

Workflow Guide for Sara Alert Contact Tracing

1. Initial Entry of Contact by Case Investigator (CI)

A case investigator (CI) or contact tracer (CT) will enter information for all close contacts of Probable and Confirmed cases into Sara Alert (SA) as part of the case investigation, depending on district workflows. Basic information must be entered to save the record in Sara Alert.

1) Complete required fields to 'finish' or save the record for the contact.

- Required fields: First Name, Last Name, DOB, Address 1, Town/City, State, Zip, Last Date of Exposure.
- If unknown, use these placeholders. Please do NOT use local placeholders:
 - DOB - 01/01/1900
 - Missing First or Last Name – NP (NP = Not Provided) (see below on minimum for entry)
 - Address 1 - NP; City - NP, State - Virginia, Zip - 99999
 - Using a placeholder for telephone or email is not recommended (groups into household) and is no longer required for entry.
- What is minimum for entry?
 - Partial name (Janet NP) with full contact information: Enter into Sara Alert because the contact information allows the CT to obtain the rest of the information.
 - Full name but no contact information: Enter into SA; CT should research contact information based on name (white pages, etc.). If contact info is obtained, follow-up. If not, close as needed.
 - No actual name, no contact information, e.g., Student Doe. Do not enter into Sara Alert.

2) Leave the Preferred Reporting Method as Unknown

- The default for Preferred Reporting Method is "Unknown" (as of 7/14) – leave as such. This ensures the monitoree does not receive notifications, and allows the CT to evaluate the best reporting method during the initial interview with the contact. (No need to pause or resume notifications here anymore!)

3) Complete information on Exposure

- If primary language is known, please complete (English, Spanish, French, and Somali are options).
- Under Monitoree Potential Exposure Information, slide yes for 'Close Contact with a Known Case' and enter the VEDSS Person Search ID for the known case or cases. This is important for matching and metrics!
- If the contact is part of an outbreak investigation, slide yes for 'Member of a Common Exposure Cohort' and enter the Outbreak ID.

4) Check the Jurisdiction if you have enough information

- Follow-up should be done by the jurisdiction where the monitoree lives or is quarantining, with emphasis on where they 'lay their head at night' during quarantine to ensure local wrap-around services.
 - i) Out of state: If the contact lives out of state, enter them into Sara Alert if they meet minimum data entry requirements. Ensure their address is correct. Close out with reason of Transfer Jurisdiction (see [Out of State transfer protocol](#)).
 - ii) Out of VA jurisdiction: Update the Assigned Jurisdiction to the right health district based on the address. Assigned Jurisdiction should only be a health district NOT a region.

- iii) If you DO have an address, save the CT time by looking it up in USPS or Melissa Data, and determine the jurisdiction based on the address. Transfer the monitoree to the right jurisdiction prior to the first interview and email the recipient jurisdiction.

5) **Based on workflow, the CI may assign a contact to a contact tracer (CT)**

- Under the Monitoree Identification section (since 6/9/20), there is an 'Assigned User' field toward the end of the entry process where you can enter a numeric ID for the CT to assign it.
- The [numeric IDs for contact tracers](#) can be found on the Sara Alert webpage.

6) **Finish** (if not a Household, or want individual reports) to Save the monitoree.

When contacts are first entered into the Sara Alert system by the case investigators ("Enroll New Monitoree"), they are automatically queued into the Exposure Monitoring Workflow's **Asymptomatic Line List**. If it's been <24 hours since they were saved they will be in the Asymptomatic line list, if >=24 hours, they will be in **Non-Reporting** line list.

2. Initial Interview with Contact by Contact Tracer (CT) and Sara Alert Enrollment

The next step after the CI enters the contact in Sara Alert is for the CT to identify their assigned contact, reach out, [conduct an initial interview](#), and finish the contact's enrollment in the Sara Alert system. **CTs should reach out to newly assigned monitorees within 24 hours.** Remember that no notifications are sent until the Preferred Reporting Method is updated from Unknown to a valid value. The CT will complete the contact record in the system, and ensure appropriate enrollment in self-reports for COVID-19 public health monitoring.

