



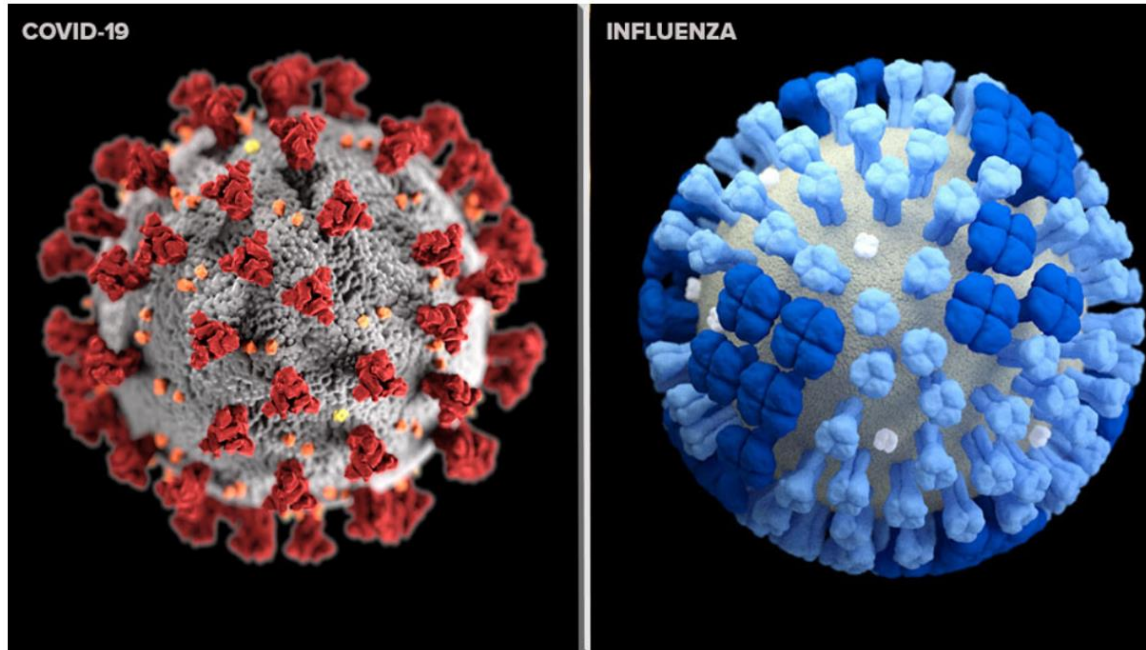
COVID-19 CONTACT INVESTIGATION TRAINING

03/11/2020

Training Agenda

- Introduction and Welcome – Dr. Cathy Wasserman
- COVID-19 Background – Chas DeBolt
- WA Case Investigation – Chas DeBolt
- Interview Techniques – Hanna Oltean
- Types of Contact Follow-Up – Chas DeBolt
- DOH IMT Priorities – Joanne Amlag
- Resources – Joanne Amlag

