**VDH Form for Interviewing Community Contacts of**

**Suspected and Confirmed Coronavirus Disease (COVID-2019) Cases**

**Interviewer instructions: Before interviewing the contact, please note the following information about the case-patient that identified this contact***:*

## Case’s information

Case-Patient Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case-Patient State/Local ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of symptom onset: / / (MM/DD/YYYY)

Date of contact’s last exposure to the case-patient / /\_\_\_\_ (MM/DD/YYYY)

Continued exposure

## Interviewer information

Date interview completed: / / (MM/DD/YYYY) Interviewer telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interviewer Name: Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organization/affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How was this person first detected?

Direct report by a clinician, hospital, or other medical provider  Syndromic surveillance  Self-reported  Contact Tracing  Notified by CDC Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown

## Close contact’s information

[fill in information you have before interview]

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | State:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Zip:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If alternate address for the next 14 days, describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Is address the same as the case-patient? □ Yes □ No  Is this where you will be staying for the next 14 days?  □ Yes □ No  Is this how you can be contacted for the next 14 days? □ Yes □ No | |

*Hi, my name is \_\_\_\_\_\_\_\_ and I’m calling from the \_\_\_\_\_\_ Health Department.*

**If close contact is unavailable, you can leave the following message**:

For voice mail that does or does not appear to be secure/confidential:

*“The Virginia Department of Health is trying to reach you about an urgent public health issue. Please contact us immediately at INSERT PHONE NUMBER. If no one is available when you call back, please leave a message with your full name and the best phone number where you can be reached.* [If appropriate, you can add: *‘You can also email us at INSERT EMAIL ADDRESS’. Thank you.”*

**If close contact is available, proceed with the interview.**

*I am calling today because we are closely monitoring the outbreak of respiratory illness caused by the new coronavirus (called COVID-19). We have identified you as potentially having recent close contact with a person sick with COVID-19.*

*Can you first please confirm the following information?* [Confirm name matches]

*Thank you. Can you please assist in providing some additional information so that we may understand your risk and potentially enroll you in public health monitoring?* [Complete and verify additional [Close Contact’s Information](#_Close_contact’s_information) section above and continue below]

[\*you cannot tell the contact the case-patient’s information, nor can you explicitly state where they were exposed as this could lead them to ID the case without explicit permission from the case. Some people will be able to deduce, and if they speculate who and where, just say that you cannot confirm any information.]

## Close contact’s demographic information

1. Who is providing information for this form? Contact Parent/guardian

Other, specify name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contact’s primary language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was this form administered via a translator?

□ Yes □ No

1. Date of birth: / / (MM/DD/YYYY)
2. Age: \_\_\_\_\_\_\_  years  month  days
3. Ethnicity:  Hispanic/Latino  Non-Hispanic/Latino  Not Specified
4. Race: White Asian American Indian/Alaska Native Black

Native Hawaiian/Other Pacific Islander  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown

1. Sex:  Male Female  Unknown  Other

Date of last known exposure

1. When was your last known exposure with the case-patient? \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Continued (e.g., living with, intimate partner of)  Unknown

1. Do you work or live in a healthcare setting, congregate setting, or in an [Essential Critical Infrastructure Workforce](https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce)? Yes No  Unknown
   1. If yes, which of the following do you live in work in/at

Healthcare setting, Name of facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Role\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Correctional facility

Long-term Care Facility and Other Residential Setting

Other congregate setting, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other [Essential Critical Infrastructure Workforce](https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce), Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Symptoms

1. Since your date of last exposure to the case, have you experienced any of the following symptoms?

| **Symptom** | **Symptom Present?** | **Date of Onset (MM/DD/YYYY)** | **Duration (no. of days)** |
| --- | --- | --- | --- |
| Fever >100.4F (38C) | Yes No Unk |  |  |
| Subjective fever (felt feverish) | Yes No Unk |  |  |
| Chills | Yes No Unk |  |  |
| Muscle aches (myalgia) | Yes No Unk |  |  |
| Runny nose (rhinorrhea) | Yes No Unk |  |  |
| Sore throat | Yes No Unk |  |  |
| Cough (new onset or worsening of chronic cough) | Yes No Unk |  |  |
| Shortness of breath (dyspnea) | Yes No Unk |  |  |
| Nausea/Vomiting | Yes No Unk |  |  |
| Headache | Yes No Unk |  |  |
| Abdominal pain | Yes No Unk |  |  |
| Diarrhea (≥3 loose/looser than normal stools/24hr period) | Yes No Unk |  |  |
| Other, specify: | Yes No Unk |  |  |

## Past Medical History

1. Do you have any pre-existing medical conditions?  Yes  No  Unknown

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chronic Lung Disease (asthma/emphysema/COPD) | Yes | No | Unknown |  |
| Diabetes Mellitus | Yes | No | Unknown |  |
| Severe obesity (BMI ≥40) | Yes | No | Unknown |  |
| Cardiovascular disease | Yes | No | Unknown |  |
| Chronic Renal disease | Yes | No | Unknown |  |
| Chronic Liver disease | Yes | No | Unknown |  |
| Immunocompromised Condition | Yes | No | Unknown |  |
| Neurologic/neurodevelopmental disorder | Yes | No | Unknown | (If YES, specify) |
| Other chronic diseases | Yes | No | Unknown | (If YES, specify) |
| If female, pregnant | Yes | No | Unknown |  |
| Current smoker, or Former smoker | Yes | No | Unknown |  |

**If asymptomatic, determine monitoring length of time**

* If non-household contact, movement restrictions and monitoring should occur for 14 days following the last potential exposure to the COVID-19 case.

