

Michigan State and Local Public Health COVID-19 Standard Operating Procedures

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Background

On December 31, 2019, an outbreak of pneumonia in Wuhan City, Hubei Province, China was reported to the World Health Organization (WHO). This outbreak is now known to be caused by the 2019 novel coronavirus. On February 11, 2020 the WHO announced the official name for the disease as COVID-19. Cases have been detected in most countries worldwide and community spread is being detected in a growing number of countries. On March 11, the COVID-19 outbreak was characterized as a pandemic by the WHO. As of April 9, 2020, over 1.5 million confirmed cases have been reported worldwide, including over 94,000 deaths.¹ In the US, over 450,000 confirmed cases, including over 16,000 deaths, have been reported as of April 9.² In Michigan, a total of 21,504 confirmed cases, including over 1,000 deaths, have been reported as of April 9.³

Patients with COVID-19 may experience fever, cough, dyspnea, chest tightness, and pneumonia. Healthcare providers should consider COVID-19 for patients being evaluated with fever and acute respiratory illness. A completed Patient Under Investigation (PUI) Form should be provided when requesting COVID-19 testing. A PUI number is required for specimens being tested at the Michigan Department of Health and Human Services (MDHHS) Bureau of Laboratories (BOL). The most current Michigan PUI form may be found at www.michigan.gov/coronavirus under “For Health Care Professionals.” The MDHHS is working closely with Local Health Departments (LHDs) and the Centers for Disease Control and Prevention (CDC) during this outbreak.

¹ Worldwide case counts available at the 2019-nCoV Global Cases by Johns Hopkins CSSE:
<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

² US case counts available at: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

³ Michigan case counts available at: <https://www.michigan.gov/coronavirus>

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On March 30, 2020, the CDC updated the guidance for public health recommendations for potential risk of exposure to COVID-19, addressing travel-associated exposures and community-related exposures (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html> and <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>). This CDC monitoring and movement risk-assessment guidance provides isolation, quarantine, and monitoring guidance for potentially exposed individuals. As of March 30, 2020, CDC recommends that travelers avoid all nonessential international travel. This aligns with Governor Whitmer's Executive Order "Stay Home, Stay Safe" that is currently in effect until April 30, 2020. For the most current information, visit: www.michigan.gov/coronavirus and www.cdc.gov/coronavirus/2019-ncov/index.html

This guidance is subject to change as more is learned about the virus, the outbreak progression, and as CDC recommendations are updated.

Council of State and Territorial Epidemiologists (CSTE) Standardized Surveillance Case Definition for COVID-19

Case Classification

Clinical Criteria

At least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s) **OR**

At least one of the following symptoms: cough, shortness of breath, or difficulty breathing **OR**
Severe respiratory illness with at least one of the following: clinical or radiographic evidence of pneumonia, or acute respiratory distress syndrome (ARDS)

AND

No alternative more likely diagnosis

Laboratory Criteria

Confirmatory laboratory evidence:

- Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test

Presumptive laboratory evidence:

- Detection of specific antigen in a clinical specimen
- Detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection (*serologic methods for diagnosis are currently being defined*)

Epidemiologic Linkage

One or more of the following exposures in the 14 days before onset of symptoms:

- Close contact** with a confirmed or probable case of COVID-19 disease; or

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- Close contact** with a person with clinically compatible illness AND linkage to a confirmed case of COVID-19 disease.
 - Travel to or residence in an area with sustained, ongoing community transmission of SARS-CoV-2
 - Member of a risk cohort as defined by public health authorities during an outbreak.
- **Close contact is defined as being within 6 feet for at least a period of 10 minutes to 30 minutes or more depending upon the exposure. In healthcare settings, this may be defined as exposures of greater than a few minutes or more. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.*

Vital Records Criteria

A person whose death certificate lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death.

Case Classifications

Confirmed

- Meets confirmatory laboratory evidence.

Probable:

- Meets clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19.
- Meets presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence.
- Meets vital records criteria with no confirmatory laboratory testing performed for COVID-19.

Testing

On March 24, 2020, the CDC updated the criteria for testing, indicating that clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). National priorities include:

PRIORITY 1: Ensure optimal care options for all hospitalized patients, less the risk of nosocomial infections, and maintain the integrity of the healthcare system

- Hospitalized patients
- Symptomatic healthcare workers

PRIORITY 2: Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

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PRIORITY 3: As resources allow, test individuals in the surrounding community for rapidly increasing hospital cases to decrease community spread, and ensure the health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Health care workers and first responders
- Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations

NON-PRIORITY: Individuals without symptoms

Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 infections in a jurisdiction. Clinicians are strongly encouraged to test for other causes of respiratory illness.

The Michigan COVID-19 Laboratory Emergency Response Network (MI-CLERN) provider hotline (888-277-9894) was stood up to enable providers to gain access to testing resources. MDHHS recently ordered that all health professionals should conduct testing for the Novel Coronavirus in accordance with the COVID-19 prioritization criteria published by MDHHS. This was updated on April 7, 2020 to expand and clarify COVID-19 specimen collection and testing prioritization. Priority criteria one (1) was expanded to include all workers within a healthcare facility, not just providers of direct healthcare services. Symptomatic home healthcare workers, including in-home medical aides and/or direct healthcare service providers to vulnerable populations are also included in Priority 1. Priority criteria two (2) was expanded to include any patient or resident with symptoms in high-risk congregate living arrangements including: long term care facilities; skilled nursing facilities; dormitories; jails/prisons; juvenile justice facilities; residential foster care settings; adult foster care; homeless shelters; residential behavioral health settings; other group-home living arrangements; and other institutional settings. Critical infrastructure workers in Priority 3 include those workers as defined in Executive Order 2020-21, sections 8 and 9: https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-522626--,00.html.