COVID-19 Background



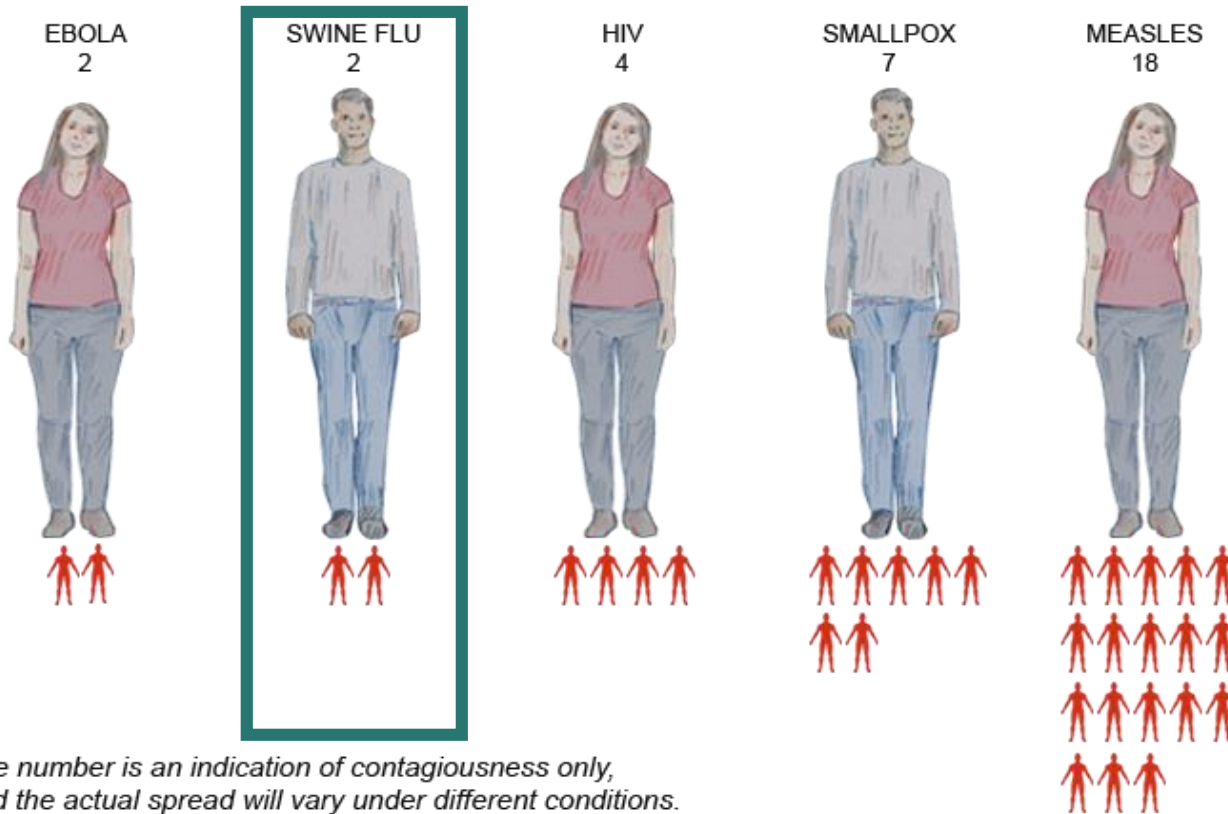
Photos courtesy of the Centers for Disease Control and Prevention

DOH Investigation Quick Sheet

- Main symptoms: fever and cough, shortness of breath
 - Maybe: headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea not uncommon
- Infectious period: contagious at symptom onset and possibly shortly before. Asymptomatic infections occur – may be presumed contagious
- Incubation: Unknown. The average incubation period may be 3 - 5 days (range 2-14 days)
- Treatment: There is no specific recommended treatment for COVID-19 and no vaccine is currently available

How contagious is COVID-19?

For each sick person, how many subsequent people will be infected?
assuming everyone in the population is susceptible



*The number is an indication of contagiousness only,
and the actual spread will vary under different conditions.*

WA Case Investigation

Essential Variables for COVID-19 data entry into WDRS

March 10, 2020

Please provide the following information in WDRS:

Name

DOB

Gender

Pregnant? (if female)

Address

Include name of facility if resides in a congregate setting

Place of work/school(s) attended
Is case a HCW?

Give name of school or employer to facilitate cluster identification
Indicate "retired" or "none" if applicable

Date of symptom onset

__/__/__

Asymptomatic?

Yes/No

Did case have pneumonia?

Collect and enter all symptoms if possible

Hospitalization?

Include admission and discharge date(s) if available

Died?

Include date of death if applicable (in person information)

Case's exposure

International/domestic travel?

In prior 14 days to onset. Include destinations and dates of travel

Exposure to a COVID-19 case?

Include exposure details and date; give WDRS number if WA case

Visited known high risk setting

Include event names, location, and dates if applicable

(e.g., visited or worked in a long term care facility where a COVID-19 outbreak is occurring; attended a square dance gathering attended by other persons subsequently identified as COVID-19 cases)

Possible transmission settings

(Named contacts, events, and public locations visited by case while symptomatic/contagious)

If worked, name of supervisor:

Include date(s), times, and contact information

Attended school/childcare?

