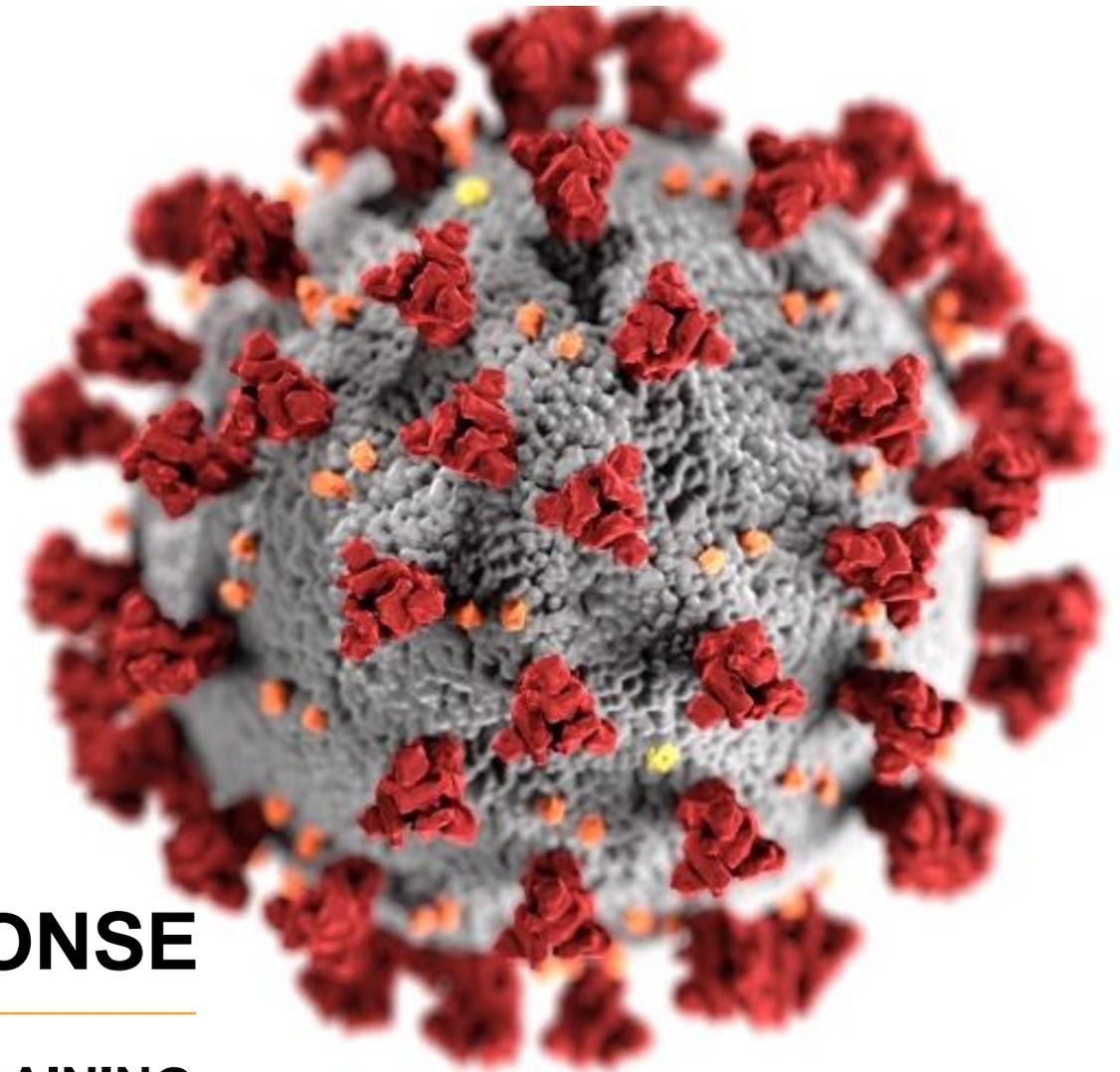




SOUTH DAKOTA  
DEPARTMENT OF HEALTH



# **COVID-19 RESPONSE**

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## **CONTRACT TRACING TRAINING**

# WHAT IS CONTACT TRACING?



Contact tracing is the process of finding out who has recently been in close contact with a person testing positive with COVID-19, and reaching out to those people to let them know they may have been exposed and guide them on what to do next.

