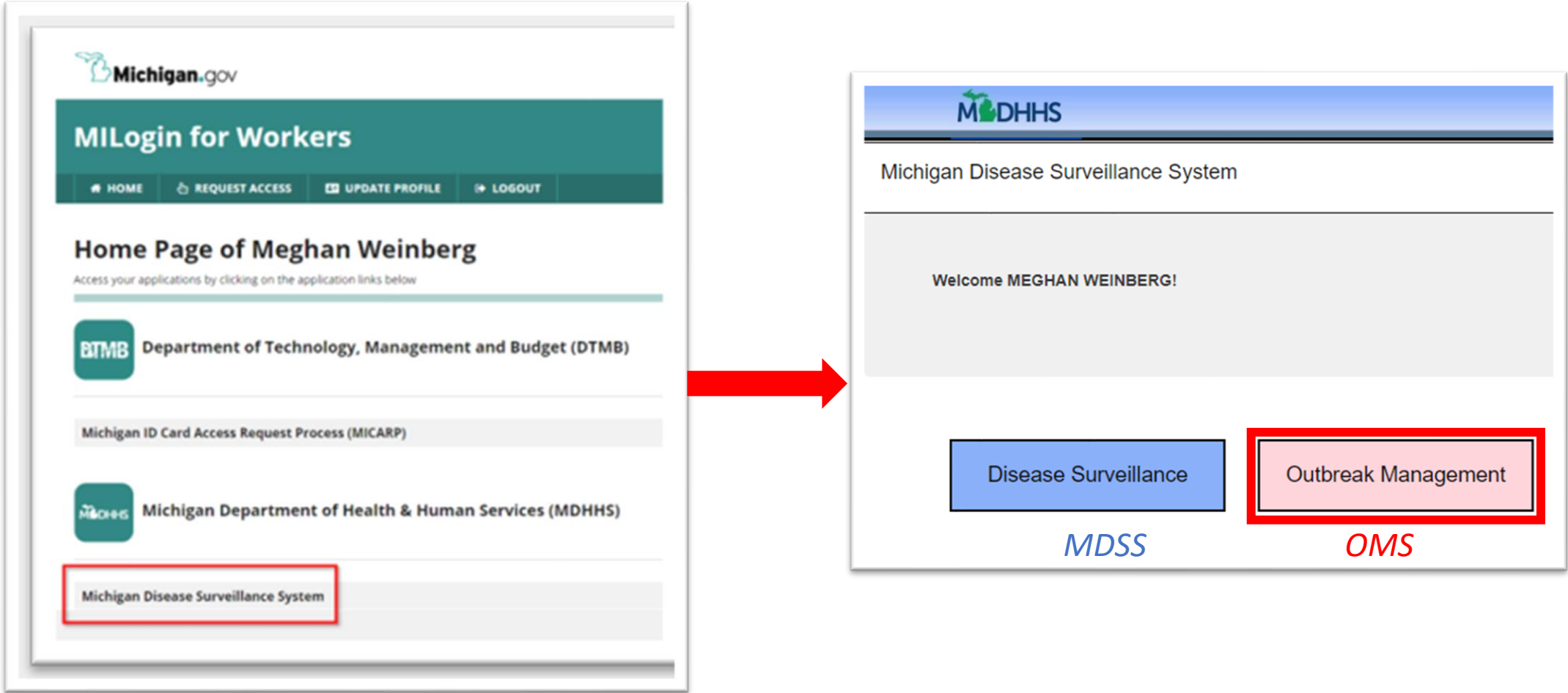
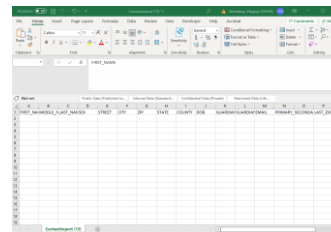
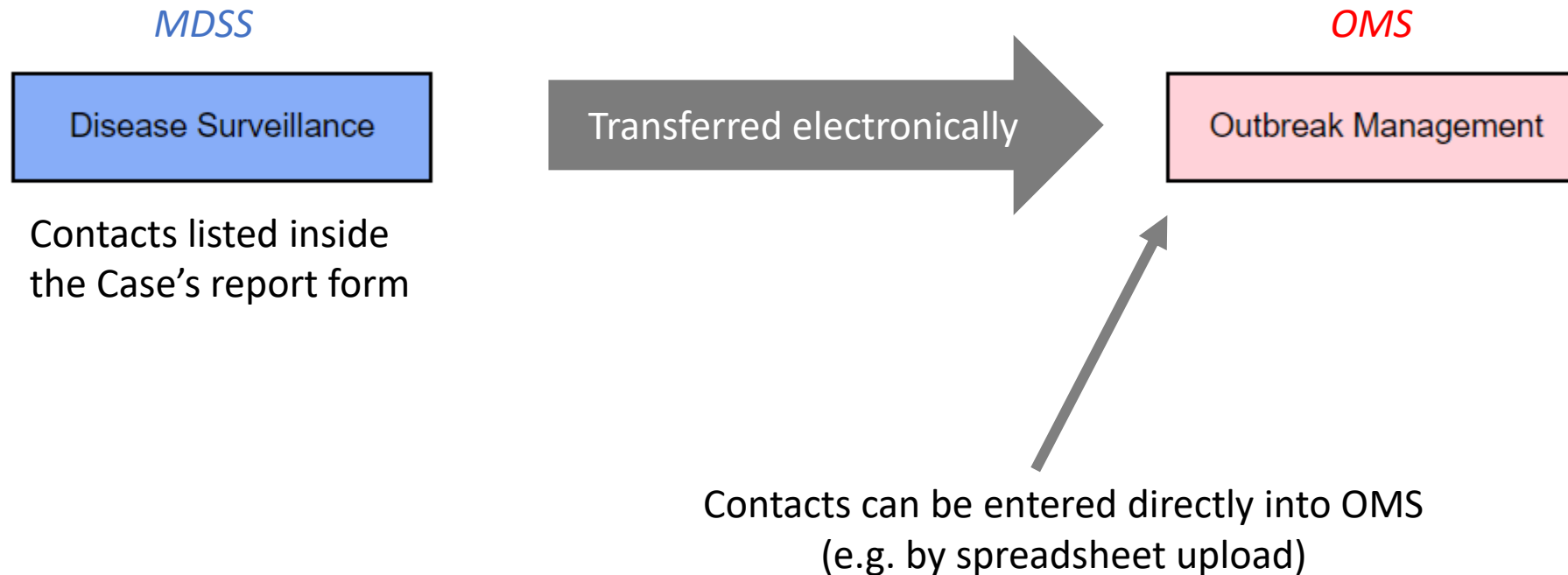


Using the Outbreak
Management System
(OMS) to record COVID
Contact Tracing Data

Login to MiLogin, Click Michigan Disease Surveillance System, then Outbreak Management (OMS)



