



**U.S. Immigration
and Customs
Enforcement**

**ICE Health Service Corps (IHSC)
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement**

Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigations

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Effective Date: June 7, 2019

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Foreword

This Infectious Disease Public Health Actions Guide: *Contact and Outbreak Investigations* supplements the following IHSC Directive:

- IHSC Directive: 05-06, *Infectious Disease Public Health Actions*.

This Guide explains concepts, assigns responsibilities, and details procedures for conducting contact and outbreak investigations.

The intended audience is IHSC-staffed medical clinics supporting health care operations in ICE-owned or contracted detention facilities.

I. Overview

A. Purpose

The purpose of this Guide is to provide guidance for conducting contact and outbreak investigations in facilities with IHSC-staffed medical clinics.

B. Responsibilities

Health Services Administrator, Compliance Officer, and Infection Prevention Officer

- Establish procedures to conduct the detainee component of contact and outbreak investigations in facilities with IHSC-staffed medical clinics.
- Oversee the detainee component of contact and outbreak investigations in facilities with IHSC-staffed medical clinics.
- Ensure that all health staff receive orientation and annual training related to contact and outbreak investigations.
- Facilitate completion of information requests for reporting, monitoring, tracking, and following up on contacts, public health actions, and implementation of infection prevention and control measures.

Medical Providers

- Provide clinical guidance regarding the conduct and scope of the contact or outbreak investigation.
- Oversee the clinical management of exposed detainee contacts and ill detainees during contact or outbreak investigations.

Health Staff

- Implement clinical interventions to promptly identify, investigate, and control transmission of infectious organisms within the scope of detainee health services.
- Participate in the conduct of the detainee component of contact and outbreak investigations in collaboration with the Compliance Officer, Infection Prevention Officer, and Health Services Administrator (HSA) to prevent the spread of infectious diseases.

- Maintain knowledge about infection prevention and control measures applicable to work duties.

Public Health, Safety, and Preparedness Unit Staff

- Provide technical guidance and resources to IHSC staff related to the detainee component of contact and outbreak investigations.
- Develop, review, and update contact and outbreak investigation tools and templates.
- Facilitate reporting and requests for information from agency leadership and government partners.

IHSC Infectious Disease Consultant and Infectious Disease Advanced Practice Provider (APP)

- Provide clinical guidance regarding the conduct and scope of contact and outbreak investigations, and the clinical management of detainees during contact or outbreak investigations.

C. Acronyms

CDC – United States Centers for Disease Control and Prevention

CIFOR – Council to Improve Foodborne Outbreak Response

ILI – Influenza like illness

PPE – Personal protective equipment

SARS – Severe Acute Respiratory Syndrome

D. Definitions with Expanded Information

Case – An instance of a particular disease, injury, or other health condition that meets selected criteria.

Case definition – A set of uniformly applied criteria for determining whether a person should be identified as having a particular disease, injury, or other health condition.

Cohorting – Cohorting is a public health strategy used to house individuals separately as a group based on their infectious or exposure status.

Contact – A person exposed to an infectious disease.

Contagious – When a disease can be transmitted from one living being to another through direct or indirect contact; communicable; infectious; usually microorganisms.

Epidemic – The occurrence of more cases of disease than expected in a given area or among a specific group of people over a particular period of time.

Immunity – Protection against a disease. Immunity is indicated by the presence of antibodies in the blood and can usually be determined with a laboratory test.

Incubation Period – The interval between exposure to a communicable microorganism and onset of symptoms.

Infectious Period – The period during which a person might have transmitted a communicable microorganism to others.

Isolation – An infection control measure used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of significant infectious diseases.

Outbreak – The occurrence of more cases of disease, injury, or other health condition than expected in a given area or among a specific group of persons during a specific period.

Personal protective equipment – Equipment that protects a person from hazardous exposures such as chemicals, dust, noise, radiation, infectious diseases and includes respirators, gloves, masks, goggles, gowns, face shields, ear plugs, hard hats, or steel toe boots.