**LET'S TRACE**



SOUTH DAKOTA DEPARTMENT OF HEALTH

# HEALTH INFORMATION PRIVACY/ SECURITY



It is important to protect health information



Potential consequences if information are not protected



Health information privacy and confidentiality



Oath of confidentiality, if applicable in the jurisdiction

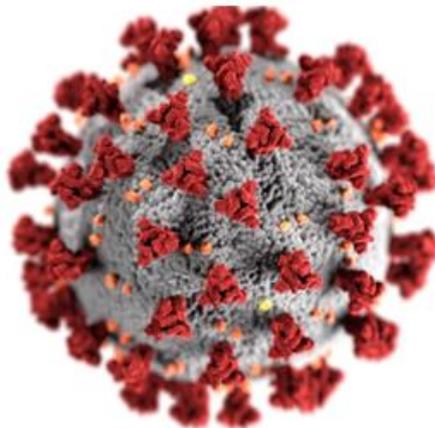


Health information data security

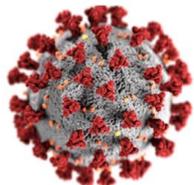


Ethics of data collection during an outbreak

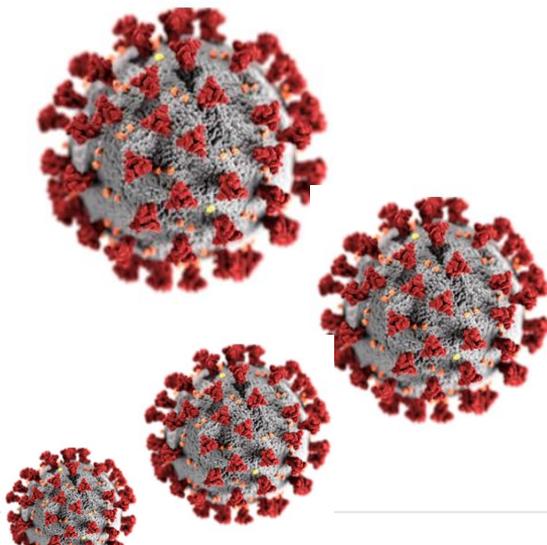




# WHAT IS CORONAVIRUS DISEASE 2019?



COVID-19 is a viral respiratory illness caused by coronavirus (SARS-CoV-2) that has not been found in people before. Because this is a new virus, there are still things we are learning about COVID-19, such as how severe the illness can be, how well it is transmitted between people, and other features of the virus.



# CLINICAL PRESENTATION

- Usually cause mild to moderate upper-respiratory tract illnesses, like the common cold
- Although some people never develop any signs or symptoms of disease, others are at high risk for severe disease (pneumonia, bronchitis) and death
- People at risk for severe disease and death include older adults and people with over pre-existing medical conditions

- Symptoms may include:

Fever

Shortness of Breath

Cough

Diarrhea

Sore throat

Headache

General unwell feeling

Loss of taste or smell

Fatigue/ excessive sleeping

Runny nose



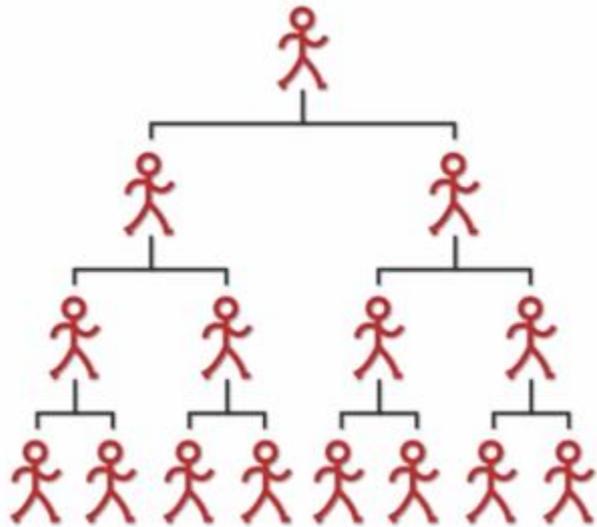
# MODE OF TRANSMISSION



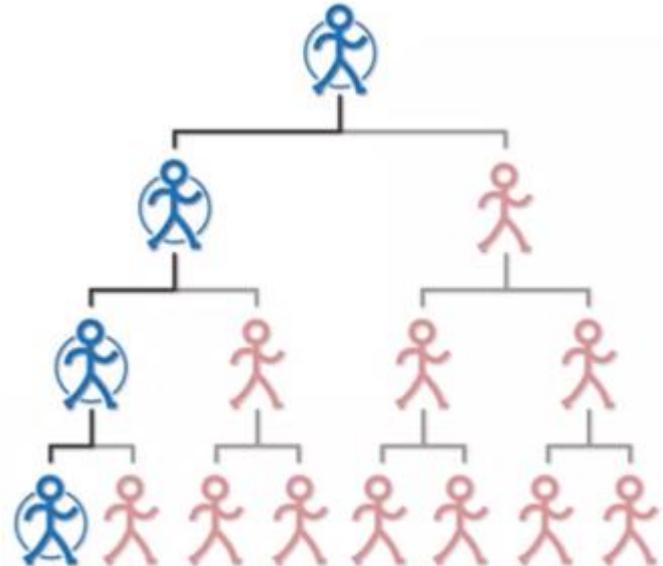
- Infectious droplets can
  - Travel during sneezes, coughs, talking, and singing
  - Travel up to 6 feet
  - Land in eyes, nose, or mouth of people
  - Land on surfaces
  
- Masks can reduce transmission
  - Fewer droplets from infected person

# REDUCE TRANSMISSION

**WITHOUT** any intervention:  
each person will infect 2-3  
others



**WITH** intervention:  
can dramatically reduce  
the number of cases.



# CASES AND CONTACTS

## CONFIRMED CASE:

Symptomatic and asymptomatic persons who test positive for COVID-19

## CLOSE CONTACT:

Person who has been within 6 feet of a confirmed case for at least 15 minutes or has had direct contact with the infected person's secretions starting from 48 hours before illness onset. (or, for asymptomatic patients, 48 hours prior to positive specimen collection) until the time the case is released from isolation



When identifying close contacts, the NEW guidance is:

within 6 ft

**Within 6ft for 15 minutes**

15 minutes

A close contact can also be direct contact with respiratory secretions of a case, like being coughed on

The infographic features a blue background. At the top, two stylized human figures (a woman and a man) are shown with a double-headed arrow between them, representing distance. Below this, the text 'within 6 ft' is written. To the right, the text 'When identifying close contacts, the NEW guidance is:' is followed by 'Within 6ft for 15 minutes' in a large, bold font. Below the distance text is a red clock icon with the number '15' and the word 'minutes' underneath it. At the bottom right, a smaller line of text states: 'A close contact can also be direct contact with respiratory secretions of a case, like being coughed on'.

