COVID-19 Positive Case Protocols and SAFER Contact Tracing

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We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally-recognized tribes, with Tucson being home to the O’odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.
Webinar Notes

• Please submit your questions in the Q&A tab at the bottom of your screen.

• The Chat function allows you to send chat messages to your colleagues in the meeting.

• The webinar Recording, the Q&A feed, the Chat feed, and any presentation materials will be available after the webinar at https://provost.arizona.edu/content/campus-webinars.
Five Steps of COVID-19 Positive Case Notification

1. Remind the student to monitor their symptoms and reach out to Campus Health if they have any concerns. Direct the student to follow the [CDC guidance](#) for isolation.

2. Remind the student of their obligation to complete the [SAFER notification form](#).

3. Remind the student of their obligation to [upload their positive test result](#) to the secure, HIPAA compliant Campus Health system, if their positive test was taken off campus.

4. If you are an instructor teaching an in-person course where a student(s) have voluntarily reported to you that they have tested positive, please complete the [Instructor Reporting Form](#) (IRF).

5. If you are supervising TAs or teaching personnel, refer to the [COVID-19 Workplace Positive Case Protocol](#).
COVID-19 Positive Case Notification

• Please do not share any personal student health information with your class, which includes making an announcement about your knowledge of any positive cases, even in general terms, to your other students.
• Please keep meeting in your scheduled class modality.
• Our SAFER contact tracing team will conduct case investigations and alert us swiftly if they detect evidence of classroom transmission.
• If warranted, we will reach out to you and your department to discuss temporary adjustments to your class modality.
UA SAFER’s COVID Response:

the where’s, why’s and how’s of

Case Investigations & Contact Tracing

Kristen Pogreba Brown, PhD. MPH

Mel and Enid Zuckerman College of Public Health
Department of Epidemiology and Biostatistics
Building the plane while you’re flying it… and simultaneously writing the training manual!

https://www.youtube.com/watch?v=L2zqTYgcpgf
Spring 2020
(you know 10 years ago…)

• SAFER becomes extremely relevant
• Pima County Health Department partnership
  – Students started to help conduct case investigations
  – At the time there was no contact tracing happening outside of household contacts
    • Why? Mostly resources – it takes A LOT of people to conduct CTing
    • Also, test delays – there is little reason to ask someone who they exposed 3 weeks prior when the incubation period is only 14 days max
  – Transitioning to new leadership (Dr. Bob was amazing and Dr. Cullen is phenomenal)
• SAFER developed a virtual call center
  – UA IT was extremely helpful
  – Allowed us to expand and respond
Developing contact tracing for UA

• There were probably 5 major iterations of this plan, each with it’s own nuances and details (online platforms, surveillance forms, what systems could talk with another system, who was in charge when, etc)
• These are all Pima County cases, so we had to work out a plan to work UNDER the County
• How to get results from students, staff, faculty?
• Simultaneously…
  – Testing being ramped up ‘in-house’ but not up yet
  – Other surveillance systems being build (CoVID Watch, Wildcat Wellcheck) that we needed to align with
  – We were asked to help other County HDs who were understaffed
  – I went from 7 staff/students to over 150 – operations was…challenging
# Case Investigation vs Contact Tracing

<table>
<thead>
<tr>
<th></th>
<th>Case Investigations</th>
<th>*Contact Tracing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public health surveillance of:</td>
<td>confirmed cases of an infectious disease</td>
<td>exposed persons</td>
</tr>
<tr>
<td>Includes information on:</td>
<td>symptoms, onset, severity, exposures, and how to isolate</td>
<td>history of exposure, symptom monitoring x14 days, and how to quarantine</td>
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</tbody>
</table>

*Contact tracing can be forward (needed to reduce transmission) or backward (to identify super spreader events)*
Why is Contact Tracing Important?

