COVID-19 CASE AND CONTACT INVESTIGATION TRAINING FOR TRIBES

03/27/2020
Objectives

- Provide information for Tribes to determine whether they will conduct case and contact investigations for COVID-19 or defer to Washington State

- Provide information for Tribes to determine who will be the primary point of contact for the Tribe to receive notice of confirmed cases in their tribal community

- Provide training for tribal staff to conduct case and contact investigations
Training Agenda

• Why is Case and Contact Investigation Important for Tribes?

• COVID-19 Background

• Interview Techniques

• Case Investigation

• Types of Contact Follow-Up

• Resources
Cases and Contacts

Case

A case is an individual who has been confirmed to be infected with the communicable disease of concern, through utilizing a diagnostic test, or meeting other established clinical criteria.

Contact

A contact is an individual who may have been exposed to the disease of concern, but has not developed symptoms and has not been confirmed to be infected with the communicable disease of concern, through utilizing a diagnostic test, or meeting other established clinical criteria.
Why is Case and Contact Investigation Important for Tribes?

Cases

- Provide information on self-care or care of a family member
- Provide information on how to set up the home environment to be safe for case and other household members
- Identify individuals who may be best housed in a location other than home
- Identify possible needs for resources or support
- Monitor – watch for disease progression and needs for medical care
- Identify patterns in who is getting sick in your community
Why is Case and Contact Investigation Important for Tribes?

Contacts

• Identify individuals who should quarantine
• Provide information on how to monitor for onset of symptoms
• Provide information on how to prevent infecting family members and other community members
• Understand if “Stay Home” requirements are not being met
Culturally-Based Outreach

- Tribal staff vs DOH
- Better adherence to quarantine and isolation guidance
- Better understanding of the case or contact’s situation
- More likely to reach individuals
Data Sovereignty

“Indigenous data sovereignty is the right of a nation to govern the collection, ownership, and application of its own data”

Tribal Data Collection

- Accuracy
- Completeness
- Ownership
- Control
- Ready access by the tribal government to decision-making information
COVID-19 Background

Photos courtesy of the Centers for Disease Control and Prevention
DOH Investigation Quick Sheet

- Main symptoms: fever and cough, shortness of breath
  - Maybe: headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea not uncommon
- Infectious period: contagious at symptom onset and likely shortly before. Asymptomatic infections occur – may be presumed contagious
- Incubation: Unknown. The average incubation period may be 3 - 5 days (range 2-14 days)
- Treatment: There is no specific recommended treatment for COVID-19 and no vaccine is currently available
How contagious is COVID-19?

For each sick person, how many subsequent people will be infected?
assuming everyone in the population is susceptible

- EBOLA: 2
- SWINE FLU: 2
- HIV: 4
- SMALLPOX: 7
- MEASLES: 18

The number is an indication of contagiousness only, and the actual spread will vary under different conditions.
What is DOH doing?

- When DOH receives a positive test result, we call the person and perform the interview.
- We ask for email information and send an email to the case:
  - Fact sheet for the case on isolation recommendations
  - Fact sheet for contacts of the case on quarantine recommendations
  - We ask the case to forward information to their contacts
- This is not best practice → best practice would include following up with contacts individually.
Case and Contact Follow-up

- Tribes can choose whether to do follow-up for cases and/or contacts and what resources to provide in your community

- This training reviews:
  - materials that DOH currently has available
  - interview techniques
  - contact tracing
Interview Techniques
Interview Techniques

Before the Interview

- Brush up on COVID-19
  - Resources will be provided
- Gather all of the materials you’ll need
  - Pencil recommended
  - Print extra copies
- Do a practice run to familiarize yourself with the questions
- Find a quiet, private place
Interview Techniques

