

Contact Tracing as a Partnership between VDH and Institutions of Higher Education

Revised July 21, 2020

Major updates made July 21, 2020

- Updated the definition of a close contact to include exposure to the respiratory secretions of a person with COVID-19

Major updates made June 23, 2020

- Corrected description of the Sara Alert system
- Clarified that dedicated resources, if any, would be for contact tracing and not case investigation
- Inserted hyperlinks to relevant sections of the *Code of Virginia* and the *Regulations for Disease Reporting and Control*

Overview of the Contact Tracing Process and VDH Leadership Role

In its Overview to the Interim Guidance on Developing a COVID-19 Case Investigation & Contact Tracing Plan (www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html), the Centers for Disease Control and Prevention (CDC) states that: “Case investigation is the identification and investigation of patients with confirmed and probable diagnoses of COVID-19, and contact tracing is the subsequent identification, monitoring, and support of their contacts who have been exposed to, and possibly infected with, the virus. Prompt identification, voluntary quarantine (hereinafter referred to as *self-quarantine* in this document unless otherwise noted), and monitoring of these COVID-19 contacts can effectively break the chain of disease transmission and prevent further spread of the virus in a community. While case investigation and contact tracing for COVID-19 may be new, health departments and frontline public health professionals who perform these activities have experience conducting these activities for tuberculosis, sexually transmitted infections, HIV, and other infectious diseases. *Case investigation and contact tracing are well-honed skills that adapt easily to new public health demands and are effective tools to slow the spread of COVID-19 in a community.*”

The Virginia Department of Health (VDH) has a long history of conducting case investigation and contact tracing as methods of communicable disease control, is authorized by [§32.1-39](#) of the *Code of Virginia* to conduct contact tracing, and has tools and information systems in place to ensure it is done consistently across the state. Governor Northam has required that reopening plans developed by Institutions of Higher Education (IHE) include a provision stating that they will partner with VDH for contact tracing (www.governor.virginia.gov/media/governorvirginiagov/governor-of-virginia/pdf/Higher-Education-Reopening-Guidance.pdf). VDH is hiring a large team of contact tracers, who will be trained and positioned across the state to conduct these activities with the goal of limiting the spread of the disease. The contact tracing process is explained at www.vdh.virginia.gov/coronavirus/prevention-tips/contact-tracing/.

The process begins with the identification of a person who is infected with SARS-Cov-2, the virus that causes COVID-19. That person is interviewed by VDH staff, who elicit information about the person’s illness and other people who might have been exposed. Those potentially exposed individuals are then

interviewed; persons who are determined to be close contacts are referred for testing and advised to self-quarantine for 14 days from the date of last exposure. For both cases and close contacts, public health staff will monitor their health status and compliance with disease control measures and connect them to local resources as necessary. The workflows of the case investigation and contact tracing are available in [Appendix 1](#) and [Appendix 2](#), respectively.

Having this process led by VDH throughout Virginia ensures consistency of methods, coordination of resources, including training and communication guidance, and protection of patient confidentiality. Partnerships with others in the community, including IHE, are vital for the program to be successful in minimizing the spread of COVID-19.

Partnership

Recognizing that the scale of contact tracing among the college and university population has the potential to be quite large and complex, efforts will need to be undertaken by both the public health community and higher education community to cover all the necessary tasks. VDH has developed a table of roles and responsibilities for local health departments and IHEs that lists multiple tasks associated with the COVID-19 response

(www.vdh.virginia.gov/content/uploads/sites/182/2020/06/COVID-and-Public-Health-CollegesUniversities.pdf). This document will expand on that and provide additional detail specifically related to case investigations and contact tracing.

VDH staff will have the lead responsibility for conducting the following activities relative to case investigation and contact tracing:

- Receive a report of a suspected or confirmed illness with COVID-19 from a physician, laboratory, or hospital. Such reporting is required by the [Code of Virginia](#) and the [Regulations for Disease Reporting and Control](#).
 - Electronic laboratory reports are automatically loaded, while other reports are manually entered into the statewide disease surveillance system known as Virginia Electronic Disease Surveillance System (VEDSS).
- Make every attempt to locate and interview the person reported to have the illness as quickly as possible using a standardized protocol. Information will be gathered about the person and the illness.
- Identify anyone who the case-patient had close contact with in the course of the case interviews and elicit locating information for those persons. Close contact is defined as being within 6 feet of a person with COVID-19 for at least 15 minutes or having exposure to the person's respiratory secretions (for example, being coughed or sneezed on; sharing a drinking glass or utensils; kissing) while they were contagious. A person with COVID-19 is considered to be contagious starting from 2 days before they became sick (or 2 days before they tested positive if they never had symptoms) until they meet the criteria to discontinue isolation.
- Enter information about each case and potential close contact into a contact monitoring system known as Sara Alert.
- Make every attempt to locate and interview each of the named contacts.

