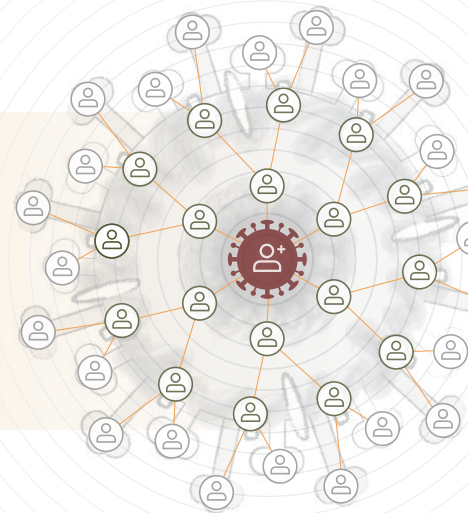


# Guidance on Infection Prevention among Contact Tracers in Africa

## CONTEXT

The Africa Union Commission and the Africa Centres for Disease Control and Prevention (Africa CDC) have launched a new initiative, the Partnership to Accelerate COVID-19 Testing (PACT): Trace, Test and Track (CDC-T3). Under this initiative, Africa CDC will coordinate efforts to scale-up contact tracing by more than one million contact tracers. It is therefore critical that these contact tracers are adequately trained and equipped to avoid being infected.



## RISK DIMENSION

Africa CDC already issued [Guidance on Contact Tracing for COVID-19](#). Contact tracing occurs after contact identification, as part of case investigation. It is the responsibility of contact tracers to inform individuals who have been in contact (defined in the guidance) with a confirmed case that they have had contact with a person infected with COVID-19 and what the follow-up options are. Contact tracers should conduct active or passive follow-up based on the risk and resources. Passive monitoring involves providing information on recommended actions such as what to do if unwell. Active monitoring involves requesting contacts to report their health status regularly, e.g. through text message or phone call.

*During phase 2 (expanding outbreak),* contact tracing is intensified and emphasis is placed on adherence to quarantine. Contact tracers may or may not have formal education or training in the health sector and may be exposed to persons with known contact with confirmed cases.

## PROTECTING CONTACT TRACERS FROM INFECTION

Infection prevention and control (IPC) involves administrative controls, environmental controls, and the use of personal protective equipment.



### *Administrative controls*

- Ensure that contact tracers are trained on the basics of infection prevention.
- Ensure that there is a reporting system for possible exposure/contact for contact tracers, including a risk assessment tool.
- Ensure that policies and resources are available for adequate supply of personal protective equipment (PPE) for contact tracers doing physical in-person tracing. Recommendations for PPE for different types of contact tracing is provided in this document.





### *Environmental controls*

- Where possible, conduct active and passive contact tracing via SMS or phone calls, reserving in-person contact tracing for hard-to-reach and high-risk settings.
- If in-person visit is required for any reason, conduct the interview outdoors.
- If in-person visit is needed for any reason, maintain at least 2 m distance from the contact.
- Do not shake hands or touch contacts of confirmed cases.
- In urban apartment buildings where outdoor interview is not possible, consider meeting contacts in well-ventilated hallways.
- Avoid entering households where possible; if the interview must be conducted indoors, attempt to improve indoor ventilation by opening doors and windows.



## Personal protective equipment

Africa CDC has developed COVID-19 [Guidance on Use of Personal Protective Equipment for Different Clinical Settings and Activities](#), which recommends certain PPE based on activity and setting. Because the symptom status of contacts and household members may be unknown prior to the visit and because contacts of confirmed cases are at elevated risk of infection and can transmit the virus without symptoms, these precautions should be taken for all contact tracing interviews that are conducted in person. This document addresses the specific needs of contact tracers who may be in close contact themselves with persons at elevated risk for COVID-19. These recommendations complement and add to the existing PPE guidance.

Activity and setting	PPE recommendations
 Interviewing and assessing contacts (regardless of symptoms) of confirmed COVID-19 cases, outdoors (preferred)	Medical mask
 Interviewing and assessing contacts (regardless of symptoms) of confirmed COVID-19 cases, indoors (last resort)	Medical mask, gloves, gown*, eye protection

*\*Aprons may be safely substituted for gown in situations where minimal person contact is envisaged. Exposed arms should be sanitized using alcohol-based hand rub if sleeveless aprons are used.*



## Importance of hand hygiene

In addition to the PPE recommendations, hand hygiene should be reinforced as a critical component of infection prevention and control. Contact tracers should be provided a small dispenser with adequate volume of alcohol-based hand rub that should be applied for 20–30 seconds before and after any in-person contact with a contact or a suspected or a confirmed case, regardless of the setting. If gloves are to be used, the contact tracer must remove and discard gloves after each household interview and perform hand hygiene. They must also perform hand hygiene upon arriving at the next household before putting on another pair of gloves. Gloves should be changed before attending to another contact in the same household if multiple household members are being interviewed.



## Doffing and Disposal of PPE

- Gowns and/or aprons as well as gloves should be removed after each encounter with a contact. This means that the contact tracer should carry a container to put the used PPE. Gloves should be disposed of in the health care facility upon return at the end of the day, and gowns should be sent for laundry if they are re-usable. If aprons are used, they can also be disposed of at the healthcare facility at the end of the day.
- Do not wear masks continuously for more than four hours. Therefore, a contact tracer who will be in the field all day should have two masks. Contact tracers should perform hand hygiene when touching the mask after attending to a contact and when changing masks if the mask becomes soiled or wet, or if the contact tracer wants or needs a break.
- Face shields should be cleaned and disinfected at the end of the day at the healthcare facility. Contact tracers must perform hand hygiene if they accidentally touch their face shield.

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