Standard Operating Procedures for Contact Tracing-Kambia District

Draft Version

HP
[Pick the date]
1. Introduction:
Proper contact tracing requires concerted efforts from various people to ensure that all contacts of a confirmed Ebola case are identified and closely monitored to be able to curtail its spread. This activity actually involves teams actively searching for these contacts, line-listing them and monitoring them regularly for a period of not less than 21 days. This is an intensive activity that requires cooperation from the community, otherwise we won’t be able to achieve the objective.

1.1. Background: Contact tracing is an integral component of the overall strategy for controlling an outbreak of Ebola virus disease (EVD). It is defined as the identification and follow-up of persons who may have come into contact with an individual confirmed be having Ebola (a case). Contacts must be systematically identified and monitored closely for 21 days following exposure. Prompt identification and isolation are critical to interrupting the transmission of Ebola virus in the community thus ending the outbreak.

1.2. Purpose: This Standard Operating Procedure (SOP) describes the structure, procedures and processes of an effective and efficient contact tracing system. The SOP provides standard guidance for all those engaged in contact tracing in Kambia District.

1.3. Definitions:
1.3.1. Contact: this is a person who had physical contact with a confirmed case of Ebola:

High Risk Contact: is a Person who had:
- Percutaneous (through skin) or mucous membrane exposure to blood or body fluids of EVD patient
- Direct skin contact with, or exposure to blood or body fluids of, a confirmed or suspect EVD patient or direct contact with a dead body

Low Risk Contact: a person who had just household contact with an EVD case

1.3.2. Suspect case: Any person, who presents with signs and symptoms common for Ebola infection but is not yet confirmed through laboratory investigations

1.3.3. Probable case: Any person who dies due to unknown cause during the course of Ebola outbreak but is not yet confirmed through laboratory investigations OR any contact case who seemingly manifests a sign of Ebola but is not yet confirmed by laboratory investigations

2. Roles and Responsibilities
There are several roles played during the course of contact tracing and these roles should be played by different personnel. The various people involved include the following;

2.1. Contact Tracing Mentors
These are locally recruited staff, preferably medical doctors, with the clinical knowledge and skills for making proper diagnosis and thorough medical assessment of individuals
They are responsible for mentoring the contact tracers and their supervisors with the overall aim of ensuring quality of contact tracing. Given their clinical knowledge, they also help identify ill contacts as well as identifying areas that need attention. They engage in supportive supervision with supervisors and contact tracers to improve the quality of tracing and interrupt transmission through rapid identification of suspected cases.

2.2. The District Surveillance Officers (DSOs)

These are the DHMT recruited health providers, preferably the clinical officers, responsible for responding to alerts, case investigation, initiating quarantine, working with contact tracers to follow up contacts and discharging homes once they complete 21 days of follow up.

2.3. Chiefdom Health Officers

These Chiefdom Health Officers (CHO) provide clinical care to the patients in the community and especially those operating at Community Health Centers also act as technical supervisors contact tracers. These officers also work together with the supervisors to monitor contact tracing efforts in their respective chiefdoms.

2.4. Contact Tracing Supervisors

These supervisors are responsible for ensuring that all contacts on line lists in specific villages are closely monitored and appropriately assessed on a daily basis. They also provide linkage between the CT or quarantine homes and the DERC

2.5. Contact Tracers

These are responsible for monitoring the contacts twice on a daily basis for a period of at least 21 days. They are supposed to make simple assessment of the general health status of individuals to ensure that sick contacts are identified early and taken to the holding center for testing. Daily temperature checks using thermometers, is the biggest indicator these people use to determine who is sick.

