1.) How is the CTC adjusting its capacity to meet the surge in cases?

Given the high vaccination rates in MA and a decreasing number of cases, plans were previously made for the CTC to close down operations by the end of September 2021. As has been the case since the start of the pandemic, we have closely monitored public health data, and given the recent uptick we are seeing across the nation with the Delta variant, and to provide additional time for local public health to build-up capacity using awarded shared service and contact tracing/epidemiology grants, plans are now in place for CTC to continue to accept cases through end of November/early December. CTC will continue to follow cases and contacts through their isolation/quarantine periods in December and will complete any additional transition activities by the end of the year. As part of this extension of CTC support, staff capacity is being scaled up rapidly to meet the demand caused by the current uptick in cases. Current staff-up plan includes hiring ~ 400 FTE. Over 100 CTs were rehired this week and have begun making calls as of 8/18/21. Another 100 rehired CTs will begin making calls by 8/21/21.

2.) What is the CTC current backlog?

The current rapid increase in cases across Massachusetts has temporarily outpaced our capacity-buildup, generating an unanticipated backlog. As of 8/16/21, 3,138 records were still in isolation period, however 3,794 had aged out of isolation. Of the 855 contacts awaiting outreach, 538 were still in their quarantine period but 317 had also aged out of quarantine. The records that aged out of their isolation or quarantine window will be closed by 8/20/21. With our staff-up and rehires, we should be able to eliminate any remaining backlog.

3.) How long does it currently take for CTC to conduct outreach to a record that is sent over?

Our standard target timeline for successful outreach is under 48 hours. In surge conditions, the actual timeline to reach a case or contact fluctuates based on volume, the varying number of daily records referred as well as the prioritization protocol. It also always depends on the case or contacts responsiveness to the outreach (i.e., whether a case or contact answers on the first call or requires multiple outreach). On July 29, 2021, when cases started rapidly increasing and our staffing capacity was at lower levels, we adjusted our protocols to Surge A to
From LBOH Webinar – August 17th, 2021

ensure we could reach as many records as quickly as possible. For Surge A, contact tracers call priority records **one time.** If callers reach a voicemail rather than the case or contact directly, they leave a detailed message regarding the intention of the call and provide the CTC inbound hotline number with a request to call back. People are also sent a SMS text from the CTC which provides our inbound hotline number.

### 4.) How is the CTC prioritizing records?

The CTC is currently prioritizing records that have the most recent test dates and exposure dates. These are the individuals most at risk of currently spreading COVID-19. We also prioritize clusters when DPH or local public health requests assistance.

### 5.) What is the process for returning cases back to LBOH if they are not able to be followed-up at this time by CTC?

Under the current process, the local health department can reach out to their CTC Local Health Liaison (LHL) and request a list of the MAVEN IDs that have not yet received outreach by the CTC. The LHL will then provide a line list through the secure server (Sharepoint) of every record, no matter the date, that has not received outreach. Local health departments can then decide, based on their capacity, which records, if any, they would like returned to them. Once the health department shares with the CTC LHL which records they would like returned, the CTC will close those records as "Referred to LBOH" within 24 hours.

The CTC highly encourages local health departments to reach out to your CTC LHL if you have any specific questions about the status of any of your records sent to the CTC. We are doing everything possible to return to a level of service local health experienced from the CTC before the scale-down in the spring. We are hiring ~400 FTE to build up our capacity to meet the current need. We appreciate your patience and your feedback. Please continue to speak with you LHLs if you have any additional questions or concerns.