**07.1 Ebola Virus Disease (EVD) contact tracing scenario: MOPONGO**

**Key challenges in contact tracing – Facilitator guide**

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| TYPE OF ACTIVITY | Case-scenario |
| LEARNING OBJECTIVES | After completing this scenario, the participant should be able to:   * Identify the steps involved in planning and creating an EVD contact tracing team * Describe the implementation and management of contact tracing * Conduct systematic interviews with EVD cases to obtain a thorough listing of their potential contacts * Identify potential approaches to address various challenges that may arise during contact tracing. |
| SUGGESTED TIME | 2h15’ |
| SUPPLIES | * Pens / pencils * Sticky notes * Ebola Contact Listing form for Activity 2 – for Patients (pg. 14) * Ebola Contact Listing form for Activity 2 – for Investigation Team (pg. 15). |
| STEPS | * Case-scenario in 5 parts, including 3 group activities (A, B and C) * Activity A: 35’ (group work, reporting and discussion in plenary) * Activity B: 55’ (group work, reporting and discussion in plenary) * Activity C: 45’ (group work, reporting and discussion in plenary) * See details in appendices A, B and C |

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| *This scenario is based on the methodology of contact tracing recommended by the CDC applied to a fictitious West African country. This was developed as a training tool in response to the Ebola Virus Disease outbreak in West Africa in 2014.*    *This scenario was developed by Daniella Coker in 2014 for international workshops on contact tracing in countries not yet impacted by Ebola Viral Disease (EVD). We acknowledge the valuable input from Dr. Ashley Greiner MD, MPH, Dr. Tasha Stehling-Ariza PhD, Dr. Kristina Angelo DO, MPH-TM, Dr. Richard Dicker MD, and Dr. Benjamin Lopman PhD.* |

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# Part I

Mopongo is a small country on the coast of West Africa which neighbors Guinea, Sierra Leone, and Liberia, all of which are experiencing an epidemic of Ebola virus disease (EVD).  
  
The national government held a meeting to prepare the Incident Management Framework for an EVD response. It is as follows:

The lead epidemiologist, John Smith, has been asked to develop a team that will be responsible for contact tracing and he was encouraged to share his ideas at the meeting.