Contact Flow



Contacts are transferred from the MDSS Case Report Form to OMS Daily

Contacts listed in MDSS Case

Contact Information			
Does the case have the MI COVID Alert smart phone app? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		If yes, has a PIN been sent to the case? <input type="radio"/> Yes <input type="radio"/> Needs PIN <input type="radio"/> Refused PIN <input type="radio"/> Unknown	
		If yes, PIN number: <input type="text"/>	
<input type="checkbox"/> Subject has no close contacts		<input type="checkbox"/> Subject refused to provide contacts	
Name of Contact* (First, Last, Middle) First Name <input type="text"/> Last Name <input type="text"/> Middle Name <input type="text"/>		Phone Number* Phone Number <input type="text"/>	Phone Type Phone Type <input type="text"/>
Relationship to Case* Relationship to Case <input type="text"/>	Last Contact Date Last Contact Date <input type="text"/>	Contact live or work in a high-risk setting? Contact live or work in a high-risk setting? <input type="text"/>	Onset Date Onset Date <input type="text"/>
Age (Yrs) Age <input type="text"/>	Is Minor* <input type="radio"/> Yes <input type="radio"/> No	Gender Gender <input type="text"/>	Symptomatic? Symptomatic? <input type="text"/>
Guardian Name (First, Last) G. First Name <input type="text"/> G. Last Name <input type="text"/>		Email Email <input type="text"/>	County Health Department* County Health Department <input type="text"/>
Classroom Exposure Classroom Exposure <input type="text"/>		Notes Notes <input type="text"/>	<input type="checkbox"/> Critical infrastructure worker



OMS

- Contacts are transferred daily.
- Criteria for transferring from CRF:
 - Phone number
 - Last contact date (blank or within 5 days) → This depends on case investigation

Contacts that aren't in MDSS case report form and need tracing can be entered into OMS directly

Two options:

1. Enter one contact at a time

Outbreak Monitoring Details

Outbreak Name: COVID-19_2020_TF_REALTIME
Outbreak Status: New
Outbreak Referral Date: 10/07/2020
OMS Admin: BUCK, MATTHEW P
LHJ Admins:

Contact Details

First Name:
Last Name:
Middle Name:
Language:
Risk Assessment:
Start Monitoring Date:
Reporting Source:
Source Description:
Referral Date:
Completion Date:
LHJ User:
Health Status:
Monitoring Status:
High Risk Setting:
Continue Cancel

2. Upload multiple contacts by importing a .csv spreadsheet

Import Contacts

Outbreak Name: COVID-19_2020_TF_REALTIME
Choose .csv File to Import: Choose File No file chosen
Import Download Template Cancel

Table:

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	FIRST_NAME	MIDDLE	LAST_NAME	SEX	STREET	CITY	ZIP	STATE	COUNTY	DOB	GUARDIAN	GUARDIAN	PRIMARY_PHONE	CLASSROOM_EXPOSURE
2	Fake		Person	F	123 Test st	canton	48187	MI	Wayne	1/1/1990			734-302-4600	NO_EXPOSURE
3	Not	A	Someone	M	223 Sunshi	oakland	48188	MI	oakland	1/2/1980				YES_WITH_MITIGATION
4	Test		Name	F	202 happy	oakland	48188	MI	oakland	1/3/1970				YES_WITHOUT_MITIGATION

Callouts:

- The road type (Street, road, lane, etc.) for 'STREET' variable may be fully spelled out or abbreviated.
- 'DOB' must be entered in a DD/MM/YYYY format. Leading zeros may be dropped.
- 'CLASSROOM_EXPOSURE' if left blank value will default to 'NO_EXPOSURE'. Valid values are: NO_EXPOSURE, YES_WITH_MITIGATION, YES_WITHOUT_MITIGATION.
- 'MIDDLE_NAME' may be fully spelled out, abbreviated, or left blank.
- 'SEX' may be fully spelled out ('Male', 'Female', or 'Unknown'), abbreviated ('M', 'F', or 'U'), or left blank. If left blank, OMS will default to 'Unknown'.
- 'COUNTY' may be left blank, if unknown. During geocoding, OMS will correct omissions and populate this field.
- 'GUARDIAN_FIRST_NAME' and 'GUARDIAN_LAST_NAME' are required when 'DOB' indicates that the contact is under 18 years of age. These fields are otherwise optional.

Enter these contacts into outbreak “COVID-19_2020_TF_REALTIME”

Three COVID Outbreak Names in OMS

COVID-19_2020_SALESFORCE = contacts listed in the contact section in MDSS case report form that meet criteria for referral to OMS

COVID-19_2020_VULNERABLE POPULATIONS = contacts that are marked as living or working in high-risk settings in contact section of MDSS case report form and meet criteria for referral to OMS (e.g. phone number provided)

COVID-19_2020_TF_REALTIME = contacts who need tracing that aren't in MDSS case report form

Overview

1. Supervisor exports lists of contacts from OMS outbreaks.
2. Supervisor emails tracers their list of contacts by contact ID.
3. Tracer logs into OMS, finds their contacts, reassigns the contact to themselves, and updates the Monitoring Status to Active (if New).
4. Tracer documents their outreach and monitoring in OMS.
5. When follow-up is complete, tracer updates Contact's Monitoring Status to Complete.

Overview

1. Supervisor exports lists of contacts from OMS outbreaks.
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4. Tracer documents their outreach and monitoring in OMS.
5. When follow-up is complete, tracer updates Contact's Monitoring Status to Complete.

How to Export a Contacts List

1. Go to **Reports -> Line Listing**
2. Enter the date you last assigned contacts in “**From Date**”. Keep “**To Date**” blank to search up through today.
3. Under **Outbreak**, select “**COVID-19_2020_SALESFORCE**” or “**COVID-19_2020_VULNERABLEPOPULATIONS**”.
Note: you’ll have to do two exports, one for each outbreak.
4. Select **CSV Report** and open the file in Excel.
5. This is a list of all contacts that have been referred to OMS in that outbreak since the date you selected.

The screenshot shows the Michigan DHHS Line Listing Report interface. The interface includes a top navigation bar with links for Administration, Outbreak Listing, Contacts, Reports, and Logout. The Reports link is highlighted with a red box. On the left sidebar, the Line Listing link is also highlighted with a red box. The main content area is titled 'Line Listing Report' and contains several sections: Time Period, Outbreak Information, Status Information, Geographic Information, and Display Columns. The Time Period section has a 'By Date' section with a 'From Date' field set to 10/06/2022 and a 'To Date' field. The Outbreak Information section has a 'Condition' dropdown set to COVID-19 and an 'Outbreak' dropdown set to COVID-19_2020_SALESFORCE. The Status Information section has an 'Outbreak Status' dropdown set to --Outbreak Status--. The Geographic Information section has fields for City, County, Jurisdiction, and State. The Display Columns section has checkboxes for various fields, including Contact ID, Contact Name, Address, County, Jurisdiction, Date of Birth, Age, Race, Ethnicity, Sex, Condition, Outbreak, Onset Date, Referral Date, Health Status, Completion Date, LHH User, Outbreak Type, Contact Status, Email, Phone, and Highest Risk. The CSV Report button is highlighted with a red box.