# COVID-19 CONTACT TRACING STEPS



- 1** Confirmed Case Investigation
- 2** Close Contact Investigation
- 3** Close Contact Monitoring
- 4** Removal of Isolation/ Quarantine Criteria

# CONFIRMED CASE INVESTIGATION

**COVID-19 EXTENDED FORM** Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ MAVEN #: \_\_\_\_\_ Date of Test: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  Male  Female Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (Cell) ( ) \_\_\_\_\_ (Other) ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Race:  American Indian/Alaska Native  Native Hawaiian or Other Pacific Islander  Black/African American  White  Declined Ethnicity:  Hispanic  Non-Hispanic  Declined

Primary Language: \_\_\_\_\_ Interpreter Needed?  No  Yes



Occupation: \_\_\_\_\_ Date Last Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business/School: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Symptom Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_

Isolation Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NO	YES	Clinical Signs and Symptoms
<input type="checkbox"/>	<input type="checkbox"/>	Fever Highest temp: ____ Date: ____/____/____ Today's Temp: ____ Duration in days ____
<input type="checkbox"/>	<input type="checkbox"/>	Felt feverish.....Date of onset ____/____/____
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Smell or Taste
<input type="checkbox"/>	<input type="checkbox"/>	Chills
<input type="checkbox"/>	<input type="checkbox"/>	Cough
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Breathing/Shortness of Breath
<input type="checkbox"/>	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	Headache
<input type="checkbox"/>	<input type="checkbox"/>	Muscle Aches/pains (myalgia)
<input type="checkbox"/>	<input type="checkbox"/>	Runny Nose (rhinorrhea)
<input type="checkbox"/>	<input type="checkbox"/>	Rash
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Distress/Dyspnea
<input type="checkbox"/>	<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

CXR or CAT Scan  No, Not Performed  Yes Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 New Abnormality  Scan was Normal

Did the patient receive a diagnosis of pneumonia?  No  Yes

Did the patient receive a diagnosis of acute respiratory distress syndrome (ARDS)?  No  Yes

Did the patient experience any other complications with this illness?  No  Yes

\_\_\_\_\_

\_\_\_\_\_

Is the patient pregnant or 6 weeks post-partum? If, yes, who is OB? \_\_\_\_\_

Resident at a nursing home or assisted living facility?  No  Yes

Hospitalized?  No  Yes, where? \_\_\_\_\_

Admit: \_\_\_\_/\_\_\_\_/\_\_\_\_ ICU?  No  Yes Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

Specimen collected for COVID-19 testing?  No  Yes Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result:  Negative  Positive  Indeterminate  Pending

Does the patient have any chronic medical conditions?  No  Yes

Asthma/reactive airway  No  Yes

Chronic lung disease  No  Yes

Diabetes mellitus  No  Yes

Kidney or renal disease  No  Yes

Non-cancer immunosuppressive condition  No  Yes

Cancer chemotherapy in past 12 months  No  Yes

Neurologic/neurodevelopmental disorder  No  Yes

Other Chronic diseases: \_\_\_\_\_

Does the patient smoke currently?  No  Yes

Health Care Worker?  No  Yes

Daycare Attendee/Staff?  No  Yes

Food Handler?  No  Yes



# NOTIFY AND OBTAIN DEMOGRAPHICS AND OCCUPATION(S)

- ▶ Introduce yourself and identify your organization
- ▶ Confirm their identity and residence
- ▶ Discuss the positive test
- ▶ Describe the importance of the call
- ▶ Confirm that the call is confidential
- ▶ Obtain Occupation/ Employer

<b>COVID-19 EXTENDED FORM</b>		Today's Date: ____/____/____	MAVEN #: _____	Date of Test: ____/____/____	 <small>SOUTH DAKOTA DEPARTMENT OF HEALTH</small>
Last Name: _____		First Name: _____		AKA: _____	
Date of Birth: ____/____/____	Date of Death: ____/____/____	Age: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Guardian(s): _____	
Address: _____		City: _____	State: _____	Zip Code: _____	County: _____
Phone: (Cell) ( ) _____ - _____		(Other) ( ) _____ - _____		E-mail: _____	
RACE: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Declined			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Declined		
Primary Language: _____		Interpreter Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Occupation: \_\_\_\_\_ Date Last Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business/School: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

