



CONTACT TRACING FOR COVID-19

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Initial Public Health Response and Interim Clinical Guidance for the 2019 Novel Coronavirus Outbreak — United States, December 31, 2019–February 4, 2020

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On February 5, 2020, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

On December 31, 2019, Chinese health officials reported a cluster of cases of acute respiratory illness in persons associated with the Hunan seafood and animal market in the city of Wuhan, Hubei Province, in central China. On January 7, 2020, Chinese health officials confirmed that a novel coronavirus (2019-nCoV) was associated with this initial cluster (1). As of February 4, 2020, a total of 20,471 confirmed cases, including 2,788 (13.6%) with severe illness,* and 425 deaths (2.1%) had been reported by the National Health Commission of China (2). Cases have also been reported in 26 locations outside of mainland China, including documentation of some person-to-person transmission and one death (2). As of February 4, 11 cases had been reported in the United States. On January 30, the World Health Organization (WHO) Director-General declared that the 2019-nCoV outbreak constitutes a Public Health Emergency of International Concern.† On January 31, the U.S. Department of Health and Human Services (HHS) Secretary declared a U.S. public health emergency to respond to 2019-nCoV.§ Also on January 31, the president of the United States signed a “Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus,” which limits entry into the United States of persons who traveled to mainland China to U.S. citizens and lawful permanent residents and

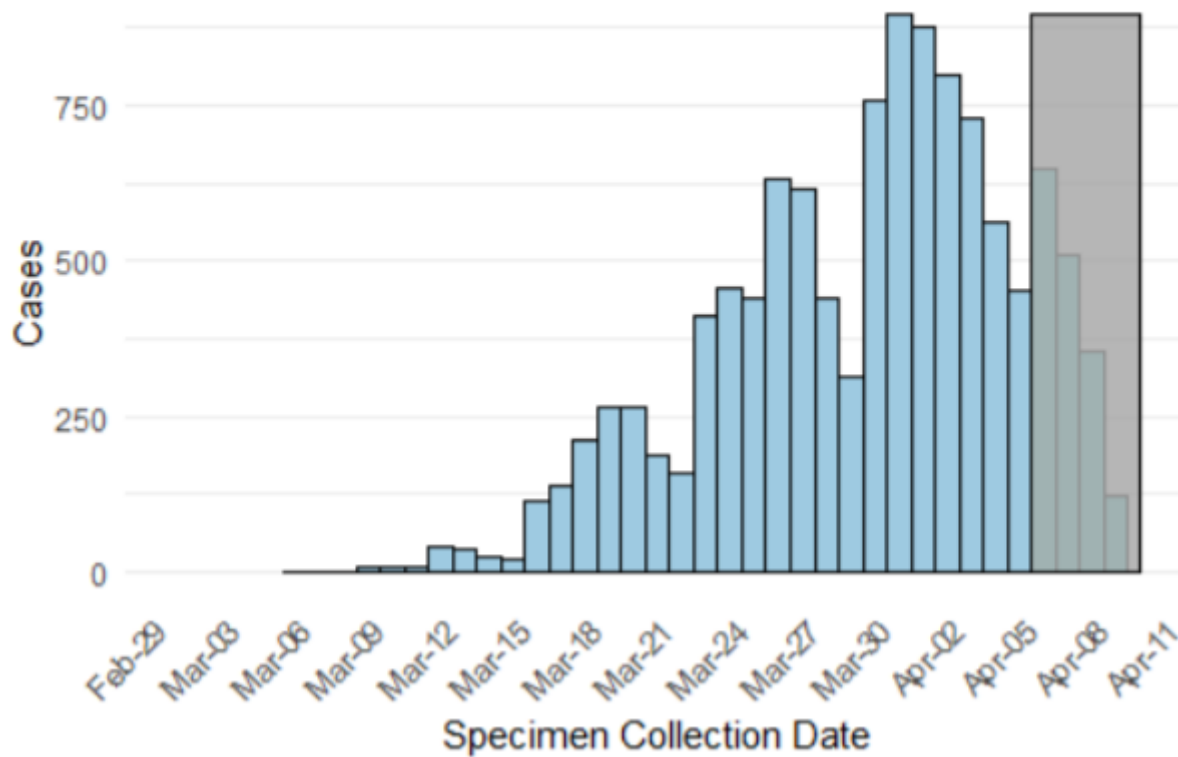
cases in the United States. Although these measures might not prevent the eventual establishment of ongoing, widespread transmission of the virus in the United States, they are being implemented to 1) slow the spread of illness; 2) provide time to better prepare health care systems and the general public to be ready if widespread transmission with substantial associated illness occurs; and 3) better characterize 2019-nCoV infection to guide public health recommendations and the development of medical countermeasures including diagnostics, therapeutics, and vaccines. Public health authorities are monitoring the situation closely. As more is learned about this novel virus and this outbreak, CDC will rapidly incorporate new knowledge into guidance for action by CDC and state and local health departments.

Some coronaviruses, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), are the result of human-animal interactions. Preliminary investigation of 2019-nCoV also suggests a zoonotic origin (6), but the exact origin has not yet been determined. Person-to-person spread is evident (7); however, how easily the virus is transmitted between persons is currently unclear. 2019-nCoV is similar to coronaviruses that cause MERS and SARS, which are transmitted mainly by respiratory droplets. Signs and symptoms of patients with confirmed 2019-nCoV infection include fever, cough, and shortness of breath (8). Based on the incubation period of illness from

WHAT HAPPENS NEXT?