MDHHS Michigan.gov

Administration Outbreak Listing Contacts **Reports** Logout

Aggregate Monitoring Summary
Questionnaire Data
Monitoring Data
Line Listing

Line Listing Report

Time Period

By Month and Year:
Month: October
Year: 2022

By Date:
☒ From Date(mm/dd/yyyy): 10/06/2022
To Date(mm/dd/yyyy):

Outbreak Information

Condition: COVID-19 Outbreak: **COVID-19_2020_SALESFORCE** Outbreak Type: Monitoring

Status Information

Outbreak Status: --Outbreak Status--

Geographic Information

City: County: --County-- Jurisdiction: --Jurisdiction-- State: --State--

Display Columns

<input checked="" type="checkbox"/> Contact ID	<input checked="" type="checkbox"/> Contact Name	<input checked="" type="checkbox"/> Address	<input checked="" type="checkbox"/> County	<input checked="" type="checkbox"/> Jurisdiction
<input checked="" type="checkbox"/> Date of Birth	<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Ethnicity	<input checked="" type="checkbox"/> Sex
<input checked="" type="checkbox"/> Condition	<input checked="" type="checkbox"/> Outbreak	<input type="checkbox"/> Onset Date	<input checked="" type="checkbox"/> Referral Date	<input checked="" type="checkbox"/> Health Status
<input checked="" type="checkbox"/> Completion Date	<input checked="" type="checkbox"/> LHH User	<input checked="" type="checkbox"/> Outbreak Type	<input checked="" type="checkbox"/> Contact Status	<input checked="" type="checkbox"/> Email
<input checked="" type="checkbox"/> Phone	<input checked="" type="checkbox"/> Highest Risk			

PDF Report **CSV Report** HTML Report

Overview

1. Supervisor exports lists of contacts from OMS outbreaks.
2. Supervisor emails tracers their list of contacts by contact ID.
3. Tracer logs into OMS, finds their contacts, reassigns the contact to themselves, and updates the Monitoring Status to Active (if New).
4. Tracer documents their outreach and monitoring in OMS.
5. When follow-up is complete, tracer updates Contact's Monitoring Status to Complete.

Search for the Contact by Contact ID

The screenshot shows the MDHHS web application interface for searching contacts. The interface includes a top navigation bar with links for Administration, Outbreak Listing, Contacts, Reports, and Logout. A left sidebar contains links for Contact List, New Contact, and Search Contact. The main content area is titled 'Search Contact' and contains three sections: Contact, Jurisdiction, and Outbreak. The Contact section has input fields for First Name, Last Name, Contact ID, and Contact Outbreak ID, along with a Referral Date range. The Jurisdiction section has dropdown menus for City, County, Jurisdiction, and State. The Outbreak section has dropdown menus for Outbreak Name, Outbreak Status, Outbreak Type, and Condition. A Search button and a Cancel button are at the bottom right. Red boxes and numbers highlight the following elements: 1. The 'Contacts' link in the top navigation bar. 2. The 'Search Contact' link in the left sidebar. 3. The 'Contact ID' input field in the Contact section. 4. The 'Search' button at the bottom right.

1

2



3

4

Can also search by Contact name or contacts in a selected outbreak during a certain time period.

Tip: Don't search for all contacts in the outbreak (COVID-19_2020_SALESFORCE or COVID-19_2020_VULNERABLE POPULATIONS) because there are too many contacts. Narrow your search (by contact name, contact ID, and/or Referral date).

Edit the Contact



[Administration](#) | [Outbreak Listing](#) | **[Contacts](#)** | [Reports](#) | [Logout](#)

Contact List
[New Contact](#)
[Search Contact](#)

Contact List

Sort By:
--Sort--

Filter By:
--Investigation Juris-- --Outbreak-- --Investigator-- --Risk-- --Outbreak Type-- [Filter](#) [Reset](#)

Name	ID	Investigation Jurisdiction	Status	Outbreak	Investigator	Start Date	Monitor Period	Risk	Type	
PUMPKIN, MARIA	14015450	State-Level	Active	COVID-19_2020_SALESF	HERNANDEZ, MARGARET		5 DAYS		Monitoring	Edit View

[<First](#) 1 [Last>](#)

Reassign the Contact and update Monitoring Status

Change Monitoring Status
from New to Active

Overview Contact Info Demographics Risk Data Points Secondary Contacts Notes Address Hist Person Hist

Contact SUNSHINE, SUSIE Locked By WEINBERGM1(MEGHAN WEINBERG).

Outbreak Monitoring Details

Outbreak Name: COVID-19_2020_SALESFORCE Outbreak Status: Active Outbreak Referral Date: 03/01/2020

OMS Admin: BUCK, MATTHEW P LHJ Admins:

Contact Details

First Name: SUSIE Last Name: SUNSHINE Middle Name:

Language: Risk Assessment:

Reporting Source: --Please Select A Source-- Source Description: Referral Date: 10/06/2022

Health Status: Well MDSS Case ID:

Completion Date: High Risk Setting: No

Monitoring Status: Active

LHJ User: HERNANDEZ, MARGARET HARTMAN, CASSANDRA HARTWIG, BARBARA J HARVEY, DEBI HARVEY, TONIA HASKINS, KATHERINE C HATT, ELIZABETH HAUN, TANYA HAUSWIRTH, COREY HAWKINS, KAREN HAYNES, KATRINA HEIDEL, PAUL HELLA, BETH HELLER, MICHELLE HENGESBACH, SUE HENRY, MELINDA HENSON, JEANETTE HEPFER, ANN HERMAN, AMBER HERMANN, LYNN HERNANDEZ, MARGARET

v 2.0 | Last updated: Current Database: jdb

Under LHJ User, select
your name.

Review the Overview tab

Referral Date defaults to the date the contact entered OMS.

Health Status used to indicate whether the contact is Ill or Well.

Source = MDSS Import indicates the contact came from MDSS case report form.

Review the Contact Info tab

Overview **Contact Info** Demographics Risk Data Points Secondary Contacts Notes Address Hist Person Hist

Contact PUMPKIN,MARIA Locked By WEINBERGM1(MEGHAN WEINBERG).