# ASSESS For SYMPTOMS

Symptom Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_  
 Isolation Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NO	YES	Clinical Signs and Symptoms
<input type="checkbox"/>	<input type="checkbox"/>	Fever Highest temp: _____ Date: ____/____/____ Today's Temp: _____ Duration in days _____
<input type="checkbox"/>	<input type="checkbox"/>	Felt feverish.....Date of onset ____/____/____
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Smell or Taste _____
<input type="checkbox"/>	<input type="checkbox"/>	Chills _____
<input type="checkbox"/>	<input type="checkbox"/>	Cough _____
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea _____
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Breathing/Shortness of Breath _____
<input type="checkbox"/>	<input type="checkbox"/>	Fatigue _____
<input type="checkbox"/>	<input type="checkbox"/>	Headache _____
<input type="checkbox"/>	<input type="checkbox"/>	Muscle Aches/pains (myalgia) _____
<input type="checkbox"/>	<input type="checkbox"/>	Runny Nose (rhinorrhea) _____
<input type="checkbox"/>	<input type="checkbox"/>	Rash _____
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Distress/Dyspnea _____
<input type="checkbox"/>	<input type="checkbox"/>	Sore Throat _____
<input type="checkbox"/>	<input type="checkbox"/>	Vomiting _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____



- If Symptomatic
  - Document every symptom
  - Collect date symptoms started
  - Ask how client is currently feeling
- If Asymptomatic (no symptoms)
  - Collect / Verify date tested

# ASSESS MEDICAL HISTORY AND RISK FOR COVID-19 COMPLICATIONS

CXR or CAT Scan  No, Not Performed  Yes Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 New Abnormality  Scan was Normal

Did the patient receive a diagnosis of pneumonia?  No  Yes

Did the patient receive a diagnosis of acute respiratory distress syndrome (ARDS)?  No  Yes

Did the patient experience any other complications with this illness?  No  Yes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the patient pregnant or 6 weeks post-partum? If, yes, who is OB? \_\_\_\_\_

Resident at a nursing home or assisted living facility?  No  Yes

Hospitalized?  No  Yes, where? \_\_\_\_\_

Admit: \_\_\_\_/\_\_\_\_/\_\_\_\_ ICU?  No  Yes Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

Specimen collected for COVID-19 testing?  No  Yes Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result:  Negative  Positive  Indeterminate  Pending

Does the patient have any chronic medical conditions?  No  Yes

Asthma/reactive airway  No  Yes

Chronic lung disease  No  Yes

Diabetes mellitus  No  Yes

Kidney or renal disease  No  Yes

Non-cancer immunosuppressive condition  No  Yes

Cancer chemotherapy in past 12 months  No  Yes

Neurologic/neurodevelopmental disorder  No  Yes

Other Chronic diseases: \_\_\_\_\_

Does the patient smoke currently?  No  Yes

Health Care Worker?  No  Yes \_\_\_\_\_

Daycare Attendee/Staff?  No  Yes \_\_\_\_\_

Food Handler?  No  Yes \_\_\_\_\_

Pregnancy

Asthma

Chronic Lung Disease

Diabetes

Kidney Disease

Immunosuppressed

Cancer  
(Chemo in last 12mo)

Smoker

# ASSESS RISK AND EXPOSURE

Others Ill

Known exposure

Attend School

Enrolled Military

Recent Travel

Others Ill / Has this patient had a known exposure to anyone with COVID-19 infection?

NO YES

Location of Exposure

Date of Exposure

No Known Exposure.....

Is this patient in school?

NO YES

School Name and Location

Is this patient in the military?

NO YES

Home base/branch?

Has the patient traveled anywhere in the 14 days prior to onset of symptoms?

NO  YES

Location

Dates

From:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

To:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Details (Auto, Airline/Flight Info/Hotels/etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

From:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

To:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Details (Auto, Airline/Flight Info/Hotels/etc.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# PROVIDE ISOLATION RECOMMENDATIONS

- Stress importance of isolation
- Describe what isolation looks like
- Ask about isolation barriers and help brainstorm possible solutions
- Provide removal of isolation criteria

## SYMPTOMATIC CASE

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **AND**
- Improvement in respiratory symptoms (cough, shortness of breath) **AND**
- At least 10 days have passed since symptoms first appeared

## ASYMPTOMATIC CASE

- At least 10 days have passed since the date of their first positive COVID-19 test assuming they have not developed symptoms

# EXAMPLE: CALCULATING ISOLATION PERIOD

- Let's assume that you call the case on May 10<sup>th</sup>
- They tell you that they became ill May 9<sup>th</sup>
- You know that they were infectious for 2 days before they became ill, and will be for at least 10 days after their onset



