

## COVID-19 Interview Tool for Confirmed & Probable Cases and Identifying Their Contacts (Ver 4.0 May 6, 2020)

Use this interviewing tool to guide your interviews with confirmed or probable cases of COVID-19. This tool will assist with collecting critical information on the case (this page), as well as identifying their close contacts and high risk exposures for future follow-up (page 2).

<b>Interview Date:</b> _____		<b>MAVEN ID#:</b> _____	
<b>Patient Demographics:</b> <i>(Demographic Question Package &amp; Participants Tab in MAVEN)</i>			
<b>Patient Name:</b> _____		<b>Date of Birth</b> ___/___/___	
<b>Phone 1:</b> (____) _____ - _____ (h/c/w)		<b>Phone 2:</b> (____) _____ - _____ (h/c/w)	
<b>Email Address:</b> _____			
<b>Address:</b> _____ (Street) _____ (Apt #)			
<b>Town:</b> _____		<b>State &amp; Zip:</b> _____	
<b>Occupation/Employer:</b> _____			
<b>Race:</b> <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown	
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other	
<b>Clinical Questions:</b> <i>(3. Clinical Question Package in MAVEN)</i>			
<b>Did patient have symptoms?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Symptom Onset Date:</b> ___/___/___		<b>Clinical Complications:</b> Did patient develop pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Did patient develop acute respiratory distress syndrome (ARDS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Is Patient Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<ul style="list-style-type: none"> <li>• Abdominal Pain <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</li> <li>• Chills <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</li> <li>• Cough <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> <li>◦ Cough onset Date: ___/___/___</li> </ul> </li> <li>• Diarrhea <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</li> <li>• Difficulty Breathing/ Shortness of Breath <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</li> <li>• Fever <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> <li>◦ Fever onset Date: ___/___/___ Highest temp: _____</li> <li>◦ Fever duration (days) _____</li> </ul> </li> <li>• Headache <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</li> <li>• Loss of Appetite <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</li> <li>• Loss of Smell and/or Taste <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</li> <li>• Muscle Aches/Pains (myalgia) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</li> <li>• Sore Throat <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</li> <li>• Vomiting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</li> <li>• Other, specify: _____</li> </ul>		<b>Was patient Hospitalized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Hospitalization Dates:</b> ___/___/___ to ___/___/___ <b>Hospitalized in ICU?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>Hospitalization Location:</b> _____	
<b>Symptom Resolution Date</b> ___/___/___		<b>Underlying Health Conditions:</b> <input type="checkbox"/> Yes <input type="checkbox"/> None <input type="checkbox"/> Unknown <i>If yes, please Specify</i> _____	
		<b>Patient Outcome:</b> <input type="checkbox"/> Died <input type="checkbox"/> Recovered <input type="checkbox"/> Unknown <b>Date of Death:</b> ___/___/___	
		<b>Is Case a Healthcare Worker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <i>(This Question is in Question Package 5 in MAVEN)</i>	
<b>Possible Sources of Exposure 14 Days Prior to Illness:</b> <i>(Add to Medical Information Notes in 3. Clinical Question Package in MAVEN.)</i>			
<b>Check all possible sources of exposure that apply to this Case:</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Is Case a known contact to a confirmed case? <i>(Confirmed Case Name or Maven ID):</i> _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Was Case exposed at a healthcare facility? <i>(Facility Name&amp; Date):</i> _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Did case travel or attend any community events or group activities in the 14 days prior to symptom onset? <i>(Dates &amp; Locations):</i> _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Unknown Source of Exposure?			
<input type="checkbox"/> Yes, <input type="checkbox"/> No <input type="checkbox"/> Unk Other possible exposures? Specify _____			

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### Close Contact is Defined as:

- a) **Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time;**
- close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
- or –
- b) **Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment or PPE** (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection).

