Kansas Department of Health and Environment
Division of Health

Coronavirus Disease 2019 (COVID-19) Investigation Guideline

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Revision History:

Date	Replaced	Comments
04/23/2020	-	Released
05/01/2020	04/2020	Updated period of communicability, isolation restrictions to reflect 10 days. Updated Notification section. Updated "Associating Orphan Contacts".
06/10/2020	05/2020	Updated Laboratory Analysis Section with guidance on serology and antigen testing. Updated Notification of Test Results to Public Health section. Updated Contact Investigation and Contact Management with removal of "Exposure Risk Levels" guidance. Updated case investigation, communicable period, and contact investigation to consider asymptomatic contacts. Added information on pediatric multi-system inflammatory syndrome. Removed Triage of Reports Flowchart - if needed consider CDC guidance. **06/19/2020 Updated communicable period to include CDC language "Persons whose symptoms have resolved and who were previously determined to no longer be infectious by the will not be considered infectious again..."**
07/31/2020	06/2020	Updated Laboratory Analysis section. Additional guidance for antigen tests and 95 kPa bags are only required if shipping by air, e.g. FedEx air. For vehicle transport, a zip-top biohazard bag is all that's required. Added additional guidance under "Person Under Investigation" and updated the PUI definition. Quarantine section clarified that the critical infrastructure listing is a guideline.
09/04/2020	07/2020	Updated COVID Case Definitions. Updated Laboratory Analysis as related to new case definitions. Updated Susceptibility/ Resistance section of Disease Overview. Updated Restrictions, adding guidance on severely immunocompromised/ICU cases and exemption from quarantine based on presumed immunity. Updated broken links.
11/03/2020	09/2020	Updated Laboratory Analysis: molecular testing and specimen submission to KHEL. Revised Disease Overview Communicability and Susceptibility sections; Notifications to Public Health: routing to other jurisdictions and symptomatic contacts; Case Investigations: recurrent infections, clarification on infectious period; Contact Investigations: new definition of close contact; Quarantine: clarification on day 0 and rearrangement of paragraphs; and Managing Contacts: handle contacts with multiple exposures. Added Outbreak Definitions.
11/18/2020	10/2020	Updated Isolation and Quarantine Graphic. Updated Contact Management for promoted probable cases that test negative. Added section on Managing Reinfections in EPITRAX. Updated notification section with reporting guidelines.
12/08/2020	11/2020	Notifications: removed guidance to report PUI's based on move to laboratory-based surveillance that started after 11/18/2020. Quarantine: added guidance on shortened quarantine. Contact management: further guidance on tracing and prioritizing. Education: listed description of NPIs. Data Management: Identifying cases in EpiTrax.

COVID-19
Disease Investigation Guidelines

COVID-19 DEFINITIONS (Current as of 09/01/2020)

Clinical Criteria

In the absence of a more likely diagnosis:

1) Any one of the following symptoms: cough, shortness of breath, or difficulty breathing, new olfactory disorder, or new taste disorder, **OR**
2) Severe respiratory illness with at least one of the following:
   - Clinical or radiographic evidence of pneumonia, or
   - Acute respiratory distress syndrome (ARDS), **OR**
3) With none of the other symptoms, at least <u>two</u> of the following: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, nausea or vomiting, diarrhea, fatigue, or congestion or runny nose.

Laboratory Criteria

Using a laboratory method approved or authorized by FDA or designated authority:

Confirmatory laboratory evidence:

- Detection of severe acute respiratory syndrome coronavirus 2 ribonucleic acid (SARS-CoV-2 RNA) in a clinical or autopsy specimen using a molecular amplification test

Presumptive laboratory evidence:

- Detection of SARS-CoV-2 by antigen test in a respiratory specimen

Supportive *laboratory evidence:*

- Detection of specific antibody in serum, plasma, or whole blood
- Detection of specific antigen by immunocytochemistry in an autopsy specimen

Epidemiologic Linkage

One or more of the following exposures in the 14 days:

- Close contact** with a confirmed or probable case of COVID-19 disease; or
- Member of a risk cohort as defined by public health authorities during an outbreak.

***Close contact is defined as being within 6 feet for at least a period of 10 minutes or having direct contact with infectious secretions of a COVID-19 case. However, it depends on the exposure level and setting. Data are insufficient to precisely define the duration of exposure.*

Confirmed Case

- Meets confirmatory laboratory evidence.

Probable Case

- Meets clinical criteria **AND** epidemiologic linkage with no confirmatory laboratory testing performed for SARS-CoV-2.
- Meets presumptive laboratory evidence.
- Meets vital records criteria with no confirmatory laboratory evidence for SARS-CoV-2.

Suspect Case

- Meets supportive laboratory evidence with no prior history of being a confirmed or probable case.

Vital Records Criteria

A person whose death certificate lists COVID-19 disease or SARS-CoV-2 as a cause of death or a significant condition contributing to death.

Criteria to Distinguish a New Case from an Existing Case

A repeat positive test for SARS-CoV-2 RNA using a molecular amplification detection test within 3 months of the initial report should not be enumerated as a new case for surveillance purposes.

To date, there has been minimal evidence of re-infection among persons with a prior confirmed COVID-19 infection and growing evidence that repeat positive RNA tests do not correlate with active infection when viral culture is performed. Similarly, the experience with other coronaviruses is that reinfection is rare within the first year.

NOTE: The time period of 3 months will be extended further when more data becomes available to show risk of reinfection remains low within one year of the initial report.

Source: wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/08/05/

As of November 18, 2020, the last CSTE Standardized surveillance case definition and national notification for 2019 novel coronavirus disease (COVID-19), makes the following statement about criteria to distinguish a new case of disease or condition … as a new case for surveillance: N/A until more virologic data are available

Previous Case Definitions

Prior to 09/01/2020 the case definition approved by CSTE on April 5, 2020 was used:

- Coronavirus Disease 2019 (COVID-19) | 2020 Interim Case Definition, Approved April 5, 2020

Multi-System Inflammatory Syndrome in Children (MIS-C)

Summary:

- Cases compatible with multi-system inflammatory syndrome have been identified in children in the United States and the United Kingdom (UK).
- Characterized by persistent fever and features of Kawasaki disease and/or toxic shock syndrome; abdominal symptoms common, but respiratory symptoms were not present in all cases.
- Cases may require intensive care unit admission for cardiac and/or respiratory support.
- Many have tested positive for SARS-CoV-2 infection by RT-PCR, serology, or had exposure to confirmed case with COVID-19.
- Early recognition and specialist referral are essential, including to critical care if warranted.
- Healthcare providers who diagnose multi-system inflammatory syndrome in children (MIS-C) potentially associated with COVID-19 should immediately report them to the Kansas Department of Health and Environment, Infectious Disease Epidemiology and Response Section by calling 877-427-7317.

Description:
A multi-system inflammatory syndrome in children (MIS-C), recently reported by authorities in the United Kingdom[1], is also being observed among children and young adults in New York and Louisiana. Clinical features vary, depending on the affected organ system, but have been noted to include features of Kawasaki disease or features of shock; however, the full spectrum of disease is not yet known. Inflammatory markers may be elevated, and fever and abdominal symptoms may be prominent. Rash also may be present. Myocarditis and other cardiovascular changes may be seen. Additionally, some patients have developed cardiogenic or vasogenic shock and required intensive care. This inflammatory syndrome may occur days to weeks after acute COVID-19 illness.

This syndrome may include:

- An individual less than 21 years old presenting with persistent fever, inflammation (e.g. neutrophilia, elevated C- reactive protein and lymphopenia), and evidence of multi-organ dysfunction (shock, cardiac, respiratory, renal, gastrointestinal or neurological disorder).
- This may include meeting full or partial criteria for Kawasaki disease.
- No alternative etiology explains the clinical presentation. (note: patients should be reported regardless of SARS-CoV-2 PCR test results).

Reporting:
Consistent with the Kansas Administrative Regulations 28-1-2, which requires reporting of outbreaks and suspected outbreaks of syndromes of known or unknown etiology and of unusual disease or manifestation of illness, patients noted to have this syndrome should immediately be reported to the Kansas Department of Health and Environment by calling the Epidemiology Hotline at 877-427-7317.

Testing:
For patients presenting with this syndrome consider testing for COVID-19 by PCR or serology if they have not previously been tested or were negative in previous testing.

Additional information:
https://www.cdc.gov/mis-c/

[1] Pediatric Intensive Care Society. PICS Statement: Increased number of reported cases of novel presentation of multisystem inflammatory disease. April 27, 2020. Available at https://picsociety.uk/wp- content/uploads/2020/04/PICS-statementre-novel-KD-C19-presentation-v2-27042020.pdf.