**May 9 + 10 days = May 19**



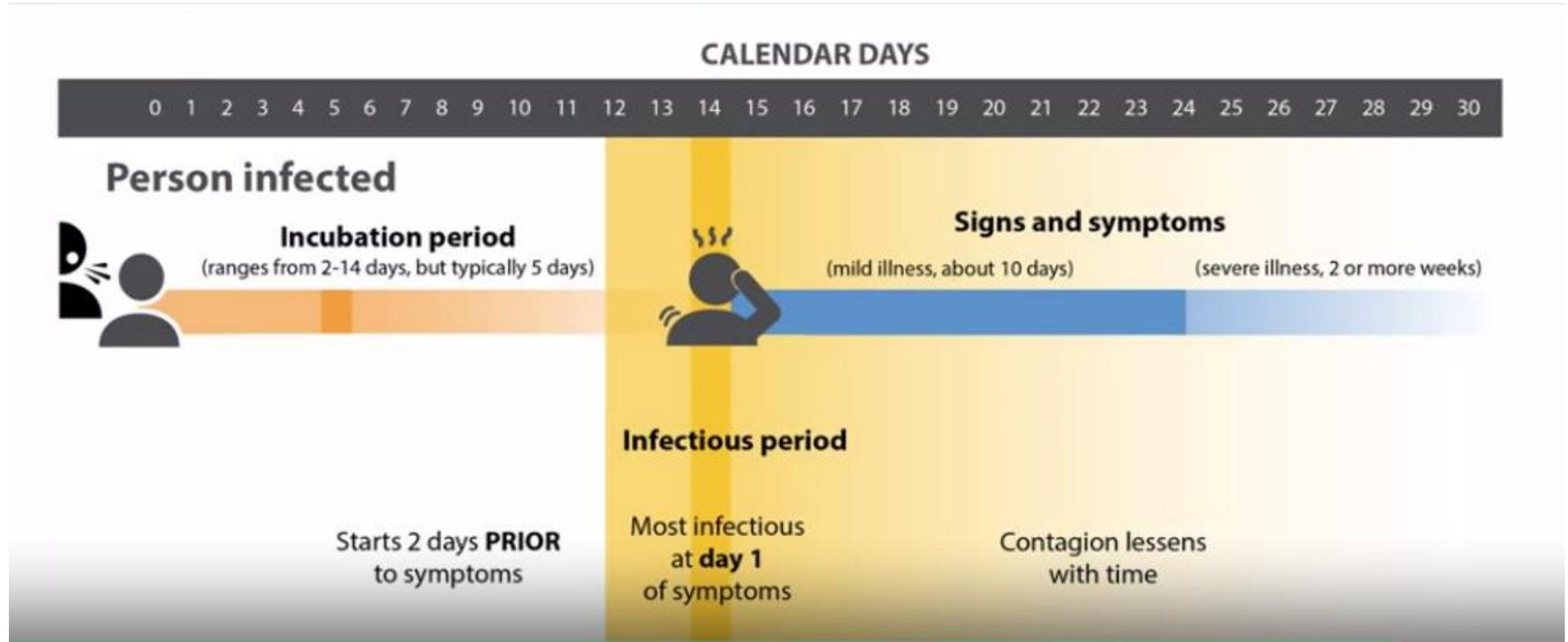
# ASSESS LIVING SITUATION

## Question Examples:

- Let me just doublecheck the address where you are staying. (confirm address).
- What does your living situation look like?
- How many rooms, bedrooms, bathrooms? Are there shared common areas (e.g., kitchen/dining room/living room/laundry/elevator)?
- Who lives there with you? What are their names/ages? (make a list)
- Who else stays there from time to time? When was the last time they were there? What are their names/ages?
- What children are in the home?
- Would it be possible for you to have access to your own room and bathroom?
- How safe do you feel in your current living situation?
- Is there an alternate place that you could stay?
- Would you consider moving to an offsite location to support you and protect your family/household during your isolation?

# Prepare to Obtain Close Contacts

## IDENTIFY INFECTIOUS PERIOD



\*Asymptomatic Confirmed Cases' infections period is difficult to define. Obtain Close Contacts starting 48 hours prior to test date.

# OBTAIN CLOSE CONTACTS

Anyone who have been within **6 feet** of a Confirmed Case for at least **15 minutes** or has **had direct contact** with the infected person's secretions starting from 48 hours before illness onset. (or, for asymptomatic patients, 48 hours prior to positive specimen collection) until the time the case is released from isolation

ask about...**HOUSEHOLD**  **SOCIAL**  **WORKPLACE**

- Start with open ended questions
- Transition to closed ended questions, as needed

Question Examples:

- Do you have any caretakers or housemates?
- Would looking at a calendar help jog your memory?
- Where have you traveled?
- Have you attended any social gatherings?
- Have you had any visitors?
- Do you work outside the home?



# CONTACT CONFIRMED CASE WORK PLACE

- Notify Confirmed Case workplace in-order to provide exclusion recommendations for Confirmed Case and Close Contacts
- Obtain additional Workplace-Close Contacts demographics
- Provide mitigation strategies
- The South Dakota Department of Health will notify the Tribal Health Director if a public notice is being issued

# EXAMPLE: IDENTIFYING INFECTIOUS PERIOD AND OBTAINING CLOSE CONTACTS

- Let's **assume** Confirmed Case fully recovers by May 19<sup>th</sup> ... (This information is not need for original interview)
- Now that you know their infectious period, you can help identify close contacts
- You call case on May 10<sup>th</sup> and can ask about contacts they had from May 7<sup>th</sup> through May 10<sup>th</sup>



# WRAPPING-UP CONFIRMED CASE INTERVIEW

- Answer questions
- Summarize conversation; including recommendations
- Notify Confirmed Case about follow-up call (release from isolation)
- Provide phone number to call with future questions

SOUTH DAKOTA  
**COVID-19 INFORMATION LINE**  
Questions about COVID-19? We're here to help.  
PLEASE CALL **1-800-997-2880**



