

Contact Tracing as a Partnership Involving VDH, the Child and Parents/Guardians, and Schools/Child Care Programs

as of July 21, 2020

Updates since June 26, 2020

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

This guidance applies to public and private schools and child care programs. Child care programs include but are not limited to family day homes, pre-K programs, and Head Start programs. Licensed facilities should also refer to any specific guidance from their licensing agency.

Overview of the Contact Tracing Process and VDH's 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. 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 (or parent/guardian for children) 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 (or parent/guardian) 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 schools and child care facilities, are vital for the program to be successful in minimizing the spread of COVID-19.

Partnership

Governor Northam has issued [Phase Guidance for Schools](#) that contains school reopening recommendations that are to be implemented in accordance with the Forward Virginia Blueprint, CDC guidance, and in partnership with local and state public health officials. Contact tracing will be a part of that school-public health partnership. Similarly, Governor Northam has issued guidance at each phase for [child care programs](#). The same principles for contact tracing for school students are anticipated to also apply to children in child care programs, whether in a center, preschool or family day home setting. Thus, this document is intended to outline the coordination that will be needed for VDH to successfully conduct contact tracing involving children who have COVID-19 or are contacts of someone with the disease for children who are in school (K-12) or in a child care program.

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](#). Reports may also be received from other sources, such as state licensing programs or facilities.
 - 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).
 - A person reported to have a condition that must be reported to the health department is referred to as a case-patient.
- Make every attempt to locate and interview the case-patient as quickly as possible. Information will be gathered about the person and the illness, using a standardized protocol. Regulations require that disease reports contain the name, address, and date of birth of the person with the illness, but not all disease reports meet this requirement. Therefore, the health department case investigator may or may not be aware that the case-patient is a child. When the available information makes it clear that the case-patient is a minor, when calling to initiate a case investigation, the VDH investigator will ask to speak to the parent or guardian of the child. If the age is unknown, the investigator may initially ask to speak to the child. Once the parent or guardian informs the investigator that the case-patient is a minor, the interview will commence with the parent/guardian. The health department requests parental assistance with gathering information from the child as necessary. Parents/guardians may also grant the case investigator the right to interview an older child directly. VDH staff may request permission to talk with teenagers directly if the parent/guardian is not aware of all potential contacts the teen might have had outside the home. If the person reported to have the illness is 18 years of age or older, the case investigator will collect the information directly from the case-patient.

Identify anyone who the case-patient had close contact with in the course of the interviews with the ill person or parent/guardian and elicit known 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, using the approach described above for interviewing parents/guardians on behalf of children.
- Monitor cases and close contacts daily to assess their health status, compliance with disease control recommendations, and resource needs. The case investigator will arrange with parents/guardians to accomplish this in the manner preferred by the parent/guardian for monitoring the health and compliance of children, but may request to speak directly with teenagers if the parent/guardian is not aware of all contacts the teen has made outside the home and will speak directly with any student age 18 years or older.
- 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, as outlined later in this document.

Contacts could be persons in the home, community, or group setting. The child or parent/guardian should be able to identify individuals who were within 6 feet of the child for 15 minutes or more or whom the child sneezed on, coughed on or kissed, especially when COVID-19 restrictions are in place. When education is being provided by virtual means, it should be possible to conduct the contact tracing efforts within the community of the child without involvement of school personnel being necessary. However, when schools and child care facilities are functioning with in-person sessions and the following criteria are met, coordination with school and child care personnel will be required as a part of contact tracing activities.

- A person reported to have COVID-19 or to have been exposed to someone with the disease is associated with the school or child care facility, and
- Others at the school or child care facility are at risk for exposure and disease, and
- Contact tracing activities cannot be completed outside the school or child care environment, and
- Public health actions are necessary to protect others within that setting.

In situations in which these criteria are met, VDH staff might need information about different areas within the school or child care setting and who was in the area at a given time or locating information for identified children or staff associated with the facility. Staff of the school or child care facility will play an important role in supporting health department efforts to obtain this information. Similar collaboration occurs routinely for case and contact investigations of other communicable diseases and would be expected to continue seamlessly for COVID-19 investigations.

Before the need for contact tracing coordination arises, health departments and schools/child care programs should make sure they have up-to-date contact information for the persons to whom questions and comments about COVID-19 and children or personnel associated with the school or child care facility should be directed.

Additional Considerations for Boarding Schools

For educational facilities that house students away from the family environment, to accomplish the level of coordination necessary to achieve success, VDH and the school representatives should meet and determine preferences related to the following:

- Point(s) of contact for issues related to case investigation and contact tracing
- Assistance that can be provided by the school when VDH has difficulty locating or getting cooperation from a member of the school community
- Housing options the school will make available for case isolation and contact quarantine where ill or exposed students or staff can be housed while awaiting transportation home or for those who cannot be sent home, such as international students.
- Laboratory testing preferences and expectations
 - 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 in a congregate setting might be recommended by the local health department.
 - Testing could be conducted through the school's health center or at an off-site location.
 - Schools 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 school from a laboratory that does not report by ELR, VDH requests that the school 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 school
 - 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

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 (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 the parent or guardian encourages VDH staff to use the child’s name in those conversations and the VDH staff member has documented that in the case interview record.