***\*\*Initiate Activity 1: Creating a Contact Tracing Team (Appendix A)\*\****

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| **Question 1:** How should the epidemiologist organize a contact tracing team within the Incident Management Framework? (*Hint: What personnel should be included? What should their roles and responsibilities be? Number of personnel?)*    Also, what challenges could you face with the implementation of this Incident Management Framework in your country? What challenges do you forsee in trying to hire certain personnel? How could these issues be resolved?  ***Answer 1***  *An ideal contact tracing team would consist of relevant personnel whose roles and responsibilities are distinct and clearly defined. One suggested contact tracing team could be organized as follows:*  *Working under this sample personnel hierarchy, personnel descriptions would be as follows:*    *(a) Lead Epidemiologist*  ***Background/Experience:***   * *National level epidemiologist* * *Trained in contact tracing* * *Oversees all field supervisors.*   ***Responsibilities:***   * *Contact management - deciding which contacts need to be continued to be followed, which contacts are a priority, which contacts can be discharged* * *Communicating with other teams (i.e case management team and logistical team) when a contact becomes a suspect case.*   ***Quantity:***   * *One (minimum)*   *(b) Field Supervisor*  ***Background/Experience:***   * *Epidemiologist (with contact tracing experience, if possible)*   ***Responsibilities:***   * *Assigning contact tracers to contacts* * *Handling challenges and questions that arise in the field* * *Activating the Investigation Team if there is a symptomatic contact* * *Assessing quality assurance measures* * *Collecting data to report to the Data Manager and Lead Epidemiologist*   ***Quantity:***   * *One field supervisor per 5 – 10 contact tracing teams*   *(c) Data Manager*  ***Background/Experience:***   * *Prior data management experience and proficient computer skills* * *Trained on how to use Viral Hemorrhagic Fever (VHF) EpiInfo database*   ***Responsibilities:***   * *Entering all data electronically* * *Sending reports to the Lead Epidemiologist and the WHO*   ***Quantity:***   * *A minimum of 1 person in the initial response (\*The number of teams will depend on the number of cases and controls).*   *(d) Investigation Teams*  ***Background/Experience:***   * *Epidemiologists, Psychosocial Behavior experts (if possible), and Health Communication experts (if possible)* * *Experience and training in probing contact tracing questions*   ***Responsibilities:***   * *Interviewing cases about potential contacts as soon as a case is identified* * *Doing a home visit for all contacts identified by a case and subsequent interviewing of those contacts* * *Activation following report from contact tracers who are concerned about the health status of their contact 🡪 assess health status of contact, and alert field supervisor if contact is deemed as symptomatic* * *Alerting contacts of their status and the contact tracing procedure* * *Offering emotional support to contacts*   ***Quantity:***   * *A minimum of 2 people per investigation team*   *(e) Rapid Response Team*  ***Background/Experience:***   * *A rotating subset of the Investigation Team on-call 24 hours a day and 7 days a week*   ***Responsibilities:***   * *Activating the contact tracing procedure for the first case detected in country*   ***Quantity:***   * *A minimum of 2 people per RRT team*   *(f) Tracer Team*  ***Background/Experience:***   * *Community health workers, community members, and healthcare providers* * *Ideally team made up of trusted members of the community* * *Training in contact tracing*   ***Responsibilities:***   * *Conducting follow-up visits for contacts every day for 21 days, during which time they are responsible for interviewing and inquiring about the health status of the contact*   ***Quantity:***   * *A minimum of 2 people per team* * *Ideally 1 team would see ~ 10 – 20 contacts per day (or more, depending on location)*   *(g) Data Manager*  ***Background/Experience:***   * *Prior data management experience and proficient computer skills* * *Trained on how to use Viral Hemorrhagic Fever (VHF) EpiInfo database*   ***Responsibilities:***   * *Entering all data electronically* * *Sending reports to the Lead Epidemiologist and the WHO*   ***Quantity:***   * *A minimum of 1 person in the initial response (\*The number of teams will depend on the number of cases and controls).*   *If given limited resources, then the rapid response team can also do the investigation team work and be trained to do contact tracing, but the country would need to be able to ramp up other teams quickly or the rapid response team could become overwhelmed.* |

The national government of Mopongo has decided to develop a contact tracing team that is made of: 1 lead epidemiologist, 1 field supervisor, 2 rapid response team members, 2 investigation team members, and 4 tracers (for 2 tracer teams). Once the contact tracing team roles were developed, specific personnel were identified, hired, and trained. They decided to use EpiInfo as their database. Additionally, a laboratory to test specimens was identified and an Ebola treatment unit and isolation unit were constructed.

# Part II

John Smith received a call from a community health center to report that a person with a sudden onset of high fever, a recent history of vomiting and diarrhea presented to a community health center. The person had just returned from Sierra Leone, an EVD-infected area, a few days prior.

John utilized the case definition of:

**Persons with symptoms of EVD illness with recent travel to or contact with persons with EVD in Liberia, Sierra Leone, and/or Guinea.**

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| **Question 2:** How would you classify this sick person using the 3 categories of EVD cases from the WHO and CDC Guidelines? What would your next immediate step be as the lead epidemiologist?  ***Answer 2***  *The following definitions can be used to inform participants’ answers to question (2a) as to whether the sick person has a case of EVD (suspect, probable, or confirmed):*  *Suspect*  *“A person, dead or alive, with at least one of the following criteria:”*  *(i) unknown cause of bleeding*  *(ii) sudden, unknown cause of death*  *(iii) sudden onset high fever and contact with either: a suspect, probable, or confirmed EVD case, or a sick or dead animal*  *(iv) sudden onset high fever and at least three of the following symptoms: headaches, anorexia/loss of appetite, lethargy, aching muscles or joints, breathing difficulties, vomiting, diarrhea, stomach pain, difficulty swallowing, hiccups*  *Probable*  *“Any suspect case that meets the following criteria”*  *(i) evaluated by a clinician and concluded to be infected with EVD*  *(ii) case is deceased but with a known epidemiological link to a confirmed case*  *Confirmed*  *“Any suspect or probable case with a positive EVD laboratory result (PCR or serology)”*  *(a) The person at the community health center has reported a sudden onset of high fever and a recent history of vomiting and diarrhea, who is traveling from Sierra Leone. The fact that he already has symptoms of EVD (i.e his fever, history of vomiting and diarrhea) and he came from an EVD-infected area suggests that he has a suspected case of EVD and that contact tracing would be necessary. Contact tracing is most effective when initiated early, and should not wait until a person receives laboratory confirmation of EVD.*  *(b) Immediately activate the rapid response team to go assess the case and obtain the list of contacts. The disinfection team (part of the case management team) should be alerted that a person with a suspected case of EVD has been identified so they can begin disinfecting as needed. In addition, a transport team (part of the logistics group) should be contacted to transport the patient to an Ebola isolation unit for early and immediate testing.*  *---Of note, countries may decide to call teams within the Incident Management Framework by their own standardized names. Our framework names are only a suggestion.* |

