

**Frequently Asked Questions: Public Health and
Primary Care COVID-19 Case and Contact
Management**

February 3, 2021

Contents

UPDATE – Effective February 3, 2021 3

Why is Public Health only going to call the client at the beginning of their isolation period and not at the end? 3

How do patients know when they are able to stop isolating? 3

Is it okay if someone has symptoms but their isolation period has ended? 3

How do patients request an end of isolation letter (for return to work, etc.)? 3

FAQs from December 17, 2020 4

What is changing? 4

Why is this changing? 4

What will Public Health continue to do? 4

What is Public Health Risk Stratification? 4

How will Public Health manage high public health risk situations? 5

What will Public Health stop doing? 5

What are we asking primary care providers to do? 5

What information are you providing to the public? 5

Am I expected to report back to Public Health for my patients? 6

Will I be notified if my patient is high or low public health risk? 6

My patient is COVID-19 positive and hasn't been contacted by Public Health. How do I proceed? 6

What if I receive a COVID-19 positive test result for a patient who is not part of my panel? 6

How will unattached patients be supported? 6

What happens if there is no primary care provider capacity to support this? 6

My patient is waiting for a COVID-19 test result. What should they do? 6

My patient is COVID-19 positive. What can I tell them? 7

Should I advise my patient to notify their contacts of a COVID-19 result? 7

Are there resources I can direct my patients to? Are there guidelines from Public Health that primary care providers can refer to and use to guide questions regarding public health interactions? 8

Are there any resources for primary care providers? 8

My patient is awaiting test results. What is the direction for the household? 8

In the case of a teacher - should a notice be going out to the teacher's students? How quickly should this be happening? 8

How are patients with negative swabs and symptoms being managed? 8

Who do I contact if I become aware of an urgent Public Health situation that I believe Public Health is unlikely to be aware of? 9

UPDATE – Effective February 3, 2021

Why is Public Health only going to call the client at the beginning of their isolation period and not at the end?

- The discharge calls have not been valuable. The calls did not change the client's adherence to isolation, therefore, not changing the risk.
- Clients have expressed frustration with receiving multiple calls from Public Health. Other health authorities have moved to a single call process to further streamline the client experience.
- This is standard practice by other health authorities for the majority of cases, the final follow up is not necessary. Ending isolation instructions can easily be followed by the client without a second discussion.
- This aligns with our continued prioritization of case and contact management to high-risk clients. With the large number of recent cases, many high-risk clients require a second call every day. Stopping the second call to those who are not high-risk will increase our capacity to follow up with high priority cases more quickly.

How do patients know when they are able to stop isolating?

They will be given an end date for their isolation period during their call from Public Health. If they have questions, patients are advised to call the Ending Isolation Phone Line at 1-855-755-3555, extension 507979.

Is it okay if someone has symptoms but their isolation period has ended?

The patient's date to end isolation depends on their situation. To end isolation, their symptoms need to be better but not resolved. A patient's fever has to be resolved to end isolation.

How do patients request an end of isolation letter (for return to work, etc.)?

- For high-risk case and contacts who have been directly contacted by NH, a medical clearance letter can be provided by having the patient contact the Ending Isolation Phone Line: 1-855-755-3555, extension 507979. This number would have been given to them when they were contacted initially.
- For low risk contacts that are not directly contacted by NH, NH does not provide a medical clearance letter at this time.

Since the [last update in December](#) when you shared there was pressure on CCM resources, how is Northern Health CCM going?

- Quicker follow up with cases upon receiving lab result (same/next day).
- Quicker follow up with cases in high priority/high risk of transmission settings.
- Quicker follow up with contacts in high priority/high risk of transmission settings.

FAQs from December 17, 2020

What is changing?

- The case and contact management process is changing due to a surge in lab-confirmed COVID-19 cases in the Northern Health region.
- This new approach has been designed by the Northern Health Medical Health Officers, in order to optimize the impact of finite Public Health resources on preventing transmission in high-risk settings and social networks.

Why is this changing?

- The surge is putting pressure on Public Health case and contact management (contact tracing) resources.
- There is currently a backlog of people who have tested positive for COVID-19 but have not yet been contacted by Public Health.
- To address these challenges, Northern Health is:
 - Deploying additional staff to case and contact management teams.
 - Refining and streamlining processes to ensure efficiency in case notification, monitoring, and discharge from self-isolation.
- The goal is to decrease the overall spread of COVID-19 in the population and reduce the incidence of severe outcomes, by focusing our contact tracing and Public Health investigation resources on **settings** that are vulnerable to a high degree of transmission, especially if the populations in those settings are particularly vulnerable to severe outcomes.