When submitting specimens to BOL for testing, submitters *must* include the PUI number on all necessary BOL test requisitions documents, the specimen container, and the PUI Case Report Form. BOL prioritizes specimen testing relative to those that present the greatest public health concern. **BOL will not prioritize specimens that arrive without a corresponding PUI identifier.**

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Death Reporting and Investigation

The reportable condition list for the state of Michigan has been expanded to include mandatory reporting of Deaths Associated with COVID-19 within 24 hours of identification consistent with Michigan's communicable disease rules and section MCL 333.5111 of Michigan's Public Health Code. Within 2 hours of a death associated with COVID-19, health facilities, including but not limited to hospitals, must contact the local health officer (or designee) to inform them of the death. To facilitate this reporting, contact the Local Health Department of the patient's residence (otherwise the LHD associated with the reporting facility).

LHDs should update the Patient Status field in the MDSS from ALIVE to DIED for these cases. This will help identify COVID-19-associated deaths in the statewide dataset. Healthcare providers should deliver an electronic or fax copy of the patient's electronic medical record to the LHD to be attached to the "Notes" tab of the MDSS record. A sample death reporting form is provided in Appendix 3.

Local health departments should investigate suspect or confirmed deaths that are residents of a high-risk facility (e.g., long-term care facilities, jail, or prison) or that may have exposed healthcare workers without appropriate personal protective equipment (PPE). In these situations, testing should be encouraged, if not already pending, and LHDs should conduct contact tracing. Deaths that are clinically compatible for COVID-19 but have no confirmed close contacts or residence in a high-risk facility should be investigated.

Outbreaks in Congregate Settings

It is important to quickly identify outbreaks in high-risk congregate living arrangements with vulnerable populations, living in close quarters, where the introduction of COVID-19 could result in rapidly developing clusters of cases within the facility. These arrangements include, but are not limited to: long-term care facilities, skilled nursing facilities, dormitories, jails, prisons, juvenile justice facilities, residential foster care settings, adult foster care, homeless shelters, residential behavioral health settings, other group-home living arrangements, and other institutional settings. Report COVID-19 outbreaks in MDSS as an aggregate case report using the Unusual Outbreak or Occurrence condition. Important preliminary information includes: name and address of the facility, type of facility, onset date of first ill, number of confirmed cases and total number ill among all residents, total number of residents in the facility, number of confirmed cases and total number ill among all employees, total number of employees in the facility, and an outbreak name unique to that facility's cluster. Aggregate reports may be updated by LHDs as more information becomes available. Individual confirmed cases should be entered into MDSS using the outbreak ID from the Aggregate Case Report Form to identify cases from that outbreak.

Receiving a Referral for a Traveler

Traveler Evaluation and Monitoring (TEAM-COVID-19) Protocol Overview

- ☐ 1. Traveler referrals are expected to be sent from Epi-X to MDHHS; these will also be listed on the CDC platform, DCIPHER (Data Collation & Integration for Public Health Event Response)
- ☐ 2. MDHHS enters all traveler information into the Outbreak Management System (OMS) under the new outbreak designation: **“2019-NCOV-2020-TRAVELERS”**. This new outbreak was created in OMS on April 6. LHDs may choose to re-locate previously monitored travelers from the “2019-NCOV-2020-STATEWIDE” outbreak in OMS, but this is optional. Contacts of cases can continue to be entered into “2019-NCOV-2020-STATEWIDE”. As of March 20, daily HAN notifications are no longer distributed to jurisdictions. Check OMS daily for new referrals. Note: Day 1 of the monitoring period begins the last day of potential exposure.
- ☐ 3. LHDs have options for public health monitoring of these travelers such as continuing with active daily monitoring or making initial contact to ensure understanding of self-quarantine (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/care-booklet.html>). LHDs with community transmission may direct resources to case investigation and contact tracing.
- ☐ 4. If a monitored traveler becomes ill with respiratory symptoms/fever, this person should be referred for care and should contact the healthcare facility prior to arrival about their travel/COVID-19 exposure history.
- ☐ 5. If a traveler remains asymptomatic, home-quarantine may be lifted upon completion of the recommended monitoring period.

Initial LHD Contact with Travelers

Initial contact attempts with referred travelers should include calling and texting all valid phone numbers, leaving voice messages, and sending emails. If, after two days of attempts, the LHD cannot reach the traveler, the recommendation is to send a letter and a copy of the CARE kit (if a residential address was provided), note the contact attempts and outcome in OMS, and mark the monitoring status as loss to follow up. If the traveler contacts the LHD, the OMS referral can be re-activated to complete the monitoring period or to document that the monitoring period is over. The final health status of the traveler may be recorded. All initial information entered in the OMS is as it was received by MDHHS in the Epi-X referral from the CDC Quarantine Stations and Customs and Border Patrol. For Michigan residents, contact information may be obtained through other reporting sources (e.g., MCIR), if the individual has a report in the system.

