COVID-19 Webinar for Case Investigation and Follow-up

Tools for LBOHs

Tuesday - May 5, 2020

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Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
Updates for today, Tuesday 5/5

• Introduce Mohamed Ali – Partners in Health staff person will be reviewing and responding to your emails. Please send all emails to:
  • COVID19CommunityTracingCollaborativeQuestions@mass.gov
• Cluster/Outbreak Linelist Report (see tip sheet in MAVEN help)
• Updated COVID-19 Case Classification Manual folder
• COVID-19 Case Investigation Wizard and CTC Variables in Wizard
• Question Package 8 – Electronic Case Reporting Information from CTC to MAVEN
• Request for Contact spreadsheets with >5 contacts for your contact investigations
To run a MAVEN Report

Step 1: Locate a cluster/outbreak event in MAVEN.

Step 2: Navigate to the MAVEN Dashboard and click on Reports from the Menu options.

Step 3: Select Cluster/Outbreak Linelist report.

Step 4: Make sure that the Case ID is populated with your Cluster ID.

Step 5: Choose Novel Coronavirus in the Disease box.

Step 6: Enter Start date and End date for your report.

Step 7: Choose output type: HTML, CSV, Excel.

Step 8: Run Report
First have to locate and select a cluster

<table>
<thead>
<tr>
<th>Event ID</th>
<th>Create Date</th>
<th>Name</th>
<th>Status</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>100033810</td>
<td>04/07/2020</td>
<td>TEST_Cluster</td>
<td>Open</td>
<td>Novel Coronavirus (SARS, MERS, etc)</td>
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<td>100033817</td>
<td>04/13/2020</td>
<td>LTCF_Lawrence_13APRL2020</td>
<td>Open</td>
<td>Novel Coronavirus (SARS, MERS, etc)</td>
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</tbody>
</table>
Maven Reporting

Category: Custom Reports
Select Report: Cluster/Outbreak Linelist
Description: This report produces a cluster/outbreak line list selectable by event ID.

CaseID*: 123456789
Disease*: Novel Coronavirus (SARS, MERS, etc)
Event date start*: 01/01/2020
Event date end*: 05/06/2020
Output Type: HTML

Run Report  Dashboard  Help
Report Output for your linked events

Cluster/Outbreak Linelist

Event ID: 100768047  
Report Period: 01/01/2020 - 05/06/2020  
Report Time: 05/05/2020 09:08 AM

<table>
<thead>
<tr>
<th>Event ID</th>
<th>Cluster ID</th>
<th>Official City</th>
<th>County</th>
<th>Event Date</th>
<th>Disease classification status</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Gender</th>
<th>Gender</th>
<th>Birth date</th>
<th>Age (n years)</th>
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<td>Norfolk County</td>
<td>03/22/2020</td>
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<td>Test</td>
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</table>

Event ID count: 5
COVID Requested Assistance as “Yes” or “No”
Complete Steps 1-5 if you answer “Yes”
If “No” then just Steps 1-3 until you are finished when you complete Steps 4-5
Steps 2, 3, & 4 are Updated with CTC Information once the CTC completes their case investigation.
MAVEN COVID-19 Wizard – to see all questions for your investigation

<table>
<thead>
<tr>
<th>Question Package</th>
<th>Person</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Administrative</td>
<td>Event ID</td>
<td>04/23/2020</td>
</tr>
<tr>
<td>2. Demographic</td>
<td>Test COVID CASE</td>
<td>04/23/2020</td>
</tr>
<tr>
<td>3. Clinical</td>
<td>Test COVID CASE</td>
<td>04/23/2020</td>
</tr>
<tr>
<td>5. Risk/Exposure/Control &amp; Prevention</td>
<td>Test COVID CASE</td>
<td>04/23/2020</td>
</tr>
<tr>
<td>6. Contact Monitoring</td>
<td>Test COVID CASE</td>
<td>04/23/2020</td>
</tr>
<tr>
<td>6. Epi-linked and Outbreak Information</td>
<td>Test COVID CASE</td>
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</tr>
<tr>
<td>8. ECR Information</td>
<td>Test COVID CASE</td>
<td>04/22/2020</td>
</tr>
</tbody>
</table>

View Question Packages

Wizards:

- COVID-19 Case Investigation Wizard
New Variables in the Wizard

• When event is sent to CTC you will see this populated as Yes and Date first sent to CTC with Investigation Status populated.
Investigation Status variables
Event has been sent to CTC

- Additional Concern appears on the event main page to let you know the Event has been sent to CTC.
- Please do not initiate follow-up at this time.

Notifications

Event/Status/Date/Type Notifier
Event Status: Confirmed
Event Date: 04/27/2020
Event Type: Report Date

Concerns
This case has been sent to the MA COVID-19 Community Tracing Collaborative. Please do not initiate follow-up at this time.

