

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

*Interim 3/1/2020*

## Background

On December 31, 2019, an outbreak of pneumonia in Wuhan City, Hubei Province, China was reported to the World Health Organization (WHO). This outbreak is now known to be caused by the 2019 novel coronavirus. On February 11, 2020 the WHO announced the official name for the disease as COVID-19. **As of March 1, 2020, 87,470 confirmed cases have been reported in 67 countries, including 72 U.S. cases. See current case counts at the** 2019-nCoV Global Cases by Johns Hopkins CSSE: <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6> Initially, many patients reported exposure to a large seafood and animal market, suggesting animal-to-person spread. However, person-to-person spread has been confirmed. Active investigations on the period of communicability and how the virus is spread are ongoing. Patients **with COVID-19** may experience fever, cough, dyspnea, chest tightness, and pneumonia. Healthcare providers should obtain a detailed travel history on patients being evaluated with fever and acute respiratory illness and report any suspect cases of **COVID-19** to the Local Health Department (LHD). A Patient Under Investigation (PUI) form should be completed and provided when reporting suspect PUIs. The most current Michigan PUI form may be found at [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus) **under the “For Healthcare Providers, EMS, or Other Health Professionals” tab.** The Michigan Department of Health and Human Services (MDHHS) is working closely with LHDs and the Centers for Disease Control and Prevention (CDC).

On February 8, 2020, the CDC posted the **Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings** (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>). This CDC monitoring and movement risk-assessment guidance provides isolation, quarantine, and monitoring guidance for travelers **from areas designated for travel monitoring.** Recommendations are separated into two categories (symptomatic and asymptomatic). **As of March 1, 2020, China, South Korea, Italy, and Iran are listed as a CDC Travel Warning Level 3; Japan is listed as a CDC Travel Alert Level 2. Individuals with severe respiratory illness (i.e., hospitalized) with symptom onset within 14 days of travel from an area listed as Warning Level 3 or Alert Level 2 will be considered for COVID-19 testing. Consult MDHHS. Travel Alerts are posted at** <https://wwwnc.cdc.gov/travel/notices>. For the most current information, visit: [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus) and [www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

Interim 3/1/2020

## Receiving a Referral for a Traveler

### Traveler Evaluation and Monitoring (TEAM-COVID-19) Protocol Overview

- ☐ 1. Traveler referrals are expected to be sent from Epi-X to MDHHS; these will also be listed on the CDC platform, DCIPHER (Data Collation & Integration for Public Health Event Response)
- ☐ 2. MDHHS enters all traveler information into the Outbreak Management System (OMS) under 2019-NCOV-2020-STATEWIDE; jurisdictions with travelers are notified via daily MIHANS.
- ☐ 3. The LHD establishes contact with the traveler and monitors health status for 14 days since last exposure; LHD enters information in OMS.
- ☐ 4. If a monitored traveler becomes ill with respiratory symptoms/fever, this person should be referred for care and should contact the healthcare facility prior to arrival about their travel/COVID-19 exposure history. Follow suspect PUI procedures (see section below).
- ☐ 5. If a traveler remains asymptomatic, home-quarantine can be lifted upon completion of the monitoring period.
- ☐ 6. See pages 16-20 for full TEAM Protocol. See current CDC Risk assessment and Monitoring at: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

### Initial LHD Contact with Travelers

For the initial contact with referred travelers, MDHHS recommends twice daily (AM/PM) attempts for two days. These contact attempts should include calling and texting all valid phone numbers, leaving voice messages, and sending emails. If, after two days of attempts, the LHD cannot reach the traveler, the recommendation is to send a letter (if a residential address was provided), note the contact attempts and outcome in OMS, and mark the monitoring status as loss to follow up. If the traveler contacts the LHD, the OMS referral can be re-activated to complete the monitoring period or to document that the monitoring period is over. The final health status of the traveler should be recorded. All initial information entered in the OMS is as it is received by MDHHS in the Epi-X referral from the CDC Quarantine Stations and Customs and Border Patrol. MDHHS has shared concerns about missing and/or incorrect data with the CDC. For Michigan residents, contact information may be obtained through other reporting sources (e.g., MCIR), if the individual has a report in the system.