2.6. Case Investigation Teams:

The Surveillance Team (DSO, CSO, Social mobilizer and sometimes an Epidemiologist) led by the District Surveillance Officer, responds to every alert by visiting the residence of the alert cases. They do investigate all cases/deaths, fill out the case Investigation Form (CIF) and determines if the case is suspect or probable. Once the person meets the case definition, the team immediately takes a preliminary line list of all contacts. The list should include all household and non-household contacts (friends, neighbors, and people at the place of work, people visited in neighboring countries) or people in other chiefdoms who were visited by the suspect case. If the case is confirmed later, the team returns to make a definitive line list in preparation for quarantine. To ensure that contact tracing starts within
24 hours, it’s important to have a contact tracing Supervisor or contact tracer present during line listing.
2.7. Supervision of Contact Tracing by CT Supervisor

Supervision of contact tracing activities involves the following tasks

2.7.1. Reporting

- Receiving daily reports from contact tracers on the health status of all contacts (not only those who are symptomatic) by 3 pm
- Receiving immediate reports of symptomatic contacts by phone or in-person visit. This information is then immediately reported to the alert desk (Tel: 078433417 or 030678391) so the case investigation team can be dispatched
- Compiling daily reports and sending the results to the data manager at the DERC by 5 pm via phone call
- Notifying supervisors in other chiefdoms if a contact has travelled to their area, or notifying the DSOs if they have travelled to another district
- Report any additional contacts identified during the tracing process (these may have been missed by the case investigation teams).

2.7.2. Quality Control

- Verification of daily follow-up visits made by each contact tracer through random checks in the field.
- Verification of completeness and appropriate filling of contact tracing forms.
- On-the-job training of contact tracers by mentors and supervisors on core tasks, such as contact observation, effective communication and relationship or rapport building skills.
- Follow-up of contacts reported as not seen by the contact tracer.

2.7.3 Tools used during contact tracing

- Contact tracing forms for line listing the contacts,
- **Case investigation forms (CIF),**
- Thermometers for taking temperatures; report temperatures above 37.8 Celsius
- Pens
- Contact tracers supervisory check-lists
- Hand sanitizers
- Mobile phones for communication and sending reports
2.8. Procedure for Contact Tracing Supervisors

- Obtain a copy of the contact list from data management and
- Assign all the identified and registered contacts to the various tracers. The supervisor should assign about 15-20 contacts per tracer in urban areas and 10 in rural areas. He should also make efforts to minimize distance between tracer and contacts when allocating contacts
- Provide all the technical assistance to deployed contact tracers. Supervisors should be available throughout the work day to provide assistance to the tracers when issues arise such as:
  - Contacts refusing to be assessed or to be interviewed or refuses to come out
  - Contact cannot be found
  - Contact is ill
- Review contact tracing progress, identify successes and constraints
- Regularly take the temperature of each contact using thermometers (infra-red thermometer)
- Review safety and security concerns: the Supervisor should also inquire about any situation that places the tracer's health or safety at risk (such as a tracer being sick, lack of IPC facilities, or tracer encounters hostility).
- Provide health update to data management teams
- Meet in person with each contact tracer at least once per day and fill out the one supervisory checklist form per person per week (Appendix 3.4)
2.9. Procedure for Contact Tracers

- Review the contact tracing list with the Supervisor: Every morning, either by phone or in person, the contact tracer will speak with his supervisor to review the list of contacts to be monitored for the day.

- Travel to the work area and locate the contacts. The CT should observe local customs of greeting, with the following exceptions:
  - Do not make physical contact like hand shake or hugging
  - If offered to sit remain standing and politely explain that you will not be staying long and will perform the interview shortly
  - There is no need to don PPE while undertaking contact tracing
  - Maintain social distance of at least one meter throughout the visit

- Build rapport with the contacts by asking questions about their welfare (such as availability of food, water and fire wood or charcoal) before asking set questions on health.

- Explain the purpose of the interview to the contact or the head of the household. Carefully explain that you will ask several questions regarding the health of all the contacts in the house. If there is more than one household under quarantine, meet with them separately.

  - Call out the contacts one after the other and systematically ask for all the symptoms on the form while you observe the contact if can stand well without support(except the very old), look at their eyes (if they are obviously red), and how they walk and their dressing (heavy clothes under hot sun can mean the person has fever)
    - If contact cannot be found:
      - Notify the Supervisor immediately
      - If family members are present, ask about the relations whom the missing contact could have visited.
      - Arrange to interview the contact later if there is possibility of return
        - If the contact has fever (those supplied with personal thermometers) or reports YES to any of the symptom on the form
      - Notify the Supervisor immediately and give him the name of the contact
      - Provide assurance to the contact to remain in the house until further assessment is performed
        - If the contact has no fever and reports No to all symptoms on the form
      - Record it on the form and inquire if there is any one in the house who is un well
      - Thank the contact for his time and explain that you will be visiting twice daily for 21 days
      - Perform hand hygiene (washing with water and soap or using alcohol based hand rub) before leaving.

