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7/21/2020

Department of Public Health (DPH) Guidance for University System of Georgia (USG) Institutions of Higher Education (IHE)

Introduction

This document is intended for use by institutions of higher education (IHE's) within the State of Georgia as those IHE's respond to the COVID19 pandemic. Unless otherwise specified, this guidance represents recommended best practices intended to assist IHE's and their employees and students. Questions about this document may be directed to your DPH regional point of contact.

The document is organized as follows.

- A. [Communicating with Public Health: DPH and IHE Points of Contact](#)
- B. [International Students](#)
- C. [Reporting Test Results \(if IHE conducts testing directly or through a third-party\)](#)
- D. [Response to a Positive or Presumed Positive Case](#)

[Appendix A – DPH and USG IHE Point of Contact Lists](#)

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[Appendix C – IHE Positive Case Notification Form and Contact Notification Forms](#)

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[Appendix E – Breakdown of DPH vs. IHE responsibilities](#)

A. Communicating with Public Health

To make communication easier between IHE's and the district health department, **we request that every IHE select an "IHE COVID19 point of contact (POC)" that will coordinate with district and state public health departments for contact tracing and guidance.** Additionally, each health district will have a specific "DPH IHE POC" that IHE's can communicate with. A list of DPH IHE POC's can be found in [Appendix A](#). The counties assigned to each DPH region can be found at <https://dph.georgia.gov/public-health-districts>. We recognize that some institutions may have sites that are located in more than one DPH region; in those instances, we would ask that the campus reach out to the DPH IHE POC for their respective campus site. For example, an institution with campuses in both Bulloch County and Chatham County would contact either DPH Region 9-2 or DPH Region 9-1, respectively, based on where the student / employee was assigned.

B. International Students

DPH recommends that all students that are traveling from a country with widespread transmission as defined by [CDC](#) should be quarantined for 14 days and follow the same guidance [as close contact quarantine](#).

C. Reporting Test Results (IHE's providing testing directly or through a third-party)

- 1) If your student, faculty, and staff tests are being run in-house, then all testing results need to be reported to DPH (including negatives)
 - a) Positive test results should be reported through the Case Report Form in the State Electronic Notifiable Disease Surveillance System (SendSS). Instructions on registering for and reporting to SendSS can be found in [Appendix B](#).
 - b) Negative results can be reported through Electronic Laboratory Records (ELR). If your lab does not report through ELR, then send an email to the DPH epidemiology team [at contactpublichealth@dph.ga.gov](mailto:atcontactpublichealth@dph.ga.gov) to get reporting set up.
- 2) If your student, faculty, and staff tests are being run at a third-party laboratory, they should be reporting these results (both negative and positive) to DPH. Please verify with your lab that they are reporting results to CDC. If they are not, please contact the DPH epidemiology team [at contactpublichealth@dph.ga.gov](mailto:atcontactpublichealth@dph.ga.gov) to set up an account in the reporting system.
 - a) If your students, faculty, and staff are being tested at a DPH testing site, you will not need to report those test results to DPH.
- 3) DPH document about [interpreting test results](#) is linked here and should be provided to test participants (particularly to those with a negative test result).

D. Response to Positive or Presumed Positive Case (all IHE's)

- 1) **IHE and/or DPH** advises positive or sick individuals of [DPH's home isolation criteria](#). They may not return to school until they fulfill [DPH's Return to School Guidance](#).
- 2) **IHE** ensures that students, faculty, staff, or others with a continuing presence on campus (such as contractors, scholars in residence, etc.) know they should not come to school if they are sick, and should notify IHE officials if they become sick with COVID-19 [symptoms](#), test positive for COVID-19, or have been [exposed](#) to someone with COVID-19 symptoms or a confirmed or suspected case.
 - a) **IHE's** should immediately separate students, faculty, and staff with COVID-19 symptoms (such as fever, cough, or shortness of breath). Individuals who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow [CDC Guidance for caring for oneself and others who are sick](#). IHEs may follow [CDC's Guidance for Shared or Congregate Housing](#) for those that live in IHE housing.
 - b) **IHE's** should implement the IHE isolation/quarantine plan to separate anyone who has COVID-19 symptoms or tests positive but does not have symptoms. IHE healthcare providers should use [Standard and Transmission-Based Precautions](#) when caring for sick people. See: [What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection](#).
 - c) Care should be taken to not expose others to the infected individual during transport as outlined in the CDC guidance: [safely transporting anyone who is sick to their home](#). If you are calling an ambulance or bringing someone to the hospital, try to call first to alert them that the person may have COVID-19.
- 3) **IHE's** should close off areas that were used by the sick person and do not use these areas until after [cleaning and disinfecting](#).
 - a) Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure [safe and correct use](#) and storage of [cleaning and disinfection products](#), including storing products securely away from children.
- 4) The **IHE COVID19 point of contact** should notify their DPH IHE POC at the district health department
 - a) If the IHE identified (tested) the case, the **IHE COVID19 point of contact and/or designees** will need to take the following steps:
 - i) Report the case to Georgia Department of Public Health.
 - (1) DPH will need to receive 2 notifications: the short notification form found in [Appendix C](#) and the full case report form in [Sendss](#).
 - (2) The short notification form should be completely filled out and emailed to your DPH IHE POC in an encrypted email along with the excel close contact line list also found in [Appendix C](#). Institutions may send via fax if the material cannot be sent via encrypted email.
 - (3) The complete case report form should be submitted directly through Sendss.
 - (4) [Appendix C](#) also contains a few other (optional) contact tracing forms that can be helpful in your internal investigations.
 - (5) Make sure the case knows that DPH will also reach out to them to perform a more thorough case interview and investigation and their cooperation is critical.
 - ii) Conduct an initial case interview of the positive / presumed positive individual.