### MDHHS Guidance on Traveler Monitoring and Movement

Individuals who have had travel from mainland China outside Hubei Province, but have not had any exposures that meet a “high risk” definition are considered to be “medium risk”. For asymptomatic

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

*Interim 3/1/2020*

individuals at “medium risk”, CDC recommends that travelers remain at home and self-monitor with public health supervision. Michigan, along with other states, have opted to conduct active monitoring as the method of public health supervision, and to strongly recommend self-quarantine. To encourage compliance of that self-quarantine in a home setting, LHDs should try to establish a rapport with travelers. Inform travelers of resources that can support this quarantine, (e.g., grocery delivery services, exclusion letters for school/work, etc.). There may be circumstances where a traveler who is otherwise compliant with self-quarantine must leave the house for essential services (e.g., unrelated doctor appointment or to obtain groceries). If the traveler does leave the house, they should be instructed to inform the LHD of their plan so that those locations can be noted in OMS and tracked in the event that the traveler becomes ill with a possible novel coronavirus infection. The traveler does not need to wear a mask when making these essential trips unless otherwise directed. Travelers should also be made aware that if they experience any symptoms (e.g., cough, sore throat, fatigue, chills) or any change in baseline health that might be indicative of a viral prodrome, they should stay at home unless they decide to pursue medical care. In these instances, communication with the LHD and medical facility should occur prior to the individual presenting for care. There may be instances where LHDs need to consider pursuing legal recourse for asymptomatic or symptomatic individuals who refuse to refrain from attending work/school/unnecessary trips in public (e.g., going to the movies), or otherwise engage in activities that could constitute a health risk to others. If legal recourse is being pursued, please notify the MDHHS. This guidance is subject to change as more is learned about the virus, the outbreak progression, and as CDC recommendations are updated.

## Receiving a Referral for a Suspect Patient Under Investigation (PUI)

---

- ☐ **1.** Referrals may be received from healthcare providers, LHDs, or Q-Stations. Obtain:
  - ☐ Name, title, and phone number of caller
  - ☐ Patient identifiers (full name, DOB, sex)
  - ☐ Patient address and/or county of residence (or location of where they are staying)
  - ☐ Patient location & status (facility name, inpatient, ER, released to home, etc.)
  - ☐ Illness onset and description of symptoms
  - ☐ Patient travel: dates and specific location (e.g., Wuhan, China, etc.)
  - ☐ Any testing results (e.g., influenza PCR); if appropriate, recommend respiratory panel
  - ☐ Which specimens have been collected? Are they being stored and retained properly?

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

Interim 3/1/2020

- ☐ **2.** Consider monitored contacts who become ill with compatible symptoms as suspect PUIs. These individuals should be referred for care; contact the healthcare facility prior to arrival and notify about possible **COVID-19** exposure. Follow suspect PUI procedures.
- ☐ **3.** Individuals with severe respiratory illness (i.e., hospitalized) with symptom onset within 14 days of travel from an area listed as Warning Level 3 or Alert Level 2 will be considered for COVID-19 testing. Consult MDHHS.
- ☐ **4.** For suspect PUIs, request a completed PUI form from the physician or assist in the completion of the form. See current MDHHS PUI form at [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus)
- ☐ **5.** Once the PUI form is completed, fax to MDHHS at: 517-335-8263 or upload to MDSS if a Novel Coronavirus case report form has already been created for that individual.
- ☐ **6.** Notify MDHHS CD Division at: 517-335-8165 and Regional Epidemiologist that the completed PUI form is available.
- ☐ **7.** MDHHS CD Division staff enter suspect PUI referral into MDHHS 2019-nCoV line list.
- ☐ **8.** MDHHS CD Staff will evaluate the suspect PUI information. If criteria are met, MDHHS will assign a nCoV ID [MI-MDSSInvestigationID]
- ☐ **9.** If person meets criteria for PUI and is not already in MDSS, the LHD creates a MDSS Novel Coronavirus case report with outbreak name: "WUHAN19-20". If the person is undergoing PH monitoring, a case can be created in MDSS directly from OMS.
- ☐ **10.** If individual was previously entered into MDSS but does not meet current PUI criteria and will not be tested for **COVID-19**, classify referral as "not a case".
- ☐ **11.** MDHHS CD Division staff work with LHD to provide recommendations on:
  - ☐ Specimen collection and testing
  - ☐ Patient isolation and infection control (within the facility or at home)
  - ☐ Identification and monitoring of close contacts
- ☐ **12.** MDHHS CD Division staff consults with MDHHS Bureau of Laboratories (BOL) on submission. Specimens sent to BOL require the submitter to complete the test requisition form ([https://www.michigan.gov/documents/DCH-0583TEST\\_REQUEST\\_7587\\_7.pdf](https://www.michigan.gov/documents/DCH-0583TEST_REQUEST_7587_7.pdf)); specimens tested positive at BOL are considered "presumptive" but are actionable.
- ☐ **13.** Presumptive positive specimens are forwarded to CDC; BOL completes CDC test req form.
- ☐ **14.** PUI should remain in isolation at the facility or at home, depending upon health status.

