

# Contact Tracing – Ebola Virus Disease

EVD Training Day, 12<sup>th</sup> November 2014  
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The background of the slide is a dark blue-grey color. It features a faint, light-grey graphic on the left side that includes a compass rose with a needle pointing towards the top-left, and a line graph with several peaks and valleys. The text is in a light yellow-green color.

EVD – relevant information

Definitions

Risk assessment of contacts

Monitoring of contacts

Trigger for investigation of  
contacts

## GOP: Ebola shows need for tougher U.S. border security

Dave Montgomery, Ft. Worth Star-Telegram (TNS) 9:35 a.m. EDT October 27, 2014

*Ebola is becoming a hot political topic as Republicans hammer the Obama administration for its handling of the crisis and Democrats accuse Republicans of unfounded scare tactics*



(Photo: Bryan Thomas/Getty Images)



AUSTIN, Texas – Conservative Republicans are tying the Ebola scare to the nation's debate over border security, warning that the threat of Ebola and other infectious diseases increases the need for tougher enforcement and health safeguards along the porous southern border.

After a month of global attention, Ebola is becoming an increasingly hot political topic as Republicans hammer the Obama administration for its handling of the crisis and Democrats accuse GOP politicians of unfounded scare tactics by portraying Ebola as

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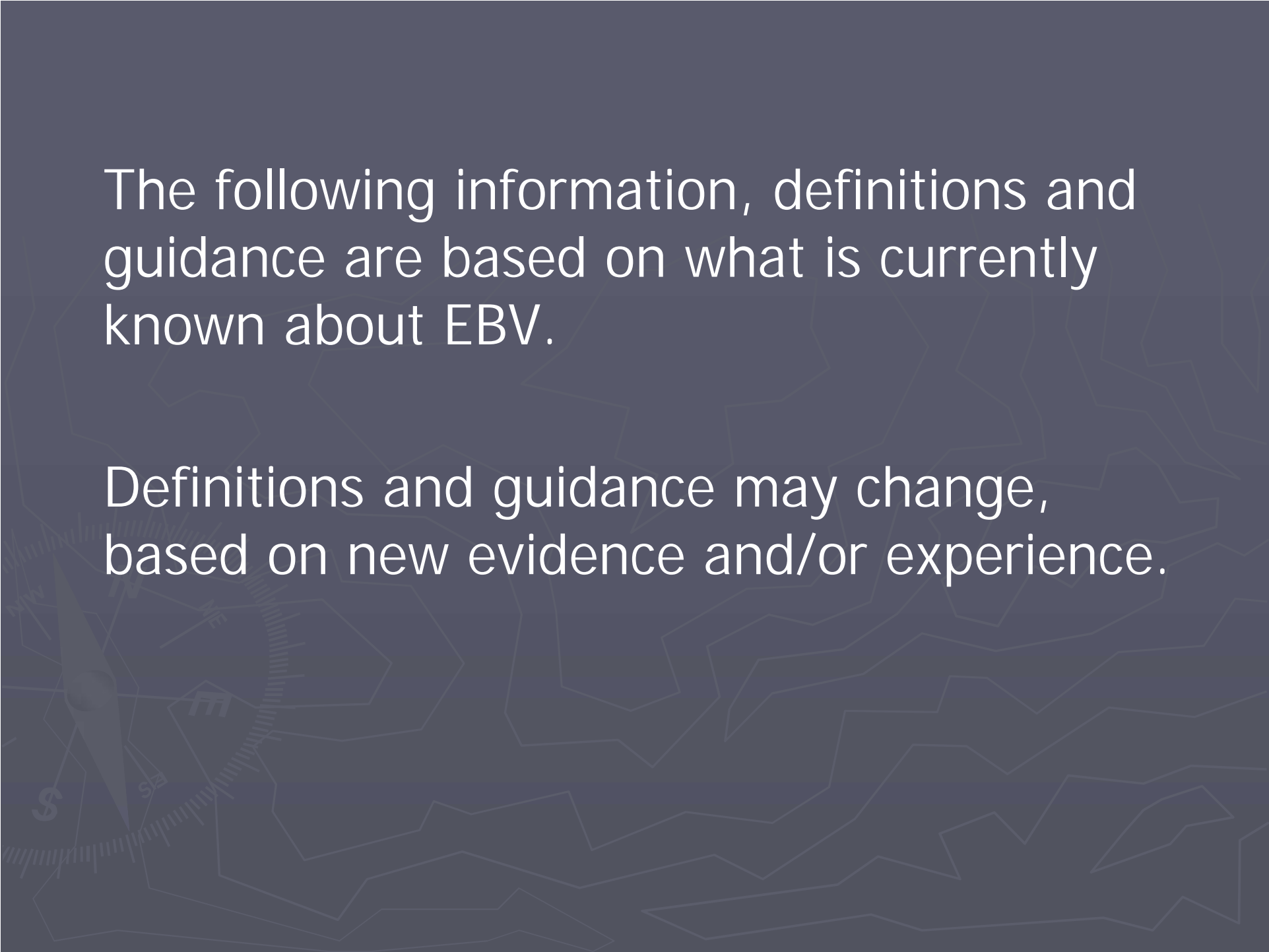
# Ebola