LABORATORY ANALYSIS

- Viral testing, molecular and antigen testing:
  - Molecular (PCR or NAAT) and antigen testing are viral tests for diagnosis.
  - Contacts, even when negative by a viral test, or positive by antibody testing, must still complete quarantine.
  - Negative testing may provide evidence that COVID-19 isolation is not needed, but isolation may be required for a symptomatic, person based on symptom exclusion measures (such as diarrhea or fever) or the potential for a non-COVID-19 agent.
- Positive antigen testing:
  - If an antigen test is positive, the patient is considered a probable case,
    - **Unless** a negative PCR result is obtained on an appropriate specimen collected after but within 48 hours of the antigen specimen collection, resulting in the patient considered not a case based on PCR results.
  - Antigen levels for patients who have been symptomatic for more than five days may drop below the limit of detection of the antigen test.
  - If an antigen test is negative, and longer than 5 days have passed since symptom onset, consider obtaining a confirmatory molecular test. Case classification and public health actions may also be based on clinical criteria and epi-links, regardless of the negative antigen test.
- Positive molecular (PCR or NAAT) testing:
  - Positive molecular tests are evidence of a confirmed case.
  - Negative molecular tests require no follow-up unless the testing followed a previous positive molecular test.
  - Detecting viral RNA via molecular testing does not mean that infectious virus is present, but it is assumed until evidence is provided otherwise.
  - Two negative molecular tests collected 24 hours apart after a positive test may indicate isolation is no longer necessary for an asymptomatic person, but the method is not promoted as a routine way to remove restrictions.
- Serologic testing has limitations:
  - SARS-CoV-2 serology tests cannot be used to definitively determine if a patient has developed protective immunity.
    - Therefore, SARS-CoV-2 serology testing should not be used to guide personal protective equipment (PPE) use, adherence to social distancing practices, or to alter quarantine orders.
  - SARS-CoV-2 serology testing should not be used to diagnose or to exclude the possibility of COVID-19.
    - Assume currently or recently symptomatic persons are potentially infected with SARS-CoV-2 unless appropriate viral testing is negative.
  - Serological results do not require follow-up by the investigator.

General Information

Molecular Tests (PCR, NAAT)
- Amplify RNA of virus
- Diagnosis of acute infection

Antigen Tests
- Detect viral antigens
- Don't amplify
- Rapid diagnosis of acute infection

Serology
- Detect antibodies made by the immune system
- Detected after acute infection develops
- Indicates previous infection, population prevalence

Culture
- Grow virus
- Slow and not widely available
- Indicates infectivity period

- Kansas Health and Environmental Laboratories (KHEL) conducts molecular testing which is prioritized for public health purposes and urgent needs.
  - Patients must be a Patient Under Investigation (PUI) meeting current online criteria or be part of an active public health investigation.
  - The ordering provider must report the PUI through the disease reporting portal and complete the KDHE COVID-19 Specimen Submission Form to send with the specimen. Do not call the Epidemiology Hotline for approval.
  - **Patients not meeting criteria may be rejected.**
- **Specimen Collection and Shipping instructions:**
  - REVIEW the following documents before submitting a specimen to KHEL:
    - ✓ KDHE COVID-19 Specimen Collection Kit
    - ✓ Instructions for Completing and Submitting KDHE COVID-19 Form
    - ✓ KDHE COVID-19 Specimen Submission Form
    - ✓ A listing of specimen type and priority can be found here.
  - DO the following:
    - ✓ COMPLETE the KDHE COVID-19 Specimen Submission Form legibly.
    - ✓ Use appropriate PPE and precautions for specimen collection.
      - Review videos available in the KDHE resource center.
    - ✓ Label the specimen container with patient's name and specimen type.
    - ✓ Use a synthetic fiber swab with plastic shaft (not wooden) to collect.
    - o Place and keep swab in 2-3 mL of Viral Transport Media (VTM).
      - If VTM is not available, liquid Amies solution, sterile phosphate-buffered saline, or normal sterile saline is acceptable.
    - o Shorten the length of the swab to allow specimen tube closure.
      - Do not send specimen tube without the swab.
    - ✓ Ensure the specimen tube is secure and will not leak.
    - ✓ Place each specimen tube into its own appropriate zip-top bag.
    - ✓ Ensure that sufficient absorbent material is present in the bag, but
      - Do not wrap the tube in the absorbent material.
    - ✓ Place KDHE COVID-19 Specimen Submission Form with the package, but *not* in the specimen bag.
      - Fold and place forms in the outside pouch of the zip-top bag containing the single specimen or use a double bag method. (The single pecimen is in a primary zip-top bag and that primary bag is placed in a second zip-top bag which contains the testing form.)
    - ✓ Store specimens at 2-8^0 C and ship overnight on ice packs as a Category B infectious substance.
  - Rapid shipping is important - specimens must be tested within 72 hours of specimen collection. Ship overnight. Use a weekend delivery option if shipping near the weekend, specifying Saturday Delivery for Saturdays.
  - ***Ship or deliver to***:
    Kansas Health and Environmental Laboratories
    6810 SE Dwight St
    Topeka, KS 66620
  - Results from KHEL are sent to the submitting facility. Results are sent when available. The status of pending results is not provided by phone.
  - To change report delivery preference: Laboratory Report Delivery Form
  - For KHEL customer service: KDHE.KHEL_Help@ks.gov or 785-266-1620.

EPIDEMIOLOGY

Coronavirus Disease 2019 (COVID-19) is an illness caused by SARS-CoV-2 and is spread from person-to-person. This virus was first identified during an outbreak in Wuhan, China at the end of 2019. www.cdc.gov/coronavirus/2019-ncov/cases-updates.

DISEASE OVERVIEW

A. Agent:
SARS-CoV-2, a novel coronavirus identified in 2019.

B. Clinical Description:
Mild to severe respiratory illness with symptoms of fever, cough, and shortness of breath. Refer to CDC for further details on clinical course.

C. Reservoirs:
Likely from an animal source, but still under investigation.

D. Mode(s) of Transmission:
Mainly person-to-person.

E. Incubation Period:
Symptoms may appear 2-14 days after exposure.

F. Period of Communicability:
The transmission of SARS-CoV-2 is greater the longer an infected person is close to someone, the closer the persons are to each other, and when more than one infected person is around others. It also matters if the infected person is coughing, sneezing, singing, shouting, or doing anything else that could expel more respiratory droplets into the air. Available data indicate that it is much more common for SARS-CoV-2 to spread through close contact with a person who has COVID-19 than through other means of transmission. [CDC, October 5, 2020]

For investigation purposes:

- Symptomatic persons are considered infectious from 2 days prior to onset of any symptoms until the following conditions are met:
  a. 10 days* have passed since symptoms *first* appeared **and**
  b. 72 hours have passed since the fever has resolved (without use of anti-pyretic medications) **and**
  c. There has been a significant improvement in symptoms.
- Persons never experiencing symptoms will be considered infectious 2 days prior to until 10 days after the collection date of the first positive specimen**.
- Asymptomatic persons testing positive, whose symptoms resolved within the last 90 days and who were determined to no longer be infectious by the above criteria, will not be considered infectious based on their history of COVID-19.

** Persons admitted to ICU or who are severely immunocompromised are considered infectious for a minimum of 20 days.*

****If symptoms appear after the positive specimen collection date, the onset date of symptoms should be used to determine the period of communicability.*

G. Susceptibility and Resistance:
The immune response, including duration of immunity, to SARS-CoV-2 infection is not yet understood. Review of currently available evidence suggests that most individuals do not become re-infected within 3 months of resolution of SARS-CoV-2 infection. However, additional research is ongoing.

- For investigation purposes, immunity will be presumed for a person during the 90 days after recovery from a COVID-19 infection that was diagnosed by molecular or antigen testing
- Recovery date will be based on the date documented in EPITRAX of the date that symptoms resolved for symptomatic cases or the date isolation measures were discontinued for asymptomatic cases. If neither of those dates are available, the date of the positive laboratory test will be used.

H. Treatment:
For information on investigational and developing therapies refer to CDC.

NOTIFICATION TO PUBLIC HEALTH AUTHORITIES

Notify the Kansas Department of Health and Environment (KDHE) via the online portal if a person is positive for COVID-19 by viral antigen or molecular testing. For matters of urgent concern such as outbreaks or high-risk settings, contact the EpiHotline at 1-877-427-7317.

Kansas Department of Health and Environment (KDHE)
Bureau of Epidemiology and Public Health Informatics (BEPHI)
COVID Disease Reporting: https://diseasereporting.kdhe.ks.gov/
Phone: 1-877-427-7317

All mandated reporters are instructed to review and follow the requirements outlined by KDHE at **https://www.kdheks.gov/epi/covid_reporting.htm**

The following topics are addressed in relation to when and how to report:

- Suspicion of disease
- Deaths due to COVID-19
- Screening test results
- Diagnostic testing
- Reference and In-Hospital Reporting Requirements
- Who is a mandated reporter?

ADDITIONAL COMMUNIATIONS IN PUBLIC HEALTH

1. KDHE-BEPHI will receive notifications of all testing results for SARs-CoV-2, except for antibody results that do not need to be reported.
   - Required data that must be reported by laboratories is described online.
   - Most reports are received via electronic laboratory reports (ELRs).
   - Laboratories and point of care testing sites, including physicians' offices testing in office, who are not set up to report by ELR will report laboratory results through diseasereporting.kdhe.ks.gov/
     - ✓ Questions on bulk reporting of laboratory results though the disease portal should be directed to KDHE.epitraxadmin@ks.gov.
   - Those facilities that do not perform testing do not need to report results to KDHE; point of care (POC) or PCR testing should be reported by the laboratory conducting the SARS-CoV-2 test. All required data, as described online, must be included in the report.

