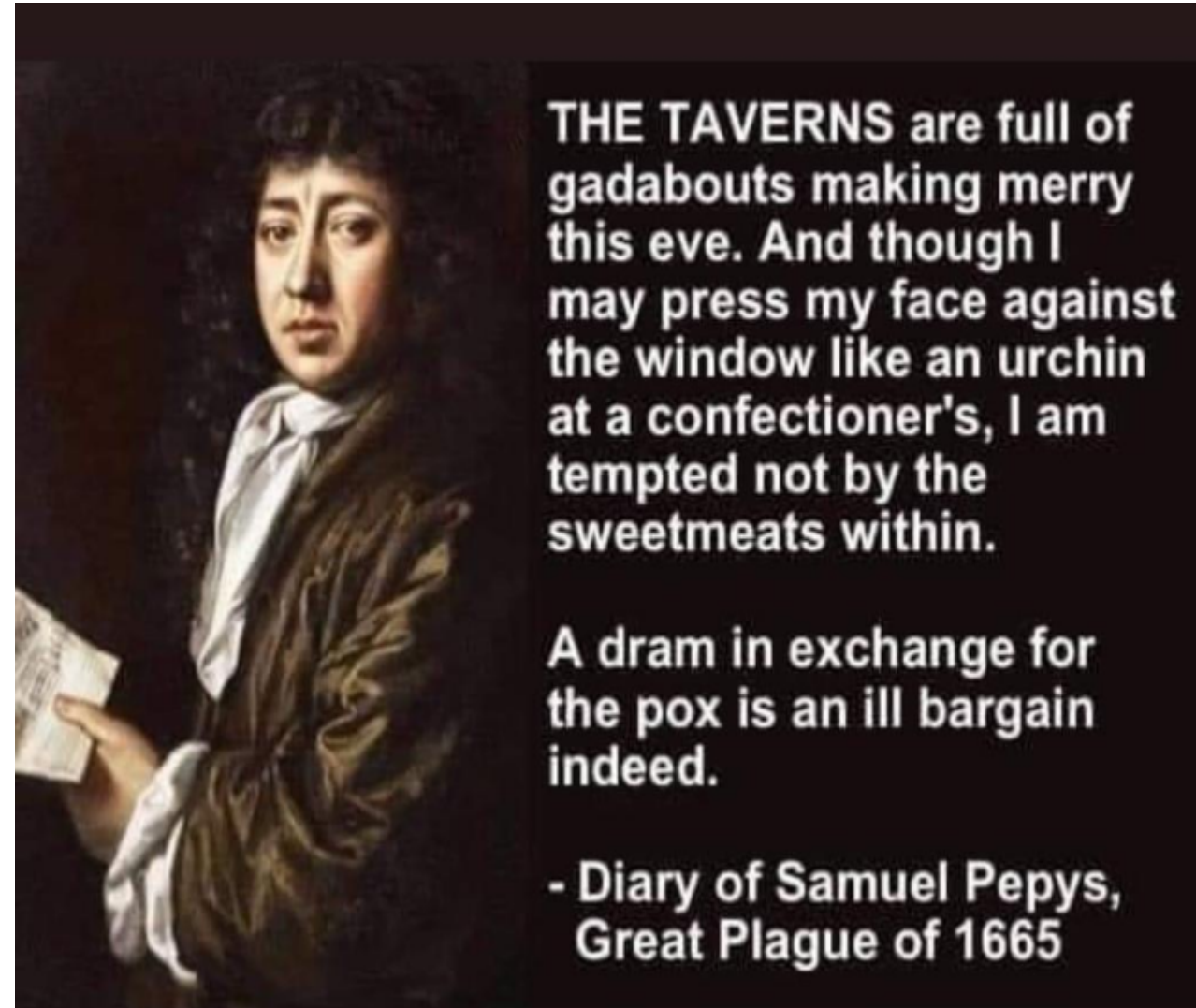
# Planning ahead

- Coordinate with the health department
- Hire case investigators and contact tracers – MU SHC
  - “leave it to the professionals”
- Enforcement
  - Masks
  - Social distancing
  - Small groups
- Symptom monitoring and testing
- Quarantine and isolation provisions
- Social marketing campaign



# Helpful websites

- <http://gocolumbiamo.maps.arcgis.com/apps/MapSeries/index.html?appid=478880b83d5e4d35b646d80fe6f2c2f6>
- <https://www.cdc.gov/coronaviruses/2019-ncov/downloads/case-investigation-contact-tracing.pdf>
- <https://renewal.missouri.edu/>



**THE TAVERNS** are full of gadabouts making merry this eve. And though I may press my face against the window like an urchin at a confectioner's, I am tempted not by the sweetmeats within.

A dram in exchange for the pox is an ill bargain indeed.

- Diary of Samuel Pepys,  
Great Plague of 1665