

Possible Exposures Obtained Through Case Investigation

How does public health collect data related to possible COVID exposures?

During the case interview with an individual who has contracted COVID, the investigator asks questions related to how the individual may have contracted the illness and who they may have exposed after their infection. They also ask about sites such as the individual's worksite, businesses the individual may have visited, or events attended. The Centers for Disease Control and Prevention (CDC) has provided guidance to public health agencies on this process.

Appendix B

Potential Contacts and Exposure Locations*	
Type of Contacts	Locations
Household	Place of residence
Family, Friends and Social Acquaintances	Family gatherings, Social residential gatherings, exercise/workout buddies, hiking or camping, hunting or fishing trips, cooking class, yoga class, dance class, other enrichment classes, book club meeting, birthday party, baby shower, wedding, funeral, barbecue, weekend getaway, block party, holiday pot-luck, vacation, visited family or friends at nursing home/group home, etc.
Transportation and Travel	Lyft, Uber, carpool, bus, commuter van, light rail, train, airline travel, cruise, etc.
Workplace—Colleagues/Customers	Businesses, meetings, conferences, restaurants, shops, client's homes (e.g., carpenter, electrician, plumber), animal shelter, factory, hair salon, etc.
Community	Schools, child care, grocery stores, drug stores, shops/shopping malls, restaurants, coffee shops, hardware store, bank, worship centers, movie theaters, sporting events, concerts, bars/brewhouse, night clubs, library, bowling alley, bingo hall, barber shop, hair salon, nail salon, brow or eyelash salon, day spa, tattoo shop, piercing shop, yoga studio, gym, street faire, festival, county/state fair, animal shelter, airport, etc.
Healthcare	Hospital, Emergency Room, physician offices, dialysis centers, laboratories, dentist offices, pharmacies, ambulance transport, physical therapy, etc.
Congregate (group) Living Settings	Medical: hospital (inpatient); acute care facility, skilled nursing facility, long-term medical care facility, etc. Non-Medical: long term care residential home, assisted living facility, hospice, retirement home, group home, correctional facility (prison/jail/juvenile hall), homeless shelters, multigenerational households, etc.

*Please note this list is not inclusive of all possible type of contacts or exposure locations.

Appendix C

Elicitation for Exposure Locations				
Exposure Site (facility name & location)	Exposure Area within Facility (e.g., specific rooms, location on production line)	Date(s) of Exposure	Duration of Time Spent in Setting	Close Contact(s) (e.g., number, category, names)
e.g., visited my son at his group home about a week after my cruise	potluck birthday celebration in the living room	Date (one time)	1.5 hours	5 group home residents, 2 staff
	Son's bedroom	Date	2 hours	1 son (group home resident)
e.g. Sunday church service at place of worship	Dressing Room	Date (every Sunday)	30mins (15 each prior/after)	8 choir members, 2 altar assistants
	Choir Section	Date (every Sunday)	1 hour	8 choir members
	Meeting Hall for coffee and doughnuts	Date (every Sunday)	1 hour	25 people overall, but lengthy conversation with 2 council members

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Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

Source: <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/keyinfo.html>

How is this data used?

Data collected during case investigation of any diseases is used to identify possible risks associated with exposure, contacts that may have also been exposed to the illness, opportunities to intervene or prevent further spread, and disparities related to those risks (i.e. occupational risk, racial/ethnic disparities, geographic disparities, etc.). This data is analyzed and released according to NRS and NAC 441A. This data may also be shared with the appropriate regulatory authorities for additional investigation. Any data released cannot allow an individual case or contact to be identified.

How should this data be interpreted?

All data obtained in case investigations and contact tracing is obtained voluntarily and is self-reported. This data is often incomplete due to memory or the case simply not wanting to share certain information. Lack of sharing of such information delays or impedes the ability for public health to identify and intervene when a risk is present.

If there is a specific activity or location identified through exposure data, this could mean a variety of things and requires additional follow up beyond the investigation. For example, a business that is identified at a high rate may be offering routine testing of employees, so cases are identified more timely and at a higher rate than a business that does not offer testing to their employees. Or, a business who is identified often may have areas that could be improved to lessen risk to employees and patrons and identification of that risk allows for future exposure to be minimized.

Identification of a business, event, or individual that the positive person was in contact with does not mean the person became infected from that encounter.