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MDHHS Guidance on Public Health Management of Persons with Potential COVID-19 Exposures: Travel-Associated

Individuals who have had travel from a country with widespread ongoing transmission (as of March 27, 2020, this includes all countries) or travel on cruise ship or river boat should take the following precautions:

- Stay home until 14 days after arrival and maintain a distance of at least 6 feet from others
- Self-monitor for symptoms – check temperature twice a day, watch for fever, cough, shortness of breath
- Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure)
- Follow [CDC guidance](#) if symptoms develop

CDC and the Federal Aviation Administration (FAA) have jointly provided [interim health guidance for air carriers and crews](#) which recommends air crew to self-monitor under the supervision of their employer's occupational health program and to remain in their hotel rooms and practice social distancing while on overnight layovers in the US.

Earlier in the response, Michigan and other states, had opted to conduct active monitoring as the method of public health supervision, and to strongly recommend self-quarantine. LHDs with community transmission may be directing resources to case investigation and contact tracing of confirmed cases. To encourage compliance of self-quarantine in a home setting, LHDs should try to establish a rapport with travelers. Inform travelers of resources that can support this quarantine, (e.g., grocery delivery services, exclusion letters for school/work). With the Governor's executive order "Stay Home, Stay Safe" travelers, along with other Michiganders, should only leave for essential services (e.g., for necessary doctor appointment or to obtain groceries).

Receiving a Referral from a Contact Investigation

MDHHS Guidance on Public Health Management of Persons (other than Health Workers or other Critical Infrastructure Workers) with Potential COVID-19 Exposures: Community-Related

A Person:

- Household member, intimate partner, individual providing care in a household without using recommended [infection control precautions](#), or individual who has had close contact (<6 feet)** for a prolonged period of time***

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With exposure to:

- A person with symptomatic COVID-19 during period from 48 hours before symptoms onset until meets criteria for [discontinuing home isolation](#) (can be a laboratory-confirmed disease or a clinically compatible illness [in a state or territory with widespread community transmission](#))

Is recommended to take the following precautions:

- Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times
- Self-monitor for symptoms – check temperature twice a day, watch for fever*, cough, or shortness of breath, follow [CDC guidance](#) if symptoms develop
- Avoid contact with [people at higher risk for severe illness](#) (unless they live in the same home and had same exposure)

All US residents, other than those with a known risk exposure, should be alert for symptoms, practice social distancing, and follow [CDC guidance](#) if symptoms develop.

*For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4°F (38°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).

**Data are limited to define close contact. Factors to consider when defining close contact include proximity, the duration of exposure (e.g., longer exposure time likely increases exposure risk), whether the individual has symptoms (e.g., coughing likely increases exposure risk) and whether the individual was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment).

***Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

Guidance on Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

For those considered by CDC to be Critical Infrastructure Workers, please see:

<https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce>

Guidance on Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

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Receiving a Referral for a Suspect Patient Under Investigation (PUI)

- ☐ 1. Referrals may be received from healthcare providers, LHDs, or Quarantine Stations.
- ☐ 2. Consider monitored close contacts who become ill with compatible symptoms as suspect PUIs. If these individuals need to be referred for care; contact the healthcare facility prior to arrival and notify about potential for COVID-19 disease.
- ☐ 3. For suspect PUIs, request a completed PUI form from the physician or assist in the completion of the form. See current MDHHS PUI form at www.michigan.gov/coronavirus
Those with MDSS access can enter this information directly into the case detail form.
- ☐ 4. If, after consultation with public health, the specimen will be sent to BOL for COVID-19 testing, the LHD, healthcare provider, or MI-CLERN Provider Hotline creates a MDSS Novel Coronavirus COVID-19 case. If the person is already under public health monitoring, a MDSS case can be created from OMS.
- ☐ 5. For any PUI approved for testing, consider collecting information on close contacts. These close contacts can be entered into OMS for monitoring prior to receiving test results.
- ☐ 6. The PUI number (nCoV-ID) is the patient's MDSS Investigation ID, preceded by MI [Example: MI-12345678912]
- ☐ 7. MDHHS CD Division staff work with LHD to provide recommendations on specimen collection and testing, infection control, patient isolation, and identification and monitoring of close contacts.
- ☐ 8. Specimens sent to BOL require the submitter to complete the test requisition form (https://www.michigan.gov/documents/DCH-0583TEST_REQUEST_7587_7.pdf). The PUI number must be included on the test requisition form and specimen container.
- ☐ 9. The patient should remain in isolation at the facility or at home, depending on health status.
- ☐ 10. If a patient tests **negative** for COVID-19, home-isolation can be lifted and any close contact monitoring ends. If the individual continues to be ill with respiratory symptoms, follow standard respiratory illness guidelines (stay home while ill, practice good hand hygiene).
- ☐ 11. If a patient tests **positive** (confirmed case of COVID-19), contact tracing will be initiated.
 - ☐ Guidance for discontinuation of transmission-based precautions or home isolation can be found on CDC's Coronavirus website:
 - Those in **HOME ISOLATION**: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

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- Those **HOSPITALIZED**: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
- Those who are **IMMUNOCOMPROMISED**: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ending-isolation.html>

Case Data Collection and Transmission

- ☐ Local Health Departments interview cases and obtain available medical records as soon as feasible, taking into account available resources. This information is used to complete the MDSS Case Report Form. Information on onset date, race, ethnicity, hospitalization status, and if the patient has died is often missing, but critical to these investigations.
- ☐ MDHHS CD Division Staff submits data on cases to CDC via DCIPHER.

