MDHHS COVID-19 Case Investigation Guidance-DRAFT

Purpose:

Contact Tracing is a key strategy in slowing the spread of COVID19 in Michigan. Contact Tracing depends on an effective case investigation. Contact Tracing is defined as eliciting contacts of confirmed COVID-19 cases and monitoring those individuals daily for onset of COVID-19 symptoms, is a critical function of public health with respect to combatting the COVID-19 pandemic. Effective contact tracing can assist in driving down community transmission, prevent spikes in new infections, and will prove critical to opening up Michigan and keeping Michigan open.

With COVID-19, speed and completeness of data of a case investigation is necessary to maximize the benefit of contact tracing. Case investigation, contact elicitation, contact outreach, symptom monitoring, and referral to testing must all occur within a tight window for the greatest public health impact. Therefore, MDHHS is developing expectations and guidance to help local public health prioritize resources towards COVID case investigation and contact elicitation and tracing.

Metrics

Target 1 – Timeliness of COVID-19 Case Investigation Attempt

- COVID-19 Case Investigation Attempted on 90% of cases within 24 hours of referral to the MDSS

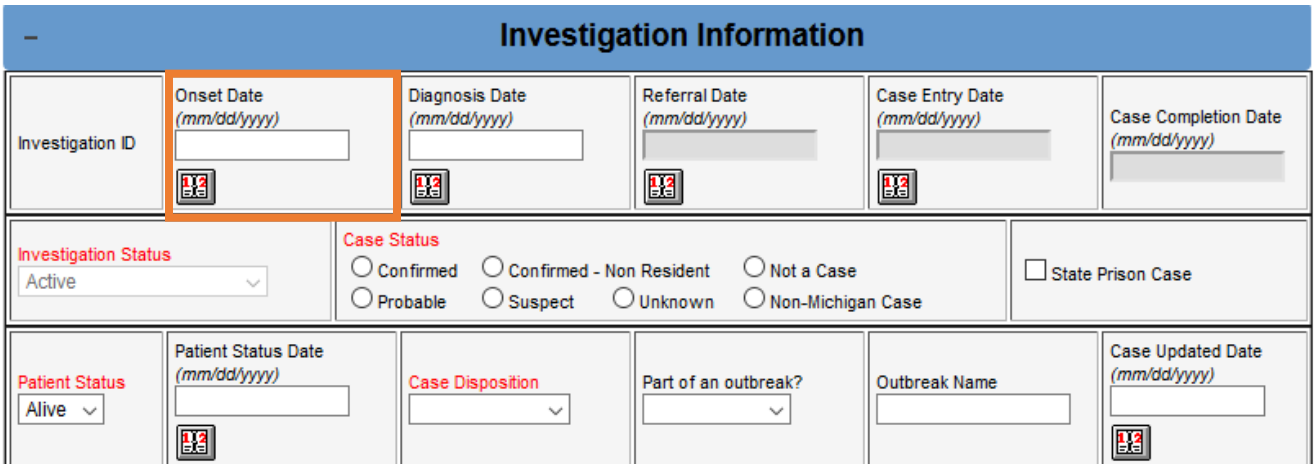
  Note: Currently there is not a field for formally documenting case investigation attempted within the MDSS, but the next version of the COVID-19 case detail form will have a new field to better quantify investigation attempt

Target 2 – Timeliness of COVID-19 Case Investigation Completion

- COVID-19 Case Investigation Completed on 75% of cases within 24 hours of referral to the MDSS
  - Measure: Onset of illness documented in COVID-19 case within 24 hours of referral
    - E.g. For cases referred on 4.25.2020, the proportion with onset documented in the case on 4.26.2020

  Note: Currently there is not a field for formally documenting case investigation completeness within the MDSS, but the next version of the COVID-19 case detail form will have a new field to better quantify investigation attempt outcome.

