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

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

• 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
## Testing Guidelines

<table>
<thead>
<tr>
<th>Students</th>
<th>Faculty Non-Clinical Clinical</th>
<th>Staff Vendors</th>
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</thead>
<tbody>
<tr>
<td>On Campus</td>
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<td>Commuter</td>
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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

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=MkpO5CIk6i8
Tracking: SeroSurveillance

Random Sample of University Students, Staff and Faculty

Phone and Survey
Participant initially completes a telephone interview & survey prior to Test Location visit
www.miami.edu/utrace

Visit a Testing Location(s) on campus

Test Location Assessment
Finger stick Blood Sample
Receive Education and Test Interpretation Sheet

Call Back and Follow Up
Let participant know of results within 1-2 business days
Tracking: Surveillance

- Wastewater
- CAUTION HIGH TRAFFIC AREA
- LAMP, RNASeq, qRT-PCR
- Heat Maps
- Data Aggregation
- Optional Symptom Monitoring
- High Traffic Areas
- Pop-Up Targeted Testing
Concluding Comments

• 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