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

Interim 3/1/2020

- ☐ **15.** For any PUI approved for testing, enter information on close contacts into OMS (2019-NCOV-2020-STATEWIDE).
- ☐ **16.** Information should be collected on close contacts and their health should be monitored daily by LHD for 14 days from last exposure; maintain information in OMS.
- ☐ **17.** If a PUI tests negative for **COVID-19**, home-isolation can be lifted and close contact monitoring ends. If the individual continues to be ill with respiratory symptoms, follow standard respiratory illness guidelines (stay home while ill, practice good hand hygiene).
- ☐ **18.** If a PUI tests positive and is confirmed as a case of **COVID-19**, enhanced contact tracing and monitoring will immediately be initiated in coordination with the LHD, MDHHS, and CDC.

## PUI/Case Data Collection and Transmission

---

- ☐ **1.** Once PUI criteria are met, MDHHS submits the PUI form via the CDC platform, DCIPHER.
- ☐ **2.** For PUIs testing positive for COVID-19:
  - ☐ MDHHS CD Division Staff update the PUI's status and report the confirmed case to CDC.
  - ☐ Basic case information is entered into the OMS COVID-19 investigation outbreak.
  - ☐ LHD interviews the case using the assigned questionnaire in OMS (investigation).
  - ☐ MDHHS CD Division Staff submits questionnaire data by transcribing into DCIPHER.
  - ☐ Contact tracing activities are expanded. Potential for CDC on-site assistance.

## Additional Information

---

- ☐ **1.** WHO Situation Reports
  - ☐ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>
- ☐ **2.** Johns Hopkins Tracker
  - ☐ <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>
- ☐ **3.** CDC Guidance Links
  - ☐ General Page: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
  - ☐ Case Definition: <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

*Interim 3/1/2020*

- ☐ Specimens: <https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>
- ☐ Infection Control: <https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>
- ☐ Travel: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- ☐ Risk assessment & Monitoring: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

# Criteria to Guide Evaluation of PUI for COVID-19

Local health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-2019. The CDC clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, as well as what is known about [Severe Acute Respiratory Syndrome \(SARS\)](#) and [Middle East Respiratory Syndrome \(MERS\)](#). These criteria are subject to change as additional information becomes available.

Clinical Features	&	Epidemiologic Risk
Fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including healthcare workers <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> COVID-19 patient within 14 days of symptom onset
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas <sup>5</sup> (see below) within 14 days of symptom onset
Fever <sup>1</sup> with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) <sup>6</sup>	AND	No source of exposure has been identified

The criteria are intended to serve as guidance for evaluation. In consultation with public health departments, patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

Interim 3/1/2020

## Footnotes

<sup>1</sup>Fever may be subjective or confirmed

<sup>2</sup>For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

<sup>3</sup>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)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.

<sup>4</sup>Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

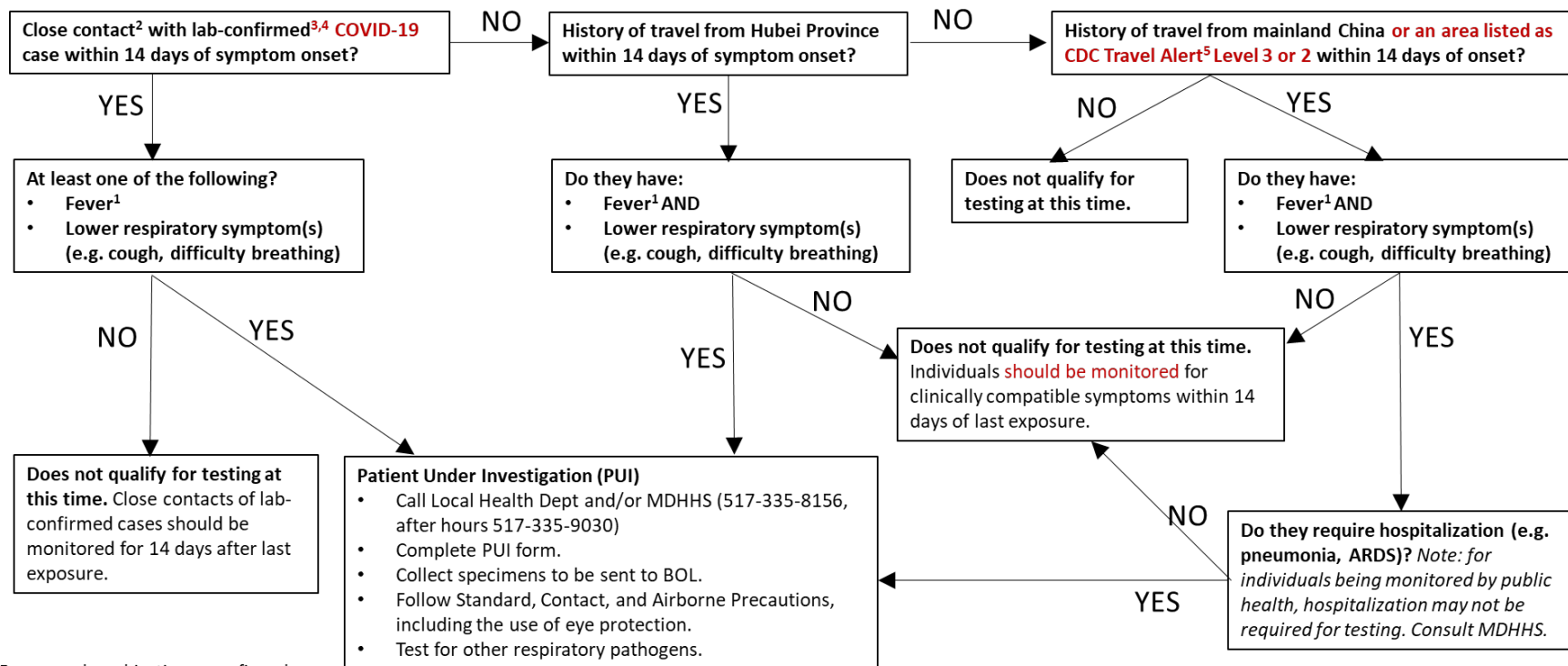
<sup>5</sup>Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all COVID-19 Travel Health Notices.