# CLOSE CONTACT INVESTIGATION

**COVID-19 EXTENDED FORM** Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ MAVEN #: \_\_\_\_\_ Date of Test: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  Male  Female Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: (Cell) ( ) \_\_\_\_\_ (Other) ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Race:  American Indian/Alaska Native  Native Hawaiian or Other Pacific Islander  Black/African American  White  Declined Ethnicity:  Hispanic  Non-Hispanic  Declined

Primary Language: \_\_\_\_\_ Interpreter Needed?  No  Yes



Occupation: \_\_\_\_\_ Date Last Worked: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business/School: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Symptom Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_

Isolation Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NO	YES	Clinical Signs and Symptoms
<input type="checkbox"/>	<input type="checkbox"/>	Fever Highest temp: ____ Date: ____/____/____ Today's Temp: ____ Duration in days ____
<input type="checkbox"/>	<input type="checkbox"/>	Felt feverish.....Date of onset ____/____/____
<input type="checkbox"/>	<input type="checkbox"/>	Loss of Smell or Taste
<input type="checkbox"/>	<input type="checkbox"/>	Chills
<input type="checkbox"/>	<input type="checkbox"/>	Cough
<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	<input type="checkbox"/>	Difficulty Breathing/Shortness of Breath
<input type="checkbox"/>	<input type="checkbox"/>	Fatigue
<input type="checkbox"/>	<input type="checkbox"/>	Headache
<input type="checkbox"/>	<input type="checkbox"/>	Muscle Aches/pains (myalgia)
<input type="checkbox"/>	<input type="checkbox"/>	Runny Nose (rhinorrhea)
<input type="checkbox"/>	<input type="checkbox"/>	Rash
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory Distress/Dyspnea
<input type="checkbox"/>	<input type="checkbox"/>	Sore Throat
<input type="checkbox"/>	<input type="checkbox"/>	Vomiting
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

CXR or CAT Scan  No, Not Performed  Yes Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 New Abnormality  Scan was Normal

Did the patient receive a diagnosis of pneumonia?  No  Yes

Did the patient receive a diagnosis of acute respiratory distress syndrome (ARDS)?  No  Yes

Did the patient experience any other complications with this illness?  No  Yes

\_\_\_\_\_

\_\_\_\_\_

Is the patient pregnant or 6 weeks post-partum? If, yes, who is OB? \_\_\_\_\_

Resident at a nursing home or assisted living facility?  No  Yes

Hospitalized?  No  Yes, where? \_\_\_\_\_

Admit: \_\_\_\_/\_\_\_\_/\_\_\_\_ ICU?  No  Yes Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

Specimen collected for COVID-19 testing?  No  Yes Collection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result:  Negative  Positive  Indeterminate  Pending

Does the patient have any chronic medical conditions?  No  Yes

Asthma/reactive airway  No  Yes

Chronic lung disease  No  Yes

Diabetes mellitus  No  Yes

Kidney or renal disease  No  Yes

Non-cancer immunosuppressive condition  No  Yes

Cancer chemotherapy in past 12 months  No  Yes

Neurologic/neurodevelopmental disorder  No  Yes

Other Chronic diseases: \_\_\_\_\_

Does the patient smoke currently?  No  Yes

Health Care Worker?  No  Yes

Daycare Attendee/Staff?  No  Yes

Food Handler?  No  Yes

# ☑ CLOSE CONTACT INVESTIGATION

Close Contact Investigations are very similar to Confirmed Case Investigation

- Notify and Obtain Demographics and Occupation
  - Do Not release any original patient information
- Assess for Symptoms
- Assess Medical History and Risk for COVID-19 Complications
- Assess Risk and Exposure
- Provide Isolation/Quarantine Instructions
  - Also, provide Quarantine End date (assuming they do not develop symptoms)
- Assess Need for Referrals and Follow-up
- Assess Living Situation
  - Example: Due to living space Close Contact cannot exclude from family members – including a family member who is at high risk for developing complications.
- Wrap-up Close Contact Interview

A Close Contact should be notified of their exposure as soon as possible (within 24 hours of contact elicitation). The Confirmed Case may elect to notify some or all of their Close Contacts before the Contact Tracer.

# CLOSE CONTACT RECOMMENDATIONS

## SYMPTOMATIC CLOSE CONTACTS

Close Contacts **with symptoms** should immediately self-isolate and be referred for testing and medical care. Contacts with no primary healthcare provider will need linkage to telemedicine or phone consultation.

## ASYMPTOMATIC CLOSE CONTACTS

Close Contacts **with no symptoms** will be asked to self-quarantine for 14 days from their last potential exposure. The last potential exposure would initially be determined by the case investigator.

- The incubation period for Covid-19 is approximately five days on average, but symptoms can take as long as two weeks to develop. Infected people can spread infection to others during pre-symptomatic or asymptomatic periods. Anyone with symptoms can be contagious.
- True quarantine entails complete separation from everyone outside the immediate household and, for safety, separation from older and medically vulnerable people within
- If there are additional exposures during the quarantine period (for example, another family member becomes ill), the quarantine period needs to be extended until 14 days after the latest possible exposure.

