



Cleveland Department of Public Health: Contact Tracing and COVID-19 Surveillance

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Mission: “Improving quality of life by promoting healthy behavior, protecting the environment, preventing disease, and making the city a healthy place to live, work, and play” (CDPH)

Population

CDPH: The Cleveland Department of Public Health (CDPH) serves the greater Cleveland Community.

Working with Case Western Reserve University, Metro Health Medical Center, Veterans Affairs Medical Center, Cuyahoga County Board of Health, Lakewood and Shaker Health Departments, the Center for Community Solutions, and more.

Specifically COVID-19 patients, families, and contacts.

Learning Objectives

1. Recognize the COVID-19 symptoms and determine if a patient should be placed in isolation, quarantine, or if they are ready for release.
2. Explain to patients their individual situations and make sure they understand their rights after testing positive for COVID-19.
3. Identify resources available to patients to ensure they receive food, prescriptions, and other necessities while isolated/quarantined for COVID-19.

Activities

- Contact Tracing
- Data Entry
- Email Forms
- Office Organizing
- Release Team
- Training

Deliverables

1. New contact tracing interview form. (A-F)
2. New COVID-19 survey for patients to take after contact tracing interview has occurred. (G-H)

A: moved medical history

L. Medical History

Hospitalized: Yes No
 ICU: Yes No
 If yes - Date admitted: _____ Date discharged: _____
 Name of facility: _____

Symptoms:
 Fever > 100.4F (38C)
 Subjective Fever (chills/feverish)
 Chills
 Muscle Aches
 Runny Nose
 Sore Throat
 Cough
 Nausea or Vomiting
 Diarrhea
 Headache
 Abdominal Pain
 Olfactory and Taste Disorders (loss of sense of smell and/or taste)
 Difficulty breathing
 Conjunctivitis
 Fatigue
 Inflammation - lymph nodes, hands, feet, etc.
 Other: _____

Pre-existing Medical Conditions:
 Chronic Lung Disease (asthma/COPD)
 Diabetes Mellitus
 Cardiovascular Disease
 Chronic Renal Disease
 Chronic Liver Disease
 Immunocompromised Condition
 HIV/AIDS
 Neurologic Condition
 Other Chronic Disease: _____
 Current Smoker
 Former Smoker

B: added school history

IV. School History

Do you attend school? Yes No
 If yes - Name of School: _____
 Level of school: _____
 Are you attending in person classes? Yes No
 Date of last class: _____
 Do you live on campus? Yes No
 Dorm Name: _____
 Street Address: _____ Apt. # _____
 City: _____ County: _____ State: _____ Zip: _____
 Do you have roommates? Yes No
 (Name, age, phone number, last day in contact)
 1. _____
 2. _____
 3. _____
 4. _____
 Notes: _____

C: added more mass gathering events

(Date, around how many people, were masks worn, social distanced, city, state, others that attended, any other notes)

Wedding: _____
 Funeral: _____
 School Event: _____
 Sports Game: _____
 Church: _____
 Clubs or Bars: _____
 Party: _____
 Day Care: _____
 Other: _____

E: Added multiple occupation pages

Occupation: _____
 Street Address: _____ State: _____ Zip: _____
 City: _____
 Time at Current Occupation: _____
 Job Duties: _____
 Last Days Worked: _____
 Do You Need a Work letter? Yes No
 Sensitive Occupation (exposure to food, clients, seniors, public safety, healthcare): _____

Can you name any other work close contacts? (First, Last, phone number)

1. _____
2. _____
3. _____
4. _____
5. _____

Notes about workplace exposure: _____

D: Added more household contacts

VII. Household and Close Contacts:

Who else lives in your household?
 Partner/spouse Family member coworker friend/acquaintance

1. Name: _____ Age: _____ Phone #: _____
2. Name: _____ Age: _____ Phone #: _____
3. Name: _____ Age: _____ Phone #: _____
4. Name: _____ Age: _____ Phone #: _____
5. Name: _____ Age: _____ Phone #: _____
6. Name: _____ Age: _____ Phone #: _____

Do you have a thermometer at home? Yes No
 -Recommend during this time, everyone - even those in the household - should try to check temperatures daily. Anything over 100.4F (38C) is considered a fever.
 Notes: _____

F: added more restaurants

Have you eaten outside your home in the past two weeks? Yes No

1. Name of facility: _____
 Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Breakfast Lunch Dinner
 Take out or sit in dining? _____
 Date visited? _____
 Was the facility crowded? Yes No
 Were you wearing a mask? Yes No
 Were the staff wearing a mask? Yes No
 Notes about eating exposure: _____
2. Name of facility: _____
 Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Breakfast Lunch Dinner
 Take out or sit in dining? _____
 Date visited? _____
 Was the facility crowded? Yes No
 Were you wearing a mask? Yes No
 Were the staff wearing a mask? Yes No
 Notes about eating exposure: _____
3. Name of facility: _____
 Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Breakfast Lunch Dinner
 Take out or sit in dining? _____
 Date visited? _____

G: new survey

CDPH COVID-19 Contact Tracing Survey

cdph
Cleveland Department of Public Health

Were you contacted by the Cleveland Department of Public Health (CDPH) as a:

Person who has tested positive for COVID-19
 Close contact of a person who has tested positive for COVID-19
 Not sure why I was contacted

Contact tracing is done to find people who may have been in close contact with an infected person and helps them watch for any symptoms. How important do you feel contact tracing is to stop the spread of disease?

Very important
 Somewhat important
 Not at all important

H: new survey continued

How quickly were you contacted by the CDPH?

Less than 24 hours of receiving a positive COVID-19 test result OR being in contact with someone who tested positive for COVID-19
 Within 48 hours of receiving a positive COVID-19 test result OR being in contact with someone who tested positive for COVID-19
 More than 48 hours of receiving a positive COVID-19 test result OR being in contact with someone who tested positive for COVID-19
 Unsure
 I was not contacted by the CDPH

Please rate how helpful you feel CDPH was in providing you with resources and answers to your questions:

Very helpful
 Somewhat helpful
 Not at all helpful

How could the CDPH have communicated with you better?
 Your answer: _____

Do you need social support services (e.g. food, childcare, housing, medical services) during your quarantine/isolation period?
 Yes
 No
 Unsure

Please leave your Name and a phone number to contact you at if you need help with social support services:
 Your answer: _____

Submit

Lessons Learned

- Ohio Disease Reporting System (ORDS), data entry, Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- How the CDPH works with different organizations to ensure the safety of Cleveland.
- How to emphasize and create relationships with patients over the phone to better help them understand COVID-19 and how to protect themselves and their families.

Public Health Implications

The CDPH is an amazing public health department that is constantly working to help the residents of greater Cleveland. COVID-19 is an ongoing global health emergency. Health departments across the world are working hard to help control the spread and stop transmission of COVID-19. Contact tracing is a proven resource that works in slowing the spread of COVID-19.

Video

<https://youtu.be/pel5iiWBXew>

References

Cleveland Department of Public Health <https://www.city.cleveland.oh.us/CityofCleveland/Home/Government/CityAgencies/PublicHealth#main-content>