



Update on Testing, Tracing, and Tracking

Testing and Tracing Re-opening Committee
Chair: Stephen Nimer, MD Co-Chair: Erin Kobetz, PhD, MPH

Joint Operations Leadership Task Force

UHealth
Roy Weiss, MD



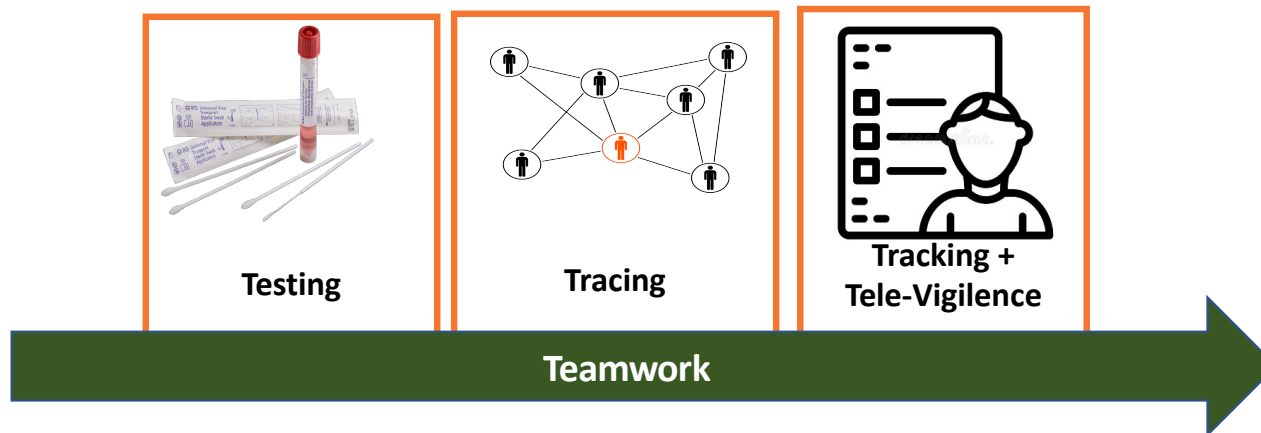
Plan Overview

TEST

TRACE

TRACK

Robust plan with four interconnected components



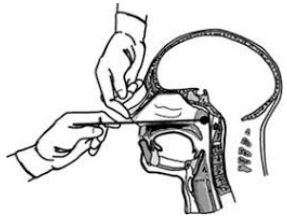
For each component, we have developed detailed workflows that characterize the sequence of implementation, key decision points, and the person/group responsible for oversight

Testing Principles

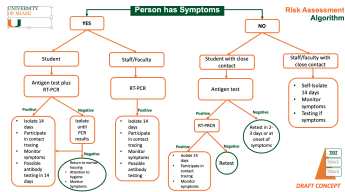
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- Timely access to high capacity testing for all symptomatic faculty, staff, and students across all campuses*



- Standardized testing algorithms for different “population sub-groups” based on risk (e.g., students living in dorms vs. off campus housing)



- Centralized intake for all symptomatic faculty, staff, and contract workers across all campuses



- Clinical capacity for testing, including location and staffing

*Ideally through UHEALTH to minimize reliance on self-report of positive results

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Testing Guidelines

Students
On Campus
Commuter

Faculty
Non-Clinical
Clinical

Staff
Vendors



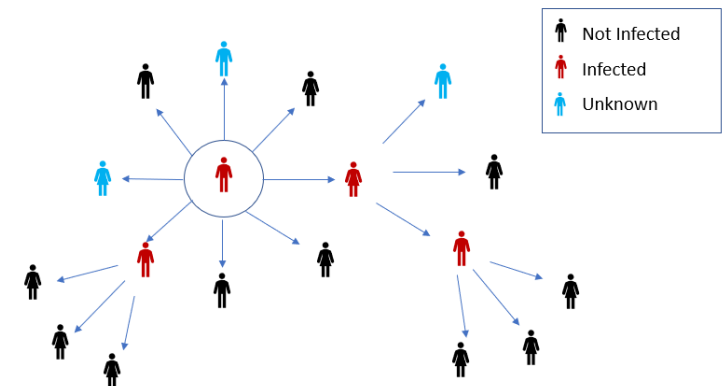
Contract Tracing

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- Per the CDC, contact tracing has three primary principles:
 1. Identify close contacts of person with known COVID-19 infection.
 - **Close contact** is defined as “persons within approximately feet (2 meters) or within the room or care area of a confirmed or probable COVID-19 case patient for a prolonged period of time starting within 48 hours before illness onset)
 2. Notify close contacts about exposure and direct them to self-isolate for 14 days (and/or to testing based on availability)
 3. Monitor symptoms and/or test results in close contacts to initiate tracing as needed