1. **Log into the Sara Alert system** using your provided login credentials. Your user name should be the same as your email address, and you should use the password you chose after establishing your account. The Sara Alert system requires two-factor authentication to complete your log-in, so be sure to have access to the phone that corresponds to the phone number you chose for the two factor authentication.
2. **Navigate to the Asymptomatic line list.** At the top right, you may filter by 'Assigned User' (use the drop-down) or the 'Jurisdiction' (on the top left), plus 'Latest Report' to find monitorees that have been assigned to you based on your unique user ID. Latest Report should be empty (no report yet) for brand new monitorees. The Monitoring Plan may also be empty if the initial interview has not been conducted. The Advanced Filter will also allow you to find persons where the Reporting Method is Unknown. ***New monitorees who have been in the system >24 hours may be in the Non-Reporting line list.***
3. **Click on a monitoree's name**, once you have found a monitoree who has been assigned to you.
4. **Contact the monitoree and complete enrollment:** Once you have opened the record, you will see the monitoree's contact information. Contact the monitoree by phone using the [VDH Sara Alert Enrollment Script](#) in order to formally enroll the monitoree into monitoring.
 1. Confirm and update all information: establish their Primary Language, Preferred Method of Contact, Preferred Contact Time, Phone Number/ Phone Type, etc. *These are critical for their receipt of notifications and collection of self-reports.*
 2. Confirm their address, and determine whether they will stay in your jurisdiction or whether they will need to be transferred to another health district (use USPS or Melissa Data).

5. **Assess their symptoms during the initial interview, and remember to log a manual report by clicking on 'Add New Report.'** This will count toward the 24-hr metric.
 - (If the contact was saved in the system >24 hours from when you update the Preferred Reporting Method, and their preferred contact time is during the time you update their record, they may receive a daily self-report after you save the record. We still recommend creating a manual report.)
6. **Assess if they were vaccinated and document vaccinations in Sara Alert:**
 - Fully vaccinated people: ≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks after a single-dose vaccine.
 - Not fully vaccinated: no COVID-19 vaccine received OR has been <2 weeks following receipt of second dose in a 2-dose series or <2 weeks after a single-dose vaccine OR only one dose has been received in a 2-dose series.
 - Do not assume they are fully vaccinated if they have received two doses – verify dates! **If any vaccine doses have been received, document in Sara Alert.** Ask for date, type of vaccine, and vaccine lot number. Enter into Sara Alert.
 - If **not** fully vaccinated:
 - Since they have not yet been fully vaccinated, they will need to follow the current quarantine guidance and monitor in Sara Alert.
 - If **fully vaccinated:**
 - Quarantine is not required and testing is not recommended for most fully vaccinated people.
 - However, monitoring symptoms in Sara Alert for 14 days after exposure is still a best practice for all fully vaccinated individuals and can be recommended to the contact.
 - If symptomatic, contact should self-isolate and get tested. Inform their medical provider of vaccination status and symptoms.
 - People with immunocompromising conditions should talk to their medical provider.
 - Inpatients and residents in healthcare settings should continue to quarantine, monitor and be tested.
 - Some high-risk settings should get tested after an exposure, but do not need to quarantine, examples:
 - Fully vaccinated residents and employees of correctional and detention facilities and homeless shelters
 - **Enter contact into Sara Alert Exposure workflow.**
 - Enter the contact's vaccination information.
 - For persons who are entirely asymptomatic, not in a high risk setting AND refuse monitoring: close with reason "Other" and add an explanation.

3. Initial Sara Alert Notification and Reminder Messages

Monitorees will receive a welcome message, report request, or reminders based on preferred reporting method, time of enrollment, and preferred contact time. Please refer to the latest User Guide from Mitre.

Initial Welcome message (not a self-report, just a welcome message)

- Monitorees will not/never receive a welcome message if they are initially saved with an "Unknown" or "Opt Out" Preferred Reporting Method (this is expected and is fine).
- If monitorees are initially saved in the system with an E-mailed web link or SMS message (web link or text) vs. "Unknown," they will receive a welcome message.