- (1) If during your interview you identify close school contacts (defined as an individual who was within 6 feet of the case for 15 min in a school setting such as a classroom, dorm, etc. regardless of whether a face covering was worn), inform them that they have had [close contact](#) with a person diagnosed with COVID-19, and they should stay home or in their designated quarantine living quarters and [self-monitor for symptoms](#). For identification of close contacts, note that but there may be certain circumstances warranting flexibility in the definition (timeframe or proximity), depending on the risk assessment conducted by DPH or District staff during the case investigation. They should follow [DPH's guidance for quarantine](#) and should not return to school until meeting [DPH's return to school guidance](#). Close contacts identified in the IHE's initial case interview should be reported to DPH in the provided line list in [Appendix C](#).
 - (2) Reach out to facility coordinators of common use areas that may have been exposed such as gyms, pools, dorms, and dining facilities to coordinate appropriate cleaning and disinfection and confirm that appropriate prevention measures were and continue to be used.
 - (3) To assist public health with their investigation, please try to include all of the following that are relevant. *Please note that not all persons on these lists may be considered close contacts and subject to quarantine. However, these lists will assist public health in making this decision:*
 - (a) List of classes (and seating arrangements/seating charts if available) the case attended within two days of being symptomatic or two days of a positive test result if asymptomatic and a list of other attendees of those classes including students, teachers, and support staff.
 - (b) If case worked on campus, provide supervisor information and the list of employees who worked physically close to the case to include those assigned to that employee's department and others who worked in the same physical location.
 - (c) Optional documents and contact information that could be helpful:
 - (i) Attendance rosters for classes that the positive case attended 2 days before symptom onset (or test date, if asymptomatic) until case started isolation
 - (ii) Lab sign-in for labs or other in-person, on-campus activities (e.g. studios, theater, etc.) that the positive case attended 2 days before symptom onset (or test date, if asymptomatic) until case started isolation
 - (iii) List of dorm/suite mates
 - (iv) Student club membership and club roster if in-person club meetings attended by positive case 2 days before symptom onset (or test date, if asymptomatic) until case started isolation
 - (v) Student athlete team and coach roster
 - (vi) For faculty/staff, employee calendar for in-person meetings attended by positive case 2 days before symptom onset (or test date, if asymptomatic) until case started isolation.
 - (4) Additional information and communications for cases and contacts can be found in [Appendix D](#). Additionally, the CDC has provided guidance on conducting contact notification at: <https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/contact-tracing-resources.html>.
- b) If public health was notified of the case from outside the IHE, the **DPH IHE POC** will reach out to the IHE COVID19 POC.

- i) The **IHE COVID19 POC** and/or designee should ensure steps two and three above are followed.
 - ii) **DPH** will initiate follow-on contact tracing usually within 24-48 hours; however, the **IHE COVID19 POC** may choose to conduct its own case interview and reach out to close contacts as outlined in 4) a) ii) above. In this instance, the IHE COVID19 POC should coordinate with the DPH IHE POC as a part of this process to both keep them informed of the IHE's efforts and to minimize any duplication of effort.
- 5) A document that lays out some situations and the actions and timelines for those situations can be found in [Appendix E](#).

Appendix A
DPH IHE POC list

District	Name	Phone Number	Email Address	Fax Number
District 1-1	Melissa Hunter	706-295-6658	Melissa.Hunter@dph.ga.gov	706-802-5342
	Tiffany Addison	706-295-6659	Tiffany.addison@dph.ga.gov	
District 1-2	Sherry Gregory	706-529-5752 ext.12191	sherry.gregory@dph.ga.gov	706-529-5752
	Ashley Deverell	706-529-5752 ext.11220	ashley.deverell@dph.ga.gov	
District 2-0	Marie Brown	770-535-5864	marie.brown@dph.ga.gov	770-535-5848
	Ndubuisi Anyalechi	678-717-4910	Ndubuisi.Anyalechi@dph.ga.gov	
District 3-1	Rachel Franklin	770-514-2468	rachel.franklin@dph.ga.gov	770- 514-2313
	Deanna Crosby	770-514-2384	deanna.crosby@dph.ga.gov	
District 3-2	Juliana Prieto	404-906-5855	juliana.prieto@fultoncountyga.gov	404-612-3696
	Sasha Smith	470-568-9130	Sasha.smith@dph.ga.gov	
District 3-3	Olatanwa Adewale	678-610-7193	olatanwa.adewale@dph.ga.gov	770-892-9148
	Tiffany Fuller	678-832-7193	Tiffany.fuller@dph.ga.gov	
District 3-4	Alana Sulka	678-442-6918	Alana.Sulka@GNRHealth.com	770-339-5971
	Brittany Carter	678-451-7755	Brittany.Carter@gnrhealth.com	
District 3-5	Otto Ike	404-508-7851	Otto.Ike@dph.ga.gov	404-508-7813
	Marisa Kanemitsu	470-598-6278	Marisa.Kanemitsu@dph.ga.gov	

