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MEDIA RELEASE

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District Health Department No. 2 Explains Contact Tracing

With all the talk surrounding COVID-19 testing, District Health Department No. 2 (DHD2) would like to share with area residents what goes on behind the scenes once positive test results are received. There are four critical steps in preventing the spread of disease: testing, isolation, contact tracing, and quarantine; and they are all essential. If any one of these steps are missing, the virus can continue to spread. It's old-fashioned public health, but it works. It's hard work and very labor intensive.

The step of contract tracing, or tracing the contacts of people who have the virus, is not a new phenomenon. It is a tried and true method of public health and is used every day of the year all throughout the U.S for STDs, TB and other communicable disease. Simply put, contact tracing is finding everyone who came in close contact with a COVID-19 positive patient. Contacts are watched for signs of illness for 14 days from the last day they came in contact with the COVID-19 positive patient. If the contact develops COVID-19 symptoms, they are immediately isolated for up to 14 days and provided care if necessary, and the cycle starts again—all of the new case's contacts are traced and watched for 14 days, as necessary.

Why is this important? Contact tracing has the ability to stop an outbreak in its tracks. That said, even one missed contact can keep the outbreak going. To give residents an idea of the tireless work being done by the dedicated staff at DHD2, more than 200 staff hours have been spent on contact tracing since DHD2 was notified of the first case in the jurisdiction, March 25, 2020.

This time and effort have resulted in 41 of 45 cases being traced back to their source of transmission. Through epidemiological investigations we can further divulge the following disease links: 9% international travel, 4% domestic travel, 2% in-state travel to areas of high incidence, 56% long-term care settings, 9% other healthcare settings, 11% community settings, 9% unknown. In addition, through contact tracing, DHD2 has been able to identify 108 contacts to date. In the DHD2 jurisdiction, confirmed cases have an average of four contacts that require follow-up and monitoring with a range of 0 (minimum) – 16 (maximum) contacts for any given case, thus far. This range does not include those in long-term care facilities, where virtually everyone (residents and staff) is considered a contact.

Risk factors such as international travel, which occurred early on, and travel to areas of high disease incidence, either domestically or here in Michigan, make tracing difficult, as well as recall bias. As we learn more, this type of information can be helpful for determining unique risks in our communities, e.g. travel, crowding and certain occupations. For the latest information on COVID-19 in the DHD2 jurisdiction, visit www.dhd2.org/covid-19.