**Curb COVID-19 to Reopen Oregon**

**I.** **Objective and Background**

To reopen Oregon, we must suppress the transmission of SARS-CoV-2 (the virus that causes COVID-19) in Oregon communities. To accomplish this critical task, Oregon Health Authority, in cooperation with local public health authorities and the healthcare system, must initiate active surveillance statewide. Active surveillance includes a combination of expanded testing, rapid identification and isolation of cases, and broad contact tracing and quarantine of those exposed. To successfully implement active surveillance, Oregon must strengthen the existing public health infrastructure. We hope this effort will ultimately allow Oregonians to return to their normal routines. With everyone’s cooperation we can begin to restore services and lift physical distancing measures.

**II.** **Required Actions**

1. **Rapid expansion of public health workforce**: As cases continue to be identified and contact tracing expands beyond household and high-risk contacts, the public health sector will require many additional hands to collect specimens in more settings (e.g., homes, public health clinics, etc.), interview exposed individuals and ascertain their risk for disease, and support those in voluntary isolation and quarantine.
2. **Increased diagnostic testing**: To identify as many infected people as possible in Oregon, we must, as laboratory capacity increases, expand testing of symptomatic people. Expansion of testing will start with those at highest risk of serious disease and with the essential workers most likely to be exposed through contact with large numbers of people. This will include some people with mild symptoms who may not need to seek medical care. This will require incorporating new rapid test options into the existing testing paradigm.
3. **Broad contact tracing**: To suppress disease transmission, we must identify as many people who have been exposed to the virus as possible and ensure they comply with self-quarantine during the time that they are most likely to develop symptoms and spread the disease. Through this process we will also be able to identify other people with symptoms who may then be tested—and whose contacts will then be monitored.
4. **Voluntary isolation and quarantine**: Once diagnosed, all infected persons must be isolated for the duration of their illness to suppress the spread of disease. Similarly, persons exposed to a case must be quarantined to ensure they do not further spread the disease, particularly when they are at greatest risk for developing symptoms.

**III.** **Resource Needs**

1. **Workforce**: Based on Oregon’s population we estimate that 500 additional public health staff are needed to support testing and broad contact tracing. These staff will conduct specimen collection, contact tracing, and data management, as well as provide support to those under isolation and quarantine (e.g., social services, mental health).
2. **Training**: Some new personnel may not have public health experience and will need training upon hire (e.g., interviewing, database orientation, privacy and confidentiality training).
3. **IT capacity**: FileMaker or other tracking systems for contact tracing that is independent of Orpheus will be needed to limit access and reduce the burden on an already overburdened system.
4. **Equipment, supplies, and space**: Computers, phones, software, workspace, etc.
5. **Wraparound support for those under isolation and quarantine**: Provide incentives for compliance (e.g., Netflix, food delivery, laundry services). We may need to provide temporary housing for some cases who might otherwise expose high-risk people where they live.

**IV.** **Approach for Rapid Expansion in Case Investigation, Contact Tracing, and Outbreak Investigation**

1. The public health system will need to consider and plan to utilize existing public health modernization regions to manage expanding capabilities across Oregon in response to outbreaks and disease hotspots. Public health modernization regions have already supported cross-jurisdictional surge capacity and may share epidemiologist position(s).
2. Consider additional LPHA staffing needs utilizing OHA staff, expanded OHA staff, contracts with universities for public health and medical student volunteers and linguistically and culturally responsive workers.

**V.** **Next Steps**

1. Immediately request LPHA volunteers representing different geographic areas who can work with OHA to develop a detailed plan for rapidly scaling up the required actions.
2. Identify a data system to handle expanded contact tracing, whether an adaptation of an existing system or a new system.