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ROLE OF COMMUNITY IN EVD CONTACT TRACING (CCT)

Community contact tracing (CCT) is the proactive, systematic screening and identification, monitoring, and supporting individuals who are likely to have been exposed to EVD through contacts with cases within communities by the CHW. It breaks the chain of transmission by isolating and detecting suspected cases among contacts through daily symptom screening for 21 days from the last contact with a confirmed case of EVD. The CCT procedures are as follows:

i. The CHAs/AHAs will receive the lists of EVD contacts within their community health units from the SCDSC .
ii. The CHAs/AHAs will then assign the contacts to the CHPs/CDRs depending whose households they fall.
iii. The CHPs/CDRs will confidentially notify contacts about their potential exposure, need for 21-day follow-up, provide the risk communication package, and the pre-requisite infection prevention and control practices.
iv. The CHPs/CDRs will then assess the contact risk prioritization, residence, and day-to-day activities to determine the appropriateness of institutional or home-based quarantine.
v. Where the home-based quarantine is settled on, the CHPs/CHAs will monitor the contacts daily for EVD symptoms through verbal enquiries for a period of 21 days.
vi. If the contact develops symptoms that match the EVD lay case definition, the CHP/CDR will immediately notify the CHA/AHA.
vii. The CHA/AHA will immediately assess the symptomatic contact using EVD working case definition.
viii. If the symptoms match the WCD, the CHA/AHA will immediately notify the rapid response teams.
ix. If the contact does not develop symptoms consistent with those of EVD lay case definition, the CHP/CDR will report to the CHA/AHA for a discharge from follow up

What to do in case of a suspected EVD in the community

Immediately advise individuals exhibiting symptoms to stay in quarantine and notify the rapid response teams for attention.

Provide necessary risk information and necessary emergency healthcare services while observing strict IPC practices.

Conduct follow-up visits to monitor the progress on the plan of action.

Promote and model proper hygiene practices, including handwashing and safe waste disposal.

Monitor for stigma or discrimination and report concerns to the health team for appropriate intervention.

Promote acceptance and inclusion of survivors, encouraging families and communities to welcome them back without discrimination.

Continue health education on infection prevention while emphasizing that survivors should be treated with dignity and respect.

Post-operational evaluation

- Regularly assess the effectiveness of surveillance activities and community engagement efforts.
- Document all activities, findings, and outcomes to improve future surveillance and response strategies.

CONCLUSION

By following these SOPs, community health workforce can play a vital role in the early detection and prevention of EVD, enhancing community resilience and health security. Continuous training, community involvement, and effective communication are key to successful surveillance efforts.