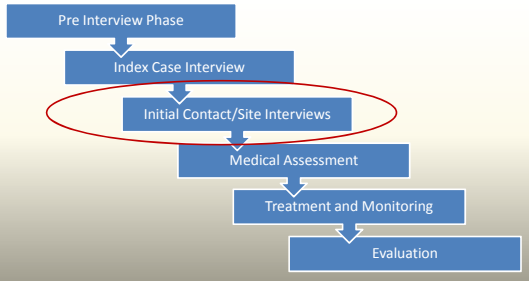
Contact Investigations in Special Settings

TB/Refugee Nurse Training
2012

Contact Investigation Process

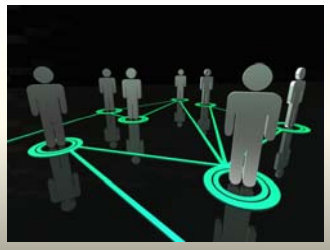


The Challenges:
Special Settings
Require a Special Approach

Communication

Collaboration

Potential for Outbreak



Damage Control

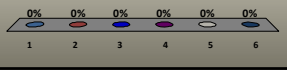
Work Setting

Public Health concerns

- Maintain Confidentiality
- Provide education
- Assess for Potential Outbreak
- Build community partnerships

Work Site Concerns?

1. Loss of operational productivity
2. Bad press
3. Profit loss
4. Well being of employees
5. Privacy/confidentiality
6. Fear of disease



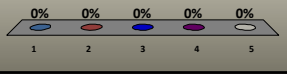
School Setting

Public Health concerns

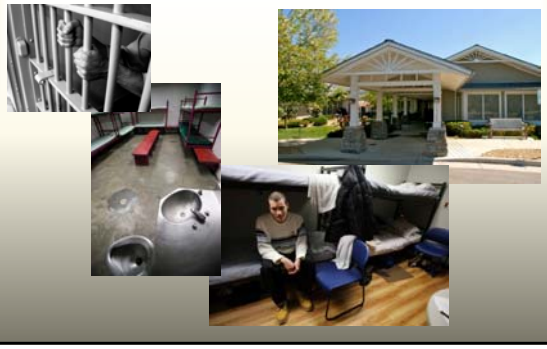
- Maintain Confidentiality
- Provide education
  - Parents and teachers
- Addressing the worried well
- Assess for Potential Outbreak
- Follow-up during vacations

School site concerns? Select two

1. Culpability
2. Bad press
3. Confidentiality/Privacy
4. Well being of employees and students
5. Fear of disease



Congregate Settings



Public Health concerns

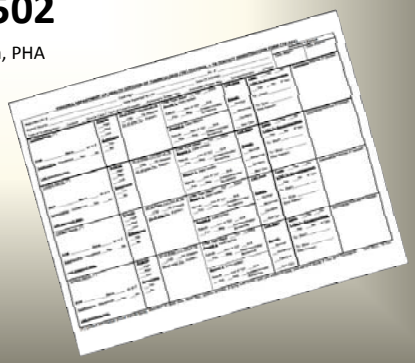
1. Substantial number of contacts
2. Incomplete info about names and locations
3. Incomplete data to determine priorities
4. Difficulty maintaining confidentiality
5. Collaboration with officials who are unfamiliar with TB
6. Legal implications
7. Media coverage

So what is really important?

- Don't Panic!
- Gather a team
- Develop a plan
- Keep to the plan
- Ensure data collection is part of the plan

The 502

Paul Regan, PHA



I: AFB sputum smear (+) pulmonary/laryngeal/pleural TB; TB suspects or confirmed cases with cavitary chest radiographs:

High Priority Contacts:

- All household contacts
- Anyone aged <5 yrs old
- Contacts with Medical Risk Factors: HIV or other immune compromising condition
- Contacts exposed during a medical procedure: Bronchoscope, Sputum induction or Autopsy
- Contacts in a congregate setting
- Contacts with exposure exceeding environmental limits (Nurse Case Manager discretion)

This type of case has the most high priority groups listed and should have the most contacts located...