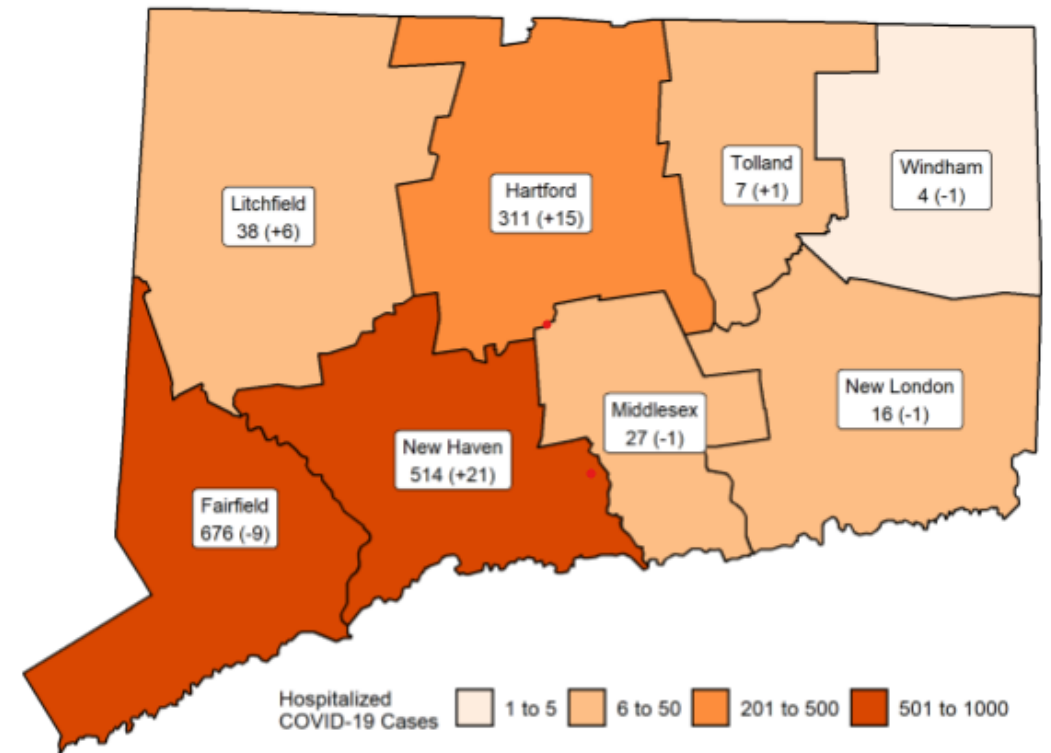
Number of Laboratory-confirmed COVID-19 Cases by Date of Specimen Collection

As of 04/11/2020 at 12:30pm



Patients Currently Hospitalized by Connecticut County

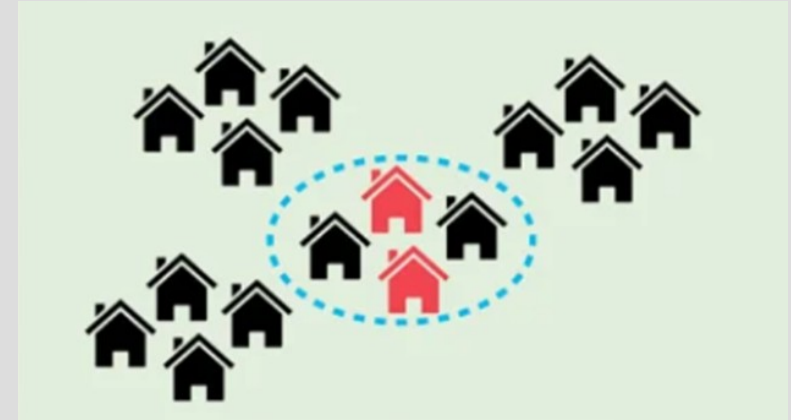
Distribution by location of hospital not patient residence. Data from the Connecticut Hospital Association.



COMMUNITY MITIGATION: CONCEPT OF OPERATIONS

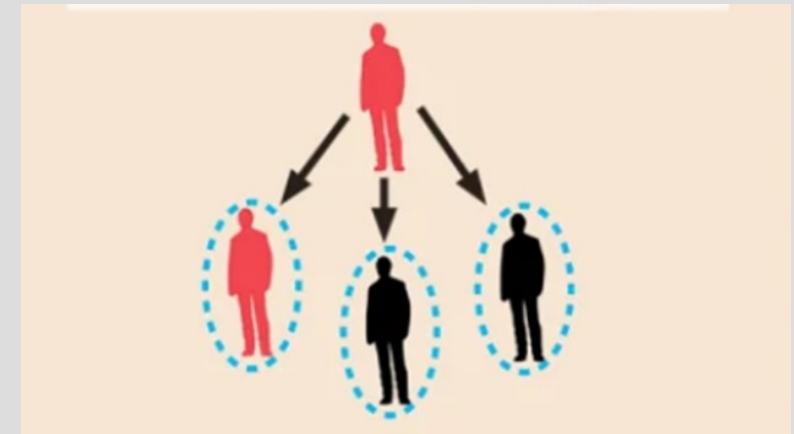
Targeted Community Screening:

1. Ongoing monitoring to identify at-risk communities
2. Rapid communication with at-risk communities
3. Targeted rapid community screening



Case and contact management

1. Contact tracing
2. Monitoring of contacts



REOPEN CONNECTICUT

- *Sustained decline of COVID-19 hospitalizations*
- **Widespread and timely testing**
- **Sufficient capacity for contact tracing**
- **Protections in place for vulnerable populations**
- Adequate healthcare capacity
- Appropriate PPE availability for healthcare workers
- Safeguards to ensure workplace safety

DEFINITIONS



A CASE

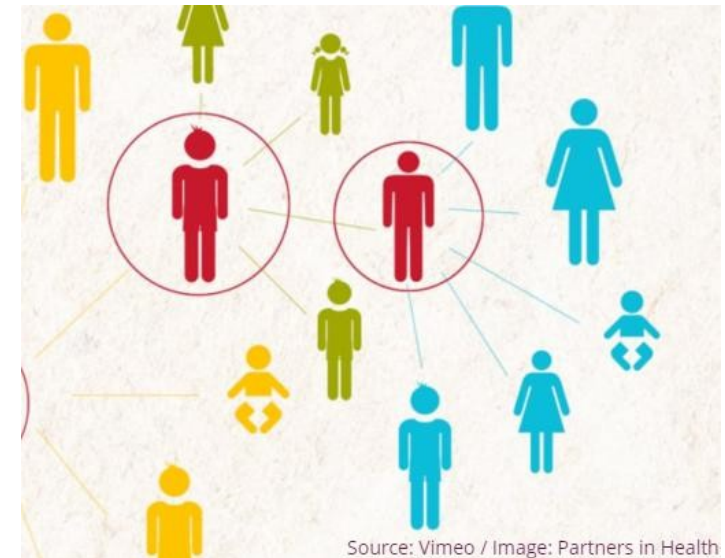
An individual who tests positive for COVID-19 by:

-PCR

-Antigen Test

A CONTACT

- A person who is exposed to a case.
- Exposure:
 - Spending 15 minutes or more within 6 feet of a case
 - Direct exposure



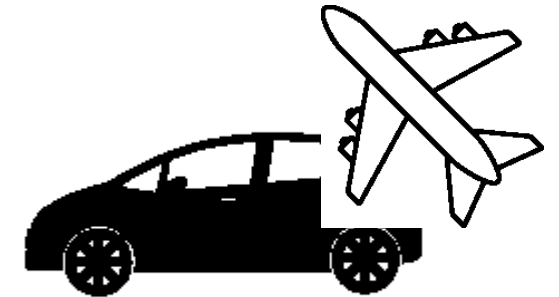
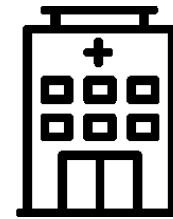
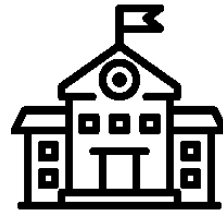
WHO NEEDS TO ISOLATE?

A case should stay home for 10 days after symptom onset. Must also have improvement in symptoms and be fever free for 24 hours.

If a case does not have symptoms, they should stay home for 10 days after symptom onset

WHO NEEDS TO QUARANTINE

Anyone with a known exposure to a case. May be identified in many ways:



Anyone who is asked to quarantine cannot go to school and should stay home for 14 days after their last known exposure. They should stay away from others and use a separate bedroom/bathroom if possible.

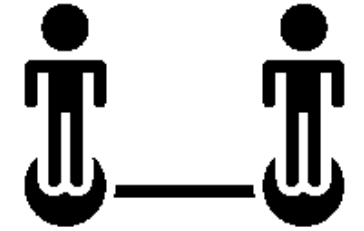
MITIGATION STRATEGIES



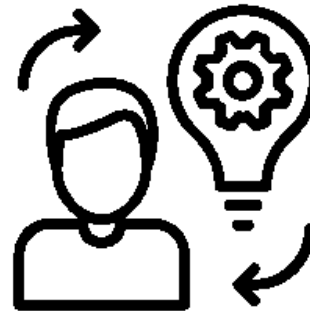
Personal Protection



Disinfection



Social Distancing

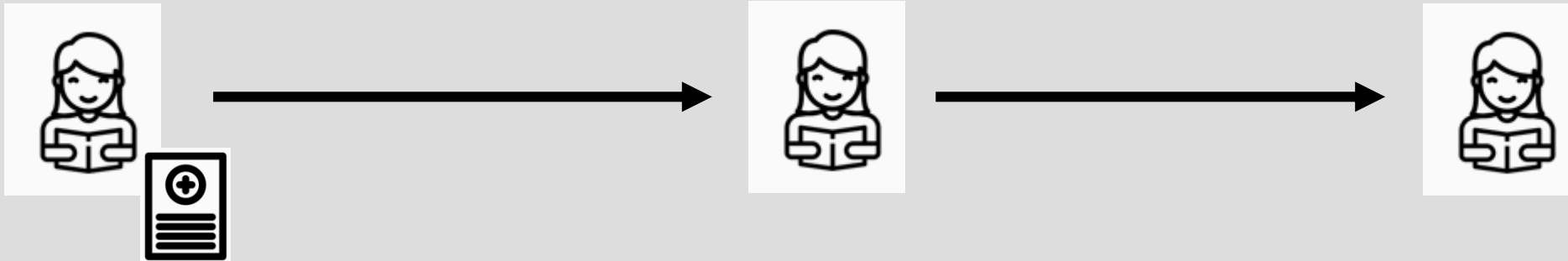


Process Changes



Cohorting

“A CONTACT OF A CONTACT IS NOT A CONTACT”



Case

Self-isolate until no longer infectious*

Contact

Self-quarantine for 14 days after last known exposure

Contact of a contact

No public health recommendation

* A case is considered infectious for 2 days before their symptom onset until at least 10 days afterwards. They must also be fever free for at least 24 hours without fever-reducing medications and have an improvement in other symptoms. If a case is asymptomatic, specimen collection date should be used to evaluate the infectious window.

