Updated COVID-19 Case Investigation and Contact Tracing Guidelines

Revised: April 2022

Background

While universal case investigation coupled with timely contact tracing was implemented as a prevention strategy early in the COVID-19 pandemic, two years later, a change in strategy is needed. Universal contact tracing is less effective given the circulation of variants with shorter incubation periods, public hesitancy to providing contact information, and substantial vaccination rates resulting in contacts not needing to quarantine. Investigation of COVID-19 cases is still needed to characterize the burden of COVID-19, including new variants of concern, changes in clinical presentation and severity, vaccine effectiveness, and to identify high-risk and other priority settings where focused investigation and contact tracing should be implemented to prevent further transmission and/or control outbreaks. Additionally, case investigation can provide opportunities for local health departments (LHDs) to offer targeted COVID-19 testing, vaccination services, referrals for treatment, and referrals for healthcare resources. While routine case investigations can be done during the workweek, COVID-19 investigations in high-risk or other priority settings (detailed below) and outbreak investigations continue to require timely public health response, including after traditional business hours.

Routine investigation

LHDs should continue investigating cases of COVID-19 as resources allow. While staffing resources may not be maintained at the same level as earlier in the pandemic, COVID-19 case counts have dramatically declined. LHDs should prioritize and investigate cases with symptom onset or a positive viral test within the previous 5 days. If investigation resources are limited, LHDs should prioritize cases that may be associated with severe illness and with high-risk or other priority settings. Strategies for identifying these cases in CDRSS/CommCare include age (≤22 years and ≥70 years); residence (address) in a known high-risk setting; and cases with an acute care hospital entered as a medical facility.

NJDOH will be shortening the case investigation questionnaire in CommCare to focus on information necessary to monitor the severity of COVID-19 and identify high-risk settings and scenarios needing public health follow-up. Important information to collect includes:

- Symptoms
- Illness onset date
- Hospitalization
- Underlying medical conditions
- Settings in which time spent while infectious
- Contact and other info for priority settings that may need public health follow-up
LHDs should ensure that cases are aware of and know how to access supportive services, including vaccines and treatment options. If cases are at a high-risk for severe illness, advise them to consult a healthcare provider to discuss antiviral medications or monoclonal antibody treatment options.

While soliciting names of close contacts and calling contacts is generally no longer needed, when speaking with a COVID-19 case, the investigator should:

- Assist the individual in identifying who their close contacts were in the past 5 days;
- Advise the individual that they need to notify those close contacts right away (within 5 days of last contact) and provide the basic recommendations on quarantine and testing (stay home for 5 days, mask on days 6-10, and get tested after day 5);
- Advise the individual that they may need to notify their employer, school, or other organized activity and that the LHD may also follow up with those organizations.
- Solicit the case’s mobile phone number (if not provided) and an email address. After the call, send a link (text or email) to the NJDOH Isolation and Quarantine Calculator. This page will reinforce the prevention steps the case should take and should be shared by the individual with their close contacts.

Exposures and contacts associated with high-risk and other priority settings should prompt additional follow-up as described below.

**High-Risk Settings**

LHDs should ensure there are sufficient resources for investigating cases and assisting high-risk congregate care settings to prevent large-scale transmission and severe health outcomes. These settings include post-acute care and other healthcare settings, correctional facilities, homeless shelters, and certain essential services. Contact tracing can be used in these settings to interrupt transmission and identify at-risk individuals for notification and referral to supportive services (treatment, testing, vaccination). LHDs should provide assistance with testing and vaccination if indicated (direct or referral to services). Since contact tracing in some of these settings can be challenging, other strategies, such as broad-based notification of potential exposure and testing, may be more effective for early outbreak detection and controlling transmission.

LHDs already have well-established reporting and communication mechanisms with many high-risk settings. NJDOH recommends that LHDs work with their NJDOH regional epidemiologist to identify any other high-risk settings in their jurisdiction and develop a communication strategy with those settings that may include active surveillance. LHDs should ensure they have accurate contact information for these settings and share LHD contact information (including how to reach the LHD after-hours) with these groups.

Active surveillance within post-acute care settings is ongoing. These facilities (primarily nursing homes and assisted living facilities) report the presence or absence of new COVID-19 cases in residents and staff to NJDOH/LHDs daily via online survey. LHDs should continue to review these submissions daily and

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1 Contact information for these settings should be included in the LINCS Agency’s Health Alert Network contact list to ensure they receive timely public health alerts and information. Alternately, these settings should be directed to https://njlincs.net/default.aspx to “subscribe to health alerts”.
work closely with these facilities on outbreak prevention and control following NJDOH guidance for long-term care facilities.

