

# Adapting Contact Tracing Programs for COVID-19

Last updated: 02/19/2021



WORKFORCE  
ADAPTATIONS

EPIDEMIOLOGY  
ADAPTATIONS

SYSTEMS  
ADAPTATIONS

FINANCIAL,  
LOGISTICAL, and  
OPERATIONAL  
ADAPTATIONS

This information is intended to **facilitate strategic thinking** and **provide resources** for the adaptations many have made through the course of the COVID-19 pandemic. This resource could also serve as a guide as local public health agencies continue to prioritize and ask themselves tough questions.

As focus shifts to vaccination and case counts continue to decrease, **the importance of continued contact tracing efforts cannot be overstated.**

As your team implements adaptations to your contact tracing programs, you are encouraged to **share those changes** with [epitrax@health.mo.gov](mailto:epitrax@health.mo.gov) so that DHSS might pass on the success with other agencies who may benefit from this expertise.

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# WORKFORCE ADAPTATIONS

- **Can staff roles be re-evaluated to fill gaps?**
  - Skilled worker utilization
- **Can additional staff be recruited?**
  - No special license needed – can be trained
  - Contact [epitrax@health.mo.gov](mailto:epitrax@health.mo.gov) to request DHSS surge staff.
- **Can additional staff be quickly trained?**
  - DHSS surge staff trained - just need jurisdictional process
  - CDC's [National Network of Disease Intervention Training Centers](#)
- **From where and how should staff be recruited?**
  - Many locals have had great luck recruiting community volunteers
    - Colleges/schools; retirees; faith-based congregations; civic organizations

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## EPIDEMIOLOGY ADAPTATIONS

- **Can higher impact activities (e.g., notification of cases and close contacts) be prioritized? Can monitoring and follow-up of close contacts be prioritized, such as those in congregate settings?**
  - Yes! Refer to the Prioritization Document by DHSS to determine how your jurisdiction could be prioritizing outreach activities based upon case rate.
  - No quarantine for vaccinated individuals if exposed, per new (2/10/21) CDC guidance. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#phrecs>
- **Can turnaround time for test results be reduced in order to reduce the number of contacts that need to be traced? Can the testing strategy for contacts be modified?**
  - Over 90% of laboratory results are received electronically and auto-ingested into EpiTrax on the same day as receipt.
  - Contact tracers are encouraged to share free local testing opportunities with contacts. Find local options here: <https://mako.exchange/splash/MOmakotesting/>.
- **Can a household unit be traced and monitored together? Can the duration and/or frequency of follow-up be revised?**
  - Household symptom monitoring is available via SMS through MO ACTS. Send contacts over from EpiTrax, opt them in to this functionality, and reset duration and/or frequency defaults to match your jurisdiction's standards. Visit the [MO ACTS intranet site](#) to learn more.

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# SYSTEMS ADAPTATIONS

- **Can SMS, apps, or other technology or software be used to support remote follow-up?**
  - SMS symptom monitoring is available through [MO ACTS](#). Look for ways to gather interview information without phone call – survey?
- **Is self-monitoring an option?**
  - Does daily symptom monitoring by staff add value to response?
- **Can digital tools be used to improve efficiency of contact tracing?**
  - Seek out opportunities to use technology instead of personnel time
- **Can digital tools be used to monitor workforce performance and support enhanced data utilization?**
  - [EpiTrax](#) and [MO ACTS](#) exports and reports

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# FINANCIAL, LOGISTICAL, and OPERATIONAL ADAPTATIONS

- **Can financial resources be reallocated or used more efficiently to support a scale-up?**
  - What resources are available for contact tracing?
- **Are logistical and operational supports for contact tracers in place to support a scale-up?**
  - Yes. As long as one local contact tracer is registered to [MO ACTS](#), DHSS surge support can use EpiTrax/MO ACTS to remotely support scaled-up contact tracing efforts. This assistance must be requested by emailing [epitrax@health.mo.gov](mailto:epitrax@health.mo.gov).
- **Are logistical and operational supports for isolated and quarantined individuals in place to support a scale-up?**
  - [MO ACTS](#) symptom monitoring
- **Can local organizations and networks support the government public health authority?**
  - MPH programs, Nursing programs, K-12 schools, faith-based organizations, civic organizations

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Last fall my family and I tested positive for COVID-19.