# EXAMPLE: CALCULATING QUARANTINE PERIOD

- Let's assume you make a call to a contact on May 13<sup>th</sup>
- Based on the call, you understand that their last contact with the Confirmed Case was on May 10<sup>th</sup>
- So, they should receive instructions to quarantine for 14 days since that last exposure

**May 10 + 14 days = May 24**

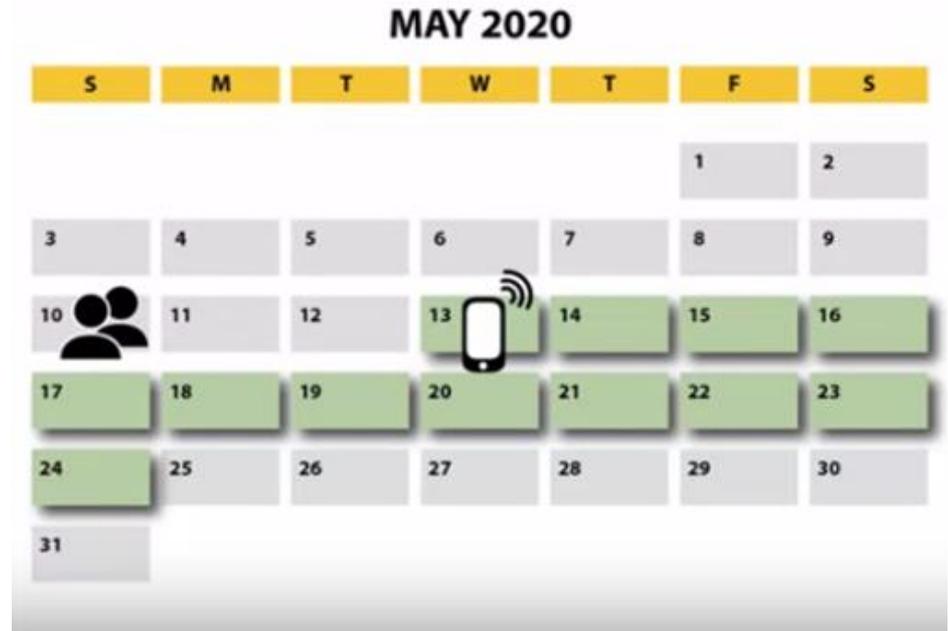


Image Source: John Hopkins University

# EXAMPLE: CALCULATING QUARANTINE PERIOD FOR CLOSE CONTACT WHO LIVES WITH CONFIRMED CASE THAT DOES NOT ISOLATION

- The Close Contact must quarantine themselves immediately, and for 14 days following the recovery of the case
  - So, quarantine will be longer than 14 days for some contacts
- Let's assume we call the case on May 13<sup>th</sup>, and the person they live with became ill on May 9<sup>th</sup>
- Let's also assume that the case will be fully recovered by May 19<sup>th</sup> (10 days)
- Therefore, 14 days after their last infectious contact would be June 2<sup>nd</sup>



Image Source: John Hopkins University

## CLOSE CONTACT MONITORING

- Self-monitor daily for [symptoms](#) *[NOTE: Include instructions on how close contacts can report symptoms to the health department and agreed upon reporting times.]*
  - If you have a thermometer, check and record your temperature twice a day.
  - Contact a healthcare provider immediately if you:
    - Feel feverish or have a temperature of 100.4°F or higher
    - Develop a cough or shortness of breath
    - Develop mild symptoms like sore throat, muscle aches, tiredness, or diarrhea
- SD Department of Health has text illness monitoring available
  - An automated text message is sent to Close Contact inquiring about symptom development.

# ☑ CONFIRMED CASE REMOVAL OF ISOLATION

- Follow-up with Confirmed Case and assess symptoms
- Release Confirmed Case from isolation according to CDC removal from isolation criteria
  - ❖ Confirmed Case may still need to obtain permission from workplace as they may use different criteria for case to return to work.
- If criteria is not yet met, coordinate additional follow-up call
- Members of sovereign nations are informed that they need to contact their tribal leaders to confirm that they have permission to be released from isolation or quarantine.

## SYMPTOMATIC CASE

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **AND**
- Improvement in respiratory symptoms (cough, shortness of breath) **AND**
- At least 10 days have passed since symptoms first appeared

## ASYMPTOMATIC CASE

- At least 10 days have passed since the date of their first positive COVID-19 test assuming they have not developed symptoms

# REMOVAL OF ISOLATION CRITERIA FOR HEALTH CARE WORKER

## SYMPTOMATIC HEALTH CARE WORKER

- SD DOH releases from isolation using Time-Based Strategy.

### TIME-BASED STRATEGY

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **AND**
- Improvement in respiratory symptoms (cough, shortness of breath) **AND**
- At least 10 days have passed since symptoms first appeared

### TEST-BASED STRATEGY

- Resolution of fever without the use of fever-reducing medications **AND**
- Improvement in respiratory symptoms (cough, shortness of breath) **AND**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens)

## ASYMPTOMATIC HEALTH CARE WORKER

- At least 10 days have passed since the date of first positive COVID-19 test assuming they have not developed symptoms

# ☑ CLOSE CONTACT REMOVAL OF QUARANTINE/ ISOLATION

SD DOH monitors Close Contacts during quarantine.

- If Close Contact does not develop symptoms then they are told during original interview they can *stop* quarantine on 14<sup>th</sup> day.
- Members of sovereign nations are informed that they need to contact their tribal leaders to confirm that they have permission to be released from isolation or quarantine.