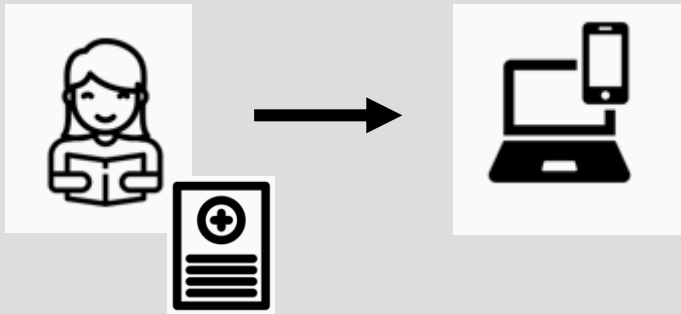
CONTACT TRACING OVERVIEW

CONTACT TRACING



Positive
test

CONTACT TRACING



Positive
test

Case
reported

CONTACT TRACING

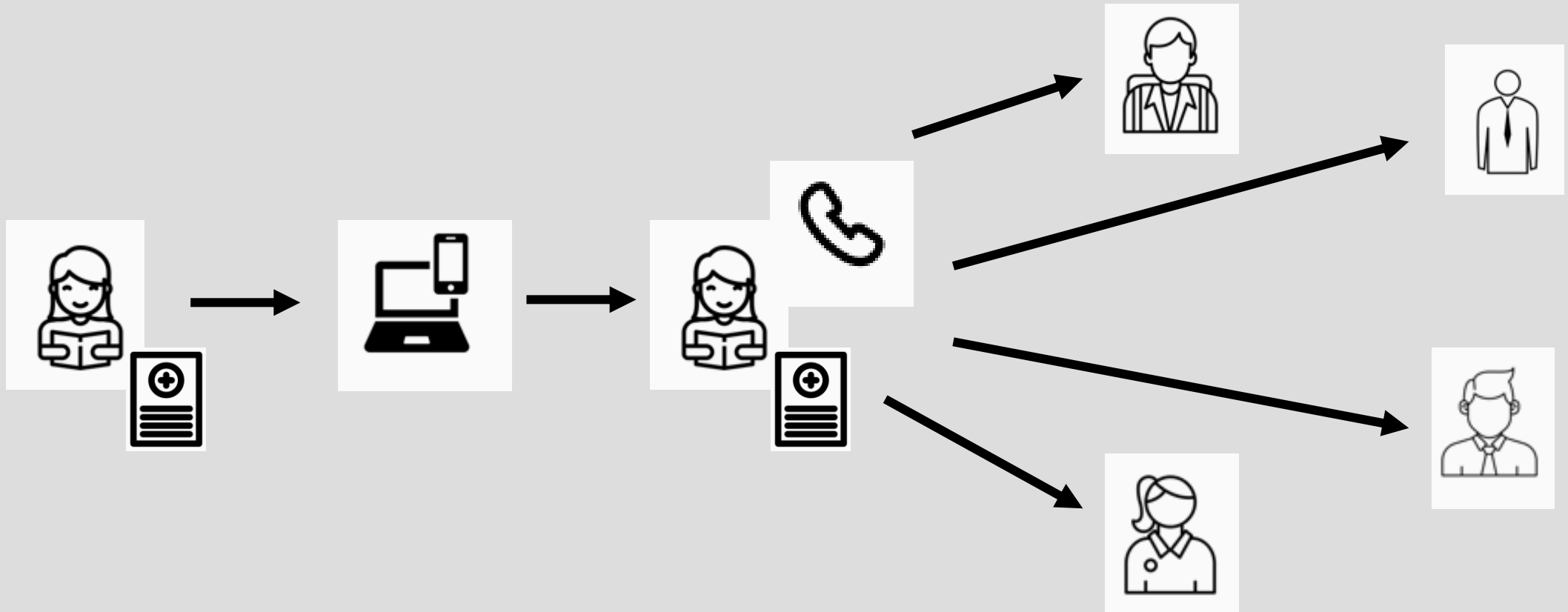


Positive
test

Case
reported

Case
interviewe

CONTACT TRACING



Positive
test

Case
reported

Case
interviewe

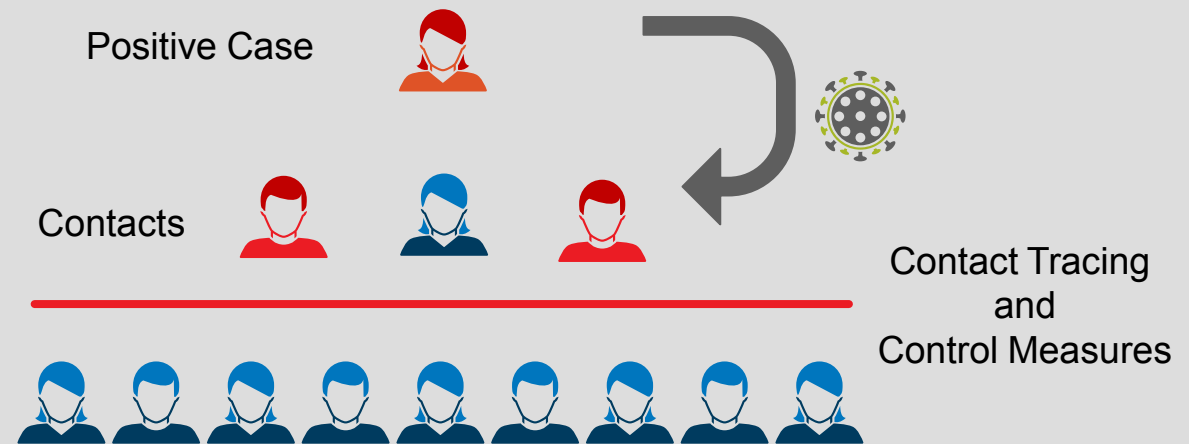
Contacts
notified

CONTACT TRACING WILL HELP US PREVENT THE SPREAD OF COVID-19 IN CT

Without contact tracing, individuals may spread COVID-19 unknowingly



Contact tracing helps us put in place control measures to stop exposures from happening



CONTACT

CONNECTICUT CONTACT TRACING PLATFORM



Show Chart + New 🗑️ Delete | Refresh 📧 Email a Link | Flow | Run Report | Excel Templates | Export to Excel | Import from Excel

Active Cases

Search this view 🔍


Full Name ↑	Trace Type	Monitoring Status	Address 1: City	Address 1: State/Province	Owner
(Training) Jessica Monte Cristo	Case	Monitoring	Hartford	CT	University of Hartford
aa aa	Case	Monitoring Ended	---	---	CT Default BU
Abbott Patient	Case	Monitoring Ended	Derby	CT	# vml2123@columbia.edu
Abby Cadabby	Case	Monitoring Attempted	Hartford	---	Hartford Health Department
Abby Cadabby	Case	Monitoring Ended	Hartford	CT	Hartford Health Department
Abby Dabby	Case	Monitoring Ended	hartford	---	Hartford Health Department
Active Dup	Case	Monitoring Ended	---	---	CT Default BU
Admin Staff	Case	Monitoring Ended	Mansfield	CT	Eastern Highlands Health District
Adriana Vasquez	Case	Monitoring Ended	New Haven	---	New Haven Health Department
Adriana Vasquez_Crews	Case	Monitoring Ended	New Haven	CT	# cecilia.crews@gmail.com
Adriana Vasquez_Reese	Case	Monitoring Ended	New Haven	CT	# areesemasterson@gmail.com
Adriana Vasquez_Schildorth	Case	Monitoring Ended	New Haven	CT	New Haven Health Department
