PSLU Committee

From: Tamara A. Paltin
Sent: Wednesday, September 23, 2020 10:59 AM
To: PSLU Committee
Cc: Ana L. Lillis
Subject: Fwd: DIgital vs.Manual Contact Tracing options
Attachments: ContactTracingDigitalapps.pdf; ContactTracingpaperformsmanualrecords.pdf

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From: Stephanie Ohigashi <sohigash@hawaii.edu>
Sent: Thursday, September 17, 2020 7:02:31 PM
To: Tamara A. Paltin <Tamara.Paltin@mauicounty.us>
Cc: Debra Nakama <debran@hawaii.edu>
Subject: DIgital vs.Manual Contact Tracing options

Aloha CouncilmemberPaltin,

I have attached basic information regarding Digital Contact Tracing and Manual Paper based Tracing.forms used by the John Hopkins Bloomberg School of Public Health. Two forms are attached, , one for the " case " and one for the ' contact " in other words, if a person is diagnosed positive, that person is the " case " ..everyone the " case " comes in contact with .....are the " contacts ".The contact may quickly become a " case " and that is why it is imperative to get in touch with these folks as soon as possible so they can self-quarantine or get tested. The " case " has to go into isolation so no more of his/her contacts will get infected.

In order to be effective, information from both athe case and the contact is needed. All information is confidential and based on cultural empathy, especially in a state like Hawaii.

I recently completed and got Certified by the John Hopkins Bloomberg School of Public Health via their online Contact Tracing Course. This is the same course used to train and certify hundreds of contact tracers for New York City when Covid19 hit the city very hard., New York Governor Andrew Cuomo praised this tool as helping to stop the spread of the virus. It's a comprehensive course, college level and has many quizzes, video tutorials and final exams, I am happy to share what I learned..

When Covid19 struck our state in March,
UH Maui College took swift and aggressive actions to protect its faculty, staff and students by shutting down and allowing employees to telework. Faculty spent all of Spring vacation preparing to transition from in-person classes to online platforms.. Re-designing work spaces, implementing temperature check-in stations and sanitizing were top priorities. I am really proud to be part of the UH ohana..

In addition,

1. UH Maui College required mandatory contact tracing training via an online course from the Association of States and Territorial Health Officials for all its faculty and staff. It is very basic , does not come with contact tracing scenarios, medical dictionary or contact tracing forms.,. but provides enough information to be aware of the seriousness of the pandemic
. **www.astho.org**

2, Closed offices with entrance limited to faculty, staff and students who have appointments utilizing a digital check in system or QR code.

3. Provided digital thermometers to check students temperature for in -persons classes checks (that was a lot of work by dedicate faculty and administrators))

3. Developed a daily contact tracing " check-in "routine for everyone on campus using a digital app created especially for UH Maui College from a third party vendor. The app allows pre-screening & self-reporting. I would be happy to come to your office and show it to you.

4. UH Maui made another bold move in the fight against Covid19 by becoming the Contact Tracing hub for Maui Nui. Partnering with the DOH, County of Maui and the Hawaii National Guard, contact tracing is now being conducted for Maui, Molokai and Lanai..although not needed for Lanai at the moment.

The DOH uses both paper reporting form**a**s,and enters information on the computer., I am not sure if they use digital apps as part of their daily contact tracing routine. I know they utilize phone calls, texts and emails to get in touch and keep records on contacts..

I would be glad to meet you and show you the UH Maui College app that the Office of Student Affairs/Student Life created. Students are more apt to conduct everything by phone rather than filling out forms so this digital contact tracing method works for our universe..

Another digital app you may want to preview ***contacttracingapplication.com*** *a Geo-enabled contact tracing bluetooth app with manual contact tracing capture for each team member.This app is good for midsize businesses or organizations. . Please check it out..*

Unfortunately, I have a Sister Cities Zoom conference on 9/23, so I won't be able to make it to your committee meeting. If you would like to meet on the 21st or 22nd, please let me know.
There is so much more to be done.

Stephanie Ohigashi
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Digital Contact Tracing Tools
Digital Contact Tracing Tools

Updated May 26, 2020 Print

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There will be emerging information on smartphone-based exposure notifications from proximity tracking tools that could significantly increase the number of contacts that health departments are alerted to. As these tools are implemented, they should be used to initiate contact notification.