Guiding principles; the contact tracer should:

1. Avoid offensive language
2. Act professionally
3. Refrain from heated arguments and
4. Avoid criticizing people, their behavior, their culture, beliefs, and other related issues
5. Be tactful when it comes to answering controversial issues that may lead you into trouble (I will consult and get back to you)
3. Appendices

3.1. Checklist for CT supervisors

- Obtain daily contact list from Data management team
- Assign contacts to tracers
- Monitor contacts, provide advice and assistance by phone
- Review Contact Tracing Progress with tracers at the end of each day, identify successes and provide positive reinforcement of situations handled well
- Review safety or security concerns with contact tracers
- Provide contact tracing progress to data management team
- Monitor effective communication and relationship building skills of contact tracers and provide coaching when required
- Provide feedback on any issues raised related to other pillars or welfare of the contacts that have been followed up.

3.2. Checklist for Contact Tracers

- Review Contact List with Supervisor
- Travel to Community and locate contacts
- Greet contacts warmly and ask questions to build trust and rapport
- Explain Purpose of interview to contacts
  - If Contact declines interview, contact Supervisor
  - If Contact cannot be found, try to locate and call Supervisor
- Perform interview by calling each contact out and having all contacts stand for at least 5 minutes
  - If Contact has fever or reports YES to any symptom call the supervisor
  - Record Health status on CT form (appendix 3.3)
- Inquire about any other person who may be sick
- Thank contact for his time
- Perform hand hygiene before leaving
- After completing the interview provide feedback to the supervisor by phone
### Contact Tracing Form

**Ministry of Health and Sanitation Sierra Leone: Contact Tracing Form for Ebola Outbreak**

- **District:** [Complete]  
- **Chiefdom:** [Complete]  
- **Town:** [Complete]  
- **Name of confirmed case:** [Complete]  
- **Relative's phone number:** [Complete]  
- **Sex:** M / F  
- **Age:** [Complete]  
- **Conf. case ID:** [Complete]  
- **Name of contact:** [Complete]  
- **Contact ID:** [Complete]  
- **Contact Number:** [Complete]  
- **Community/Village:** [Complete]  
- **Date of last contact (MM/DD/YY):** [Complete]  
- **Name of Town Chief:** [Complete]  
- **Contact Number:** [Complete]  
- **Tracer’s name:** [Complete]  
- **Tracer’s phone number:** [Complete]

#### Type of contact in the last 21 days:
1. Slept or ate in same household as the case  
2. Direct physical contact with body of case  
3. Touch body fluids (saliva, urine, fesses)  
4. Manipulation of clothes or other objects  
5. Breast feeding of child  
6. Funeral attendance

<table>
<thead>
<tr>
<th>SYMPTOMS/SIGNS</th>
<th>DAYS OF FOLLOW-UP (WRITE ‘Y’ for yes and ‘N’ for no in the correct cell)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>1</td>
</tr>
<tr>
<td>Temperature</td>
<td></td>
</tr>
<tr>
<td>Muscle or joints</td>
<td></td>
</tr>
<tr>
<td>Joint pain</td>
<td></td>
</tr>
<tr>
<td>Neck rigidity</td>
<td></td>
</tr>
<tr>
<td>Weakness</td>
<td></td>
</tr>
<tr>
<td>Nausea and vomiting</td>
<td></td>
</tr>
<tr>
<td>Diarrhea (non-bloody / bloody)</td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
</tr>
<tr>
<td>Backache</td>
<td></td>
</tr>
<tr>
<td>Chest pain</td>
<td></td>
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<tr>
<td>Sore throat or swallowing</td>
<td></td>
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<tr>
<td>Rash</td>
<td></td>
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<tr>
<td>Bruising</td>
<td></td>
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<tr>
<td>Red eyes</td>
<td></td>
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<tr>
<td>Any bleeding</td>
<td></td>
</tr>
<tr>
<td>Jaundice</td>
<td></td>
</tr>
<tr>
<td>Loss of appetite</td>
<td></td>
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<tr>
<td>Other symptoms</td>
<td></td>
</tr>
</tbody>
</table>
3.4. Supervisory Checklist (contract tracer)