# Part III

As lead epidemiologist, John decides to send the rapid response team consisting of an epidemiologist and a psychosocial expert to visit the person with a suspected case of EVD at the community health center. He reminds the rapid response team to take the **Ebola Contact Listing form** among their list of supplies.

The rapid response team drives to the community health center and they are greeted by one of the nurses. She leads them to an isolation room, where the person with a suspected case of EVD (the case) is sitting down. The team remains at the doorway. The team members introduce themselves to the case and learn that he is a 33 year old male named Obasi Dimka. He developed symptoms of fever 4 days ago and began having vomiting, diarrhea, and abdominal pain 2 days ago.

The rapid response team members explain what EVD is, how it is spread, and they also explain how contacts are identified and how contact tracing works. Before the rapid response team begins the interview, the case (Obasi) asks, “Wait, you want to know everyone I’ve talked to for the past 4 days? You have to be kidding!”

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| **Question 3:** If you were on the rapid response team, how would you respond to the case’s question? How would you explain who is a contact and who is not a contact?  ***Answer 3***  *Begin by explaining that depending on the interaction the patient had with the contact, they could have a higher or lower chance of getting sick. However, even low risk contacts should be followed in contact tracing. Ensure that you are compassionate and empathetic while questioning. Ensure full transparency. Explain the importance of contact tracing and that it is in his best interest to protect his loved ones. If needed, a community leader may be present. Also, it may be imperative to interview the case without the family in certain circumstances if culturally acceptable (i.e.; full disclosure).   \*\*Note\*\*: The following are the minimum criteria. Countries can further expand the definitions based on the current context  Contact: “a person who had an interaction with a symptomatic EVD case (suspect, probable, or confirmed) in at least one of the following manners:*  *(a) Direct physical contact with the case (dead or alive) during the illness*  *(b) Direct physical contact with the (dead) case at the funeral*  *(c) Touched the blood or body fluids of the case during the illness*  *(d) Was breastfed by the patient (for infants)*  *(e) Touched the clothes or linens of the case*  *(f) Slept in the same household with a case*  *\*\*Note\*\* It is important to note that contact tracing would stop if the patient tests negative for EVD if tested at least 3 days after symptom onset. (Therefore if this patient tests negative, contact tracing would stop)* |

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| ***NOTE TO FACILITATOR: If there is enough time, you may consider addressing this question using a role playing scenario (IN LIEU OF ACTIVITY 2 BELOW), where a member of the teaching team acts as the case and the participants engage in active questioning. The person role playing the case should not be forthcoming with all information.***  **Question 4:** What questions would you ask the case in order to get a list of his contacts?  ***Answer 4***  *NOTE TO FACILITATOR: If using the role playing scenario, make the following salient points:*  *-Necessity of SPECIFIC names, addresses, etc*  *-Including a TIME component in EACH question (i.e.; time since the patient became ill****)***  *-Cases may be resistant to provide information.*  *a) “Who has lived with you (alive or dead) in your house with you since your symptoms started?”*  *(b) “Who has visited you (alive or dead) in your house or health facility since your symptoms started?”*  *(c) “Who have you visited (alive or dead) since your symptoms started?”*  *(d) “Where have you visited since your symptoms started?”*  *(e) “What health facilities have you visited since your symptoms started?” 🡪 “Who were the health workers that attended to you?”*   * *Hint: Additional suggested questions to ask include:*    + *(a) “Who has cleaned up after you while you’ve been sick?”*   + *(b) Have you visited a pharmacy? Friend’s house? Market?*   + *(c) Have you used a taxi? A friend’s car?*   + *(d) Have you met any new people (and shaken their hands)?*   + *(e) “Can you walk me through your day yesterday, starting from when you woke up?”*   *Emphasize that that this questioning process is often very prolonged and the person interviewing the case should be trained in asking probing questions. These questions are often very personal in nature.* |