The local jurisdiction has requested that this event be investigated by a contact tracer. Please update Steps: 1-5 in the Administrative Question Package to move events out of the MAVEN workflows.

Case Classification
Age at time of event: 54.91
Age unit: Years
# Question Package 8 – Data from CTC

<table>
<thead>
<tr>
<th>Question Package</th>
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<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>2. Demographic</td>
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<td>3. Clinical</td>
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<tr>
<td>5. Risk/Exposure/Control &amp; Prevention</td>
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</tr>
<tr>
<td>8. ECR Information</td>
<td>TEST CASE COVID #3</td>
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</tr>
</tbody>
</table>
# COVID-19 LBOH Requested Assistance Line List Report

**Official City:**

**Report Period:** 04/15/2020 - 05/01/2020  
**Report Time:** 04/30/2020 09:15 AM

<table>
<thead>
<tr>
<th>status</th>
<th>Name</th>
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<th>Date Requested</th>
<th>COVID Assistance Requested</th>
<th>Data first sent to the CTC</th>
<th>County</th>
<th>Step 3 - LBOH/Agency Investigator</th>
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</tbody>
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**Additional report variables:**

- Event ID
- Disease classification status
- Name
- Event Date
- Date Requested
- COVID Assistance Requested
- Data first sent to the CTC
- County
- Step 3 - LBOH/Agency Investigator
- LBOH/AgencyOther (specify)
- Contact monitoring status
- Specify other status
- Official City
Case Classification for COVID-19
Follow-up for Positive COVID-19 Cases and their Close Contacts

Tools for LBOHs

May 5, 2020

Hillary Johnson, Infectious Disease Epidemiologist
Scott Troppy, Surveillance Epidemiologist
Bureau of Infectious Disease and Laboratory Sciences
MA Department of Public Health
Topics Today

• Contact Tracing Collaborative
• Updated Ending Isolation Guidance for HCWs and non-HCW!!!
  • It’s now minimum 10 days.
  • More consistent across groups.
• What about repeat PCR+ test results
  • What to DO – AN UPDATE
• Your Questions
Isolation of Cases and Quarantine of Contacts is the goal until that strategy changes/evolves.

MAVEN is the main reporting source and where you should document your work.

Focusing on Priority Activities

Clusters in Facilities in your community need your help.
  • Call Epi Program 617-983-6800 to create cluster events.

Friday’s Webinar – Less Agenda, More Open Forum @ 11am
Contact Tracing Collaborative (CTC) FAQs

• Which cases go to the CTC?
  • Any case you do not request in Admin Question Package – “COVID Assistance Requested: No”
    • Starting Tomorrow CTC becomes an “Opt-Out” Program.
    • Cases not touched will automatically go to CTC next day.
  • Cases that will NOT be sent include (or would be returned if CTC determines this info):
    • Hospitalized
      • Clinical Question Package: Was case hospitalized? = Yes
    • Resident in a Congregate setting (LTCF, ALF, DDS, etc.)
      • Risk Question Package: Employed at, admitted to, or visited a healthcare setting? = Yes
    • Deaths
      • Clinical Question Package: Outcome=Died

• CONFIRMED cases go to the CTC. New CONTACT events do not go directly to the CTC. (CORRECTION FROM LAST PRESENTATION)
Updated Discontinuation of Isolation Guidance!

- **HCWs (April 30, 2020 Update):**

- **Non-HCWs (May 3, 2020 Update):**

- **Patients in Healthcare Settings (Hospitals, LTCFs, etc.) (April 30, 2020 Update):**
Updated Discontinuation of Isolation Guidance!

- Summary of Guidance Updates:
  - Minimum of 10 days for Period of Isolation. (update from 7 Days)
  - HCW and non-HCW guidance consistency
  - Test-based strategy is no longer a preferred strategy for anyone.
  - Updated the Names of the Different Strategies
    - **Symptom-based Strategy** (formerly non-test based strategy)
      - Symptom onset & resolution
    - **Time-based Strategy** (for asymptomatic lab confirmed cases)
      - Time since test date
    - **Test-based Strategy** (removed previous language stating preference)
      - 2 negative PCR tests > 24 hours apart

There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Detecting viral RNA via PCR does not necessarily mean that infectious virus is present.
Updated Discontinuation of Isolation Guidance!

If Patient **Ever Had Symptoms:**

**Symptom-Based Strategy**

- At least 3 days (72 hours) have passed *since recovery* defined as
  - resolution of fever without the use of fever-reducing medications, and
  - improvement in respiratory symptoms (e.g., cough, shortness of breath);

  **and**

- At least 10 days have passed *since symptoms first appeared.*

**Test-Based Strategy**

- resolution of fever without the use of fever-reducing medications, and
- improvement in respiratory symptoms (e.g., cough, shortness of breath);

  **and**

- Negative PCR results from at least 2 specimens collected >24 hours apart

**Use Symptom Onset Date**
Updated Discontinuation of Isolation Guidance!

If Patient **NEVER Had** Symptoms:

**Time-Based Strategy**

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test.
  - Assumes no symptoms ever developed.

Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

[Use Test Collection Date]

**Test-Based Strategy**

- Negative PCR results from at least 2 specimens collected >24 hours apart
  - Assumes no symptoms ever developed.
Updated Discontinuation of Isolation Guidance!

If Patient is a Healthcare Worker:

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

• Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.

• A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.

• Of note, N95 or other respirators with an exhaust valve might not provide source control.

• Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.
Updated Discontinuation of Isolation Guidance!

• **How many days should a positive COVID case be isolated?**
  • **A.** New guidance is a minimum of 10 days since symptom onset (if patient had symptoms) or date of test (if patient never had symptoms). (Old guidance said minimum 7 days, but all updates now say minimum 10 days).

• **What is the difference between HCWs and non-HCWs for discontinuing Isolation?**
  • **A.** The minimum 10 day isolation and the different strategies for ending isolation are the same (Symptom-based Strategy, Time-based Strategy or Test-based Strategy).
  • The big difference is that HCWs also have some Return To Work Practices and Work Restrictions listed in their guidance once they return to work.
Updated Discontinuation of Isolation Guidance!

- **What are some Key Points about the Test-Based Strategy?**
  - The Test-based Strategy requires 2 negative PCR tests > 24 hours apart.
    - Serology testing is not part of this strategy.
  - No longer a preferred strategy.
  - May not be practical based upon resources.
  - Could be used for COVID-19 positive cases that had symptoms or never had symptoms.
    - Symptoms should be resolved (per criteria for fever & respiratory symptoms) before testing is started.
  - Doesn’t have the minimum 10 day requirement, but may still take longer due to data showing people continue to shed viral RNA even if they wouldn’t test positive via viral culture (live virus).
  - People should wait for the results to come back before exiting isolation if they are utilizing this strategy.
What if my patient has resolved symptoms and has discontinued isolation – but they have another positive PCR test at a later date?

A. Subsequently positive PCR test results following an initial positive PCR test result DO NOT mean an individual needs to restart their isolation.

- Individuals who have completed their minimum 10 day isolation period and are able to exit isolation based upon a symptom or time-based strategy may do so at that time, regardless of subsequent PCR testing results.

- Additionally, close contacts should be identified based on the case’s symptom onset or initial PCR positive test date and do not need to re-quarantine based on positives obtained after the case’s isolation period ends.

- Language about the test-based strategy being preferred has been removed from CDC guidance. There have been reports of prolonged detection of RNA without direct correlation to viral culture.
Repeat PCR+ Testing FAQs

• If my case’s work requires a test to return to work and that test is PCR positive, but I have already released my case from isolation, what happens?
  • A. If your case already met a Symptom-based strategy or a Time-based strategy for discontinuing isolation, they are good to go. They do not need to reenter isolation. Workplaces may choose more strict criteria (like requesting negative tests) but this is not the recommendation of public health.

• Does a repeat PCR test that comes back positive mean that my Case is still infectious if they are currently asymptomatic and have already discontinued isolation?
  • A. No. There have been reports of prolonged detection of RNA without direct correlation to viral culture. Detecting viral RNA via PCR does not necessarily mean that infectious virus is present.
Repeat PCR+ Testing FAQs

• Does a positive COVID case need 2 negative PCR tests before returning to work?

  • A. A PCR+ patient can discontinue isolation based upon a Symptom-based Strategy or a Time-based Strategy (both of which are a minimum of 10 days). A case may also discontinue isolation based upon a Test-based Strategy (2 negative tests > 24 hours apart), however this is no longer a “preferred” strategy.
  • A test-based strategy may actually take longer to clear than one of the other strategies, as there have been reports of prolonged detection of RNA in PCR testing, even if the person would not test positive for live virus via a viral culture.
  • Some workplaces may require a negative test for returning to work, but this strategy is not a public health requirement.
Discontinuation of Isolation Questions

• Is the symptom-based strategy for discontinuation of isolation now 10 days for HCWs and NON-HCWs?
  • Yes.

• I’ve had cases tell me their doctor said they are cleared after 10 days, not 14 days. Can you clarify?
  • Remember CASES (COVID-19+ patients) discontinue isolation based upon their symptoms resolving. This is a minimum of 10 days (depending on which strategy you use).
  • CONTACTS (are not cases) so they are in quarantine for 14 days from their date of exposure. This does not change unless they become a case themselves.

• Can a hospital require HCWs back to work before a LBOH releases them?
  • HCWs in quarantine that are asymptomatic but had an exposure can go back to work if they are needed.
  • HCWs that are confirmed cases CANNOT return to work early. They need to stay out of work until they can discontinue isolation.
Your Questions You Sent In:

I MUSTACHE YOU

A QUESTION