Include date(s), times, and name of facility

Did they attend:

Meetings

Include date(s), times, location, and organizer/contact info

Large gatherings/

"

Events

"


Did they have health care visits?

Include date(s), times, and name of facility

Spent time with named individual(s)

Include date(s), times, contact info, and county of residence for each contact

Case Investigation Form

 COVID-19	Case name (last, first) _____ Birth date ___/___/___ Sex at birth <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Other Alternate name _____ Phone _____ Email _____ Address type <input type="checkbox"/> Home <input type="checkbox"/> Mailing <input type="checkbox"/> Other <input type="checkbox"/> Temporary <input type="checkbox"/> Work Street address _____ City/State/Zip/County _____ Residence type (incl. Homeless) _____ WA resident <input type="checkbox"/> Yes <input type="checkbox"/> No
	ADMINISTRATIVE Investigator _____ LHJ Case ID (optional) _____ LHJ notification date ___/___/___ Classification <input type="checkbox"/> Classification pending <input type="checkbox"/> Confirmed <input type="checkbox"/> Not reportable <input type="checkbox"/> Probable <input type="checkbox"/> Ruled out <input type="checkbox"/> Suspect Investigation status <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Complete – not reportable to DOH <input type="checkbox"/> Unable to complete Reason _____ Investigation start date ___/___/___ Investigation complete date ___/___/___ Case complete date ___/___/___ Outbreak related <input type="checkbox"/> Yes <input type="checkbox"/> No LHJ Cluster ID _____ Cluster Name _____
DEMOGRAPHICS Age at symptom onset _____ <input type="checkbox"/> Years <input type="checkbox"/> Months Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unk Race (check all that apply) <input type="checkbox"/> Unk <input type="checkbox"/> Amer Ind/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer <input type="checkbox"/> Native HI/other PI <input type="checkbox"/> White <input type="checkbox"/> Other _____ Primary language _____ Interpreter needed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Occupation _____ Industry _____ Employer _____ Work site _____ City _____ Student/Day care <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Type of school <input type="checkbox"/> Preschool/day care <input type="checkbox"/> K-12 <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/> Vocational <input type="checkbox"/> Online <input type="checkbox"/> Other School name _____ School address _____ City/State/County _____ Zip _____ Phone number _____ Teacher's name _____	
REPORT SOURCE Initial report source _____ LHJ _____ Reporter organization _____ Reporter name _____ Reporter phone _____ All reporting sources (list all that apply) _____ _____ _____	
COMMUNICATIONS Primary HCP name _____ Phone _____ OK to talk to patient (If Later, provide date) <input type="checkbox"/> Yes <input type="checkbox"/> Later ___/___/___ <input type="checkbox"/> Never Date of interview attempt ___/___/___ <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Unable to reach <input type="checkbox"/> Patient could not be interviewed Alternate contact <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Friend <input type="checkbox"/> Other _____ Name _____ Phone _____	

Clinical Information Section

CLINICAL INFORMATION		
Complainant ill <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk Symptom Onset ___/___/___ <input type="checkbox"/> Derived Diagnosis date ___/___/___ Disease suspected <input type="checkbox"/> COVID-19		
Clinical Features Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any fever, subjective or measured Temp measured? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest measured temp _____°F <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pharyngitis (sore throat) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cough <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Productive cough Onset date ___/___/___ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dyspnea (shortness of breath) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pneumonia Diagnosed by <input type="checkbox"/> X-Ray <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> Provider Only Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Not tested <input type="checkbox"/> Other _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Acute respiratory distress syndrome (ARDS) Diagnosed by <input type="checkbox"/> X-Ray <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> Provider only <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Vomiting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diarrhea (3 or more loose stools within a 24 hour period) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other symptoms consistent with this disease:		

Coronavirus required variables are in **bold**. Answers are: Yes, No, Unknown to case

DOH 420-110 (Rev.03/06/2020)