Contact Information

Primary Phone: 517-555-1234	Secondary Phone: 	Issued Phone:
Email 1: 	Email 2: 	

Primary Address

Street: 	City: 	State: Michigan
Zip: 	County: Ingham	Temporary Address: <input type="checkbox"/>
Region: 1	Start Date: 	End Date:

Enable Secondary Address: ☐

Emergency Contact Information

First Name: 	Last Name: 	Middle Name:
Primary Phone: 	Secondary Phone: 	Email:

Contact Parent/Guardian Information

First Name: 	Last Name: 	Middle Name:
Relation: 	Primary Phone: 	Secondary Phone:
Email: 		

← Note: you can view address/county but can't update here. To update, go to the **Address Hist** tab.

← May have Parent/Guardian info here if it was written in the Contact section within the MDSS case report form.

Review the Demographics tab

Overview Contact Info **Demographics** Risk Data Points Secondary Contacts Notes Address Hist Person Hist

Contact [REDACTED] Locked By WEINBERGM1(MEGHAN WEINBERG).

Contact Demographic Information

Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> White	Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Unknown	Sex <input type="radio"/> Female <input checked="" type="radio"/> Male <input type="radio"/> Unknown
U.S. Citizen? <input type="radio"/> Yes <input type="radio"/> No	Country of Citizenship: <input type="text"/>	Date of Birth: <input type="text" value="MM/DD/YYYY"/>
Age at Referral: <input type="text"/> Years <input type="text"/>	Daycare: <input type="text"/>	School: <input type="text"/>
Workplace: Received from MDSS: Congregate Setting: LT		
Occupation: <input type="text"/>		

High-risk setting will show up here if it was marked in the contact section of the MDSS case report form

Overview

1. Supervisor exports lists of contacts from OMS outbreaks.
2. Supervisor emails tracers their list of contacts by contact ID.
3. Tracer logs into OMS, finds their contacts, reassigns the contact to themselves, and updates the Monitoring Status to Active (if New).
- 4. Tracer documents their outreach and monitoring in OMS.**
5. When follow-up is complete, tracer updates Contact's Monitoring Status to Complete.

Add Your Assessments under Data Points

Review/edit Start Monitoring Date.

If date of last contact was entered into contact section of MDSS case report form, this will field will be auto-populated with the date of last contact. If date of last contact is blank, this will auto-populate with the Referral Date of the contact into OMS.

To add an assessment, click **Add a Day** and **Edit** next to the new data point.

Overview Contact Info Demographics Risk **Data Points** Secondary Contacts Notes Address Hist Person Hist

Contact PUMPKIN, MARIA Locked By WEINBERGM1 (MEGHAN WEINBERG).

Monitoring Details

Outbreak: COVID-19_2020_SALESFORCE

Collection Freq: Once Frequency Unit: per Day

Monitoring Period: 5 Period Unit: Days

Start Monitoring Date (mm/dd/yyyy)*: 10/07/2022

End Monitoring Date (mm/dd/yyyy): 10/12/2022

Highest Monitoring Level:

Highest Risk Level:

Contact Reassessed?: ☐ Yes ☐ No

Contact Deceased?: ☐ Yes ☒ No

Was PEP vaccine offered?: ☐ Yes ☐ No ☐ Unknown

Was PEP vaccine administered?: ☐ Yes ☐ No ☐ Unknown

Individual contacted at least once by public health: ☐ Yes ☐ No ☐ Unknown

Monitoring Symptoms

Add a day + View All

Days List						
Day	Date	Investigator	Status	Risk Level	Action	Temp
1	10/07/2022	WEINBERGM1			Contacted	98.6
2	10/08/2022	WEINBERGM1			Contacted	98.0

Temperature
Vomiting
Sore throat
Nausea
Muscle pain/myalgia
Loss of taste or smell
Headache
Fever

Add Your Assessments under Data Points

In the Pop-up window, enter

- **Day Number**
- **Date**
- **Investigator**
- **Action**
- **Symptom responses**

Click **Save Changes**

Monitoring Symptoms

Add a day + View All

Day Details

Day Number: 3 Date (mm/dd/yyyy): 10/09/2022 PM/AM: PM Investigator *: WEINBERG, MEGHAN Action: Contacted

Monitoring Type: --Select-- Risk Level: --Select--

Temperature: 97.9

Vomiting: ☐ Yes ☒ No ☐ Unknown

Sore throat: ☐ Yes ☒ No ☐ Unknown

Nausea: ☐ Yes ☒ No ☐ Unknown

Muscle pain/myalgia: ☐ Yes ☒ No ☐ Unknown

Loss of taste or smell: ☐ Yes ☒ No ☐ Unknown

Headache: ☐ Yes ☒ No ☐ Unknown

Fever: ☐ Yes ☒ No ☐ Unknown

Fatigue/lethargy/weakness: ☐ Yes ☒ No ☐ Unknown

Difficulty breathing/shortness of breath (dyspnea): ☐ Yes ☒ No ☐ Unknown

Diarrhea: ☐ Yes ☒ No ☐ Unknown

Save Changes Cancel

Monitoring Period: Period Unit: 5 Days

Highest Monitoring Level:

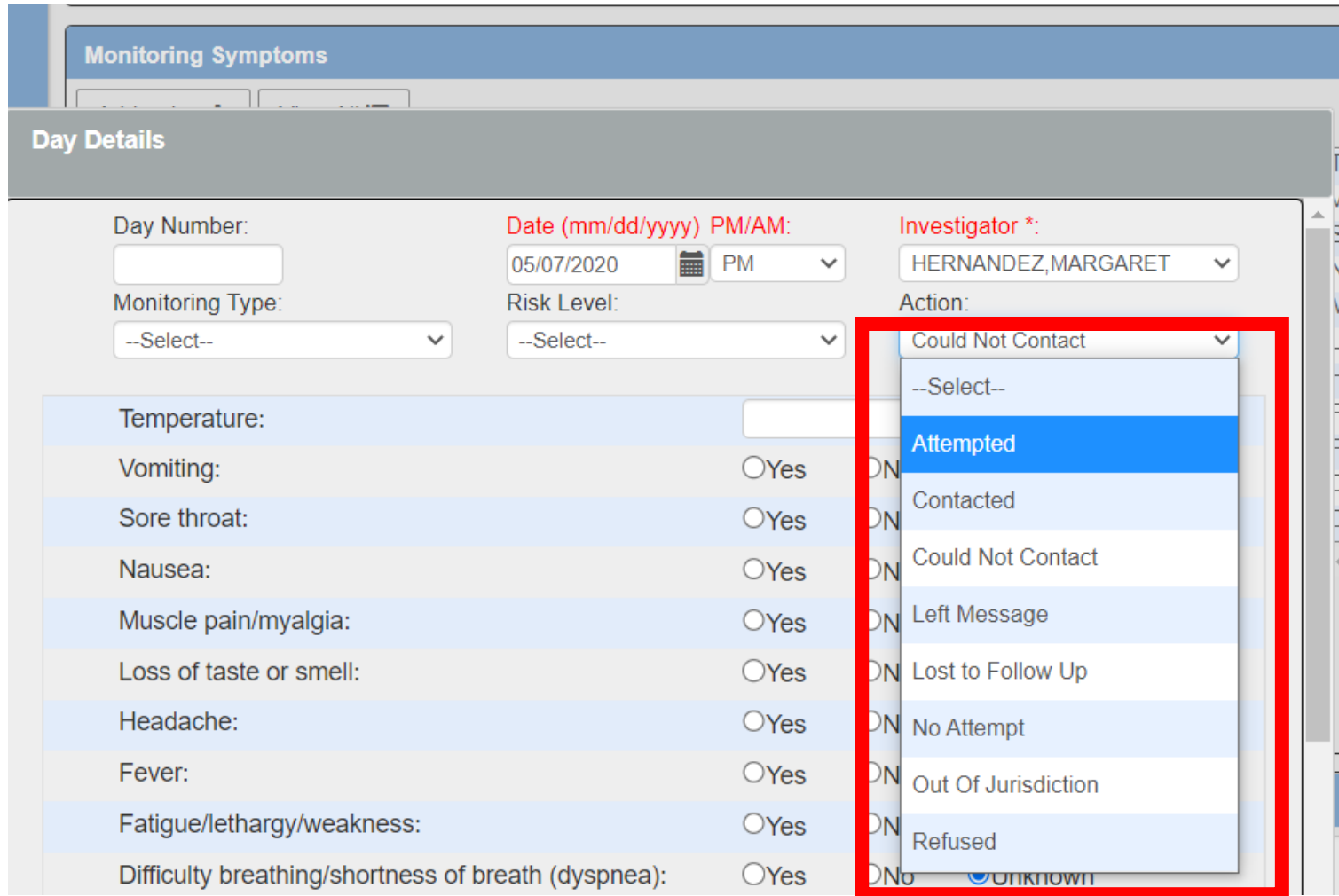
Highest Risk Level:

contacted at least once by public health: No ☐ Unknown

Day	Date	Investigator	Action	Temperature
1	10/07/2022	WEINBERGM1	Contacted	98.6
2	10/08/2022	WEINBERGM1	Contacted	98.0

Temperature
Vomiting
Sore throat
Nausea
Muscle pain/myalgia
Loss of taste or smell
Headache
Fever

Call Dispositions



The screenshot shows a web form titled "Monitoring Symptoms" with a section for "Day Details". The form includes fields for "Day Number", "Date (mm/dd/yyyy) PM/AM", and "Investigator *". Below these are dropdown menus for "Monitoring Type" and "Risk Level". A table lists various symptoms with "Yes" radio buttons. To the right of the symptoms is an "Action:" dropdown menu, which is highlighted with a red rectangle. The dropdown menu is open, showing options: "--Select--", "Attempted", "Contacted", "Could Not Contact", "Left Message", "Lost to Follow Up", "No Attempt", "Out Of Jurisdiction", and "Refused".

Monitoring Symptoms

Day Details

Day Number:

Date (mm/dd/yyyy) PM/AM: 05/07/2020 PM

Investigator *: HERNANDEZ, MARGARET

Monitoring Type: --Select--

Risk Level: --Select--

Action: Could Not Contact

Temperature:

Vomiting: ☐ Yes ☐ No

Sore throat: ☐ Yes ☐ No

Nausea: ☐ Yes ☐ No

Muscle pain/myalgia: ☐ Yes ☐ No

Loss of taste or smell: ☐ Yes ☐ No

Headache: ☐ Yes ☐ No

Fever: ☐ Yes ☐ No

Fatigue/lethargy/weakness: ☐ Yes ☐ No

Difficulty breathing/shortness of breath (dyspnea): ☐ Yes ☐ No

Attempted

Contacted

Could Not Contact

Left Message

Lost to Follow Up

No Attempt

Out Of Jurisdiction

Refused

- **Attempted:** Called and there was no answer and no voicemail
- **Contacted:** When you were able to complete a successful call
- **Could not Contact:** If phone line is disconnected and wrong number.
- **Left Message:** If you left a voicemail
- **Lost to Follow Up:** Attempted calling contact for 5 days but were unable to speak to them (i.e. they never answered or returned phone call).
- **No Attempt:** If contact was never attempted within 5-day monitoring
- **Out of Jurisdiction:** If contact does not live Michigan
- **Refused:** If contact verbally indicated they do not want any more calls

Please make sure all information is saved under **Days List and Notes**

Don't use "contact reassessed" button but rather "add a day" for each new assessment.

Overview Contact Info Demographics Risk Data Points Secondary Contacts Notes Address Hist Person Hist

Contact PUMPKIN,MARIA Locked By WEINBERGM1(MEGHAN WEINBERG).

Monitoring Details

Outbreak: COVID-19_2020_SALESFORCE Collection Freq: Once Frequency Unit: per Day Monitoring Period: 5 Period Unit: Days

Start Monitoring Date (mm/dd/yyyy)*: 10/07/2022 End Monitoring Date (mm/dd/yyyy): 10/12/2022

Highest Monitoring Level:

Highest Risk Level:

Contact Reassessed?: ☐ Yes ☐ No Contact Deceased?: ☐ Yes ☒ No

Was PEP vaccine offered?: ☐ Yes ☐ No ☐ Unknown Was PEP vaccine administered?: ☐ Yes ☐ No ☐ Unknown Individual contacted at least once by public health: ☐ Yes ☐ No ☐ Unknown

Monitoring Symptoms

Add a day + View All ≡

Days List									
Day	Date	Investigator	Status	Risk Level	Action	Temp			
1	10/07/2022	WEINBERGM1			Contacted	98.6	View	Edit	
2	10/08/2022	WEINBERGM1			Contacted	98.0	View	Edit	

Temperature
Vomiting
Sore throat
Nausea
Muscle pain/myalgia
Loss of taste or smell
Headache
Fever
Fatigue/lethargy/weakness
Difficulty breathing
Diarrhea

Additional Assessment

Add Notes here

Submit Create MDSS Case Cancel

Operations for Calling Contacts

- Five Day Monitoring Period for calling contacts
- Only call contact once a day regardless of call outcome
- All Monitoring will be manual no more automatic
- Only monitoring contacts by phone calls no texting

Don't forget to hit Submit!

(even if you didn't add notes, it's required to save the data points)

A pop-up will remind you

mdss-test.state.mi.us says
You have unsaved changes on this tab. Do you want to continue?