Ministry of Health and Sanitation, Sierra Leone

Supervisory Checklist for Contact Tracing

Name of Contact Tracer: ____________________________ No. of Contact under the CT: _________
Village/Community: __________________________ Chiefdom: ______________________________
Ward/Zone: ______________________________ District: ___________________ Date: ____________

Supervisory Checklist for Contact Tracer (Technical Supervisor)

<table>
<thead>
<tr>
<th>S/N</th>
<th>Issue supervised</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Field supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Does the contact tracer know of the number of contacts assigned him/her? (record the number)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Is contact tracer carrying a Contact Tracing Form for each contact? (count the forms and contacts)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Did the Contact Tracer greet the contact?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Did contact tracer explain the purpose of interview to contact?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Did the Contact Tracer inquire about other persons in the household who may be ill?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6.</td>
<td>Did the Contact Tracer thank the contact for his or her time?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Did Contact Tracer record the information before leaving compound?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8.</td>
<td>Did the Contact Tracer observe hand hygiene?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>B: Information Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Did the Contact Tracer fill information from the contact accurately? (Observe)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Does the Contact Tracer know where to take the contact tracing forms of contacts after 21 days of follow up? (ask and record response)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Does the Contact Tracer know the telephone number of his/her supervisor? (ask Contact Tracer to call supervisor in your presence)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Instructions for Technical Supervisors:

1. The technical supervisor samples 3 Contact Tracers daily for 5 days (total of 15 in a week) and observes them while following up contacts and ticks (V) the right answer in the column of the supervisory Checklist.
2. The Supervisors records observations in the "Comments" column and submits the filled in forms to the District Contact Tracing Monitor for entry in the computer.
3.5. Supervisory Checklist (CT Supervisor)

Ministry of Health and Sanitation, Sierra Leone

Contact Tracing Supervisor Supervisory Checklist

Name of DCTM/WCTM: ____________________ Name of Supervisor Assessed: _______________

Chiefdom: ______________________________ Ward/Zone: _______________________________

District: ______________________________ Date: ______________________________

Supervisory Checklist for Contact Tracing Supervisors (DCTMs/WCTM)

<table>
<thead>
<tr>
<th>S/N</th>
<th>Issue supervised</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the Supervisor obtain daily contact list from data management team? [OBSERVE]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Did supervisor assign contacts to all Contact Tracers? (record the number)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3.</td>
<td>Is the Supervisor filling in the Supervisory Checklists daily? [OBSERVE]</td>
<td></td>
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<tr>
<td>4.</td>
<td>Does the Supervisor collect Contact Tracing Forms at regular times (ask and record response)</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Does Supervisor have space where to safely keep the Contact Tracing Forms? [minimum is a folder that could be stored away]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Does the Supervisor check completeness of the filled-in Contact Tracer Forms? (Confirm this on filed forms in office)</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>Does the Supervisor call contacts to check if they were visited by Contact Tracers (record response and how often he/she calls contacts)</td>
<td></td>
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<tr>
<td>8.</td>
<td>Did Supervisor monitor contact tracers today (record evidence e.g. Tel. calls? Check telephone log)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9.</td>
<td>Did the Supervisor review progress of contacts with contact tracers today? (evidence?)</td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>Did Supervisor provide progress report on contact tracing to the data management team or DSO? [OBSERVE]</td>
<td></td>
<td></td>
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<tr>
<td>11.</td>
<td>Does Supervisor have means of transport to facilitate supervision? [OBSERVE]</td>
<td></td>
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</tr>
</tbody>
</table>

Instructions for the DCTMs:
3. The District Contact Tracing Monitor will supervise at least 2 Supervisors daily (total of 14 in a week) and assess their work by ticking (v) the answer in the column on the supervisory Checklist.
4. The DCTM records observations in the “Comments” column and enters data in the prepared format on the computer.