Case Name _____	LHJ Case ID _____
Predisposing Conditions – if information is readily available Pregnancy status at time of symptom onset <input type="checkbox"/> Pregnant <input type="checkbox"/> Postpartum <input type="checkbox"/> Neither pregnant nor postpartum <input type="checkbox"/> Unk Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Current tobacco smoker <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Immunosuppressive therapy, condition or disease Specify _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chronic heart disease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asthma/reactive airway disease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chronic lung disease (e.g., COPD, emphysema) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chronic liver disease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other underlying medical conditions	
Clinical Testing Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coronavirus testing performed Viral respiratory panel <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Pending <input type="checkbox"/> Not done <input type="checkbox"/> Specimen inadequate Date: ___/___/___ List positive results in the NOTES section	
Hospitalization Y N Unk <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hospitalized at least overnight for this illness Facility name _____	

Risk & Response Section

RISK AND RESPONSE (Ask about exposures 14 days before symptom onset) – If information is available

Travel

	Setting 1	Setting 2	Setting 3
Travel out of:	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____
Destination name			
Start and end dates	___/___/___ to ___/___/___	___/___/___ to ___/___/___	___/___/___ to ___/___/___

Risk and Exposure Information – if information is readily available

Is the patient (check all that apply) Healthcare worker US military Flight crew Other position of concern _____

Y N Unk

Is case a recent foreign arrival (e.g. immigrant, refugee, adoptee, visitor) Country _____

Does the case know anyone sharing travel with similar symptoms of illness

Countries of travel _____

In the 14 days prior to symptom onset, did the patient have close contact with a confirmed or probable coronavirus case

Contact start date ___/___/___ Contact end date ___/___/___

Nature of contact (check all that apply) Same household Co-worker Healthcare environment

Other _____

Contact with a person with pneumonia or influenza-like illness

Exposure and Transmission Summary

Likely geographic region of exposure In Washington – county _____ Other state _____

Not in US – country _____ Unk

International travel related During entire exposure period During part of exposure period No international travel

Suspected exposure setting Day care/Childcare School (not college) Doctor's office Hospital ward Hospital ER

Hospital outpatient facility Home Work College Military Correctional facility Place of worship

Laboratory Long term care facility Homeless/shelter Social event Large public gathering Restaurant

Hotel/motel/hostel Other _____

Describe:

Risk & Response Section (continued)

Suspected transmission setting Day care/Childcare School (not college) Doctor's office Hospital ward
 Hospital ER Hospital outpatient facility Home Work College Military Correctional facility
 Place of worship Laboratory Long term care facility Homeless/shelter Social event
 Large public gathering Restaurant Hotel/motel/hostel Other _____
 Describe:

Public Health Issues

Y N Unk

Was the patient symptomatic during travel from any COVID affected areas or within 24 hours of return to the US or local area

List all travel on public conveyances from 24 hours before onset of fever or symptoms and thereafter (list each portion or leg of trip)

	Leg 1	Leg 2	Leg 3	Leg 4
Start and end date	/ / to / /	/ / to / /	/ / to / /	/ / to / /
Departure and arrival cities	From _____ To _____	From _____ To _____	From _____ To _____	From _____ To _____
Transportation type	<input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Tour group <input type="checkbox"/> Other _____	<input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Tour group <input type="checkbox"/> Other _____	<input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Tour group <input type="checkbox"/> Other _____	<input type="checkbox"/> Airline <input type="checkbox"/> Train <input type="checkbox"/> Cruise <input type="checkbox"/> Bus <input type="checkbox"/> Auto <input type="checkbox"/> Tour group <input type="checkbox"/> Other _____
Transport company				
Transport number				

If needed, enter detailed information in the Transmission Tracking Question Package

Public Health Interventions/Actions

Y N Unk

Isolation precautions

Transmission Tracking Section

TRANSMISSION TRACKING

Visited, attended, employed, or volunteered at any public settings (including healthcare) while contagious Yes No Unk

Settings and details (check all that apply)

- Day care School Airport Hotel/Motel/Hostel Transit Health care Home Work College
 Military Correctional facility Place of worship International travel Out of state travel LTCF
 Homeless/shelter Social event Large public gathering Restaurant Other