## **SYMPTOMATIC & ASYMPTOMATIC CONTACTS**

- At least 14 days have passed since last exposure **AND**
- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **AND**
- Improvement in respiratory symptoms (cough, shortness of breath)

# IMPORTANT TO REMEMBER



**Accurately record  
what people say**



**Write  
legibly,  
someone  
eventually  
has to read  
it!**



**Persistence  
gets the job  
done**

Okay to ask why  
they are refusing

Call multiple  
times, including  
evenings or  
weekends



**Fill out all  
of fields**



**Note the  
date & time**



# 10 CARDINAL RULES OF INTERVIEWING

1. Do a practice run until you're comfortable with the questionnaire
2. Find a quiet place to conduct your interviews
3. Be non-judgmental
4. Avoid leading the responder
5. Accurately record what people say
6. Ensure confidentiality, beginning with conducting interviews in a private location
7. Gently re-direct, as needed
8. Probe if answers are vague, particularly about time of symptom onset
9. Work with epidemiology staff to provide language interpretation, if needed
10. Thank interviewee at closing and explain how info will be used

# ISOLATION OR QUARANTINE

Isolation and quarantine help protect the public by preventing exposure to people who have or may have a **CONTAGIOUS DISEASE**.

**ISOLATION** separates sick people with a contagious disease from people who are not sick.

**QUARANTINE** separates and restricts the movement of people who are exposed to a contagious disease to see if they become sick.

## ISOLATION

Isolation is for people who are **ALREADY SICK**.

 Isolation separates and restricts the movement of sick people so they can't spread disease.

 Isolation in a home means separating yourself from others in the household.

 A sick person isolating at home should seek medical treatment if unable to manage symptoms.

 Isolation is usually voluntary, but in a public health emergency. Officials have the authority to isolate people who are sick.

 Stop isolation only if you've had no fever for at least 72 hours; AND have improvement respiratory symptoms; AND at least 10 days have passed since your symptoms first appeared

## QUARANTINE

Quarantine is for people who are **NOT SICK**, but may have been exposed.

 Quarantined people may or may not become sick

 Quarantined people should stay at home or another location so they don't unknowingly spread the disease.

 If you are quarantined and you become ill, you can seek medical treatment from a healthcare provider.

 Quarantine can be voluntary, but in a public health emergency, officials have the authority to quarantine people who have been exposed to an infectious disease.

# COVID-19: What to do if someone is sick

Stay	Stay home. Most people recover at home without needing medical care.
Stay away	Stay away from people as much as possible.
Wear	Wear a cloth face covering over your nose and mouth if you must be around other people, even at home.
Keep	Keep your distance and cover your coughs and sneezes if you must be around other people.
Clean	Clean your hands often.
Avoid	Avoid sharing personal household items.
Clean and disinfect	Clean and disinfect frequently touched objects and surfaces.
Monitor	Monitor your symptoms for emergency warning signs, including trouble breathing.

# When to Seek Emergency Medical Attention



- Look for **emergency warning signs\*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face
- \*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.
- **Call 911 or call ahead to your local emergency facility:** Notify the operator that you are seeking care for someone who has or may have COVID-19.

# Separate a household member who is sick

Separate	Separate a household member who is sick
Keep	Keep people at higher risk separated from anyone who is sick. If possible, have only one person in the household <a href="#">take care of the person who is sick</a> . This caregiver should be someone who is not at higher risk for severe illness and should minimize contact with other people in the household.
Provide	Provide a separate bedroom and bathroom for the person who is sick, if possible. If you cannot provide a separate room and bathroom, try to separate them from other household members as much as possible.
Maintain	If possible, maintain 6 feet between the person who is sick and other family or household members.

# Separate a household member who is sick

If you need to share a bedroom with someone who is sick, make sure the room has good air flow.

- Open the window and turn on a fan to bring in and circulate fresh air if possible.
- Maintain at least 6 feet between beds if possible.
- Sleep head to toe.
- Put a curtain around or place other physical divider (e.g., shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.

If you need to share a bathroom with someone who is sick, the person who is sick should clean and disinfect the frequently touched surfaces in the bathroom after each use. If this is not possible, the person who does the cleaning should:

- Open outside doors and windows before entering and use ventilating fans to increase air circulation in the area.
- Wait as long as possible before entering the room to clean and disinfect or to use the bathroom.

If you are sick, do not help prepare food. Also, eat separately from the family.

# Limit Errands

Family members should leave only when absolutely necessary.

Essential errands include going to the grocery store, pharmacy, or medical appointments that cannot be delayed (e.g., infants or individuals with serious health conditions in need of aid).

Choose one or two family members who are not at a higher risk to run the essential errands.

Don't ride in a car with members of different households. If that's not possible:

- Limit close contact and create space between others in the vehicle.
- Improve air flow in the car by opening the window or placing air conditioning on non-recirculation mode.

# Limit Errands

Avoid touching high-touch surfaces such as handrails, and wash hands or use hand sanitizers as soon as possible after leaving

Wear a [cloth face covering](#), avoid crowds, practice social distancing, and follow the recommended [tips for running errands](#).

Wash your hands immediately after you return home.



**THANK  
YOU**

