## **Communicable Disease Branch**

## 2022 Program Alert



Update: Recommendations for contact tracing and monitoring of monkeypox contacts.

## Date: September 16, 2022

To: Communicable Disease Staff in Local Health Departments

From: Communicable Disease Branch

## Colleagues,

This memo serves as an update to our recommendations for contact tracing and monitoring of monkeypox contacts. We appreciate your hard work and patience as we continuously assess the current monkeypox outbreak. After discussions with county CD nurses, we are using your insight to share the following outline:

- <u>Contact tracing</u>: You should continue to perform contact tracing for all cases. When contacts are named, you should assess their risk of exposure, offer vaccination to those with high or moderate risk exposures, and provide information on self-monitoring for symptoms and instruction on how to isolate and access testing if symptoms develop. If contacts are not named, the case should be provided information regarding anonymous notification of contacts and information on vaccination and self-monitoring that they can share with their contacts.
- <u>Monitoring</u>: Active monitoring is no longer required but can be implemented based on capacity and risk scenario. If active monitoring is not done, all contacts should be given instructions for self-monitoring. Selfmonitoring instructions should include information on signs and symptoms and what to do if symptoms develop including isolation guidance and local testing information. CDC guidance on monitoring of contacts can be found here: <u>https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html</u>.
- <u>Reporting/Recording Contact Information</u>: from this point forward, we recommend LHDs create NCEDSS events for all contacts identified by cases. Here are the instructions:
  - All contacts <u>identified by cases in your jurisdiction</u> should be entered, even if they live out of state or in another county in North Carolina
    - Persons who self-identify as contacts to a case, including those seeking vaccine, should not be entered into NCEDSS
  - $\circ$   $\,$  Only enter a contact if you have enough information to contact them  $\,$ 
    - Name, phone, address (or at least a town/city)
    - For out of state contacts full address is preferred.
  - For detailed instructions on creating a contact event and linking it to an active case, please see the "NCEDSS Contact Linking" job aid located under the Job Aids & Tech Tips section at <a href="https://epi-test.dph.ncdhhs.gov/cd/lhds/manuals/cd/ncedss.html">https://epi-test.dph.ncdhhs.gov/cd/lhds/manuals/cd/ncedss.html</a> Briefly:
    - Classification status in the Investigation Trail of the Admin package must be set to "Contact" in all boxes, including the new box you create to assign the event to the State.
    - If an identified contact is in another county, make sure that county is the North Carolina County of Residence for the Event on the Admin package
    - o Assign the event to that county in the Investigation Trail
    - If the contact lives out of state, the out of state address should show in the Demographic package. This will automatically move it to an Interstate Notification workflow. There is no further action you need to take once a contact is in the Interstate Notification workflow. Reminder: to edit an address or add a new address, go to the person tab Briefly:

- Contacts in your county should be Assigned to the State when you <u>are done with monitoring</u>. Make sure the Classification Status is set to "Contact" when you send it to the State
- If the contact is diagnosed with monkeypox, they become a case, and the case classification should be changed to "confirmed" or "probable" as appropriate. A case investigation should be done
- Your workflows will allow you to sort by classification status (contact vs. case) in the "High Profile Communicable Disease" events

Additionally, please note:

- You do not have to back fill all contacts by creating new events, though you may if you have the capacity. If you kept all identified contacts in an internal line list, we may ask you to provide it.
- CCTC staff are able to support LHDs with their monkeypox work (including data entry and case
  investigation/contact tracing). More information can be found <u>here</u>. For any general questions about using
  CCTC staff for monkeypox, please reach out to Elizabeth Murray at <u>Elizabeth.m.murray@dhhs.nc.gov</u>. Note: due
  to NCEDSS access and training required for this work, we do not expect to be able to deploy CCTC staff for
  monkeypox until early October.
  - Data Entry: The CCTC data entry team can help LHDs with monkeypox data entry, including entering newly identified or backlogged contacts as events in NCEDSS. To request monkeypox data entry support, contact Nicole Matyas at <u>nmatyas@carolinactc.org</u>.
  - Case Investigation/ Contact Tracing: CCTC staff can support monkeypox case investigation and contact tracing for LHDs. To request monkeypox case investigation or contact tracing support, contact your CCTC Regional Director or fill out this <u>form</u>.