What will Public Health continue to do?

- Phone everyone who tests positive for COVID-19 to notify them of their result and provide instruction regarding self-isolation.
- Triage and complete Public Health risk assessment (risk stratification process) of all positive cases.
- Phone to discharge from self-isolation (EDITOR'S NOTE: as of February 3, 2021 Public Health no longer makes these calls – [see update as of Feb 3, 2021](#)).

What is Public Health Risk Stratification?

- A process for Public Health to identify setting- and population-based risk for potential outbreaks and cluster situations.
- Public Health risk assessment is distinct from individual clinical risk assessment. Public Health risk depends on the characteristics of the exposure setting, and the social network that the person is connected to, rather than the personal characteristics of the individual.
- Cases in high-risk settings include individuals living or working in the following settings:

- First Nations communities (reserves)
 - Health care facility
 - Industrial camp
 - Long-term care home
 - Part of known cluster/outbreak
 - Congregate housing (group home, assisted living, seniors' residence, shelter)
 - Vulnerable population (substance use, unsheltered/under-housed, no phone)
 - K-12 schools
 - Childcare settings
- Schools and childcare settings are not high-risk settings for transmission or severe outcomes, but continued prioritization is necessary in order to maintain public confidence in the safety of the settings, and to minimize the risk of facility closure and the [unintended negative consequences](#) this would cause.
 - In addition to the above settings, we are also prioritizing follow-up with Indigenous people off reserve, many of whom are linked to reserve communities, if not directly then via social networks; and seniors, whose social network is likely to include more seniors than the average person.
 - If case volumes continue to rise, further prioritization may become necessary.

How will Public Health manage high public health risk situations?

- Public Health will continue with the core functions of contact tracing for cases and contacts in high public health risk settings (see categories above) and gather information on, and notify, close contacts in those settings.
- Clusters and outbreaks will continue to be detected and managed as the need arises.

What will Public Health stop doing?

- Public Health will not conduct any daily clinical health monitoring for COVID-19 cases and contacts.
- Public Health will also no longer directly notify household close contacts, or other close contacts outside of the high-risk settings listed above.
- These activities are less impactful for improving population health outcomes, compared to the activities that are being continued. Daily clinical monitoring also does not require specialized Public Health expertise.

What are we asking primary care providers to do?

- Provide clinical monitoring and management of COVID-19 cases in order to reduce the patient's risk of severe outcomes, at their discretion and where feasible.
- Use clinical judgement regarding frequency and process of clinical monitoring.

What information are you providing to the public?

- A [news bulletin](#) has been released to members of the public and information has been shared on social media and through local news outlets.

- We're encouraging people to access care via their usual pathways - phone their primary care provider, access an urgent and primary care centre, or seek out emergency services if necessary.

Am I expected to report back to Public Health for my patients?

- No.

Will I be notified if my patient is high or low public health risk?

- No, Public Health is not able to notify primary care providers regarding the risk level determined for each case.

My patient is COVID-19 positive and hasn't been contacted by Public Health. How do I proceed?

- Call your patient and notify them that they are COVID-19 positive and advise them to self-isolate.
- Provide clinical management as per your usual practice and clinical judgement.
- Reassure your patient that they will be contacted by Public Health with any additional public health follow-up instructions.

What if I receive a COVID-19 positive test result for a patient who is not part of my panel?

- Please call the manager on call at the Northern Health Virtual Clinic to discuss (1-778-675-5378).

How will unattached patients be supported?

- Primary care providers can determine a process locally to manage unattached patients as capacity allows. A process will be determined with the NH Virtual Clinic to connect unattached patients locally.
- Unattached patients that are not being managed at the community level will be supported by the NH Virtual Clinic.

What happens if there is no primary care provider capacity to support this?

- Primary care providers are encouraged to work together with their local primary care interprofessional team to explore community specific solutions.
- If there is a circumstance where the health monitoring of COVID-19 patients in their community cannot be supported, an interim process can be established where this function will be fulfilled by the NH Virtual Clinic.

My patient is waiting for a COVID-19 test result. What should they do?

- People that are waiting for COVID-19 test results should self-isolate.

- Options for receiving COVID-19 test results (text or SMS) mean results may come before a call from Public Health.