LHDs should maintain regular communications with other high-risk settings to quickly detect new cases and potential outbreaks, ensure COVID-19 prevention and control measures are understood and are being implemented, and to assist with provision or linkages for testing, treatment, and vaccine resources.

Other Priority Settings & Scenarios

Other settings and scenarios that should be prioritized for investigation and public health follow-up include:

- Unusual clusters of cases, especially if the transmission dynamics, disease course, and severity are concerning and not fully understood or if transmission is not curtailed through the use of established mitigation strategies
- Businesses and organizations that provide essential services
- Cases that are identified with a novel variant of interest or concern
- Scenarios that pose significant risk of widespread disease transmission
- Persons with upcoming air or cruise ship travel

LHDs may designate additional priority settings and scenarios based on local context and resources.

Schools, Childcare, and Institutions of Higher Education

K-12 schools and childcare facilities provide essential services for children and families. As case counts decline, NJDOH recommends that case investigation and contact tracing continue in these settings especially if implementing Test to Stay (TTS) strategies (K-12 only). There are no changes in recommendations for isolation and quarantine and identifying and excluding close contacts is the best way to safely maximize in-person learning/attendance. Notification of close contacts should occur within 5 days of their last known exposure to someone with COVID-19.

K-12 Schools: Schools should track COVID-19 vaccination status among students and staff and should continue to require parent/staff reporting of COVID-19 cases and close contact exposures. Depending on local circumstances and the ability of the ill individual to recall close contacts, schools should elicit close contacts from ill students or the parents of ill students so that these individuals can be notified of exposure by the school. K-12 schools should continue to report COVID-19 activity weekly to NJDOH via the CDRSS SIC Module.

While identifying and excluding close contacts is the best way to exclude the fewest number of students from school/childcare and maximize in-person learning and attendance, various factors may impact a school’s ability to efficiently conduct contact tracing effectively. If schools are unable to determine who a student’s close contacts are, LHDs should discuss other strategies with their NJDOH Epidemiologist.
**Institutions of Higher Education (IHEs):** IHEs should ensure that appropriate prevention measures, including the promotion of up-to-date vaccination, are in place. IHEs should also have mechanisms to actively monitor cases to ensure that people with COVID-19 isolate away from others, and people who may be a close contact of someone with COVID-19 are notified of a potential exposure so they can follow CDC guidance.

In lieu of case investigation and contact tracing, broad-based notification in these settings may include a timely notification via phone, email, text, app, etc., about potential exposure once a case is identified. LHDs can assist IHEs with communication messaging and with interpretation of isolation guidance and recommendations for close contacts, including quarantine, testing, wearing a well-fitting mask, and taking travel precautions.

If an outbreak or cluster of cases is identified, IHEs should work with their LHD and consider broad-based notification of potential exposures and testing as a strategy for controlling transmission. IHEs should continue to report COVID-19 activity weekly to NJDOH via CDRSS SIC Module.

**Shared Housing**

While shared housing in IHE settings is considered a congregate setting, they are considered a lower risk setting due to the lower risk of severe health outcomes associated with COVID-19 for young adults. In circumstances where contact tracing is not practical (e.g., large number of sporadic cases), IHEs should consider implementing broad-based testing programs similar to those implemented in other congregate settings, such as correctional facilities and homeless service settings, to identify infections and prevent further spread of COVID-19. For example, testing an entire dormitory or sports team when there is a case rather than trying to identify individual close contacts.

**Communications and Education**

In the absence of universal contact tracing and if case investigation is incomplete or supplemented with automated technology, persons who test positive for COVID-19 or who find out they have been in close contact with someone with COVID-19 may need additional information. The NJPIES hotline continues to serve as a resource for persons with questions about COVID-19, but LHDs are also an important source of credible information for residents in their jurisdictions. Public health partners and public education should include information on:

- COVID-19 activity levels (e.g., CALI, local data/trends);
- Masking and other personal prevention measures;
- Isolation and quarantine recommendations;
- Identifying and notifying close contacts;
- Travel recommendations;
- Testing locations and test result interpretation / actions to take;
- Vaccination locations and intervals/recommendations for vaccination; and
- Treatment options and linkages to healthcare resources.