Adriana Vasquez_Veivia	Case	Monitoring Ended	New Haven	---	New Haven Health Department
agana guam	Case	Monitoring Not Attempted	Southington	---	Kristen Soto

All # A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Home
Recent
Pinned



Apps






- Cases and Contacts
- Assessments
- Suggested Exposures
- Locations
- Events
- Clusters
- Community Resources

 Save Save & Close New Deactivate Connect Assign Email a Link Delete Create Invitation Change Password Refresh Process

Frogasaur Soto Cases and Contacts **Case** Central Connecticut Health District
Trace Type Owner

- ARIAS Contact**
- Assessments
- College Supplement
- Source Contact
- Call Log
- System Information
- Related

Basic Info	
Record Source	---
CTEDSS ID	100000000
Linked To Cluster	---
First Name	* Frogasaur
Last Name	* Soto
Preferred Language	---
Request translation assistance	No
Email	---
Mobile Phone	8600000000 
Date of Birth (DOB)	8/17/2020 
Person Age Group	---

Details	
Begin Monitoring?	Yes
Monitoring Status	Monitoring Ended
Reason Monitoring Not Attempted	---
Last Call Date	---  ---
Last Assessment Date	8/4/2020 
Last Exposure Date	--- 
Monitoring End Date	--- 
Monitoring End Date Calculated	8/12/2020 

Address	
Address 1: Street 1	---

Assessment System Information Related

Basic Info

Contact *  Frogasaur Soto

Positive Test Date 8/2/2020 

Details

Assessment Type Initial

Agreement ---

Person Exposure Yes

Location Exposure Yes

Event Exposure Yes

Consent to Community Resource Coordinator * Yes

Assesment Responses

How are your symptoms today? ---

If worse, Explain ---

Do you have a thermometer? ---

What was your last documented temperature? ---

Do you have a pulse oximeter? ---

What was your last documented blood oxygen level? ---

Do you have any unmet needs related to any of the foll...