Self-Report Report Timing

- If a monitoree is saved in the system with “Unknown” or “Opt out” for the Preferred Reporting Method, and the method field is updated to a valid reporting method, the monitoree will receive the daily report during their preferred contact time that same day **IF** they have been in the system for >24 hours.
- If the monitoree has been in the system <24 hours, the message will be sent the following day. (Which is why it is so important to log a manual report ‘Add New Report’ during the initial interview that counts toward 24 hours!).

Reminders (v.1.8)

- No reminders for E-mailed web link, or SMS Texted web link
 - Reminders for SMS Text message (up to 3 per day) and once/hour for Telephone, during preferred contact time.
- SMS =short message service, text messaging

4. CT Daily Check of Sara Alert Monitoring Dashboard

Log into the Sara Alert system **each day** to review the monitoring queues and take the following actions.

Priorities for Exposure Workflow:

1. New Monitorees: Check for new monitorees who have not yet been contacted yet in the **Asymptomatic** (>24 hours in system), **Non-Reporting** (>24 hours in system) or **Transfer In** (possibly from another jurisdiction and may not have been called) line lists.
2. Priority after calling new monitorees: **Symptomatic, PUI, Non-Reporting.**
3. Next: closing out monitoree records in these line lists who have reached the end of their monitoring period.

1. Monitorees in the red “**Symptomatic**” queue have reported experiencing symptoms compatible with COVID-19. **They are priority for follow-up.** Some of the monitorees in this queue are reporting routinely, but others are ‘non-reporters’ who may not have provided a report in 24 hours or more.

- Monitorees in the Symptomatic line basically meet the Probable clinical criteria – They must have:

At least ONE of the following: Cough, Difficulty Breathing, New Loss of Taste, New Loss of Smell, Shortness of Breath OR

At least two of the following: Chills, Congestion or Runny Nose, Diarrhea, Fatigue, Fever, Headache, Muscle Pain, Nausea or Vomiting, Repeated Shaking with Chills, Sore Throat

If monitoree is in the Symptomatic line list do the following:

- Call/contact the monitoree, discuss symptom(s) and refer him/her to medical evaluation/testing according to established protocols.
- Educate regarding quarantine / self- isolation as monitorees in this line list likely meet the Probable case classification (epi link + clinical symptoms).
- While on the phone, if the monitoree has not self-reported in more than 24 hours, assess their symptoms and log a manually entered report in Sara Alert: Go to the Report section, select ‘Add

New report' and a list of available symptoms pops up; click on the ones the monitoree is reporting, and click submit to save.

- Go to the Monitoring Actions section, and update the 'Latest Public Health Action' field to 'Recommended medical evaluation of symptoms,' meaning the contact should see a physician for evaluation and testing, and the contact tracer has made this recommendation to the symptomatic monitoree. Review self-isolation guidance. This field change will automatically move the monitoree to the PUI queue. *See PUI queue below.*
 - We do not recommend 'reviewing' their symptoms (which puts the monitoree back in the Asymptomatic or Non-Reporting line lists) unless there is a solid reason for explaining the symptom(s) outside COVID-19 (e.g., headache and the person suffers from migraines). Generally, if they are in the symptomatic line list, we recommend medical evaluation and testing.
2. Monitorees in the black '**PUI**' or person under investigation queue have reported symptoms and have been referred for evaluation and testing. This is similar to a holding queue if you are waiting on test results. ****This queue may be monitored by Contact Investigators (CIs) OR Contact Tracers (CTs) depending on district workflows**** *Access to VEDSS is important for monitorees in this line list.*
- **NOTE:** Persons in the PUI queue DO receive automatic self-reports automatically unless notifications are paused, their monitoring period has lapsed, or they are a member of a household and not the HOH.
 - Contact the monitoree to evaluate testing status after an appropriate period (based on when moved to PUI queue, going to doctor, etc.). *We strongly encourage testing for all people who develop symptoms.* Data matching from VEDSS may also inform queue movement:

If the monitoree was tested and was PCR+: Under Monitoring Actions, update the 'Case Status' field to 'Confirmed,' and select "Continue Monitoring in Isolation Workflow," to move the monitoree to the Isolation Workflow for cases *as district resources allow**. On the Lab Results section (underneath Symptoms), click on 'Add New Result' to document. See part iv) below on VEDSS checks and #5 for Isolation Monitoring.