***\*\*Initiate Activity 2: Getting a List of Contacts (Appendix B)\*\****

***(INITIATE ACTIVITY 2 ONLY IF YOU DID NOT PERFORM ROLE PLAYING IN QUESTION 4)***

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| **Question 5:**  What challenges do you foresee in…   1. …getting patients to name their contacts? 2. …trying to locate contacts? 3. …trying to enroll these contacts?   What are some suggestions for facing these challenges?  ***Answer 5***  *Stigma: (1) employ early health communication campaigns even prior to the first introduction of EVD, (2) engage and educate community leaders regarding EVD infection, transmission, and community’s role to combat it, (3) employ early psychosocial support to overcome fear associated with EVD, (4) determine ‘safe’ meeting place/time for contacts that will not identify them as an EVD contact to their peers, family, and/or community*  *-Challenges with the provided contact names: nicknames, no last name, common first name with no other identifiable information*  *-Challenges with missing information*  *-Challenges with locating contacts: no addresses, locations with no street names, regions that primarily use nicknames, countries with no national identification program (i.e. licenses, birth certificates, etc.)*  *-How to work around challenges: rely on local knowledge of community leaders, use GPS on cell phones to map out homes* |
| **Question 6:** Do you think 8 contacts are enough for someone who has been sick for 4 days?  ***Answer 6:***  *No, 8 contacts is likely not enough contacts, especially given the information that the patient developed symptoms 4 days ago. Additional probing questions would need to be asked to help retrieve information from more contacts.* |

**(Short Break)**

# Part IV

Now that the rapid response team has developed an initial list of contacts, their next mission is to visit the case’s house to inform the household members of their contact status and to physically locate all of the contacts to initiate the follow-up procedure.

The team drives for an hour until they reach Obasi’s home. His wife opens the door and greets them. The rapid response team informs her that her husband is suspected to have EVD and that he has been transported to an isolation unit where he will receive testing. The team explains to her signs and symptoms of EVD, how EVD is spread, preventative measures that can be taken, and give her the contact information for the tracer team, the field supervisor, and the local public health office to alert if she develops any symptoms. The rapid response team also explains to her the contact tracing process and schedules a place and time to meet her every day for the 21 days since the last time she interacted with her husband, Obasi. After the team asks her about additional contacts Obasi had since feeling sick, she gives the team the phone number for the village leader to help the team track down the remaining contacts.

With the help of the village leader, the rapid response team is able to track down and meet most of the contacts in the River Town village. However, two of the contacts were unable to be located.

That night, John Smith plans out which tracing teams should be assigned to which contacts and determines for how long each contact needs to be followed.

Three days have passed and the contract tracing has been running smoothly. Each tracing team was assigned to a set of the same contacts to follow up during the 21 day incubation period. They have been using the **Daily Contact Follow-Up Form** to monitor the contacts. At the end of each day, the tracers reported to their field supervisors on all the contacts that were found and any contacts that were not found. Field supervisors then recorded this information in the **Tracing Summary Form**, relayed it to the data manager, who then relayed it to the lead epidemiologist.

***\*\*Initiate Activity 3: Contact Follow-Up Mini Scenarios (Appendix C)\*\****

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# Part V

It is now day 4 of contact tracing and by the end of the day, several tracing teams have called their field supervisors with the following situations. For each mini scenario describe: *(a) What should the tracing team do, (b) What should the field supervisors do, and (c) What should other members of the team do (if applicable).*

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| **Mini Scenario 1:** The tracing team goes to visit their contacts, but one of the contacts tells the tracing team that “she doesn’t feel well today.”  ***Answer 1***  *The tracing team should IMMEDIATELY communicate with the field supervisor that the contact is not feeling well.*  *The field supervisor should then communicate this with the investigation team (or with the rapid response team if one had been set up), who will then IMMEDIATELY go to where the contact is, evaluate the contact, and determine if the contact meets the suspect case definition. If the contact meets the suspect case definition, the investigation team should alert the field supervisor who will alert the lead epidemiologist who will coordinate with the case management team to activate the transportation team and disinfection team.*  *The contact (now new suspect case) should be sent to an isolation unit for medical care and confirmation testing*  *The Investigation team during this time should also begin the contact tracing process with this new suspect case.*   * + *It is important during this time to provide emotional support to the new suspect case* |