- Explain what you’re doing & why you’re doing it
- Confidence is key!
- Be conversational
  - Mirror tone, pace, diction
  - Try to stay within the questionnaire
- Show empathy; this person was just pretty sick/scared
- Gently re-direct as needed
- Probe for specific answers if response is vague
- Let them ask questions
- Express gratitude
Important to Remember

- Accurately record what people say
- Persistence gets the job done
  - Okay to ask why they are refusing
  - Call multiple times, including evenings or weekends
- Write legibly, someone eventually has to read it!
- Fill out all of fields
- Note the date & time
10 Cardinal Rules of Interviewing

1. Do a practice run until you’re comfortable with the questionnaire
2. Find a quiet place to conduct your interviews
3. Be non-judgmental
4. Avoid leading the responder
5. Accurately record what people say
6. Ensure confidentiality, beginning with conducting interviews in a private location
7. Gently re-direct, as needed
8. Probe if answers are vague, particularly about time of symptom onset
9. Work with epidemiology staff to provide language interpretation, if needed
10. Thank interviewee at closing and explain how info will be used
What can be learned from in-depth interviews

- Generation 1
  - Event 1

- Generation 2
  - Event 2

- Generation 3
  - Event 3
Case Investigation
Case Investigation Form

Leaving a Voicemail Message:

“Hi this is [interviewer name] from [agency name]. I am contacting you about your recent illness. Please call me back at [predetermined contact number]. I will be in the office [availability]. If I don’t answer, please leave a voicemail and I’ll get back to you as soon as possible.”

If they answer:

Hi, this is [interviewer’s name] calling from [agency name]. May I speak with [respondent name]? (or “Am I speaking with [respondent name]?”)

“I am calling because you tested positive for COVID-19. We are trying to gather more information about your illness and your activities before and after you became ill to aid in our understanding of this disease and to prevent future cases. Is now a good time for you? (If no, schedule a time to call back). First I am going to ask you a few questions to make sure the information we received is correct.” (Confirm name and DOB if available.)
# Case Investigation Form

## ADMINISTRATIVE
- **Investigator**
- LHJ Case ID (optional)
- LHJ notification date __/__/__
- Classification
  - Not reportable
  - Probable
  - Ruled out
  - Suspect
- **Investigation status**
  - In progress
  - Complete
  - Complete – not reportable to DOH
  - Unable to complete
  - Reason __________
- **Investigation start date** __/__/__
- **Investigation complete date** __/__/__
- **Case complete date** __/__/__
- Outbreak related
  - Yes
  - No
- LHJ Cluster ID __________
- Cluster Name __________

## DEMOGRAPHICS
- Age at symptom onset
  - ____________ Years
  - ____________ Months
- **Ethnicity**
  - Hispanic or Latino
  - Not Hispanic or Latino
  - Unk
- **Race**
  - Asian
  - Black/African Amer
  - Native Hi/other PI
  - White
  - Other ____________
- Primary language ____________
- Interpreter needed
  - Yes
  - No
  - Unk
- **Employed**
  - Yes
  - No
  - Unk
- **Occupation** ____________
- **Industry** ____________
- **Employer** ____________
- **Work site** ____________
- **City** ____________
- **Student/Day care**
  - Yes
  - No
  - Unk
- **Type of school**
  - Preschool/day care
  - K-12
  - College
  - Graduate School
  - Vocational
  - Online
  - Other
- **School name** ____________
- **School address** ____________
- **City/State/County** ____________
- **Zip** ____________
- **Phone number** ____________
- **Teacher’s name** ____________

---

Washington State Department of Health | 23
Clinical Information Section

<table>
<thead>
<tr>
<th>Complainant ill</th>
<th>Yes</th>
<th>No</th>
<th>Unk</th>
<th>Symptom Onset</th>
<th>/</th>
<th>/</th>
<th>Derived</th>
<th>Diagnosis date</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness duration</td>
<td>1 _</td>
<td>_</td>
<td>_</td>
<td>_</td>
<td>Days</td>
<td>Weeks</td>
<td>Montrs</td>
<td>Years</td>
<td>Illness is still ongoing</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Clinical Features**

