Case Investigation and Contact Tracing for Institutions of Higher Education (IHEs)
Updated May 27, 2021

Revision History
Summary of changes from the previous version (May 27, 2021)

- Added information about collaboration between VDH and the IHEs being critical to ensure effective contact tracing, including notifying close contacts of their potential exposure.
- Added information that the definition of close contact should not change, irrespective of physical distancing considerations used.
- Updated links to CDC’s Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education (IHEs)

Introduction
The Centers for Disease Control and Prevention (CDC) has developed and updated Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education (IHEs). In their most recent update on April 22, 2021, guidance for IHEs and K-12 schools were combined into the same document. The guidance contains detailed recommendations for IHEs to be planning and preparing to meet case investigation and contact tracing needs, including coordinating with the health department, as part of the COVID-19 pandemic response. The Virginia Department of Health (VDH) encourages IHEs to adopt this CDC guidance and agrees with CDC’s description of how case investigation and contact tracing is coordinated between IHEs and health departments in Virginia.

This VDH document supplements the CDC guidance and provides Virginia-specific requirements and procedures. It outlines the legal authorities related to disease reporting, case investigation, and contact tracing, including mandates for the protection of confidentiality, discusses the VDH role and resources for case investigation and contact tracing, and outlines the information needed from IHEs for these activities. IHEs and health departments should work together to define any additional detailed procedures that need to be implemented locally.

During the COVID-19 pandemic, VDH has collaborated with Virginia's IHEs to remain open and resume in-person instruction to the extent possible. VDH has developed a table of roles and responsibilities of public health and IHEs that lists multiple tasks associated with the COVID-19 preparedness and response efforts.

Legal Authority

Disease Reporting
Public health case investigations begin when VDH receives a report of illness from a physician, laboratory, or hospital. As per the *Code of Virginia*, all practicing physicians and laboratories (§32.1-36) and all directors of medical care facilities (§32.1-37) must report diseases required by the Board of Health, including COVID-19.

Cases of COVID-19 that occur in IHE students, faculty, or staff can be identified in the course of the LHD investigating a case reported by a physician, hospital, or laboratory under the Virginia laws and *Regulations for Disease Reporting and Control*. In addition to the responsibility to report individual cases, physicians, hospitals, and laboratories are also required to report outbreaks to the local health department. Outbreaks in IHEs might be reported to the health department by physicians who work in student health centers or those who notice an association with an IHE among multiple patients they diagnose as having the same disease.

As employers, IHEs also have a responsibility to report cases of COVID-19 among employees under the Virginia Department of Labor and Industry (DOLI) *Final Permanent Standard for Infectious Disease Prevention of the SARS-CoV-2 Virus That Causes COVID-19* (16 VAC 25-220-40.8 7.d & e). Employees include full-time and part-time faculty and staff, temporary employees, and employees in joint employment relationships. Any positive case must be reported to VDH and DOLI within 24 hours of its discovery and a cluster of three or more positive employees identified within a 14-day period must also be reported to VDH and DOLI within 24 hours of identification.

*Case Investigation and Contact Tracing*

VDH’s authority to conduct surveillance and investigation, including contact tracing, is provided by §32.1-39 of the *Code of Virginia*. This authority applies to cases and outbreaks of preventable diseases and extends to each local health department (LHD) in Virginia.

*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. Only the State Health Commissioner is authorized to release identifying information about any individual and that can be done only if pertinent to an investigation, research, or study. Anyone to whom such information is released must, in turn, preserve the anonymity of the information.

*IHE-based Testing*

Testing is part of a comprehensive strategy to contain potential outbreaks and is a key component of contact tracing and case investigation. IHEs might participate in expanded or widespread testing methods. IHEs should collaborate with LHDs to determine whether local conditions merit the need for additional testing strategies or development of a new testing strategy. More information and guidance on IHE testing can be found on the CDC *Interim Guidance for Testing in Institutions of Higher Education* webpage.
In some student health centers, IHE-based healthcare professionals may perform point-of-care (POC) COVID-19 antigen testing after receiving a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. If IHE-based testing is established, the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act requires that all COVID-19 diagnostic and screening test results (positive and negative results) be reported to the health department within 24 hours of test completion.