Prophylaxis – A measure taken to maintain health and prevent the spread of disease.

Significant exposure – Exposure under conditions more likely to result in transmission of infection.

Surveillance – The timely, continuous, systematic collection, analysis and interpretation of health-related data for informing urgent and routine public health activities, including public health interventions; contact and outbreak investigations; evidence-based decision making; and planning, implementation, and evaluation of public health practices.

Susceptible – Unprotected against disease.

Tracking tool – A type of epidemiologic database, organized similar to a spreadsheet with rows and columns in which information from cases or patients are listed, each column represents a variable, each row represents an individual case or patient.

Transmission – Any mode or mechanism by which an infectious agent is spread to a susceptible host.

II. Contact Investigations

A contact investigation is the process of identifying, evaluating and treating persons (contacts) who have sustained a significant exposure to a person with an infectious disease of public health significance. A contact investigation might be required to help control transmission within the facility and between facilities, and it is initiated for infectious diseases that have the potential for serious morbidity or mortality.

Examples of diseases that should generate a contact investigation include, but are not limited to, tuberculosis (see *05-11-G-01 Public Health Actions for Tuberculosis Care Guide: IHSC-Staffed Medical Clinics*), varicella or herpes zoster (see *05-06-G-06 Infectious Disease Public Health Actions Guide: Management of Varicella and Herpes Zoster Guide*), measles, mumps, Ebola, and Severe Acute Respiratory Syndrome (SARS) located in the [IHSC policy library](#).

A. Purpose of Contact Investigations

Contact investigations are intended to accomplish the following:

- Identify and evaluate people who may have had significant exposure to an infectious organism.
- Identify people recently infected with an infectious organism.
- Halt transmission of disease.
- Initiate appropriate medical intervention.
- Prevent the development of disease among recently infected contacts.

B. Initiating Contact Investigations

The Compliance Officer, Infection Prevention Officer, HSA, and designated health staff should initiate a contact investigation as soon as a detainee is diagnosed with an infectious disease of public health significance that requires a contact investigation. The initiation of a contact investigation allows for rapid identification

of contacts and secondary cases in order to initiate treatment and prevent further spread of disease. Designated health staff should document general information related to the contact investigation in a central investigation file that can be retrieved upon request. General information includes documentation of education provided to a group of exposed detainees and documentation of education provided to health staff. Health staff should document in a detainee's health record that a detainee was evaluated as a contact and any additional relevant information. Documentation should also include individual education provided to the detainee.

Health staff should consult with the Clinical Director (CD), Regional CD, Public Health, Safety, and Preparedness (PHSP) Unit staff, or the local or state health department for guidance on diseases of public health significance that require a contact investigation. Health staff must document initiation of a contact or outbreak investigation using the Contact and Outbreak Investigations reporting tool available on the PHSP Unit SharePoint page. Health staff should document relevant laboratory, treatment, and risk factor information for exposed detainees using a condition-specific contact investigation tracking tool which should be attached to the record in the Contact and Outbreak Investigations reporting tool upon completion of the investigation. In some circumstances, suspicion of a significant infectious condition may warrant initiating some components of a contact or outbreak investigation in order to expedite exposure assessments and mitigate possible transmission.

C. Education

Health care personnel should educate detainees with significant exposure about the symptoms of the disease and encourage them to notify a medical provider if they become ill. Health care personnel should also inform detainees about the contact investigation process, the voluntary and confidential nature of information that is collected during a contact investigation, and that the health department might interview them during the investigation.

Health care personnel should educate health staff about the potential for an outbreak and encourage everyone to maintain a high index of suspicion for the disease of interest when providing medical care and evaluation.

