**Facilitator guide**

**Duration**

60’ (Intro 5’; task 1 = 25’ + 10’ debriefing’; task 2 = 10’ group work + 10’ debriefing)

**Learning objectives**

* List the composition of a contact tracing team in the context of a potential outbreak
* Describe the specific role of each contact tracing team member
* Identify the key challenges to effective contact tracing in the context of a potential outbreak

**Group’s composition**

Participants will work in groups of 6/7. Each group should be composed mixing participants from different countries.

**Tasks to be performed**

Task 1: (15’ + 10’ debriefing)

* Each group will be given pieces of papers with the responsibilities of the contact tracing team members (Annex 1).
* Groups will list the professionals who compose a contact tracing team (Lead Epidemiologist, Field Epidemiologist, Supervisor, Data manager, Investigation Teams, Contact Follow-up Team, Transport Team, Burial Team)
* Participants must assign the various responsibilities to the corresponding contact tracing member by pasting tasks against contact tracing members in a 2-colum table in a flipchart as below:

|  |  |
| --- | --- |
| **Contact tracing members** | **Responsibilities**  To be pasted below by participants |
| Contact tracing member 1 |  |
| Contact tracing member 2 |  |
| Contact tracing member 3 |  |

Task 2: (10’ + 10’ debriefing)

In groups, participants will discuss and:

* List the top-3 challenges that may be faced by a contact tracing team
* Think of potential diseases outbreaks that may occur in your country for which contact tracing teams may be useful.  Are there any challenges that are specific to particular diseases?

In plenary: brainstorming to identify ways to overcome these challenges

**Facilitator guidance for debriefing**

Task 1:

***Team composition should be adjusted to context. However, all the functions should be maintained to ensure effective contract tracing.***

*Lead Epidemiologist*

* Coordination and decision making
  + Coordinator for contact tracing
  + Which contacts need to be continued to be followed
  + Prioritize on urgent activities based on risk (loss, logistics, etc.)
  + Termination of follow-up
* Communication with other units (management, lab. Logistics, etc.) when a contact becomes a suspect case
* Support data management

*Field Epidemiologist*

* Coordination field level contact tracing
  + Prioritize on urgent activities based on risk (loss to follow-up, logistics, etc.)
  + Decides on termination of follow-up
  + Communication with other units (management, lab. Logistics, etc.) when a contact becomes a suspect case
* Overseeing operations, monitoring completeness of investigations and training, and mobilizing resources.

*Supervisor*

* Assigning Contact Follow-up Teams to contacts
* Handling challenges and questions that arise in the field
* Alerting the Field Epidemiologist if there is a symptomatic contact
* Identifying and tracking contacts that miss follow-up
* Assessing quality assurance measures
* Collecting data on current tracing efforts - report to Data Manager /Field Epidemiologist

*Data Manager*

* Ensure all data entry, send report to field and Lead Epidemiologist & other
* Providing accurate, up-to-date lists of all contacts to be followed to the Supervisors (daily and every time the list is modified).
* Analysing contact tracing data to identify problems (success, unrealistic low number of contacts
* Supervising activities of any additional staff for data entry
* Performing data quality checks

*Investigation Teams*

* Interview any alert case or proxies if case dies, about potential contacts
* Activated if a tracer is concerned about the health status of a contact
  + Assess the contact to determine whether they should be considered an EVD case
  + If the contact is symptomatic and therefore a suspect case, they alert the field supervisor
* Activated if a new case is identified through other means (i.e. HC facility)
* Residence visit to identify all contacts
* Alert contacts of their status, the contact tracing procedure, and offer support
* List all contacts on the Contact Listing Form

*Contact follow-up team:*

* Initial community and family engagement
* Visiting contacts every day for 21 days. During this time, they are responsible for:
  + Interviewing/asking about the health status of the contact
  + Providing daily reporting of follow-up activities
  + Verifying the contact list
  + Notifying the Supervisor when a contact is ill.
* Alert Supervisors of any problems (community resistance, potential cases including non-contacts)
* Identify additional contacts for each case

*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.*

Task 2:

Challenges and barriers that may be encountered while conducting contact tracing:

**Insufficient resources**

* Heavy workload (case investigation form = 3 pages)
* Wide geographical range
* Difficulties with diagnosis:
  + Non-specific symptoms
  + Laboratory capacity

**Urban areas affected and high mobility** **of populations**

* Multiplication of contacts

**Logistics**

* Vehicles & fuel
* Locating cases/ maps/ geography

**Different beliefs and practices based on**

* Religion
* Culture
* Politics
* Others (societal and individual differences)

**Emotions**

* Fear, reluctance, anger, sadness, hopelessness, etc.

**Safety & Security**

* Building trust with communities takes time but is essential (e.g. several episodes of violence against surveillance teams)

***Task 2: Discussion***

*List the top-3 challenges that may be faced by a contact tracing team.*

*Think of potential diseases outbreaks that may occur in your country for which contact tracing teams may be useful. Are there any challenges that are specific to particular diseases?*

**Annex 1: Responsibilities of contact tracing team members (1 piece of paper = 1 task). Cut along dotted lines.**

|  |
| --- |
| Coordination and decision making |
| Communication with other units when a contact becomes a suspect case |
| Support data management |
| Coordination field level contact tracing |
| Overseeing operations, monitoring completeness of investigations and training, and mobilizing resources |
| Assigning Contact Follow-up Teams to contacts |
| Handling challenges and questions that arise in the field |
| Alerting the Field Epidemiologist if there is a symptomatic contact |
| Identifying and tracking contacts that miss follow-up |
| Assessing quality assurance measures |
| Collecting data on current tracing efforts - report to Data Manager /Field Epidemiologist |
| Ensure all data entry, send report to field and Lead Epidemiologist & other |
| Providing accurate, up-to-date lists of all contacts to be followed to the Supervisors (daily and every time the list is modified) |
| Analysing contact tracing data to identify problems (success, unrealistic low number of contacts |
| Supervising activities of any additional staff for data entry |
| Performing data quality checks |
| Interview any alert case or proxies if case dies, about potential contacts |
| Activated if a tracer is concerned about the health status of a contact |
| Activated if a new case is identified through other means (i.e. HC facility) |
| Residence visit to identify all contacts |
| Alert contacts of their status, the contact tracing procedure, and offer support |
| List all contacts on the Contact Listing Form |
| Initial community and family engagement |
| Visiting contacts every day for 21 days. |
| Alert Supervisors of any problems (community resistance, potential cases including non-contacts) |
| Identify additional contacts for each case |

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