<sup>6</sup>Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.

Accessed on 3/1/2020 <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>; Criteria is subject to change, please use link to confirm criteria.

## Evaluation of Persons Under Investigation (PUI) for COVID-19

### Evaluation of Patients Under Investigation (PUI) for COVID-19



1. Fever may be subjective or confirmed.

2. 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 health care 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). If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

3. Documentation of lab-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

4. Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered that requires hospitalization. Such persons should be evaluated in consultation with MDHHS regardless of travel history.

5 Travel Alerts can be found at <https://wwwnc.cdc.gov/travel/notices/>

2/26/2020

Individuals with severe respiratory illness (i.e., hospitalized) with symptom onset within 14 days of travel from an area listed as Warning Level 3 or Alert Level 2 will be considered for COVID-19 testing. Consult MDHHS.

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

Interim 3/1/2020

## Novel Coronavirus (**COVID-19**) Monitoring using the MDHHS Outbreak Monitoring System (OMS)

---

MDHHS is using the Outbreak Management System (OMS) to maintain monitoring data for the novel coronavirus (**COVID-19**) outbreak. Monitoring will occur in two instances:

### Travel Monitoring

When MDHHS receives a referral for an individual that warrants health monitoring, MDHHS will enter the traveler's information into OMS under the outbreak name 2019-NCOV-2020-STATEWIDE and will notify the appropriate Local Health Jurisdiction by email. Local Health Jurisdictions should enter monitoring data into OMS within one business day of each monitoring contact/outreach (same day is preferable). For additional monitoring guidance or OMS assistance, please contact your Regional Epidemiologist.

### Contact Monitoring

When a confirmed case is identified, all close contacts to that case will need to be monitored for 14 days from last exposure. The Local Health Jurisdiction will be responsible for identifying the case's close contacts, entering those contacts and monitoring data in OMS. Household contacts of a confirmed case may need additional assessment regarding monitoring and movement. Consult with MDHHS. All monitoring data should be entered into OMS within one business day of each monitoring contact/outreach (same day is preferable). Monitoring is required to be at least once daily by the Local Health Jurisdiction. For OMS assistance, please contact your Regional Epidemiologist.

