**07 Training Curriculum for the**

**Implementation and Management of Contact Tracing**

**Target Audience:**

EIS/FETP/CDC Epi

Epidemiologists

Field Supervisors

**Length of Training: 2 days**

* + **DAY 1:**
    - Presentation [morning] and PRACTICE ACTIVITIES
    - Scenarios / issues that may arise [afternoon]
  + **DAY 2:**
    - Table-Top exercise [morning]
    - Review and questions / discussion [afternoon]

**Time required:**

* + **DAY 1:** approximately 3-4 hours for the presentation and an additional 2-3 hours for the scenarios [5-7 hours total]
  + **DAY 2:** approximately 3 hours for the table-top exercise and an additional 2 hours for questions and discussion [5 hours total]

**Objectives:**

1. Learn about Ebola Virus Disease
2. Understand concepts and general definitions regarding contact tracing
3. Describe contact tracing implementation
4. Understand the management of contact tracing
5. Identify the role of a data manager
6. Define the roles and responsibilities of a Field Supervisor and a Lead Epidemiologist
7. Review the importance of quality measures and assurance

**Day 1:**

**Lecture introducing Ebola and Contact Tracing**

1. Introduction to Ebola Virus Disease (EVD)
   1. Historical and recent data
   2. Other diseases with similar symptoms (differential diagnosis)
   3. Signs and Symptoms
   4. Recognition of EVD
   5. How is it transmitted?
      1. Person-to-person
      2. Healthcare setting
      3. Animal reservoir
2. Introduction to Infection Control
   1. How is EVD prevented
      1. 3 Lines of Defense
         1. Identify possible cases through screening
         2. Separate yourself from exposure to a suspect case
         3. Protect yourself and others through handwashing
   2. Washing hands
      1. Bleach/chlorine
      2. Soap/water
      3. Hand sanitizer
         1. **PRACTICE ACTIVITY 1: WASHING HANDS WITH HAND SANITIZER**
   3. Avoidance
      1. No touching/hand shaking, etc.
      2. No sick/dead animal contact
   4. PPE resources
3. Contact Tracing Introduction
   1. Basics
   2. Objectives of contact tracing
   3. Definitions
      1. Contact
         1. High vs low risk
      2. 3 categories of EVD cases
   4. Necessary personnel and Infrastructure
      1. Infrastructure
         1. Incident Management Framework
         2. Ebola Treatment Units (ETUs)
            1. For CONFIRMED cases
         3. Holding / Isolation Unit
            1. For SUSPECT cases
         4. Information Technology
            1. Data Manager
         5. Laboratory Services
            1. Do not need to be in country
      2. Sample Personnel Hierarchy Diagram
      3. Personnel
         1. Investigation team
            1. Background
            2. Responsibilities
            3. Quantity
         2. Rapid Response Team (RRT)
            1. Background
            2. Responsibilities
            3. Quantity
         3. Lead Epidemiologist
            1. Background
            2. Responsibilities
            3. Quantity
         4. Field Supervisor
            1. Background
            2. Responsibilities
            3. Quantity
         5. Tracing Team
            1. Background
            2. Experience
            3. Quantity
         6. Data Manager
            1. Background
            2. Experience
            3. Quantity
         7. Other Teams
            1. Transportation Team

Background

Experience

Quantity

* + - * 1. Disinfection team

Background

Experience

Quantity

* + - * 1. Burial Team

Background

Experience

Quantity

* + 1. The previous titles and responsibilities are suggested and may change depending on a particular country. All teams must be trained regardless of previous experience
    2. Mandatory Training Requirements
       1. Tracer Training Module (1 day)
       2. Implementation and Management Module (2 days)
       3. Contact Tracing Table-Top Exercise
       4. VHF Module Trainings for EpiInfo
       5. Infection Prevention and Control
    3. Funding considerations

1. Contact Tracing Implementation
   1. Overview of Flow Diagram
   2. Contact Identification
      1. Rapid Response Team is activated
         1. Fill out **Contact Listing Form**
            1. Detailed and comprehensive interview

Probable and confirmed cases

Activate EOC

May need to interview others (family, friends)

