



KENYATTA NATIONAL HOSPITAL

SOP/KNH/IPC-EBOLA/004

VERSION: 00

DEPARTMENT: INFECTION PREVENTION & CONTROL

CONTACT MANAGEMENT



1. Scope

To effectively manage persons who have been in contact with suspected or confirmed Ebola cases.

2. Purpose

To effectively manage contacts who have low or high risk of exposure from the index case, save lives and reduce the risk of Ebola transmission in the community.

3. Terms & Definitions

- 3.1 Contact- a contact is defined as a person who has been exposed to an infected person or to infected person's secretions, excretions or tissues within three weeks of the patient's onset of illness.
- 3.2 Internal contacts- these are defined as health care personnel who may have been in contact with an EVD patient. They include doctors, nurses, laboratory personnel, mortuary attendants, cleaners etc.
- 3.3 External contacts- these are defined as persons in the community who may have come into contact with the EVD patient. They include household members/relatives, taxi drivers/ambulance drivers, passengers in a bus or airplane etc.
- 3.4 High risk exposure - A high risk exposure includes any of the following:
- Percutaneous e.g. needle stick or mucous membranes exposure to body fluids of EVD patient.
 - Direct care or exposure to body fluids of an EVD patient without appropriate PPE.
 - Laboratory worker processing body fluids of confirmed EVD patients without appropriate PPE or standard biosafety precautions.
 - Participation in funeral rites which includes direct exposure to human remains in the geographic area where outbreak is occurring without appropriate PPE.
 - Sexual contact
 - Breast feeding
- 3.5 Low risk exposure - A low risk exposure includes any of the following:
- Household member or other casual contacts with an EVD patient.
 - Providing patient care or casual contact without high risk exposure with EVD patient in health care facilities in EVD outbreak affected countries.
- 3.6 No known exposure - This includes persons with no known exposure who were present in an EVD outbreak affected country in the past 21 days with no low risk or high risk exposures. Outbreak affected countries include Guinea, Liberia, Sierra Leone, and Lagos, Nigeria, as of 4 August 2014.
- 3.7 Ebola response team - the frontline trained personnel who include doctors, nurses, lab technologists, public health officers, farewell home officers and support staff specifically assigned to respond to notices of suspected Ebola cases and manage these patients thereafter

4. Responsibilities

- 4.1 The Deputy Director Clinical Services has the overall responsibility for ensuring that the requirements for the process of contact management are available to ensure appropriate execution of the process.



- 4.2 The Infection Prevention coordinator has the responsibility of identification, development, supervision of implementation, review and maintenance of these standard operating procedures.
- 4.3 The Chairman of the Ebola Disaster Operations Committee (DOC) will ensure overall co-ordination of patient and contact management including the notification of contacts to the Ministry of Health Public Health Officer.
- 4.4 The Kenyatta National Hospital Public Health Officer will be responsible for ensuring contacts of the Ebola case are documented clearly in the Epidemiological and Contact Recording Form, that follow up of high risk contacts within KNH are documented clearly in the contact follow up form and that high risk contacts are suitably accommodated within the premises.
- 4.2 The Kenyatta National Hospital Security Officer will ensure high risk contacts are securely quarantined.