Housing Concerns (no private bed or bathroom) Yes

Are you concerned about your ability to Yes

Do you currently have any of the following symptoms:

Fever ---

Cough ---

Shortness of breath or difficulty breathing ---

Fatigue ---

Muscle or Body aches ---

Headache ---

New Loss of Taste or Smell ---

Sore Throat ---

Congestion ---

Runny Nose ---

Nausea ---

- Home
- Recent
- Pinned

Apps

- Cases and Contacts
- Assessments
- Suggested Exposures**
- Locations
- Events
- Clusters
- Community Resources

E-0000001927

Suggested Exposure

Patricia Dunn
 Owner

 Trace Type

Exposure System Information Related

Basic Info

Subject	Samantha Contact	
Last Known Exposure *	10/4/2020	
	8:00 AM	
Exposure Type *	Person	
Source Contact *	Samantha Allard	

Address

Address Line 1	---
Address Line 2	---
City	---
State/Province	---
Postal Code	---

Event

Event	---
Event Location	---

Location

Location Visited	---
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Action

Exposure Action	---
ARIAS Preferred Method	Phone
Action Description	---

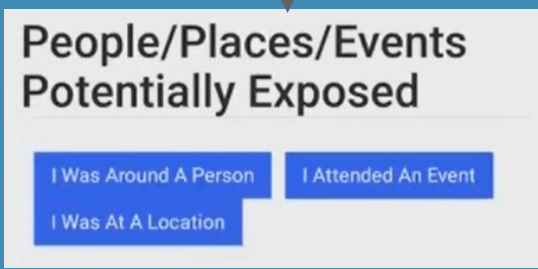
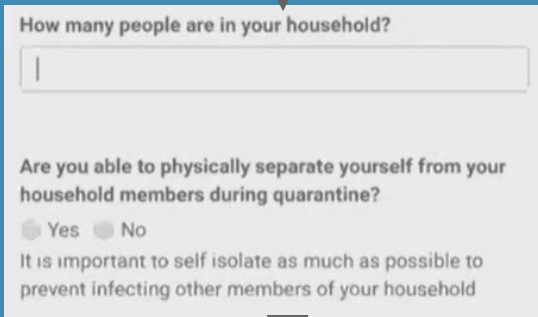
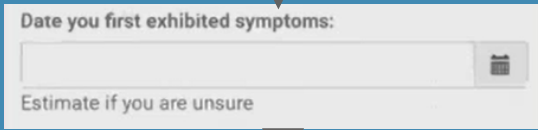
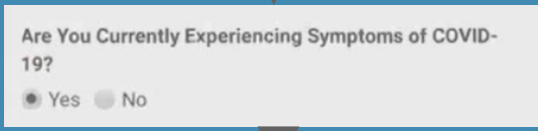
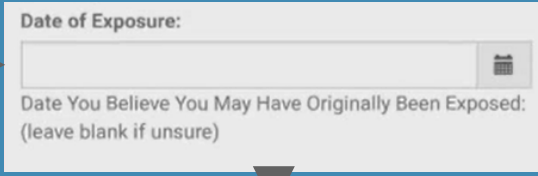
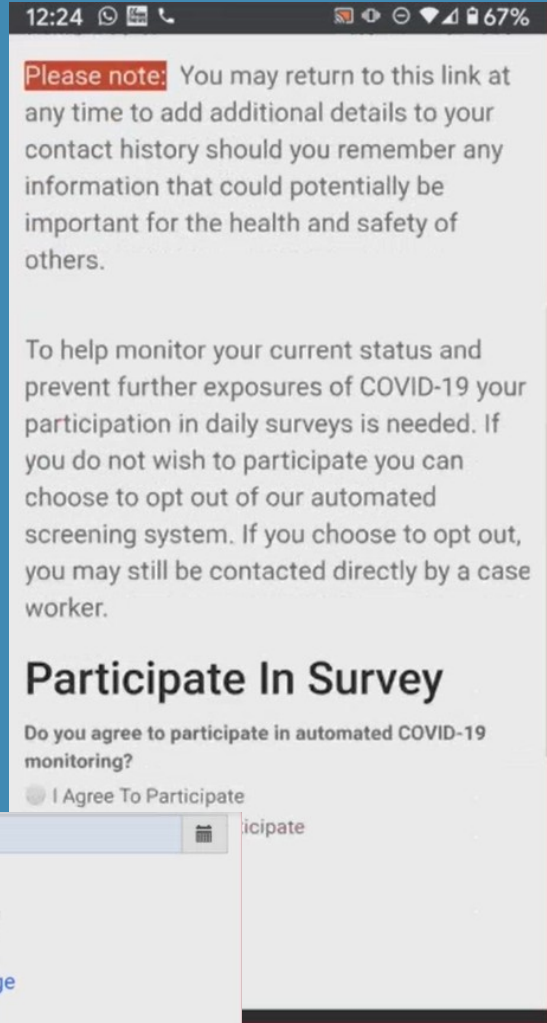
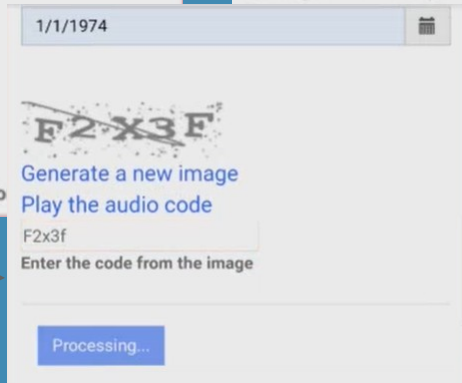
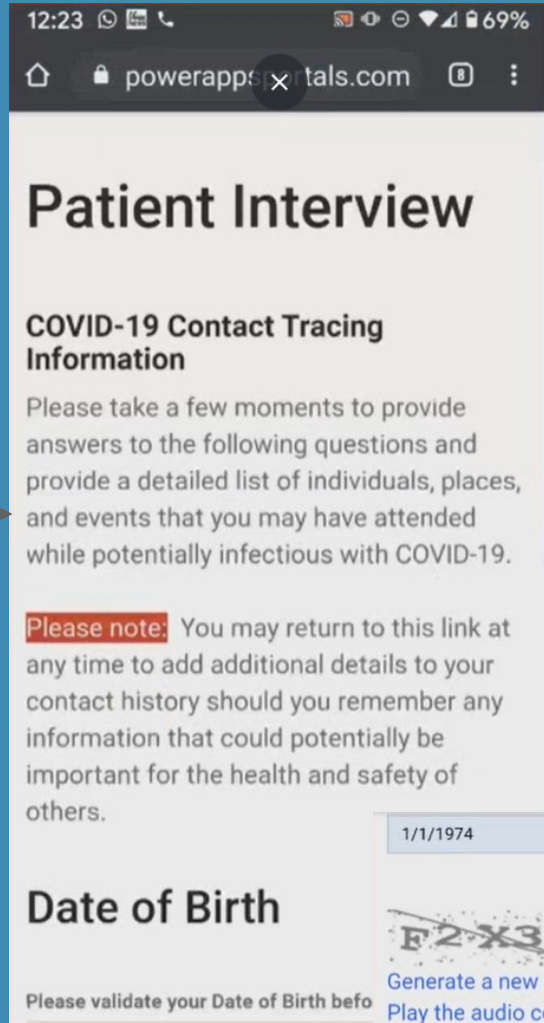
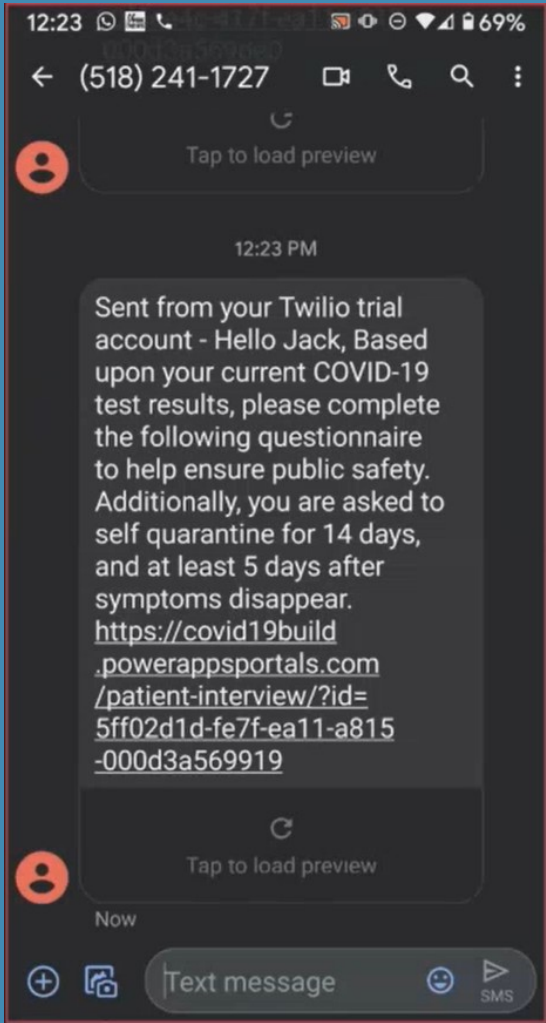
Notes

