NC Department of Health and Human Services, Division of Public Health

COVID-19 and Travel: Documenting Patient Travel and Travel-Related Questions and Concerns

Movement, Monitoring, Notification Team
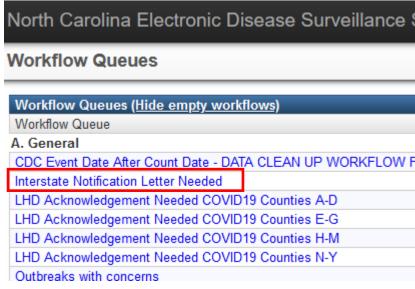**Jenni Wheeler, MMN Lead**

April 29, 2021

What does MMN Team do?

- **Facilitate communication among LHDs, NC DHHS, and other states**

	CASES	CONTACTS

IN-BOUND *(info from other states about NC residents)*	• **Save information for data entry team who:**
	  • **Create or update event in NC COVID**
	  • **Assign to LHD for follow-up**
		• **Check that contact is not in NC COVID or CCTO**
		• **Add contact to CCTO**
		• **Assign to county OOJ User**

OUT-BOUND *(info sent to other states about their residents)*	• **Events in NC COVID workflow "Interstate Notification Letter Needed"**
	  • **Fax to other states**
	  • **Close Event**
	• **Fax paper labs to other states**
		• **Send contacts assigned to "Jennifer Wheeler" in CCTO to other states via Epi-X**
		• **In CCTO:**
		  • **Fill out "Final Monitoring Outcome"**
		  • **Deactivate contact**

OUT-BOUND (info sent to CDC about NC residents traveling by air)	• **IF NC case flew while infectious OR asymptomatic case flew within 2 days of test,** • **AND traveled within past 14 days** • **Send secure email to CDC Quarantine Station with patient info, flight info**	**N/A**

NC COVID and Interstate Notification

- *Reminder*: event shows in workflow when primary address is out of state
  - Often <u>before</u> LHD has chance to review the case
- *Please:*
  - Review the event
  - Assign first block to your LHD
  - ADD a note confirming case resides in another state
  - Edit address to be out of state address and label it "Home*Primary"
    - Add what you have
    - *Only way it will be in workflow*
  - Assign to state when your work is complete
    - Mark as "does not meet"

North Carolina Electronic Disease Surveillance S

Workflow Queues

Workflow Queues (Hide empty workflows)
Workflow Queue
A. General
CDC Event Date After Count Date - DATA CLEAN UP WORKFLOW F
Interstate Notification Letter Needed
LHD Acknowledgement Needed COVID19 Counties A-D
LHD Acknowledgement Needed COVID19 Counties E-G
LHD Acknowledgement Needed COVID19 Counties H-M
LHD Acknowledgement Needed COVID19 Counties N-Y
Outbreaks with concerns

If Case with non-NC Address is ages 18-24 …

- ***DOES THE CASE ATTEND COLLEGE IN NC?***
  - **How can you tell?**
    - **Ordering provider or lab facility is university student health**
    - **Person has a ".edu" email address**
    - **Risk history questions regarding college/university**
    - **Linked to a cluster at an NC college/university**

- **If case exposed while attending NC college/university:**
  - **Count as NC case**
    - **Regardless of whether they returned to home state after exposure**
    - **If living in NC to attend school, even if classes are virtual**

If Case with non-NC Address is 18-24 …

- **For cases attending NC college/university:**
  - **Make NC address "Home*Primary"**
    - Include whatever address information is available, even if not complete
    - If no local address available, use university address
  - Answer questions in risk history package
    - Include name of college/university

- **If you cannot reach the individual to confirm that they are a student:**
  - Put a note on the main event dashboard
  - Assign to State as "does not meet criteria"

If Case is long-term resident of LTCF …

- **Handle similarly to college students**
  - **Make NC address "Home*Primary"**
    - Include whatever address information is available, even if not complete
    - If no local address available, use facility address
  - Process like you would any other NC case
    - When done, assign first block to your LHD, then the next block to the State
    - Classification status should be "confirmed", "probable", etc. … should NOT be "does not meet criteria"

NC COVID Death in Out of State Resident

- *Handle like any other death, with out of state address as primary*

- *Remember to*:
  - **Enter date of death**
    - **On Person tab**
  - **Change vital status**
    - **Change to "dead"**
    - **Do not leave as "alive"**
  - **Attach medical records**
  - **Add note confirming out of state resident**

Events that have been closed by MMN…

- **It is fine to open events that have been closed by MMN Team if new information becomes available**
  - **Ask NCEDSS helpdesk if needed**

NCCOVID & Notification of Air Travel

NCCOVID & Notification of Air Travel

If during the case investigation process, it is determined that a COVID-19 case flew during their infectious period, the specific flight information should be obtained and the Movement, Monitoring, and Notification Team (MMN.Team@dhhs.nc.gov) should be notified as soon as possible.