- **Any fever, subjective or measured**
  - Temp measured? Yes | No
  - Highest measured temp _____ °F
- **Chills or rigors**
- **Headache**
- **Myalgia (muscle aches or pains)**
- **Pharyngitis (sore throat)**
- **Sinus congestion**
- **Cough**
  - Productive cough Onset date ___/___/___
  - Dry cough Onset date ___/___/___
- **Dyspnea (shortness of breath)**
- **Pneumonia**
  - Diagnosed by X-Ray | CT | MRI | Provider Only
  - Result Positive | Negative
  - Indeterminate | Not tested | Other

- **Acute respiratory distress syndrome (ARDS)** Diagnosed by X-Ray | CT | MRI | Provider only

- **Nausea**
- **Vomiting**
- **Diarrhea**
- **Abdominal pain or cramps**
- **Other symptoms consistent with this disease**

**First symptom(s) that presented:**
- Fever
- Chills/rigors
- Headache
- Myalgia
- Pharyngitis
- Sinus congestion
- Cough
- Dyspnea
- Pneumonia
- ARDS
- Nausea
- Vomiting
- Diarrhea
- Abdominal pain or cramps
- Other symptom – Describe: ______________________

**Pregnancy status at time of symptom onset**
- Pregnant
- Postpartum
- Neither pregnant nor postpartum
- Unk
# Clinical Information Section

## Predisposing Conditions
- **Current tobacco smoker**
- **Diabetes mellitus**
- **Chemotherapy**
- **Steroid therapy**
- **Cancer diagnosis or treatment in 12 months prior to onset**
- **Organ transplant**
- **Immunosuppressive therapy, condition or disease**
- **Chronic heart disease**
- **Asthma/reactive airway disease**
- **Chronic lung disease (e.g., COPD, emphysema)**
- **Chronic liver disease**
- **Chronic kidney disease**
- **Hemoglobinopathy (e.g., sickle cell disease)**
- **Current prescription or treatment**
- **Hemodialysis at time of onset**
- **Other underlying medical conditions**

## Clinical Testing
- **COVID-19 testing performed**
- **Flu testing performed**
- **Viral respiratory panel**

## Hospitalization
- **Hospitalized at least overnight for this illness**
- **Hospital admission date**
- **Discharge**
- **HRN**
- **Disposition**
- **Another acute care hospital**
- **Die in hospital**
- **Long term acute care facility**
- **Long term care facility**
- **Non-healthcare (home)**
- **Other**
- **Admitted to ICU**
- **Mechanical ventilation or intubation required**
- **Still hospitalized**
- **As of**

## Death of this Illness
- **Death date**

*Please fill in the death date information on the Person Screen*
## Risk & Response Section

### APPENDIX A: Novel Coronavirus EXPOSURE TIMELINE

**PART I: Identifying Sources of Infection**

- **Part I and Part II:** collect locations of potential exposure and transmission for each date below:
  - Addresses and phone numbers of work & high risk settings
  - Dates and times visited (if available, time of arrival and length of stay)
  - Travel information (e.g., departure & arrival cities, method of transport, transport company, flight number)
  - Remember to ask about stops at healthcare facilities, schools and child care centers

<table>
<thead>
<tr>
<th>Date</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Information about Contacts</strong></td>
</tr>
<tr>
<td></td>
<td>Names and phone numbers of contacts</td>
</tr>
<tr>
<td></td>
<td>Relation to case</td>
</tr>
<tr>
<td></td>
<td>Are contacts symptomatic?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Earliest Exposure Date</th>
<th>Locations (with times)</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Travel
- Contact with ill persons
- Social gatherings
- Healthcare visits
- Any likely exposure locations
## Risk & Response Section (for data entry)

