Interactions with the Community: Health Promotion and Contact Tracing

This lecture is on health promotion and contact tracing.

The learning objectives for this lecture are to:

- Explain the role of health promotion in Ebola outbreak management
- Understand the importance of appropriate health promotion messages targeted at the community about the Ebola Treatment Unit (ETU)
- Describe the importance of contact tracing
- Recognize interactions that constitute a case contact
- Explain the role of healthcare workers in health promotion and contact tracing

We’ll start with health promotion.
Health promotion is a two-way dialogue between the ETU team and the community, patients, family, and visitors to facilitate outbreak control. It incorporates a variety of skill sets, including expertise in health education, anthropology, public health, communication, and psychology. As you will see, effective health promotion involves more than one specialty.

Health promotion includes different types of skill sets and strategies for spreading health messages. This is an example of the organizational chart used by Médecins Sans Frontières (MSF) for a health promotion team. It demonstrates the wide range of specialties needed. The chart shows the two branches of health promotion: one within the ETU and the other in the surrounding community.

Within the ETU you have health promoters who advocate for patients’ needs and arrange visits with family and friends. In addition, you have those who support outreach workers such as burial teams, ambulance services, contact tracers, and disinfection teams. Overlapping with the ETU are those who work with the community. Health promoters assist with answering questions, addressing rumors, and bringing home survivors to reunite them with their communities, help them reintegrate into society, and address stigmatization.

The job of community health workers is daunting. In this example, you see six supervisory community health workers overseeing more than 700 staff to ensure appropriate follow-up to alerts and contact tracing.
For effective health promotion you need to understand the local population and culture. Elements such as language, religion, and family contribute to the social structure of the community. Understanding risk exposure in the context of cultural norms will help with understanding the population at risk. Understanding cultural practice around health seeking behavior, funeral and burial practices, and eating and living habits, will aid in developing an appropriate health promotion response.

It is important to remain sensitive to resistance, fear, denial, distrust, and anger; all of these may alter the community’s perception of your efforts.

Target populations for health promotion messaging include not only patients in the ETU, but also their families, visitors, and the ETU staff.

Within the community, it is important to promote messages to a range of audiences, including local healers, other healthcare workers, and community leaders. It is important to maintain cultural awareness of who will be most effective in delivering the message. There may be groups outside mainstream society who are important members of the community. The more you can share correct information with a wide population, the better. Remember, in the end, the target population is everyone!

It is important to have clear communication messages to promote health objectives during an outbreak. Effective messages should be simple and easy to explain to staff, patients, and the community.

Communicate clear, simple messages that aim to:

- Strengthen understanding of Ebola
- Promote knowledge of the purposes of the ETU and how it works
- Support outreach activities and contact tracing
- Dispel myths and fears about Ebola and the ETU within the community
- Fight stigmatization
What are the health promotion messages related to Ebola?

Healthcare workers should be prepared to answer questions such as “what is Ebola?”, “how is it transmitted?”, and “how is it prevented?”

In addition, it is important to be able to explain who should go to the ETU and why. Clear messaging needs to explain what treatment is available, how the ETU works, why it can provide the best medical care, and how it helps keep the community safe.

It is also important to describe the differences between those who are survivors versus those who never had Ebola virus disease (EVD) and were discharged from the ETU because their test results were negative. It is especially important to reach patients who tested negative. They need to understand they are not cured of Ebola just because they have been discharged.

Remember to always keep your messages clear and simple.

The photo in the slide shows an MSF health promotion worker in Sierra Leone celebrating the discharge of an Ebola survivor.

This is an example of simple communication. Because many members of the community may be illiterate, they may respond better to pictures. This is a poster from MSF showing how Ebola can spread. As the saying goes, a picture is worth a thousand words.
Health promotion occurs everywhere!

As a team member in the ETU, an important part of your role is to be sure patients and other staff receive clear and simple messages. The goal is to have such messages become part of the culture within the ETU.

Also, a variety of methods can be used to promote health in the community. These might include having success stories featured in local publications about patients who have recovered from Ebola and using the media to provide accurate information about the disease. Health organization partners are also excellent resources for getting your message out.

