

AFRICA CENTRES FOR DISEASE CONTROL AND PREVENTION  
COVID-19 CONTACT  
TRACING PROTOCOL FOR  
**AFRICAN UNION STAFF**





## 1 Background

This protocol provides guidance on the procedures to follow for contact tracing if an African Union staff is confirmed positive to COVID-19 within the African Union office premises. Contact tracing involves the following steps:

- a. Case investigation and contact identification
- b. Contact listing and classification
- c. Contact follow-up or daily contact monitoring
- d. Contact discharge or ending contact follow-up.



## 2 Responsibility and mandate

Africa Centres for Disease Control and Prevention will be responsible for event investigation to identify, list and classify contacts, monitor a contact daily until the person ceases to be a contact, and ensure the discharge of contacts based on established criteria in collaboration with the respective national authority of the hosting country. The African Union Medical and Health Services Directorate (MHSD) will be responsible for isolation of contacts who present with symptoms prior to confirmation and ensure that treatment and care is provided to confirmed cases.

For contacts identified outside the African Union premises, the national guidelines and protocol for contact tracing will apply. For other African Union offices outside the headquarters, the medical unit or any contracted health provider will liaise with Africa CDC for guidance on contact tracing in collaboration with the hosting country authority.



## 3 Contact tracing procedures

### 3.1 Contact identification and classification

For event investigation, Africa CDC will use WHO definitions of a contact for anyone who meets the definition as high-risk. For the purpose of resource prioritization, contacts will be grouped into two: (a) close contacts and (b) casual contact. All individuals who have been interacting with an identified case two days before the onset of symptoms until the patient was isolated in any of the following ways will be considered a close contact:

- a. Face to face, within one meter, for 15 minutes or more **OR**
- b. Direct physical contact **OR**
- c. Direct medical care without using personal protective equipment

### 3.2 Contact listing and classification

All individuals who fulfill the criteria of being contacts will be listed using a structured contact listing form which is linked to the case. The contacts will be classified as close contacts or casual contacts to guide prioritization of resources required for daily contact monitoring.

### 3.3 Daily Monitoring of contacts

The following daily contact monitoring procedures will be observed:

- All identified contacts will be monitored for 14 days from the last day of contact with the case using the contact follow-up form (see Annex 2).
- During daily monitoring:
  - All contacts, except essential healthcare workers, will be confined to home AND separated from family members in the home. If you cannot guarantee that they will be separate from family members, then confine them in a hotel or other places with no other people. While confined at their residence they will be required to observe all infection prevention control (IPC) measures to prevent those around them in case they become ill.

- Contacts who are considered essential healthcare workers will be confined to their home during non-working hours. While confined at their residence they will be required to observe all IPC measures to prevent those around them in case they become ill. The staff may report to work but must wear a medical mask always when in contact with other colleagues or patients. While at the workplace, they should undergo one physical examination each day to assess the symptoms and check temperature at the beginning of their working shift.
- The contact follow-up team will conduct daily follow-up either physically or remotely through a phone call based on available resources and the complexity of the event. If there is onset of symptoms, the individual should contact the Africa CDC contact tracing team.
- The contact tracing team will contact MHSD for further evaluation.
- Upon fulfilling the case definition of a COVID-19 suspect case, MHSD will arrange for pick-up of the case to the isolation room. For other African Union offices outside the headquarters where isolation facilities are not available, the medical unit or any contracted health provider will be contacted to liaise with the national public health authority for isolation.
- Once in an isolation room, the national health authority will be contacted for sample collection, testing and confirmation of the status of the case.
- Case management will be the responsibility of the national health authority in collaboration with MHSD, the medical unit or any contracted health provider.

### **3.4 Contact discharge or ending contact follow-up**

All contacts who fulfill the following criteria will be discharged and removed from the active list of persons to be followed up by the contact tracing team:

- a. Completed 14 days of follow-up with no symptoms, **OR**
- b. Developed symptoms and confirmed to be a case, **OR**
- c. Upon further investigation they disqualify to be contact, **OR**
- d. Upon further investigation the linked case disqualifies to be a case.



## 4 Contact tracing materials and supply

- a. Contacts under follow-up will be provided with:
  - Protective equipment such as masks and sanitizers.
  - Self-monitoring thermometers based on availability and accessibility.
- b. For contact tracing team members:
  - Provide mobile phones for remote follow-up of contact.
  - Transportation, thermometers and personal protective equipment for contact visit at their place of quarantine.