14 – ((Today’s date: \_\_/\_\_\_/\_\_\_\_) – (Date of last known exposure: \_\_/\_\_\_/\_\_\_\_)) = \_\_\_\_days from today

* If living in the same household, movement restrictions and monitoring should occur for 14 days **after** the COVID-19 case has been released from isolation (at least 7 days from symptom onset and no fever for at least 72 hours and other symptoms have improved).

14 – ((Today’s date: \_\_/\_\_\_/\_\_\_\_) – (Date case was released from isolation: \_\_/\_\_\_/\_\_\_\_)) = \_\_\_\_

days from today

**If person is an asymptomatic:**

* **Household member**
* **Intimate partner**
* **Individual providing care in a household without using recommended infection control precautions**
* **Individual who has had close contact for a prolonged period of time**

*Thank you for providing this information. We have identified that you are at a higher risk of getting sick from COVID-19.*

*Therefore, we ask you to* ***please stay at home and monitor your symptoms*** *for the next \_\_\_\_\_ days to monitor your health during the remainder of the incubation period. Particularly, remain alert for fever, cough, and difficulty breathing. Does that sound reasonable?*

*Do you have a thermometer to* ***take your temperature twice daily*** *(once in the morning and once in the evening?) If not, are you able to (subjectively) tell when you are feeling feverish?*

*We would like to enroll you in our automated online monitoring program. We will email you a link to a survey where you can document your temperature and any signs/symptoms daily.*

*If you would like the survey to be emailed to you, please verify your email address.* Document email address: ­­­­­­\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_

*If you would prefer to receive a call once a day, please let us know.* Document preferred phone number and preferred time of call: \_\_\_\_\_\_\_\_\_

*I know this is a long time to stay at home…let’s talk through some barriers you might face during this time…*

*What do you do for work? Is it possible to work from home during this time?*

*Who else lives in your household? Are any household members at a higher risk for getting very sick from COVID-19?*

*Do you have someone that could run errands/get groceries for you?*

*Do you know what to do if you start to feel sick?*

*Do you have any additional questions? Please visit our website* [*http://www.vdh.virginia.gov/coronavirus/local-exposure/*](http://www.vdh.virginia.gov/coronavirus/local-exposure/) *and feel free to call our number at \_\_\_\_\_\_\_ at any time for questions about monitoring and/or COVID-19 concerns. Please leave a message if no one answers, and expect a return call by the next business day.*

**Symptomatic:**

*It appears you may be sick with the virus that causes COVID-19. If you have mild symptoms such as fever and cough without difficulty breathing and you are not at a higher risk of getting very sick (e.g., older than 65 years old, living in a nursing home or long-term care facility, have a high-risk condition such as chronic lung disease or moderate to severe asthma, serious heart condition, immunocompromised including cancer treatment, severely obese with diabetes or renal failure) you should* ***stay home****, rest, and separate yourself from other people in your home as much as possible. Most people who get COVID-19 will recover without needing medical care. If you are at a higher risk of getting very sick, you should call your healthcare provider. If you experience emergency signs (e.g., difficulty breathing, pain or pressure in the chest that does not go away, new confusion or inability to arouse, or blueish lips or face), seek emergency medical care by dialing 911.*

*Keep in mind, you can return to your normal activities at least 7 days after you became ill, and after feeling well, and without fever, for at least 3 days in a row*

*I know this is a long time to stay at home…let’s talk through some barriers you might face during this time…*

*Do you have someone that can take care of you while you’re sick?*

*Do you have a facemask at home with you?*

*What do you do for work? Is it possible to work from home during this time?*

*Who else lives in your household? Are any household members at a higher risk for getting very sick from COVID-19?*

*Do you have someone that could run errands/get groceries for you?*

*Do you have any additional questions? Please visit our website* [*http://www.vdh.virginia.gov/coronavirus/coronavirus/what-to-do-if-you-have-confirmed-or-suspected-coronavirus-disease-covid-19/*](http://www.vdh.virginia.gov/coronavirus/coronavirus/what-to-do-if-you-have-confirmed-or-suspected-coronavirus-disease-covid-19/) *and feel free to call our number at \_\_\_\_\_\_\_ at any time for questions about recovering or any other COVID-19 concerns. Please leave a message if no one answers, and expect a return call by the next business day.*

## Close Contact FAQ

1. Q: If I had close contact with someone sick with COVID-19, does my family need to self-quarantine as well?

A: No, CDC does not recommend testing, symptom monitoring, or special management for people exposed to asymptomatic people with potential exposures to SARS-CoV-2, i.e., “contacts of contacts”; these people are **not** considered exposed to COVID-19. However, the governor urges that all people in Virginia stay home, except in extremely limited circumstances.

1. Q: I am a healthcare worker/essential employee exposed in a non-healthcare setting and need to return to work sooner than the self-quarantine period that is recommended. What do I do?

A: To minimize staffing shortages, employees of essential businesses, healthcare workers, and other front line responders should be evaluated by their employer to determine appropriateness of earlier return to work than recommended.

In the case of earlier return to work, the employer may require that the employee report temperature and absence of symptoms each day prior to starting work. It may be appropriate for the employee to wear a facemask or cover mouth and nose with a tissue and take other precautions like restricting close contact with high-risk persons.

A calendar has been provided to use as a memory aid to identify times/places that the case and contact interacted.