2. Reports will be entered in EpiTrax and assigned to a local public health agency based on the case-patient's address listed on the laboratory report, or the address of the diagnosing facility when patient address is not available.
   - For patients with out-of-state addresses treated at a Kansas facility, KDHE will classify the CMR as "Out-of-State" and transfer the case out-of-state.
   - The local public health agency with jurisdiction over the diagnosing facility must notify KDHE-BEPHI if access is needed to an out-of-state case.
3. To better coordinate with local partners, the local public health agency will:
   - Monitor EpiTrax for CMRs not accepted and assigned to an investigator, by reviewing for the following event types - those "*Assigned to LHD*," "*Reopened by state*" and "*Reopened by manager*"
   - Form partnerships with local providers to acquire any missing demographics and patient contact information.
   - Reassign CMRs to another public health jurisdiction when it is required but using the following steps:
     - ✓ Enter the new address for the case into the demographics tab.
     - ✓ Remove the old address as the "Address at Diagnosis," if needed.
     - ✓ Choose the new address as the "Address of Diagnosis."
     - ✓ Use "Route to LHD" feature under Workflow Options to assign the CMR to the new health department jurisdiction.

     IMPORTANT: *If the address of diagnosis is not updated, the case will remain associated to the original jurisdiction in case counts, even if the investigating jurisdiction has been re-routed.*
   - If a lab report is not received by KDHE, but is received by the local public health agency, the local investigator should attach the laboratory report to the record in EPITRAX and notify kdhe.epitraxadmin@ks.gov requesting lab be entered into the system and the case classified.
   - When a COVID-19 contact becomes symptomatic but is not tested, local public health will need to promote the contact to a case in EPITRAX and record the "yes" to exposure to COVID-19 case and "yes" to any symptoms on the EPITRAX investigation form for the case to be classified as "Probable" case.

PUBLIC COMMUNICATIONS

1) Do not refer the public or patients to the Epidemiology Hotline; it will delay the epidemiologists' ability to assist healthcare providers and local public health.
2) For persons with general questions, refer to KDHE's COVID-19 Resource Center online (www.kdheks.gov/coronavirus), by email (COVID-19@ks.gov), or by phone (1-866-534-3463 or 1-866-KDHEINF).
3) To coordinate press releases between local Public Information Officers and KDHE Office of Communications, call 785-296-1317 or 785-296-5795.

STANDARD CASE INVESTIGATION AND CONTROL METHODS

Person Under Investigation Information (PUI)

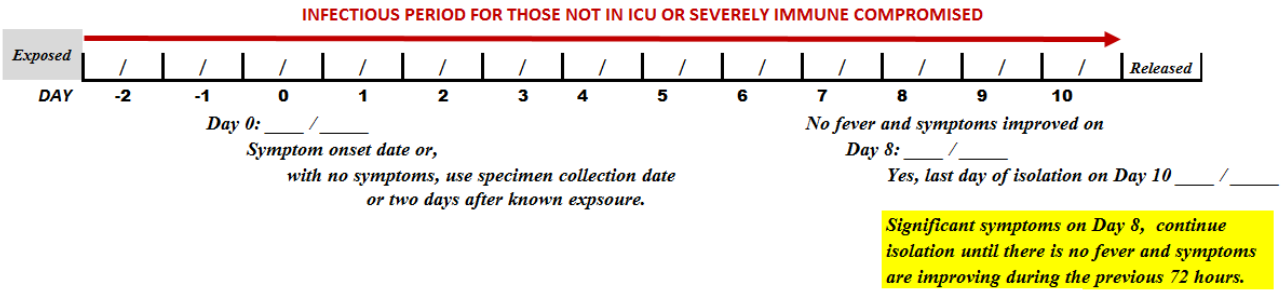
1) If a symptomatic patient or a close contact of a COVID-19 case is being tested for COVID-19, they should be isolated with the assumption that they are infectious.
   - For **hospitalized** patients, follow the CDC guidance for infection control: www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html.
   - For **non-hospitalized** patients, local public health should coordinate with the provider or contact the PUI to ensure isolation requirements are understood.
     - The PUI must stay at home until results become available or until no longer considered infectious as described online in COVID-19 Isolation & Quarantine documents and the disease overview.
     - Household contacts of PUIs should be encouraged to stay home if lab results are expected to take longer than 72-hours, the PUI has a high risk of COVID-19, or at the discretion of the local health department.
     - Quarantine of non-household contacts is usually not required until positive results are received (refer to contact investigation section).
2) When test results are expected, but not received within 72 hours of submission:
   - Not all specimens are being tested by KHEL, even those with a KDHE COVID-19 Testing Form may have been sent to a commercial laboratory.
   - With a delay in results, verify where the specimen was shipped for testing by contacting the original submitter.
   - Work restrictions or quarantine measures if not yet enforced should be instituted if test results cannot be obtained for the PUI.

Case Investigation

1) Contact the medical provider who ordered the testing that supports a COVID-19 or who is attending to the patient and obtain information to complete the COVID-19 Investigation Form (use paper form or direct entry into EpiTrax Investigation Tab).
   - Current patient status.
   - Hospitalization history: include dates, intensive care stay (ICU), ventilation or intubation use, extracorporeal membrane oxygenation (ECMO) use
   - Clinical information on symptoms and onset date.
   - Pre-existing medical conditions or immunocompromised.
   - Respiratory diagnostic testing results
   - Occupation of patient, note if patient is a health care worker or first responder
   - Report associations to a learning institution, nursing home, residential care for those with disabilities, psychiatric treatment facility, group home, board and care home, homeless shelter, or any other congregate setting.
     - If the patient is known to be a resident of a facility with limited exposures, a shortened version of the COVID-19 Investigation Form can be used.
2) Examine symptom onset to determine next steps:
   - Symptomatic or recently symptomatic within the last 14 days of the current diagnosis, continue investigation as normal.

- Recurrent symptoms after previous diagnosis with COVID-19:
  - > 90 days from COVID-19 recovery, continue with a new investigation.
  - < 90 days from the previous COVID-19 recovery, the possibility of reinfection and the need for a complete case and contact investigation will depend upon the review of available information (medical history, time from and type of initial test, alternative diagnosis, and current symptoms).
- Asymptomatic currently but has sound evidence of COVID-19 symptoms that resolved greater than 14 days prior to being diagnosed.
  - Report the information needed to classify and close the case;
  - If resources allow, follow-up if it is within 28 days of symptom resolution to ensure close contacts did not become symptomatic.
  - If evidence is not dependable that symptoms were COVID-19 related, treat person as an asymptomatic person, never experiencing symptoms.
- Asymptomatic and never experienced symptoms, continue investigation.

3) Without a known source of exposure, interview the case or proxy about activities 14 days prior to onset (or prior to positive collection date without symptoms). Use the COVID-19 Exposure Time Line to assist in your interview. Especially, note:
   - Recent travel to areas of concern
   - Exposures to household members, close contacts, or recent ill travelers.
   - Case's occupation and association to any congregate living situations.
4) Establish an infectious period for the case.
   - For currently or recently symptomatic individuals, consider the 2 days before symptom onset (day 0) until date isolation precautions are discontinued.
   - For asymptomatic individuals who **never** experienced symptoms,
     - If a specific day of exposure cannot be determined, use 2 days prior to positive specimen collection (day 0) until date isolation precautions are discontinued.
     - If a discrete day of exposure for the asymptomatic COVID person is known, consider the 2 days after the day of exposure (day 0) until date isolation precautions are discontinued.
     - *Note: If onset does occur later after lab collection, use onset date as day 0.*



5) Continue the interview with calculated infectious period and COVID-19 Exposure Time Line to examine patient's occupations and activities while infectious.
   - Use *Guide When Interviewing Confirmed Case or PUI to Determine Contacts* to assist your investigation.

6) Investigate epi-links among cases (clusters, household, co-workers, etc).
   - Unreported, highly suspected patients or exposed symptomatic contacts, should be investigated as a case and reported to KDHE-BEPHI.
   - Link "orphaned contacts" to previous cases as identified.
7) Follow-up as instructed in Case Management and ensure restrictions or isolation measures are in place.

Contact Investigation

1) Review the COVID-19 Exposure Time Line to determine contacts.
2) **Close contacts are those exposed to a person with COVID-19, even if that person didn't have symptoms, if any of the following situation happened:**
   - Living with the person or stayed overnight for at least one night in a house with the person; or
   - Within 6 feet of the person for 10 consecutive minutes or more; or
   - Direct contact with the infectious secretions of the person (for example, coughed or sneezed on; kissed; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items).

   The chance of spreading the virus is greater the longer an infected person or persons are close to someone. It also matters if the infected person is coughing, sneezing, singing, shouting, or doing anything else that produces more respiratory droplets that contain virus or if there are exposures to more than one infected person. Under these higher risk situations, public health may want to consider a close contact someone who has been within 6 feet of an infectious person or persons for 10 cumulative minutes or more in a 24-hour period.

   – Situations that may increase the risk of transmission include practicing or playing contact sports, meaning sports involving more than occasional and fleeting contact, such as football, basketball, rugby, hockey, soccer, lacrosse, wrestling, boxing, and marital arts, with a COVID-19 case. Other sports may be included if social distancing, mask use, and other mitigation measures are not followed.