Infectious Period Criteria

Symptomatic (with positive test): 2 days before onset of symptoms until at least 10 days after onset, if traveler meets the criteria for discontinuation of isolation

Asymptomatic (with positive test): 2 days before specimen collection date until at least 10 days after collection date if traveler remains asymptomatic

NCCOVID & Notification of Air Travel

Information Required for Notification

- *Demographic Information:*
  - First and Last Name
  - Date of birth
  - Permanent address
  - Phone number

- *Clinical Information:*
  - Symptom Onset Date
  - Symptoms
  - Lab Information
    - Collection Date
    - Testing Method

- *Travel Information**
  - Dates of travel for ENTIRE trip
  - Crew Member or Passenger
  - Airline
  - Flight/route Numbers
  - Departure and Arrival Dates
  - Departure and Arrival City & State
  - Seat number
  - Was the infectious traveler sitting next to a travel companion or family member?

  *For EACH flight segment

NCCOVID & Notification of Air Travel

Travel Information should be entered in the Risk History Question Package

To generate the fields to enter travel information, you must first select "Yes" for the travel history question. This will result in the appearance of the "To Country" field

Question Packages
Question Package
01. Administrative
02. Demographic
03. Clinical
› 04. Risk History
09. Risk Questions - Part 1
14. Electronic Transmission Information

Period of Interest Timeframe		
FROM (14 DAYS PRIOR TO SYMPTOM ONSET): ℹ		
Travel / Immigration		
Would you like to view the definitions for residency labels?		
The patient is (choose most appropriate answer)		
In the 14 days prior to illness onset, did the patient have any travel history?		

Period of Interest Timeframe		
FROM (14 DAYS PRIOR TO SYMPTOM ONSET): ℹ		
Travel / Immigration		
Would you like to view the definitions for residency labels?		
The patient is (choose most appropriate answer)		
In the 14 days prior to illness onset, did the patient have any travel history?	Yes	
To country		

NCCOVID & Notification of Air Travel

Once the travel history question has been answered as "Yes" and the destination country has been populated, fields for more detailed destination information, along with travel dates and mode(s) of transportation appear

Period of Interest Timeframe	
FROM (14 DAYS PRIOR TO SYMPTOM ONSET): ℹ️	
Travel / Immigration	
Would you like to view the definitions for residency labels?	☐
The patient is (choose most appropriate answer)	☐
In the 14 days prior to illness onset, did the patient have any travel history?	Yes ☐
To country ⊟	USA ☐ Add New
To state	☐
To city	
From date	MM/DD/YYYY 📅
To date	MM/DD/YYYY 📅
Mode(s) of transportation (check all that apply)	☐ Airplane ☐ Ship / boat / ferry ☐ Automobile / motorcycle ☐ Bus / taxi / shuttle ☐ Train / subway ☐ On foot ☐ Other
Additional Travel/Residency information	

NCCOVID & Notification of Air Travel

Once you complete the detailed destination information and dates of travel, you will notice there are still no fields to enter flight information. In order to see the flight information fields you must first select "Airplane" as the mode of transportation

Period of Interest Timeframe	
FROM (14 DAYS PRIOR TO SYMPTOM ONSET): ℹ️	
Travel / Immigration	
Would you like to view the definitions for residency labels?	⌄
The patient is (choose most appropriate answer)	⌄
In the 14 days prior to illness onset, did the patient have any travel history?	Yes ⌄
To country ⊟	USA ⌄ Add New
To state	OR ⌄
To city	Portland
From date	03/25/2021 📅
To date	03/28/2021 📅
Mode(s) of transportation (check all that apply)	☐ Airplane ☐ Ship / boat / ferry ☐ Automobile / motorcycle ☐ Bus / taxi / shuttle ☐ Train / subway ☐ On foot ☐ Other
Additional Travel/Residency information	

NCCOVID & Notification of Air Travel

Once "Airplane" as been selected as the mode of transportation, the "Would you like to enter travel-specific details?" field will appear