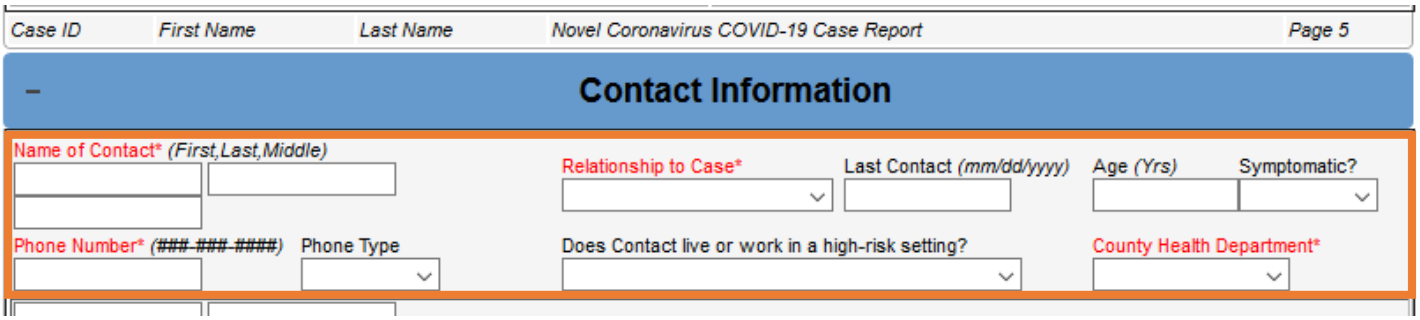
  In the interim, we will use 'onset of illness' as a proxy measure for case investigation completeness. Onset of illness is commonly completed when a case interview is completed and it is an essential data point for identifying potentially exposed contacts.



Target 3 – Timeliness of Contact Elicitation within the COVID-19 case of MDSS

- At least one contact elicited on 50% of COVID-19 cases reported to the MDSS within 24 hours of referral to the MDSS. This metric may be modified or waived in light of high transmission rates per the current MDHHS recommended Contact Tracing Strategy recommendations.
    - Measure: A contact listed in the COVID-19 case using the standard data collection fields within 24 hours of the case's referral to the MDSS
        - e.g. For cases referred on 4.25.2020, the proportion with a contact documented in the case on 4.26.2020

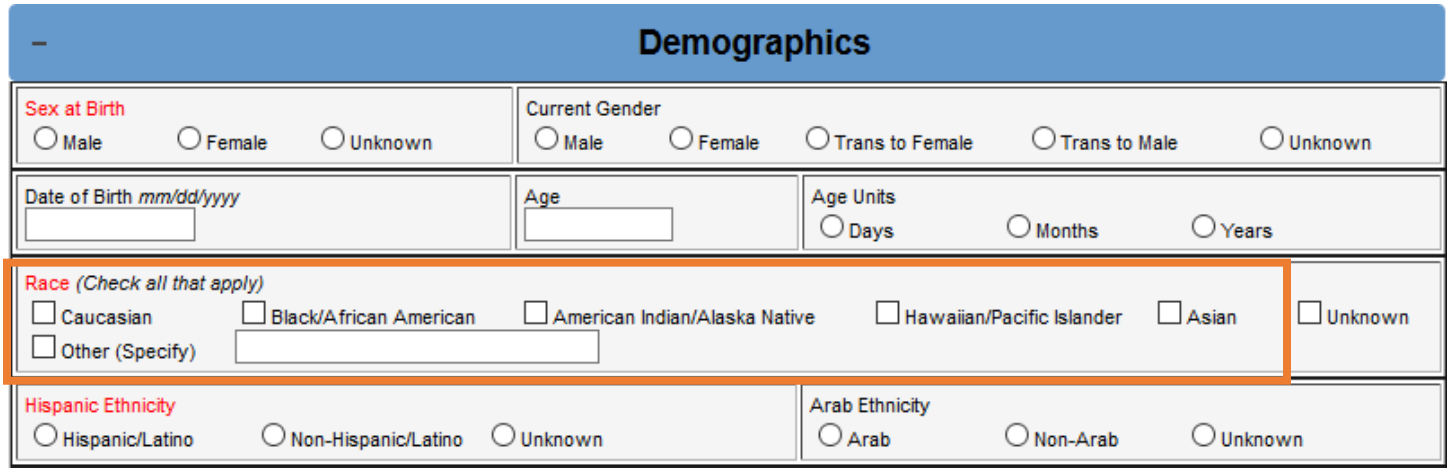
Note: Demographic information on cases is critical to the understanding of disparities in incidence, morbidity, and mortality associated with COVID-19 infection. As such, collection of race should be seen as a state-wide priority.



