



Interim COVID-19 Contact Tracing Instructions for Local Health Departments

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Contact tracing is the systematic identification and monitoring of all persons who were exposed to a person diagnosed with COVID-19 during their infectious period. Because these persons are at risk of developing disease and spreading the virus, contacts should be quarantined by the local health department for 14 days from the last date they had exposure to a confirmed case.

Timely and thorough contact tracing can effectively interrupt the chain of disease transmission and is an important public health intervention to prevent or contain an outbreak. If local resources allow, the Division of Public Health (DPH) recommends contact tracing for contacts of all confirmed cases (individuals who have tested positive for the virus that causes COVID-19). During periods of high caseload and limited staff surge capacity, LHDs may wish to prioritize contact tracing activities per [NC DHHS prioritization guidance](#). These guidelines maximize prevention success by focusing limited public health resources on tracing the close contacts of cases most at risk of large-scale transmission events.

All contact tracing documents for COVID-19 refer to close contacts of confirmed cases. Close contacts are people exposed to a person with COVID-19, as defined in [CDC Guidance](#).

Based on local prioritization protocols, symptomatic and asymptomatic contacts to confirmed cases shall be identified, notified of exposure, referred for COVID-19 testing and provided guidance on the requirement to quarantine.

The COVID Community Team Outreach Tool (CCTO) tool has been developed by NC DHHS as the NC EDSS proxy for the collection and reporting of required information regarding the notification and management of individuals exposed to COVID-19. Therefore, identification, notification, and completion of the isolation/quarantine period must be documented in the COVID Community Team Outreach (CCTO) tool.

The goals of contact tracing are to:

1. Rapidly identify all contacts, monitor for symptoms, and arrange for testing as appropriate,
2. Ensure linkage to medical evaluation and care if the contact becomes symptomatic, and
3. Ensure immediate isolation or quarantine precautions are implemented.

When a confirmed case of COVID-19 is reported in your jurisdiction, please use these instructions and the CCTO tool to identify and monitor all close contacts of the confirmed case-patient.



The purpose of this document is to provide guidance on the 5 major contact tracing steps: Case Investigation, Contact Elicitation, Contact Notification, Contact Monitoring, and End of Quarantine.

Within each of the 5 steps, we have provided supporting information including best practices from [CDC Guidance](#). Please contact the DPH CDB at 919-733-3419 should you have questions on this guidance. For questions about the CCTO tool, please email Covid19CTToolQuestion@dhhs.nc.gov.

Description of the 5 Contact Tracing Steps

1. Case Investigation: Case Investigator* contacts the COVID-19 confirmed case-patient to document symptoms and underlying health conditions, confirm patient was notified of positive test result, and provide isolation guidance.
2. Contact Elicitation: Contacts are elicited from case-patients through interview. All close contacts are entered into the CCTO tool by the Case Investigator and assigned to a Contact Tracer* for outreach.
3. Contact Notification: Contact Tracers perform initial outreach via phone, digital attempt (e.g., email, text) or in-person field visit to contacts who were in close contact with someone with COVID-19. Contact Tracer recommends testing and facilitates testing when needed and provides quarantine guidance.
4. Contact Monitoring: Contact Tracers identify and facilitate the provisioning of basic resources necessary to safely and successfully quarantine. Contact tracers encourage the use of automated monitoring (e.g., text or email) during the stay at home period whenever possible.
5. End of Quarantine: Contact submits final daily assessment and quarantine period ends. The contact receives general guidance on how to stay safe.

* May include LHD staff and/or contracted surge support staff requested by the LHD.



1. Case Investigation

Case Investigator contacts the COVID-19 confirmed case-patient to document symptoms and underlying health conditions, confirms patient was notified of positive test result, and provides isolation guidance.

Process Steps & Best Practices

- COVID-19 case investigations are initiated when the NC DHHS receives a report from a laboratory of a positive SARS-CoV-2 test result or NC DHHS or the local health department receives a report from a healthcare provider of a patient with a confirmed or probable diagnosis of COVID-19
 - *10A NCAC 41A .0101 Reportable Diseases and Conditions requires COVID-19 be immediately reported to public health.*¹
- Once a COVID-19 laboratory or provider report is received by state or local public health, this information is entered into the COVID-19 health department surveillance system, [NC COVID](#).
- Case Investigator, designated by the local health department, reviews the case patient information and test results in NC COVID.
- Case Investigator performs initial phone or digital outreach to case patient.
 - *Case Investigators perform outreach to case patient within 24 hours of case patient report to public health.*
 - *Case Investigators document the date and time of all outreach attempts in the NC COVID notes section.*
- On the initial phone call or digital outreach to case patient, Case Investigator confirms that patient was notified of test results and documents any COVID-19 symptoms, underlying health conditions, patient locating information (residence type/location/contact information), workplace role and location in NC COVID.
- Case Investigator communicates isolation and monitoring guidance to case patient and makes sure they have the resources they need to safely and successfully isolate.
- Case Investigator may document any referral information elicited from case patients in CCTO, including any resource needs
 - *When resource needs are identified, Case Investigator ensures appropriate referrals for case patients are performed, and according to local protocol can document non-vaccine referrals (e.g., referrals to 211, NCCARE360 for food, transportation, medical care etc.) in the referral package of CCTO.*
 - *If known, the outcome of a referral can also be documented in CCTO. If outcome is unknown, review LHD protocols to determine if follow-up to obtain and record referral outcomes in CCTO is required.*
 - **Note:** *If case investigator or contact tracer staff are not using CCTO for monitoring cases, referral documentation can be provided in the notes section within NC COVID and is not required in CCTO.*
- Contact Tracers and Case Investigators are recommended to offer a COVID-19 vaccine referral to case patients eligible for vaccination.
 - *All vaccine related outreach (e.g., connecting an individual with vaccine providers, scheduling for a vaccine appointment, providing info on mass vaccine events) should be documented in the referral package in CCTO; if the referral is refused, please*