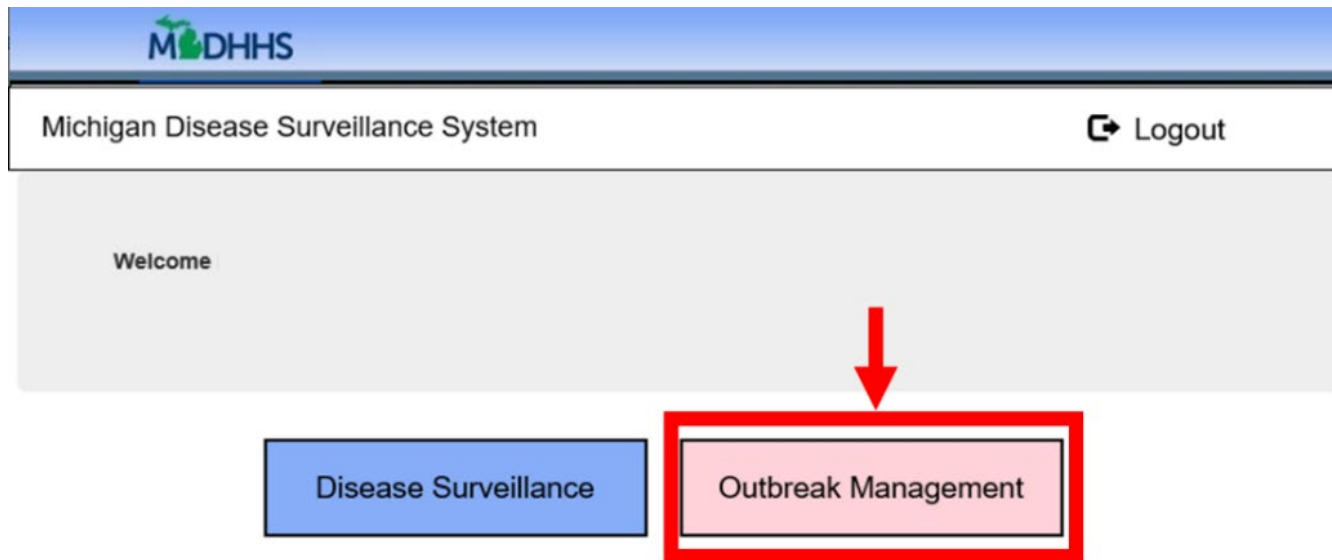


# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

Interim 3/1/2020

## How to Access OMS

1. Log into MiLogin and select Michigan Disease Surveillance System.
2. Select 'Outbreak Management'. If you do not see that button, contact your Regional Epidemiologist for access.



# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

Interim 3/1/2020

## How to Search for Contacts by Outbreak and Jurisdiction or by Name/Contact ID

1. To find all outbreak-associated contacts within a jurisdiction:
  - a. Click on Contacts Tab (top menu). Some users will be on the Contacts Tab upon accessing OMS.
  - b. Click on Contact List (left menu).
  - c. Under Filter By, choose the Investigation Jurisdiction and the Outbreak "2019-NCOV-2020-STATEWIDE" and click Filter.

The screenshot displays the Michigan DHHS OMS interface. At the top, the navigation bar includes 'Administration', 'Contacts' (highlighted with a red box and labeled 1a), 'Reports', and 'Logout'. On the left sidebar, 'Contact List' is highlighted with a red box and labeled 1b. The main content area is titled 'Contact List' and features a 'Filter By' section with dropdown menus for 'Investigation Jurisdiction', 'Outbreak', 'Investigator', 'Risk', and 'Outbreak Type'. The 'Filter' button is highlighted with a red box and labeled 1c. Below the filters is a table of contacts.

Name	ID	Investigation Jurisdiction	Status	Outbreak	Investigator	Start Date	Monitor Period	Risk	Type	
MC GEE, COUGHY	22140	Ingham County	Complete	PERTUSSIS-2017-STATEWIDE		05/15/2018	23 DAYS	Low	Monitoring	Edit
DROPOV, PICKUP EN	22163	Wayne County		NORO-WAYNE-2017			NA	NA	Investigation	Edit
SLEDDING, BOB	22305	State-Level		TB HEALTHCARE-INGHAM 2017			NA	NA	Investigation	Edit

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

Interim 3/1/2020

2. To find a single outbreak-associated contact
  - a. Click on the Contacts Tab (top menu). Some users will be on the Contacts Tab upon accessing OMS.
  - b. Click on Search Contact (left menu).
  - c. Search by name and/or contact ID.

The screenshot displays the Michigan DHHS OMS interface. At the top, the navigation bar includes 'Administration', 'Contacts' (highlighted with a red box and labeled 2a), 'Reports', and 'Logout'. The left sidebar contains 'Contact List', 'New Contact', and 'Search Contact' (highlighted with a red box and labeled 2b). The main content area is titled 'Search Contact' and contains three sections: 'Contact' with fields for First Name, Last Name, Contact ID, and Referral Date; 'Jurisdiction' with fields for City, County, Jurisdiction, and State; and 'Outbreak' with dropdown menus for Outbreak Name, Outbreak Status, Outbreak Type, and Condition. At the bottom right, the 'Search' button is highlighted with a red box and labeled 2c, next to a 'Cancel' button.

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

Interim 3/1/2020

## How to Enter a New Contact (if the person is not already in the system)

1. Click on the Contacts Tab (top menu). Some users will be on the Contacts Tab upon accessing OMS.
2. Click on New Contact (left menu).

