

## Surveillance - Appendix 10

### Contact Tracing

#### Overview

NJ Department of Health and Senior Services (NJDHSS) personnel will assist local health departments and healthcare providers in identifying and monitoring close contacts of suspected or confirmed novel influenza patients. Such contacts might include household and social contacts, family members, workplace or school contacts, and/or healthcare providers who had unprotected close contact (i.e., did not use recommended precautions) starting 24 hours prior to the patient's symptom onset. The goal of timely case and contact identification is to limit the spread of the novel influenza in order to buy time before therapies (i.e., vaccine, antivirals) are available and to limit the impact on the health care system.

The capacity to do more detailed case and/or contact investigations will depend on staff resources, taking into account the potential impact on other agency priorities given the likelihood of an extended pandemic response. At the start of the pandemic in NJ, NJDHSS and local health departments will conduct case-based surveillance and obtain more detailed clinical and epidemiologic data on the initial cases.

Contact tracing and monitoring would only be considered for the initial cases at the start of the pandemic. Given the epidemiologic characteristics of influenza viruses (e.g., contagiousness before illness onset and potential for asymptomatic cases to shed virus), however, such tracking and use of NJDHSS and local health department staff resources will not be an effective way to control the outbreak once there is evidence of sustained community transmission in the state. Therefore, contact investigations will not be conducted once resources become limited or when contact tracing becomes ineffective.

#### Contact Tracing Methods

##### Case Definition of Contact

The definition of a contact will be developed between surveillance and clinical staff and will be based on available information of the circulating novel virus. Examples of individuals who might be considered contacts would include household and social contacts, family members, workplace or school contacts, and/or healthcare providers who had unprotected close contact (i.e., did not use recommended precautions).

##### Contact Identification

Cases will be identified using methods described in Appendix 9. The case screening form found in Surveillance Appendix 9 – Attachment D will be modified to include questions regarding contacts. Contact information based on the contact definition will be collected from identified cases. Basic information on contacts will be collected in a line list format. A template of a contact tracing line list can be found in Surveillance Appendix 10 - Attachment A1.

##### Management of contacts

**Asymptomatic contacts** should be asked to take their temperature at least twice daily. NJDHSS in conjunction with local health departments will monitor asymptomatic contacts by telephone or home visit daily for 10 days after their last contact with the suspected case-patient to assess for development of symptoms consistent with the novel influenza identified. A template of symptom

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tracking log can be found in Appendix 10 - Attachment B. The decision to quarantine asymptomatic contacts at home or in another facility will be made based on epidemiologic characteristics of the novel influenza virus responsible for the outbreak. The decision to provide asymptomatic contacts with prophylactic medications will be made based on the supply and the effectiveness of the therapy. (Additional information on contact management can be found in the Clinical Guidelines Operations Section)

**Symptomatic contacts** of suspected patients should seek medical attention immediately when symptoms develop and should notify their healthcare provider of recent contact with a suspected influenza case. Recommendations available for the treatment of cases patients should be followed for contacts that develop symptoms. (Additional information on the treatment and case of case patients can be found in the Clinical Guidelines Operations Section).

### Reporting

Any contact who develops fever symptoms consistent with the novel influenza identified should be reported **IMMEDIATELY** to the local health department (LHD) where the patient resides. If LHD personnel are unavailable, health care providers should report the case to the NJDHSS' Communicable Disease Service (CDS) at 609-588-7500, Monday through Friday 8:00 AM - 5:00 PM. On weekends, evenings and holidays, CDS can be reached at (609) 392-2020.

### Evaluation

Contact tracing will begin when the initial case of novel virus is identified. Contact tracing is a labor intensive activity and consequently is not sustainable for a long period of time. The effectiveness of contact tracing is based on two factors. The first is the ability to maintain staffing levels to perform necessary case and contact follow up. The second is the ability to identify and quarantine contacts to prevent disease spread. Once there is evidence of sustained community transmission in the state, contact tracing efforts will provide little benefit in controlling disease spread. At this point, the use of broad community containment measures (e.g., social distancing, school closures) which require fewer resources will provide the most benefit in controlling the spread. For additional information on community containment efforts, see the Community Disease Control & Prevention Operations Section. Continuous evaluation of both resources and disease spread will be monitored to determine when these broad community containment measures should be implemented.

**Surveillance - Appendix 10 - Attachment A1**

**NJDHSS Contact Tracing Line List**

**A contact is defined as: (to be defined based on epidemiologic/clinical knowledge of novel influenza virus)**

**Case ID:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Health Department** \_\_\_\_\_

Contact ID Number	LName	FName	Address	DOB	Age	Gender (M,F)	Phone Number	Date of Last Exposure	Nature of Contact (HH, HCW, WS, T, S, O)	Under Follow up (Y,N)	Date Symptoms Developed	Date Quarantine Period Ends	Date Case Closed

**Nature of Contact** HH=Household, HCW=Healthcare worker, WS=Work site, T=Travel, S=School, O=Other (specify)

## Surveillance – Appendix 10 – Attachment A2

### Contact Tracing Line List Variables

**Contact ID Number**- Contact ID number will be based on case ID number and a sequential number based on the number of contacts will be appended to the case ID number. Example: 12345-1 (contact number 1 of case 12345), 12345-2 (contact number 2 of case 12345).

**LName**- Last name of the contact

**FName**- First name of the contact

**Address** – Address of the contact

**DOB** – Date of birth of the contact

**Age** – Age of contact

**Gender**- Gender of contact

**Phone Number** – Phone number which the contact can be reached at for follow up

**Date of Last Exposure**- Date of last exposure the case patient. This is also the date the quarantine period would begin.

**Nature of Contact**- HH=Household, HCW=Healthcare worker, WS=Work site, T=Travel, S=School, O=Other (specify)

**Under follow up** – Indicate whether

**Date Symptoms Developed**- If the contact develops symptoms indicate it here. If the contact does not develop symptoms this field should be left blank. NOTE: Contacts who developed symptoms should be treated as new cases.

**Date Quarantine Period Ends** – A timeframe for which each contact needs to be quarantined and monitored will be determined. This timeframe should start of the date of last exposure. The date this timeframe will end should be indicated here. Example: If contacts are to be monitored for 10 days and the date of last exposure was May1, the date quarantine period ends would be May 10.

**Date Case Closed**- This is the date in which follow up has been completed.

**Surveillance - Appendix 10 - Attachment B**

**Contact Tracing - Symptom Log**

Contact ID: \_\_\_\_\_ Date:     /     /     Health Department \_\_\_\_\_

Date of Last Exposure: \_\_\_\_\_ Date Quarantine Period Ends: \_\_\_\_\_

| Symptom                  | Date:                       |
|--------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>NO SYMPTOMS</b>       | <input type="checkbox"/>    |
| <b>Fever (temp)</b>      | <input type="checkbox"/> °F |
| <b>Cough</b>             | <input type="checkbox"/>    |
| <b>Sore throat</b>       | <input type="checkbox"/>    |
| <b>Took Antivirals</b>   | <input type="checkbox"/>    |
| <b>Sought Healthcare</b> | <input type="checkbox"/>    |
| <b>Missed Work</b>       | <input type="checkbox"/>    |
| <b>Missed School</b>     | <input type="checkbox"/>    |

Comments:

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