



# Guidance on Realignment of COVID-19 Case Investigation and Contact Tracing in an Environment of Significant Community Spread of COVID-19

[Michigan.gov/Coronavirus](https://www.michigan.gov/coronavirus)

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## **Purpose of this document**

This document aligns MDHHS and local health department guidance for case investigation and contact tracing to help balance the demands of significant community spread. In these situations, criteria for case volume will trigger employment of a modified strategy to protect populations most vulnerable to severe consequences of infection.

## **Why is realignment in case investigation and contract tracing needed?**

Contact tracing—including case investigation, exposure notification, and aggressive monitoring of contacts—is an essential strategy to “box it in” and slow the spread of COVID-19. However, when a community is experiencing significant community spread of COVID-19, this strategy becomes less effective. In an area experiencing significant community spread, cases are as likely to become infected from the community as they are from any identified source. The return on the effort around outreach and monitoring may not be effective in diminishing or slowing the outbreak.<sup>1,2</sup>

Besides reducing the efficacy of contact tracing, significant community spread places additional burdens and responsibilities on limited public health resources. Public health departments are forced to balance these competing demands:

- Emergency health care response as hospitalizations and deaths rise with increasing community spread.
- Provision of other essential public health services, like vaccinations or health communications, some of which rise due to increasing community spread, and some of which may simultaneously rise due to the time of year or some other concurrent factor.

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<sup>1</sup> Hellewell J, Abbott S, Gimma A, Bosse NI, Jarvis CI, Russell TW, et al. Feasibility of controlling COVID-19 outbreaks by isolation of cases and contacts. *Lancet Glob Health* 2020;8(4):e488-e496.

<sup>2</sup> US Centers for Disease Control and Prevention. Implementation of mitigation strategies for communities with local COVID-19 transmission. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>.

## CASE INVESTIGATION

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### Core Principles of Case Investigation

Realignment will still center on the core principles of COVID-19 case investigation:

- Ensure people know they are a case (i.e., have positive lab result and/or symptoms and exposure)
- Educate cases about isolation and household spread
- Identify close contacts of cases to notify those contacts of their exposure and need to quarantine to prevent secondary transmission
  - Cases with potential to expose high risk contacts should be particular focus
- Identify exposure source of case

### Case Investigation Realignment: Recommendations

**Counties with more than 150 cases per million people per day (or more than 1500 cases per day for the State)** (i.e., evidence of community spread): public health should prioritize:

1. Calls to lab-confirmed cases to ensure they have awareness of their positive COVID-19 testing results. Use technology when available to electronically collect data and educate cases.
2. **Abbreviated case investigations.\*** If investigation is still possible with available resources, do so, using abbreviated investigation form. Prioritize:
  - i. Investigation of confirmed cases over probable cases
  - ii. Cases who are known to be school staff, congregate living residents, and health care workers
  - iii. Cases within populations who are experiencing higher mortality and hospitalization within the jurisdiction (for example, race/ethnicity, outbreaks, facilities)
  - iv. Cases where difference between date of specimen collection and today is 6 days or less
  - v. Use local data to prioritize certain cases (zip codes, addresses, etc.)

If full investigation is still possible with available resources, do so following prioritization schema above.

**Counties with 70 to 150 cases per million:** public health should prioritize:

1. Abbreviated case investigations\* within 24 hours to triage cases for further investigation
2. Prioritize full case investigation for cases that have potential for rapid spread or for spread in high risk populations
  - i. Health care workers, long-term care, or other congregate care setting
  - ii. Large events/facilities where case may have exposed others
  - iii. Large events/facilities where case may have been exposed themselves

**Counties with less than 70 cases per million:** public health should conduct full investigations for all cases.

**\*Abbreviated Case Investigations** should still capture the following information:

- Name, DOB, address confirmation
- Symptomatic (Y/N)
- Onset Date
- In quarantine at symptom onset?
- Asymptomatic date of collection
- Where work or attend school (name/address)
- Did you notify school?
- Do you know where you got your infection?
- Close contacts
- Document isolation period
- Death, if known
- Hospitalization, if known
- Race/Ethnicity
- Tribal affiliation (if agreement with LHD and tribe)

## CONTACT TRACING

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*These recommendations are for public health officials only. Schools and businesses should continue contact tracing to identify close contacts and prevent transmission within their facility.*

### **Core Principles of Contact Tracing**

A modified strategy will still center on the core principles of COVID-19 contact tracing:

- Ensure close contacts of people who are cases are notified of their exposure
- Educate close contacts about the need to quarantine to prevent transmission
  - A particular focus should be on contacts which, should they become infected, could potentially expose many people or high-risk populations
- Recommend testing for all close contacts, in accordance with CDC guidance
- Link close contacts to needed resources to quarantine safely

### **Contact Tracing Realignment: Recommendations**

**Statewide cases over 6,500 COVID cases per day:** public health should prioritize:

1. Exposure notification and tracing of non-household contacts as available
2. Exposure notification of household contacts during the case investigation process
3. Contacts of confirmed cases over probable cases
4. Contacts who are known to be school staff, congregate living residents, and health care workers
5. Contacts within populations who are experiencing higher mortality and hospitalization within the jurisdiction (for example, race/ethnicity, outbreaks, facilities)
6. Contacts who are less than 9 days into their quarantine period

**Statewide cases less than 6,500 COVID per day:** Public health should conduct notification and daily tracing of all available contacts from case interviews including household contacts.

## ADDITIONAL COMMUNICATION RECOMMENDATIONS

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When facing significant community spread, public health departments should also adjust their communications strategies. To address situations where one-on-one communication about isolation and quarantine cannot be delivered by case investigators or contact tracers, public health departments should prioritize widespread public communication about:

1. Expected delays in case investigation and contact tracing
2. What to do if you test positive or become symptomatic
3. How and why to isolate for cases
4. The definition of “close contact” and how and why to quarantine for close contacts
5. Steps all community members should take to prevent transmission

Recommended communications channels include:

- Local media
- Social media
- Testing sites (posters, flyers)
- Community stakeholders (schools, workplaces, places of worship, community groups, trusted local leaders, health care providers)
- Medical community

Examples of “community spread” messages and documents from MDHHS and Michigan’s local health departments.

- [MDHHS: You Were Tested for COVID-19, Now What?](#)
- [MDHHS: Contact Tracing Flow Chart](#)
- [St. Clair County press release](#)
- [Jackson County press release](#)
- [Ottawa County press release](#)
- [Barry-Eaton DHD social post](#)
- [Washtenaw County social post](#)