Website Resources

- ☐ 1. Johns Hopkins Tracker
 - ☐ <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>
- ☐ 2. MDHHS Guidance Links
 - ☐ www.michigan.gov/coronavirus
 - ☐ www.michigan.gov/CDInfo
- ☐ 3. CDC Guidance Links
 - ☐ General Page: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - ☐ Case Definition: <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>
 - ☐ Specimens: <https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>
 - ☐ Infection Control: <https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>
 - ☐ Travel: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
 - ☐ Risk assessment & Monitoring: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

Novel Coronavirus (COVID-19) Monitoring Travelers and Contacts Using the MDHHS Outbreak Monitoring System (OMS)



MDHHS is using the Outbreak Management System (OMS) to maintain monitoring data for the novel coronavirus (COVID-19) outbreak. Monitoring will occur in two instances:

Travel Monitoring

When MDHHS receives a referral for an individual that warrants health monitoring, MDHHS will enter the traveler's information into OMS under the outbreak name 2019-NCOV-2020-TRAVELERS (2019-NCOV-2020-STATEWIDE prior to April 6, 2020). Ideally, Local Health Jurisdictions enter monitoring data into OMS within one business day of each monitoring contact/outreach. For additional monitoring guidance or OMS assistance, please contact your Regional Epidemiologist.

Contact Monitoring

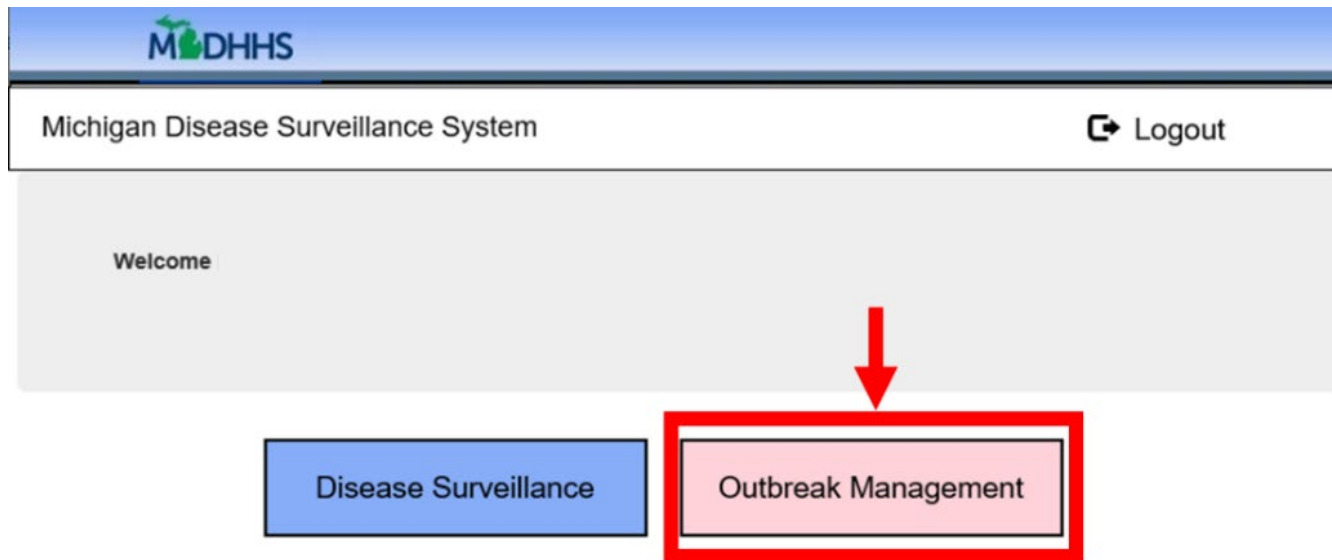
When a confirmed case is identified, all close contacts to that case should be asked to self-quarantine and to be monitored for 14 days from last exposure, as resources allow. The Local Health Jurisdiction will be responsible for identifying the case's close contacts, entering those contacts and monitoring data in OMS under the original outbreak name of "2019-NCOV-2020-STATEWIDE". Household contacts of a confirmed case may need additional assessment regarding monitoring and movement. Ideally, monitoring should be done at least once daily by the Local Health Jurisdiction, with the contact/outreach entered into OMS, but this is dependent on local resources. For OMS assistance, please contact your Regional Epidemiologist.

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How to Access OMS

1. Log into MiLogin and select Michigan Disease Surveillance System.
2. Select 'Outbreak Management'. If you do not see that button, contact your Regional Epidemiologist for access.



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How to Search for Contacts by Outbreak and Jurisdiction or by Name/Contact ID

1. To find all outbreak-associated contacts within a jurisdiction:
 - a. Click on Contacts Tab (top menu). Some users will be on the Contacts Tab upon accessing OMS.
 - b. Click on Contact List (left menu).
 - c. Under Filter By, choose the Investigation Jurisdiction and the Outbreak Name and click Filter.
 - i. Outbreak Name for Travelers before April 6, 2020 and Contacts of Cases: 2019-NCOV-2020-STATEWIDE
 - ii. Outbreak Name for Travelers after April 6, 2020: 2019-NCOV-2020-TRAVELERS