Case Management Tools

Case management tools for case investigation and contact tracing capture data on cases and contacts and can help improve the efficiency of manual contact tracing and medical monitoring methodologies. A case management tool should generally have the following capabilities:

1. Ability to ensure data security and confidentiality of significant volumes of client information, which is critical to maintain community trust in using any case management tool.
2. Interoperability capabilities to receive input from the public health authorities (PHA) (including local, state, tribal, and territorial public health departments), information systems and/or laboratory systems, either via import or real-time synchronization.
3. Ability to facilitate identification/elicitation and documentation of known contacts of clients with COVID-19, both through manual entry by the PHA and via self-report from cases.
4. Ability to send notifications to users (clients and contacts) via manual and/or automated means. These messages will include:
    a. Notification to contacts of their exposure and time window when exposure may have occurred.
    b. Initial survey about their symptoms and clear instructions on how to regularly monitor their symptoms and health status and report that information every day. (This will ensure their data reaches the contact management team at the PHA and that aggregate data reach relevant state and federal partners.)
    c. Public safety messages to identified contacts to educate them about COVID-19, its common signs and symptoms, and

reinforcing prevention messages defined by the government, such as self-quarantine and social distancing. (This messaging should be repeated daily throughout the contact's self-quarantine period with new information supportive of the evolving stage of isolation.)

5. Ability to send notifications in multiple formats, such as voice messages, emails, and SMS.
6. Capability for contact-generated and system-generated alerts or workflows (e.g., to facilitate appropriate follow-up, presence of symptoms, contact request for information).
7. Ability to produce individual-level and aggregate data supporting worker and PHA-level process metrics as described above.

Preliminary evaluations were conducted on ready-to-implement tools (e.g., proximity contact tracing, medical monitoring aids, data management systems) based on CDC Guidelines for the Implementation and Use of Digital Tools to Augment Traditional Contact Tracing . CDC continues to evaluate tools and assess their suitability for use to facilitate specific activities in the case investigation, contact tracing, and monitoring workflows.

Medical Monitoring Tools

A variety of medical monitoring tools are currently in use by health departments to communicate with clients and contacts for TB, and other infectious diseases. These tools can help improve the efficiency in medical monitoring in both active engagement (e.g., Skype, Facetime, Zoom) of high-risk individuals, and self-report of daily temperature check, signs and symptoms (e.g., recorded video) for others diagnosed or exposed to COVID-19. In addition, some case management systems have built in technology to push system-generated alerts (e.g., request to check-in the day prior to end of patient self-isolation or contact self-quarantine).

As case management tools are developed, it is critical to ensure the information is appropriately used and that the data security and confidentiality of patient information are maintained.

Proximity Tracking Tools

There are numerous initiatives that propose to use smartphones as "sensors" to detect proximity and exposure to individuals who may have COVID-19. Proximity-tracking tools propose to relieve several challenges associated with traditional case investigation and contact tracing and have been implemented in several countries. Several ongoing efforts in the United States and internationally seek to develop privacy-preserving, accurate, and energy-efficient applications for use on mobile devices. There are currently very limited data on the performance of these applications in US communities; particularly the sensitivity and specificity of these methods as it pertains to identifying true close contacts. Many tools are not yet widely available, and there remain critical gaps that could pose challenges to their implementation.

There are two major technologies that are under discussion in the United States – Bluetooth and GPS. There are currently little published empirical data showing the capabilities of either technology. Some preliminary advantages, disadvantages, and implementation challenges are listed below. It is assumed that appropriate consent is obtained from the individuals involved.

Potential Advantages of Bluetooth and GPS-enabled tools for case investigation and contact tracing:

1. Potentially creates a higher likelihood of buy-in from patients and users by prioritizing individual trust.
2. Augments capacity of case investigator and contact tracer workforce (e.g., may decrease burden of manual contact elicitation, help to identify contacts in a timelier manner, facilitate communication with contacts, and help ensure rapid isolation of contacts to interrupt the chain of transmission).
3. Augments contact identification by identifying potentially unknown contacts.
4. Provides more comprehensive mobility history, which allows the contact to better detail their movements and provides public health authorities with more accurate information in the aggregate.
5. Provides granularity of proximity and associated temporal data that may be useful in stratifying contacts into different exposure risk categories that PHAs can match with differing levels of tracing, notification and monitoring.