District 4-0	Ashton Harris	706-302-9938	ashton.harris@dph.ga.gov	706-845-4294
	Amy Fenn	706-298-7712	Amy.fenn@dph.ga.gov	
District 5-1	Jennifer Stokes	478-275-6571	jennifer.stokes@dph.ga.gov	478-609-0246
	Jodi Bazemore	478-275-6545	Jodi.bazemore@dph.ga.gov	478-275-6575
District 5-2	Amber Erickson	478-972-6067	amber.erickson@dph.ga.gov	478- 751-6074
	Bill Johnson	478-973-6054	Bill.johnson@dph.ga.gov	
District 6-0	Joy Miller	706-667-4263	joy.miller@dph.ga.gov	706- 667-4792
	Peyton Durflinger	706-667-4264	Peyton.durflinger@dph.ga.gov	
District 7-0	Josephine Gosa	706-321-6238	josephine.gosa@dph.ga.gov	
	Brandi Nelson	706-321-6260	Brandi.nelson@dph.ga.gov	706-321-6155
District 8-1	Kenneth Lowery	229-249-2796	kenneth.lowery@dph.ga.gov	229-333-7822
	Stephanie Hagans	229-259-2067	Stephanie.hagans@dph.ga.gov	
District 8-2	Jacqueline Jenkins	229-352-4275	jacqueline.jenkins@dph.ga.gov	229- 430-7853
	Torrey Knight	229-352-4275, ext. 6520	Torrey.knight@dph.ga.gov	
District 9-1	Meredith Avery	912-644-5215	Meredith.Avery@dph.ga.gov	912-335-8794
	Elizabeth Goff	912-644-5222	Elizabeth.goff@dph.ga.gov	
District 9-2	Trevor Thomas	912-285-6022	Trevor.Thomas@dph.ga.gov	912-338-5309
	Sierra Towery	912-557-7902	Sierra.Towery@dph.ga.gov	912-557-7954

District 10-0	Olivia Echols	706-621-8877	Olivia.Echols@dph.ga.gov	706-369-5640
	Robert Hamilton	706-202-2824	Robert.hamilton@dph.ga.gov	

USG IHE COVID19 points of contact

Institution	Name	E-Mail
Augusta University	Dr. Robert Dollinger Francis Toole	rdollinger@augusta.edu ftoole@augusta.edu
Ga. State University	Dr. Ijeoma Azonobi	iazonobi@gsu.edu
Ga. Tech.	Dr. Benjamin Holton	benjamin.holton@health.gatech.edu
UGA	Dr. Garth Russo	grusso@uhs.uga.edu
Georgia Southern Univ.	Holly Johns, RN	hjohns@georgiasouthern.edu
Kennesaw State Univ.	Andy Altizer	aaltize1@kennesaw.edu
Univ. of West Ga.	Dr. Eric Heine	eheine@westga.edu
Valdosta State Univ.	Jeanine Boddie-LaVan	jyboddielavan@valdosta.edu
Albany State Univ.	Dr. Vicki Phillips	vicki.phillips@asurams.edu
Clayton State Univ.	Polly Parks	PollyParks@clayton.edu
Columbus St. Univ.	Chip Reese	reese_chip@columbusstate.edu
FVSU	Richard Riley Dr. Paul Jones	richard.riley@fvsu.edu jonesp@fvsu.edu
Ga. College	Britt McRae	britt.mcrae@gcsu.edu
Ga. Southwestern	Dr. Laura Boren	Laura.boren@gsw.edu
Middle Ga. State Univ.	Dr. Tara Underwood	tara.underwood@mga.edu
Savannah St. Univ.	Elaine Campbell Kimberly Ballard-Washington	campbelle@savannahstate.edu washingtonk@savannahstate.edu
Univ. of North Ga.	Greg Williams	greg.williams@ung.edu
ABAC	Carmen Counts	ccounts@abac.edu
Atlanta Met.	Marcus Hill	mhill@atlm.edu
College of Coastal Ga.	Phyllis Broadwell	pbroadwell@ccga.edu
Dalton State College	Cheryl Owens	cwowens@daltonstate.edu
East Ga. State College	Mary Smith	mcsmith@ega.edu
Ga. Gwinnett College	Terrance Schneider	tschneid@ggc.edu
Ga. Highlands College	Terri Cavender Ginni Siler	tcavende@highlands.edu gsiler@highlands.edu
Gordon State College	Alice Turner Alicia Dorton	alicet@gordonstate.edu aliciad@gordonstate.edu
South Ga. State College	Maria King Jaime Carter	maria.king@sgsc.edu jaime.carter@sgsc.edu

Appendix B Registering for SendSS

Registration procedure

SendSS
State Electronic Notifiable Disease Surveillance System

Help Contact Us

Login

Sendss Login

Welcome to SendSS v4! 1

If you are new to SendSS and have not yet registered for a user account, please [Click Here](#) to fill out the short registration form. Once you have received your account confirmation by email, you will be able to begin using SendSS.