Period of Interest Timeframe	
FROM (14 DAYS PRIOR TO SYMPTOM ONSET): 🛈	
Travel / Immigration	
Would you like to view the definitions for residency labels?	[⌄]
The patient is (choose most appropriate answer)	[⌄]
In the 14 days prior to illness onset, did the patient have any travel history?	Yes [⌄]
To country ⊟	USA [⌄] Add New
To state	OR [⌄]
To city	Portland
From date	03/25/2021 📅
To date	03/28/2021 📅
Mode(s) of transportation (check all that apply)	☑ Airplane ☐ Ship / boat / ferry ☐ Automobile / motorcycle ☐ Bus / taxi / shuttle ☐ Train / subway ☐ On foot ☐ Other
Would you like to enter travel-specific details (i.e. flight numbers, seat numbers, etc.)?	[⌄]

NCCOVID & Notification of Air Travel

Period of Interest Timeframe		
FROM (14 DAYS PRIOR TO SYMPTOM ONSET): ℹ		
Travel / Immigration		

Would you like to view the definitions for residency labels?	[▾]	
The patient is (choose most appropriate answer)	[▾]	
In the 14 days prior to illness onset, did the patient have any travel history?	Yes [▾]	
To country ⊟	USA [▾]	Add New
To state	OR [▾]	
To city	Portland	
From date	03/25/2021 📅	
To date	03/28/2021 📅	
Mode(s) of transportation (check all that apply)	☑ Airplane ☐ Ship / boat / ferry ☐ Automobile / motorcycle ☐ Bus / taxi / shuttle ☐ Train / subway ☐ On foot ☐ Other	
Would you like to enter travel-specific details (i.e. flight numbers, seat numbers, etc.)?	Yes [▾]	

Once you select "Yes" for entry of travel-specific details, the flight-specific fields highlighted in yellow will appear

It is important that complete information is entered for each leg of the trip, if available

1. Date	MM/DD/YYYY 📅	Carrier		Flight # / Trip #	
1. Seat/Cabin		Departed from		Arrived in	
2. Date	MM/DD/YYYY 📅	Carrier		Flight # / Trip #	
2. Seat/Cabin		Departed from		Arrived in	
3. Date	MM/DD/YYYY 📅	Carrier		Flight # / Trip #	
3. Seat/Cabin		Departed from		Arrived in	
4. Date	MM/DD/YYYY 📅	Carrier		Flight # / Trip #	
4. Seat/Cabin		Departed from		Arrived in	
Other notes					
Additional Travel/Residency information					

NCCOVID & Notification of Air Travel

Period of Interest Timeframe	
FROM (14 DAYS PRIOR TO SYMPTOM ONSET): ⓘ	

Travel / Immigration		
Would you like to view the definitions for residency labels?	☐▾	
The patient is (choose most appropriate answer)	▾	
In the 14 days prior to illness onset, did the patient have any travel history?	Yes ▾	
To country ⊟	USA ▾	Add New
To state	OR ▾	
To city	Portland	
From date	03/25/2021 📅	
To date	03/28/2021 📅	
Mode(s) of transportation (check all that apply)	☑ Airplane ☐ Ship / boat / ferry ☐ Automobile / motorcycle ☐ Bus / taxi / shuttle ☐ Train / subway ☐ On foot ☐ Other	
Would you like to enter travel-specific details (i.e. flight numbers, seat numbers, etc.)?	Yes ▾	

1. Date	03/25/2021 📅	Carrier	American Airlines	Flight # / Trip #	428
1. Seat/Cabin	28A	Departed from	Charlotte, NC	Arrived in	Phoenix, AZ
2. Date	03/25/2021 📅	Carrier	American Airlines	Flight # / Trip #	561
2. Seat/Cabin	Unknown	Departed from	Phoenix, AZ	Arrived in	Portland, OR
3. Date	03/28/2021 📅	Carrier	American Airlines	Flight # / Trip #	2655
3. Seat/Cabin	30C	Departed from	Portland, OR	Arrived in	Dallas/Fort Worth, TX
4. Date	03/28/2021 📅	Carrier	American Airlines	Flight # / Trip #	855
4. Seat/Cabin	15B	Departed from	Dallas/Fort Worth, TX	Arrived in	Charlotte, NC
Other notes					
Additional Travel/Residency information					

Example of a complete travel record within the Risk History Question Package

If more than 4 flights need to be included, you may include the additional information in the 'Additional Travel/Residency Information' field