**RISK AND RESPONSE SOURCE OF ILLNESS FOR CASE (Complete AFTER interview for data entry)**

- **Is the patient** (check all that apply)
  - Healthcare worker
  - US military
  - Flight crew
  - Associated with school
  - Associated with Long-Term Care/Rehab/Retirement Center
  - Associated with a prison
  - Living homeless
  - Immune compromised
  - EMS/First responder
  - Other position of concern

**Travel – during the 14 days before symptom onset did you travel?**

<table>
<thead>
<tr>
<th>Setting 1</th>
<th>Setting 2</th>
<th>Setting 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel out of:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County/City</td>
<td>County/City</td>
<td>County/City</td>
</tr>
<tr>
<td>State</td>
<td>State</td>
<td>State</td>
</tr>
<tr>
<td>Country</td>
<td>Country</td>
<td>Country</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start and end dates</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>/<strong>/</strong></em> to <em>/<strong>/</strong></em></td>
<td><em>/<strong>/</strong></em> to <em>/<strong>/</strong></em></td>
<td><em>/<strong>/</strong></em> to <em>/<strong>/</strong></em></td>
</tr>
</tbody>
</table>

**Y  N  Unk**

- **In the 14 days prior to symptom onset, did the patient have close contact with a confirmed or probable coronavirus case**
  - Contact start date _/__/___
  - Contact end date _/__/___
  - WDRS # of contact
  - Name
  - DOB _/__/___
  - Nature of contact (check all that apply)
    - Same household
    - Co-worker
    - Healthcare environment
    - Other

**Suspected exposure setting**

- Day care/childcare
- School (not college)
- Home
- Work
- College
- Transit
- Military
- Doctor's office
- Hospital ward
- Hospital ER
- Hospital outpatient facility
- Long term care facility
- Laboratory
- Restaurant
- Correctional facility
- Place of worship
- Homeless/shelter
- International travel
- Out of state travel
- Hotel/motel/hostel
- Social event
- Large public gathering
- Other
  - Describe:

---

Washington State Department of Health | 27
## Transmission Tracking Section

**PART II: Identifying Exposed Contacts and Sites of Transmission**

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>LOCATIONS (with times)</th>
<th>CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYMPTOM ONSET</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contagious Period</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Healthcare visits
- Close contacts
- Travel
- Social gatherings
### Transmission Timeline (data entry)

**TRANSMISSION AFTER CASE IS SYMPTOMATIC** (Complete AFTER interview for data entry)

- Visited, attended, employed, or volunteered at any public settings (including healthcare) while contagious: [ ] Yes [ ] No [ ] Unk

**Settings and details (check all that apply)**
- [ ] Day care
- [ ] School
- [ ] Airport
- [ ] Hotel/Motel/Hostel
- [ ] Transit
- [ ] Health care
- [ ] Home
- [ ] Work
- [ ] College
- [ ] Military
- [ ] Correctional facility
- [ ] Place of worship
- [ ] International travel
- [ ] Out of state travel
- [ ] LTCF
- [ ] Homeless/shelter
- [ ] Social event
- [ ] Large public gathering
- [ ] Restaurant
- [ ] Other

<table>
<thead>
<tr>
<th>Setting Type (as checked above)</th>
<th>Facility Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>List of contacts known?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1/1/2023</td>
<td>1/1/2023</td>
<td>[ ] Y [ ] N [ ] Unk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/1/2023</td>
<td>1/1/2023</td>
<td>[ ] Y [ ] N [ ] Unk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/1/2023</td>
<td>1/1/2023</td>
<td>[ ] Y [ ] N [ ] Unk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/1/2023</td>
<td>1/1/2023</td>
<td>[ ] Y [ ] N [ ] Unk</td>
</tr>
</tbody>
</table>
### APPENDIX B: COVID-19 CONTACT INVESTIGATION NOTES

Information collected from Appendix A: Part I are abstracted and filled in below for contact tracing.