User Id:

Password:

▶ Forgot Password? ▶ Frequently Asked Questions

VeriSign
SECURE SITE

SendSS
Demo System

Health Statistics
Query

Georgia

Login

In order to register for access to SENDSS you will first need to fill in a registration form. This can be accessed by pressing “Click Here” as shown above [1].

The home page can be accessed with the following URL and is best viewed using Microsoft Internet Explorer Version 6.x.x. <https://sendss.state.ga.us>

Registration Form

Personal Information

Please select an Id you can easily remember. Examples: Name: John Smith UserId: jsmith1960
Name: William B.Hartsfield UserId: willyB

User Id 1 Password 2

- Remember to use a userid that is easily remembered
- Fill out Password Information

Registration Form (Continued)

Organization Information

First Name Last Name

E-Mail Address Phone - Ext

Fax Number - - Pager Number -

Type of Organization 1 Organization 2
State Agency Ga Div Of Public Health

Title Enter Title if not in list

Address Zip -

2 Peachtree St 30303 - 3142

City **Atlanta** State **GA** 3
County **Fulton** District **Atlanta (3-2)**

1. Select the type of organization you will be entering cases for.
2. Select the name of your organization. If you cannot find your organization select "Enter a New Organization" from the select box and the section will change and appear as below.
3. City, County, State, and District are not editable once an organization is entered into SendSS. If all the information for this section does not appear when you select an organization, you will be asked to provide it the first time you log in to SendSS.

Organization Information

Please fill in all your organization information. This information will be saved when you complete the registration form. When you are finished click add to continue filling out your user registration.

Organization Name <input type="text"/>	Organization Type Hospital	Phone <input type="text"/> - <input type="text"/> - <input type="text"/> Ext <input type="text"/>
Street Address <input type="text"/>	Zip Code <input type="text"/> - <input type="text"/>	
City Choose One	County Choose One	District Choose One
<input type="button" value="Add"/> 1		

1. This section appears if a new user needs to enter an organization for which SendSS does not have a current user. Please fill in all information and press "Add". Then continue filling out the registration form.

Access Required

- | | | |
|--|---|--|
| <input type="checkbox"/> Dept of Corrections | <input type="checkbox"/> Syndromic Surveillance | <input type="checkbox"/> TB User |
| <input type="checkbox"/> STD User | <input type="checkbox"/> HIV User | <input type="checkbox"/> General Notifiable User |
| <input type="checkbox"/> Lead User | <input type="checkbox"/> Varicella User | |
- 1

Supporting Information for Access to SendSS

Are you the only person from your organization using SENDSS ?

Yes No Unknown

Has your organization had formal SENDSS training?

Yes No Unknown

How did you hear about SENDSS?

3

4

1. Select the type of access you will require from SendSS from section 1.
2. Please answer the questions in section 2.
3. Enter any comments in this section

4. Press "Save" to complete your registration.

Signing In

The screenshot shows the SendSS v4 login interface. At the top left is the SendSS logo and the text 'State Electronic Notifiable Disease Surveillance System'. At the top right are links for 'Help' (1) and 'Contact Us' (2). Below this is a blue navigation bar with a 'Login' button. The main content area has a 'Sendss Login' header, followed by a 'Welcome to SendSS v4!' message. A red message (3) states: 'Thank you for taking the time to register. An email will be sent to you once you have been approved.' Below this are input fields for 'User Id' (4) and 'Password' (5). There are links for 'Forgot Password?' (6) and 'Frequently Asked Questions' (7). At the bottom are four icons: VeriSign (8), SendSS Demo System (9), Health Statistics Query (10), and Georgia Peach (11). A 'Login' button (12) is at the very bottom.

Key to features

1. Help – A link to documentation and manual for SendSS version 4.0
2. Contact Us – Send an internal message
3. Warnings and Messages – Text will appear in red to alert users of failed logins or other relevant messages such as successful registration.
4. User Id – Enter the user id you chose when registering
5. Password – Enter the password you chose when registering. This password must be reset every 3 months. After 3 months SendSS will allow 3 grace logins before locking your account. You will be prompted to change you password at this time.
6. Forgot Password – Click here to request your password
7. Frequently Asked Questions –
8. VeriSign -- The certificate authority utilized by SENDSS is Verisign. Clicking on the graphic will display the validity of the SSL certificate.
9. Sendss Demo System -- Clicking on this image will take you to the Demonstration site. A separate registration is required to access this site
10. Health Statistics Query -- This link will take you to the Notifiable Disease Query
11. Georgia Peach – Click this image to access the Georgia State Epidemiology Web site.