document that outcome.²

- ***Note:** If case investigator or contact tracer staff are not using CCTO for monitoring cases, vaccine referral documentation can be provided in the notes section within NC COVID and is not required in CCTO.*
- The documentation of a referral is not a replacement for a phone call being logged in Timeline/Activities. Both the phone call and the referral should be logged for case patients monitored in CCTO.
- *Voicemails that include info on referral-related resources or specific vaccine opportunities may also be documented as an offer of referral.*



2. Contact Elicitation

Contacts are entered into the CCTO tool by the Case Investigator and assigned to a Contact Tracer for outreach.

Process steps

- Case Investigator documents all the people the case patient has been in close contact with during their period of infectivity.
 - *The period of infectivity begins 48 hours prior to symptom onset if the patient is symptomatic or 48 hours prior to the day the positive specimen was collected if the patient is asymptomatic. Close contacts are defined by the CDC [here](#). Caregivers, intimate partners, and household members of the patient are always considered close contact.*
 - *Only record contacts during the period of infectivity (defined above) up to the time the patient went into isolation.*
- Case Investigator completes contact data entry in CCTO tool and documents the NC COVID Event number for the case patient that named the contact AND the last reported date the contact was exposed to the case patient.
- Contacts are assigned to the appropriate Contact Tracer in the CCTO tool. The Contact Tracer receives the assigned contact in the CCTO tool and begins the Contact Notification process.



3. Contact Notification

Contact Tracers perform initial outreach via phone and digital attempts (e.g., email, text) to contacts who were in close contact with someone with COVID-19. Contact Tracer recommends testing, facilitating testing when needed and provides quarantine guidance.

Process steps

- Contact Tracers will perform initial outreach via phone and digital attempts (e.g., email, text) to contacts who were in close contact with someone with COVID-19.
 - *Contact Tracers attempt outreach to contacts through different channels (via phone or digital) or in-person (if appropriate) in the primary language of the individual.*
 - *Ensure culturally and linguistically appropriate communications are utilized, per CDC guidelines.*
 - *Contact Tracers attempt outreach to contacts for a period of at least 4 days, before considering tracing efforts unsuccessful. Outreach attempts should be made multiple times to increase the likelihood of connecting with individuals.*
 - *Document all outreach attempts in the CCTO tool.*
- Contact Tracers will attempt to document and verify as much information as possible about the contact, including demographic information, chronic medical conditions, and communication preferences.
- Contact Tracers will document all interactions and information elicited from contacts in the CCTO tool including any self-quarantine resource needs.
 - *When resource needs are identified, Contact Tracer ensures appropriate referrals are placed, and can document non-vaccine referrals in the referral package of CCTO.*
 - *The referral package in CCTO has fields available for tracking resource referrals which may include warm/cold transfers to community health workers, 211, NCCARE360, and local resource providers.*
 - *If known, the outcome of a referral should also be documented in CCTO. If outcome is unknown, review LHD protocols to determine if follow-up to obtain and record referral outcomes in CCTO is required.*
- Contact Tracers and Case Investigators are recommended to offer a COVID-19 vaccine referral to all contacts eligible for vaccination.
 - *All vaccine related outreach (e.g., connecting an individual with vaccine providers, scheduling for a vaccine appointment, providing info on mass vaccine events) should be documented in the referral package in CCTO; if the referral is refused, please document that outcome.²*
- The documentation of a referral is not a replacement for a phone call being logged in Timeline/Activities. Both the phone call and the referral should be logged for patients monitored in CCTO.
 - *Voicemails that include info on referral-related resources or specific vaccine opportunities may also be documented as an offer of referral.*
- Contact Tracers will educate contacts about COVID-19 symptoms to monitor for and be instructed



to promptly report any new symptoms to Local Health Departments (LHDs) and to seek medical care when necessary.