<table>
<thead>
<tr>
<th>Name of Contact (First and Last)</th>
<th>If Minor, Name of Guardian</th>
<th>Case gave permission to name contacts</th>
<th>Date Exposed</th>
<th>Exposure Details/Notes</th>
<th>Contact information (Email and phone)</th>
<th>Is Contact Symptomatic with COVID-19 symptoms? (Y/N/U)</th>
<th>County</th>
<th>Named contact follow up needed (Y/N)</th>
<th>Action Needed - Describe</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Facilities for Follow-Up

APPENDIX C: COVID-19 CONTACT ACTIONS FOR LHJs

Information collected from Appendix A: Part I and Part II are abstracted and filled in below for contact tracing.

<table>
<thead>
<tr>
<th>Risk and Response (Exposure) or Transmission (Contagious) Period</th>
<th>Name of Facility/workplace/event</th>
<th>Healthcare Code*</th>
<th>Date and time case presented</th>
<th>Exposure Details/Notes</th>
<th>Location or Address</th>
<th>Contact Name/Email/Phone</th>
<th>County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*CODE: only for healthcare facilities: LTCF = long-term care facility; DIAL = dialysis; OUT = outpatient; IN = inpatient; OTHER = other healthcare
Public Health Recommendations

Cases:
should restrict activities outside home, except for getting medical care. You can discontinue home isolation when:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,
- At least 7 days have passed since symptoms first appeared.
Public Health Recommendations

For contacts who are not ill, they should:

- Monitor their health for fever, cough and shortness of breath during the 14 days after the last day you were in close contact with them.
- They should not go to work or school, and should avoid public places for 14 days after the last day you were in close contact with them. If they are a household contact, the 14 day count begins on your last day of isolation at home (3 days after your recovery).

For contacts who are ill, they should:

Isolate at home and away from other people, leaving only for medical care. They can discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); AND,
- At least 7 days have passed since symptoms first appeared.
# Types of Contact Follow-Up

<table>
<thead>
<tr>
<th>Contact Type</th>
<th>Description</th>
<th>Follow-Up Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Named Contact</td>
<td>Household member, including partner of confirmed case</td>
<td>Call directly and provide guidance</td>
</tr>
<tr>
<td>Employer</td>
<td>Lab positive case works at a restaurant</td>
<td>Call HR directly or supervisor of case and provide guidance</td>
</tr>
<tr>
<td>Healthcare facilities</td>
<td>Lab positive case works at a hospital</td>
<td>Call Infection Prevention or healthcare manager and provide guidance</td>
</tr>
<tr>
<td>Small/private groups</td>
<td>Everyone in the small group can be contacted</td>
<td>Call event organizer/host/manager and provide guidance</td>
</tr>
<tr>
<td>Large groups</td>
<td>Everyone in the large group can receive individual PH follow-up or event organizer can send info to individuals</td>
<td>Contact event organizer and provide guidance</td>
</tr>
<tr>
<td>Public exposure site</td>
<td>No way to quantify who may have been present at the public location</td>
<td>Inform PIO of new public exposure site of date and time of exposure and notify site manager of pending public announcement</td>
</tr>
</tbody>
</table>
Resources

- DOH 2019 Novel Coronavirus (COVID-19) website
- 1-pager guidance for confirmed or suspected
- 1-pager guidance for potentially exposed
- 1-pager guidance for symptomatic, but no exposure
- Guidance for Social Distancing
- LHJ COVID-19 Quicksheet
- LHJ COVID-19 Reporting Form
- Testing for COVID-19
- COVID-19 New Insights on a Rapidly Changing Epidemic
- Script for case interview (pending distribution)
- Script for contact interview (pending distribution)
Next Steps

Please notify Lou Schmitz at lou.schmitz.aihc@outlook.com:

• Who is your Tribe’s single point of contact for receiving notice of positive cases?

• Is your Tribe is choosing to do its own case and contact investigation?
Questions?
Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.