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| **Mini Scenario 2:** By midday the field supervisors get a call from one of their contact tracing teams. The tracing team explains that usually they would meet one of their contacts behind the pharmacy, but today the contact is 1 hour late.  ***Answer 2***  *The tracing team should communicate with the field supervisor that the contact is not available.*  *The field supervisor should fill out* ***Tracing Summary Form*** *indicate that they could not locate that contact that day and give to the lead epidemiologist, who says that that contact is a priority the next day* |

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| **Mini Scenario 3:** The same field supervisors get another call from a different contact tracing team. This tracing team says that they couldn’t find their contact yesterday and today. Today is supposed to be the contact’s 21st day of follow-up.  ***Answer 3***  *The tracing team should communicate with the field supervisor that the contact is not available.*  *The field supervisor should fill out “Reporting form for the Field Teams” and indicate that they could not locate that contact that day and give to the lead epidemiologist, who says that that contact is a priority the next day.*  *The tracing team should continue trying to meet the contact until they find him/her and confirm that he/she is healthy, before he/she can be discharged from the contact tracing process. He/she must been seen for 21 days and must be seen on day 21.* |

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| **Mini Scenario 4:** A tracing team enters a new community to interview a new contact. As they drive the car into the community, they get a lot of stares from community members. Some of the community members begin to be hostile.  **Answer 4**  *The tracing team should remove themselves from this situation and leave immediately.* |

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| **Mini Scenario 5:** At the end of the day, one of the tracing teams reports back to their field supervisor saying that they were able to visit 100% of all contacts and no new cases were found. The field supervisor checks her records and realizes that the same team has reported that they were able to visit 100% of all contacts and no new cases were found for the last 5 days.  **Answer 5**  *This may sound suspicious, as they are not typical.*  *The field supervisor should implement Quality Assurance measures (if they have not been implemented already) to ensure that (a) tracers are visiting the contacts they are required to evaluate each day and (b) are providing an accurate assessment of a contact’s health status.*  *It is important to note that although it is recommended that a tracer is assigned to the same contact for all 21 days, if there is significant fear and stigma associated with the Ebola Treatment Units in the country, there is risk that the developing relationship will make the tracer less likely to report when the contact becomes symptomatic.*   * *(a) Suggestions to ensure tracers are visiting their contacts each day*    + *Employ mobile GPS tracking of contact tracers (if the technology is readily available)*   + *Have tracer take picture of the contact or key landmark associated with the contact and submit to field supervisor each day (if culturally appropriate)*   + *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.* * *(b) Suggestions to ensure tracers are providing an accurate assessment of a contact’s health status* * *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.* |

# Conclusion

Following the introduction of the suspected case of EVD from the case Obasi Dimka, contact tracing was rapidly and efficiently initiated. This is attributed to the amount of preparation taken before the introduction of the case, in the form of planning, identifying, hiring, and training a contact tracing team. Coordination and communication was maintained between members of the contact tracing team as well as with other Ebola response teams (i.e.; disinfection, transport teams).

Once the suspect case was identified, a contact tracing rapid response team was able to efficiently and tactfully interview him about his contacts and transport him to an isolation unit for early testing. The team was able to utilize the expertise of local community leaders to help identify and locate remaining contacts.

Contact follow-up was conducted by community workers to foster trust between tracers and contacts. When difficult situations arose regarding contact follow-up, such as contacts going missing, field supervisors and tracers were able to work together to address those situations.

It has been 26 days since Obasi was found at the community health center. During the contact tracing process, all primary contacts (direct contacts of Obasi) were eventually identified and found.

It is important to note that there have been recent successes regarding contact tracing in the current EVD outbreak in West Africa. Nigeria and Senegal utilized effective and efficient contact tracing to ensure that the spread of EVD through their countries was minimized.

Early in the response, Nigerian contact tracing teams were utilized to identify, list, and document all contacts. Subsequently, all contacts were followed daily and were monitored for change in temperature and the presence of EVD signs and symptoms. Senegal shared similar successes with contact tracing, and followed all contacts of a single case for 21 days, with no secondary cases identified.

