Notifying the Patient

1. MDPH will try to notify providers ASAP about the positive result and request that providers notify the patient of the result(s) as soon as possible. Many providers are notified of results quickly through electronic means.
2. However, some providers are not able to notify the patient of their results in a timely manner, in which case, you may be the first person to inform the case of their results.

Notifying the LBOH

1. MDPH will notify the LBOH after they have notified the provider.
2. Note: results will populate the MAVEN event as soon as they are released by the lab so you may see positive test results before you hear from MDPH but we will try to notify you ASAP.
3. If this is your first positive case, you will receive a call from MDPH so we can go over the process and you will receive an email with the following:
   a. Contact tracing template (Excel) for uploading large lists of contacts.
   b. COVID-19 Confirmed Positives Follow-up SOP for Local Health (This document)
   c. MDPH Isolation Guidelines (For Cases)
   d. MDPH Quarantine Guidelines (For Contacts)
4. If this is not your first positive case and you are already familiar with the process, we will assign your LBOH Group a task on MAVEN that will alert you that positive results are in.

Resources found in the “COVID-19 LBOH” folder in ISIS Help (access by clicking the “?” icon on the top right-hand side of the MAVEN screen) as of 3/17/2020:

- Webinar presentation on follow-up from 3/17/2020
- COVID-19 Close Contact Identification Form
- COVID-19 Interview Tool for Confirmed Cases and Identifying Their Contacts
- Isolation Guidance for Cases
- Quarantine Guidance for Contacts
- HIPAA memo for LBOHs
- MAVEN Tip sheet for Contact Investigations (How to create and link contacts, etc.)

Responsibilities of the LBOH

1. Reach out to the case to discuss isolation guidelines and begin contact tracing investigation
   a. The confirmed case should already be under isolation and self-isolating from their household contacts (separate rooms, bathrooms, practice good hand hygiene, and thorough environmental cleaning of any shared spaces), but if that is not already happening, make it clear that should happen effective immediately to the degree possible.
      i. In some instances, the case is not able to isolate away from household members (i.e. parents and young children). The quarantine period of household contacts begins with the last exposure to the confirmed case, so in this instance, once the case is considered “cleared from isolation,”
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household contacts begin their quarantine from the time of last exposure to the case prior to clearance.

b. Email/mail the MDPH Isolation Guidelines to the case.

c. Utilize the COVID-19 Interview Tool for Confirmed Cases and Identifying Their Contacts (Page 1) to assist in collecting information from the case.

i. Please identify a clear symptom onset date if possible. Case is considered infectious beginning from symptom onset.

d. Input the information collected using the interview tool into MAVEN.

i. Primarily the Demographic, Clinical, and Risk/Exposure Question Packages.

ii. We are particularly interested in:

1. If the positive individual is a healthcare worker (Risk/Exposure QP #5)

2. Is hospitalized (Clinical QP #3 and Risk/Exposure QP #5- “admitted to healthcare setting” question- Select ‘Other for ‘Facility type’ and enter ‘Hospital’)

3. Resides in or receives care in a healthcare setting (Risk/Exposure QP #5- “admitted to healthcare setting” question, Select ‘Other’ for ‘Facility type’ and enter the appropriate facility type (e.g “ALF”=Assisted Living Facility, “LTC”=Long-term Care, ‘RHB’=Rehab, “DIAL”=Dialysis)).

e. Develop a list of close contacts identified by case, based on identification of symptom onset.

i. Close contacts are persons they had contact with for 15 or more minute, within 6 feet. This includes household contacts and can include friends and co-workers.

ii. Casual encounters such as voting, events in large venues (not including any known close contacts that may have attended with case), or someone who entered the household but had no direct contact with the case are not considered close contacts.

iii. Utilize the COVID-19 Interview Tool for Confirmed Cases and Identifying Their Contacts (Page 2) to assist with this interview process (this tool will help to identify exposures in high risk settings, air travel, etc.).

1. If you discover that the case did have air travel while symptomatic, you need to notify the CDC Quarantine Station of the respective jurisdiction that the flight arrived to. This information is found here: https://www.cdc.gov/quarantine/quarantinestationcontactlistfull.html

a. For flights arriving into Boston Logan, the New York Quarantine Station is currently covering Boston and can be reached at 617-561-5701 (24-hour access).

iv. You can utilize the COVID-19 Close Contact Identification Form to help keep track of close contacts, their contact information, and their dates of quarantine. This form is for your use only, it does not need to be sent to MPDH.

