

## Local Government COVID-19 Contact Tracing Guidance

Contact tracing is key to slowing the spread of COVID-19 and helps keep communities safe. Counties are strongly encouraged to utilize CARES Act funding to support contact tracing efforts in their communities. Contact tracing involves identifying people who have an infectious disease (cases) and people who they came in contact with (contacts) to prevent further transmission of disease. Pre-symptomatic and asymptomatic spread of COVID-19 makes contact tracing more difficult **and** necessary. For these reasons, local governments are strongly encouraged to utilize CARES Act funding to support contact tracing efforts by their local public health authorities.

### What is COVID-19 contact tracing?

Contact tracing for COVID-19 typically involves:

- Interviewing people who have been diagnosed with COVID-19—both symptomatic and asymptomatic individuals. (case investigation)
- Notifying contacts of their potential exposure. (contact tracing)
- Directing exposed and/or sick individuals to self-isolate and/or be tested for an active COVID-19 infection
- Monitoring diagnosed individuals and contacts for signs and symptoms of COVID-19; and
- Connecting diagnosed individuals and contacts with services they might need during the self-quarantine period.

Case investigation and contact tracing are fundamental activities that require interacting with individuals diagnosed with COVID-19 to identify close contacts, initiate quarantine/isolation, facilitate testing, and monitor for symptoms all with the goal of stopping future spread of COVID-19. Case investigation and contact tracing are most effective when part of a multi-faceted outbreak response which also includes testing and mitigation efforts such as PPE, social distancing, masks, and hand hygiene.

Successful contact tracing for COVID-19 will be dependent on a robust and well-trained workforce. To be most effective, COVID-19 contact tracing can be broken down into two explicit job tasks:

- **Case investigation**—interviewing individuals diagnosed with COVID-19, eliciting their close contacts, monitoring the individuals diagnosed with COVID-19 for symptoms, and connecting those individuals with needed resources to support self-isolation.
- **Contact tracing**—notifying close contacts of their potential exposure, referring/facilitating testing for the close contacts, monitoring the close contacts for symptoms, and connecting contacts to resources to support self-quarantine

### What resources are needed to successfully implement contact tracing?

COVID-19 Contact Tracing is time-consuming work that must be done quickly to have the biggest impact on viral transmission. Ideally, every newly-diagnosed individual would have a case investigation interview within 24 hours of diagnosis. Each individual diagnosed with COVID-19 will, on average, have 5-12 close contacts identified. Some may have significantly higher numbers of close contacts depending on living situations (congregate care settings) and work environments. The average case investigation interview can last one to two hours. In addition, contact tracing notifications on average will take an additional thirty minutes to one hour. Using these estimates, on average, one positive individual in a county will require 3.5-14 hours of follow up investigations via contact tracing. Therefore it is imperative

that local public health authorities have robust resources and staffing to ensure that COVID-19 does not spread in your community.

Estimates of the number of baseline employees needed to successfully implement COVID-19 contact tracing range from 15 to 30 contact tracers per 100,000 population. However the actual number of contact tracers required will vary significantly based on the local case rate and growth, level of community transmission, and level of trained staffed.

Communities should plan for additional contact tracing capacity to contain potential localized outbreaks. The Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO) and George Washington University have developed a [Contact Tracing Workforce Estimator](#), which takes local disease variables into account, and allows for more detailed personnel planning. Counties and LPHAs are encouraged to consult this tool to determine the number of surge tracers required at a given point in time.

**How can counties support contact tracing efforts?**

In accordance with the guidance and memorandum of understanding (MOU) drafted by the State Treasurer, upon execution, counties are protected from any clawback by the state of CARES Act money that is distributed to LPHAs if the county transfers the lesser of 15% of county’s total distribution from the State or the actual request of funds by the LPHA. Counties can be creative in their approach to contact tracing, using any of the options outlined below or a combination of them. The most important step is to allocate funding and support for contact tracing in your local community.