SENDSS - Disclaimer

Sendss Privacy Statement

This system will allow persons authorized by DHR to access protected health information about individuals for reporting and treatment purposes. This information is entitled to significant privacy protections under federal and state law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to use and disclose protected health information without written authorization if the use or disclosure is for treatment, payment, or health care operations. However, HIPAA requires covered entities to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. The disclosure of this information to unauthorized persons or for unauthorized purposes is prohibited without the written consent of the person who is the subject of the information, unless specifically permitted by federal or state law. Unauthorized disclosures of this information may result in significant criminal or civil penalties, as well as punishment up to and including the termination of employment. Failure to properly logout of SENDSS can result in an unauthorized disclosure. Any unauthorized disclosures will be investigated promptly and thoroughly prosecuted.

Agreeing with the Privacy Statement confirms your status as an authorized SENDSS user who is accessing the database only for reporting and treatment purposes. Agreeing with the Privacy Statement also confirms that as an authorized SENDSS user you will reasonably safeguard protected health information from any use or disclosure that is in violation of the Privacy Statement or state and federal law.

Source: HIPAA, 45 CFR §§ 164.502, 164.506, 164.530.

1

[I agree with this statement](#)

[I disagree with this statement](#)

Before you can enter the system, you must accept the Privacy Statement [1]. Selecting “**I disagree with this statement**” will terminate your login and return you to the login page.

Reporting a case to DPH through SendSS

1. Hover over the case reporting tab and select report/update case

State Electronic Notifiable Disease Surveillance System Help Contact Us My Account Logout

Home
Case Reporting
Analysis
Admin
Links

SendSS Home

[Report/Update Case](#)

[View Patient History](#)

[View Case Status](#)

[Send a Message](#)

Travel-related

[Perinatal HepB Events](#)

[Animal Bite Reporting](#)

Travel history

[ELR Management](#)

[ND Dashboard](#)

[EBOLA Symptom Monitoring](#)

[ZAMS Zika Monitoring](#)

[HIV/AIDS Case Report](#)

[2019-nCoV Active Monitoring](#)

[2019-nCoV PUI List](#)

If you suspect immediate

[COVID-19 Master Search](#)

[COVID-19 Testing Requests New](#)

[COVID-19 ELR Result Query](#)

[COVID-19 Summary Report](#)

[COVID-19 PUI List 2 - NEW](#)

[PUI Search](#)

[COVID-19 Testing Requests](#)

[COVID-19 Call Distribution](#)

[COVID-19 SPOC Referral Queue](#)

Notice:

Travel-related

Travel history

If you suspect immediate

Messages: (In)

Send A Message

Date		Title
17-JUN-20		Epi Log: Coronavirus-010812
17-JUN-20	ktopf	Epi Log: Coronavirus-010813 Testing Approved
17-JUN-20	apgandhi	Epi Log: Coronavirus-010811
17-JUN-20	apgandhi	Epi Log: Coronavirus-010809

2. Type in the required fields for last name, disease/diagnosis (select Covid-19), and the date of onset (this would be symptom onset or test date, if asymptomatic). Then select search.

Patient Search

Patient Search Criteria

Please enter patient Id or Last Name to begin your search. Fields marked ● are mandatory

Last Name ● First Name Middle Name

Nickname (AKA) Search on nickname only

Date of Birth (mm/dd/yyyy) Sex Choose One SSN

Disease Information

Select the Disease/Diagnosis you are reporting and to the best of your knowledge, the Date of Onset (If you don't know the Date of Onset, please use Lab Date); when finished, click Search.

Disease/Diagnosis Covid-19 (Coronavirus) Date of Onset (mm/dd/yyyy) ● ?

Search

- You will see a list of cases with similar names and onset dates. If this is the first time this case is being reported, they should not be in this list. If this is the first report, then click on “create new patient”

Patient Search Results: Following patients located

+ Patient Search Criteria

Last Searched For:
 Last Name: **Abcd** First Name: Middle Name: Nick Name:
 Gender: Date of Birth: -- SSN: --

+ Disease Information

Disease Information for this Report:
 Disease: **Covid-19 (Coronavirus)** Date of Onset: **06-02-2020**

- Patient Search Results

Your search returned the following (29) patients based on your search criteria. If one of these individuals is your patient, select their name to proceed. If you wish to create a new patient, click the "Create New Patient" link below.

Page: 1 2

[Create New Patient](#)

Name	Date of Birth	Sex	Street Address	City	Updated	Rank
------	---------------	-----	----------------	------	---------	------

- Please fill out as much information as possible as this will help with our case investigation and contact tracing.
- Please use their current residence address (dorm or off campus housing for students)

General Notifiable Disease Report Form

- Patient Information

The fields with ● are mandatory. The fields with ⊙ are strongly requested.