- Contacts should be advised of the need to quarantine for 14 days past the last reported exposure date to the case patient and closely monitor themselves for the onset of symptoms and get tested for COVID-19.
 - *Contact Tracer refers symptomatic contacts for COVID-19 to testing immediately and follows up with the individual to determine if testing occurred.*
 - *Contact Tracer refers asymptomatic contacts for COVID-19 testing 5-7 days after their last known exposure to the virus, or immediately upon development of any symptoms. Contact tracer follows up with the individual to determine if testing occurred.*
 - ***Note:** If contact is **fully vaccinated** with no COVID-like symptoms, they do not need to quarantine or be tested following an exposure to someone with suspected or confirmed COVID-19 as their risk of infection is low. However, testing is still recommended for fully vaccinated asymptomatic residents and employees of correctional and detention facilities and homeless shelters.³*



4. Contact Monitoring

The Contact Tracer should confirm and document in the CCTO tool the contact's preferred communication mode, either phone or digital (e.g., email, text) for any necessary communications during the quarantine period. Contact tracer conducts initial assessment for resource needs that might warrant frequent contact during isolation or quarantine period and facilitates the provisioning of those basic resources. If no needs are identified, residents should, at a minimum, be contacted again at the end of the stay home period to make sure they meet the end of isolation/quarantine criteria and can be released.

Process steps

- Contact Tracer educates contacts about COVID-19 symptoms to monitor for and to promptly report any new symptoms to LHD via the CCTO tool or by phone, and to seek medical care when necessary.
- As outlined in steps under Contact Notification above, Contact Tracer identifies any basic resource needs of contact and makes appropriate referrals to address those needs (e.g., vaccine referrals, 2-1-1 or NCCARE360), per LHD protocols, documents vaccine referrals in the CCTO tool, and documents any other referrals per local protocol.
- If contact requires frequent follow up by LHD staff during quarantine, Contact Tracer sets up digital monitoring whenever possible, allowing contact to communicate with LHD via email or text daily.
 - *For contacts who require frequent LHD follow up but opt-out of digital monitoring, the Contact Tracer establishes preferred time and frequency for the follow up calls.*
- All contacts are given LHD phone number in case issues arise during quarantine period.
- Contact Tracers should send the contact the [Symptom Self-monitoring Form](#) if desired.
- Symptomatic contacts, regardless of test results, should be advised to follow the same criteria used for confirmed COVID-19 case patients to determine when [isolation can end](#).
 - *A second test and additional medical consultation may be needed if symptoms do not improve and the initial COVID-19 test was negative.*
- If the contact tests positive for COVID-19, additional management and documentation should occur in CCTO and NC COVID.
 - *First, close out the contact in the CCTO tool by changing the monitoring variable to "Contact tested positive during monitoring" and deactivate the contact record.*
 - *Create an NC COVID record if it does not already exist and ensure accurate contact and demographic information based on a review of the contact record.*
 - *If utilizing CCTO to monitor cases, clone the deactivated contact record to create a case record and enter NC COVID ID (if available) of case in appropriate field.*
- If test is negative and asymptomatic, monitoring continues as per the quarantine guidelines. The contact can end quarantine 14-days past the last date they were exposed to COVID-19.



5. End of Quarantine

Confirmed contact completes final daily assessment or phone call and quarantine period ends. The contact receives general guidance on how to stay safe.

Process steps

- Contacts who remain asymptomatic for 14-days after last exposure will be notified by their Contact Tracer of their release from quarantine and monitoring only after they have met the release criteria.
 - *Contact Tracers provide contacts with email/link to general health education in their primary language.*
- Contact Tracers will encourage contacts who develop symptoms but test negative during their monitoring period to continue to self-quarantine and follow all recommendations from their Local Health Department (LHD) and the CDC. Furthermore, Contact Tracers will refer contacts for a second PCR screening test (*i.e., nasopharyngeal swab test*) and additional medical consultation if their symptoms do not improve.
 - *Local Health Department (LHD) use their judgement when deciding whether to release contacts from self-quarantine and should notify the contacts of their decision as soon as possible.*

Resources for Local Health Department

- Requests for contact tracing support, including surge staff, can be submitted [here](https://ncgov.servicenow.com/sp_tracing) (https://ncgov.servicenow.com/sp_tracing)
- You can access the COVID-19 Contact Tracing Onboarding for NC Local Health Departments training materials [here](https://www.ncahec.net/covid-19/contact-tracing-for-local-health-departments/) (<https://www.ncahec.net/covid-19/contact-tracing-for-local-health-departments/>).
- Instructions on how to use the referral package are available in this [CCTO Update](#) and in the [Quick Reference: Referrals](#) job aid.
- For any other questions, please call the North Carolina Division of Public Health's (NC DPH) Communicable Disease Branch (CDB) 24/7 Epidemiologist on Call at 919-733-3419.
- You can access sample case investigation and contact tracing scripts in both English and Spanish [here](https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus.html) (<https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus.html>).
- You can access CCTO Tool Job Aids [here](https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus_CCTOjobaids.html) (https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus_CCTOjobaids.html).

Thank you for your dedication in keeping North Carolina communities safe and healthy.

¹ 10A NCAC 41A .0101 Reportable Diseases and Conditions, <http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2041%20-%20epidemiology%20health/subchapter%20a/10a%20ncac%2041a%20.0101.html>

² For case investigators not working in CCTO, vaccine referrals should be documented as per local protocol.

³ Interim Public Health Recommendations for Fully Vaccinated People, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>