A Venn diagram consisting of two overlapping purple ovals. The top oval is larger and contains the word 'Fear'. The bottom oval is smaller and contains the word 'Science'. The two ovals overlap in the center, creating a lens-shaped intersection.

Fear

Science

The background of the slide is a dark blue-grey color. It features a faint, light-grey graphic on the left side that includes a compass rose and several concentric, irregular lines resembling a topographic map. The text is centered on the right side of the slide.

The following information, definitions and guidance are based on what is currently known about EBV.

Definitions and guidance may change, based on new evidence and/or experience.

# Relevant EVD information

Long incubation period – 2-21 days

Only symptomatic persons can transmit EVD

Transmission based on direct contact of exposed mucous membranes or non-intact skin with blood or body fluids of person with EVD

No evidence of airborne transmission but precautions needed with droplet-generating symptoms or procedures.

Person with EVD more infectious at later stage of illness

# Purpose of Contact Tracing

Monitor those who have been in contact with EVD to

- ensure early detection if they have become infected so that they can receive early treatment
- Prevent onward transmission

Immediately after a case is confirmed in Ireland, contact tracing will be initiated.

# Definition of contact

A contact of an EVD case is an asymptomatic person who has been exposed in the previous 21 days to a symptomatic infected person or to a symptomatic infected person's secretions, excretions or tissues, which could include laboratory specimens, soiled environment or contact with infected human remains.



# Definition of High Risk Exposure

Close face-to-face contact (e.g. within 1 metre) without appropriate PPE (including eye protection) with a probable or confirmed case who is coughing, vomiting, bleeding or who had diarrhoea

Direct contact with body fluids or any materials soiled by body fluids from a probable or confirmed case

Percutaneous injury (e.g. with needle) or mucosal exposure, including mouth-to-mouth kissing, to body fluids, tissues or laboratory specimens of a symptomatic probable or confirmed case

Participation in autopsy, resuscitation or funeral rites with direct contact with human remains, including body fluids, in or from affected area without appropriate PPE

Has had unprotected sexual contact with a case within 3 months after the case has recovered from EVD

Direct contact with bush meat, or bats or primates, living or dead in or from affected areas

# Examples of Low Risk Exposure

Close face-to-face or physical contact (including skin-to-skin contact, such as hugging or shaking hands) with a symptomatic case who has no coughing, vomiting, bleeding or diarrhoea

Household contact of symptomatic case

Other settings, such as classroom or office room contact, subject to risk assessment

Casual or physical contact with a feverish but ambulant and self-caring EVD case (e.g. sharing a seating area, including airplane transport, reception tasks, etc)

# Healthcare workers with Occupational exposure

Occupational exposure of a healthcare worker, including laboratory workers, involved in caring for a confirmed EVD patient, or those dealing with contaminated (or possibly contaminated) inanimate objects, whilst using appropriate PPE, is considered to be a low risk exposure.

However, given the continuous nature of the occupational exposure involved in caring for EVD patients, healthcare workers should be actively monitored in the same way as those contacts with high risk exposures.

# Casual exposure

If a person is in contact with an EVD case before he/she became symptomatic, that person is not considered to have had an exposure where monitoring is required.

If a person is not in close contact with a symptomatic case, e.g. passing at a distance, that person is not considered to have had an exposure where monitoring is required.

However, such persons may have concerns and their concerns are relevant.

Information and advice will be provided.