Interviews involving teachers and staff should be accomplished without any risk to confidentiality. Those individuals are expected to be able to achieve isolation and/or quarantine in their places of residence. They will be asked to inform their school or child care contact (e.g., supervisor) of their need to remain at home for the period of time required by the health department if attendance on site at the school or

child care facility would be expected during that time. 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. 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 school or child care community, as appropriate, may help gain the necessary approvals.

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.

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 schools/child care does not extend to include access by school/child care 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 schools and child care programs, and VDH must protect the confidentiality of the records contained in them.

Conclusion

VDH and schools/child care programs are committed to coordinating all activities necessary to ensure the health of those in Virginia's affected communities. Schools and child care programs have many tasks that need to be put in place to ensure safe reopening and daily operations, 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, and ongoing collaboration, are needed to ensure the best coordination of services to prevent and control the spread of COVID-19 in these settings.

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 Schools www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

CDC Guidance for Child Care Programs that Remain Open

www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html

Department of Social Services:

Child Care Phase II Reopening Guidance: www.dss.virginia.gov/cc/covid-19-docs/child_care_letter_phase_two_with_guidelines.pdf

Governor's Office:

Phase Guidance for Schools: www.governor.virginia.gov/media/governorvirginiagov/governor-of-virginia/pdf/Final-Phase-Guidance-for-Virginia-Schools-6.9.20.pdf

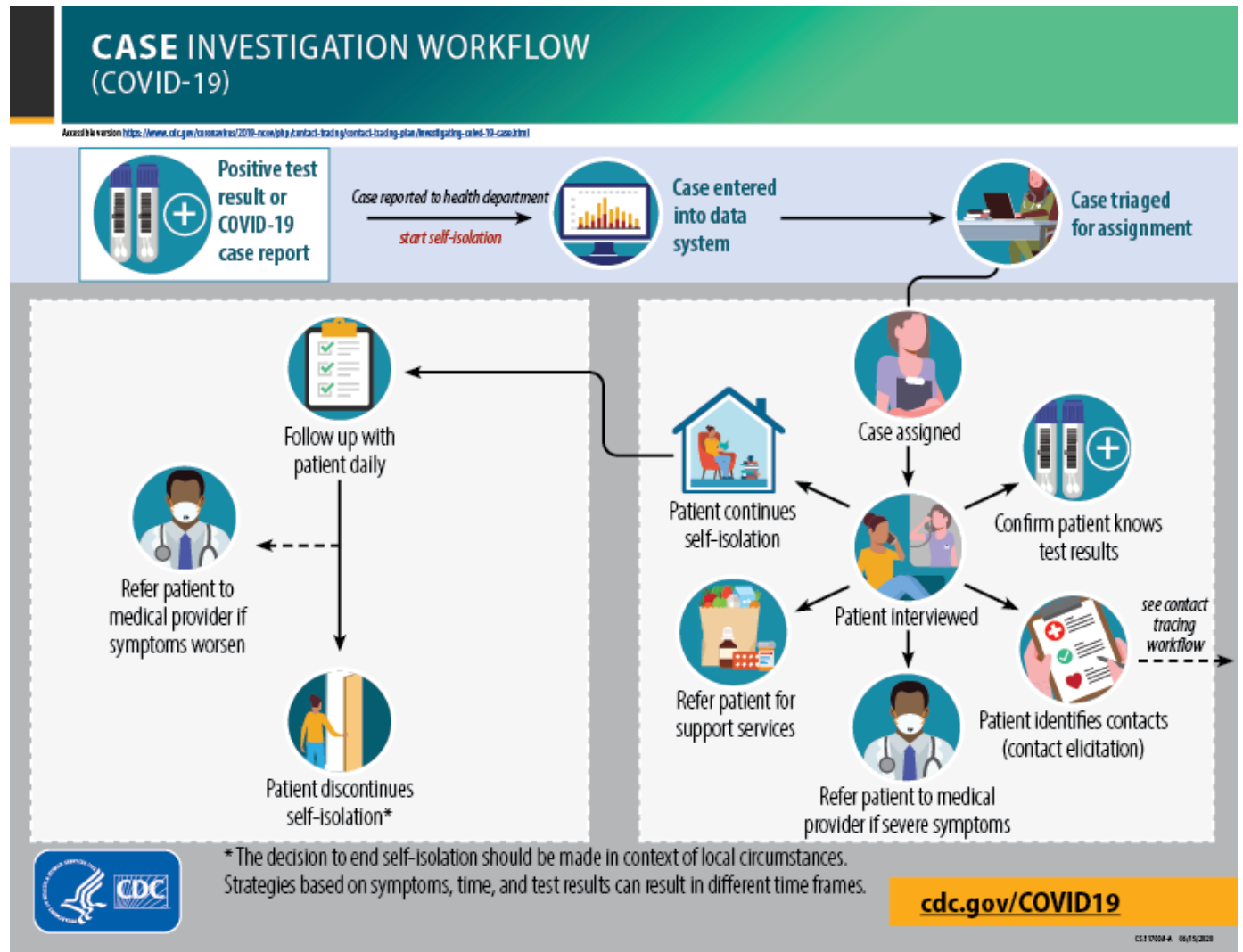
VDH:

Explanation of the process of contact tracing: www.vdh.virginia.gov/coronavirus/prevention-tips/contact-tracing/

Website for child care and camps: www.vdh.virginia.gov/coronavirus/schools-workplaces-community-locations/child-care/

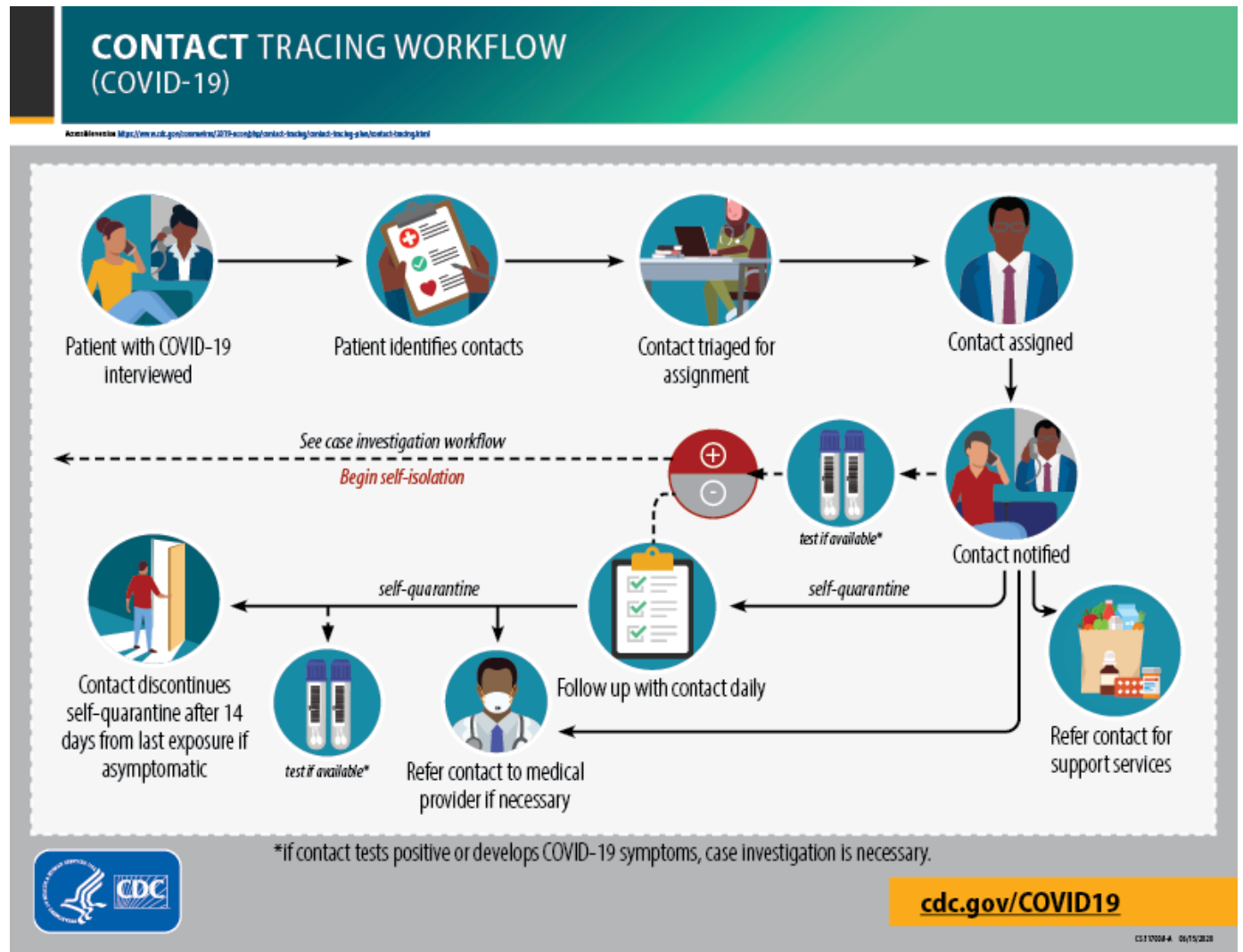
Website for schools: www.vdh.virginia.gov/coronavirus/schools-workplaces-community-locations/k-12-education/

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