- Monitor cases and close contacts daily to assess their health status, compliance with disease control recommendations, and resource needs.
- Refer for testing, care, and resources as appropriate according to standardized VDH tools and procedures.
- Protect the confidentiality of ill and/or exposed persons according to the requirements of the [Code of Virginia](#) and internal policies of VDH.

When a person reported to have COVID-19 or to have been exposed to someone with the disease is a member of a college or university community, VDH staff must coordinate actions with the IHE involved. To accomplish the level of coordination necessary to achieve success, VDH and the IHE representatives should meet and determine the IHE’s preferences related to the following:

- Point(s) of contact for the college/university for issues related to case investigation and contact tracing
- Assistance that can be provided by the IHE when VDH has difficulty locating or getting cooperation from a member of the college/university community
- Housing options the IHE will make available for case isolation and contact quarantine
- Laboratory testing preferences of the college/university
 - Testing for SARS-CoV-2 (and potentially other respiratory pathogens, like influenza) will be recommended for close contacts of case-patients. Depending on the situation, expanded testing might be recommended by the local health department.
 - Testing could be conducted through the IHE’s health center or at an off-site location.
 - IHEs are strongly encouraged to work with their local health departments to ensure that laboratory services are provided by a laboratory that has been approved by VDH for electronic laboratory reporting (ELR) for the most efficient delivery of test results. Electronic reporting, rather than paper- or fax-based methods, allows VDH to process reports and more quickly to begin the case investigation and contact tracing process.
 - If cases are suspected or confirmed by a physician on campus or results are received by the IHE from a laboratory that does not report by ELR, VDH requests that the IHE report the information to VDH via the enhanced [online morbidity reporting portal](#). Please provide the most complete information possible, including signs and symptoms, dates, test results, local address and contact information for the ill person and the person completing the report, and other critical epidemiologic fields (e.g., race and ethnicity).
- Medical care preferences of the college/university
 - Medical care or consultation may be required for those with severe disease, those who have worsening symptoms, or those with underlying conditions that put them at higher risk for severe disease.
 - Having pre-identified resources for telehealth or medical care are strongly recommended.
- Ability to meet resource needs of those under isolation or quarantine
 - These needs include food, laundry services, cleaning supplies and trash removal services, access to health services (including mental health services), and distance learning options so they can stay involved with their studies.
- Preferences for how to meet messaging and communication needs for the campus and the greater community

Determination of differences in protocols need to be identified **in advance**, as well, for the following subpopulations:

- On campus students
- Off campus students
- Staff and faculty
- Minors (<18 years old)

Confidentiality

According to [§32.1-41](#) of the *Code of Virginia*, VDH is required to maintain the anonymity of any persons reported to have a reportable disease, including COVID-19. The State Health Commissioner can release identifying information about such an individual if pertinent to an investigation. Therefore, VDH staff conducting case investigations and contact tracing will make every effort to preserve the confidentiality of the information gained through these processes and will follow strict procedures that allow for sharing the minimal amount of information that is deemed necessary to ensure protection of the health of others.

Successive steps of confidentiality protection, according to internal VDH policy, are as follows:

- No disclosure – this is preferred and can be accomplished whenever disease control measures can be instituted without any need to share any identifying information.
- Disclosure by affected person – the person infected or exposed agrees to disclose their infection or exposure status to others who may need the information in order to take additional actions necessary to prevent or control the spread of disease
- Disclosure by health department authorized by affected person – if the infected or exposed person initially refuses to disclose his or her personal information, VDH staff provide additional explanation of the need for the information and receive permission from the affected person for VDH to share the information with those who need it in order to take actions to prevent or control the spread of disease
- Disclosure by health department authorized by State Health Commissioner – if the affected person poses a risk to health and will not disclose the information or authorize VDH staff to disclose the information, then the State Health Commissioner will be petitioned to disclose the information in accordance with [§32.1-41](#) of the *Code of Virginia*.