Last Name ● <input style="width: 100%;" type="text"/>	First Name ⊙ <input style="width: 100%;" type="text"/>	Middle Name <input style="width: 100%;" type="text"/>
nickname (AKA) <input style="width: 100%;" type="text"/>	Maiden Name (AKA) <input style="width: 100%;" type="text"/>	
Race ⊙ <input style="width: 100%;" type="text" value="Choose One"/>	Ethnicity ⊙ <input style="width: 100%;" type="text" value="Choose One"/>	Gender <input style="width: 100%;" type="text" value="Choose One"/>
Street Address ⊙ <input style="width: 100%;" type="text"/>	City ⊙ <input style="width: 100%;" type="text" value="Choose One"/>	State <input style="width: 100%;" type="text" value="Georgia"/>
County ⊙ <input style="width: 100%;" type="text" value="Choose One"/> USPS	Zip Code <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/>	SSN <input style="width: 33%;" type="text"/> - <input style="width: 33%;" type="text"/> - <input style="width: 33%;" type="text"/>
Date of Birth (mm/dd/yyyy) ⊙ <input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/>	Age <input style="width: 100%;" type="text"/>	Age Type <input style="width: 100%;" type="text" value="Choose One"/>
Date of Death (mm/dd/yyyy) <input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/> / <input style="width: 33%;" type="text"/>	Died <input style="width: 100%;" type="text" value="Unknown"/>	Med Record No or Client Id No <input style="width: 100%;" type="text"/>
Home Phone <input style="width: 33%;" type="text"/> - <input style="width: 33%;" type="text"/> - <input style="width: 33%;" type="text"/>	Work Phone <input style="width: 33%;" type="text"/> - <input style="width: 33%;" type="text"/> - <input style="width: 33%;" type="text"/> Ext <input style="width: 33%;" type="text"/>	Cell Phone or Pager <input style="width: 33%;" type="text"/> - <input style="width: 33%;" type="text"/> - <input style="width: 33%;" type="text"/>

+ GaHIN Integration

6. Select indigenous if acquired in GA and date of onset as symptom onset (symptomatic) or test sample collection date (asymptomatic)

- Disease Information

Disease: **Covid-19 (Coronavirus)** Date of onset: 05/20/2020

Imported: Indigenous(Acquired In U.S.A In Reporting State) ▾

- PUI Link

- Laboratory

Lab Name: Choose One ▾ Enter lab name if not in list:

Date (mm/dd/yyyy): / / ? Test: Choose One ▾ Result: Choose One ▾

- Hospital Admissions

Was Patient Hospitalized? ● Choose One ▾

+ ELR Reports

7. Please fill out as much clinical information as possible (some of this information will only be known by a treating physician)

Clinical Information

Illness onset date: (mm/dd/yyyy) / /

During this illness, did the patient experience any of the following symptoms?

Fever	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Chills	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Repeated shaking with chills	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Muscle aches (myalgia)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Headache	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
New loss of taste or smell	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Sore throat	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Cough (new onset or worsening of chronic cough)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Shortness of breath (dyspnea)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Nausea or vomiting	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Abdominal pain	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Diarrhea (>=3 loose/looser stools in 24 hr period)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Other	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

If Other, Please specify

Check all complications that occurred during the acute illness:

<input type="checkbox"/> Pneumonia (Clinical Or Radiographic)	<input type="checkbox"/> Acute Respiratory Disease Syndrome (Ards)
<input type="checkbox"/> Croup	<input type="checkbox"/> Bronchiolitis
<input type="checkbox"/> Encephalopathy/Encephalitis	<input type="checkbox"/> Shock
<input type="checkbox"/> Reye Syndrome	<input type="checkbox"/> Sepsis/Multi-Organ Failure
<input type="checkbox"/> Intubation	<input type="checkbox"/> Icu Admission
<input type="checkbox"/> None	<input type="checkbox"/> Other

Does the patient have any pre-existing medical conditions? Yes No Unknown

If yes, select all that apply:

<input type="checkbox"/> Chronic Lung Disease (Asthma/Emphysema/Copd)	<input type="checkbox"/> Diabetes Mellitus
<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Chronic Renal Disease
<input type="checkbox"/> Chronic Liver Disease	<input type="checkbox"/> Immunocompromised Condition
<input type="checkbox"/> Neurologic/Neurodevelopmental	<input type="checkbox"/> Other Chronic Diseases
<input type="checkbox"/> Currently Pregnant	<input type="checkbox"/> Current Smoker
<input type="checkbox"/> Former Smoker	<input type="checkbox"/> Other

If Other, please specify:

Does this patient have any lab-confirmed co-infection? Yes No Unknown

If yes, select all that apply:

<input type="checkbox"/> Influenza A	<input type="checkbox"/> Influenza B
<input type="checkbox"/> Rsv	<input type="checkbox"/> H. Metapneumovirus
<input type="checkbox"/> Parainfluenza (1-4)	<input type="checkbox"/> Adenovirus
<input type="checkbox"/> Rhinovirus/Enterovirus	<input type="checkbox"/> Coronavirus (Not Covid-19, Includes Oc43, 229e, Hku1, NI63)
<input type="checkbox"/> M. Pneumoniae	<input type="checkbox"/> C. Pneumoniae
<input type="checkbox"/> Other	

If Other, please specify:

8. Please fill out all relevant sections
 - a. Box A: Please fill out this whole section. Select congregate living for persons who are living in dorms. If a case had contact with another confirmed or suspect case, please list the contact case's name.
 - b. Box B: Please list all travel.
 - c. Box C: You will not need to fill out this section. If the case was tested at a DPH SPOC, you do not need to submit a CRF.