Listed below are a number of ways counties can support COVID-19 Contact Tracing efforts:

- Utilize CARES Act funding to support the salaries of local public health agency (LPHA) staff to conduct contact tracing efforts.
  - Additional LPHA staff can be redirected to contact tracing activities to assist during the pandemic. When re-directed, these staff salaries can be covered by CARES Act funding.
  - Additional staff from other places within county or municipal government can be cross-trained and temporarily re-directed to conduct contact tracing efforts. When being cross-trained and when re-directed, these staff salaries can be covered by CARES Act funding

Role	Description	Existing LPHA Staff to be re-directed	Existing County Staff to be re-directed
COVID-19 triage and support	Process lab reports and provider reports; assist with “people-searches”; manage paper work; data entry	Data clerks; vital records staff; support staff; disease intervention specialists; etc.	Administrative support staff; data entry staff; customer service staff; records clerks; elections clerks etc.
Case Investigator	Interviews diagnosed individuals; identifies close contacts; assesses needs and monitors compliance	Disease intervention specialists; epidemiologists; public health nurses; public health investigators, social workers; etc.	Health educators, social workers; community outreach workers; investigators; individuals with medical, social work, or public health backgrounds; etc.

Contact Tracer	Notifies contacts of exposure; gathers demographic data; assesses needs; makes recommendations for quarantine; conducts monitoring for symptoms and compliance	Disease intervention specialists; epidemiologists; environmental staff; public health investigators; maternal/child health specialists; nurses; vital records staff; etc.	Teachers, librarians, call center employees; public works employees; courthouse staff; customer-service staff; parks and recreation staff; emergency management staff; emergency medical services staff; individuals with social work, medical, or public health backgrounds
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- Utilize CARES Act funding to hire additional staff for LPHAs to conduct contact tracing activities. These positions can be supported 100% by CARES Act funding.
  - These staff can be time-limited appointments to coincide with CARES Act funding time constraints.
  - Utilize outside staffing firms to contract for contact tracing efforts. Contracted temporary staff can be utilized to scale up and scale down quickly if your community experiences a localized outbreak or increased transmission rates. Contracted entities will need to work in conjunction with the LPHA to insure smooth communication and successful contact tracing occurs. This expense can be fully supported by CARES Act funding.

**What is the Department of Health and Senior Services (DHSS) doing to support the statewide contact tracing effort?**

DHSS continues to support local jurisdictions through additional funding, and support systems. These include:

**Funding:**

The State allocated \$500+ million in CARES Act funding to counties to support COVID-19 response activities, including testing and contact tracing.

- The State Treasurer has drafted a MOU that can be executed if a county agrees to share 15% of their CARES Act funding to support public health activities in fighting COVID-19, including contact tracing.
- DHSS has provided each LPHA access to additional funding to support contact tracing activities. LPHAs can be reimbursed by DHSS for up to \$71,000.

**Technology:**

DHSS will invest approximately \$10 million to modernize the public health infrastructure of the State of Missouri two, seamlessly integrated platforms: **EpiTrax** and the **Missouri Advanced Contact Tracing System (MO ACTS)**. It is important to understand that these two system work together to support COVID-19 disease investigation and contact tracing, and are intended to be used in-concert.

Together, this disease monitoring, case management, and contact tracing system will assist LPHAs and DHSS in responding with speed and agility to the evolving COVID-19 pandemic, and will ensure that Missouri is better prepared for any future public health emergency.

- EpiTrax replaces the existing, outdated WebSurv system
- EpiTrax ensure LPHAs have new, immediate access to important health records to support case investigation
- MO ACTS will be the standard platform for contact tracing for the State of Missouri
- DHSS will fund **free** licenses to the platform for contact tracers at LPHAs
- License allocations to MO ACTS will be based on population; each LPHA will be provided 30 licenses per 100,000 population
- LPHAs will be provided a number of different training options to meet the needs of different users, including live trainings
- If an LPHA does not utilize its MO ACTS licenses within 45 days of receipt, DHSS may rescind access and re-distribute those licenses based on need
- MO ACTS will allow DHSS to provide limited surge support to LPHAs when localized outbreaks occur

#### **Surge Support:**

DHSS will provide limited surge support to reinforce LPHAs' box-it-in efforts to control localized of outbreaks. DHSS contact tracers and case investigators will work with LPHAs through the EpiTrax / MO ACTS system.

#### **Specialized Services:**

DHSS will provide specialized services, such as language translation support when localized outbreaks include communities where English is not the first language

#### **Training:**

DHSS will provide free training for all contact tracers – state and local – to foster a common approach and accelerate collaboration:

- Introductory course by Johns Hopkins University available through Coursera
- Skills-building course by the Centers for Disease Control (CDC) Training Intervention Center
- Specialized training for jurisdictions with unique needs on an as-required basis from DHSS

***All DHSS resources will be distributed based on public health priorities. DHSS surge support should not be considered a first line of defense, and LPHAs should create their own plans to ensure appropriate staffing for contact tracing in a variety of COVID-19 transmission scenarios.***