Potential Disadvantages:

1. Has inherent socioeconomic and technology literacy biases – requires that client and contacts have access to a smartphone, knowledge of how to install apps, and literacy to navigate app menus.
2. May not be effective until a "critical mass" of users in a community are using the apps.

2. May not be effective until a "critical mass" of users in a community are using the apps.
3. Requires individuals to keep their smartphones on them at all times with the appropriate functions enabled and depends on users to elect to share their information with PHAs.
4. Disparate data formats from multiple apps may not be interoperable and could add burden on PHAs for integrating data seamlessly into their case management and contact tracing systems and workflows.
5. Expansion of tool capabilities will require more consultation on the ethical and legal issues related to electronic tracking.
6. Hacking and other unauthorized access or use of data may compromise data security and confidentiality.

Implementation Challenges:

1. Social mobilization and mass marketing media campaigns are required to gain a critical mass behind one or more application for broad public usage.
2. Building and sustaining public trust in PHA's ability and intention to preserve the privacy of individuals is crucial to widespread adoption of new technologies.
3. Systems are needed to integrate disparate data streams into PHA information systems without compromising the integrity of existing workflows and to safeguard against false-positive alerts.

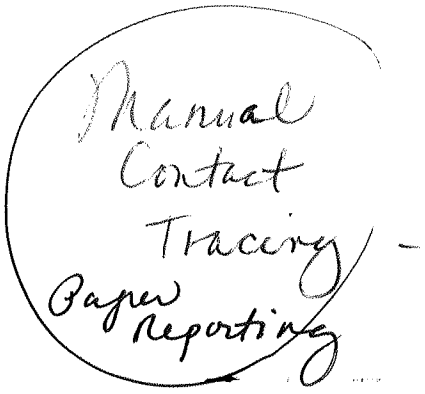
For more information on digital contact tracing, visit the following resources:

- Digital Contact Tracing Tools for COVID-19
- Preliminary Criteria for the Evaluation of Digital Contact Tracing Tools for COVID-19

Related Page

Contact Tracing Resources

Last Updated May 26, 2020


Manual
Contact
Tracing -
Paper Reporting

Checklist of Steps for Each *Contact*

Step 1: Introductions

- ☐ Identify your organization.
- ☐ Confirm the contact's identity.
- ☐ Inform them they were in close contact with someone who has COVID-19 and are at risk of becoming sick.
- ☐ Check in about length and safety of call.

Step 2: Check for Common Symptoms of COVID-19

✔	Common symptoms
-	Fever (temperature over 100.4°F/38°C)
-	Tiredness (fatigue)
-	Muscle pain (myalgia)
-	Cough
-	Loss of taste or smell
-	Difficulty breathing
-	Headache
-	Sore throat

- If the contact has any of the symptoms above, please refer to your local protocol for how to respond. At minimum, instruct the contact to seek SARS-CoV-2 testing and follow Step 4 from *Checklist of Steps for Each Case.*
- If the contact has no symptoms, continue to Step 3.

Step 3: Instruct How to Quarantine

- ☐ Explain quarantine in simple terms:
  - ☐ ***Quarantine*** means that you should try to not have contact with other people, except if you need to see a doctor. If you live with other people, you might try to find another place to stay. Or you might use your own bedroom and bathroom. If you can't avoid being around other people, you should wear a mask at all times. The mask should completely cover your nose and mouth. You will need to do this for 14 days.
  - ☐ Quarantine restricts movement and contact of healthy people who have been exposed.
  - ☐ Quarantine duration is for 14 days since the last contact with the person who is infected.
- ☐ Check that the contact understands completely. Help them make a plan to quarantine.
- ☐ Identify challenges that may stop the contact from following your quarantine instructions.
- ☐ Offer resources to improve the contact's chances of following your quarantine instructions.

Step 4: Wrap up the Call

- ☐ Answer the contact's questions. Common questions include:
  - ☐ What happens if I get sick?
  - ☐ How do I get tested?
  - ☐ Do I need a mask?
  - ☐ Can you give me a letter for my job or landlord?
- ☐ Make a plan to follow up.

Step 5: Implement Regular Check-Ins

- ☐ Have they had any symptoms?
- ☐ Offer support for continued quarantine. (See Step 3.)