If the monitoree was tested and has a positive Antigen (presumptive lab evidence) or Serologic (supportive lab evidence) test: Apply the case definition as appropriate to determine if 'Probable' case status (epi link, symptoms, etc.). Under Monitoring Actions, update the 'Case Status' field (if case definition met). Select "Continue Monitoring in Isolation Workflow," if Probable, to move the monitoree to the Isolation Workflow *as district resources allow**. On the Lab Results section, click 'Add New Result' to document. See part iv) below on VEDSS checks and #5 for Isolation Monitoring.

If the monitoree was not and will not be tested (but they really should be!), assess against 'Probable' case definition. If they meet the criteria, update the 'Case Status' field to 'Probable' (if case definition met) and select "Continue Monitoring in Isolation Workflow" *as district resources allow**. If they do not meet the case definition, you may

choose to keep them in the PUI workflow during their monitoring period to assess when/if they meet the case classification based on clinical criteria (they already meet the epi link criterion). See part iv) below on VEDSS checks and #5 for Isolation Monitoring.

*If district CI resources are not available for monitoring the Isolation WF, it is acceptable to update the Case Status to Probable or Confirmed, then close the record as Not Monitoring, with the reason, Meets Case Definition. Cases must be counted in VEDSS.

If Case status is updated to Confirmed or Probable:

- (1) Confirm monitoree is a case in VEDSS (has lab result, etc.), and ensure the monitoree is documented appropriately. All cases should be counted in VEDSS if they meet the case definition. If the data do not match between VEDSS and monitoree's information, investigate further and update Symptom Onset and symptom information as needed.
- (2) Provide education on self- isolation per standard procedure for a case.
- (3) Enter the VEDSS ID in the NNDSS ID for the monitoree in Sara Alert.
- (4) Central Office prefers the contact who becomes a case is monitored in the Isolation Workflow in Sara Alert, *but if district CI resources are stretched thin*, it is allowable to close the case instead of monitoring in the Isolation Workflow.

3. Monitorees in the yellow "**Non-reporting**" queue have not checked in with the Sara Alert system in the last 24 hours to report their symptoms and require follow-up. *Contact them to make sure they are still in quarantine, assess symptoms, and re-establish contact.*

- Review this queue by clicking on each monitoree to access their record.
- Attempt to re-establish communication per the monitoree's documented contact information.
- Best practice is to attempt at least three times (3 different days, 3 different times) and close out as lost to follow-up if no response. Two attempts during a surge is acceptable.*
- Prioritize outreach to those with more days remaining of their quarantine period.
- If the monitoree responds, conduct a check-in to assess symptoms and manually enter this information via Sara Alert:
 - i. Confirm the monitoree's preferred contact method/contact information and time for future check-ins by the Sara Alert system and encourage the monitoree to remain alert for future check-in prompts.
 - ii. Assess the current health of the monitoree and need for wrap-around services.
- If you reach a contact > day 7 days after LDE, and are re-establishing contact, please:
 - i) Log symptom report.
 - ii) Recommend continued monitoring for 14 days.
 - iii) Assess if eligible and want to use:
 - (1) **Option 1:** Quarantine can end after Day 10 without testing and if no symptoms have developed OR
 - (2) **Option 2:** Quarantine can end after Day 7 if a viral (RT-PCR or antigen) test performed on or after Day 5 is negative and if no symptoms have developed.
 - iv) If monitoree wants to stop quarantine early but continue to monitor, "Add comment" to document plan and option.

- v) If monitoree wants to stop quarantine *and* monitoring, change monitoring status to “Not monitoring” and choose reason “Meets criteria to shorten quarantine.”

*If district resources are limited for contact attempts to Non-Reporters, especially during surge, these records can be closed or bulk closed *after the monitoring period has ended* with reason Lost to Follow-up.