EVD spread can be effectively curtailed by efficient and prompt contact tracing.

**Thank you for participating in today’s Ebola Contact Tracing Scenario**

# Appendices

## Appendix A - Activity 1: Creating a Contact Tracing Team

Activity Objective: To provide participants an opportunity to brainstorm the organizational structure of an ideal contact tracing team through a hands-on mechanism.

Supplies:

* Pens/pencils
* Sticky notes/pre-cut pieces of paper

Time:

* Activity: 10 - 15 minutes
* Follow up discussion: 15 - 20 minutes

Instructions:

* Pass out supplies to session participants
* Ask participants the Activity question:

**Question 1:** How should the epidemiologist organize a contact tracing team within the Incident Management Framework? (*Hint: What personnel should be included? What should their roles and responsibilities be? Number of personnel?)*

Also, what challenges could you face with the implementation of this Incident Management Framework in your country? What challenges do you forsee in trying to hire certain personnel? How could these issues be resolved?

* Each sticky note/piece of paper represents one personnel type within the overall team
* Ask participants to jot down on each sticky note/piece of paper:
  + Personnel title
  + Type of background/experience they would want those personnel to have
  + Roles/responsibilities for that personnel
  + Number of individuals of that personnel type
* Suggest to participants to move around the sticky notes/pieces of paper to help brainstorm the hierarchy and organizational structure of the contact tracing team.
* Allow time for participants to brainstorm (~ 10 minutes)
* Bring group back together to share
* Share CDC’s recommendation (*Answer 1, pg. 2)*
* Lead short discussion

## Appendix B - Activity 2: Getting a List of Contacts

Activity Objective: To gain practice in asking patients questions about their contacts, and to understand the challenges faced in identifying and locating contacts.

Supplies:

* Pens/pencils
* **Ebola Contact Listing form for Activity 2 – for Patients** (pg. 14)
* **Ebola Contact Listing form for Activity 2 – for Investigation Team** (pg. 15)

Time:

* Activity: 20 - 25 minutes
* Follow up discussion: 20 – 30 minutes

Instructions:

* Ask participants to count off (1, 2, 3) to form groups of 3 people. Ask participants to choose 1 volunteer from each group to act as the case, while the other two will act as the contact tracing investigation team and interview the case about his/her contacts.
* Once volunteers are chosen to act as the case, pass out the **Ebola Contact Listing form for Activity 2 – for Patients** to each of the cases and ask them not to let the other people in their group see the paper.
* Pass out the **Ebola Contact Listing form for Activity 2 – for Investigation Team** to the other 2 participants in each group (the ‘investigation team’).
* Explain that the purpose of the activity is for the contact tracing team to get a list of contacts from the case by asking the case questions regarding where they have been and with whom have they interacted with since showing symptoms.
  + *Remind the participants that for this activity we are interviewing the patient, Obasi Dimka, who said he developed a fever 4 days ago (on the 6th of October, 2014) and starting vomiting, diarrhea, and abdominal pain 2 days ago (on the 8th of October, 2014).*
  + *Emphasize that for the purposes of the activity, the list of contacts has been shortened.*

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* Introduce probing techniques to the investigation team
* Allow time for small groups to do activity
* After activity, lead a small discussion on challenges observed during the activity
* Review Take-home points and return to the **Ebola Contact Tracing Scenario** (pg. 9)

## Appendix C - Activity 3: Contact Follow-Up Mini Scenarios

Activity Objective: To engage participants to think critically about how to address challenging, realistic issues that arise in contact follow-up

Supplies:

* Pens/pencils
* **Contact Follow-Up Mini Scenarios** paper

Time:

* Activity: 20 – 25 minutes
* Follow up discussion: 15 – 20 minutes

Instructions:

* Ask participants to divide into groups of 3 or 4 and pass out supplies to session participants
* Explain that the purpose of the activity is to think through 3 not uncommon mini scenarios that could arise during the contact follow-up process.
* Read the introduction and each of the mini scenarios out loud.
* Allow time for activity
* After activity, bring the group back together to share their ideas
* Lead a small discussion
* Review Take-home points and return to the **Ebola Contact Tracing Scenario** (pg.10)