Expanded testing methods might include wastewater (sewage) surveillance. Wastewater surveillance is a cost-effective method to capture the level of spread in a given community, but it is not a replacement for standard diagnostic testing. It may be used as another tool that can help communities understand outbreaks. Multiple IHEs across the U.S., including some Virginia IHEs, have tested wastewater within on-campus sites and residence communities to detect cases as early as possible and take action to limit the spread of the virus. More information can be found on the [CDC Wastewater Surveillance webpage](https://wwwn.cdc.gov/vss/diseases/coronavirus/wastewater/).

**VDH Leadership and Resources**

VDH will lead case investigation and contact tracing activities in Virginia. This will maximize the consistency of approach, coordination of resources, and protection of confidentiality. Partnerships with individual communities and IHEs are vital to the success of these activities. 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](https://wwv.virginia.gov/vsbn/) to conduct contact tracing, and has tools and information systems in place to ensure it is done consistently by each health district across the state. VDH has a large team of contact tracers, who are trained and positioned to conduct these activities with the goal of limiting the spread of the disease.

Collaboration between VDH and the IHE is critical to ensure effective contact tracing, including notifying close contacts of their potential exposure. Typically, VDH notifies close contacts; in some cases, the IHE might notify close contacts if this has been agreed upon by the LHD. VDH does not recommend that IHEs procure or develop their own software or hire their own case investigators or contact tracers. If the IHE requests additional resources dedicated exclusively to the IHE, VDH is willing to hire, equip, and train dedicated case investigators and 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. The COVID-19 case investigation and contact tracing processes that will be led by VDH are explained on the [VDH Contact Tracing webpage](https://www.vdh.virginia.gov/contact-tracing/).

**Information Systems**

VDH receives reports of COVID-19 through various means. Clinicians are encouraged to use the [VDH Online Confidential Morbidity Report Portal](https://www.vdh.virginia.gov/morbid/) to report suspected or confirmed cases as soon as they are identified. Some disease reports are sent to the LHD on paper forms. Most laboratories can submit electronic reports that are automatically loaded into a VDH information system, while other reports are received on paper and manually entered into the system. VDH has also established the [COVID-19 Point-of-Care (POC) portal](https://www.vdh.virginia.gov/coronavirus/covid-19-point-of-care/) that allows healthcare professionals to submit results of rapid COVID-19 tests. VDH
and DOLI share an online reporting portal where reports of COVID-19 cases and clusters among employees are submitted in accordance with the DOLI permanent standard for COVID-19. These are the primary information systems that VDH manages for case investigation and contact tracing:

- Virginia Electronic Disease Surveillance System (VEDSS) - VEDSS is the system VDH uses to report, track, and manage laboratory data and case investigations of reportable diseases in Virginia.
- Virginia Outbreak Surveillance System (VOSS) - VOSS is the surveillance system used to report, track, and manage outbreak investigations of reportable diseases or other health conditions in Virginia.
- Sara Alert - A tool used for public health monitoring and reporting of individuals exposed to or infected with COVID-19.

Access to VDH electronic data systems (VEDSS, VOSS, and Sara Alert) is limited to trained and approved VDH users. The partnership between VDH and IHEs does not extend to include access by IHE 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.

Information Needed from Schools

IHEs play an important role in assisting public health officials in identifying faculty, staff, or students who have COVID-19 symptoms or who had recent close contact with someone with COVID-19. IHEs must be prepared to provide the following information to the LHD:

- IHEs should provide the LHD with contact information for the IHE’s designated COVID-19 liaison and a backup for the health department to contact regarding case investigation and contact tracing.
- Physicians, hospitals, and laboratories associated with an IHE must report cases and outbreaks to the LHD as required by the Code of Virginia and Regulations for Disease Reporting and Control. Others at the IHE are encouraged to report outbreaks voluntarily.
- IHEs must report COVID-19 cases in staff to VDH and clusters of three or more cases among staff to both VDH and DOLI as required by the DOLI permanent standard for COVID-19.
- IHEs that receive a CLIA waiver and conduct point-of-care testing for COVID-19 must report all test results to VDH in accordance with the requirements of the CARES Act funding and procedures established by VDH.
  - VDH has developed a reporting portal for point-of-care (POC) COVID-19 test results. This portal will assist testing sites in meeting the requirement of the CARES Act to report
every diagnostic and screening test performed to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 within 24 hours of completing the test. Sites conducting POC testing will need to first register to utilize the reporting portal. During this one-time registration, facilities will provide site information and select the types of testing equipment utilized.