ETU-related outreach activities provide another resource for health promotion. Burial teams, disinfection teams, ambulance crews, and those doing contact tracing all provide avenues for message distribution. Use community businesses, including restaurants and hotels, to share information with the community. Health promotion can be done anywhere.

It’s important to use every method available to share health promotion messages with the community. To reach large populations, use traditional modes of mass communication such as radio, pamphlets, and television. However, also consider culturally popular methods like storytellers, dance, jingles, and theatre productions.

In addition, one of the best methods for health promotion is face-to-face communication. This pays huge dividends in getting the message out directly to people. Use health promotion staff, community health workers, and survivors to interact with everyone with whom they come in contact.

Both mass communication and face-to-face interactions are essential to success.
Effective and accurate health promotion can have many benefits.

Rumors start every day, mainly out of fear and ignorance. By communicating facts clearly and simply, we can help counter these rumors.

Establishing trust in the community is important for the security of an effective response to the outbreak. By building trust you can better encourage people who are ill to come to the ETU for testing or treatment. Remember Ebola is a new disease in West Africa. It has taken a huge toll with many deaths happening very quickly.

This photo shows an example of someone who can assist with health promotion messaging. Ebola survivors can help to reduce fear by sharing positive stories of the ETU and of recovery.

Rumors can take on a life of their own in a crisis, which can undermine effective health promotion and response efforts. Some of the homegrown Ebola rumors are included on this slide. Everything from stealing organs, draining blood, patients being thrown into burn pits, and no food or water at the ETU have been heard by healthcare workers.

It is important to understand how the culture of the community may promote or propagate these types of rumors. For example, in West Africa it is expected that family members will take care of loved ones who are hospitalized and a caregiver will stay with them. However, family members are not allowed in the ETU because this would put them at risk. It is likely difficult for them to accept their loved one will be well cared for and that there is no need for them to provide supplies and food. Remaining culturally sensitive, being transparent, and having clear and simple messages will help to keep rumors to a minimum.
As you can see in this photo there will be varying levels of acceptance within the community. It can be challenging to effectively share health promotion messages depending on the receptivity of the audience.

Lessons from the field can help shape health promotion messages moving forward. For example, experience tells us we should avoid highly charged terms such as “isolation unit” or “camp.” The communities in West Africa are familiar with refugee camps after years of war and strife. It is important to avoid terms that have negative connotations because of the community’s recent history. Using these terms can be detrimental to improving health promotion. Keep the messages clear and simple. Also, avoid the scary negative messages and use balanced ones such as “Ebola is very deadly, BUT many people survive.”
This slide lists helpful lessons already learned by healthcare workers with experience working in ETUs. For example:

- Use see-through fences to increase visibility both inside and out
- Provide an area for visitors to safely interact with loved ones while maintaining a safe distance
- Offer religious services when possible
- Provide patients with mental health services

For families of deceased patients, it is important to:

- Make the morgue visible
- Provide an area for grieving
- Give family 24 hours to view the body before burial. This allows them an opportunity to say prayers and provide items to be buried with loved ones

Notice the openness of this ETU and the use of see-through fencing in the background. This patient was fortunate to have survived along with his wife and child. While he awaited discharge, he maintained contact with his family and was even provided a photo to build his spirits until they were reunited.
We have concluded health promotion and will now cover contact tracing.

Contact tracing is a process used to identify every person who may have had contact with someone who has Ebola. Identify every single contact of every single Ebola case. This is done through interviews with each patient who arrives at the ETU as well as the family. Additional information is gathered from healthcare workers and others who may have information about the patient’s recent history and potential contacts.

Let’s define contact. A contact is anyone who had exposure to a person with Ebola (dead or alive) during the past 21 days.

There are different types of contact. Direct contact happens when someone is exposed by a needlestick, by a splash to the mucous membranes, or by having touched any infected body fluids or a corpse without wearing appropriate personal protective equipment (PPE). Direct contact also includes living with and caring for a person showing symptoms of Ebola. Close contact is when someone is within three feet of a person with EVD for a prolonged time without wearing PPE, such as being in the same household or workplace.