## Ebola Contact Listing Form for Activity 2 – for Case

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case Information (Date: 10 Oct. 2014) | | | | | | | | |
| **Outbreak Case ID** | **Surname** | **Other Names** | **Head of Household** | **Address** | **Town/Village** | **District** | **Date of Symptom Onset** | **Location of Case Identified** |
| 001 | Dimka | Obasi | Obasi | Yellow house by the river | River Town | Bulundi | 06 Oct. 2014 | Border Crossing |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Information | | | | | | | | | |
| **First Name, Surname** | **Type of Contact** | **Sex**  **(M/F)** | **Age**  **(yr)** | **Relation to Case** | **Date of Last Contact with Case (DD/MM/YY)** | **Address** | **Town/Village** | **Town/ Village Leader** | **Contact Phone Number** |
| **\*\*Adebayo, Dimka** | Lives in house | M | 37 | brother | 08 Oct. 2014 | Yellow house by the river | River Town | John “the leader” | ?? |
| Esther, Awolowo | Lives in house, shared meals | F | 22 | cousin | 08 Oct. 2014?? | Yellow house by the river | River Town | John “the leader” | ?? |
| **\*\*Malkia, Dimka** | Lives in house, sexual contact, shared meals | F | 34 | wife | 09 Oct. 2014 | Yellow house by the river | River Town | John “the leader” | 121-3445 |
| Friday, Uba | Came over to house to take patient’s temperature | F | 3? | friend, nurse | 09 Oct. 2014 | 3rd house on the right, Joji road | River Town? | John “the leader”? | ?? |
| Friday, ?? | Came over to house to share a cup of tea | F | ?? | neighbor | 08 or 09 Oct. 2014? | 1 st. North and 1 st. East from where the market used to be | River Town | John “the leader” | ?? |
| **\*\*Frances, “of the market”** | Touched hands | F | ?? | Traditional healer | 09 Oct. 2014 | ?? | ?? | ?? | ?? |
| **\*\*Monday, “the nice one”** | Came over to house for dinner, cleaned patient’s vomit and clothes | M | ?? | friend | 08 Oct. 2014 | Somewhere on Main Road? | River Town? Zafia? | ?? | ?? |
| Matthew, ?? | Talked to at church | M | ?? | friend | 06 Oct. 2014 | ?? | ?? | ?? | ?? |
|  |  |  |  |  |  |  |  |  |  |
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**INSTRUCTIONS – for Case**

The purpose of the activity is for the contact tracing team to get a list of contacts from the case by asking the case questions regarding where they have been and with whom have they interacted with since showing symptoms.

**Your objective: To give the investigation team information on your form as they ask for it (and not before)!**

You are the case, Obasi Dimka.

You developed fever 4 days ago *(on the 6th of October, 2014) and starting vomiting, diarrhea, and abdominal pain 2 days ago (on the 8th of October, 2014)*

* **PLEASE READ:** Several of the contacts names on the **Ebola Contact Listing form for Activity 2 – Investigation Team** have been starred and bolded, meaning that they are **“resistance contacts.”** For instance, if the contact tracing team asks, “Have you interacted with a nurse?” and one of the “resistance contacts” on the sheet is a nurse, the patient should NOT SHARE information about that nurse contact right away, motivating the tracing team to ask follow-up questions.

## Ebola Contact Listing Form for Activity 2 – for Investigation Team

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Case Information (Date: 10 Oct. 2014) | | | | | | | | |
| **Outbreak Case ID** | **Surname** | **Other Names** | **Head of Household** | **Address** | **Town/Village** | **District** | **Date of Symptom Onset** | **Location of Case Identified** |
| 001 | Dimka | Obasi | Obasi | Yellow house by the river | River Town | Bulundi | 06 Oct. 2014 | Border Crossing |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contact Information | | | | | | | | | |
| **First Name, Surname** | **Type of Contact** | **Sex**  **(M/F)** | **Age**  **(yrs)** | **Relation to Case** | **Date of Last Contact with Case (DD/MM/YY)** | **Address** | **Town/ Village** | **Town/ Village Leader** | **Contact Phone Number** |
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**INSTRUCTIONS – for Investigation Team**

The purpose of the activity is for the investigation team to get a list of contacts from the case by asking the case questions regarding where they have been and with whom have they interacted with since showing symptoms.

**Your objective: To ask the case (Obasi) questions in order to fill out your contact listing form**

You are the investigation team.