* + - * 1. Date of last contact with case
        2. Determine exposure status

**PRACTICE ACTIVITY 2: HOW TO READ A CONTACT LISTING FORM**

Reinforce that not all information may be available

Use the information that you have

Consider contacting the village leader to get more information if needed

* + - * 1. Lead Epidemiologist role
        2. Field Epidemiologist role
        3. Assign contacts to tracing teams
  1. Step-by-Step for Contact Tracers
     1. Visit contact daily
        1. If a contact becomes ill
           1. Suspect case

Transported to an isolation unit

If test positive: confirmed case

If test negative: re-classify as a contact

* + - 1. Daily visit scenarios
         1. Asymptomatic
         2. Symptomatic

Immediately call Field Supervisor

Calls Lead Epidemiologist

* + 1. Fill out follow-up forms
       1. Daily visits for 21 days
       2. **PRACTICE ACTIVITY 3: HOW TO FILL OUT/READ A DAILY CONTACT FOLLOW-UP FORM**
    2. Meet with supervisor
       1. Field supervisor fills out the **Tracing Summary Form** at the end of each day
          1. Relays information to Lead Epidemiologist who relays to Data Manager

**PRACTICE ACTIVITY 4: HOW TO FILL OUT A** **TRACING SUMMARY FORM**

Tracer team may contact Field Epidemiologist via phone or a meeting

* + - 1. When the Field Supervisor is immediately called
         1. When tracer team can’t find a contact
         2. When a contact is sick
         3. Concern the contact is likely to flee
         4. Experience an “uncomfortable” situation
         5. Any questions
      2. Contact discharge after 21 days
  1. Important notes and challenges
     1. NEVER enter the home of any contact
     2. Consider meeting the contact at a pre-defined meeting place
     3. If you cannot find a contact, notify the Field Supervisor
     4. The following should be addressed and strictly enforced:
        1. Do not enter communities that seem hostile, aggressive, or unwelcoming
        2. Do not try to impede contacts or cases that are trying to flee
     5. Guidelines for interacting with contacts:
        1. Avoid personal physical contact
        2. Do NOT enter the contact’s residence
        3. Do NOT touch any objects in the residence
        4. Includes sitting on chairs
        5. Do NOT share a meal or drink with the contact
        6. Maintain a distance of 3 feet (1 meter) from the contact at all times
        7. Wear gloves if taking the temperature
     6. Maintain infection prevention and control measures
     7. Logistical challenges
        1. No street names
        2. Use of nicknames
        3. Countries without a national ID program
     8. Considerations
        1. GPS tracking of contact
        2. Engaging community leaders
        3. Using landmarks
  2. Field Supervisor Responsibilities
     1. Implement quality measures
     2. Coordinate logistics of sick contacts
     3. Coordinate transportation of contact tracing teams
     4. Ensure payment of contact tracers
     5. Remain available for any questions from the field
     6. Activate the investigation team for a symptomatic contact
     7. Assign contacts to contact tracing teams
     8. Coordinate and check in daily with the Lead Epidemiologist
  3. Database Management
     1. Data Manager
        1. Reports to Lead Epidemiologist
  4. Resources needed
  5. Summary Steps (1-13)

1. Contact Tracing Management
   1. Personnel hiring
   2. Personnel training
   3. Personnel health
   4. Contact identification
   5. Contact follow-up
   6. Contact stigma
2. Quality assurance
   1. Ensure accurate assessment of a contact’s health status by tracers
      1. Perform house-checks by randomly selecting contacts of different tracer teams to interview and evaluate whether the assessment of the health status is similar to the tracers’ reports
         1. Can also do this from the EOC with random dialing
   2. Ensure tracers are visiting the contacts daily
      1. If the technology is readily available, employ mobile GPS tracking of the contact tracers
      2. If appropriate, take a picture of the contact or landmark to submit to field officer daily
      3. Perform house-checks by randomly selecting contacts of different tracer teams and interview the contacts to ensure they have been receiving a visit by a tracer every day
      4. If days were missed, confirm they were accurately recorded by the tracing team.
3. Quality Measures
   1. Must be 100% in all measures
4. Scalability
5. Conclusion