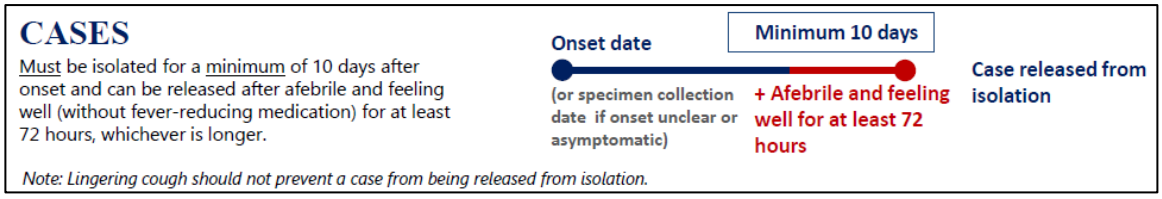
   The final decision on what constitutes close contact is made at the discretion of public health.
3) Use the Contact Investigation Notes Form to create contact listings.
4) **Contacts of a COVID-19 case *within* healthcare facilities:**
   - Refer to CDC guidance in Potential Exposure at Work.
   - Coordinate with healthcare facility's Infection Prevention and Control Practitioner (IP) to ensure exposed healthcare personnel (HCP) are identified, assessed, and work restrictions enforced if needed.
   - HCP contacts that are allowed modified quarantine while at work will need to quarantine outside of work.
   - Local public health must ensure adequate follow-up and reporting of data.

5) **Contacts of a COVID-19 case being managed by local public health**:
   - Create listings of all potential close contacts: include date of exposure, phone numbers, email addresses, and county of residence of all potential contacts.
   - Contact information for those persons who are live outside your jurisdiction can be shared with public health agencies that are responsible for jurisdiction of that contact's residence. Do not share contact listings with other third parties.
   - Interview potential close contacts.
     - Note any symptoms COVID-19.
     - Verify exposure details, date of first and last exposure, and if the person meets the definition of close contact.
6) If the contact's exposure was within the last 14 days:
   - Institute control measures as indicated under Isolation…Restrictions, and
   - Follow-up with close contacts as recommended under Contact Management.
7) If the contact's last exposure was not within the last 14 days and contact never developed symptoms, no contact management is required for that contact.
8) Educate on avoiding future exposures with Caring for COVID-19 Infected People & Preventing Transmission in Homes (PDF).

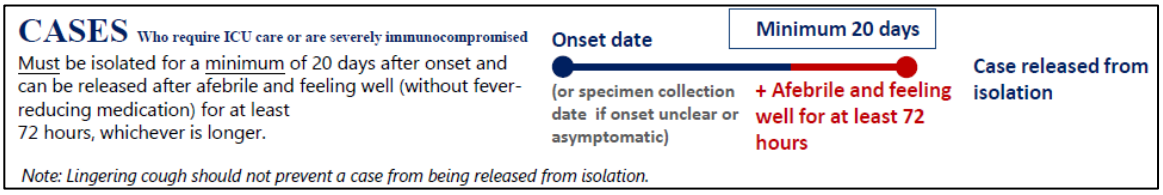
Isolation Restrictions

Non-hospitalized persons with a suspected or confirmed case of COVID-19 should remain in isolation until:

- At least 10 days have passed since symptoms first appeared; **AND**,
- At least 3 days (72 hours) have passed since recovery which is defined as resolution of fever without the use of antipyretic medications and improvement in symptoms.



Persons who require ICU care or who are severely immunocompromised should remain in isolation for a minimum of 20 days after onset and can be released after afebrile and feeling well (without fever-reducing medication) for at least 72 hours.



If a case refuses to stay in isolation, a legal order may be needed. The Community Disease Containment SOG is available at www.kdheks.gov/cphp/operating_guides.htm.

1) For hospitalized patients:

- Hospitalized patients should be handled with Standard and Transmission-Based Precautions in accordance with CDC guidance.
  - HCP who enter the room with a known or suspected COVID-19 patient should use a respirator (or facemask if a respirator is not available), gown, gloves, and eye protection.
  - *Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19.*
- To discontinue Transmission-Based Precautions for hospitalized patients, refer to Discontinuing Transmission-Based Precautions for patients with COVID-19.
  - The decision to discontinue transmission-based precautions should be made on a case-by-case basis in consultation with clinicians, infection prevention specialists, and public health officials.

2) For patients not requiring hospitalization:
   - Refer to Coronavirus Disease 2019 (COVID-19 Caring for Patients at Home):
     - Considerations for care at home include whether:
       - ☐ Patient is stable enough to receive care at home.
       - ☐ Appropriate caregivers are available at home.
       - ☐ The caregiver, when possible, should not be someone who is at higher risk for severe illness from COVID-19.
       - ☐ A separate bedroom is available where the patient can recover without sharing immediate space with others.
       - ☐ Resources for access to food and other necessities are available.
       - ☐ The patient and other household members are capable of adhering to precautions recommended as part of home care or isolation.
   - If the patient is unable to meet the above criteria, the local public health agency will need to identify appropriate housing for infectious persons.

Quarantine Restrictions

Quarantine is used to keep someone *who might have been exposed to COVID-19* away from others during the person's potential incubation period. An individual is potentially infectious 2 days prior to symptom onset, and symptoms may appear at any time 2 days to 14 days after exposure to the virus.

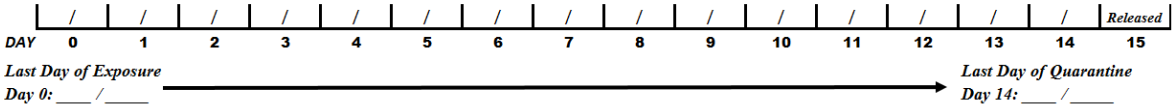
The recommended quarantine is a period of 14 days, but there are options to shorten and modify quarantine based on local circumstances and resources. Local public health authorities may modify or shorten any quarantine based on type of exposure, the population that may be affected by future exposures, and availability of testing.

Quarantine exemption based on presumed immunity after viral testing:

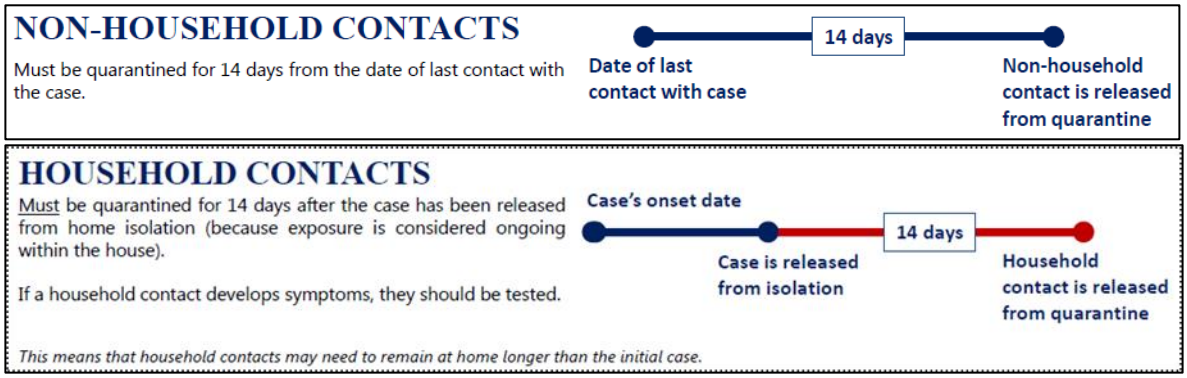
Close contacts with evidence of previous infection supported by a positive PCR or antigen test may be exempt from quarantine after re-exposure. This is to be determined by the local health officer based on a possible 3-month period of presumed immunity. If an investigation was done documenting the date that symptoms resolved, or the date isolation measures were discontinued for asymptomatic patients, then the 3-month period can start from that end date. If those dates are not available, then the period will start from the date of the positive laboratory test. A serology or antibody test may not be substituted for a laboratory report of a viral diagnostic test.

Recommended Quarantine

KDHE recommends quarantine until 14 days after last date of exposure to COVID-19. The last date of exposure is considered day 0; the last date of quarantine is day 14.



The date of last exposure will depend upon the type of interactions a person has with a COVID-19 case. Household contacts are assumed to have continuous exposure.



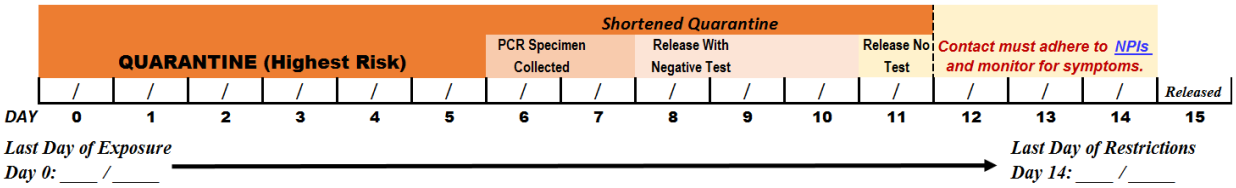
Below are discussions of ways in which quarantine can be modified.

- Shortened Quarantine Options and Considerations
- Modified Quarantine After Exposure to a COVID-19 Case
- Modified Quarantine for Travel Related Exposures
- Cohorts and Modified Quarantine
- Modifying Quarantine: Things to Consider

Shortened Quarantine Options

KDHE recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following options are acceptable.

- Quarantine can end after Day 10 without testing and if no symptoms have been reported during daily monitoring.
- *When diagnostic testing resources are sufficient and available,* then quarantine can end after Day 7 if a specimen collected after Day 5 tests negative by PCR and if no symptoms were reported during daily monitoring.



Persons can discontinue quarantine at these time points only if:

- Persons are not residents of long-term care or assisted living or incarcerated.
- No clinical evidence of COVID-19 is elicited by daily symptom monitoring (either self-monitored or active monitoring) during the entirety of quarantine up to the time at which quarantine is discontinued; and,
- Daily symptom monitoring continues through quarantine Day 14; and,
- Persons are counseled regarding the need to adhere through quarantine Day

14 to all recommended non-pharmaceutical interventions (NPIs) and advised that if any symptoms develop, they should immediately self-isolate and contact the local public health authority or their healthcare provider.