Notes About Exposure	---
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Person

Relationship to Contact	+ ---
Notified Exposure?	+ ---
Type of Contact	---
First Name	Samantha

Remote/Mobile Contact Tracing Survey



COMMUNITY RESOURCE COORDINATION

Screening during contact tracing for direct referral to community resource coordinators and services



K-12 SCHOOLS



Connecticut residents are urged to continue taking precautions to prevent the spread of COVID-19. Get the facts at ct.gov/coronavirus.



Connecticut's Official
State Website



Language + Settings



Connecticut State

Connecticut COVID-19 Response

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Coronavirus Disease 2019 (COVID-19) >

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School Resources

One of the most effective ways of mitigating the spread of COVID-19 is to practice social distancing. To encourage this practice, Governor Lamont has issued several executive orders, several of which have a significant impact on schools:

- On March 12, he signed an order ([Executive Order No. 7](#) ) providing a waiver for the 180-day school year rule.
- On March 15, he signed an order ([Executive Order No. 7C](#) ) directing classes at all public schools to be canceled statewide beginning March 17 through March 31.
- On March 24, he signed an order ([Executive Order No. 7L](#) ) extending the date for which classes at all public schools are canceled to at least April 20, noting that the date may be extended further if necessary.
- On March 26, he signed an order ([Executive Order No. 7N](#) ) directing the suspension of all school testing, assessments for the 2019-2020 school year.

COLLEGES AND UNIVERSITIES



College COVID Tracker

Track your school's number of COVID cases and related policies.

By Shayla Colon and Jordan Fenster | Aug. 31, 2020 | Updated: Oct. 6, 2020 8:01 AM

With students, faculty and others on some college and university campuses in Connecticut, administrators are changing the approach to instruction. See where your local schools stand on protocols and COVID cases. Data on COVID cases is obtained from university officials and dashboards.

