

DISEASE DETECTIVES: WHAT YOU NEED TO KNOW ABOUT CASE INVESTIGATION AND CONTACT TRACING

Contact tracing may be a new buzz word to the mainstream, much like the term social distancing is, however, to the practice of public health, there is no epidemiology without contact tracing. When asked why contact tracing was a new media buzzword, Joy Miller, Director, Office of Epidemiology, East Central Health District 6, explained, “It sounds like something new and popular to talk about, but contact tracing has been done behind the scenes for decades.”

We hear of someone who contracts salmonella. And then another, and another. The media keeps us informed of this, but who informs them? Have we ever stopped and asked ourselves where this information is coming? Miller, painted this picture to understand how a case investigation begins, “Doctors run tests, labs run diagnostics, patients are diagnosed, and treatments are prescribed. In the case of reportable diseases, we can know of the patient’s illness before the physician does.”

There are over 70 reportable diseases that by law labs must report to the Department of Public Health. These reportable diseases range from tuberculosis, sexually transmitted, and vaccine-preventable diseases. Once this information is gathered, the work of an epidemiologist begins. Epidemiologists are disease detectives, gathering information on confirmed cases, identifying the source of illness when possible, finding commonalities in reported illnesses, isolating the infected, and conducting contact tracing to prevent the spread. These disease detectives are the first line of defense-related to the spread of reportable illnesses. In the case of COVID-19, they are a significant hope for our communities to return to regular activity.

Taking a case-based intervention approach is not a novel idea; instead, it has been done successfully for decades. What is novel is the scale of the current reportable illness. The characteristics of COVID-19 make it more difficult to trace the longer the time from infection to investigation of an individual case. This virus requires a rapid response. Take, for example, the outbreak of HEP-A that began in June 2018 within the East Central Health District. Over the following 18 months,



the District addressed approximately 300 cases. With COVID-19, the District has faced over 500 cases in under two months, and the District is in the bottom two-thirds of the State’s reportable cases. Based on these numbers, more resources are needed for ramping up teams of trained individuals to reach cases faster and conduct contact tracing.

Peyton Durflinger, Epidemiologist I, Georgia Department of Public Health, East Central Health District 6, also shared, “Another difference between the HEP-A outbreak and COVID-19 is the end game. For HEP-A, we have a prophylactic we can administer in the form of a vaccine.

There are no known vaccines for COVID-19 at this time, so we must prevent the spread of the disease until an end game is identified. It sounds simple, but the best measures the public can take to protect themselves is to wash their hands and social distance. Outside of that, the best measure to stop the spread is contact tracing.”

The East Central Health District has already taken measures to ramp up their team and address the need. Miller shared, “We have trained our Environmentalists, Nurses, and Communicable Disease Specialists to help tackle the needs of case investigation and contact tracing. We could not get this done without them.

They are doing a fantastic job of handling a new job responsibility and are helping move the needle forward. The team’s background in public health helps, but this is not regular duties, and to have them on our team is invaluable. We are increasing our prevention efforts through this task, and while labor-intensive, it will make all the difference in the prevention of COVID-19.”

The newly trained contact tracers received four training sessions to prepare and are helping the District cover the influx of up to 40 new cases per day. Once reported, each case is contacted, and their steps are traced 48 hours backward from the first sign of illness. Contact tracers handle this with the utmost of empathy. Miller explained, “You are dealing with people’s emotions. They could be

scared, and it is our job to ensure they understand the facts about what is going on and dispel any myths they might have heard or read. We want our cases, and the public in general, to know we are here to help educate and inform them. We understand how sensitive this is and are here to hold their hands through this.” Determining whom the case had close contact with and exposed to the disease is essential to preventing the spread. All known contacts of the case are contacted and made aware of their exposure as well as protocols to monitor their symptoms and what do to if they suspect they have contracted the disease. They also supply each case with the information they can send to their contacts. Durflinger stressed, “It is important for the public to understand that, right now, contact tracing is the most effective mode of containment.”

As the State takes measures to begin reopening, the public needs to educate themselves from reliable and legitimate resources such as the Department of Public Health. It is strongly encouraged to continue social distancing and hand washing recommendations.

Asymptom checker on our new COVID-19 information page (found on our website) is the first step someone can take if they are experiencing symptoms. For the latest information on COVID-19 and the number of cases in each county, we are updating this COVID-19 page daily.

For more information visit: <https://covid19.ecphd.com/>



Left: Joy Miller - Director of Epidemiology, DPH-6
Right : Peyton Durflinger - Epidemiologist I, DPH-6