

COVID-19 Case and Contact Management: Primary Care Provider Frequently Asked Questions

June 22, 2021

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Case and Contact Management (CCM) process

What are the key CCM process changes that have been made over the past months?

- Early December 2020: Contact tracing for all close contacts of cases was reduced. The focus was shifted to only tracing and notifying close contacts of cases in settings with higher-risk of transmission and other high priority settings. This change was made in response to the rapid increase in case numbers and inability for existing staff to manage the workload. These changes allowed for quicker follow up with cases upon receiving lab result (same/next day); quicker follow up with cases in higher complexity settings; and quicker notification of close contacts in higher complexity settings.
- February 2021: Ending isolation calls for cases and contacts was stopped. This change was made due to high case volumes and staffing limitations.
- March-April 2021: Training has been refined and capacity to train has grown, resulting in increased staffing levels. With increased staffing levels, the scope of contact tracing and notification has begun expanding to additional settings and circumstances, and will continue to expand, pending available staffing resources and onboarding. The [CCM process](#) and [structure](#) has been adapted to accommodate full contact tracing.
- May 2021: Resume full contact tracing for all close contacts of cases.
- July 2021: Transition from the two-call model to a single-point-of-care model. In the single-point-of-care model, cases will be contacted by one individual for the initial interview, case management and contact tracing. Contacts will continue to be notified by the Contact Notification Team. This model will enable a single phone call to cases, similar to CCM process prior to December 2020. Overall, this approach will support improved client and staff experiences in the months ahead.

Why is Public Health only calling patients at the beginning of their isolation period and not at the end?

- In order to focus limited staffing resources on higher-value activities. For example, quicker notification to patients with positive test results.
- Patients have expressed frustration with receiving multiple calls from Public Health. Other health authorities have moved to a single call process to further streamline the patient experience.
- Calling patients only at the beginning of their isolation period and not the end 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 patient without a second discussion.

Public Health and Primary Care Provider roles/functions

What key functions does Public Health fulfill for cases and contacts?

- In this context, the primary responsibility of Public Health is to investigate, prevent, and control instances of COVID-19 transmission in the population. This involves:
 - Call all cases to notify of positive result
 - Conduct a preliminary interview
 - Investigate public exposures and setting-specific risk factors for COVID-19 transmission through analysis of the case's exposure history
 - Determine which cases are part of a cluster or outbreak
 - Conduct contact tracing (identification and notification of close contacts)
 - Provide isolation recommendations and practical advice to cases and contacts
 - Develop isolation letters and support patient needs related to isolation

What functions are primary care providers asked to do?

- In this context, the primary responsibility of Primary Care is to provide any necessary health care during an episode of acute illness, aiming to optimize the health outcomes of individuals diagnosed with COVID-19. This involves:
 - 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.
 - Primary care providers are also encouraged to reinforce public health messaging, and (where feasible) to help arrange any instrumental support which clients may require in order to successfully self-isolate.

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

- No.

Information and resources for the public

What information is Northern Health providing to the public about Case and Contact Management?

- Updated testing and self-isolation information on the NH website:
 - [Testing and results](#)
 - [I have COVID-19](#)
 - [I am a close contact](#)
- [Updated infographic](#) to support people with a positive COVID-19 test result to prepare for call(s) from public health
- We're encouraging people to access care via their usual pathways - phone their primary care provider or the NH Virtual Clinic, access an urgent and primary care centre, or seek out emergency services if necessary.

What resources can I direct my patients to?

- For more information for individuals who have tested positive for COVID-19, and their close contacts, please visit the Northern Health website, COVID-19 Information page:
 - [Testing and results](#)
 - [I have COVID-19](#)
 - [I am a close contact](#)
- 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.

Waiting for test results – patients and household members

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. Patient resource: [Self-Isolation after a COVID-19 Test \(BCCDC\)](#)
- Options for receiving COVID-19 test results (text or SMS) mean results are often received by a patient before receiving a call from Public Health.

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

- Close contacts of symptomatic individuals who have not been diagnosed with COVID-19, are not considered exposed to COVID-19 and should follow the same safety measures as anyone else in the population at large.
- 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.
 - However, they should avoid further contact with the symptomatic household member if at all possible, since that person should be self-isolating.
- Household member is symptomatic:
 - Advise household member to self-isolate and call the NH Virtual Clinic for assessment and testing: 1-844-645-7811.
 - [Self-Isolation webpage](#) (BCCDC)

Self-isolation – patients and household members

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

- They will be given an end date for their isolation period from Public Health. This is calculated by Public Health based on the symptom onset date (for cases) or date of last exposure to a lab confirmed case (for close contacts), as well as on the patient's clinical status (severity of COVID-19 disease, and degree of immunocompromise, if present).
- If patients have questions or concerns about ending their isolation, patients are advised to call the COVID-19 Public Health 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 necessarily fully resolved. Fever is the only specific symptom that must be resolved before ending isolation.