OK Cancel

MDHHS Administration **Michigan.gov** Logout

Contact List Overview Contact PUMPKIN
New Contact
Search Contact

Monitoring Details

Outbreak: COVID-19_2020_SALESFORCE Collection Freq: Once Frequency Unit: --Please select L Monitoring Period: 5 Period Unit: Days

Start Monitoring Date (mm/dd/yyyy)*: 10/07/2022 End Monitoring Date (mm/dd/yyyy):

Contact Reassessed?: ☐ Yes ☐ No Contact Deceased?: ☐ Yes ☐ No

Was PEP vaccine offered?: ☐ Yes ☐ No ☐ Unknown Was PEP vaccine administered?: ☐ Yes ☐ No ☐ Unknown Individual contacted at least once by public health: ☐ Yes ☐ No ☐ Unknown

Monitoring Symptoms

Add a day + View All

Days List									
Day	Date	Investigator	Status	Risk Level	Action	Temp			
1	10/07/2022	WEINBERGM1			Contacted	98.6	View	Edit	
2	10/08/2022	WEINBERGM1			Contacted	97.9	View	Edit	

Temperature
Vomiting
Sore throat
Nausea
Muscle pain/myalgia
Loss of taste or smell
Headache
Fever
Fatigue/lethargy/weakness
Difficulty breathing
Diarrhea

Additional Assessment

Submit Create MDSS Case Cancel

Copy the Note from Additional Assessment and paste in Notes tab

Overview Contact Info Demographics Risk **Data Points** Secondary Contacts Notes Address Hist Person Hist

Contact PUMPKIN,MARIA Locked By WEINBERGM1(MEGHAN WEINBERG).

Days List							
Day	Date	Investigator	Status	Risk Level	Action	Temp	
1	10/07/2022	WEINBERGM1			Contacted	98.6	View Edit Delete
2	10/08/2022	WEINBERGM1			Contacted	98.0	View Edit Delete

Temperature
Vomiting
Sore throat
Nausea
Muscle pain/myalgia
Loss of taste or smell
Headache
Fever
Fatigue/lethargy
Difficulty breathing
Diarrhea

Additional Assessment

Spoke with client on 10/10/22 at 11:15am, requested call back after 5pm today. -M.Weinberg

[Submit](#) [Create MDSS Case](#) [Cancel](#)

Overview Contact Info Demographics Risk Data Points Secondary Contacts **Notes** Address Hist Person Hist

Contact PUMPKIN,MARIA Locked By WEINBERGM1(MEGHAN WEINBERG).

New Note

Spoke with client on 10/10/22 at 11:15am, requested call back after 5pm today.

[Add Note](#)

Previous Contact Notes

Added By WEINBERGM1 on 10/10/2022 at 11:22:09 AM EDT

Spoke with client 10/10/22 at 11:15am, requested call back after 5pm today.

Notes are saved here with Investigation ID, date, and time stamp. They are uneditable; to correct something, add a new note.

Attached Documents

[Browse...](#) No File Selected

[Add Document](#)

Date	Added By	Filename	Description
No Existing Attached Documents			

How to Record Contact is Symptomatic and/or Tests Positive

1. Record symptoms in the data point.
2. Add a note with details.
3. Click **Create MDSS Case**.

This will send the individual's demographic and contact information to MDSS to create a suspect case. Note: OMS will not automatically create an MDSS case based on the symptoms you select, you have to click the "Create MDSS Case" button.

Overview Contact Info Demographics Risk **Data Points** Secondary Contacts Notes Address Hist Person Hist

Contact PUMPKIN,MARIA Locked By WEINBERGM1(MESHAH WEINBERG).

Monitoring Details

Outbreak: COVID-19_2020_SALESFORCE Collection Freq: Once Frequency Unit: --Please select L Monitoring Period: 5 Period Unit: Days

Start Monitoring Date (mm/dd/yyyy)*: 10/07/2022 End Monitoring Date (mm/dd/yyyy):

Contact Reassessed?: ☐ Yes ☐ No Contact Deceased?: ☐ Yes ☐ No

Highest Monitoring Level: Highest Risk Level:

Was PEP vaccine offered?: ☐ Yes ☐ No ☐ Unknown Was PEP vaccine administered?: ☐ Yes ☐ No ☐ Unknown Individual contacted at least once by public health: ☐ Yes ☐ No ☐ Unknown

Monitoring Symptoms

Add a day + View All

Days List						
Day	Date	Investigator	Status	Risk Level	Action	Temp
1	10/07/2022	WEINBERGM1			Contacted	98.6
2	10/08/2022	WEINBERGM1			Contacted	97.9
3	10/10/2022	WEINBERGM1			Contacted	101.0

Temperature Vomiting Sore throat Nausea Muscle pain/myalgia Loss of taste or smell Headache Fever Fatigue/lethargy/v Difficulty breathing Diarrhea

Additional Assessment

Add any additional information/details (e.g. if it was at home antigen positive, date tested, additional symptoms, etc) to the Additional Assessment box in Data Points tab and the Notes tab. Include in your note that you clicked "Create MDSS Case" to document that you sent the case to MDSS.

Submit **Create MDSS Case** Cancel

Overview

1. Supervisor exports lists of contacts from both OMS outbreaks.
2. Supervisor emails tracers their list of contacts by contact ID.
3. Tracer logs into OMS, finds their contacts, reassigns the contact to themselves, and updates the Monitoring Status to Active (if New).
4. Tracer documents their outreach and monitoring in OMS.
5. When follow-up is complete, tracer updates Contact's Monitoring Status to Complete.

How to Close out a Contact

Overview Contact Info Demographics Risk Data Points Secondary Contacts Notes Address Hist Person Hist

Contact PUMPKIN,MARIA Locked By WEINBERGM1(MEGHAN WEINBERG).

Outbreak Monitoring Details

Outbreak Name: COVID-19_2020_SALESFORCE	Outbreak Status: Active	Outbreak Referral Date: 03/01/2020
OMS Admin: BUCK,MATTHEW P	LHJ Admins:	

Contact Details

First Name: MARIA	Last Name: PUMPKIN	Middle Name:
Language: English	Risk Assessment:	
Reporting Source: --Please Select A Source--	Source Description:	Referral Date: 10/10/2022
Completion Date:	LHJ User: HERNANDEZ,MARGARET	Health Status: Well
Monitoring Status Complete	Contact ID: 14015450	MDSS Case ID:
Source:	Contact Outbreak ID: 14015453	High Risk Setting: No

Submit Cancel

Change Monitoring
Status to Complete

Filter and Sort the Contacts to Organize Your List

The screenshot shows the 'Contact List' interface. At the top, there is a navigation bar with 'Administration', 'Outbreak Listing', 'Contacts' (selected), 'Reports', and 'Logout'. Below the navigation bar, the title 'Contact List' is centered. On the left, there are two dropdown menus: 'Sort By:' with '--Sort--' selected, and 'Filter By:' with '--Investigation Jurisc...', '--Outbreak--', 'MARGARET,HERN/...', '--Risk--', and '-Outbreak Type-' selected. A red arrow points from the 'Sort By:' dropdown to a larger, expanded version of the same dropdown at the bottom left. This expanded dropdown shows options: '--Sort--', 'Contact First Name', 'Contact Last Name', 'Jurisdiction', 'Monitoring Start Date', 'OMS Investigator', 'Outbreak', 'Risk Status', and 'Status'. To the right of the filters, there are 'Filter' and 'Reset' buttons. Below the filters is a table with columns: Name, ID, Investigation Jurisdiction, Status, Outbreak, Investigator, Start Date, Monitor Period, Risk, Type, and buttons for Edit and View. The first row of data shows 'PUMPKIN, MARIA' with ID '14015450', 'State-Level' jurisdiction, 'Complete' status, 'COVID-19_2020_SALESF' outbreak, 'HERNANDEZ, MARGARET' investigator, '10/07/2022' start date, '5 DAYS' monitor period, and 'Monitoring' type. At the bottom left, there are navigation links: '<First', '1', and '>Last'. Two red text annotations are present: '1. Filter by Investigator = Your Name' pointing to the 'MARGARET,HERN/' filter, and '2. Sort by Monitoring Start Date or Status to help organize your list.' pointing to the expanded 'Sort By' dropdown.

