

Contact Tracing – CDC’s Role and Approach



Overview

Contact tracing is an effective disease control strategy that involves identifying cases and their contacts then working with them to interrupt disease transmission. This includes asking cases to isolate and contacts to quarantine at home voluntarily. **Contact tracing is a key strategy to prevent the further spread of COVID-19.**

Case investigation is the identification and investigation of patients with confirmed and probable diagnoses of COVID-19 (cases). **Contact tracing**, also referred to as contact investigation, is the identification, monitoring, and support of the individuals (contacts) who have been exposed to the patient and possibly infected themselves. This process prevents further transmission of disease by separating people who have (or may have) an infectious disease from people who do not.

Prompt identification, voluntary isolation or quarantine, and monitoring of a person diagnosed with COVID-19 and their contacts can effectively break the chain of disease transmission and prevent further spread of the virus. Case investigation and contact tracing are core disease control measures that have been used by state and local health departments for decades to slow or stop the spread of infectious diseases.

Core Principles of Contact Tracing during the COVID-19 Pandemic

Contact tracing should be conducted for [close contacts](#) of confirmed or probable COVID-19 patients.

Contact tracing steps include:

- 1. Case investigation:** Public health staff work with a patient to help them recall everyone with whom they have had close contact during the time when they may have been infectious. For COVID-19, a [close contact](#) is defined as any individual who was within 6 feet of an infected person for a total of 15 minutes or more starting from 48 hours before the person began feeling sick until the time the patient is isolated.
- 2. Contact tracing:** Public health staff begin contact tracing by notifying exposed individuals (contacts) of their potential exposure as rapidly and sensitively as possible, not revealing the infected patient’s identity.
- 3. Contact support:** Contacts are provided with education, information, and support to help them understand their risk, what they should do to separate themselves from others who are not exposed, and how to monitor themselves for illness. In addition, they are informed of the possibility that they could spread the infection to others even if they themselves do not feel ill.
- 4. Self-quarantine:** Contacts are encouraged to stay home and maintain social distance from others (at least 6 feet) until 14 days after their last exposure to the infected patient, in case they also become ill. [The best way to protect yourself and others](#) is to stay home for 14 days if you think you’ve been exposed to someone who has COVID-19. [Check your local health department’s website](#) for information about options in your area to possibly shorten this quarantine period.

Every effort should be made to interview the patient and contacts by telephone, text, or video conference instead of in person. Contact tracing is a labor-intensive process that requires a well-trained workforce of effective communicators who can approach individuals with compassion and build trust.



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CDC's Role in COVID-19 Contact Tracing

Communities must scale up and train a large case investigation and contact tracer workforce and work collaboratively across public and private agencies to stop the transmission of COVID-19. As the nation's public health agency and the primary resource for State, Tribal, Local, and Territorial (STLT) health departments on managing disease outbreaks, CDC's primary role in contact tracing is to provide guidance and support to help STLT health departments launch effective contact tracing programs. The ultimate goal is for STLT jurisdictions to have robust public health systems that include a fully developed contact tracing workforce. In support of this goal, CDC is providing STLTs with guidance, training, and technical assistance on contact tracing.

CDC also provides COVID-19 assistance directly to STLT health departments through over 300 CDC field assignees embedded in health departments across the nation. Moreover, CDC links STLTs with other federal agencies, academia, and other organizations that offer contact tracing/case management staffing solutions.

To support surge staffing needs in health departments and tribal communities, CDC has funded the CDC Foundation to hire local staff to augment STLT jurisdictions' COVID response efforts, including contact tracing. The CDC Foundation will work with health departments and Area Indian Health Boards (AIHBs) to hire and place public health professionals, including contact tracers, in health departments and AIHBs.

Important Considerations for Contact Tracing

There are several key considerations for developing STLT jurisdictional contact tracing plans:

- **Expanding staffing resources.** Contact tracing in the United States will require that states, tribes, localities and territories recruit and hire adequate levels of well-trained case investigators and contact tracers.
- **Training staff.** Successful case investigation and contact tracing for COVID-19 depends on a robust and well-trained public health workforce. Contact tracing requires staff with adequate training, excellent and tactful interpersonal skills, cultural sensitivity, and language and interviewing skills that allow them to build and maintain trust with clients and contacts.

- **Identifying cases and contacts.** Case investigators must be able to advise people with probable or confirmed COVID-19 infection to self-isolate immediately, if they are not doing so already. Case investigators also must be prepared to interview cases and ask them to identify people who may have been exposed (contacts). Investigators then need to provide support to help cases self-isolate and determine if they need social services.
- **Tracing and monitoring contacts of infected people.** Contact tracers must be able to notify contacts of their exposure, advise them to self-quarantine, and to self-monitor for COVID-19 symptoms. They need to be able to determine what support services contacts need to effectively self-quarantine.
- **Monitoring the effectiveness of contact tracing.** Public health officials should be prepared to monitor the completeness and timeliness of contact tracing activities, including the number of cases identified among contacts.
- **Using digital tools.** Adoption and evaluation of digital case management or contact tracing tools may make the traditional contact tracing process faster and more efficient.

CDC continues to engage with each state health department to review these key areas and address barriers that could prohibit them from effectively conducting contact tracing.

Tools and Resources

As many states face the need to rapidly scale up their staff capacity, CDC is providing programmatic guidance, technical assistance, and resources to help them hire and train new and existing staff. CDC has developed a range of guidance documents and is facilitating access to a variety of case investigation and contact tracing training products and tools for a diverse and evolving public health workforce. These products and tools are available through the [Get and Keep America Open](#) website, which is continuously updated. A wealth of information is available, including the [Interim Guidance on Developing a COVID-19 Case Investigation & Contact Tracing Plan](#), resources on how to train a workforce, and guidance on using digital tools for contact tracing. CDC also partners with national organizations and other partners to identify and share lessons learned and promising practices associated with surge staffing and continuous improvement in contact tracing and case investigation practices.