

# ***REPORTABLE DISEASE CASE AND CLOSE CONTACT INVESTIGATIONS IN THE FACE OF A PANDEMIC***

MPH APPLIED PRACTICE EXPERIENCE & INTEGRATED LEARNING EXPERIENCE  
EMPHASIS: INFECTIOUS DISEASES AND ZOOONOSIS

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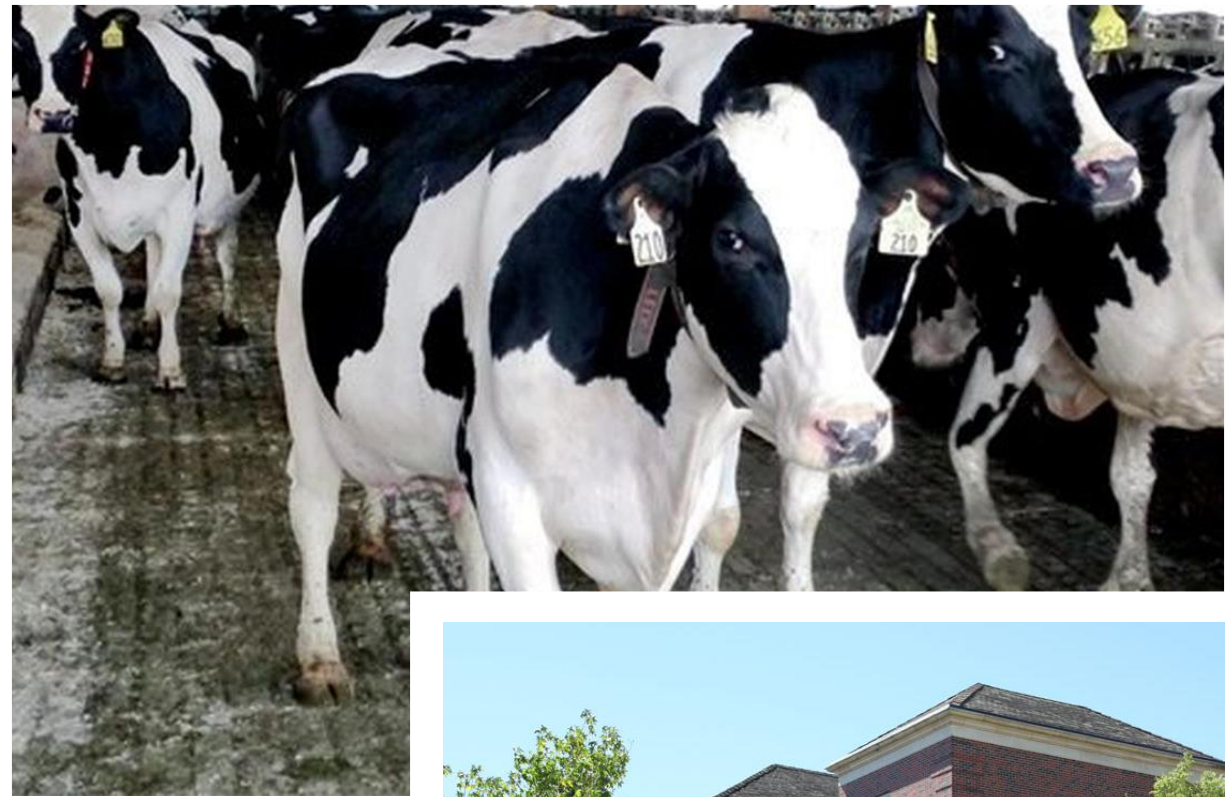
APRIL 7, 2021

# OUTLINE

- INTRODUCTION
- APE & ILE OVERVIEW
- EXPERIENCES
- PROJECTS
- MPH COMPETENCIES
- QUESTIONS

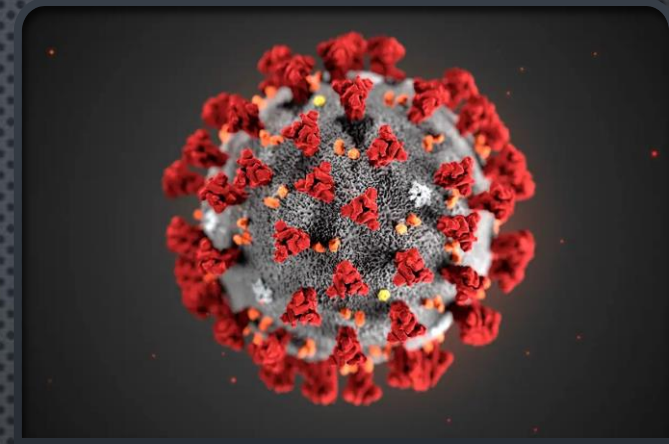
# INTRODUCTION: STUDENT BACKGROUND

- EDUCATION
- PUBLIC HEALTH EXPERIENCE
- CLINICAL EXPERIENCE



# APE & ILE OVERVIEW

- JACKSON COUNTY HEALTH DEPARTMENT
  - INDEPENDENCE, MO
- EPIDEMIOLOGY SPECIALIST
- COVID-19 PANDEMIC



CDC 2019-nCoV ID:

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Patient first name \_\_\_\_\_ Patient last name \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

**Human Infection with 2019 Novel Coronavirus  
Case Report Form**

Reporting Jurisdiction		Case state/local ID	
Reporting Health Department		CDC 2019-nCoV ID	
Contact ID*		NNDSS loc. rec. ID/Case ID <sup>b</sup>	

\*Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567-01 and CA102034567-02. For NNDSS reporters, use GenID or NETSS patient identifier.

**Interviewer Information**

Name of Interviewer: Last: \_\_\_\_\_ First: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_

**Case Classification and Identification**

<p>What is the current status of this person?</p> <p><input type="checkbox"/> Lab-confirmed case*    <input type="checkbox"/> Probable case</p> <p>If probable, select reason for case classification:</p> <p><input type="checkbox"/> Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing*</p> <p><input type="checkbox"/> Meets presumptive lab evidence<sup>c</sup> AND either clinical criteria OR epidemiologic evidence</p> <p><input type="checkbox"/> Meets vital records criteria with no confirmatory lab testing</p> <p><small>*Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test</small></p> <p><small><sup>c</sup> Detection of specific antigen in a clinical specimen, OR detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection</small></p>	<p>Under what process was the case first identified? (check all that apply)</p> <p><input type="checkbox"/> Clinical evaluation    <input type="checkbox"/> Routine surveillance</p> <p><input type="checkbox"/> Contact tracing of case patient    <input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> EpiX notification of travelers. If yes, DGMQID: _____</p> <p><input type="checkbox"/> Unknown</p> <p>Report date of case to CDC (MM/DD/YYYY): ____/____/____</p> <p>Date of first positive specimen collection (MM/DD/YYYY): ____/____/____    <input type="checkbox"/> Unknown    <input type="checkbox"/> N/A</p>
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**Hospitalization, ICU, and Death Information**

<p>Was the patient hospitalized?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p>If yes, admission date 1 (MM/DD/YYYY) ____/____/____</p> <p>discharge date 1 ____/____/____</p>	<p>If hospitalized, was a translator required?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p>If yes, specify which language: _____</p>	<p>Was the patient admitted to an intensive care unit (ICU)?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p>If yes, admission date 1 (MM/DD/YYYY) ____/____/____</p> <p>discharge date 1 ____/____/____</p>
<p>Did the patient die as a result of this illness?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p>If yes, date of death (MM/DD/YYYY): ____/____/____    <input type="checkbox"/> Unknown date</p>		

**Case Demographics**

Date of birth (MM/DD/YYYY): ____/____/____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Other	Ethnicity: <input type="checkbox"/> Hispanic/Latino	Race (check all that apply): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian
Age: _____ Age units (yr/mo/day): _____	<input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> American Indian/Alaska Native
State of residence: _____ County of residence: _____	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
Does this case have any tribal affiliation? <input type="checkbox"/> yes	If female, currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
Tribes name(s): _____ Enrolled member? <input type="checkbox"/> yes			

Which would best describe where the patient was staying at the time of illness onset?

House/single family home     Hotel/motel     Nursing home/assisted living facility     Rehabilitation facility     Mobile home

Apartment     Long term care facility     Acute care inpatient facility     Correctional facility     Group home

Homeless shelter     Outside, in a car, or other location not meant for human habitation     Other (specify): \_\_\_\_\_     Unknown

**Healthcare Worker Information**

Is the patient a health care worker in the United States?  Yes     No     Unknown

If yes, what is their occupation (type of job)?  Physician     Respiratory therapist     Other, specify: \_\_\_\_\_

Nurse     Environmental services     Unknown

If yes, what is their job setting?  Hospital     Rehabilitation facility     Other, specify: \_\_\_\_\_

Long-term care facility     Nursing home/assisted living facility     Unknown

**Exposure Information**

In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):