Sort By: --Sort--

Filter By: --Investigation Jurisc-- --Outbreak-- MARGARET,HERN/ --Risk-- -Outbreak Type- Filter Reset

Name	ID	Investigation Jurisdiction	Status	Outbreak	Investigator	Start Date	Monitor Period	Risk	Type	
PUMPKIN, MARIA	14015450	State-Level	Complete	COVID-19_2020_SALESF	HERNANDEZ, MARGARET	10/07/2022	5 DAYS		Monitoring	Edit View

<First 1 >Last

Sort By: --Sort--
--Sort--
Contact First Name
Contact Last Name
Jurisdiction
Monitoring Start Date
OMS Investigator
Outbreak
Risk Status
Status

1. Filter by Investigator = Your Name

2. Sort by Monitoring Start Date or Status to help organize your list.

- Contacts will be manually assigned to a different CT daily during the 5-day monitoring period.
- CTs will receive an Excel sheet with contact information (contact ID) and they will assign to themselves.
- During the 5-day monitoring period, contacts will only be in the CT's queue for 1 day. The next day, it will be assigned to a different CT.
- After 5 days, contacts who have completed monitoring period will remain in CT's queue (list) permanently.
- To find their new/active contacts on their list, CTs have to sort **status** or **monitoring start date**.

Script for Manual Contact Tracing

- Seven areas explored during a successful assessment:
 - Verifying name/county
 - Symptoms/Exposure
 - Testing
 - Vaccination
 - Recommendations
 - Monitoring preference
 - Social service support
- Introduction: “Hello, my name is *[insert name here]* and I am supporting your Local Health Department and the Michigan Department of Health and Human Services. I have some important health information to share.” Ask for contact by name OR if the individual is the parent/guardian of contact.
 - If contact requests an Arabic or Spanish translator, explain someone will be returning the call shortly. *[Use the call outcome “did not speak English.” In the Details panel change language to Arabic or Spanish. Before moving on to next contact, note call. If contact requests an interpreter for any language other than Arabic or Spanish, place the contact on hold and reach out to the language line or explain you will be calling back in a moment with an interpreter.]*
 - Verify contact (name AND county) AND, if minor, ask for name of parent/guardian. *[After being confirmed, if contact is part of HH, ask if the individual is willing to discuss recommendations regarding additional HH members.]*
 - Explain you are supporting the Local Health Department and the Michigan COVID Help team. There’s some important health to share and it will take approximately five to eight minutes to complete *[edit approximate time if calling regarding HH]*
- Symptoms/Exposure: Explain recommendations for monitoring period, testing, and vaccination will be assisted by answering the next few questions.
 - Ask if exposure was known. *[Allows CT to go in the direction of either HH or non-HH exposure.]*
 - Ask if contact is currently experiencing any of the following symptoms: coughing, difficulty breathing/shortness of breath, congestion/runny nose, sore throat, loss of taste/smell, fever, chills/rigors, headache, fatigue/lethargy/weakness, muscle pain/myalgia, nausea, vomiting, and/or diarrhea. *[If contact/parent/guardian explains symptoms have not been experienced in the last 24 hours, however, they have experienced symptoms since about the time of their exposure or during their monitoring period, do not enter in assessment, enter symptoms in the note. If contact is having two or more minor symptoms or one or more major symptoms, mention to contact/parent/guardian we will not be reaching out again during this exposure however the LHD may be reaching out.]*

Continued Script for Manual Contact Tracing

- Regardless of vaccination status, a person that develops symptoms (without an alternate diagnosis or negative COVID-19 test), isolate at home for the first 5 days (starting with the day after test was taken for those without symptoms).
 - If symptoms have improved or no symptoms developed, return to normal activities, while wearing a well-fitted mask, for the next 5 days to protect others. If individual has a fever, stay home until fever free for a period of 24 hours without the use of fever reducing medications before returning to normal activities while wearing a well-fitted mask, until the 10-day period is complete. *[If a contact's health conditions makes symptom connection to COVID difficult to determine or if contact is questioning whether symptoms may or may not be their "normal", escalate for review. The contact may be escalated to the LHD to request providing assistance in determining recommendations to contact.]*
- Testing: ask if the contact has been tested in the last 90 days and ask/note the type of test performed.
 - Options for testing includes: tested positive greater than 10 days, but less than 90 days prior, tested positive less than 10 days ago, contact tested but has not received results, the contact has not tested. *[In addition to noting, the answer to the testing question is entered in the "Details" section.]*
 - Regardless of vaccination status, if contact has tested positive for COVID in the last 10 days: isolate at home for the first 5 days (starting with the day after test was taken for those without symptoms). If symptoms have improved or no symptoms developed, return to normal activities, while wearing a well-fitted mask, for the next 5 days to protect others. If contact tests positive but **has no symptoms**, monitor symptoms for 10 days. *[Mention to contact/parent/guardian we will not be reaching out again during this exposure, however the LHD may be reaching out.]*
- Vaccination: ask if the contact has received a COVID vaccine, how many doses, and when the last dose was provided. *[Since current recommendations are not dependent on whether someone is or is not fully vaccinated or up to date on vaccinations, the question is asked to provide an opportunity for vaccine information.]*
 - If recommending foundational or additional doses ("boosters"), explain vaccinations cannot be administered during the monitoring period.

