



KENYATTA NATIONAL HOSPITAL

SOP/KNH/IPC-EBOLA/003

VERSION: 00

DEPARTMENT: INFECTION PREVENTION & CONTROL

CONTACT TRACING

**1. Scope**

To describe the process of tracing persons in contact with an Ebola suspect, confirmed case or dead body.

2. Purpose

To trace back and identify 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, Nigeria and DRC Congo as of 28 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 and manage suspected or confirmed Ebola cases.



4. Responsibilities

- 4.1 The Deputy Director Clinical Services has the overall responsibility for ensuring that the requirements for the process of contact tracing 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 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 in the Epidemiological and Contact Recording Form.

5. Method

5.1 External contacts

- 5.1.1 The KNH public health officer of the Ebola response team shall assess the level of risk exposure of the contacts who have escorted/accompanied the suspected/confirmed Ebola case or dead body
- 5.1.2 If the contact is found to have high-risk exposure, the contact shall be isolated awaiting confirmatory results of the suspect. The contacts details will be included in the contact recording form (**See appendix 7.1 Contact Recording Form**). The results of the suspect case should be available in 12 – 24 hours.
 - 5.1.2.1 If the suspect's results are negative, the contact is allowed home.
 - 5.1.2.2 If the suspect's results are positive the contact is isolated and managed as per the SOP for contact management
- 5.1.3 If the contact had low risk of exposure, the public health officer shall fill the contacts details in the contact recording form (**See appendix 7.1 Contact Recording Form**). 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.
- 5.1.4 If the patient is confirmed to have Ebola, the KNH Public Health Officer will forward:
 - the names of the contacts in the contact tracing form and
 - the list of contacts in the epidemiological formto the Ministry of Health Public Health Officer for further community follow up. This will be executed through the Chairman of the Ebola Disaster Operations Committee.

NB: The epidemiological form is filled by a member of the Ebola Response team admitting the suspect case and includes details of contacts of the patient. The details in the epidemiological form can be transferred to the contact recording form.



5.2 Internal contacts

- 5.2.1 For suspects identified within the hospital set-up, the health care worker/s that have handled them from the point of entry shall be traced
- 5.2.2 The health worker contact shall be evaluated to determine whether they are high or low risk contacts depending on the service they provided to the suspect
- 5.2.3 Their management shall be like 5.1.2, 5.1.3 and 5.1.4 above
- 5.2.4 Specimen/s taken from the suspect case shall be tracked to the laboratory and staff and equipment involved evaluated.

6. 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. APPENDICES

- 7.1 Contact Recording 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