Modified Quarantine After Exposure to a COVID-19 Case

Most workers have a mandatory quarantine if determined by local public health to have been exposed to an infectious COVID-19 person.

For healthcare, public health, and law enforcement workers exposed to an infectious COVID-19 case, quarantine is still highly recommended. If these workers are critical to the response, with the approval of the local health officer and employer, it is acceptable that the quarantine be modified.

In certain situations, other critical infrastructure employees may be considered for modified quarantine, for example beef, pork, and poultry processing. Workers that have not had the training offered to healthcare, public health, and law enforcement may represent a higher risk of exposing others to COVID-19 if they develop symptoms. This risk must be scrutinized when deciding to modify quarantine.

Modified Quarantine After Travel Related Exposures

The travel associated quarantine may not be mandatory for those who work in critical infrastructure sectors needed for continuity of operations required to sustain normal day-to-day services vital to the economy and way of life. Public health, hospitals, clinics, pharmaceutical, food supply, and first responders are always considered. Other critical infrastructure sectors are considered on a case-by-case basis based on local assessments. See below for modifying quarantine.

Cohorts and modified quarantine:

When situations occur where a well-defined group has been exposed together as a cohort that can be quarantined together in a facility while causing no risk to others, modifications to quarantine may occur. This type of quarantine can be used in a school environment: Guidance for Modified Quarantine in K-12 Schools

Modifying Quarantine

Any modification to quarantine (travel or after exposure to COVID-19) will always depend upon the situation and it may be waived following an assessment by the employer and public health:

1. Are the employee's services critical to the response currently?
2. Is the population that the employee serves or works with at higher risk of COVID-19 complications? If they are, can the employee be reassigned to populations at lower risk of complications from COVID-19 or can special processes be put in place to lower the risk to clients and co-workers at risk of higher complications?
3. Can the employee adhere to procedures set forth by the facility to ensure their health is appropriately monitored and immediately stop work if symptoms develop?

If the employee is critical to the response and can work safely, not placing clients and other workers at risk, then the following should be applied to allow modified quarantine:

1. Employee should monitor for signs and symptoms of COVID-19, including checking for a fever of 100ºF or higher at least twice per day and monitoring for lower respiratory symptoms including cough or shortness of breath. A

symptoms log can be used for documentation.

2. If symptoms develop during the 14-day quarantine period, employees should stop work immediately and notify their employer and local public health.

For additional guidance, the latest quarantine recommendations are posted on-line refer to the following documents:

- Public Health Management of Exposed Persons
- Releasing from Isolation and Quarantine Graphic and the
- Frequently Asked Questions for guidance.

Case Management

1) Institute isolation measures as recommended by most current guidance.
   - For hospitalized patients: Standard and Transmission-Based Precautions
   - For non-hospitalized patients, ensure proper care and resources are available.
     - Caring for COVID-19 Patients at Home
     - Pets at Home: Managing COVID-19 Pet Owners in Home Isolation
   - For asymptomatic patients that test positive – the date of specimen collection will be considered the "onset date" for isolation measures.
2) Coordinate activities related to isolation with outside facilities.
   - Work with medical providers to track patients in isolation.
   - Notify medical providers of suspect cases who may need medical treatment.
3) Submit data requested on the COVID-19 Investigation Form as soon as possible to assist with the descriptive epidemiology of this disease in Kansas.
4) Cases should be monitored in EpiTrax until isolation period is over.
   - Report on any changes in patient status: discharge, death, recovery date
   - Date isolation ends must be 3 days after **date of symptom resolution** and 10 days after **onset date** as recorded on the EpiTrax Investigation tab.
     - Asymptomatic persons who never developed symptoms do not require a recorded onset date. Mark as "Asymptomatic" on the investigation tab.
     - Date of symptom resolution in asymptomatic cases can be consider 10 days after specimen collection which is the date isolation should end.
   - The date isolation ended can be recorded in **LHD investigation completed** date field on the EpiTrax Administrative tab.

Contact Management

1) Contact tracing will be conducted for close contacts of **laboratory-confirmed or probable COVID-19 persons.**
   - Local public health should make initial contact immediately upon notification.
     - Assess whether contact is symptomatic.
     - If contact is not symptomatic, determine contacts' preferred monitoring method (text, email, phone call) and establish regular communication plan.
       - Prioritize the monitoring of contacts living, working, or visiting congregate living facilities; those working in high density workplaces;

and those visiting or working in other settings or at events that have a high risk of extensive transmission.
    - If resources allow, contact should be made at least two days per week for 14 days since last exposure.
    - Household contacts may not require active monitoring by public health but should always self-monitor and report any symptoms to public health.
- For further guidance, refer to CDC's "Notification of Exposure: A Contact Tracer's Guide for COVID-19" available at: www.cdc.gov/coronavirus/2019-ncov/php/notification-of-exposure.html
- Use and modify sample scripts to assist with introductory call and monitoring.

2) All close contacts will be asked to monitor themselves daily for symptoms and contact the local health department or KDHE if symptoms develop.
   - Symptoms Monitoring Log may be used to assist with medium and low risk individuals who are self-monitoring.
   - For contacts that report they are experiencing symptoms.
     - If medical evaluation is needed, refer to appropriate medical care.
       - Pre-notification should occur to the receiving health care facility and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.
       - Testing for COVID-19 should be considered as part the evaluation if the patient meets the most current recommendations for testing.
     - If symptoms are mild and medical care or testing is not needed, the person will remain in home isolation until no longer considered infectious.
       - In some cases, local health departments may be required to assist with specimen collection for COVID-19 testing of patients in home isolation that do not need medical care but are considered part of a potential cluster or outbreak investigation for the community.
       - Even without testing, if the clinical criteria are met for a close contact of a positive COVID-19 patient, the contact is promoted to a morbidity event in EpiTrax and is considered a probable case.
       - Recording "Yes" to exposure to a COVID-19 case and "Yes" to any symptoms on the EPITRAX investigation form results in the case being classified as a "Probable" case.
     - If a contact who was promoted to a probable case based on symptoms and epi-link is determined to be negative by appropriate viral testing (either antigen testing collected in the appropriate time frame or any molecular testing), the promoted case should be demoted back to a contact and quarantine continued.
     - Case and contact investigations and any necessary control measures will be carried out for all symptomatic contacts promoted to probable cases.

3) When quarantine measures are instituted:
   - Ensure adequate quarantine measures are in place.
   - Ensure proper care and resources are available to those in quarantine.
   - For quarantine and isolation orders, refer to Annex C of the Community Disease Containment SOG at www.kdheks.gov/cphp/operating_guides.htm.

Education

1) The following are non-pharmaceutical interventions (NPIs) should be addressed to mitigate the spread of disease especially to someone being allowed modified or shortened quarantine:
   - Correct and consistent mask use,
   - Social distancing,
   - Hand and cough hygiene,
   - Environmental cleaning and disinfection,
   - Avoiding crowds,
   - Ensuring adequate indoor ventilation, and
   - Self-monitoring for symptoms of COVID-19 illness.
2) For those being isolated or quarantined, instruct on the necessary Restrictions.
   - Isolation and Quarantine – Frequently Asked Questions
   - Caring for COVID-19 Infected People & Preventing Transmission in Homes
   - KDHE Tips for Home Isolation
3) For those in quarantine, counsel contacts to watch for signs or symptoms within 14 days after their last exposure to a symptomatic COVID-19 case and how to seek medical attention only if needed.
   - KDHE Quarantine Guidelines
   - COVID Symptom Monitoring Log
4) Utilize templates to inform employees, employers, travelers and potential contacts of exposures and risks.
5) Additional resources:
   - Preventing 2019-nCoV from spreading: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
   - Refer to frequently asked questions:
     - KDHE specific: www.kdhe.ks.gov/coronavirus/index.htm.
     - CDC provided: www.cdc.gov/coronavirus/2019-ncov/faq.html

DATA MANAGEMENT AND REPORTING TO THE KDHE

A. Accept the case assigned to the LHD and record the date the LHD investigation was started on the [Administrative] tab.

B. Organize and collect data.

- Forms provided to assist the investigator include:

Forms and Worksheets for Reporting and Investigation	
Form Name	**Purpose**
COVID-19 Exposure Time Line	Used to record case-patient's activities during exposure and infectious period.
Contact Investigation Notes Form	Used to record and manage contacts of a case patient
COVID-19 Investigation Form	Used by local investigator to collect data that will be reported in the Kansas EpiTrax System.
COVID-19 Recurrent Presentation Form	Electronic form manually loaded into a EPITrax CMR when symptoms reoccur ≥30 days after symptoms initially resolved.

- Investigators can collect and enter all required information directly into EpiTrax [Investigation], [Clinical], [Demographics], [Contact] tabs without using the paper forms.
- During outbreak investigations, refer to guidance from a KDHE epidemiologist for appropriate collection tools.

C. Report data collected during the investigation into the EpiTrax system

- Verify that all data requested in Step 1) and on the COVID-2019 Investigation Form has been recorded on an appropriate EpiTrax [tab], or that actions are completed for a case lost to follow-up as outlined below.
- Some data that cannot be reported on an EpiTrax [tab] may need to be recorded in [Notes] or scanned and attached to the record.
- Refer to the following page for managing contacts.