# Identification of Contacts

Returning humanitarian aid workers

Contacts of case in acute hospital setting

- Planned – in designated area (HCWs only)
- Unplanned – in ED, etc (HCWs; other patients; their family and friends)

Contacts of case in community –  
household, work, etc

# Risk Assessment of Contacts

Each person in potential contact with a symptomatic EVD case, or their blood or body fluids, will have a detailed risk assessment carried out to decide to which category of exposure they should be assigned:

- High risk
- Low risk
- Occupational healthcare exposure

Others are considered not to have a relevant exposure

# Monitoring of Contacts

Each contact will be given a pack – letter, information and thermometer, if necessary

In general, the following departments will carry out the daily monitoring of contacts:

- Hospital in-patient contacts – IPC/ Microbiology
- Occupational healthcare contacts – Occ Health
- Community contacts, including contacts who were in-patients and subsequently discharged – Public Health

Public Health will oversee this monitoring and collect relevant data.

Contact tracing will be carried out under the auspices of the Outbreak Control Team, when there is a case in Ireland.

# Monitoring contacts - High Risk exposure

Active daily monitoring for EVD symptoms and/or fever for 21 days from last exposure. This means twice daily temperature checks and report to relevant department once daily, or immediately if becomes symptomatic

Must remain reachable for active monitoring – ie must discuss with Public Health/ Occ Health if travelling within RoI and advise of location to enable continuation of active daily monitoring and to provide support to access healthcare if he/she becomes symptomatic or as required

No travel outside Republic of Ireland (RoI)



# Monitoring contacts - Occupational Healthcare (High risk) exposure

Active daily monitoring for EVD symptoms and/or fever for 21 days from last exposure. This means twice daily temperature checks and report to relevant department once daily, or immediately if becomes symptomatic

Must remain reachable for active monitoring – ie must discuss with Public Health/ Occ Health if travelling within RoI and advise of location to enable continuation of active daily monitoring and to provide support to access healthcare if he/she becomes symptomatic or as required

No travel outside Republic of Ireland (RoI)

# Monitoring – Low Risk exposure

Self monitoring for EVD symptoms and/or fever (twice daily temperature check) for 21 days from last exposure.

Report immediately to relevant department if becomes symptomatic

Remain reachable during monitoring period

Generally no travel restrictions but this should be assessed on a case by case basis

# Monitoring contacts - Occupational Healthcare (Low risk) exposure

Active daily monitoring for EVD symptoms and/or fever for 21 days from last exposure. This means twice daily temperature checks and report to relevant department once daily, or immediately if becomes symptomatic

Must remain reachable for active monitoring – ie must discuss with Public Health/ Occ Health if travelling within RoI and advise of location to enable continuation of active daily monitoring and to provide support to access healthcare if he/she becomes symptomatic or as required

No travel restrictions generally, assess case-by-case basis

# Work / Social activities restrictions

Restrictions may change

Non-HCW with high risk exposure

- No restrictions generally; assess case-by-case

HCW with high risk exposure

- Generally no restriction in social activity; can attend office based work; no clinical care or work in patient care areas.

Non-HCW and HCW with low risk exposure

- No restrictions generally

# Other relevant information

No contact to give blood donation for at least 2 months from last exposure

Avoid use of anti-pyretics while being monitored

# Trigger for Assessment

For contacts of any risk category:

- Fever of 37.5<sup>0</sup> C or greater
  - Symptoms of EBV, including
    - Severe headache
    - Fatigue or weakness
    - Muscle pain
    - Diarrhoea
    - Vomiting
    - Abdominal pain
    - Unexplained haemorrhage
- OR

# What to do then?

Immediately self-isolate

Contact relevant monitoring department

Arrangements will be made for contact to be assessed in acute hospital

This contact is then considered to be a 'person under investigation'.

Should that person be subsequently found not to have EVD, that person will continue to be monitored, until 21 days after last exposure.



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## Ebola nurse 'made to feel like criminal' on return to US

- Kaci Hickox tests negative but stays in New Jersey isolation
- ACLU raises concerns over 'abuse of police powers'
- WHO: Ebola cases pass 10,000 mark
- NY and NJ introduce tough new quarantine measures

Lauren Gambino in New York

theguardian.com, Saturday 25 October 2014 21.41 BST

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Any questions?

Thank you