4. Monitorees in the “**Transfer In**” queue have been transferred into your jurisdiction and need to be assigned for contact tracing. Ensure someone in your jurisdiction is checking this line list daily, and can reassign the monitoree to someone locally.
- Monitorees in the Transfer In line list are located in this list *as well as* the list relevant to their categorization, including Asymptomatic, Symptomatic, Non-Reporting or PUI.
 - With the monitoree name or ID, select the record and assign the monitoree to a local CT.
 - Have the CT follow the protocol for the relevant line list.
5. Monitorees in the “**Asymptomatic**” line list include brand-new monitorees and monitorees who are compliant with self-reporting and have not developed symptoms that meet the Probable clinical criteria.
- As long as monitorees in this line are reporting on the 14th day of their quarantine and remain asymptomatic, the system will automatically close out their record. This is the **ONLY** line list where automatic closures occur.
 - Some asymptomatic monitorees may proactively call about ending monitoring or quarantine early (before 14 days). Assess their eligibility for the 7-day and 10-day options, ensuring they are **entirely* asymptomatic. Verbal reports of a negative viral test are acceptable.
If monitoree wants to stop quarantine early but continue to monitor for 14 days, simply “Add comment” to document plan and option.
If monitoree wants to stop quarantine *and* monitoring, change monitoring status to “Not monitoring” and choose reason “Meets criteria to shorten quarantine.”

5. CI Daily Check of Sara Alert Isolation Monitoring Dashboard

The Isolation Workflow is for cases, including contacts who become cases and those cases entered directly by districts. Use of the Isolation Dashboard is encouraged, but NOT required. Access to Sara Alert and VEDSS for isolation monitoring is ideal to ensure the data match, and all cases are counted.

Log into the [Sara Alert](#) system **each day** to review the monitoring queues and take the following actions.

Priority: the Records Requiring Review, Non-Reporting, and Transfer In queues.

- 1) Monitorees in the red ‘**Records Requiring Review**’ (RRR) queue contain monitorees that preliminarily meet one of the recovery definitions and require review by public health that it is safe to discontinue isolation.
- **NOTE:** Since 8/12/20, persons in the Records Requiring Review (RRR) line list DO receive automatic self-reports unless notifications are paused. The system does NOT automatically stop these notifications. VDH MUST reach out to these monitorees to assess symptoms and/or recovery to close these monitorees out (see below).

- Review the Symptom Onset, latest self-reports of symptoms, etc. If the monitoree meets established protocols and VDH’s recovery definition, update the Monitoring Status to ‘Not Monitoring’ to move the monitoree to the Closed queue. Call the case and let them know they can discontinue isolation, and provide additional guidance as needed. Update VEDSS with any follow-up information on symptom resolution
 - If the monitoree does not meet established protocols for recovery, they should continue to self-report until the definition is met, and should remain in the RRR queue. Under Reports, choose ‘Resume Notification.’
2. Monitorees who are cases in the ‘**Non-Reporting**’ queue have not provided a self-report in the past 24 hours. *Contact these cases to make sure they are still self-isolating and re-establish contact.*
- Review this queue by clicking on each monitoree to access their record.
 - Attempt at least 3 times (for sure 2 is fine) to re-establish communication per the monitoree’s documented contact information.
 - If the monitoree responds, conduct a check-in to assess isolation and emphasize compliance with isolation guidelines. For any situations where the case appears to be non-compliant with isolation guidelines and providing self-reports, notify your supervisor.
 - Assess symptoms and manually enter this information via Sara Alert:
 - i) Confirm the monitoree’s preferred contact method/contact information and time for future check-ins by the Sara Alert system and encourage the monitoree to remain alert for future check-in prompts.
 - ii) Assess the current health of the monitoree and need for wrap-around services.
 - iii) To manually enter a report in Sara Alert: Go to the ‘Add New report’ and a list of available symptoms pops up; click on the ones the monitoree is reporting, and click submit to save.
 - iv) Refer for medical evaluation as needed, according to established protocols.
3. Monitorees in the “**Transfer In**” queue have been transferred into your jurisdiction and need to be assigned for isolation monitoring. Ensure someone in your jurisdiction is checking this line list, and can reassign the monitoree to someone locally.
- Monitorees in the Transfer In line list are located in this list *as well as* the list relevant to their categorization, including Non-Reporting and Records Requiring Review.
 - With the monitoree name or ID, select the record and assign the monitoree to a local CT.
 - Have the CI or CT follow the protocol for the relevant line list.