My patient is COVID-19 positive. What can I tell them?

- Advise the patient and their household members to self-isolate.
- Public Health will contact the patient to notify their result and provide instruction regarding self-isolation.
- Public Health will contact the patient to discharge them from self-isolation.
- Household contacts should self-isolate at home for 14 days from their last close contact with the case.
 - Note that this may be more than 14 days in total if close contact with the case is ongoing, and the case is still infectious (i.e. has not been released from isolation).
- If a member of the household develops symptoms, they are advised to call their primary care provider or the NH Virtual Clinic for testing.
- If members of the household do not develop symptoms after 14 days following their last close contact with the case, they can discontinue self-isolation at that time.

Should I advise my patient to notify their contacts of a COVID-19 result?

- Anyone may – but is not obliged to – share their COVID-19 test result with anyone they wish to inform. Patients often do choose to notify their contacts, and may do so very rapidly. Most patients receive their result immediately by text message from BCCDC.
- Public Health will follow cases and notify contacts in high-risk settings, according to the Public Health Risk Stratification process.
- The patient should advise their household contacts to self-isolate.
- The patient may also, if they choose, notify close contacts outside the household. These may be more difficult to definitively identify.
- **Close contacts** are best identified by a thorough Public Health risk assessment, but generally include those who are confirmed to have spent more than 15 minutes less than 2m from an infectious case, indoors, without adequate PPE; or, who had direct contact with infectious body fluids.
 - In general, most classroom and workplace contacts are not close contacts.
 - Where there is uncertainty, it is usually safe to assume a person is not a close contact and does not need to self-isolate.
 - The patient may also notify non-close contacts, if they choose. Non-close contacts do not need to self-isolate.
- Primary care providers can provide this information about contact tracing, but should not attempt to organize contact tracing on their own, due to the risk of conflicting or inconsistent advice. Emphasize that any direction that comes from Public Health is the advice the patient should follow.

Are there resources I can direct my patients to? Are there guidelines from Public Health that primary care providers can refer to and use to guide questions regarding public health interactions?

- For more information for individuals who have tested positive for COVID-19, and their close contacts, please visit [this page on the Northern Health website](#).
- Northern Health encourages everyone to adhere to current [Provincial guidelines and restrictions](#).
- The [BC COVID-19 App](#) has additional information for patients.
- Please do not use resources from other provinces or jurisdictions to describe Public Health guidance. Guidance varies somewhat in different jurisdictions based on local epidemiology and other contextual factors. To avoid confusion and inconsistency, always refer to public BCCDC documents for Public Health guidance.

Are there any resources for primary care providers?

- The BCCDC has [Guidance for Primary Care Management of Adult Outpatients with Suspected or Confirmed COVID-19](#).

My patient is awaiting test results. What is the direction for the household?

- Household member is asymptomatic:
 - They do not need to self-isolate. They can continue to go to work or school, following [provincial guidelines and restrictions](#) as usual.
- Household member is symptomatic:
 - Advise household member to self-isolate and get a COVID-19 test.

In the case of a teacher - should a notice be going out to the teacher's students? How quickly should this be happening?

- No, in general it is not necessary to notify the students.
- For lab-confirmed cases who are likely to have been infectious while at school (staff or students), NH Public Health issues a notification letter to be distributed to all of the school's staff and students, which advises them of the date of the possible exposure and to self-monitor for symptoms.
- In order to protect the privacy of cases and preserve trust, health care providers cannot disclose the case's role (staff or student), classroom, or other details more identifying than simply naming the school itself and the exposure dates.
- Some cases may choose to disclose more of their personal health information than this. Only they can make that decision.

How are patients with negative swabs and symptoms being managed?

- Patients who have a Personal Health Number (PHN) can use the text message, online services or phone services to access their COVID-19 result. If they do not have a PHN, they can access their results by phone.

What happens next?

- Public Health is currently stopping the daily clinical health monitoring of clinically low risk COVID-19 cases and to all contacts.
- We will continue to work together with the Medical Directors, Chiefs of Staff, Divisions of Family Practice, and all other primary care providers to respond to the case and contact management process changes. Further information will be provided as it is available.

Who do I contact if I become aware of an urgent Public Health situation that I believe Public Health is unlikely to be aware of?

- Contact the Medical Health Officer on call:
 - Call UHNBC Switchboard (250-565-2000) – Press 7
 - Ask for the Medical Health Officer on call.