The screenshot displays the Michigan DHHS OMS interface. At the top, the navigation bar includes 'Administration', 'Contacts' (highlighted with a red box and a red '1'), 'Reports', and 'Logout'. Below this, the left sidebar shows 'Contact List' and 'New Contact' (highlighted with a red box and a red '2'). The main content area is titled 'Outbreak Monitoring Details' and contains a form for entering a new contact. The form has two main sections: 'Outbreak Monitoring Details' and 'Contact Details'. The 'Outbreak Monitoring Details' section includes a dropdown for 'Outbreak Name' with the placeholder '--Please Select An Outbreak--'. The 'Contact Details' section includes fields for 'First Name', 'Last Name', and 'Middle Name'. Below these are 'Reporting Source' (dropdown), 'Source Description' (text input), 'Referral Date' (calendar icon), 'Completion Date' (calendar icon), 'LHI User' (dropdown), 'Health Status' (dropdown), and 'Investigation Status' (dropdown). The 'Continue' and 'Cancel' buttons are at the bottom of the form.

3. Enter the contact data. Select the outbreak named "2019-NCOV-2020-STATEWIDE". Required fields are highlighted red. Note: this is just the initial contact entry page; you will not be able to enter monitoring data at this point.
4. Click 'submit' to create the contact.
5. After submitting the contact, return to the list of contacts. See above, "How To Search for a Contact" to find the newly entered contact in order to enter monitoring data.

*Note: for entry of multiple contacts, there is an option to bulk upload a contact list from an excel file into OMS. Contact your Regional Epidemiologist for assistance.*

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

Interim 3/1/2020

## How to Add Monitoring Data to a Contact

Click “Edit” on the contact.

1. Within the contact, click on the ‘Data Points’ tab.
2. Click “Add a day” to add a monitoring line to the list.
3. Click ‘Edit’ next to the timepoint. A pop-up box will appear.
  - a. Date: enter the date of contact
  - b. Monitoring Status: Active Monitoring
  - c. Risk Level: Choose the appropriate option; For those at “medium risk”, please use “mid” risk level.
  - d. Action: Choose the appropriate option
  - e. OMS Investigator: select the person who contacted the client
  - f. Document the responses; contact your regional epidemiologist if a contact has not been reachable in greater than 24 hours
  - g. Click Save Changes in the pop-up box
4. Click Submit to save.

1

Overview Contact Information Demographics Risk **Data Points** Secondary Contacts Notes Person History

Contact PERSON,FAKE Locked By WEINBERGM1(MEGHAN WEINBERG).

**Monitoring Details**

Outbreak: 2019-NCOV-2020-STATEWIDE Collection Freq: Once Frequency Unit: per Day Monitoring Period: 14 Period Unit: Days

Start Monitoring Date (mm/dd/yyyy)\*: 02/02/2020 End Monitoring Date (mm/dd/yyyy): 02/16/2020

Highest Monitoring Level: Active Monitoring

Contact Reassessed?: ☐ Yes ☒ No Contact Deceased?: ☐ Yes ☒ No

Highest Risk Level: Mid

**Monitoring Symptoms**

2 Add a day + View All

Day	Date	Investigator	Status	Risk Level	Action	Temp			
1	02/02/2020	WEINBERGM1	Active Monitoring	Mid	Contacted	98.2	View	Edit	
2	02/03/2020	WEINBERGM1	Active Monitoring	Mid	Contacted	97.9	View	3 Edit	

Additional Assessment

4 Submit Reset

**Don't forget this step! Data Points will not be saved without hitting this Submit button.**

# Michigan State and Local Public Health COVID-19 Standard Operating Procedures

*Interim 3/1/2020*

## How to Close Out a Contact

1. Click on Overview tab in the contact.
  - a. For individuals that have completed their monitoring, enter Completion Date and change Monitoring Status to Complete.
  - b. For individuals that transfer to a different state/country, enter Completion Date and change Monitoring Status to Left Jurisdiction.
  - c. For individuals that cannot be reached, enter Completion Date and change Monitoring Status to Loss to Follow Up.
  - d. For individuals that were incorrectly referred to Michigan OR individuals that should actually be assessed as “low” or “no identifiable risk” OR individuals referred to OMS as a potential PUI (or contacts of a potential PUI), and the individual does not meet PUI criteria, enter Completion Date and change Monitoring Status to Canceled.
2. Click Submit to save changes.

