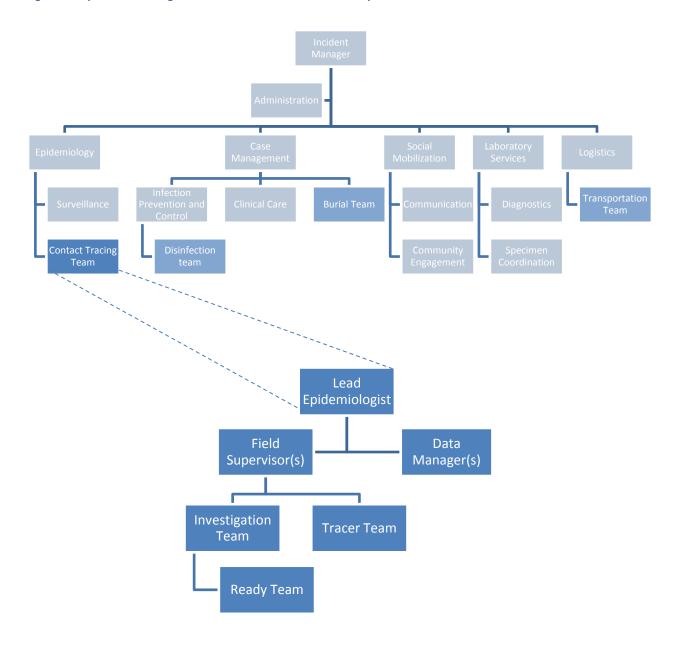
PERSONNEL

Under the incident management framework, different teams are needed to coordinate a response to identify, control, and eliminate EVD. This guide focuses on the Contact Tracing Team (see Figure 1) and provides an overview of several other teams with whom the Contact Tracing Team collaborates. These are suggested teams, titles, and responsibilities.

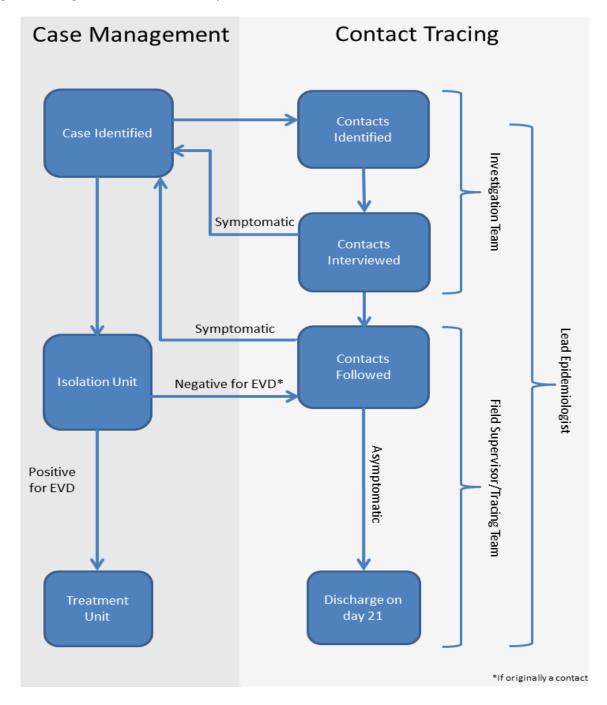
Figure 1: Sample Incident Management Structure for Ebola Virus Disease Response



IMPLEMENTATION

General contact tracing procedures follow. A flow diagram is provided in Figure 2. An outline of the step-by-step procedures is available in Appendix C.

Figure 2: Flow Diagram for Ebola Virus Disease Response



APPENDICES

APPENDIX A: SAMPLE EQUIPMENT LIST FOR EBOLA VIRUS DISEASE RESPONSE

	×	×	×		Driver/car
					Transportation
	×	×	×	×	Appropriate forms
×	×	×	×	X	Hand sanitizer or bleach
	×	×			Weather appropriate gear ³
×	X	×	X	Х	Office supplies ²
	×				Thermometers ¹
					Field Equipment
×	×	X			Electronic data collection tools
×			X	×	Internet Access
×			X	X	Computers
×	×	×	×	×	Cell phones (with credit)
	×	×	×		Global positioning system (GPS)
					Information Technology
					Biohazard plastic bags
					patient
					Surgical mask for the case-
					Face mask N95/FFP2
					Face shield (or goggles)
					Gowns
	×	×			Disposable gloves
					Personal Protective Equipment
Manager	Team	Team	Supervisor	Epidemiologist	
Data	Tracer	Investigation	Field	Lead	
			Contact Tracing Team	Contact	

extreme temperatures. Subjective fever and or other symptoms in a contact-person should arise suspicion. ¹Do not over rely on temperature, particularly using the Thermo-Flash which may be less accurate when used outside of ideal conditions, such as arid or

²Such as paper, pens, folders (or waterproof folders if it is rainy season). Most people do not have these materials already.

³ For example, if it is rainy season, rain coats and rain boots.

APPENDIX D: CONTACT LISTING FORM FOR EBOLA VIRUS DISEASE RESPONSE (FOR EPIDEMIOLOGIST)

CONTACT LISTING FORM¹

Case Information	mation												
Outbreak Case	Surname	Othe	Other Names	Head of	d of	Address	Town	District	trict	Date of		Location of Case Identified	e Identified
₽				Household	hold					Symptom			
										Onset			
Contact Information	formation	1											
Surname	Other name	Sex	Age	Relation	Date of	Type of	-	Head of	Address	Town	District	Phone	Health Care
		(M/F)	3	to Case	Last Contact	Contact (1/2/3/4)*		Household				Number	Worker (Y/N) If yes, what
					with Case								facility?
*Types of Contacts 1 = Touched body fluids of the EVD case (blood, vomit, saliva, urine, feces, semen, sweat)	s of the EVD case (bloc	od, vomit, sal	liva, urine, fe	ces, semen, swea	t)								

Contact sheet filled by:
Name:
Title:
Те
Telephone:

 ^{2 =} Had direct physical contact with the body of the patient (alive or dead)
 3 = Touched or cleaned the linens, clothes, or dishes of the patient

^{4 =} Slept or ate in the same household as the patient

¹ For use by epidemiologists interviewing anyone with a suspected, probable, or confirmed case of Ebola virus disease (EVD).