D. Staff Considerations

The HSA, Nurse Manager, or designee, should adjust work schedules and assignments for susceptible or vulnerable staff members who, if infected with the disease of interest, have a high risk for complications. Health staff should make an effort to avoid contact with a detainee diagnosed with the disease of interest or exposed contacts within the incubation period, unless appropriate standard and transmission-based precautions are implemented. Health staff without known immunity, and who have had significant exposure, should see their personal health care provider for evaluation and management.

E. Collaborations

Health staff should collaborate with local or state health departments to conduct the detainee component of contact investigations, if needed. Health departments have expertise in conducting contact investigations and should be used as a resource to determine the scope of the contact investigation and recommended management of detainee contacts. The HSA, Compliance Officer, Infection Prevention Officer, or designee should recommend to facility staff that they accommodate local, state, or federal public health program requests to interview index patients and detainee contacts and review detainee health records, as necessary, to support the public health investigation.

The HSA, Compliance Officer, Infection Prevention Officer, or designee should provide the local, state, or federal public health program with information to support the public health investigation to the extent permissible under the Privacy Act and other applicable laws and regulations, and Department of Homeland Security (DHS) and U.S. Immigration and Customs Enforcement (ICE) policies.

IHSC does not have authority for, and is not responsible for, establishing or implementing protocols implemented outside of the medical clinic area; however, health staff should coordinate with the facility to mitigate risks. Health staff should refer health department staff to each respective employer within the facility for coordination regarding the employer's staff and areas of responsibility.

F. Contact Investigation Steps

1. Review existing information about the index patient to help the investigator accomplish the following:
 - a. Estimate the infectious period.

- b. Estimate the degree of infectiousness.
 - c. Identify additional people with the disease of interest.
 - d. Identify potential exposure locations.
 - e. Conduct effective interviews.
2. Determine an initial estimate for the infectious period and the degree of infectiousness.
3. Interview the index patient.
 - a. Health staff should interview the index patient to determine where they spent time during the infectious period, what activities or events they participated in, and who they spent time with during the infectious period.
 - b. Health staff should discuss the contact investigation process and provide education to the detainee.
 - c. Health staff should confirm and expand upon information obtained.
4. Review information and develop a plan for the investigation.
5. Refine the infectious period and the degree of infectiousness.
6. Exposure Assessment.
 - a. Health staff should consult with the local or state health department and PHSP Unit staff to establish parameters for determining significant exposures.
 - b. Health staff should coordinate with facility staff to determine whether any detainees may have had a significant exposure to detainees with the disease of interest.
 - c. Exposed health staff without known immunity should see their primary care provider for assessment and treatment.
7. Evaluate contacts and institute isolation, cohorting, and/or social distancing, if necessary.
 - a. A health care provider should perform an evaluation of detainees with significant exposure to assess for symptoms of disease.

- b. A medical provider should order medical isolation of detainees with signs or symptoms of an infectious disease in accordance with applicable official guidance (see 05-06-G-02 *Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms*) located in the IHSC policy library.
 - c. The HSA, Compliance Officer, Infection Prevention Officer, or designee should communicate to the facility administrator, the facility's designee for safety, and other on-site employers recommended public health actions for mitigating transmission following exposures to infectious organisms among staff, visitors, and detainees for the duration of the incubation period(s), as appropriate. These public health actions may include, but are not limited to, hand hygiene, cleaning, disinfection, social distancing, administrative controls, environmental controls, respiratory precautions, personal protective equipment, immunizations, and/or serologic testing to verify immunity.
 - d. The CD or designee may consider testing detainee contacts with significant exposure and without documented immunity or immunization to determine immune status if medically appropriate and in accordance with Centers for Disease Control and Prevention (CDC) and/or Advisory Committee on Immunization Practices (ACIP) recommendations.
 - e. The Compliance Officer, Infection Prevention Officer, or other designated health staff should use a tracking tool to track clinical, demographic, and exposure information. Health staff should consult with PHSP Unit staff on the availability of tracking tools specific for the infectious condition under investigation. Previously developed tracking tools are available at [PHSP Unit SharePoint | PHSP Committee Collaborative Documents | Line List Templates](#).
8. Determine whether to expand or conclude the investigation.
- a. Contact investigations may be expanded to detainee contacts with a lower level of exposure, if necessary (i.e., if the initial phases demonstrated that transmission occurred).
 - b. The Compliance Officer, Infection Prevention Officer, HSA, and other designated health staff should consult with PHSP Unit staff and the health department to determine if a contact investigation should be expanded beyond detainees with a significant exposure.
9. Enhance surveillance.
- a. Health staff should maintain a high index of suspicion for the disease of interest to facilitate prompt identification of detainees who may present as secondary cases.