	Setting 1	Setting 2	Setting 3	Setting 4
Setting Type (as checked above)				
Facility Name				
Start Date	___/___/___	___/___/___	___/___/___	___/___/___
End Date	___/___/___	___/___/___	___/___/___	___/___/___
Time of Arrival				
Time of Departure				
Number of people potentially exposed				
	Setting 1	Setting 2	Setting 3	Setting 4
Details (hotel room #, HC type, transit info, etc.)				
Contact information available for setting (who will manage exposures or disease control for setting)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
Is a list of contacts known?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk

If list of contacts is known, please fill out Contact Tracing Form Question Package

Exposure & Transmission Timeline

APPENDIX A: Novel Coronavirus WORKSHEET

COLLECT THE FOLLOWING INFORMATION FOR EACH DATE:

Locations of potential exposure and transmission

- Addresses and phone numbers of locations
- Dates and times visited (time of arrival and length of stay)
- Complete travel information (e.g., departure & arrival cities, method of transport, transport company, transport numbers)
- Remember to ask about stops at grocery stores, gas stations, churches, healthcare facilities, schools and child care centers

Information about Contacts

- Names and phone numbers of contacts
- Relation to case
- Are contacts symptomatic?

Name: _____

Patient DOB: ____/____/____

PART I: Identifying Sources of Infection

	DATE	DAY	LOCATIONS (with times)	CONTACTS	
EARLIEST EXPOSURE DATE		-14			
		-13			
		-12			
		-11			
		-10			
		-9			
		-8			
	Exposure Period		-7		
			-6		
			-5		
			-4		
		-3			
		-2			
		-1			
SYMPTOM ONSET		0	See Part B for Contagious Period		

PART I: Identifying Sources of Infection

	DATE	DAY	LOCATIONS (with times)	CONTACTS
EARLIEST EXPOSURE DATE		-14		
		-13		
		-12		
		-11		
		-10		
		-9		
		-8		
	Exposure Period		-7	
		-6		
		-5		
		-4		
		-3		
		-2		
		-1		
SYMPTOM ONSET		0	See Part B for Contagious Period	

PART II: Identifying Exposed Contacts and Sites of Transmission

	DATE	DAY	LOCATIONS (with times)	CONTACTS
SYMPTOM ONSET		0		
		1		
		2		
		3		
		4		
		5		
		6		
Contagious Period		7		
		8		
		9		
		10		
		11		
		12		
		13		
		14		

Interview Techniques

Interview Techniques

- Before the Interview
 - Brush up on COVID-19
 - Resources will be provided
 - Gather all of the materials you'll need
 - Pencil recommended
 - Print extra copies
 - Do a practice run to familiarize yourself with the questions
 - Find a quiet, private place

Interview Techniques

- Explain what you're doing & why you're doing it
- Confidence is key!
- Be conversational
 - Mirror tone, pace, diction
 - Try to stay within the questionnaire
- Show empathy; this person was just pretty sick/scared
- Gently re-direct as needed
- Probe for specific answers if response is vague
- Let them ask questions
- Express gratitude

Important to Remember

- Accurately record what people say
- Persistence gets the job done
 - Okay to ask why they are refusing
 - Call multiple times, including evenings or weekends
- Write legibly, someone eventually has to read it!
- Fill out all of fields
- Note the date & time