# Annex 1: Investigation checklist for a contact to a confirmed case

<b>1. General information of a contact</b>	
Name of contact	
Age	
Sex (Male or Female)	
Name of the office	
Residential zone (sub-city)	
Street	
House No.	
Phone No.	
Email	
<b>2. Contact information</b>	
When was the last day that you contacted the case (Mention name)	
What type of interaction:	
<ul style="list-style-type: none"> <li>Physical contact (e.g. shaking hands)</li> </ul>	
<ul style="list-style-type: none"> <li>Distance of interaction (do an estimate – 1. Less than one metre or 2. More than 1 metre)</li> </ul>	
<ul style="list-style-type: none"> <li>Unprotected direct contact with infectious fluids of a COVID-19 case (e.g. being coughed on, touching used paper tissues with a bare hand, providing direct care)</li> </ul>	
<ul style="list-style-type: none"> <li>Person who has been in a closed environment (e.g. classroom, meeting room, office, gathering place, household, hospital waiting room, etc.)</li> </ul>	
<ul style="list-style-type: none"> <li>Shared the same transport in a close distance of less than a metre</li> </ul>	
<ul style="list-style-type: none"> <li>Health worker who has provided direct or indirect personal or clinical care including examination of a symptomatic or asymptomatic confirmed case without correct PPE</li> </ul>	
<b>3. Conclusion</b>	
Possible contact (Yes/No)	Type of contact: (Close contact/Casual contact)
Name of investigator:	
Date of investigation:	
Linked case name:	Linked case number:

# Annex 2: Africa Centres for Disease Control and Prevention

## COVID-19 CONTACT LISTING FORM

For:  Suspected       Probable       Confirmed

Case Information									
Outbreak case first name	Middle name	Surname	Office	Office/department	Sub-city	Street	House No.	Date of symptom onset	Location of identified case

No	First name	Surname	Sex (M/F)	Age (yrs.)	Date of last contact with case	Type of contact (1. close or 2. casual)	Zone/ Sub-city	Residential Address				Healthcare worker (Y/N)?
								Street	House No.	Phone No.	Email	
1												
2												
3												
4												
5												
6												
7												

Contact sheet filled by: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

# Annex 3: Africa CDC Contact Follow up form for COVID-19

Name of contact: \_\_\_\_\_

Address of contact: Sub-city: \_\_\_\_\_ Street address: \_\_\_\_\_ House number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Last date of contact with a case (dd/mm/yyyy): \_\_\_\_\_

Follow-up start date (dd/mm/yyyy): \_\_\_\_\_

Name of contact tracer: \_\_\_\_\_

## Symptom registration table for 14-day contact follow-up

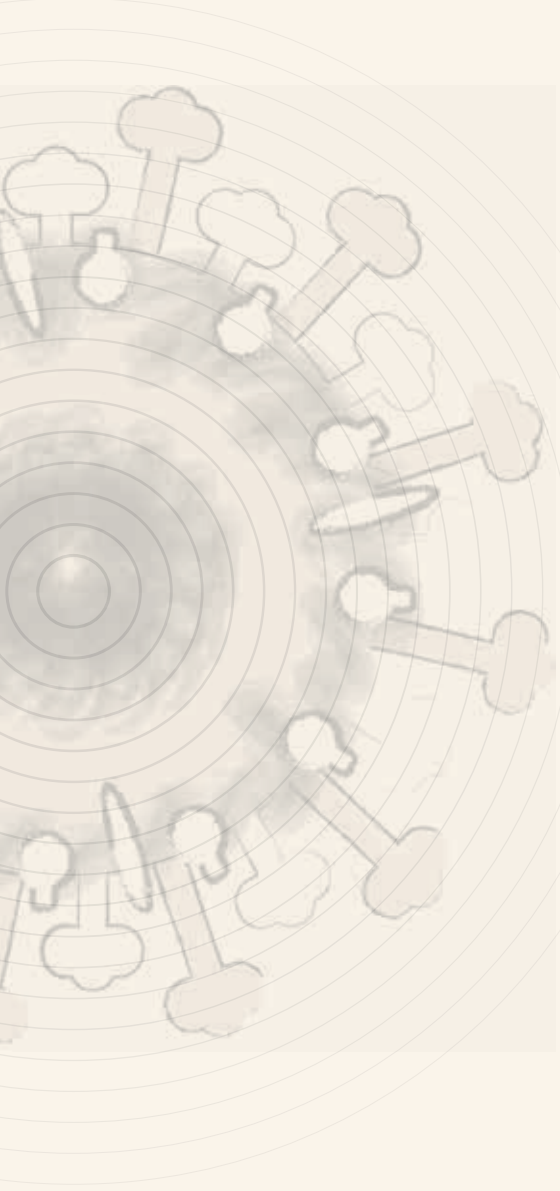
Symptom	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Final classification
Fever (oC)															
Cough (yes/no)															
Headache (yes/no)															
Soar through (yes/no)															
Short breathing (yes/no)															
Diarrhea (yes/no)															
Others (specify)															











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