D. If a case is lost to follow-up, after the appropriate attempts:

- Indicate 'lost to follow-up' on the [Administration] tab with the number of attempts to contact the case recorded.
- Record at least the information that was collected from the medical records.
- Record a reason for 'lost to follow-up' in [Notes].

E. After the case investigation and isolation period for the case-patient has ended, record the date in the "LHD investigation completed" field located on the [Administrative] tab.

- *Record the date even if the local investigator's Contact Management for the contact is not "Complete".*

F. Once the entire investigation is completed, the LHD investigator will click the "Complete" button on the [Administrative] tab. This will trigger an alert to the LHD Administrator, so they can review the case before sending to the state.

- The LHD Administrator will then "Approve" or "Reject" the CMR.
- Once a case is "Approved" by the LHD Administrator, BEPHI staff will review the case to ensure completion before closing the case.

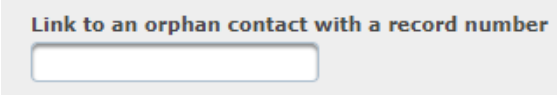
Managing Contacts in EpiTrax

- Associating Orphan Contacts
- Contact Associated to Multiple cases
- Creating a Contact
- Entering Information About Contacts
- Promoting / Demoting a Contact

Associating "Orphan Contacts"

Orphan contacts are new cases/contacts whose exposure was to a previously reported case-patient, but the new case was never associated to the "older" case. These "orphan" cases/contacts cannot be previously associated to another parent-patient. To associate a new case with a previous case:

1. Open the CMR for the case that caused the exposure in "Edit" mode (i.e. open the old case or case with earliest onset)
2. Click on the *"Contacts"* tab.
3. Enter the CMR for the case (newer case) that you want to associate to a case that was the source of exposure in the "Link to an orphan contact…"

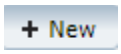


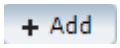
4. Save and Continue.

What to do when a contact has been associated to more than one case?

- Associate the contact with the person causing the most recent exposure.
- If the contact is already associated to an older case but has not completed the quarantine period, remove the contact from the current parent patient (older case) and assign the contact to the newer case.
- If a contact has been associated to an older case and has completed that quarantine period, create a new contact record. One person can have multiple contact records but be certain the previous contact record is marked "Complete" in the disposition field.

Creating a Contact

1. Click on the *"Contacts"* tab.
2. Click 

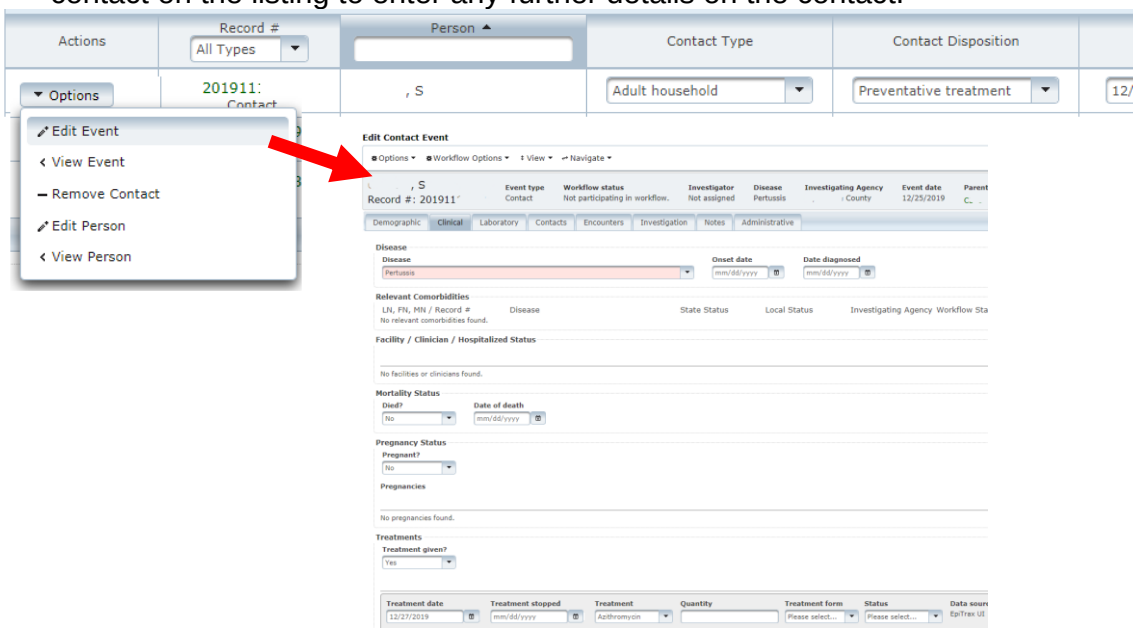
3. Enter person's *Last name* and *First name*, DOB (if known), and phone number.
4. Click 

5. Select appropriate choice for *contact type* (usually going to be 'other,' 'household 'or 'healthcare/healthcare worker').

6. Select appropriate choice for *disposition* (usually going to be 'not infected').
7. Enter *disposition date.*
8. Save and Continue.

Entering Information on Contacts on Separate Contact Form

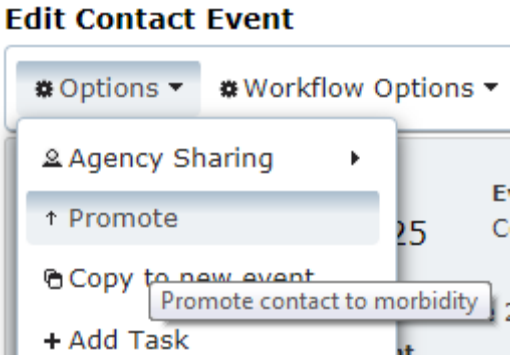
1. Add and save the contact on the case's (parent patient's) "Contacts" tab.
2. After the contact is saved, click 'Options' and 'Edit Event' beside the contact on the listing to enter any further details on the contact.



Promoting a Symptomatic Contact to a Case

If a contact becomes symptomatic and meets the "Probable Case Definition", they should be promoted to a case and classified as "Probable".

1. Open the contact's record in edit mode.
2. Click 'Options' and 'Promote'.

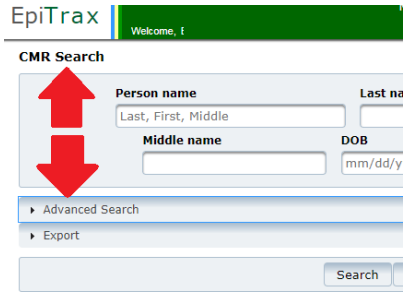


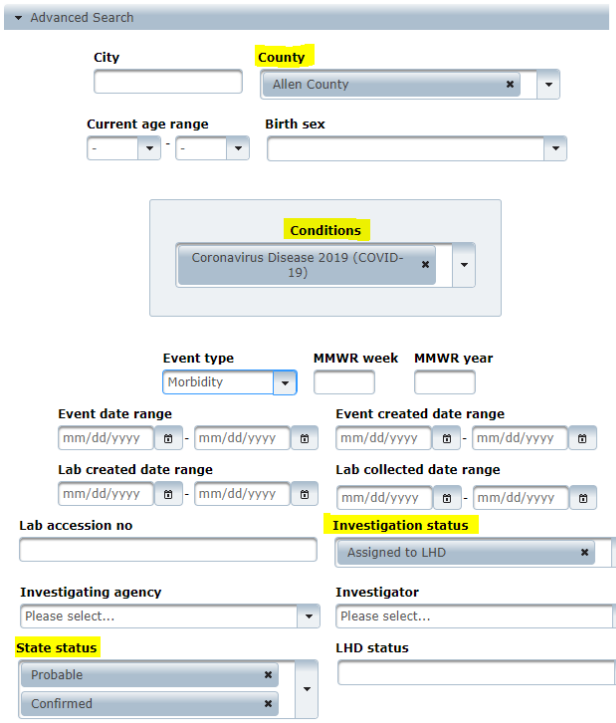
3. Click 'OK' to the question "Promote this event to a morbidity event?"

If a promoted contact is later determined not to meet the "Probable Case Definition" (i.e. test negative for COVID-19 or diagnosed with anther cause for their illness), the record can be "demoted" using the same process.

Identifying Cases in EpiTrax Needing Investigation

The following guidance uses the "Advanced Search Feature" in EpiTrax to locate those cases that have been newly assigned to the local health department.





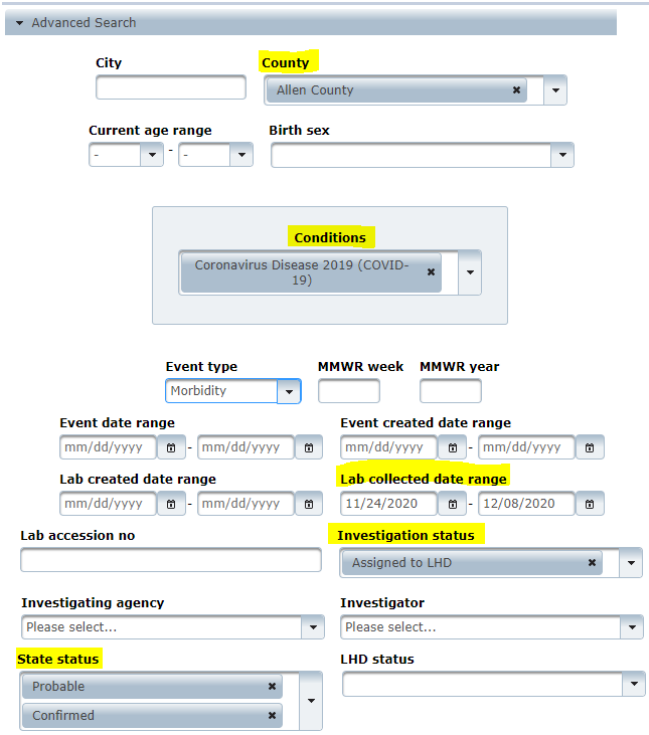
For new cases that have never been accepted by the local agency. The following choices can be made:

- County* = your county
- Condition = Coronavirus Disease 2019 (COVID-19)
- Event type = morbidity
- Investigation status = assigned to LHD
- State case status = confirmed and probable

To identify newly assigned cases with specimens collected the last 14-days include a lab collected date range with the selections listed above.