<p><input type="checkbox"/> Domestic travel (outside state of normal residence). Specify state(s): _____</p> <p><input type="checkbox"/> International travel. Specify country(s): _____</p> <p><input type="checkbox"/> Cruise ship or vessel travel as passenger or crew member. Specify name of ship: _____</p> <p><input type="checkbox"/> Workplace</p> <p>If yes, is the workplace critical infrastructure (e.g., healthcare setting, grocery store)? <input type="checkbox"/> Yes, specify workplace setting: _____    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Airport/airplane</p> <p><input type="checkbox"/> Adult congregate living facility (nursing, assisted living, or long-term care facility)</p> <p><input type="checkbox"/> School/university/childcare center</p> <p><input type="checkbox"/> Correctional facility</p> <p><input type="checkbox"/> Community event/mass gathering</p> <p><input type="checkbox"/> Animal with confirmed or suspected COVID-19. Specify animal: _____</p> <p><input type="checkbox"/> Other exposures, specify: _____</p> <p><input type="checkbox"/> Unknown exposures in the 14 days prior to illness onset</p>	<p><input type="checkbox"/> Contact with a known COVID-19 case (probable or confirmed)</p> <p>If the patient had contact with a known COVID-19 case:</p> <p>What type of contact?</p> <p><input type="checkbox"/> Household contact</p> <p><input type="checkbox"/> Community-associated contact</p> <p><input type="checkbox"/> Healthcare-associated contact (patient, visitor, or healthcare worker)</p> <p>Was this person a U.S. case?</p> <p><input type="checkbox"/> Yes, nCoV ID(s) _____</p> <p><input type="checkbox"/> No, this person was an international case and contact occurred abroad</p> <p><input type="checkbox"/> Unknown if U.S. or international case</p> <p>Is this case part of an outbreak? <input type="checkbox"/> Yes, specify outbreak name: _____    <input type="checkbox"/> No    <input type="checkbox"/> Unknown</p>
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# EXPERIENCE & PROJECTS

- CASE DEFINITION AND CLASSIFICATION
- PROCESS OF DISEASE CASE INVESTIGATION & CONTACT TRACING
- USE OF SURVEILLANCE SYSTEM (WEBSURV, EPI TRAX)
- DATA INPUT (WEBSURV, MAVEN, EPI TRAX)

# SCALING UP A WORKFORCE

- TRAINING NEW DISEASE INVESTIGATORS (DIs)
  - ADDITION OF 3 NEW EPIDEMIOLOGY SPECIALISTS
- QUALITY REVIEW CHECKS
- COORDINATING WITH CONTRACTED DI TEAM LEADS



# COMMUNICATION

- EPIDEMIOLOGY LINE
  - PUBLIC
  - BUSINESSES
- LONG-TERM CARE FACILITIES
- SCHOOLS AND CHILDCARE CENTERS
- OUTBREAK INVESTIGATION



# INTERPROFESSIONAL TEAMS

Epidemiology  
Team, District  
Epi, Other LHD  
Epis

COVID-19  
Testing Team

Business  
Compliance  
Team

Community  
Resources Team

Hospital  
Infection  
Preventionists

Local  
Healthcare  
Providers



## Help stop COVID-19 by participating in contact tracing



We're all safer if we support efforts to trace and contain the spread of the virus.



## THE PROBLEM WITH CLOSE CONTACTS

- IDENTIFY SHORTFALL
- GATHER INFORMATION
- LIAISE WITH MITRE CORPORATION
- DEVELOP LOCAL FOLLOW-UP PROCEDURES
- TRAIN DIs AND EPI TEAM

# WHAT IS SARA ALERT?

- AUTOMATED SYSTEM FOR MONITORING CLOSE CONTACTS
  - IDENTIFY
  - ENROLL
  - MONITOR
  - REACH OUT IF SYMPTOMS DEVELOP



**Sara Alert**™

Secure monitoring and  
reporting for public health.

**LEARN MORE**

# MPH FOUNDATIONAL COMPETENCIES

Number and Competency		Description
19	Communicate audience-appropriate public health content, both in writing and through oral presentation	Answering COVID-19 questions for the public and businesses through the Epi hotline, reporting on disease cluster and outbreak locations, and providing guidance for childcare facilities
21	Perform effectively on interprofessional teams	Working with other JACOHD staff (business compliance, epi team, testing team), communicating with district epidemiologist, and leading the partnership with MITRE corporation
16	Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	Train, mentor, and lead a team of case investigators and contact tracers
22	Apply systems thinking tools to a public health issue	Assess the process for case and contact investigation to develop a solution for easily following up with close contacts
1	Apply epidemiological methods to the breadth of settings and situations in public health practice	Use epidemiologic information to make decisions regarding exclusion from work, school, childcare, etc. after infection with or close contact (as defined by the CDC) to a person with COVID-19

THANK YOU!!

MAJOR PROFESSOR: DR. ELLYN MULCAHY

COMMITTEE MEMBERS: DR. BOB LARSON AND DR. JUSTIN KASTNER

PRECEPTOR SITE MENTOR: CHIP COHLMIA, MPH

QUESTIONS?