- b. Timely identification of detainees with the disease of interest and implementation of infection control measures can prevent an outbreak.

10. Evaluate the contact investigation activities.

- a. The Compliance Officer, Infection Prevention Officer, or other designated health staff should document the evaluation and summary of contact investigation activities in an after action report.

III. Outbreak Investigations

An outbreak is the occurrence of more cases of disease than expected in a given area or among a specific group of persons during a specific period. Prompt identification, investigation, and control of disease outbreaks are important to stop the spread of infectious diseases in IHSC-staffed facilities. For more information and case definitions, refer to disease or situation-specific CDC guidelines.

A. Purpose of Outbreak Investigations

Outbreak investigations are intended to accomplish the following:

- Identify the source of the outbreak.
- Evaluate causes and contributing factors to outbreak.
- Stop the spread of disease.

B. Coordination and Collaboration

- Health staff should inform the following entities if an outbreak of an infectious disease of public health significance is suspected:
 - HSA, Compliance Officer, Infection Prevention Officer, or designee;
 - CD or designee;
 - Regional CD;
 - Regional HSA;
 - PHSP Unit staff; and
 - Local public health department.

The Compliance Officer, Infection Prevention Officer, or designee should notify the local health department of an infectious disease outbreak investigation in accordance with local and state laws. Depending on the disease of interest, outbreak investigations may be a joint effort with the health department. Health departments have expertise in conducting outbreak investigations and should be used as a resource. The Compliance Officer, Infection Prevention Officer, or other designated health staff should consult with the health department to determine scope of the outbreak investigation and recommendations for conducting the investigation. The HSA or designee should provide the local, state, or federal public health program with information to support the public health investigation to the extent permissible under the Privacy Act and other applicable law and regulations, and DHS and ICE policies.

Investigations of foodborne illness and possible foodborne outbreaks are conducted in conjunction with the facility food services staff and the local public health department. For specific guidance regarding foodborne disease outbreak investigations reference the [Council to Improve Foodborne Outbreak Response \(CIFOR\) | Guidelines for Foodborne Disease Outbreak Response](#).

C. Steps for the Control and Investigation of Outbreaks

The following steps are recommended to investigate and control an outbreak of an infectious disease of public health significance. Health staff should implement appropriate precautions in the medical clinic as soon as an outbreak is suspected, and consider enhancing control measures in the medical clinic if there is an increase in the number of cases of disease in the facility, even if it does not yet meet the definition of an outbreak. The Compliance Officer, Infection Prevention Officer, and other designated health staff should conduct the following steps in consultation with PHSP Unit as needed.

1. Establish the existence of an outbreak.
 - a. The general definition of an outbreak is the occurrence of more cases of disease than expected in a given area or among a specific group of persons during a specific period.
 - b. The number of cases of illness that defines an outbreak varies depending on the disease.