5. Method

- 5.1 The contacts of the Ebola suspect are identified and noted in the Contact recording form and Epidemiological form (Refer to SOP/KNH/IPC-EBOLA/003).
- 5.2 The level of risk of contacts of the Ebola suspect is determined.
- 5.3 Contacts of Ebola suspects who are confirmed not to have disease are allowed to go home.
- 5.4 Contact of Ebola suspects who are confirmed to have disease are managed as below:
- 5.5 **Management of contacts with high risk exposure where the Ebola patient is confirmed to have EVD**
 - 5.5.1 The contact is moved to a quarantine area to be quarantined for 21 days.
 - 5.5.2 The public health officer shall fill the contact details in the contact recording form (Appendix 1).
 - 5.5.3 The security officer shall ensure contacts do not abscond from the quarantine facility.
 - 5.5.4 The cleaner/ support staff shall ensure the contacts are in a clean, dry and well ventilated environment.
 - 5.5.5 The counselor shall provide psychological support to the contacts during this period.
 - 5.5.6 The public health officer shall ensure the isolation room/tent is disinfected, cleaned and well ventilated and that meals and basic necessities are provided.
 - 5.5.7 The nurse shall fill in the contact monitoring form (Appendix 2) for twice daily recordings of body temperature and the presence of any symptoms. Contacts who develop any symptoms i.e. temperature of >38.6 degrees Celsius or any symptoms of illness shall be managed as a suspect case and transferred to the Ebola Isolation Ward pending confirmation of laboratory results.
 - 5.5.6 High risk contacts without fever or any other symptoms of illness shall be discharged after 21 days.



5.6 Management of contacts with low risk exposure where the Ebola patient is confirmed to have EVD

- 5.6.1 The public health officer shall fill the contact's details in the contact recording form (Appendix 1).
- 5.6.2 The contact can be released home for quarantine at home and self assessment. Self assessment includes measuring temperature twice daily to check for fever, and monitoring for other symptoms including vomiting or nausea, diarrhea, weakness or any sign of haemorrhage. Should these symptoms occur the contact should immediately return to the health care facility for further assessment.

5.7 Management of contacts with no known exposure

- 5.7.1 If the contact had no known exposure, the public health officer shall fill the contact's details in the contact tracing form (**Appendix 7.1 Contact Recording Form**).
- 5.7.2 The contact can be released home for self assessment. Self assessment includes measuring temperature twice daily to check for fever, and monitoring for other symptoms including vomiting or nausea, diarrhea, weakness or any sign of haemorrhage. Should these symptoms occur the contact should immediately return to the health care facility for further assessment.

5.8.2 The Kenyatta National Hospital Public Health Officer will forward the complete contact recording form for each confirmed Ebola patient and forward it to the Ministry of Health Public Health Officer through the Chairman of the Ebola committee.

5.8.3 The Chairperson of Ebola DOC committee and Kenyatta National Hospital Public Health Officer shall liaise with relevant public health authorities and other stake holders to trace and effectively manage other contacts.

6.0 References

- 6.1 Management and control of viral haemorrhagic fevers and other highly contagious viral pathogens 2nd version, may 2001.
- 6.2 World health organization (1997) WHO recommended guidelines for epidemic preparedness and response: Ebola haemorrhagic fevers (EHF).
- 6.3 Center for disease control and prevention- case definition for Ebola virus disease, 2014.

7. Appendix

- 7.1 Contact recording form
- 7.2 Contact monitoring form



CONTACT RECORDING FORM

Patient name:						Age:		Sex:	
Address/location (provide description):						Mobile no.:		Name of employer:	
Rural address/location (provide description):						Alternative mobile no.			
First name of contact	Surname/family name of contact	Relationship to case	Age (yrs)	Sex (M/F)	Name of head of household	Address/location	Mobile number	Contact type* (1,2,3)	Date of last contact

*Type of contact:

1= Slept in same house in last 21 days

2= Direct physical contact

3= Touched body fluids

4= Sexual relations

5= Handled clothes/personal objects

6= Breast feeding



CONTACT MONITORING FORM

Team: _____

Name of patient: _____

Sex: M F

Age: _____

Name of contact: _____

Current address/Location: _____

Mobile no.: _____

Alt mobile no.: _____

Rural address/location: _____

Type of contact: 1= Slept in same house in last 21 days 2= Direct physical contact 3= Touched body fluids
 4= Sexual relations 5= Handled clothes/personal objects 6= Breast feeding

Date of last contact with patient: _ / _ / _ _ _ _

	Day of follow up																				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Fever																					
Vomiting or nausea																					
Diarrhoea																					
Weakness																					
Any haemorrhagic sign																					
Comments																					