2. Notify close contacts of quarantine

a. Call the close contacts if possible and notify them that they need to be quarantined for 14 days from their exposure to the case.

i. They should stay home as much as possible and practice social distancing (avoid work and/or school, congregate settings, and limit all public activity).

ii. They should monitor themselves for fever and/or respiratory symptoms.

iii. If any symptoms develop, they should communicate with their provider (notifying provider ahead of time about their risk history before coming in for specimen collection) and LBOH.
1. If a close contact develops symptoms, please inform MDPH to discuss testing options. The contact should isolate from their household while awaiting testing results.

b. Monitor the contacts in your jurisdiction
   i. If possible, you should try to have daily communication with any close contacts under quarantine to assess their health status and collect their temperature reading. Communicating via text is sufficient.
   ii. We understand daily communication may not be feasible for some, in this instance try to check-in as often as possible to ensure your contact remains asymptomatic and let them know to call you if they develop symptoms.

c. Provide the MDPH Quarantine Guidelines to the contact.
d. Close contacts should be entered into MAVEN and linked to the original case using the instructions in the box below. Please contact MDPH for assistance if necessary.
e. Following creation of Contact events, update the “Contacting Monitoring” question package (#6).
   i. Update “Contact monitoring status” to “In Progress” once you have notified the contact of their quarantine.
   ii. If a contact has finished their quarantine period and no longer requires monitoring, change their “Contact monitoring status” in the “Contact Monitoring” question packed to “Complete”
   iii. Complete the “Last potential exposure date” with the day the contact was exposed to the case, and the “Last day of required monitoring” with the final day of quarantine (14 days after exposure date).
   iv. You may utilize the “Assessment Date” field in order to keep track of temperature logs (not required).
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v. If the contact is a healthcare worker, please select “Yes” to “Is case a healthcare worker?” in the “Risk/Exposure/Control & Prevention” question package (#5).

f. Use of the LBOH COVID-19 Contact Follow-up workflow
   i. This new workflow (to be released 3/18/2020) will allow you to see all of your contact events for your town in one place. To appear in this workflow, the case status must be “Contact.”
   ii. To remove events from this workflow, Step 4 – “Case Report Form Completed:” needs to be “Yes.”
   iii. If you see a new contact in your workflow without any notes, try checking the “Medical Information Notes” box in the “Clinical” question package for more information.
   iv. Any contact event that YOU CREATE will also appear in this workflow. PLEASE DO NOT complete Step 4 – “Case Report Form Completed:” or the other town will not be able to see the event.

g. If a close contact is located in another jurisdiction within Massachusetts, please create a contact event in MAVEN with the correct address (especially TOWN) and contact information. This event will then populate the COVID-19 Contacts for LBOH workflow for the town that is listed as the official address. This new workflow will automatically inform the town that there is a close contact in their jurisdiction without you having to notify them. It is helpful to other towns to put a brief note about the person’s exposure (when and where) and if they are part of a high-risk group.
   i. If you are using the close contact template Excel spreadsheet and having ISIS import contacts

   **PLEASE READ! - If you need to create COVID-19 contact events in MAVEN please follow these steps:**

   **To create one MAVEN contact event at a time:**
   - 1. Open the MAVEN event you want to link the created contact to.
   - 2. In the Basic Information section Click View next to Linked Events/Contacts.
   - 3. Under Link Events choose Create Linked Event, the appropriate Link Type, and the Event.
   - 4. Enter Demographic and Contact Information.
   - 5. Click Save

   **To create MAVEN contacts events in bulk:**
   - 1. Open/Download and complete the attached Excel spreadsheet Download. Not all fields need to be completed, but please complete at least First Name, Last Name, Date of Birth, and City if possible. Please also make sure to include the event ID that you want the contacts linked to.
   - 2. Attach the spreadsheet to the event you want to link the contacts to.
   - 3. Email ISIShelp@state.ma.us with the event ID that the contact list is attached to.

   into MAVEN for you, then ensure the address is listed correctly and the event will populate the correct workflow once it is created.
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ii. NOTE: The “Notes” column of the Excel line list template will populate the “Medical Information Notes” box in the “Clinical” question package, so if you notice a new contact in your workflow, check here for more information.