1a

1b

1c

Sort By: --Sort--

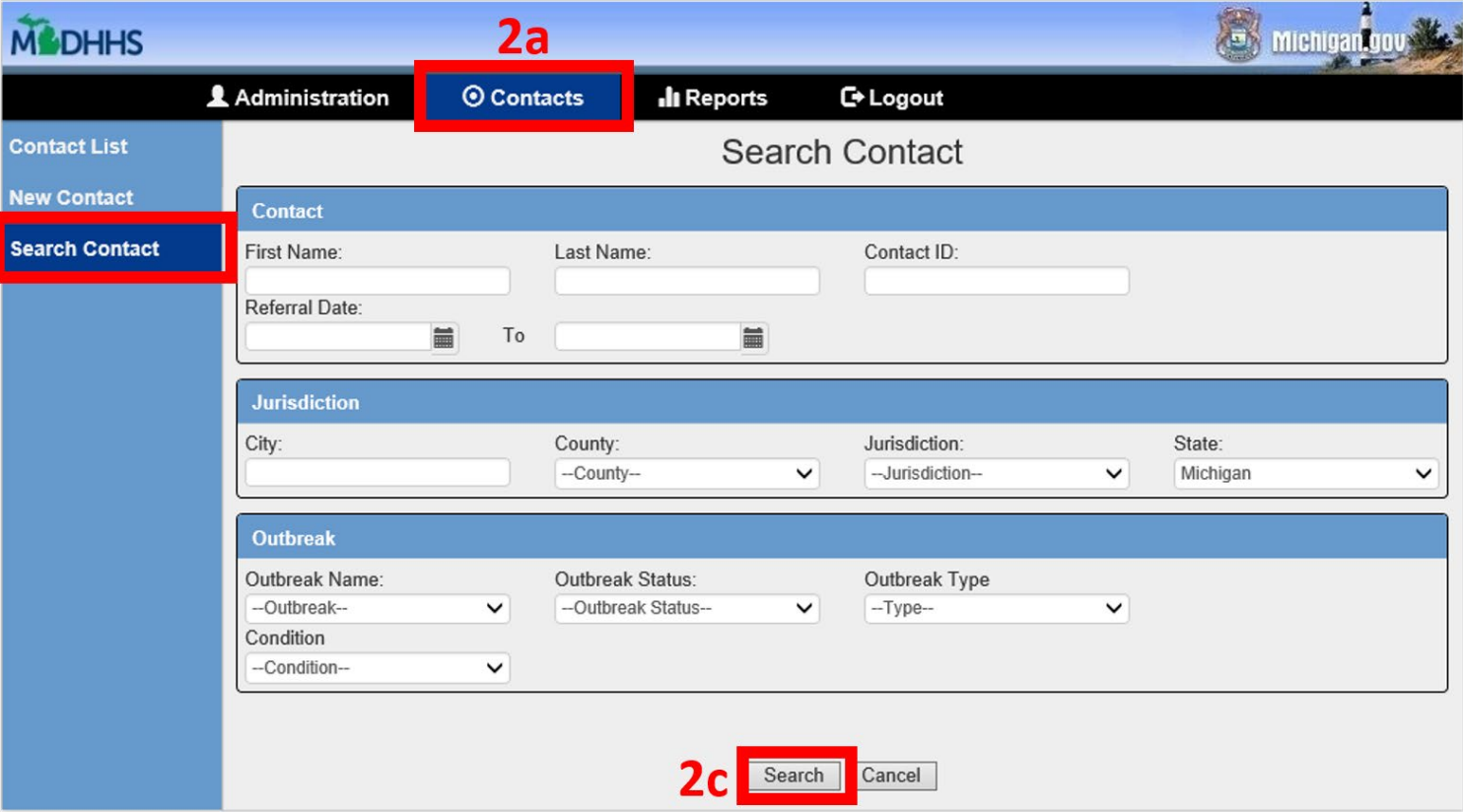
Filter By: --Investigation J-- --Outbreak-- --Investigator-- --Risk-- --Outbreak Type--

Name	ID	Investigation Jurisdiction	Status	Outbreak	Investigator	Start Date	Monitor Period	Risk	Type	
MC GEE, COUGHY	22140	Ingham County	Complete	PERTUSSIS-2017-STATEWIDE		05/15/2018	23 DAYS	Low	Monitoring	Edit
DROPOV, PICKUP EN	22163	Wayne County		NORO-WAYNE-2017			NA	NA	Investigation	Edit
SLEDDING, BOB	22305	State-Level		TB HEALTHCARE-INGHAM 2017			NA	NA	Investigation	Edit

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2. To find a single outbreak-associated contact
 - a. Click on the Contacts Tab (top menu). Some users will be on the Contacts Tab upon accessing OMS.
 - b. Click on Search Contact (left menu).
 - c. Search by name and/or contact ID.



The screenshot displays the Michigan DHHS OMS interface. At the top, the navigation bar includes 'Administration', 'Contacts' (highlighted with a red box and labeled 2a), 'Reports', and 'Logout'. On the left sidebar, 'Contact List' and 'New Contact' are visible, with 'Search Contact' (highlighted with a red box and labeled 2b) selected. The main content area is titled 'Search Contact' and contains three sections: 'Contact' with fields for First Name, Last Name, Contact ID, and Referral Date; 'Jurisdiction' with dropdowns for City, County, Jurisdiction, and State; and 'Outbreak' with dropdowns for Outbreak Name, Outbreak Status, Outbreak Type, and Condition. At the bottom right, the 'Search' button (highlighted with a red box and labeled 2c) and 'Cancel' button are visible.