Contact tracing helps us get ahead of an outbreak (hopefully). It helps us track exposures and notify individuals so they can quarantine BEFORE potentially exposing someone else.
Important Factors for Impactful Contact Tracing

- Testing capacity and timing
- Laboratory reporting
- Public health workforce
- Willingness of cases to share their contacts

How does it all start...

Student/Faculty/Staff become symptomatic/exposed

Off-Campus Testing

CAMPUS HEALTH or Test All Test Smart

Test (+)

Student should report their positive case to Campus Health

Student/Faculty/Staff is sent results over online portal. Link for RedCap included in email

UA Specific RedCap Survey
Case Reporting Form
Instructor Reporting Form
Supervisor Reporting Form

SAFER Contact Tracing Team initiates CI/CTing

Student contacts instructor to let them know they have tested positive
Communication to someone who tests positive

1. Read a note explaining HIPAA and FERPA. Your responses are confidential and protected.

2. Answer questions about symptoms, testing, results, and campus affiliations.

3. Enroll in 14-day symptom monitoring by selecting your preference of text or email for daily check-ins.
Contacts

• One of the most important questions we ask is about close contacts.

• Challenges
  – Students don’t want to ‘out’ their friends
  – Students don’t actually know the names and contact information on some of the people they hang out with

How does UA CT work?

SAFER ANONYMOUSLY notifies contacts of their potential exposure to a case so they can quarantine quickly and safely.

Here’s how it works:

1. Case reported from TATS, CH, or self report
2. SAFER follows up with case in 24-48 hours
3. Contact notified of anonymous exposure window
4. Contact enrolled in 14-day symptom monitoring
What if my student doesn’t report?

- We will still find them....
- Under PCHD, we have access to ALL case data, regardless of where the person gets tested.
- The case is still reported through MEDSIS, SAFER/PCHD is assigned this case to conduct CI/CT, it may just be delayed

https://radhikamukherji.wordpress.com/2018/07/02/an-enigma-that-is-sherlock-holmes/
Why fill out the IRF?

- Students may be more likely to report they are a case to an instructor if they test off-campus.
- We can track potential outbreaks more quickly and accurately if we can initiate CI/CT as soon as possible.
- SAFER has a team of trained epidemiologists who can answer specific questions you may have.
Data Systems

● Case Investigations
  ○ UA Testing Program
  ○ Trellis – tracking call attempts and case management
  ○ Qualtrics – multiple iterations, access ADHS version
  ○ MEDSIS – statewide reporting system; students still needed access to update data that wasn’t uploaded

● Contact Tracing
  ○ REDCap – we had to build a system from scratch for campus – reporting delays necessitated this

● Monitoring courses for ‘outbreaks’ using the registrar system
● CoVID Watch
Training Students

Onboarding

Documents
- Volunteer agreement
- Privacy and confidentiality agreement

Online trainings
- HIPAA
- Interviewing
- Contact tracing
- Zoom orientation

Resources
- Internal protocol related to your own system
- Interview forms for review and practice
- How-to videos
- Frequently asked questions

Trained
Scaling up and not Freaking out!

- We have a LARGE student team online
  - Managers, Grad Students, Undergrad Students
  - Zoom Health & Amazon Connect
  - Dedicated Volunteer Manager
    - Orientation sessions, ‘Office Hours’, Training videos, Protocol Manuals on Google
  - Work with course instructors to recruit ‘volunteers’
  - Dedicated bilingual team
Where are we at now

● Over 1,400 UA case investigations
  ○ We have had ~4,400 cases on campus
● 9k+ statewide case investigations completed
  ○ Assigned >28,000 cases
● >1,000 contacts identified
● At one time we had over 85 simultaneous OUTBREAKS associated with campus (some small, some not so small)
● A LOT of lessons learned from last year – we’re still learning, but we are in a far better place to respond this academic year.
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Epidemiology Faculty
UA IT
UA Senior Leadership
ALL OUR VOLUNTEERS!!!
Questions?