- **Additional Patient Information**

Does the patient fall into any of the following groups? (select all that apply and provide details below):

<input type="checkbox"/> First responder <input type="checkbox"/> Work or live in a long-term care or assisted living facility <input type="checkbox"/> Work or live in a congregate setting other than a long-term care or assisted living facility, or jail/prison(ex. shelter, mental health inpatient, rehab patient) <input type="checkbox"/> Close contact of a person in a high risk group (Ex. Household member of healthcare worker or first responder) <input type="checkbox"/> Person experiencing homelessness in the 14 days prior to or during the course of illness	<input type="checkbox"/> Healthcare worker <input type="checkbox"/> Work or live in a jail or prison <input type="checkbox"/> Contact with a case (confirmed or suspect) <input type="checkbox"/> Work in a poultry/meat processing plant
--	--

Facility Name/Place of Employment:

Facility Name/Place of Employment address:

Confirmed or suspect close contact name and/or sends ID/PUI :

Did the patient travel internationally in the 14 days prior to illness onset? Yes No Unknown

If yes, List all cities and countries the patient visited:

City	Country	Date departed home	Date returned home
<input type="text"/>	Choose One ▼	<input type="text"/>	<input type="text"/>
<input type="text"/>	Choose One ▼	<input type="text"/>	<input type="text"/>
<input type="text"/>	Choose One ▼	<input type="text"/>	<input type="text"/>

Did the patient travel domestically in the 14 days prior to illness onset? Yes No Unknown

If yes, List all cities and states the patient visited:

City	State	Date departed home	Date returned home
<input type="text"/>	Choose One ▼	<input type="text"/>	<input type="text"/>
<input type="text"/>	Choose One ▼	<input type="text"/>	<input type="text"/>
<input type="text"/>	Choose One ▼	<input type="text"/>	<input type="text"/>

Is this case part of an outbreak? Yes No Unknown

If yes, outbreak ID

Was the patient or family interviewed by Public Health? Yes No Unknown

Date of Interview

Interviewer Name

Last

First

Organization of Interviewer

PUI ID

Was this patient tested via a SPOC? Yes No Unknown

If Yes, select the SPOC location

19

We protect lives.

9. Please fill out all the reported information and include attending physician information if the patient is under the care of a physician.

- Patient Communication Notes

 Add New Note

- Person First Reporting

Name	<input type="text"/>	Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>
Institution	<input type="text" value="Choose One"/>	Enter Institution name if not in list	<input type="text"/>
Date of First Report (mm/dd/yyyy)	The earliest date Georgia Public Health at any level (County, District, State) was first notified of this report.		
	<input type="text"/>	<input type="text"/>	<input type="text"/>

- Attending Physician

Name	<input type="text"/>	Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>
Email:	<input type="text"/>		

+ Comments

Appendix C

Institute of Higher Education Positive COVID19 Case Notification Form

Case Name:

Case Date of Birth:

School Street Address:

City:

State:

Zipcode:

Home Street Address (if different than school address):

City:

State:

Zipcode:

Phone Number:

Email Address:

Sex: Male Female

Race:

Ethnicity:

Date test sample collected:

Date test results received:

Did case experience symptoms? Yes No Date of symptom onset:

Treating Physician (if applicable):

Physician street address:

City:

State:

Zipcode:

Physician Phone Number:

Physician Email:

Please email this completed form along with **a completed excel line list** to the DPH IHE POC for your district found in [Appendix A](#) of the IHE Guidance Document.

Feel free to use the next 3 forms to assist you in any school close contact investigations, these do not need to be submitted to public health.

ACTIVITY HISTORY BEGINNING TWO DAYS BEFORE SYMPTOM ONSET Please list all activities, places visited, and travel you participated in starting 48 hours before your first symptom FROM: THROUGH: today's date :
--

	AM Events/Locations	PM Events/Locations	Notes
2 days before illness onset MM/DD/YYYY			
1 day before illness onset MM/DD/YYYY			
Date of illness onset: MM/ DD/ YYY			
1 day after illness onset MM/DD/YYYY			
2 days after illness onset MM/DD/YYYY			
3 days after illness onset MM/DD/YYYY			
4 days after illness onset MM/DD/YYYY			
5 days after illness onset MM/DD/YYYY			
6 days after illness onset MM/DD/YYYY			
7 days after illness onset MM/DD/YYYY			
Repeat form for 8+ days			

Household Contacts

Period of exposure of identified contact to the confirmed case
From: two days before illness onset in confirmed case: Through: today's date:

A household contact is anyone who stayed overnight for at least one night in a household with the case-patient during the period of exposure.
How many people in total resided in the household during this period including you? __ people. (please list below):

Name	Phone Number	Relationship to case-patient	Sex (M/F/O/U)	Age	Date of last exposure (MM/DD/YYYY)

Appendix D

Communications for cases

If you are diagnosed with COVID-19, a case investigator from the health department might call you to check-in on your health, discuss who you've been in contact with, and ask you to stay at home to self-isolate.