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How to Enter a New Contact (if the person is not already in the system)

1. Click on the Contacts Tab (top menu). Some users will be on the Contacts Tab upon accessing OMS.
2. Click on New Contact (left menu).

The screenshot shows the Michigan DHHS OMS interface. At the top, the navigation bar includes 'Administration', 'Contacts' (highlighted with a red box and a red '1'), 'Reports', and 'Logout'. Below this, the left sidebar has 'Contact List' and 'New Contact' (highlighted with a red box and a red '2'). The main content area shows the 'New Contact' form. It has tabs for 'Overview', 'Contact Information', and 'Demographics'. The 'Outbreak Monitoring Details' section includes a dropdown for 'Outbreak Name' with the text '--Please Select An Outbreak--'. The 'Contact Details' section includes fields for 'First Name', 'Last Name', 'Middle Name', 'Reporting Source' (dropdown), 'Source Description', 'Referral Date' (calendar), 'Completion Date' (calendar), 'LHJ User' (dropdown), 'Health Status' (dropdown), 'Investigation Status' (dropdown), and 'Investigation Status' (dropdown). At the bottom of the form are 'Continue' and 'Cancel' buttons.

3. Enter the contact data. Select the outbreak name. Required fields are highlighted red. Note: this is just the initial contact entry page; you will not be able to enter monitoring data at this point.
4. Click 'submit' to create the contact.
5. After submitting the contact, return to the list of contacts. See above, "How To Search for a Contact" to find the newly entered contact in order to enter monitoring data.

Note: for entry of multiple contacts, there is an option to bulk upload a contact list from an excel file into OMS. Contact your Regional Epidemiologist for assistance.

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Tips for OUT-OF-JURISDICTION contacts in OMS

- In the Contact's Overview tab, leave the 'LHJ User' unassigned. In OMS, a contact may show up in TWO jurisdictions at the same time. If a contact's address is in one jurisdiction and the LHJ user assigned to the case is in another jurisdiction, the contact will appear in both jurisdictions' Contact Lists. If you'd like the contact to be in your list while you work on it, you can mark yourself as the LHJ User. To remove it from your jurisdiction's contact list, re-assign the LHJ user to a user in the jurisdiction of residence.
- In the Notes tab, please enter a note with the following information:
 - a. "Contact of confirmed {insert county name} case {insert MDSS Investigation ID}"
 - b. Date of last known exposure
 - c. If you have already contacted the individual, please note that and include any relevant notes (e.g., are they symptomatic? Are they a high-risk occupation like healthcare worker?)
 - d. Your name and contact info (phone and/or email). Many health departments are recruiting additional staff to help with data entry and therefore we might not recognize the name or jurisdiction of who entered the contact. Adding your contact info in the notes will help trace the referral back in case of questions.
- Notify the appropriate jurisdiction(s) (e.g., phone or email with contact IDs).
- If the contact is out-of-state, please notify your Regional Epidemiologist with the contact ID(s).

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How to Import Multiple Contacts at Once

This function is only available to Admins and it will only import the basic demographics for contacts (e.g., not monitoring data points).

1. Click on the Administration tab along the top. If you don't see that tab, you do not have Admin rights.
2. Click on 'Import Contacts'.
3. Click on 'Download Template'.
4. Open the downloaded .csv file and enter data.
 - a. Only those variables listed in the template can be uploaded in bulk.
 - b. Do not enter additional columns of data; the file will not upload if you do.
5. Save the file as .csv. If you save the file as .xls or .xlsx, it will not work.
6. When you are ready to import, go back to the Import contacts tab, see steps outlined in the screen shot below.
7. Choose Outbreak Name.
8. Click browse and find your .csv file to upload.
9. Click Import once (there might be a delay, please do not click multiple times!).
10. If someone by that name already exists in OMS, the system will ask you if you would like to merge them or create a new contact (similar to MDSS dedup).

The screenshot shows the 'Import Contacts' page in a web application. The top navigation bar includes 'Administration' (highlighted with a red box and a red '1'), 'Outbreak Listing', 'Contacts', 'Reports', and 'Logout'. The left sidebar has 'Import Contacts' (highlighted with a red box and a red '2'), 'Condition Management', and 'Questionnaire Management'. The main content area is titled 'Import Contacts' and features a dropdown for 'Outbreak Name' (set to '2019-NCOV-2020-STATEWIDE') and a 'Choose .csv File to Import' section with a 'Browse...' button. Below these are 'Import', 'Download Template', and 'Cancel' buttons. A red arrow points to the 'Download Template' button with the text 'Download a blank template here'. A table below shows a sample CSV structure with columns A through L. Annotations in blue boxes provide instructions for each column: 'STREET' (road type), 'DOB' (DD/MM/YYYY format), 'MIDDLE_NAME' (fully spelled out or blank), 'SEX' (Male, Female, or Unknown), 'COUNTY' (blank or full name), and 'GUARDIAN' (required for under-18 contacts).

A	B	C	D	E	F	G	H	I	J	K	L	
1	FIRST_NAME	MIDDLE_NAME	LAST_NAME	SEX	STREET	CITY	ZIP	STATE	COUNTY	DOB	GUARDIAN_FIRST_NAME	GUARDIAN_LAST_NAME
2	Fake		Someone	M	123 Sunshine Lane	Ferndale	48220 MI	Oakland	1/1/1990			
3	Nott	A	Person	Female	56765 Happytime St	Muskegon	49441 MI			8/6/1982		

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How to Add Monitoring Data to a Contact

Click “Edit” on the contact.