# Traveler Evaluation and Monitoring (TEAM) Protocol COVID-19

*Interim Guidance for the Michigan Department of Health and Human Services and  
Local Health Departments*

- This document reviews the procedure to conduct active monitoring for travelers meeting certain criteria (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>)
- All travelers assessed as “high risk” will be under federal quarantine. Active Monitoring will be initiated for all travelers assessed as “medium risk”. This includes:
  - Close contact with a person with symptomatic laboratory-confirmed **COVID-19** infection, and not having any exposures that meet a “high risk” definition
    - The same risk assessment applies for close contact with a person diagnosed clinically with **COVID-19** infection outside of the United States who did not have laboratory testing
    - On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed **COVID-19** infection; this distance correlates approximately with 2 seats in each direction
  - Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed **COVID-19** infection **while consistently using recommended precautions** for home care and home isolation
  - Travel from mainland China outside Hubei Province AND not having any exposure that meet a “high risk” definition
- MDHHS will be notified of key information from Epi-X for travelers determined by CDC to meet the “medium risk” criteria.
- MDHHS may be notified via a healthcare provider or a local health department (LHD) of a traveler that was not identified via CDC.
- Once MDHHS is notified of a traveler to be monitored, MDHHS will enter all information as a contact into the Outbreak Management System (OMS) using the outbreak 2019-NCOV-2020-STATEWIDE; the LHD will be notified of the OMS referral via the MIHAN.
- MDHHS will facilitate follow-up coordination for interstate and intrastate movement.
- MDHHS recommends that travelers identified as “medium risk” remain in home-quarantine during the monitored period (14 days since **potential exposure**).

## II. Background LHD

- The LHD, in coordination with MDHHS, immediately initiates follow-up for the balance of the 14-day monitoring period using the OMS.
  - Initial contact will establish rapport, assess compliance, and set the follow-up schedule.
  - Active Monitoring includes contacting the traveler(s) once daily. All updates are recorded in OMS the same day if possible, otherwise within 1 business day.

# Traveler Evaluation and Monitoring (TEAM) Protocol

## COVID-19

*Interim Guidance for the Michigan Department of Health and Human Services and Local Health Departments*

- Travelers undergoing active monitoring are under self-quarantine at home.
- MDHHS notification is necessary for any permanent re-location requests because of the potential change in the monitoring health department.
- The LHD informs the traveler to remain at home for the monitoring period. This means not attending work, school, public places, places of worship, or other people's homes. Routine medical appointments should be re-scheduled. The LHD should ask the traveler if they have necessities (e.g., food, medications) and/or support to acquire them.

### III. TEAM Protocol Initiation MDHHS:

- ☐ Monitor Epi-X daily for updated traveler identification.
- ☐ Monitor communications from MDHHS CD Division, LHDs, and CHECC for notifications of travelers not identified by CDC Quarantine Station screening.
- ☐ Enter newly identified traveler information into OMS.
- ☐ Notify LHD of OMS referral (Health Officer, Medical Director, Communicable Disease Staff, and Emergency Preparedness Coordinator) via MIHAN.

### IV. TEAM Protocol Initiation: LHD

- ☐ Define the 14-day monitoring period and record dates for that contact in OMS. Day 1 of the monitoring period begins the day of departure from the monitored country or region.
- ☐ Make initial contact with traveler using contact information entered in OMS.
- ☐ If you are unable to reach the traveler with the information provided, **indicate that as loss to follow up in OMS.**
- ☐ Inform the traveler of their enrollment into the monitoring and evaluation program.
- ☐ Establish preferred communication mechanism for daily contact.
- ☐ Obtain and record first health assessment as a data point in OMS for that contact. The 1<sup>st</sup> day of contact is the 1<sup>st</sup> data point in OMS (no previous data points are required). The "day" can be edited to reflect the correct day of the individual's monitoring period.
- ☐ Assess initial traveler compliance and confirm that traveler understands the monitoring process and quarantine requirements.

### V. Daily TEAM Protocol MDHHS:

- ☐ Review OMS for updates on monitored travelers and provide updates to MDHHS on-call staff.

### VI. Active Monitoring Daily TEAM Protocol LHD:

- ☐ Conduct a daily health check via phone, email, or other means with traveler. Ensure traveler understands that they need to remain at home.
- ☐ Record interview notes into OMS on the same day if possible, otherwise within 1 business day.
- ☐ If the traveler reports symptoms, please see the "Instructions for a Monitored Traveler who becomes Symptomatic" section below.
- ☐ Frequently remind traveler of the importance of notifying EMS or healthcare providers of their monitoring status should the traveler seek medical care or transport.

# Traveler Evaluation and Monitoring (TEAM) Protocol

## COVID-19

*Interim Guidance for the Michigan Department of Health and Human Services and Local Health Departments*

- ☐ During the last check-in of the 14-day monitoring period, inform traveler that no additional calls will be made. They should feel free to contact the LHD if they have any questions in the future.
- ☐ A letter confirming completion of the monitoring period may be provided (Appendix 1).