### Identifying Close Contacts to the Confirmed or Probable Case

Use the following conversation guide to identify potential contacts to the confirmed case. **Look for close contact with the case beginning in the 2 calendar days prior to symptom onset. Write your notes here, and then utilize the [Close Contact Form](#) to identify and track individual contacts for follow-up.**

**Note:** Symptom Onset Date: \_\_/\_\_/\_\_ (Infectious Period Begins Two Calendar Days Prior. Onset Date is Day Zero.)

**Infectious Period Dates:** 2 days prior to symptom onset: \_\_/\_\_/\_\_ to Date Isolated/Last Known Exposure: \_\_/\_\_/\_\_

**1. Household Contacts:**  Yes or  None Identified

**2. Close Friends/Associates:**  Yes or  None Identified

**3. High Risk Exposures (Medical appointments or visits to Rest Homes, Long Term Care Facilities, Nursing Homes, Schools, etc.):**

Yes or  None Identified

**4. Workplace Exposures:**  Yes or  None Identified

**5. Air Travel While Infectious?**  Yes or  None Identified

*Date, Airline, Flight Number, and Cities of Origin & Destination Needed. MDPH will contact airline with this info.*

**6. Community Exposures (Discuss):**  Yes or  None Identified

*The case may be concerned about community activities. Not all events attended may constitute close contact.*

**7. Other Questions/Concerns?**  Yes or  None Identified

*Are there other issues or concerns the case would like to discuss? Have we covered all possible activities and potential exposures from when the case was symptomatic?*

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## Key Messages:

The confirmed or probable case should be isolated away from all household contacts to the extent possible (separate rooms, bathrooms, etc.). Their close contacts are now required to quarantine and will be in quarantine until 14 days following their LAST exposure to the case. **For notifying contacts of Asymptomatic Lab-confirmed cases, use 2 calendar days prior to lab test through 10 days after lab test date as possible dates of exposure.**

- In select cases where total isolation is not possible from the household, then once the case is considered “cleared from isolation,” household contacts begin their quarantine from the time of last exposure to this case prior to clearance. This could potentially be a very long time.

**When can confirmed & probable cases exit isolation?** Confirmed and probable cases must remain in isolation until they have been “cleared” by a public health authority.

- **Symptomatic persons with COVID-19 (lab-confirmed or clinically diagnosed) who are in home isolation may discontinue home isolation under the following conditions: (Guidelines Updated 5/3/2020)**
  - 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 **TEN** days have passed since symptoms first appeared (illness onset). Onset date (of symptoms) would be considered “day zero.”
- Therefore, anyone with COVID-19 should stay home for a minimum of **ten** days. They should only discontinue isolation if at least 72 hours have also passed since “recovery.”
- Asymptomatic persons with lab-confirmed COVID-19 infection may discontinue home isolation when at least **10** days have passed since the date of their first positive COVID-19 diagnostic test and they have had no subsequent illness.

**Determining Quarantine Dates:** The period a CONTACT must quarantine is determined by the day of their last exposure (Day 0). If the last exposure was on Sunday, March 8 (Day 0), then Day 1 is Monday, March 9, and Day 14 is Sunday, March 22. The contact (if no symptoms have developed) may return to normal activities on Monday, March 23. **If symptoms develop, the contact may not exit quarantine until the 14 days have passed AND all symptoms have resolved, which may be later. If the contact is confirmed to have COVID-19, isolation guidelines based upon symptom onset date should apply.**

- ✓ Distribute the MDPH Isolation Guidance to the Confirmed Case.
- ✓ Distribute the MDPH Quarantine Guidance to Identified Close Contacts.

## Prioritize Contact Notifications as Follows:

1. Household Contacts
2. Close Friends/Associates
3. High Risk Exposures (Medical appointments or visits to Rest Homes, Long Term Care Facilities, Nursing Homes, Schools, etc.)
4. Workplace Exposures
5. Air Travel
6. Community Exposures
7. Additionally Identified Exposures of Concern.

Use the Close Contact Form to collect information on and track individual close contacts. Partner with the confirmed case to assist in notifying contacts when possible. (For example, the case should be able to notify their workplace Human Resources Department, and the workplace can help facilitate notifications to colleagues as appropriate.)

- ✓ Create MAVEN events for individual contacts identified.
- ✓ “Share” contact events with other towns as applicable.
- ✓ Use the Excel Roster to upload a large number of contact events into MAVEN. (See instructions)

MDPH understands the volume may be challenging, but focus on high priority contacts. You can notify contacts by phone or email and check back in at the end of the quarantine to confirm they did not develop illness.