Avoid using the "Event date range".

- County* = your county
- Condition = Coronavirus Disease 2019 (COVID-19)
- Event type = morbidity
- Investigation status = assigned to LHD
- Lab collected date range = 14 days prior to current day
- State case status = confirmed and probable



* For cases, assigned to your jurisdiction that do not have a county in the address of diagnosis, use "Investigating Agency" in place of "County".

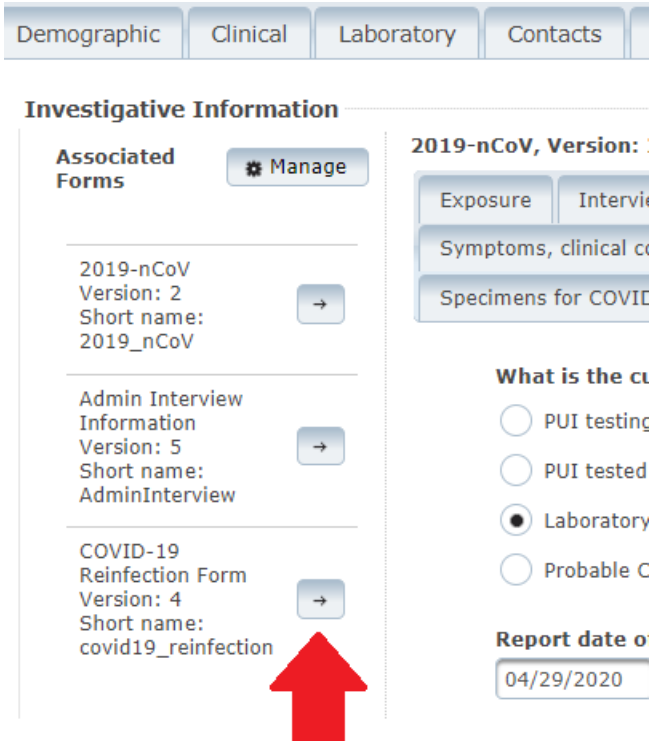
Managing Potential Reinfections in EpiTrax

Using the current CSTE standardized surveillance case definition and national notification for 2019 novel coronavirus disease (COVID-19), there is not enough virologic data to indicate when to classify a possible reinfection as a new case of COVID-19.

CDC does have a protocol for investigation of suspected SARS-CoV reinfection in the United States. To be considered for part of the study population requires paired respiratory specimens from each infection episodes.

At this time, we are not creating new cases in EPITRAX for persons suspected of having a reinfection; but, when an individual is suspected of reinfection and a positive viral antigen test for SARS-CoV-2 was collected after COVID-19 symptoms reappeared, a COVID-19 Reinfection Form will be added to the initial case in EPITRAX to allow the investigator to record new information about the current disease episode.

The investigator will need to select the COVID-19 Reinfection Form to enter the most recent findings. The data previously reported on the 2019-nCoV form during the original infection should not be erased or deleted.



OUTBREAK DEFINITIONS

Healthcare, Long-Term Care Facilities, and Long-Term Acute Care Hospitals

Outbreak Definition

- ≥2 cases of COVID-19 in a patient/resident, 7 or more days^ after admission for a non-COVID condition, with epi-linkage†;
- ≥2 cases of COVID-19 in HCP* or other staff with epi-linkage‡ who do not share a household and are not listed as a close contact of each other outside of the workplace during standard case investigation or contact tracing.

^ If a case is transferred from one facility to another facility and develops COVID-19 less than 7 days later, the case is associated to the first facility's potential outbreak. If the case becomes the source of an outbreak at the second facility, a notation is made in the first facility's outbreak record of the secondary outbreak at the second facility. This notation is made on the Administration tab 's description field of the outbreak record.

† Epi-linkage among patients/residents: Defined as overlap on the same unit or ward or having the potential to have been cared for by common staff within a 14-day time period of one another.

* Healthcare Personnel (HCP) include, but are not limited to, emergency medical personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g. clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing and volunteers).

‡ Epi-linkage among HCP: Defined as having the potential to be within 6 feet for 10 minutes or more while working in the facility during the 14 days prior to the onset of symptoms. For example, worked on the same unit during the same shift.

Outbreak-Associated Cases

- Individual confirmed and probable cases among patient/resident, HCP or other staff in a healthcare, LTCF or LTAC setting meeting the outbreak definition **should be classified as outbreak-associated and included in outbreak case count.**
- Any individual confirmed and probable cases resulting from secondary transmission from an outbreak-associated case in a family member or close contact of a patient/resident, HCP or other staff who is not employed by the setting **should be classified as outbreak-associated and included in outbreak case count.**

Outbreak Resolution

- No new symptomatic/asymptomatic probable or confirmed COVID-19 cases after 28 days (two incubation periods) have passed since the last case's onset date or specimen collection date.

All Other Settings

Outbreak Definition

- ≥2 COVID-19 cases among people at a setting with onset of illness within a 14- day period, who are epidemiologically linked**, do not share a household, and are not listed as a close contact†† of each other outside of the setting during standard case investigation or contact tracing.

  ** To the best extent possible, verify that cases were present in the same setting during the same time-period, that the timing fits with likely timing of exposure, and that there is no other more likely source of exposure for identified cases.

  †† Defined as being within 6 feet for 10 minutes or more or having direct contact with secretions (e.g. being coughed or sneezed on).

Outbreak-Associated Cases

- Confirmed and probable cases associated with the setting meeting the outbreak definition **should be classified as outbreak-associated and included in outbreak case count.**
- Any confirmed and probable cases resulting from secondary transmission from an outbreak-associated case in a family member or close contact of the case who is not associated with the setting **should be classified as outbreak-associated and included in outbreak case count.**

Outbreak Resolution

- No new symptomatic/asymptomatic probable or confirmed COVID-19 cases after 28 days (two incubation periods) have passed since the last case's onset date or specimen collection date.

ADDITIONAL INFORMATION / REFERENCES

A. Quarantine and Isolation: Kansas Community Containment Isolation/ Quarantine Toolbox Section III, Guidelines and Sample Legal Orders
www.kdheks.gov/cphp/operating_guides.htm

B. KDHE COVID-19 Information:

- Resource Center: https://www.coronavirus.kdheks.gov/

C. Additional Information (CDC):

- www.cdc.gov/coronavirus/2019-nCoV/index.html
- Case and Contact tracing resources:
  https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing/index.html

ATTACHMENTS

To view attachments in the electronic version:

1. Go to <View>; <Show/Hide>; <Navigation Pane>; <Attachments> – OR – Click on the "Paper Clip" icon at the left.
   a. If the icon or attachments are not visible in your browser. Save the document and reopen with Adobe.
2. Double click on the document to open.

Kansas Department of Health and Environment

*Adapted from TN Dept of Health

RELEASING CASES FROM ISOLATION AND CLOSE CONTACTS FROM QUARANTINE

CASES

Must be isolated for a minimum of 10 days after onset and can be released after afebrile and feeling well (without fever-reducing medication) for at least 72 hours, whichever is longer.

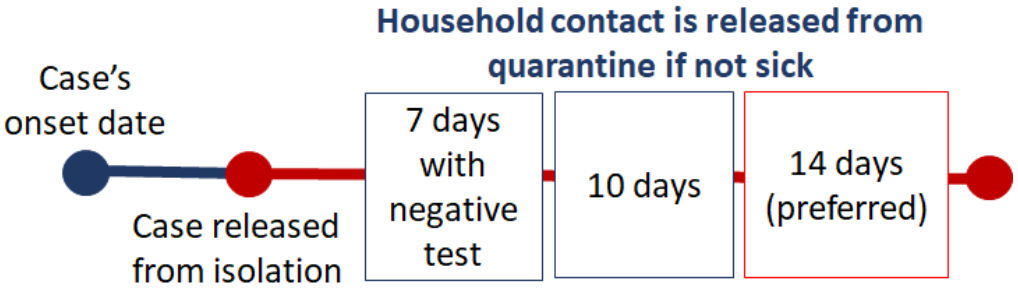
Note: Lingering cough and loss of taste or smell may persist for weeks or months and should not delay the end of isolation

HOUSEHOLD CONTACTS

Recommend quarantine for 14 days after the case has been released from home isolation (because exposure is considered ongoing within the house)**.

If you are not able to stay home for 14 additional days and you do not have symptoms, you may leave home earlier:

- After 10 days without testing; or
- After 7 days with a negative PCR test performed after Day 5.