Risk level is defined and based on the type of contact that occurred. CDC provides risk-level guidance at the website listed on the slide.

According to the guidelines, and regardless of the risk level, all contacts are followed daily until 21 days after their last known exposure to the case.
Rapid identification of contacts is the key to controlling an Ebola outbreak.

Here, you can see how quickly a single case can become a multitude of cases with just one or two exposures. Quick identification of cases allows the ability to isolate them from a larger group of contacts who may expose even more people.

Contact tracing is not done by healthcare workers who are directly caring for patients. Instead, it is conducted by public health workers as part of the epidemiologic component of the response. However, all healthcare workers, as part of the healthcare team, need to understand and facilitate contact tracing.

If you observe a deficiency in contact tracing, you should notify the epidemiologists working with your ETU. For example, an increase in ill patients presenting to the ETU despite efforts to quarantine and isolate should be reported. This will allow increased efforts to respond appropriately to prevent more people from becoming ill.

All contacts need daily visits for 21 days after the last interaction with a confirmed case. This work can expose the contact tracer to specific risks including close contact with the patient’s household members who also may be ill.

Generally, contact tracers do not wear PPE when visiting communities. This helps build trust and reduce fear associated with people showing up in high-risk PPE. This also allows for better communication and interaction. However, to protect themselves, contact tracers should maintain an interpersonal distance of at least one meter or three feet. They should not enter homes. If the contact is too sick to walk to the door, an alert should be activated and the person should be transported to an ETU.
Once a contact is identified, the person should be transported to the ETU if ill, or monitored for 21 days if he or she remains well.

If the contact is absent, this should be reported to the epidemiologists and priority should be given to finding this person the next day. Efforts should be made to continue to account for missing contacts, even if the 21 days after known contact have passed. This is important to determine whether the person has contracted EVD and exposed others.

When a contact flees or disappears, it may be out of fear of being forced to go to the ETU or because of stigmatization. Because of this fear, proceed with caution in these cases.

This is a photo of a contact tracer and supervisor in Sierra Leone filling out a contact tracing form with curious onlookers from the community. It is important to keep all of these processes visible and open for the community members to see what is happening.

This slide depicts some of the challenges that may be faced with contact tracing and transport. Rough terrain, rain, mud, road blocks and other obstacles may hinder this task. Contact tracers are attempting to pick up a possible case after a contact became symptomatic.
It’s important to state once again all contacts will be monitored for 21 days from the time of contact with the confirmed case.

What happens when patients are not cared for in ETUs?

We know isolation in the ETU prevents spread of the virus. Also treatment, especially early treatment, in the ETU improves chances of survival.

However, not all patients are admitted. Some may refuse admission, which is not mandatory. Some ETUs are simply full and have to turn patients away.

If a patient refuses admission, do your best to change their mind. However, realize admission is not compulsory. Remember to be as respectful and culturally sensitive as possible. Some contacts who eventually become ill flee their villages in fear of forced admission and they subsequently spread the disease to a new location.

In the event the ETU is full, know your ETU’s plan and what the recommendations are for patients returning or staying home. It is also important to know the other healthcare resources in your community to better utilize a network of options.

Other strategies for caring for patients with Ebola outside the ETU continue to be evaluated and discussed.
In the event a patient refuses admission to the ETU and decides to receive treatment at home, it is recommended the patient be looked after by only one designated caregiver to protect the family and community.

Educate the patient and caregiver about routes of transmission. Also provide information about how to protect the caregiver and others in the home from virus exposure. Provide the caregiver with protective equipment and disinfection materials and training on how to use them.

Notify the contact tracing infrastructure for your ETU. Lab testing is sometimes done after a risk assessment in patients who remain at home.

Health promotion and contact tracing are essential elements of outbreak control. They are conducted by health promoters, community health workers, epidemiologists, and other public health workers.

Healthcare workers’ roles in health promotion and contact tracing include:

- Supporting clear communication about Ebola, ETUs, and safety measures
- Facilitating contact tracing where possible
- Reporting observed deficiencies in contact tracing to epidemiologists

This presentation contains materials from CDC, MSF, and WHO.