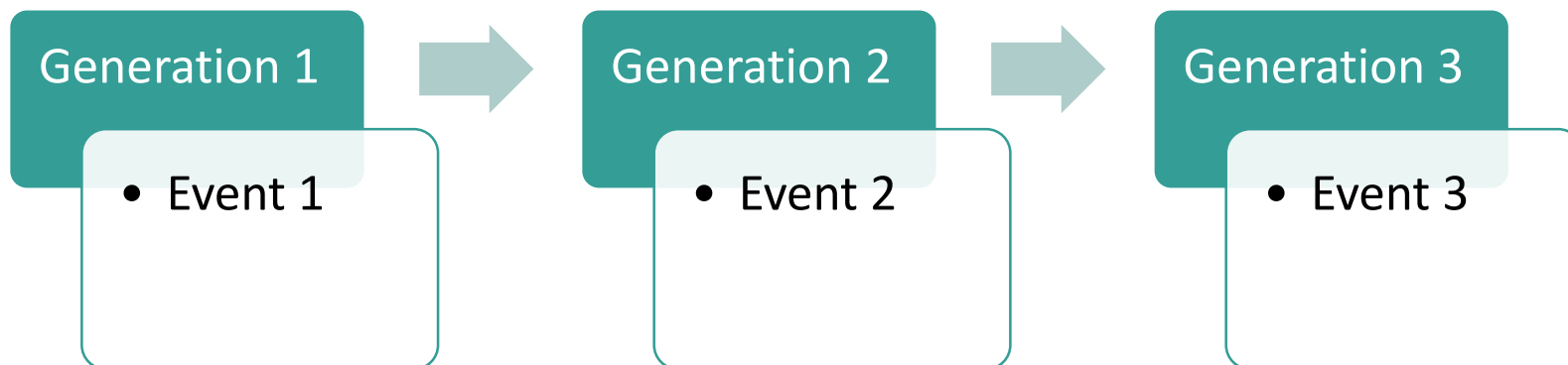
Patterns in Response

- If you notice a pattern, point it out to your group lead
 - Attending the same event
 - Repeat contacts
- Iterate as needed
 - Add a question at the end of a section or the entire interview
 - Ask the same way each time
 - Record who was asked

10 Cardinal Rules of Interviewing

1. Do a practice run until you're comfortable with the questionnaire
2. Find a quiet place to conduct your interviews
3. Be non-judgmental
4. Avoid leading the responder
5. Accurately record what people say
6. Ensure confidentiality, beginning with conducting interviews in a private location
7. Gently re-direct, as needed
8. Probe if answers are vague, particularly about time of symptom onset
9. Work with epidemiology staff to provide language interpretation, if needed
10. Thank interviewee at closing and explain how info will be used

What can be learned from in-depth interviews



Types of Contact Follow-Up

Contact Type	Description	Follow-Up Action
Named Contact	Household member, including partner of confirmed case	Call directly and provide guidance
Employer	Lab positive case works at a restaurant	Call HR directly or supervisor of case and provide guidance
Healthcare facilities	Lab positive case works at a hospital	Call Infection Prevention or healthcare manager and provide guidance
Small/private groups	Everyone in the small group can be contacted	Call event organizer/host/manager and provide guidance
Large groups	Everyone in the large group can receive individual PH follow-up or event organizer can send info to individuals	Contact event organizer and provide guidance
Public exposure site	No way to quantify who may have been present at the public location	Inform PIO of new public exposure site of date and time of exposure and notify site manager of pending public announcement