### Additional Information, Continuation Activities, and Resources

#### VII. Travel:

- Travelers at “low risk” have no restrictions to movement and are not being monitored by public health and can travel freely.
- Travelers at “medium risk” should be under self-quarantine at home and undergoing active monitoring by the LHD. **Close contacts (e.g., household contacts)** should be identified.
- MDHHS approval is necessary for any permanent re-location requests because of the potential change in the monitoring health department.

#### VIII. Instructions for Initial Contact by LHD with a “Medium Risk” Traveler:

- I will need to speak to you once a day for the next XX days, to ask about your health and so that we can help you if you become ill while you are here. My direct phone number is: \_\_\_\_-\_\_\_\_-\_\_\_\_.
- You should consider yourself as being in home-quarantine for the next XX days. This means, do not go to work, school, public places, places of worship, or other people’s homes. Re-schedule routine medical appointments.
- Let’s discuss your plan to get necessities (e.g., food, medications) during this time.
- If you develop a fever or have any symptoms such as cough, shortness of breath, chest pain, please call me so that we can assist you in seeking care.
- If you are unable to reach me (or the local health department), please call the Michigan Department of Health and Human Services at 517-335-8165 (or afterhours at 517-335-9030).
- If you have a medical emergency during your monitoring period and call 911 before making other notifications, please tell them that you currently being monitored by the local health department because of your recent travel.

# Traveler Evaluation and Monitoring (TEAM) Protocol

## COVID-19

*Interim Guidance for the Michigan Department of Health and Human Services and  
Local Health Departments*

### IX. Instructions for a Monitored Traveler who becomes Symptomatic:

- If a traveler reports subjective fever, a measured temperature  $\geq 100.4^{\circ}$  F, or signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) during the 14-day monitoring period:
  - Determine which healthcare provider the traveler intends to use for evaluation and care. Instruct traveler to isolate as much as possible within the home until departing for care. Remind the traveler to inform any healthcare provider of their monitoring status **BEFORE** arrival at a healthcare facility. If traveler does not intend to seek healthcare, consult with MDHHS about potential need for testing arrangements.
  - **If traveler has transportation:**
    - LHD contacts provider to inform them and coordinate the traveler's arrival.
  - **If traveler needs transport assistance:**
    - This assistance may be for mild or severe illness, which will direct the type of healthcare indicated. LHDs should have a process to inform the healthcare provider and EMS (or other transport assistance) about the monitoring status. Previously developed Ebola plans may assist in local planning of coordinating transport.
    - Direct traveler to wait for scheduled ambulance or other transport assistance.
  - Contact healthcare provider and request the provider collect specimens and complete and submit the PUI form. See current MDHHS PUI form at: [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus)
  - If the traveler meets PUI criteria for **COVID-19** testing:
    - Create a new Novel Coronavirus case in MDSS using the outbreak name "WUHAN19-20"; attach completed PUI form to notes tab
    - Review CDC guidance:
      - "Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV)"  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>
      - "Interim guidance for preventing the spread of Coronavirus Disease 2019 (COVID-19) in homes and residential communities"  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
  - Collect symptomatic traveler's close contacts' information and enter in OMS. Household contacts may need additional assessment. Consult with MDHHS.
  - Enter notes into OMS and inform MDHHS immediately.
  - If traveler does not meet PUI criteria, continue with daily monitoring.

### X. MDHHS Contact Information: **Epidemiology 517-335-8165**    **After Hours 517-335-9030**

Point of Contact	Telephone Number	Email Address
------------------	------------------	---------------

# Traveler Evaluation and Monitoring (TEAM) Protocol COVID-19

*Interim Guidance for the Michigan Department of Health and Human Services and  
Local Health Departments*

## Appendix 1

Sample language for letter to confirm traveler has completed 14-day monitoring:

\*\*\*\*\*

Date: [XX/XX/2020]

Re: Traveler's 14-day monitoring completed.

To whom it may concern,

This letter confirms that [TRAVELER] has completed the 14-day monitoring for 2019 Novel Coronavirus (COVID-19) in coordination with the [LOCAL HEALTH DEPARTMENT] and the Michigan Department of Health and Human Services.

[TRAVELER] is asymptomatic and considered to be at no risk for COVID-19. Because the monitoring period is complete, there are **no restrictions** on movement or activities including, but not limited to: travel, work, school, public conveyances, or congregate gatherings.

If the individual named above presents for medical care, there is no need for additional precautions or isolation measures beyond those typically used.

If you have any questions regarding the status of this individual, you may contact:

[LOCAL HEALTH DEPARTMENT] – [###/###-####]

or

Michigan Department of Health and Human Services – 517-335-8165

Sincerely,

[LHD MEDICAL DIRECTOR]

\*\*\*\*\*