



COVID-19 Case Investigation and Contact Tracing: Proposed Model for the Long-Term

5/5/2020

- Plan and implement a solution that includes IT, Training, Staffing, and Outreach to meet case investigation and contact tracing goals for the long-term
 - Goal launch June 1
 - Operate 6-12 months

Investigation & Contact Tracing

- Goal: quick identification and effective isolation to stop the spread
- We are losing precious time between when someone presents with symptoms to when we start the investigation and tracing work
- People, technology and protocols can be used to shorten the process and isolate those at risk of spreading COVID-19 more quickly



New Approach: Highest Risk for Spread

- For those at highest risk for spreading COVID-19
 - Assume they are positive
 - Start the investigation, education and tracing work the day of test
 - No longer wait for confirmed positive test result
- High risk based on
 - Occupation (ex: health care, long-term care, childcare, workplaces where it is hard to social distance)
 - Living in a congregate setting (ex: group homes, corrections, shelters, multiple families in one home)
 - Living or working in a known hot spot

Impacts of starting before confirmed positive test

- Greatest potential to slow transmission
 - More likely to stay at home
 - More likely to remember contacts
- We will contact people who later turn out negative
 - Creates extra work
 - Causes undue alarm for contacts

New Approach: Lower Risk of Spread

- For those who are at lower risk for spreading COVID-19
 - Instructions to isolate until called provided at testing site
 - Investigation and tracing work begins the day positive test result received by MDH
- Additional work needed to decrease the time from test to result

Daily Volume Estimates

Calls/day	Lab Confirmed	Point of Testing
	High = 10% Positive Cases Low = 1% Positive Cases	High = 25% High Risk Low = 10% High Risk *Assume 7% Low Risk Positive Case
High Estimate	22,00	66,550
Low Estimate	2,200	35,860

Assumptions

- 20,000 tests/day
- No shelter in place; 10 contacts per case

- Stand up a Contact Investigation and Tracing Coordinating Center
 - MDH will oversee
 - Contract with an entity to recruit, train, onboard and supervise team of investigators/tracers
 - Contract with an entity to provide IT solution
 - Contract with an entity(s) to increase awareness of case/contact investigations and ensure people “answer the call”

Contact Investigation and Tracing Coordinating Center

- Centered on individuals
- Purpose: quickly identify and isolate
- Connection to local essential and wrap-around support services
- Notify state/local/tribal public health when organizational intervention is needed
- Generate data and information state/local/tribal public health need to identify and act on hot spots
- Well-known and trusted entity – people are willing to “answer the call”

Structure CICTCC Center

- Conduct all case investigations, contact tracing and monitoring of individuals regardless of setting
 - High risk team will handle more complicated cases
 - Teams stood up and assigned as needed for testing events
- Centralized coordinating center with regional hubs to better reflect and connect with community
- Good connections with local and tribal public health to ensure individuals get essential and wrap-around services as needed

Out of CICTCC Scope (Roles of State, Local and Tribal Public Health)

- Use data and predictive analytics to identify hot spots before they are hot
- Work with community leaders, businesses and others to stop outbreaks
- Provide infection prevention and control evaluation, guidance and technical assistance for organizations
- Produce guidance for the public

- Work with stakeholders to determine their part in the new model and refine as necessary
 - MDH, LPH, Tribes, TCC, FQHCs
- Outline staffing requirements and pursue contract
- Select IT solution(s)
- Document process flow
- Outline “answer the phone” requirements