1. Within the contact, click on the ‘Data Points’ tab.
2. Click “Add a day” to add a monitoring line to the list.
3. Click ‘Edit’ next to the timepoint. A pop-up box will appear.
 - a. Date: enter the date of contact
 - b. Monitoring Status: Active Monitoring
 - c. Risk Level: Choose the appropriate option; For those at “medium risk”, please use “mid” risk level.
 - d. Action: Choose the appropriate option
 - e. OMS Investigator: select the person who contacted the client
 - f. Document the responses; contact your regional epidemiologist if a contact has not been reachable in greater than 24 hours
 - g. Click Save Changes in the pop-up box
4. Click Submit to save.

The screenshot shows a web application interface for monitoring COVID-19 contacts. At the top, there are tabs: Overview, Contact Information, Demographics, Risk, **Data Points** (highlighted with a red box and number 1), Secondary Contacts, Notes, and Person History. Below the tabs, the contact name is displayed: "Contact PERSON,FAKE Locked By WEINBERGM1(MEGHAN WEINBERG)".

The "Monitoring Details" section contains several input fields: Outbreak (2019-NCOV-2020-STATEWIDE), Collection Freq (Once), Frequency Unit (per Day), Monitoring Period (14), Period Unit (Days), Start Monitoring Date (02/02/2020), End Monitoring Date (02/16/2020), Highest Monitoring Level (Active Monitoring), and Highest Risk Level (Mid). There are also checkboxes for "Contact Reassessed?" and "Contact Deceased?".

The "Monitoring Symptoms" section features an "Add a day +" button (highlighted with a red box and number 2) and a "View All" button. Below these is a "Days List" table with columns: Day, Date, Investigator, Status, Risk Level, Action, Temp, and buttons for View, Edit, and Delete. The table contains two rows of data. The "Edit" button for the second row is highlighted with a red box and number 3.

Below the table is an "Additional Assessment" section with a large text area. At the bottom of the form, there are "Submit" and "Reset" buttons. The "Submit" button is highlighted with a red box and number 4.

Don't forget this step! Data Points will not be saved without hitting this Submit button.

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How to Close Out a Contact

1. Click on Overview tab in the contact.
 - a. For individuals that have completed their monitoring, enter Completion Date and change Monitoring Status to Complete.
 - b. For individuals that transfer to a different state/country, enter Completion Date and change Monitoring Status to Left Jurisdiction.
 - c. For individuals that cannot be reached, enter Completion Date and change Monitoring Status to Loss to Follow Up.
 - d. For individuals that were incorrectly referred to Michigan OR individuals that should actually be assessed as “low” or “no identifiable risk” OR individuals referred to OMS as a potential PUI (or contacts of a potential PUI), and the individual does not meet PUI criteria, enter Completion Date and change Monitoring Status to Canceled.
2. Click Submit to save changes.

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How to Grant OMS Access to a New User

FOR THE USER:

- New users who do not currently have MDSS access, must register for both MDSS and OMS. Registration instructions are available [here](#).
- If the user has MDSS access, they do not need to register again for OMS. An MDSS admin can provide OMS access with their existing account.

FOR THE ADMIN:

OMS User access is granted within MDSS, on the same page you manage MDSS user accounts.

1. Click on the Administration tab along the top.
2. Click on the Users tab on the left side and find the user.
3. If the user does not have an MDSS account, select a Role (choose LHJ) and Job Function. If they don't need MDSS access, select 'No Access' in the Job Function dropdown.
 - a. If the user already has MDSS access, skip this step.
4. Assign an OMS Role (either LHJ User or LHJ Admin). Only MDSS Admins can be OMS Admins.
5. Check the OMS Access box.
6. Check the Active box (if not already)
7. Hit Submit.

The screenshot shows the MDSS Administration interface. At the top, the 'Administration' tab is selected (1). On the left sidebar, the 'Users' tab is selected (2). The main content area shows the user profile for 'MEGHAN WEINBERG' (Userid: WEINBERGM2540). The 'Role and Function' section has 'Roles' set to 'LHJ' (3) and 'Job Function' set to 'Reports Only' (4). The 'Primary Settings' section shows 'Program' set to 'All' and 'Jurisdiction' set to 'Jackson County'. The 'Additional Settings' section shows 'Jurisdiction' set to 'Jackson County' and 'OMS Role' set to 'LHJ Admin' (5). The 'OMS Access' checkbox is checked (6). The 'Active' checkbox is also checked. A red arrow points to the 'OMS Role' dropdown with the text: 'If nothing appears in this dropdown box, check the OMS access Box (#5) and Active box (#6), then select Submit. Go back into the user's profile and the OMS Role options should now appear in the dropdown.' Another red arrow points to the 'Job Function' dropdown with the text: 'If the user doesn't have MDSS already and doesn't need it, you can choose "Reports Only" here, which will provide access to de-identified aggregate MDSS data only.'

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OMS FAQs

Why is a contact still showing up in my contact list even though I entered an out-of-jurisdiction address?

If the LHJ user assigned to the case (on the contact's Overview tab) is in your jurisdiction, the contact will still appear on your list. It will also appear in the jurisdiction of the contact's residence. If you no longer want it to appear in your jurisdiction list, you must re-assign the LHJ user.

Is there an OMS audit trail like in MDSS? How can I tell who entered this contact?

