

## Scaling of County Health Department Case & Contact Investigations by Prioritizing and Implementing of Text Messaging

6-30-20

1. Regardless of case load, investigations of cases and outbreaks in Long Term Care Facilities (skilled nursing, assisted living, rehabilitation facilities, etc) and other health care settings is a top priority to ensure that appropriate surveillance and infection control efforts have been implemented.
2. If 5 or fewer new cases per epidemiologist are reported each day, conduct thorough investigations and attempt contact tracing of all cases.
3. If > 5 new cases are reported each day per epidemiologist despite internal surge:
  - a. Prioritize case and contact investigations for the following persons (if known):
    1. Priority 1
      1. Hospitalized patients
      2. Healthcare personnel (HCP)
      3. First responders (e.g., Emergency Medical Services (EMS) personnel, law enforcement, firefighters)
      4. Individuals living, working or visiting acute care, skilled nursing, mental health, and long-term care facilities
      5. Individuals living, working or visiting community congregate settings (e.g., correctional facilities, homeless shelters, educational institutions, mass gatherings, and crowded workplaces including production plants)
      6. Members of a large household living in close quarters
      7. Individuals known to live in households with a higher risk individual or to provide care in a household with a higher risk individual
    2. Priority 2
      1. Individuals 65 years of age and older
      2. Individuals at [higher risk for severe disease](#)
      3. Pregnant women
      4. [Critical infrastructure workers](#)
    3. Priority 3
      1. Individuals with [symptoms](#) who do not meet any of the above categories
      2. Individuals who are deceased
    4. Priority 4
      1. Individuals without symptoms who do not meet any of the above categories
  - b. Provide information to medical providers to empower them to educate patients on proper isolation and quarantine and self-contact tracing.
  - c. Provide guidance materials to critical infrastructure businesses on how to prevent COVID-19 spread in the workplace.
  - d. Conduct medical record abstraction investigation for all known deaths and hospitalizations associated with COVID-19. Merlin profile, basic data, and extended data should be completed to the extent possible from medical records.
  - e. Implement self-contact tracing for others. Provide cases with guidance to direct self-contact tracing by text using approved messaging with links to infographics.

1. Utilize Lexis-Nexis or other tools such as FLSHOTS and HMS to identify the best cell phone numbers to use.
  2. Requests for batch Lexis-Nexis lookup of demographic and contact information can be sent to the Merlin Helpdesk.
  3. Self-contact tracing infographic:  
[http://ww11.doh.state.fl.us/comm/\\_partners/action/if\\_you\\_or\\_someone\\_you\\_have\\_been\\_in\\_contact\\_with\\_has\\_tested\\_positive\\_for\\_covid19.pdf](http://ww11.doh.state.fl.us/comm/_partners/action/if_you_or_someone_you_have_been_in_contact_with_has_tested_positive_for_covid19.pdf)
  - f. Cases reported to the county health department more than 14 days after disease onset or specimen collection date do not need to be investigated.
4. If > 10 new cases per epidemiologist are reported each day despite internal surge:
- a. Continue steps a-c above
  - b. Increase marketing efforts on mass messaging of disease prevention
    1. Assume illness is COVID-19 in absence of specific testing with guidance for self-isolation and return to work practices.
    2. Prepare materials to be distributed through health care providers to ensure awareness of self-contact tracing recommendations.