- Sites that have been reporting positive POC results through the VDH Online Confidential Morbidity Report Portal will not need to do so any longer once they begin reporting through the POC Reporting Portal. For other reports not involving POC testing, healthcare providers should continue to report patients with suspected or confirmed COVID-19 through the VDH Online Confidential Morbidity Report Portal.

- IHEs will be expected to assist LHDs by providing information to identify close contacts of a student or staff member who is suspected or confirmed to have COVID-19. This could include class rosters and other forms of information that would identify individuals who shared a space with someone with COVID-19 in classrooms, extracurricular activities, campus-based events, dormitories/residence halls, and meals. Identifying and locating information (address, phone number, parent/guardian names) are needed to facilitate health department follow up of contacts. IHEs should work with their LHD to identify what means of information sharing will be used. Information sharing will be conducted in accordance with VDH information security protocols, e.g., use of encryption if information is sent electronically.

  - VDH defines a close contact as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period or had direct exposure to respiratory secretions, starting from 2 days before illness onset (or, for asymptomatic patients, 2 days before test specimen collection) until the time the patient is isolated. Whether the person with COVID-19 or the contact was wearing a mask is not considered in identifying close contacts.

  - Regardless of the physical distancing considerations for the IHE, the definition of close contact is not expected to change. That is, a distance of 6 feet is still used when determining if a person is a close contact.

Confidentiality Protection

VDH staff conducting case investigations and contact tracing understand and take seriously their legal requirement to preserve the confidentiality of the information collected during case investigations and contact tracing. They 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. VDH policy also ensures they will gain consent from a parent/guardian to interview and gather information from minors (a person younger than 18 years old).

VDH staff will assess each situation in which a reported case of COVID-19 might pose a threat to the health of others. If information about an illness or exposure needs to be shared with others in order to
implement disease control measures, VDH staff will adhere to the following successive steps to protect confidentiality:

- No disclosure of confidential information – 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 (or parent/guardian) 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 (or parent/guardian) – if the infected or exposed person (or parent/guardian) 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 (or parent/guardian) 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 that person or his parent/guardian 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 unless there is documented evidence of approval in the case interview record by the case-patient or by the parent/guardian for minors.

Interviews involving faculty, staff, and off-campus students should be accomplished without any risk to confidentiality. They will be asked to inform their IHE or COVID-19 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 when VDH believes the information is necessary for disease control will be asked to allow VDH to share the information with the facility.

For on-campus students, VDH will initiate the interviews and make recommendations, keeping in mind the preferences of the IHE regarding housing for quarantine/isolation, testing, care, and other essential needs. For off-campus student housing and community-based housing providers, VDH will collaborate with the IHE as necessary when a case is identified to facilitate timely and accurate collection of information.

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 of a minor 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 or his parent/guardian is not willing to share the information needed or to give VDH staff approval to share it, 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.

Additional Resources

To stay up-to-date with COVID-19 cases and outbreaks in different regions and IHEs, information received is translated into data and displayed in several data dashboards including the daily, key measures, and pandemic metrics.

VDH also has a free COVID-19 exposure notification app called COVIDWISE. This app is 100% voluntary. No GPS, location information, or personal identifiers will ever be collected or stored. VDH recommends IHE employees, parents/guardians, and students download COVIDWISE for their mobile devices to help protect the community while also protecting privacy.

VDH has developed multiple guidance documents or resources for IHE students and staff. These include guidance for students on college campuses, guidance for outdoor time for those in quarantine or isolation at IHEs, and guidance for college students returning home from campus. More information is also available for ending isolation in non-healthcare settings.