CASE INVESTIGATION

- During the 2 weeks prior to onset (or DOC if asymptomatic) did you go to any of the following locations or events: (yes/no)
 - Restaurants/Bars
 - Take out
 - Indoor
 - Outdoor
 - Bars
 - Brewery/Winery
 - Social gatherings
 - Public/private setting
 - Indoor/Outdoor
 - Size (of largest gathering)
 - Place of worship
 - Gyms or Fitness Studios
 - Personal Services
 - Hair Salons or Barber Shops
 - Nail Salons
 - Spas
 - Tattoo Parlors
 - Indoor recreation

Key Metrics

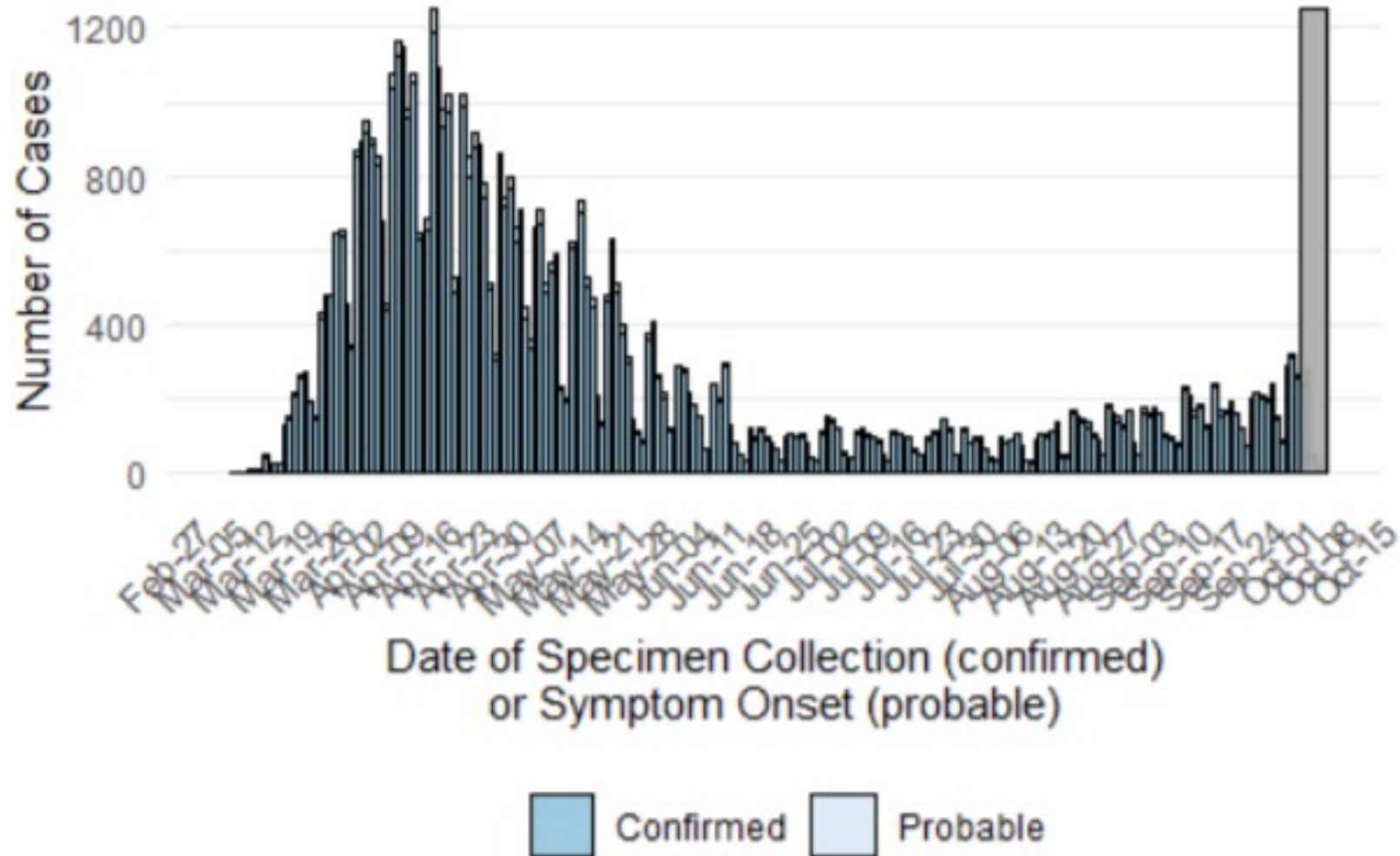
For new cases entered into <u>ContaCT</u> Sun. 9/20 through Sat. 9/26	
# new community cases (no congregate living residents)	1235
# actionable cases (no missing phone #s, no cases >10 days old)	1142 92% actionable
# (%) cases attempted <48 hrs.	1102 96% of actionable cases had an attempt
# (%) cases successfully reached	579 53% of attempts were successfully called (56 were Spanish speaking)
Number of actionable community contacts	964 (actionable, e.g. with phone # out of contacts shared) 1.6 actionable contacts/case interviewed
# (%) contacts attempted <48 hrs.	887 92% of actionable contacts had an attempt
# (%) contacts successfully reached	408 46% of attempts were successfully called

Apple and Google partner on COVID-19 contact tracing technology

**Apple, Google to soon help with COVID-19
contact tracing in Connecticut**

Number of Confirmed and Probable COVID-19 Cases by Date

As of 10/05/2020 at 8:30pm



QUESTIONS???