Continued Script for Manual Contact Tracing

- Recommendations: if the contact has not already mentioned or had been asked, ask if the contact/parent/guardian knew of exposure and if the positive person is in their home.
 - Either ask contact their line of work OR ask if they work in an institutional setting (hospital, jail, prison, long term care facility). *[Asking the type of work can help determine if they are currently working in an institutional setting. For example, a contracted electrician may not typically work in a hospital, however, is currently working at a hospital for a two-week contract.]*
 - If contact is a healthcare worker and they have a positive person in their home, ask if their employer has been notified. Encourage contact to notify their employer of the exposure. If healthcare worker has a positive test or is having symptoms, they would stay home and isolate for 10 days. If healthcare worker has not tested positive or is not having symptoms, depending on vaccination status AND/OR employers staffing status, contact may be able to continue working during monitoring period. *[Can escalate for further guidance.]*
 - If minor, ask name and location of contact's school. *[Enter information on whether child is attending school, name of school, and location of school under the "Details" section and in the note.]*
- If contact has tested positive or is having symptoms, reiterate recommendations already provided.
- If a contact has been exposed to someone in their home that has tested positive:
 - Monitoring symptoms for 10 days, we request to call or text them for their first five days.
 - Test 5 days post exposure. *[Need to discuss with contact isolation of positive case to help determine what would be the third to seventh day.]*
 - Wear a well fitted mask for 10 days.
 - Avoid activities that may expose high-risk individuals.
- If a contact has been exposed at work, a social setting (e.g., a wedding, holiday gather, etc.), or other community setting:
 - Monitor symptoms for 10 days, we request to call or text them for their first five days.
 - Wear a well fitted mask for 10 days.
 - Avoid activities that may expose high-risk individuals.
 - Test IF symptoms develop.
- Additional considerations:
 - If contact tests positive but **has no symptoms**, monitor symptoms for 10 days.
 - If a mask cannot be worn, contact should home quarantine for 10 days.
 - If a case cannot wear a mask (for example children under 2), we would recommend the person to isolate for 10 days.

Continued Script for Manual Contact Tracing

- Social service support: ask if they need any assistance.
 - Ask for email. Information regarding COVID and COVID recommendations will be emailed. *[Reminder: we are not providing a letter for work or school. If letter is requested, please send an email to the escalation box to request the LHD to reach out.]*
 - If contact or HH needs food, to have a safe place to stay, assistance with utilities, assistance with medications, healthcare needs, medical insurance, care for a loved one, or anything similar, connect them to 211 and/or provide the phone number for 211 (844-587-2485).
 - Additional COVID related questions can be directed to the COVID hotline at 888-535-6136.
- Thank the contact/parent/guardian for their time, “please stay well,” and if they have any additional questions the COVID-19 help team is available five days a week, 9am to 7pm and the Tracer can leave their phone number.



Voicemail Script for Returning phone calls

“Hello, I am calling with the local public health department and the Michigan COVID Help Team. We have some important information for you or others in your household. If you would like to call us back before we try again, please call me back at [INSERT YOUR WORK PHONE NUMBER]. We hope to speak with you soon.”



Notes Template



YOU MUST leave notes after each call. Capture the key facts or what happened, that you think other CTs should know from the call you just made. If you only left a voicemail, make a simple note saying that or even abbreviate LVM. If you discover information that is useful but does not fall cleanly into one of the script questions, add that to your Note.



Template to Follow:

For successful calls:

- State who you spoke with
- Symptom information
- Testing information
- Vaccine information

For every attempt:

- Leave a note of the disposition saved in the assessment i.e. *No Answer/voicemail not set up*

Recommendations

MDHHS
Michigan Department of Health & Human Services

Who is Impacted

Public Health Recommendations

COVID-19 Infection

Any individual who tests positive for COVID-19 and/or displays COVID-19 symptoms (without an alternate diagnosis or negative COVID-19 test) regardless of vaccination status.

Isolate at home for 5 days (day "0" is day symptoms begin or day test was taken for those without symptoms); and

If symptoms have improved or no symptoms developed, may leave isolation after day 5 and wear a well-fitting mask, for 5 more days (ending after day 10).*

COVID-19 Exposure

Close contact exposed to someone with COVID-19, regardless of vaccination status.

Monitor symptoms for 10 days.

Wear a well-fitting mask around others for 10 days after exposure.

Test 5 days after exposure and if symptoms develop.

Avoid unmasked activities or activities with higher risk of exposing vulnerable individuals.**

* You may remove your mask sooner than day 10 with two sequential negative antigen tests 48 hours apart. If a mask cannot be worn, 10 days of home isolation is recommended.

** Activities with immunocompromised or other high-risk individuals, social/recreational activities in congregate settings or when community levels are high.

Recommendations

- **Masks:** where to obtain masks and how to properly wear a mask. <https://www.michigan.gov/coronavirus/contain-covid/panel-mask-up-mask-right/maskupmaskright>
- **Therapeutics:** many people can benefit from treatment if they **get COVID** from this exposure or in the future—please go to [COVID-19 Therapeutics Information Page \(michigan.gov\)](https://www.michigan.gov/coronavirus/contain-covid/therapeutics)
- **Testing:** where to obtain a PCR test, participating libraries providing free at home test kits, and up to date information on testing in Michigan.

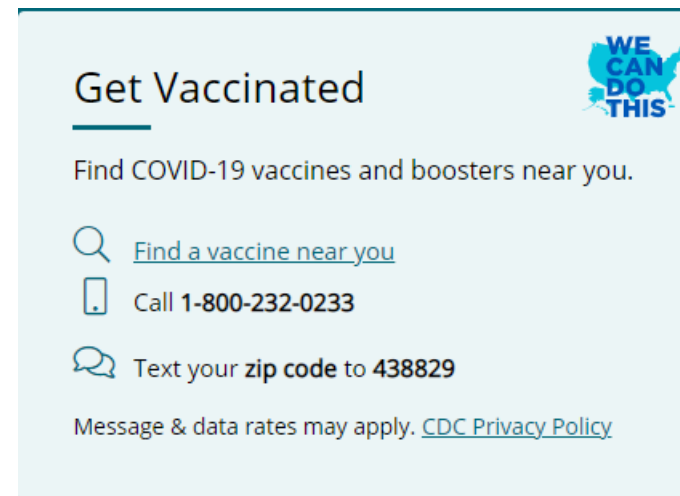
[Test \(michigan.gov\)](https://www.michigan.gov/coronavirus/contain-covid/testing)

<https://www.michigan.gov/coronavirus/contain-covid/panel-mask-up-mask-right/maskupmaskright>

Vaccines

Vaccines: to locate a vaccine site, look up frequently asked questions, and get the latest information from MDHHS on COVID vaccines.

<https://www.michigan.gov/coronavirus/resources/covid-19-vaccine> and <https://www.vaccines.gov/>



<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

Social Support & Resources

Michigan 2-1-1: Dial 2-1-1 on your phone & select COVID-19 menu prompt

MI COVID Hotline: 1-888-535-6136

General COVID Help: www.Michigan.gov/ContainCOVID

Mental Health: www.Michigan.gov/StayWell

Food/Cash Assistance: www.Michigan.gov/MiBridges

Vaccine Information: www.Michigan.gov/CovidVaccine

National Domestic Violence Hotline: 1-800-799-7233

COVID Therapeutics For assistance locating COVID-19 therapeutics call 1-800-232-0233, TTY 1-888-720-7489. Available in 100 languages.