

<b>Date:</b>	December 17, 2020
<b>To:</b>	Primary care providers
<b>From:</b>	Pam Mulroy, Executive Lead, Primary and Community Care, and Dr. Rakel Kling, Medical Health Officer
<b>Re:</b>	Changes to Public Health COVID-19 case and contact management

The recent surge in lab-confirmed COVID-19 cases in the Northern Health region 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.

This work has resulted in the following changes to Public Health case and contact management, designed by the Northern Health Medical Health Officers:

- **Public Health will:**
  - Call to notify everyone who tests positive for COVID-19 of their result, as soon as possible.
  - Triage and do a public health risk assessment (risk stratification process) of all positive cases.
  - Advise a positive case when their self-isolation is complete.
  - Gather information on, and notify, close contacts (contact tracing) only in cases in high-risk settings (including health care facilities, long-term care homes, industrial camps, First Nations communities, and; those that are part of a known cluster or outbreak, etc.).
    - This will ensure public health can respond quickly to developing clusters of cases or potential outbreaks.
- **Public health will not:**
  - Conduct daily clinical health monitoring for COVID-19 cases and contacts.
  - Directly notify household close contacts, or other close contacts outside of the high-risk settings listed above.

### **Opportunities for primary care providers**

- Continue to refer patients for testing according to BCCDC guidelines and inform patients of positive results.
- Monitor COVID-19 lab results (as per usual process) and complete clinical health monitoring and clinical management of attached COVID-19 positive patients.
  - Primary care providers will determine the frequency and process appropriate for the patient.

- There is no expectation that any report of clinical health monitoring be provided to Public Health.

### **How will unattached patients be supported?**

Primary care providers can determine a process locally to manage unattached patients, or alternatively, unattached patients can be supported through NH Virtual Clinic (1-844-645-7811).

### **What happens next?**

- Public Health is stopping the daily clinical health monitoring of clinically low-risk COVID-19 cases and 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, including a frequently asked questions document.

### **When will this take place?**

- Process around communication and handover are currently being determined.
- A great deal of planning, implementation, and problem solving for a revised case and contact management process has occurred over the last 10 days. The remaining process changes are expected to be finalized by the end of next week.

### **Questions?**

A [frequently asked questions document](#) has been developed for further information.

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