



**Interim Guidelines**  
**Tracing & Management of Contacts for**  
**Ebola Virus Disease (EBVD)**



**National Centre for Disease Control**  
**22- Sham Nath Marg ,Delhi -54**

## **Interim Guidelines for Tracing and Management of Contacts for Ebola Virus Disease**

Any person who has had close contact with a patient under investigation/treatment for suspected, probable or confirmed case of Ebola Virus Disease infection (refer WHO case definition) should be carefully monitored for the appearance of symptoms of Ebola Virus Disease.

### **Close contact is defined as:**

- Anyone who provided care for the patient, including a health care worker or family member, or who had other similarly close physical contact;
- Anyone who stayed at the same place (e.g. lived with, visited) as a probable or confirmed case while the case was ill.

If symptoms of Ebola Virus Disease within the first 21 days following the contact, the individual should be considered a probable case and reported through IDSP to NCDC. To collect the data on patients under investigation one page tool “EBVD investigation form” to be used (Annex)

### **Contact Tracing Implementation Guidelines:**

1. As soon as the single event is detected, contact tracing must be aggressively implemented (preferably to be completed within 48 hours).
2. The contact tracing shall preferably be done by visiting the local residence of the contact(s) by a Health Personnel. Other methods of communication like telephone may be used in certain circumstances or for follow-up.
3. On meeting the ‘contact person’ the visiting Health Personnel should introduce him (her)-self, explain the purpose of contact tracing and should collect data in the prescribed format (Annex).

4. Tracing efforts should focus on persons (including household contacts) who had close unprotected contact with the case patient one day before and up to 21 days after the onset of symptoms in the patient.
5. Contact tracing must include identification of extended social networks and travel history of cases during the preceding 21 days of onset of illness.
6. Contacts of cases should be traced and monitored for at least 21 days after the last exposure to the case patient for evidence of acute respiratory febrile illness.
7. Information about close contacts can be obtained from: a. Patient, family members, persons at workplace or school associates, or b. others with knowledge about the patient's recent activities and travels.
8. Line-listing (Performa enclosed at Annex-II) of all exposed contacts shall be maintained with the following information: a. demographic information, b. date of last exposure or date of contact with the case patient, c. date of onset if fever or respiratory symptoms develop, if any.

**Advisory for Symptomatic Persons:**

- I. Refer persons with fever, myalgia, headache, sore throat, internal/external bleeding with history of contact with patient or travel to affected area in within last 21 days.
  - a. Isolation for strict infection control
  - b. Collection and transportation of sample to NIV Pune for laboratory testing
  - c. Appropriate medical care for management of patient.
- II. Depending on the severity of illness, acceptability, and availability of hospital beds, ill contacts may be isolated at a health-care facility or at home while awaiting test-results. However, once confirmed by laboratory, such cases must be managed in a designated health facility.

### **Advisory for Asymptomatic Contacts:**

- I. Remain at home (home quarantine) for at least 21 days after the last exposure with a case.
- II. Initiate self-health monitoring for the development of fever (regular temperature charting, twice a day) sore throat, myalgia, headache, rash, bleeding for 21 days after the last exposure to the case patient.
- III. If above described symptoms develop person must inform the identified Local Health Official/District CMO/DSO by telephone and further management must be done at a designated health facility.
- IV. Active monitoring (e.g. daily visits or telephone calls) for 21 days after the last exposure shall be done by the identified Local Health Officials.

### **Responsibilities of Agencies:**

1. International Health division of the Directorate General of Health Services/ MoHFW Government of India shall collect information with the help of APHO of concerned airport about the list of passengers and their relevant details (Complete address and contact numbers) and transmit the same to the respective State Government(s) immediately.
2. State Government with support from SSO, State RRT, DSOs and local administration shall be responsible for: a. contact tracing activities; b. follow-up activities; and c. Management of cases d. regular reporting to Director (NCDC) and Director (EMR).
3. NCDC will provide the technical assistance to the state/district health authorities.
4. Directors (EMR), Directorate General of Health Services will co-ordinate the entire exercise.

**Format for reporting line-list of contacts of EBVD case**

Reported by: ..... District .....	State .....	Date (dd/mm/yy):.....
--------------------------------------	-------------	-----------------------

Sl. No.	Name	Age (years)	Sex (M/F)	Phone numbers for contact				Relation with Case	Date of onset of symptoms (dd/mm)							
				Complete Address	Home (with STD code)	Mobile No.			Date of exposure	Fever	Headache	Intense weakness	Sore throat	Myalgia	Internal / External bleeding	
1.																
2.																
3.																
4.																
5.																
6.																
7.																

Name and Signature of Identified Local Health Officer (with designation): .....