In contact tracing, the named contacts will be told of their potential exposure to COVID-19, but the person to whom they were exposed will not be named.

Interviews involving staff, faculty, and off campus students should be accomplished without any risk to confidentiality. Those individuals should be able to achieve isolation and/or quarantine in their places of residence in a manner similar to those who are not associated with the college/university. They will be asked to inform their IHE contact (e.g., supervisor, advisor) of their need to remain at home for the period of time required by the health department. If they refuse to do so, VDH staff will follow the Agency Confidentiality Policy to determine next steps, as outlined above. Persons who are unwilling to disclose their own information will be asked to allow VDH to do so. Increasing the person's awareness of how sharing of the information could be in his or her best interest as well as that of the greater campus community in instances, such as when the IHE is offering to provide testing or other COVID-19 services

may help gain the necessary approvals. If sharing of information is necessary and the interviewee is uncooperative, VDH staff will follow internal agency procedures to obtain Commissioner approval to take necessary action.

For on-campus students, VDH will initiate the interviews and make recommendations, keeping in mind the preferences of the college/university regarding housing, testing, care, and resource needs. VDH staff will explain that the campus needs to be aware of the situation to meet needs that they are responsible for and solicit permission to discuss the situation with designated campus officials.

For minors, VDH will work with the person affected and follow the same procedures as well as the VDH Policy on Providing Services to Minors to ensure confidentiality. Minors will be encouraged to engage their parent/guardian in decision-making. If approached by a parent/guardian for information, VDH staff will notify the affected minor and verify the relationship. Information may be released to parents/guardians as long as VDH staff have determined that it will not cause any additional harm to the minor.

When VDH staff determine that the disease control situation requires communication of confidential information and the person affected is not willing to share the information needed, then the staff person will engage his or her supervisor and follow the steps through the chain of management to receive Commissioner approval to proceed with sharing the information.

Information sharing will occur primarily by telephone. Any other means of information sharing will be conducted in accordance with VDH information security protocols, e.g., use of encryption if information is sent electronically. Names and other identifiers will not be included in email communications.

Access to VDH electronic data systems (VEDSS and Sara Alert) is limited to trained and approved VDH users. The partnership between VDH and IHEs does not extend to include access by college/university representatives to these secure systems. VDH disease surveillance work is strictly governed by the *Code of Virginia* and all systems follow HIPAA data security standards. The systems contain information beyond that which is needed by IHEs and VDH must protect the confidentiality of the records contained in them.

VDH does not recommend that IHE procure or develop its own software or hire its own case investigators or contact tracers because that would be duplicative of the resources that VDH already has in place for the purpose. If the IHE requests additional resources dedicated exclusively to the IHE, VDH is willing to hire, equip, and train dedicated contact tracers who, while working for VDH, will be dedicated exclusively to the IHE. VDH would execute a Business Service Agreement with the IHE whereby the IHE would reimburse VDH for the cost of these dedicated IHE staff and the IHE would agree to abide by **ALL** VDH privacy protocols to ensure compliance with all applicable state and federal laws and regulations.

Conclusion

VDH and IHEs are committed to coordinating all activities necessary to ensure the health of those in Virginia's college and university communities. IHEs have many tasks that need to be put in place to ensure campus safety, including working with local health departments to support public health case investigations and contact tracing. VDH has established procedures that need to be followed to conduct

these activities, which require a balance of protecting confidentiality and sharing information in a careful manner that is consistent with state law. Communication and decision-making as early as possible is needed to ensure the best coordination of services to prevent and control the spread of COVID-19 in these settings. Under all circumstances, VDH and the IHE will work collaboratively to ensure that VDH's public health mission is accomplished as well as the educational mission of the IHE.