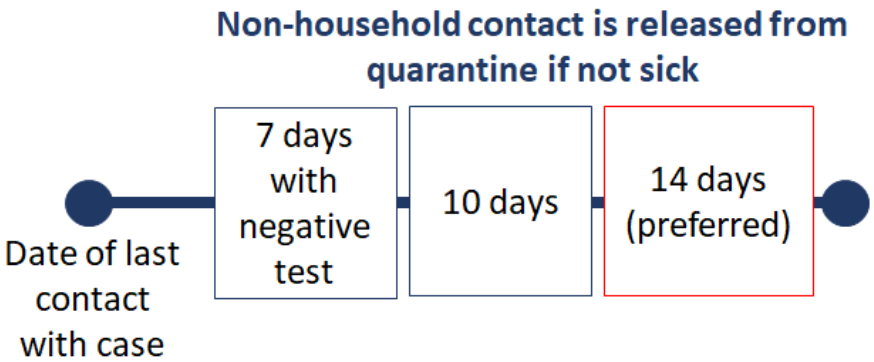
***** If you are able to have complete separation from the person in your house with COVID-19 (this means no contact, no time together in the same room, no sharing of any spaces, sucha as the same bedroom or bathroon), then follow the timeframe for non-household contact.***

NON-HOUSEHOLD CONTACTS

Recommend quarantine for 14 days after the date of last exposure with the person infected with COVID-19.

If you are not able to stay home for 14 additional days and you do not have symptoms, you may leave home earlier:

- After 10 days without testing; or
- After 7 days with a negative PCR test performed after Day 5.



12/8/2020

Kansas Department of Health and Environment

RELEASING SEVERELY ILL CASES AND CONTACTS FROM ISOLATION AND QUARANTINE

Severely ill cases who require care in the ICU or who are severely immunocompromised

CASES Who require ICU care or are severely immunocompromised

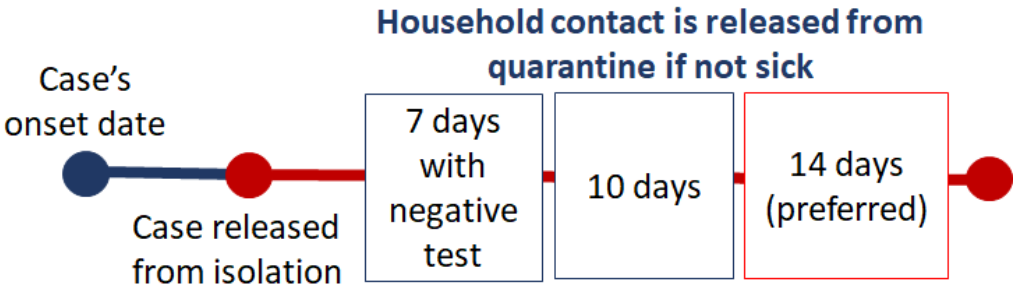
Must be isolated for a minimum of 20 days after onset and can be released after afebrile and feeling well (without fever-reducing medication) for at least 72 hours, whichever is longer.

Note: Lingering cough or loss of taste or smell can linger for weeks to months and should not prevent a case from being released from isolation.

HOUSEHOLD CONTACTS

Recommend quarantine for 14 days after the case has been released from home isolation (because exposure is considered ongoing within the house)**.
If you are not able to stay home for 14 additional days and you do not have symptoms, you may leave home earlier:

- After 10 days without testing; or
- After 7 days with a negative PCR performed after Day 5.

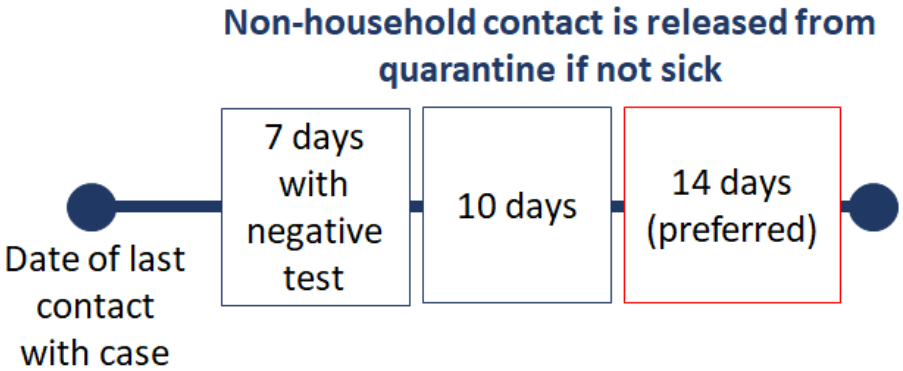


***** If you are able to have complete separation from the person in your house with COVID-19 (this means no contact, no time together in the same room, no sharing of any spaces, such as the same bedroom or bathroom), then follow the time frame for non-household contacts.***

NON-HOUSEHOLD CONTACTS

Recommend quarantine for 14 days after the date of last exposure with the person infected with COVID-19.
If you are not able to stay home for 14 additional days and you do not have symptoms, you may leave home earlier:

- After 10 days without testing; or
- After 7 days with a negative PCR after Day 5.



12/8/2020

Guide When Interviewing Confirmed Case or PUI to Determine Contacts

Use this guide with confirmed cases or PUIs to develop a list of close contacts who may have been exposed during the infectious period.

A. Date of symptom onset (Day 0): _____/_____/_____

B. Date of infectious period (-2 days before onset): _____/_____/_____

C. Date of isolation or estimated infectious period end (if never isolated, Day 10 or 3 days after feeling afebrile and well, whichever is long): _____/_____/_____

Suggested script: *I'm going to ask you to think back over each day while you've been sick (and even a couple days before you felt sick) to remember what you did each day. This will help us figure out who you may have been around, and who else might get sick. If you're having a hard time remembering, sometimes it is helpful to look back at a calendar, or on your phone for messages sent on each day, or even at your credit card receipts. We are happy to give you time to consult other information to be sure that we understand your activities while you were ill as completely as possible.*

For the interviewer: Elicit all major activities and potential close contacts from the Case for every day from Day 0 (A in the list above) to Date of isolation/Day 10 (B in the list above). Suggested questions for each day are below.

- Where did you wake up this morning?
- Was anyone else staying in the same place as you?
- Where did you have breakfast? Did anyone dine with you?
- Did you go to work or school this day?
    - What is that environment like? Do you sit with other people?
    - What did your work day look like? Any meetings outside your office or normal workplace?
- Where did you eat lunch? Did anyone dine with you?
- Did you run any errands or go shopping?
- Where did you eat dinner? Did anyone dine with you?
- Did you go to the doctor?
- Any other outings or social gatherings?
- For any outings (school/work/doctor/shopping/etc): How did you get there? Did you share a ride with anyone? Did you interact with anyone there for >10 minutes?
- How did you feel this day?

For the interviewer: Record responses to the questions above, make sure to note the names and contact information (phone number, address) if possible re: any close contacts for each day. When you've completed the interview for all days, then proceed**.**

Now that we've gone through each day…. Think back over the whole time since you've been ill. Have you been to any big social gatherings that we haven't already discussed? Family reunion? Party? Concert? Work Meeting? Conference?

Scripts for Active Monitoring of close contacts of confirmed cases

Introduction script

Hello, I am _____ with the _____ Health Department. We are working with the CDC and Kansas Department of Health on an investigation of a case of the COVID-19, and the information we've gathered indicates that you've possibly been exposed to the COVID-19.

Out of an abundance of caution, we need to monitor your health for the next _____ days [14 days after last possible exposure]. I will be your contact, and I will call you once a day to check-in and review any symptoms you may have.

Do you have any questions for me about that information?

**you cannot tell them case information, nor can you explicitly state where they were exposed as this could lead them to ID the case. Some people will be able to deduce, and if they speculate who and where, just say that you can't confirm any information*

Only ask these during the first call.

I have some initial questions for you if you have a few minutes right now.

What is your occupation and where do you work?

Are you currently pregnant?

I need to get your contact information; can you provide your address and a secondary phone number?

How would you describe your race/ethnicity, and what is your primary language?

**If not English, ask if they will need a translator.*

What is your date of birth?

How many adults and children live in your home, including you, and what type of housing is it (apartment, dorm, single-family, etc.)? *We need to note the number of children and adults separately.*

Do you own the property where you live?

Symptom review/call script

Hi, _____, this is _____ with the Health Department. How are you feeling today (well/unwell)?

Let's run down the symptom checklist:

Fever, what was your highest temperature in the last 24 hours?

Any chills? Sever shivering?

Muscle or body aches? Headache?

Sore throat?

Any cough? Shortness of breath? Difficulty breathing?

Fatigue or malaise (extreme lack of energy, tired)?

Any lack of appetite? Loss of smell or taste disorder?

Diarrhea, or vomiting?

**if the contact says yes to any symptom, confirm the date and time of onset. Recommend the contact self-isolate immediately and let them know we will be in touch shortly with further instructions for testing and visiting a medical provider. Coordinate with your local leadership on next steps. Call 877-427-7317 for a consult. Those with minor symptoms may be asked to remain home and isolate without testing depending on the current status of your county cases.*

Do you know any other people who are experiencing symptoms like the ones we just discussed?

**Get their names if so.*

Ending the conversation

Do you have any questions or need to tell me anything else?

If you develop symptoms before our next call, please call me immediately and isolate yourself. We will go from there. If you need to call or text me to schedule a time to call next, feel free to do so and I can work with your schedule.