- Unless you give permission, your name will not be revealed to those you came in contact with, even if they ask.
- The health department will ask you to stay at home and self-isolate.
 - Self-isolation means staying at home in a specific room away from other people and pets, and using a separate bathroom, if possible.
 - Self-isolation is critical to protecting those who you live with as well as your community.
 - Self-isolation helps slow the spread of COVID-19 and can help keep your friends and neighbors healthy.
 - If you need support or assistance while self-isolating, then your health department or community organizations may be able to provide assistance.
 - Seek medical care if symptoms become severe. Severe symptoms include trouble breathing, persistent pain or pressure in the chest, confusion, inability to wake or stay awake, or bluish lips or face.

Isolation Guidance: <https://dph.georgia.gov/document/document/quarantine-guidance-what-do-if-you-are-sick-covid-19/download>

Answer the call: <https://youtu.be/8LANQADjaEY>

Return to School Guidance: <https://dph.georgia.gov/document/document/return-school-guidance/download>

CDC Steps when sick: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

CDC 10 things to do when sick: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf>

CDC case Investigation workflow: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19-Case-Investigation-workflow.pdf>

Communications for Close Contacts

If you have been in close contact with someone with COVID-19, a contact tracer from the health department might call to inform you that you've been exposed. They will ask you to stay at home and self-quarantine.

- Close contact generally means you were within 6 feet of a person with COVID-19 for a period of 15 minutes (no matter whether a mask was worn or not), but there may be certain circumstances warranting flexibility in this timeframe or proximity, depending on the risk assessment conducted by DPH or District staff during the case investigation.
- You should stay at home and self-quarantine for 14 days, starting from the most recent day that you were possibly exposed to COVID-19. The contact tracer will inform you of the dates of your self-quarantine.
 - Self-quarantine means staying home, monitoring yourself, and maintaining social distancing (at least 6 feet from others at all times). You should remain in a specific room separate from other non-exposed people and pets in your home, and use a separate bathroom, if possible.
 - If you need to be around other people or animals in or outside of the home, wear a cloth face covering. This will help protect the people around you.
 - If you need support or assistance with self-quarantine, then your health department or community organizations may be able to provide assistance.
 - Self-quarantine helps slow the spread of COVID-19 and can help keep your friends and neighbors healthy.
- You should monitor yourself for any symptoms of COVID-19 and notify your health department if you develop symptoms. Seek medical care if symptoms become severe. Severe symptoms include trouble breathing, persistent pain or pressure in the chest, confusion, inability to wake or stay awake, or bluish lips or face.

Quarantine Guidance: <https://dph.georgia.gov/document/document/quarantine-guidance-what-do-if-you-were-exposed-someone-novel-coronavirus-covid/download>

Answer the call: <https://youtu.be/8LANQADjaEY>

CDC contact tracing: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/COVID-19ContactTracingFlowChart.pdf>

Return to School Guidance: <https://dph.georgia.gov/document/document/return-school-guidance/download>

Contact Tracing FAQ: <https://dph.georgia.gov/document/document/contacttracingfaq3pdf/download>

Other resources:

<https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html>

<https://dph.georgia.gov/document/document/youve-tested-positive-what-should-you-do/download>

<https://dph.georgia.gov/document/document/contact-tracing-box-it/download>

<https://dph.georgia.gov/document/document/covid-19-handwashing-poster/download>

Appendix E

Situations and Actions

Situation	Action	Timing	DPH	IHE
IHE individual is symptomatic.	Referred for testing through DPH, IHE, or other provider.	Immediate	X	X
IHE individual tests positive at DPH site or through other provider.	DPH/ other provider notifies individual of positive test results.	ASAP consistent with standard DPH/other provider protocols.	X	
IHE individual tests positive at IHE site.	IHE individual with positive test notified of results by IHE.	ASAP consistent with standard DPH protocols.		X
IHE individual tests positive at DPH testing site.	DPH POC notifies IHE POC.	ASAP	X	X
IHE individual tests positive at IHE testing site.	IHE COVID19 POC fills out short form and line list and emails them to DPH POC. IHE COVID19 POC officially reports case in the case report form in Sendss.	ASAP		X
IHE locations require disinfection due to positive test result.	IHE COVID19 POC coordinates with campus facility group to ensure implementation of infection protocols.	Immediate		X
IHE individual who has tested positive has presence on campus.	If employee, send home or to follow-on medical care as needed. If student, preferred course of action is to send home (or to follow-on	Immediate		X

	medical care if needed). Alternate course of action is student self-isolates on-campus consistent with campus plans.			
IHE individual present on campus between 2 days before symptom onset (or test date, if asymptomatic) and isolation date.	IHE COVID19 POC provides standard set of information to DPH IHE POC for contact tracing.	ASAP		X
IHE individual subject to contact tracing.	DPH conducts contact tracing; provides update/ status report to IHE COVID19 POC.	ASAP	X	