Resources

CDC:

- CDC Interim Guidance on Developing a COVID-19 Case Investigation & Contact Tracing Plan: Overview
www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/overview.html
- CDC Considerations for Institutes of Higher Education
www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html

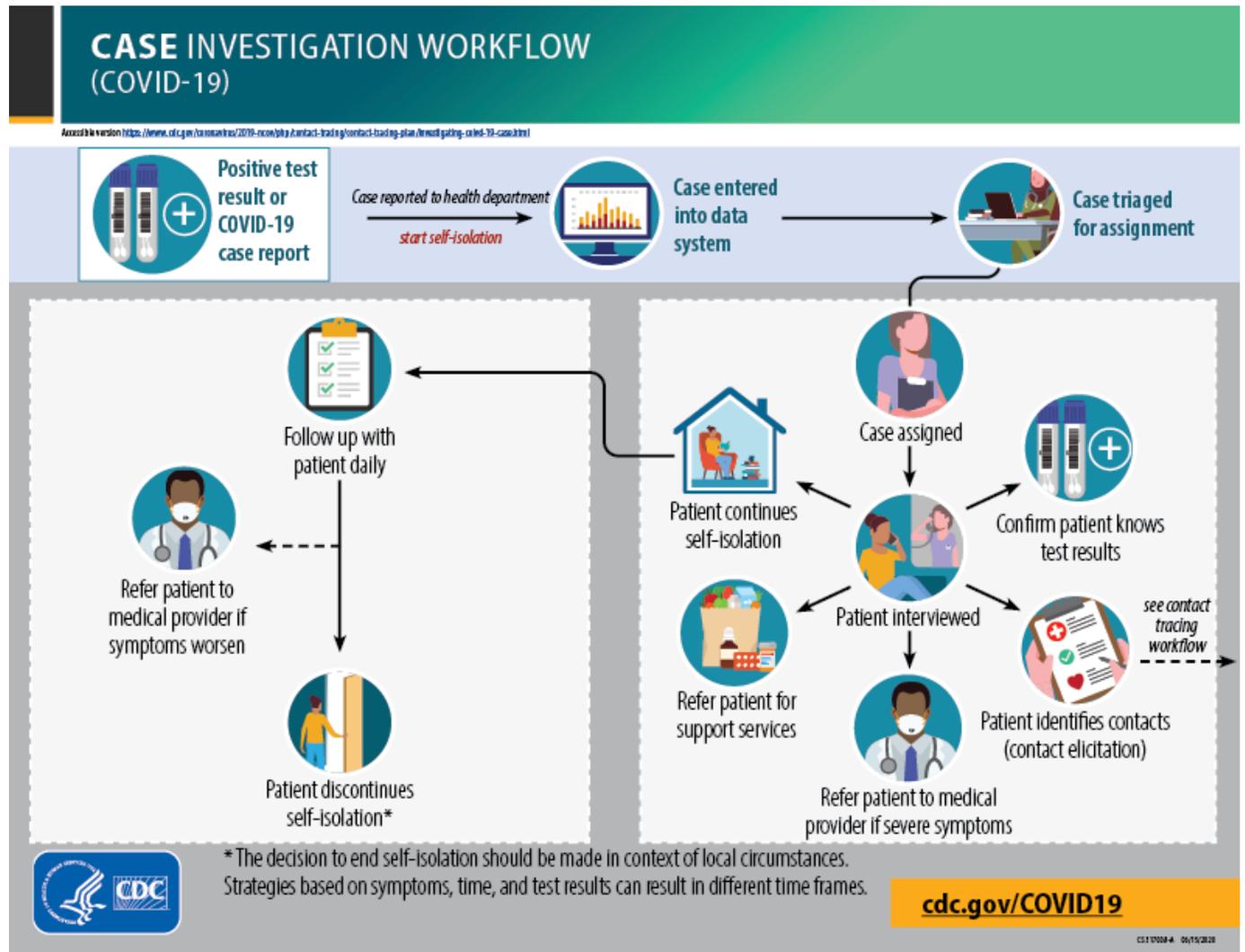
Governor's Office:

- Higher Education Reopening Guidance
www.governor.virginia.gov/media/governorviriniagov/governor-of-virginia/pdf/Higher-Education-Reopening-Guidance.pdf

VDH:

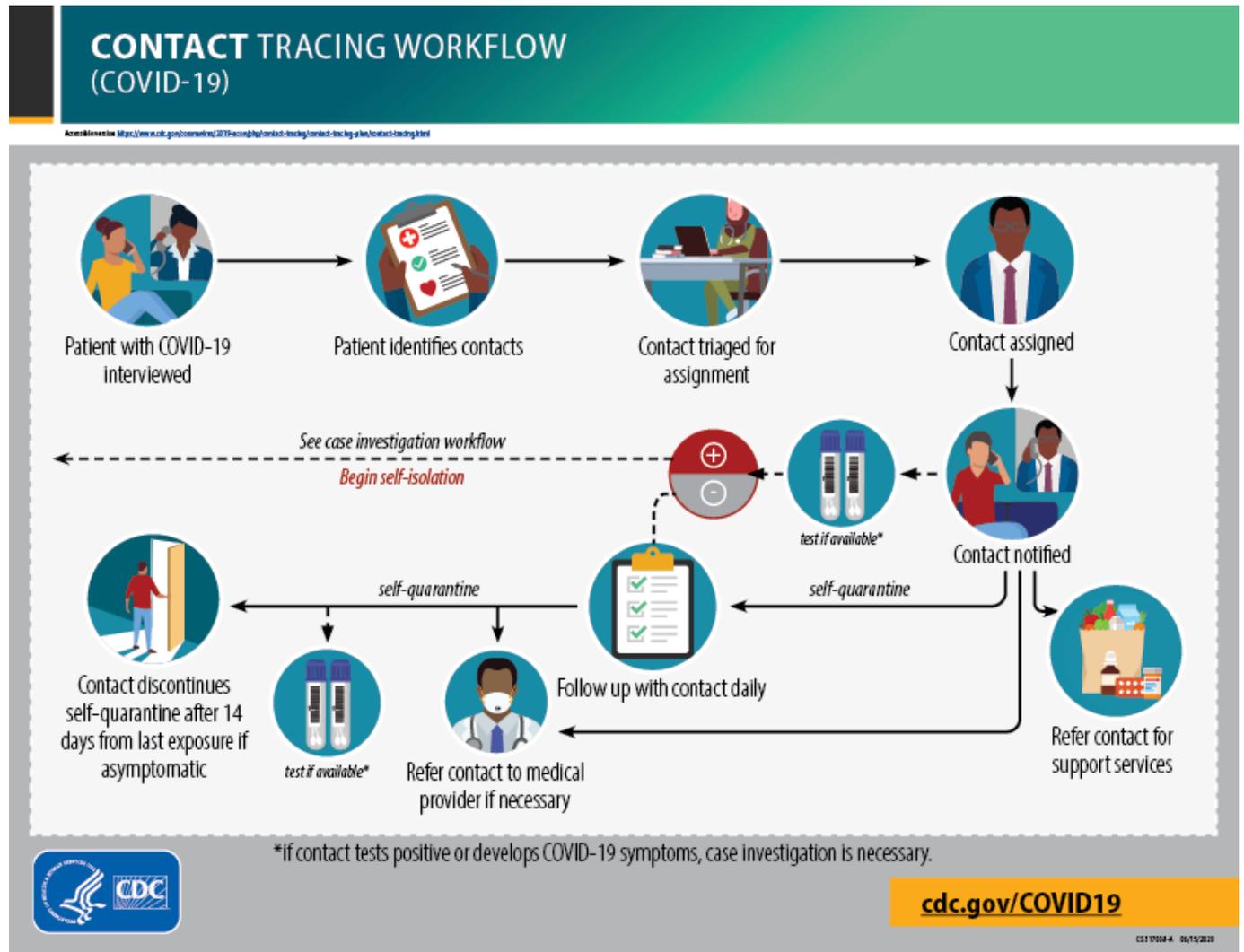
- Explanation of the process of contact tracing
www.vdh.virginia.gov/coronavirus/prevention-tips/contact-tracing/
- *Regulations for Disease Reporting and Control*
www.vdh.virginia.gov/content/uploads/sites/13/2018/11/Regulations_for_Disease_Reporting_and_Control.pdf
- Role of Public Health and College/Universities in Preparedness and Response Efforts
www.vdh.virginia.gov/content/uploads/sites/182/2020/06/COVID-and-Public-Health-CollegesUniversities.pdf
- VDH Interim Testing Recommendations for Colleges and Universities
www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH-COVID-19-Testing-for-Colleges-and-Universities.pdf
- Other resources for IHE:
www.vdh.virginia.gov/coronavirus/schools-workplaces-community-locations/institutes-of-higher-education/

Appendix 1. Case Investigation Work Flow



Source: CDC. www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing-resources.html

Appendix 2. Contact Tracing Work Flow



Source: CDC. www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing-resources.html