Two days after our diagnosis, we received a follow-up call from a contact tracer. I experienced a severe cough and high fever when the call came; however, the contact tracer was professional, kind, and courteous. She first ensured that I was able to participate in the call, as she could call back at a better time.

Although I felt knowledgeable regarding the “next steps,” she led me through what to expect and how to best care for myself and others around me. I felt confident that I already knew whom I had exposed, but we were able to identify each person that my family had been in contact with and those that needed to be contacted through the assistance of this person.

My husband had been reluctant to “isolate,” but after visiting with this person and hearing the importance of isolation, he had a better understanding and was willing to comply.

**The process of this contact tracing call helped eliminate the spread of COVID-19 within my family and friends.**

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# For more information:



## Contact the EpiTrax Helpdesk:

- Phone: (573) 526-9533
- Email: EPITRAX@health.mo.gov



## Use EpiTrax intranet site:

<https://clphs.health.mo.gov/lphs/diseaseprevention/epitrax/>



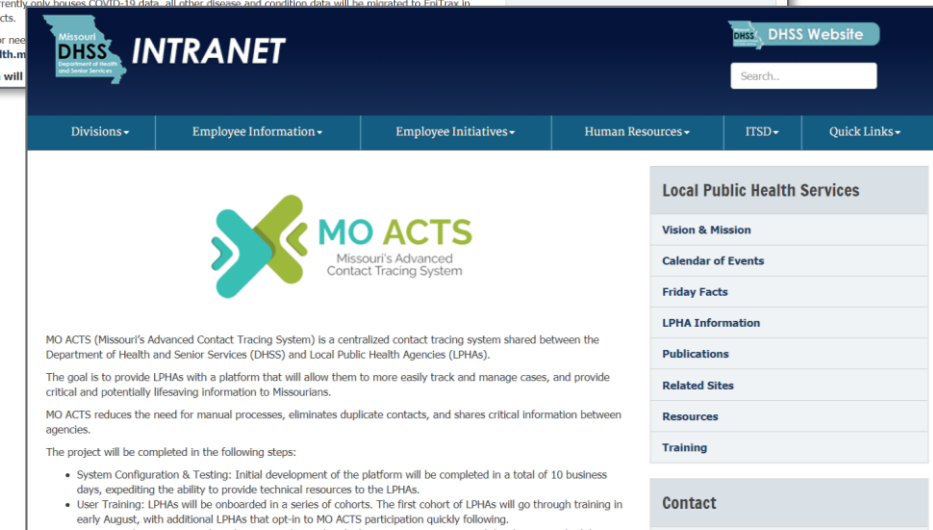
## Use MO ACTS intranet site:

<https://clphs.health.mo.gov/lphs/diseaseprevention/moacts>



## Use CDC's Operational Considerations for Adapting a Contact Tracing Program to Respond to the COVID-19 Pandemic:

<https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/operational-considerations-contact-tracing.html>





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- Can additional staff be recruited?
- Can additional staff be quickly trained?
- From where and how should staff be recruited?

## WORKFORCE ADAPTATIONS

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- Can turnaround time for test results be reduced in order to reduce the number of contacts that need to be traced? Can the testing strategy for contacts be modified?
- Can a household unit be traced and monitored together? Can the duration and/or frequency of follow-up be revised?

## EPIDEMIOLOGY ADAPTATIONS

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- Is self-monitoring an option?
- Can digital tools be used to improve efficiency of contact tracing?
- Can digital tools be used to monitor workforce performance and support enhanced data utilization?

## SYSTEMS ADAPTATIONS

- Can financial resources be reallocated or used more efficiently to support a scale-up?
- Are logistical and operational supports for contact tracers in place to support a scale-up?
- Are logistical and operational supports for isolated and quarantined individuals in place to support a scale-up?
- Can local organizations and networks support the government public health authority?

## FINANCIAL, LOGISTICAL, and OPERATIONAL ADAPTATIONS