U-TRACE 2.0

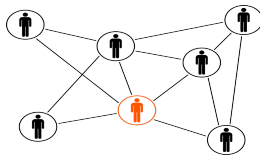
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Positive Test



**UTRACE Identifies
Close Contacts**
(<6 ft >15 min)



**Close Contacts
Isolate**
Notification via
Text
Notification to HR
manager or
Chair/Dean



Tracking
Daily Screening
Questions
For 5 Days



Symptomatic:
Test at symptom
onset



**Eligible
Return to Work at
14 days**

Uses Qualtrics

Interoperable with EPIC and MEDICAT

UTRACE Student Ambassadors in collaboration with Butler Center, DOCS Program

Data dashboards, updated in real time, summarizing prevalence of symptoms, documented infections, geographic clustering

Tyto Device and Tele-Vigilance

- Positive for SARS-COV-2 virus Testing
- Individuals symptomatic and require close followup
- High risk individuals (age >65, obesity, diabetes, lung problems, immunocompromised)
- Individuals with history of recent positive contacts
- Individuals with recent travel history (current CDC recs)

<https://www.youtube.com/watch?v=MkpO5Clk6i8>



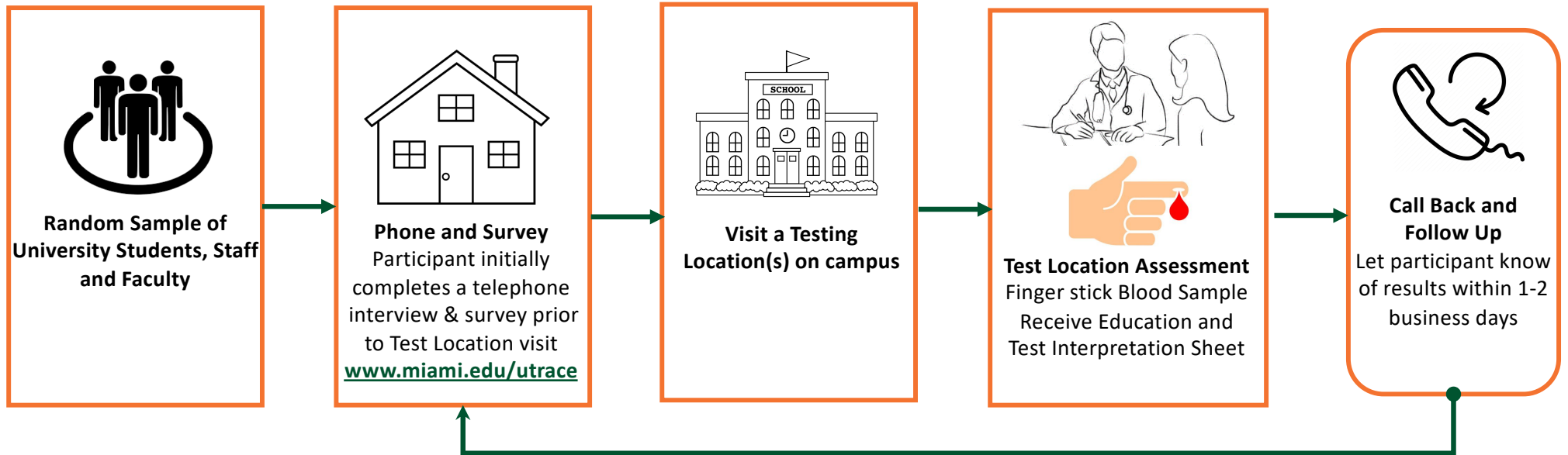


Tracking: SeroSurveillance

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Tracking: Surveillance

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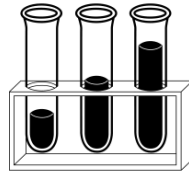
Wastewater



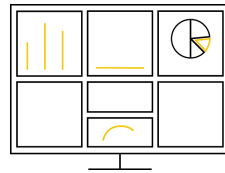
High Traffic Areas



Optional Symptom
Monitoring



LAMP, RNASeq, qRT-PCR



Data Aggregation



Heat Maps



Pop-Up
Targeted Testing



Concluding Comments

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- Robust plan that reflects evidence-based, public health guidance
- Flexible to allow integration of new information and technology, given how quickly understanding of COVID-19 is evolving
- Matches, if not exceeds, what has been shared by peer institutions