Quick Reminders

Symptoms Requiring Immediate Emergency Care

- Bluish lips or face.
- Faster breathing.
- Trouble breathing.
- Persistent pain or pressure in the chest.
- New confusion or difficulty waking up.

Active Listening Techniques

Paraphrasing: repeating what was just said to you, in your own words.

- *What I'm hearing is ...*
- *It sounds like ...*
- *You said ...*

Restating: putting words to the emotions being expressed to you.

- *You're scared/worried/angry.*

Silence: being quiet so that the other person can finish talking or thinking.

Phrases for Building Rapport

- *This is a difficult time.*
- *Everything is happening so fast.*
- *I hear you.*
- *I hear you when you say ...*
- *Right.*

What Is a *Contact?*

Contacts include but are not limited to people who had the following types of interactions with the case during the case's infectious period; that is, anyone who:

- Lives with the case.
- Was face-to-face and within 6 feet (1.8 meters) of the contact for 15+ minutes.
- Had direct physical contact with a case, such as kissing.
- Had direct physical contact with a case's secretions, such as touching the case's used tissues.

Checklist of Steps for Each Case

Step 1: Introductions

- ☐ Identify your organization.
- ☐ Confirm the case's identity.
- ☐ Check whether the case has received their COVID-19 test result *(if not, deliver result).*
- ☐ Describe the importance of the call.
- ☐ Confirm that the call is confidential.
- ☐ Check in about length and safety of call.

Step 2: Inquire about Infectious Period

✔	Ask if they had common symptoms	When did symptom begin?	When did symptom end?
-	Fever (temperature over 100.4°F/38°C)	-	-
-	Tiredness (fatigue)	-	-
-	Muscle pain (myalgia)	-	-
-	Cough	-	-
-	Loss of taste or smell	-	-
-	Difficulty breathing	-	-
-	Headache	-	-
-	Sore throat	-	-

Step 3: Identify Contact(s) Based on Infectious Period

Contacts include but are not limited to people who had the following types of interactions with the case during the case's infectious period; that is, anyone who:

- ☐ Lives with the case.
- ☐ Was face-to-face and within 6 feet (1.8 meters) of the contact for 15+ minutes.
- ☐ Had direct physical contact with a case, such as kissing.
- ☐ Had direct physical contact with a case's secretions, such as touching the case's used tissues.

Step 4: Instruct How to Isolate

- ☐ Explain isolation in simple terms:
  - ☐ ***Isolation*** means that you should try to not have contact with other people, except if you need to see a doctor. If you live with other people, you might try to find another place to stay. Or you might use your own bedroom and bathroom. If you can't avoid being around other people, you should wear a mask at all times. The mask should completely cover your nose and mouth.
  - ☐ Isolation keeps sick people (restricted to home or hotel or a separate place in a hospital) separate from healthy people for the duration of ***infectiousness,*** which is two days before

onset and at least 10 days after onset of illness. Isolation can end when symptoms are improving, and the sick person has not had fever within the past 24 hours without using fever-reducing medication.

- ☐ Help them make a plan to isolate.
- ☐ Identify challenges that may stop the case from following your isolation instructions.
- ☐ Offer resources to improve the case's chances of following your isolation instructions.
- ☐ Answer the case's questions.
- ☐ Make a plan to follow up.

Step 5: Initiate Contact Tracing

- See *Checklist of Steps for Each Contact.*

Step 6: Implement Regular Check-Ins

- ☐ Have the case's symptoms improved or worsened?
- ☐ Has the case had new contacts?
- ☐ Support the case in continuing to isolate (see Step 4).

Quick Reminders

Symptoms Requiring Immediate Emergency Care

- Bluish lips or face.
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- Trouble breathing.
- Persistent pain or pressure in the chest.
- New confusion or difficulty waking up.

The Infectious Period for Patients with Symptoms

- ***Infectious period starts:*** 48 hours prior to the first symptom.
- ***Infectious period ends:*** when it's been at least 10 days after the first symptom, and they have no fever for at least 24 hours without medications and their other symptoms have improved.

Phrases for Building Rapport

- *This is a difficult time.*
- *Everything is happening so fast.*
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- *I hear you when you say ...*

Active Listening Techniques

Paraphrasing: repeating what was just said to you, in your own words.

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