There is currently no audit trail in OMS. You cannot tell who entered the contact into OMS, which is why we're recommending LHDs to add a note that states why the contact is being referred, date of last exposure, and a point of contact at the LHD.

Does OMS notify jurisdictions when a new contact has been entered into OMS for their jurisdiction?

No, OMS does not have any notifications or alerting functions. The only way to tell if a new contact has been entered is to review the contact list.

Can I remove completed contacts off our jurisdiction's contact list?

Unfortunately, not at this time.

How can I tell if an OMS contact is a traveler who was referred from CDC airport screening?

Starting on April 6, 2020, MDHHS created a separate OMS outbreak for new traveler referrals called "2019-NCOV-2020-TRAVELERS". Moving forward, traveler referrals received from CDC will be entered into this outbreak. LHDs may choose to re-locate previously monitored travelers from the "2019-NCOV-2020-STATEWIDE" outbreak in OMS, but this is optional.

Effective March 17, MDHHS enters the flight information (if known) in the Contact Information tab, under the Parent/Guardian information:

- Guardian First name field = flight number
- Guardian Last name field = country returning from and last day in country (if known)

This is a workaround so travelers can be bulk uploaded into OMS.

Will I be notified of new travelers who are referred from CDC airport screening?

No. Daily HAN notifications regarding traveler referrals to OMS will no longer be issued as of March 20. Please log into OMS daily to review any new travelers to your jurisdiction. Initial contact with the traveler by the LHJ should be attempted within 24 hours of the OMS referral, if possible.

How should I monitor travelers that are referred from CDC airport screening?

LHDs have options regarding monitoring travelers including continuing active daily monitoring as previously described or making initial contact to ensure they understand the self-quarantine. Some LHDs will redirect resources to case investigation and contact tracing.

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Appendix 1

Sample language for letter to confirm an individual has completed 14-day monitoring:

Date: [XX/XX/2020]

Re: Traveler's 14-day monitoring completed.

To whom it may concern,

This letter confirms that [TRAVELER] has completed the 14-day monitoring for 2019 Novel Coronavirus (COVID-19) in coordination with the [LOCAL HEALTH DEPARTMENT] and the Michigan Department of Health and Human Services.

[TRAVELER] is asymptomatic and considered to be at no risk for COVID-19. Because the monitoring period is complete, there are **no restrictions** on movement or activities including, but not limited to: travel, work, school, public conveyances, or congregate gatherings.

If the individual named above presents for medical care, there is no need for additional precautions or isolation measures beyond those typically used.

If you have any questions regarding the status of this individual, you may contact:

[LOCAL HEALTH DEPARTMENT] – [###/###-####]

or

Michigan Department of Health and Human Services – 517-335-8165

Sincerely,

[LHD MEDICAL DIRECTOR]

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Appendix 2

Sample language for letter to confirm that a case or close contact to a case has completed home isolation/quarantine:

Date: [XX/XX/2020]

Re: COVID-19 case home isolation completed.

To whom it may concern,

This letter confirms that [CASE/CLOSE CONTACT] has completed home isolation/quarantine and monitoring for 2019 Novel Coronavirus (COVID-19) in coordination with the [LOCAL HEALTH DEPARTMENT] and the Michigan Department of Health and Human Services. There are no remaining restrictions on movement or activities.

Please remember there is ongoing community transmission of the virus. All persons are expected to follow the Governor's directions for social distancing and self-quarantine until told otherwise. Any symptoms of respiratory infection that develop from this point forward should be tested and treated appropriately by your doctor.

If the individual named above presents for medical care, there is no need for additional precautions or isolation measures beyond those typically used.

If you have any questions regarding the status of this individual, you may contact:

[LOCAL HEALTH DEPARTMENT] – [###/###-####]

or

Michigan Department of Health and Human Services – 517-335-8165

Sincerely,

[LHD MEDICAL DIRECTOR]

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Appendix 3: Sample Death Reporting Form

Patient's Name _____	
DOB _____	Date of Death _____
Gender: _____	Admit Date: _____
County of residence _____	
City of residence: _____	
Hospital / Org.: _____	
Location of Death (ED? ICU?) _____	
☐ COVID-19 <u>POSITIVE</u> test by:	
☐ reporting hospital test date _____	
☐ other (name): _____	
on (test date) _____	
or	
☐ COVID-19 <u>SUSPECTED</u>	
☐ test pending, test by:	
☐ current hospital, test date _____	
☐ other (name): _____	
on (test date): _____	
☐ COVID-19 contact or travel history	
<u>Comorbidities</u>	<u>Comments</u>
☐ Diabetes	
☐ Hypertension	
☐ Heart Disease	
☐ Chronic Kidney Disease	
☐ COPD / Emphysema	
☐ Asthma	
☐ OSA or Sleep Apnea	
☐ Cancer	
☐ HIV	
☐ Transplant Recipient	
☐ Pregnancy	
☐ Other immune problem	
☐ Alcohol Abuse or drug abuse	

Date Reported _____
MRN _____
Patient came from (mark all that apply)
☐ Nursing Home
☐ Residential / Group Home
☐ Dormitory
☐ Shelter
☐ Prison
☐ Other Group setting:
Name of Residence / Building:

Address _____

Organization Contact name

and role? _____
(_____) _____ -- _____

HEMS Operator (Initials) _____
<u>Who can we call with questions?</u>
Name _____
Role? _____
Phone: (_____) _____ -- _____
cell? office? Other? _____