Exposure Matrix

Date	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6	Person 7	Person 8	Person 9	Person 10	Person 11	Person 12	Person 13	Person 14	Person 15	Person 16	Person 17	Person 18	Person 19	Person 20
12/7/2018																				
12/8/2018	Country 1			Legend																
12/9/2018	Country 1		Exposure			Church 1		School 1		LTC 1		School 5		Venue 5		Church 7		Venue 9		Clinic 5
12/11/2018	Country 1		Rash onset			Church 2		School 2		School 3		School 6		Airport		Church 8		Venue 10		Clinic 6
12/12/2018	Country 1		Contagious			State 1		Venue 1		Church 4		Grocery 1		Clinic 3		Clinic 4		In patient		Venue 15
12/13/2018	Country 1					State 2		Gym		LTC 2		School 7		School 8		Venue 6		Venue 11		Venue 16
12/14/2018	Country 1					City 1		Bus 1		Church 5		Clinic 1		School 9		Venue 7		Venue 12		Venue 17
12/15/2018	Country 1					City 2		Church 3		Venue 3		Clinic 2		School 10		School 11		Venue 13		Venue 18
12/16/2018	Country 1					City 3		Venue 2		School 4		Venue 4		Church 6		Venue 8		Venue 14		Venue 19
12/17/2018	Country 1																			
12/18/2019																				
12/19/2018					school															
12/20/2018					school	School 8	school		school											
12/21/2018						School 8	school		School											
12/22/2018						Person with her at	Church 1	Church 2		Church 2		Venue 3				Venue 9				
12/23/2018	Church 1	Church 1	Church 1	Church 1	Church 2	Church 1	Church 2	Church 1	Church 2	Church 4	Church 1				Church 1	Church 1	Church 1		Church 1?	Church 1
12/24/2018																				
12/25/2018						cousins	aunts	uncles	visit	Church 1		Church 4				Church 1		Church 1		
12/26/2018																				
12/27/2018																				
12/28/2018						Venue 1						Venue 3	Venue 9	Venue 9						
12/29/2018	Venue 10							Venue 10, Venue 7	Venue 10, Venue 7			Venue 3	Venue 10	Venue 10				Church 1	Venue 10	
12/30/2018						Church 2						Church 1,	Church 1	Church 1	Venue 3			Church 1		
12/31/2018	Clinic 4				Church 1			Large party at home				Large party at home	Church 1	Church 1	Venue 3					Large party
1/1/2019					Venue 3			Church 1				Church 1	Church 1	Church 1	Church(Ch	Venue 3				
1/2/2019		Airport, Sta	Airport, State 1			School 8	School 6	Church 1	School 6		School 8							Venue 16		
1/3/2019		State 1	State 1			School 8	School 6		School 6	School 4	School 8				School 6			Venue 16		Venue 19, Bus 1
1/4/2019		State 1	State 1	School 3						School 4	School 8			Venue 15	Venue 15	Russian Sc	School 3	Church 1, School	Church 1, School	
1/5/2019		State 1	State 1					Venue 7		Venue 7				Venue 12	LTC 2			Venue 16		
1/6/2019		State 1	State 1			Church 1	Church 2	Church 1	Church 2									LTC 1		Church 1
1/7/2019		State 1	State 1			School 11	School 8	Airport		Airport		School 8	Venue 12	LTC 2	LTC 2			Venue 16		
1/8/2019		State 1	State 1			School 8	State 2	Venue 7	State 2		School 8				School 6			Venue 16		Bus 1
1/9/2019		State 1	State 1			School 8	State 2	State 2	State 2		School 8			LTC 2		School 6		Venue 16		
1/10/2019		State 1	State 1				State 2	State 2	State 2	School 4				Venue 13,	Venue 13, Venue 14					
1/11/2019		State 1	State 1	Clinic 1			State 2	State 2	State 2	Clinic 1			Venue 18	Venue 17,	Venue 17, LTC 2					
1/12/2019		State 1	State 1	Clinic 1/In patient			State 2		State 2				Venue 11	Clinic 5	Clinic 5			LTC 1		
1/13/2019			State 1	In patient		School 8	State 2	Clinic 1	State 2			Venue 11						LTC 1		Venue 11
1/14/2019							State 2	Clinic 1	State 2							Clinic 5				Clinic 6
1/15/2019																				LTC 1
1/16/2019																				
1/17/2019																				

DOH IMT Priorities

- DOH and many counties are in incident command
 - DOH Incident Management Team (IMT) activated
- Provide ongoing support to local partners
- Determining most efficient way to use IMT case investigation and contact follow-up resources
 - March 12th 10am Health Officer Call

Resources

- [DOH 2019 Novel Coronavirus \(COVID-19\) website](#)
- [1-pager guidance for confirmed or suspected](#)
- [1-pager guidance for potentially exposed](#)
- [1-pager guidance for symptomatic, but no exposure](#)
- [Guidance for Social Distancing](#)
- [LHJ COVID-19 Quicksheet](#)
- [LHJ COVID-19 Reporting Form](#)
- [Testing for COVID-19](#)
- [COVID-19 New Insights on a Rapidly Changing Epidemic](#)
- Script for case interview (pending distribution)
- Script for contact interview (pending distribution)

Questions?



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.