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

- For cases and contacts who have been directly notified by Public Health, the patient can contact the COVID-19 Public Health Phone Line: 1-855-755-3555, extension 507979 to request a medical clearance letter. This number is provided in the initial phone call from Public Health.

Unattached patients

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 unattached patients?

- 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 COVID-19 positive and hasn't been notified 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 to maintain the individual's health, and to prevent, detect, and manage severe outcomes, as per your usual practice and clinical judgement.
- Reassure your patient that they will be notified by Public Health with additional public health follow-up instructions.

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

- Advise the patient and their household members to self-isolate. Guidance and resources are available on the Northern Health ([I have COVID-19; I am a close contact](#)) and BCCDC websites.
- If their test result is positive for COVID-19, Public Health will contact the patient to notify, and provide instruction regarding self-isolation and ending self-isolation.
- As of May 5, 2021, Public Health is contact tracing all cases. Public Health will notify all close contacts of their exposures.
- In general, close contacts who received their second dose of vaccine at least 7 days prior to exposure does not need to isolate. However, there are some circumstances where Public Health may ask someone with two doses to isolate.
- Household contacts that have not received two doses of vaccine 7 days prior to exposure 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 ended their isolation).
- If a member of the household develops symptoms, they are advised to call their primary care provider or the NH Virtual Clinic for assessment and 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?

- As of May 5, 2021, Public Health is notifying all close contacts of their exposure.
- **Close contacts** are best identified by a thorough Public Health assessment. Generally a close contact is someone who has been within less than two metres a person with COVID-19 for at least 15 minutes when health and safety measures were not in place or were insufficient; lives in the same household as the case; or otherwise had direct contact with the case or their body fluids. This includes up to two days before the person with COVID-19 developed symptoms.
 - 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 other contacts that are not close contacts, if they choose. These contacts do not need to self-isolate, but should self-monitor for any symptoms, and if symptoms develop self-isolate and seek testing.
- There is a growing proportion of people who have received at least one dose of vaccine, which means that more contacts are at least partially protected against COVID-19. While there are additional factors to consider that may influence public health management of close contacts:
 - Fully immunized close contacts (two doses), can generally self-monitor for the 14 days after the last exposure instead of self-isolate.
 - Partially immunized close contacts (one dose), unless they are household-like contacts or immune compromised, can generally self-monitor rather than self-isolate for 14 days after the last exposure.
- 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.
- Primary care providers can provide this information about close contacts, 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.

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. Schools generally have strong safety plans in place, most of a teacher's students will not be close contacts, and transmission in schools has been rare.
- Public Health will determine who, if anybody, in a school should be considered a close contact, and will notify them in a manner that maintains the confidentiality of the case.
- Process changes within Case and Contact Management have resulted in quicker turn-around times in notifying schools of exposures and in contact tracing.
- When lab-confirmed cases are likely to have been infectious while at school (staff or students), 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.

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 NH Virtual Clinic to discuss (1-778-675-5378).

How are asymptomatic patients with repeat positive test results within 3 months of a COVID-19 infection being managed by Public Health?

- It is very common for inactive COVID-19 viral particles to remain detectable for up to 3 months after an infection, and very rare to be re-infected within this time frame. Therefore, in general, it can be safely assumed that a repeat positive PCR test result within less than three months of an episode of confirmed infection does not indicate a new active infection. If the patient has already been released from isolation based on clinical criteria, a positive PCR result also generally does not imply that the client is still infectious.
- If Public Health receives such a test result, Public Health will not re-contact the case and will not treat them as a new infection. It is the ordering provider's responsibility to inform the client of the test result.

COVID-19 negative patients

How should symptomatic patients with negative test results be managed?

- Most symptomatic patients with negative test results can be assumed not to have COVID-19, and do not come to the attention of Public Health. They should be advised to self-isolate until symptoms improve, to prevent transmission of any other infectious disease. It is the responsibility of the treating clinician to investigate other causes of their symptoms.
- If there is high clinical suspicion for a false negative test result, because the person has specific COVID-19-like symptoms **and** a specific recent history of COVID-19 exposure **and** no other diagnosis which is more likely to explain the symptoms, the treating clinician should notify Public Health of this "probable case" via the NH Communicable Disease Hub phone line for clinicians (250-565-2990), and should consider repeating the test. Note that lower respiratory specimens may be more sensitive in patients with severe disease.

Additional resources for primary care providers

Are there any resources for primary care providers?

- The BCCDC has a web page for [Primary care – materials for physicians testing and caring for patients with a confirmed or suspected case of COVID-19](#)

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