h. If a close contact is located in another jurisdiction outside of Massachusetts (i.e. another state), please create a contact event in MAVEN with the correct address and contact information. In the “Contact Monitoring” question package (#6), please change the “Contact monitoring status” to “Transferred.” MDPH will cover reporting contacts to other states.

i. If you are using the close contact template spreadsheet and having ISIS import contacts into MAVEN for you, then ensure the address is listed correctly and MDPH will identify out-of-state contacts and report them to other states.

i. A note about travelers:

i. Although CDC recommends that travelers from certain areas quarantine for 14 days upon arrival to the United States, travelers no longer require follow-up by LBOHs. However, these individuals will still be created in MAVEN as we learn about them so they will appear in the new contacts workflow.

ii. If you see a contact in the workflow and are unsure if they are a traveler or a contact of a confirmed case, then check the “Medical Information Notes” field in the “Clinical” question package. Travelers that the CDC has notified us of will have the following note:

“No follow up needed by LBOH. This individual has been identified by the CDC as having recently returned from a country experiencing widespread transmission of COVID-19. MDPH will continue to receive notifications from the CDC about these travelers and they will continue to be uploaded to MAVEN, however, LBOHs no longer need to reach out to these individuals to notify them about the quarantine requirements and no longer need to monitor them throughout their quarantine period. Upon arrival at the airport, all travelers returning from Level 3 countries are being told to quarantine for 14 days by the CDC.”

3. If you are unable to notify all close contacts of a positive case, please consider the following:

a. Consider partnering with the index case to assist you in notifying their close contacts. Many people may be willing to personally reach out to their friends to inform them and could email them the MDPH Quarantine Guidelines.

b. Prioritize contacting household contacts to ensure that they are quarantining and that the case is isolating away from other members of the household.

c. Prioritize contacting facilities of interest that the case may have directly exposed while symptomatic such as schools, LTCFs, and nursing homes. These facilities likely have their own protocol for notifying people, closures, etc. and can contact MDPH with questions. Note: If a case has asymptomatic children in school, that school has not had an exposure, however, the children should immediately quarantine if not already.

i. If you need assistance with the contact investigation in a healthcare setting, you can call MDPH for guidance.

d. If you identify that the case had close contact to numerous people in one setting (i.e. at work, a conference, etc.) try to work with that organization to see if they are able to notify people of their
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exposure. A general notification may suffice in these instances if close contacts cannot be individually identified.

e. Please try to send the contacts to MDPH in the provided Excel spreadsheet template so that we are aware of who has had close contact to a case in the event that they become symptomatic and qualify for testing.

4. End of Isolation Period

a. Please refer to the document *Discontinuation of Home Isolation for Persons with COVID-19 and Suspected COVID-19*

b. If utilizing the test-based strategy found in the above mentioned document then:
   
i. The patient must have two negative PCR tests at least 24 hours apart AND resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms. This shall be operationalized as follows:
      1. If the first test is PCR negative, the patient may have another specimen collected when they get the results. If the second test is negative, the individual may be released from isolation.
      2. If the first test remains PCR positive or inconclusive, the patient may submit another specimen >4 days later. Specimens may be collected every 4 days thereafter until the first negative specimen is obtained. The patient may not be released from isolation until all symptoms have resolved and two PCR negative tests collected at least 24 hours apart have been confirmed.

b. The non-test-based strategy is outlined in the above document. This strategy is new and can be applied to anyone who does not work in healthcare, who is not hospitalized and who is not immunocompromised (there is separate guidance for this group). It should be applied to people who test positive for COVID-19 and anyone who is clinically diagnosed with COVID-19 and not tested.

c. If a confirmed case has finished their isolation period, change their “Contact monitoring status” in the “Contact Monitoring” question packed to “Complete.”

c. Close contacts of the case should remain in quarantine through the 14 days since their last exposure to the case. This means that it is possible that they could still be quarantined once the case is released from isolation.

d. NOTE: Decisions to discontinue home isolation are made at the local level by local board of health with consultation with MDPH if desired by the LBOH. We also expect that some clinicians and even workplaces may get involved in these decisions, if contacted by their patients and employees.