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To: Wisconsin Local Health Officers, Tribal Health Officials, Infection Prevention Staff, and Health Care Providers

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Prioritization of Highest Impact Public Health Response Activities

Summary

The purpose of this memo is to notify Wisconsin public health and health care partners that in order to be most responsive to the nature of the pandemic today, public health departments should focus staffing and other available resources on activities that are expected to yield the greatest benefit in terms of preventing severe COVID-19 disease. Effective immediately, the Wisconsin Department of Health Services (DHS) is encouraging health departments to target case investigation interviews and contact tracing activities to the highest priority scenarios, where interruption of ongoing transmission is most likely to prevent disease in vulnerable people. COVID-19 vaccination, including boosters, remains our most powerful tool for minimizing hospitalizations and deaths. Supporting access to testing, and educating community members about the importance of layered mitigation strategies, including mask wearing, isolation, and quarantine, are also key activities that should be prioritized, depending on the needs of local communities. [Isolation](#) and [quarantine](#) guidelines have not changed.

Background

Despite unprecedented global efforts to contain its spread, the COVID-19 pandemic has evolved into ubiquitous respiratory infection with world-wide distribution. While it is not feasible to eliminate most transmission of the SARS-CoV-2 virus, safe and effective vaccines can prevent many cases of severe disease, hospitalizations, and deaths.

A central pillar of Wisconsin's response to the first two years of the COVID-19 pandemic has been local public health investigation of cases for the purpose of collecting demographic and clinical data. These data have been instrumental for the characterization of epidemic trends, and also have enabled application of isolation and quarantine guidance through contact tracing programs. More recently, widespread availability of vaccines, development of new epidemiology tools, such as genomic surveillance, and a growing role for COVID-19 therapeutics have given medicine and public health a broader set of tools to mitigate the burden of COVID-19 disease. The current volume of COVID-19 cases caused by the highly transmissible Omicron variant makes completion of a standardized case interview for all COVID-19 cases reported to public health an unrealistic goal. Continuing to strive to investigate all individual cases will divert time and resources away from other activities that are critical to the pandemic response.

In this environment, our valuable public health resources can have greater impact if they are focused on using all available tools to prevent disease in high-risk settings and protect vulnerable individuals. Therefore, DHS now encourages local and tribal health departments to use their staffing and other resources flexibly, directing those resources to highest priority prevention and response activities, based on the needs of their local communities.

Recommendations for Prioritization of Public Health Response Activities

At this time, DHS recommends that health departments emphasize the following priorities:

- All positive and negative COVID-19 tests should continue to be reported to the Wisconsin Electronic Disease Surveillance System (WEDSS). Electronic laboratory reporting will represent the main source of surveillance data during the next phase of the pandemic response. Basic demographic data and contact information should continue to be transmitted from test providers and be readily available to public health departments. Data will also continue to be reported publicly. Electronic reporting of case data from electronic medical records will also continue to be a priority.
- All confirmed or suspected outbreaks of COVID-19 or other communicable diseases should continue to be reported to local and tribal health departments. This includes, but is not limited to, outbreaks in congregate or healthcare settings, educational facilities, shelters, and workplaces.
- Data collection from individual patients through standardized case investigations is no longer expected or required for every Wisconsin resident who tests positive for COVID-19. Case investigations should occur, resource permitting, when necessary to contain outbreaks in high-risk settings, to understand new or unusual patterns of disease, or to inform public health interventions.
- Contact tracing (e.g. follow-up from the public health departments to all close contacts) is no longer expected or required for every COVID-19 case, but rather should be used when deemed appropriate in high-risk settings where preventing or controlling outbreaks is necessary to protect vulnerable people.
- [Isolation](#) and [quarantine](#) guidelines provided by DHS, the Centers for Disease Control and Prevention (CDC), and local and tribal health departments should continue to be followed by people who have, or are exposed, to COVID-19.
- Local and tribal health departments should encourage members of their community with COVID-19 to notify their contacts. This may include the use of automated communication tools like the Wisconsin [Exposure Notification App](#).

Prioritizing Outbreak Investigations

DHS requires reporting of outbreaks of communicable diseases, including COVID-19, and publicly reports [facility-wide investigations](#) in settings where single cases of COVID-19 can rapidly spread to a large number of close contacts (e.g., educational and congregate living settings) or infect individuals who are at elevated risk of severe disease (e.g., skilled nursing facilities and other long-term care settings.) Local and tribal health departments should continue to investigate cases in these settings and conduct contact tracing as appropriate to minimize the impact of outbreaks.

An outbreak is defined as a single case of COVID-19 occurring in a long-term care facility, including skilled nursing facilities (nursing homes) and assisted living facilities (community-based residential facilities and residential care apartment complexes). Outbreak investigations are initiated in other high-priority settings if two or more cases are identified. These settings can include:

- **Group housing facilities**, including correctional facilities, homeless shelters, dormitories, and group homes.
- **Health care facilities**, including hospitals, clinics, dialysis centers, hospice, and in-home care.
- **Workplace (non-health care) settings**, including manufacturing and production facilities, distribution facilities, offices, and other indoor workplaces.
- **Educational facilities**, including K-12 schools, colleges, universities, and child care centers.
- **Other settings**, including adult day care centers, restaurants, event spaces, and religious settings.

Depending on the facility type and staffing resources, local and tribal health departments may choose to lead case investigation and contact tracing efforts during outbreaks, or to educate and train facility staff to assist with the management of the outbreak. Case investigation and contact tracing in the context of outbreaks does not necessarily require interviews with each individual case and contact. Rather, public health and facilities should focus on identifying cases and contacts and implementing appropriate mitigation measures, including isolation, quarantine, mask wearing, and appropriate cleaning strategies. DHS provides outbreak investigation guidance and recommendations for a variety of settings including: [long-term care facilities](#), [K-12 schools](#), [daycares](#), and [workplaces](#).

Recommended Approaches to Case Investigations and Contact Tracing

Electronically collected data will be the minimum standard for surveillance data in Wisconsin going forward. While data collection from individual patients through standardized case investigations is no longer expected or required for every Wisconsin resident who tests positive for COVID-19, local and tribal health departments may choose to utilize this tool in some situations. Case investigations and contact tracing should occur, resource permitting, when local health departments determine they are necessary to slow or stop transmission in settings where infections are likely to harm people who are vulnerable because they are medically fragile, unvaccinated, or at elevated risk for other reasons. In depth investigations may also be necessary in the future to understand new or unusual patterns of disease that might be observed with novel variants of SARS-CoV-2.

When utilizing case investigations and contact tracing, it may also be useful to prioritize certain groups because of risks associated with health conditions or congregate settings. In these cases, public health may utilize electronically reported data to prioritize based on age, health conditions, group living settings, vaccination status, hospitalization status, or other priority groups. DHS will continue to maintain a team of contact tracers who can assist local and tribal health departments with high-priority case investigations and contact tracing interviews.