2. Verify the diagnosis.
 - a. A medical provider should verify the diagnosis suspected of causing the outbreak.
 - b. A medical provider should use medical records or lab reports to verify the diagnosis, when appropriate.
 - c. A medical provider should order clinical testing, if medically appropriate.
3. Define and identify cases.
 - a. The CD, or designee, should develop a case definition and identifies additional cases associated with the outbreak. The CD or designee should consult with the Regional CD, Infectious Disease Consultant, or Infectious Disease APP as appropriate.
 - b. During an outbreak, laboratory confirmation may be recommended.
4. Develop tracking tool.
 - a. The Compliance Officer, Infection Prevention Officer, or designated health staff should use a tracking tool to document clinical, demographic, and exposure information. The Compliance Officer, Infection Prevention Officer, or designee should consult with PHSP Unit on the availability of tracking tools specific for the infectious condition under investigation. Previously developed tracking tools are available at [PHSP Unit SharePoint | PHSP Committee Collaborative Documents | Line List Templates](#).
 - b. The information collected with the tracking tool can help manage relevant health information, describe the outbreak, and develop hypotheses (i.e., type of exposure, risk factors, and disease characteristics).
 - c. Information can also inform the implementation of appropriate control measures and precautions.
5. Develop, evaluate, and refine hypotheses.

- a. The Compliance Officer, Infection Prevention Officer, or designee should use the tracking tool to develop, evaluate, and refine hypotheses in coordination with PHSP Unit staff.
 - b. Hypotheses can inform infection prevention and control measures.
6. Enhance infection prevention and control measures.
- a. Health staff should implement appropriate precautions and control measures in the medical clinic as soon as an outbreak is suspected (see the *05-02-G-01 Occupational Health Guide: Blood Borne Pathogens and Other Potentially Infectious Materials* and *05-02-G-02 Occupational Health Guide: Personal Protective Equipment*) located in the IHSC policy library.
 - b. The HSA, CD, Nurse Manager, or designee should consider implementing enhanced medical screening at intake, if appropriate.
 - c. Health staff should provide education to detainees on the nature of the outbreak and the importance of following appropriate guidelines to prevent the spread of disease.
 - d. The HSA, Compliance Officer, Infection Prevention Officer, or designee should recommend to the facility administrator and the facility's designee for safety, and other on-site employers recommended public health actions for mitigating transmission following exposures to infectious organisms among staff, visitors, and detainees for the duration of the incubation period(s), as appropriate. These public health actions may include, but are not limited to, hand hygiene, cleaning, disinfection, social distancing, administrative controls, environmental controls, respiratory precautions, personal protective equipment, immunizations, and/or serologic testing to verify immunity (see *05-06-G-02 Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms*).
 - e. A medical provider should order prophylactic treatment for detainees, if medically appropriate.
 - f. The Compliance Officer, Infection Prevention Officer, or designated health staff should implement enhanced surveillance, if appropriate.

7. Summarize and communicate findings in an after action report.
 - a. After action reports are useful for informing prevention and control of future outbreaks.
 - b. The HSA, Compliance Officer, and Infection Prevention Officer should evaluate the process and develop a plan to improve the process for investigating future outbreaks.

IV. Program Monitoring

PHSP Unit staff periodically request information from the Compliance Officer, Infection Prevention Officer, HSA, or designee to monitor contact and outbreak investigation activities in facilities with IHSC-staffed medical clinics. The HSA, Compliance Officer, and Infection Prevention Officer should facilitate prompt completion of information requests related to contact and outbreak investigations.

V. Training and Education

The Compliance Officer, Infection Prevention Officer, HSA, or designee must ensure that orientation and annual trainings that include infectious disease public health actions for contact and outbreak investigations are implemented and documented in accordance with *Directive 01-04 Medical Education and Development* located in the [IHSC policy library](#).

VI. Privacy and Recordkeeping

Please refer to *Directive 05-06, Infectious Disease Public Health Actions*, for guidance on complying with privacy and recordkeeping procedures located in the [IHSC policy library](#).

VII. References and Resources

- (1) [CDC – Foodborne Outbreaks - Guide to Confirming a Diagnosis in Foodborne Disease.](#)
- (2) [Council to Improve Foodborne Outbreak Response \(CIFOR\) | Guidelines for Foodborne Disease Outbreak Response.](#)
- (3) [Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis, Recommendations from the National Tuberculosis Controllers Association and CDC.](#)