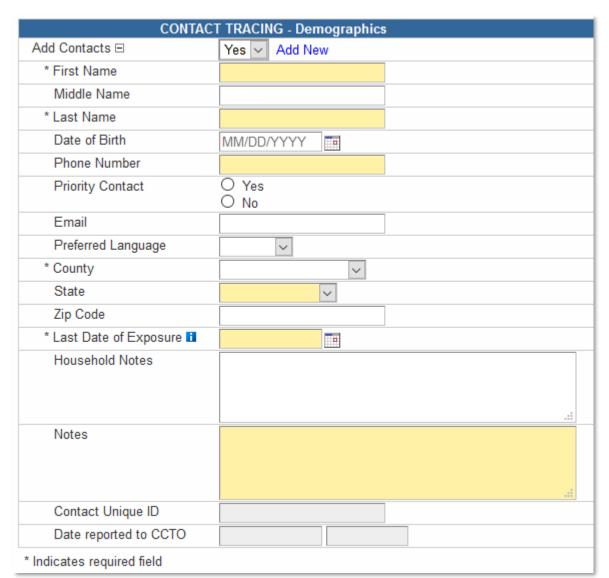# NCCOVID & Notification of Air Travel

- Once the travel information has been documented to the extent possible, please email the Movement, Monitoring, and Notification Team (MMN.Team@dhhs.nc.gov) the NC COVID ID.

- Do not delay notification if some of the information is not available.

- Please do not include any personally identifiable information in the email (i.e. name, DOB, etc.) as this constitutes a data breach and that information should already be included in the NC COVID record.
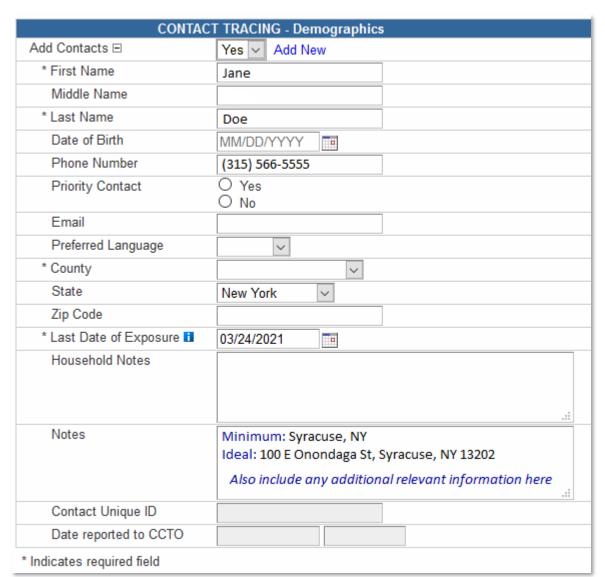
NCCOVID & Out of State Contacts

NCCOVID & Out of State Contacts

- To send an interstate contact notification the minimum information needed is:
  - First Name
  - Last Name
  - Phone Number
  - City or County
  - State
  - Last Date of Exposure

- For OOJ contacts entered in NCCOVID, record state in the 'State' field and include additional address information in the 'Notes' field

CONTACT TRACING - Demographics	
Add Contacts ⊟	Yes ∨ Add New
* First Name	
Middle Name	
* Last Name	
Date of Birth	MM/DD/YYYY
Phone Number	
Priority Contact	○ Yes ○ No
Email	
Preferred Language	∨
* County	∨
State	∨
Zip Code	
* Last Date of Exposure 🛈	
Household Notes	
Notes	
Contact Unique ID	
Date reported to CCTO	

* Indicates required field

NCCOVID & Out of State Contacts

- Example of a contact record in NCCOVID with sufficient information to send an interstate contact notification

- The county field is not required if the state listed is not North Carolina

- Contacts imported into CCTO without a county are assigned to the system user (# covid_arias). MMN team checks this daily and reassigns contacts to Jennifer Wheeler for processing

CONTACT TRACING - Demographics	
Add Contacts ⊟	Yes ⌄ Add New
* First Name	Jane
Middle Name	
* Last Name	Doe
Date of Birth	MM/DD/YYYY 📅
Phone Number	(315) 566-5555
Priority Contact	○ Yes ○ No
Email	
Preferred Language	⌄
* County	⌄
State	New York ⌄
Zip Code	
* Last Date of Exposure ℹ	03/24/2021 📅
Household Notes	
Notes	Minimum: Syracuse, NY Ideal: 100 E Onondaga St, Syracuse, NY 13202 *Also include any additional relevant information here*
Contact Unique ID	
Date reported to CCTO	

* Indicates required field

MMN Reminders: SUMMARY

- **When in doubt, ADD A NOTE**
    - **Especially if the information available is limited**

- **If you have a question, email the MMN Team account: MMN.Team@dhhs.nc.gov**

- **Please do NOT send confidential and/or personally identifiable information to MMN team via email!**

Questions?

MMN.Team@dhhs.nc.gov