Target 4 – Completion of race information within the COVID-19 case of MDSS within 7

- Race documented on 75% of COVID-19 cases reported to the MDSS within 7 days of referral to the MDSS
    - Measure: Race is Not blank or unknown in the standard data collection fields within 7 days of the case's referral to the MDSS
        - e.g. For cases referred on 4.20.2020, the proportion race documented in the case on 4.27.2020

Note: For contact information to be actionable, one would need a phone number to conduct outreach, a name and some other information (county of residence) to confirm identity. Hence these are required fields. The metric will pull one of these required fields to determine if a contact was elicited (e.g. County Health Department)



Target 5 – Syndromic ILI Assessment

- In some cases, all data quality will be excellent but accelerated transmission may be occurring. MDHHS will also be monitoring the syndromic surveillance system across every jurisdiction. An increase new case counts of at least 10% for 3 consecutive days in the context of no substantial increase in testing will initiate a technical assistance call.

• Monitoring of Metrics and Requesting Assistance

MDHHS plans to actively monitor these metrics by LHD, not for punitive reasons, but for to help identify where MDHHS might be able to assist in addressing barriers and/or allocating State staff to support local efforts.

If LHD metrics fall below targets for three consecutive days MDHHS may reach out to assess technical assistance or capacity needs at the local level. Not all of these metrics may be relevant to your health department depending on your incidence rate and the recommendations of the community spread document (insert link here).

MDHHS can provide assistance and surge capacity at the request of any LHD. If interested please reach out to MDHHS-COVIDPublicHealthVolunteers@Michigan.gov

Guidance to Local Health Departments

- Investigating COVID-19 Cases based on referral date:
  - Because timeliness of case investigation is directly linked to the impact of contact tracing, MDHHS recommends prioritizing investigation of new referrals to the MDSS, as opposed to catching up on back-logged cases.
  - It would be reasonable to abandon case investigation efforts if a case is more than 5 days from referral to the MDSS
    - Cases from high risk settings should be considered a priority even if there has been more than 5 days from referral to the MDSS.
    - Cases greater than 5 days from referral to the MDSS can be investigated as resources allow

- Missing or inaccurate contact or race information reported in MDSS:
  - LHDs should consider working with reporting entities in their jurisdiction to encourage the collection and reporting of race and phone number information to the MDSS
  - If phone numbers are missing, inaccurate, or disconnecting consider using people finding software (such as TLO) to look up information
  - If you do not have people finding software you may consider referring such cases to MDHHS

- Cases do not answer their phones:
  - Consider developing a public messaging campaign or media plan to encourage the community to answer phones and trust that they are speaking with the health department and that their information is confidential.

- Best practices for attempting case investigation:
  - Three phone calls to the at different times of the day
    +
  - At least one voicemail message left
    AND/OR
  - one outreach attempt via social media
    +
  - at least 3 text message attempts

- Electronic Medical Record Access:
    - Getting information from cases in hospital or a congregate setting may prove a challenge. Therefore, consider approaching large healthcare providers in your jurisdiction such that the LHD can be granted remote access to the facility's electronic medical record.

- Investigation of cases in congregate settings (e.g. nursing homes):
    - What is frequently challenging is completing an interview and eliciting contacts for individuals in congregate settings (like nursing homes). Consider designating a specific staff person to each nursing home in your jurisdiction and having that designee develop a report with a point of contact at a given nursing home, to streamline communication and collection of information to be documented into the MDSS.
    - While difficult to measure, MDHHS would recommend that contact be made with a congregate setting within 24 hours of case referral to the MDSS.