I: AFB sputum smear (+) pulmonary/laryngeal/pleural TB; TB suspects or confirmed cases with cavitary chest radiographs:

Medium Priority Contacts:

- Anyone aged 5-15 yrs old
- Contacts with exposure exceeding environmental limits (TB Control suggested limits)

Low Priority Contacts:

- Anyone other than above; only considered if expansion is warranted

II: AFB sputum smear (-) Suspect or Case; pulmonary/ laryngeal or pleural TB; abnormal/non-cavitary chest radiograph consistent with TB disease; NAA (+/-); Culture (+)

High Priority Contacts:

- Anyone aged <5yrs old
- Contacts with Medical Risk Factors: see above
- Contacts exposed during a medical procedure: see above

This type of case has a smaller chance to transmit TB, (12%-24%) compared to smear (+) cases.
High priority contacts still must be located...

II: AFB sputum smear (-) Suspect or Case; pulmonary/ laryngeal or pleural TB; abnormal/non-cavitary chest radiograph consistent with TB disease; NAA (+/-); Culture (+)

Medium Priority Contacts:

- All household contacts
- Contacts in a congregate setting
- Contacts with exposure exceeding environmental limits (TB Control suggested limits)

Low Priority Contacts:

- Anyone other than above; only considered if expansion is warranted

III: Suspected tuberculosis; (TB) with abnormal chest radiographs not consistent with TB disease; AFB sputum smear (-); NAA (-); Culture (-)..."Clinical Cases"

Medium Priority Contacts:

- All household contacts
- Anyone aged <5yrs old
- Contacts with Medical Risk Factors: see above
- Contacts exposed during a medical procedure: see above

- **Low Priority Contacts:**
- Anyone other than above; only considered if expansion is warranted

This type of case has No High Priority Contacts.
Contact Investigation is limited or not indicated.
Resources should be used for culture (+) cases...

IV: Nonpulmonary or Extra-pulmonary TB

Contact investigation is **not indicated** for these cases if **pulmonary and pleural TB** are **appropriately ruled out.**

What's New on the 502!

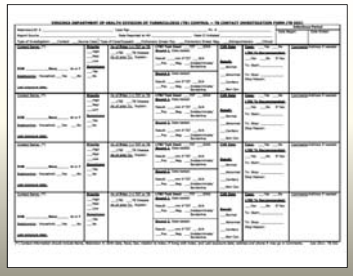
- Date Reported to HD
  - CDC question
  - Timely reporting = timely intervention
- Date CI Initiated
  - Program Evaluation question
- Last exposure date
  - Necessary to determine
    - "Round 2" testing dates
    - Conversions
- IGRA

What's Not New on the 502!

- Infectious Period
  - Beginning - Write in pencil, it can change during investigation
  - Ending = 3 (-) smears + 2 weeks of meds + improving symptoms
- Relationship: List relationship as well as checking status
  - Household___Yes ___No
- Type of Investigation:
  - Usually "Contact"
  - Seldomly "Source"
- Type of Case/Suspect:
  - Pulmonary Smear Pos.
  - Pulmonary Smear Neg.
  - Extrapulmonary - with positive culture
  - Clinical - Any suspect without culture confirmation

Reporting Contacts

- Using the 502
  - Why
  - How
  - When



Why must we report contacts?

- The CDC is changing focus
- Fewest cases counted in recorded history
- Missed contacts slow the decline of morbidity

"Every case was once a contact…"

How to Report Contacts

- Follow the definitions and instructions provided on the reverse side of the form
- Fill out the 502 as completely as possible
- Help is always available – Call me anytime

Paul Regan PHA – 804-864-7969
Fax – 804-371-0248

When to fax the 502 CI report form

- **Initial - 4 weeks** after the date the CI was initiated
  - Include round 1 testing information
  - Include as much as is available at that time
- **Follow –up – 4 months** after the date the CI was initiated
  - Include round 2 testing results & updates from round 1
  - Normally, round 1 testing should be complete with infected contacts starting LTBI treatment within 4 months
- **Final – no later than 15 months** after the CI was initiated
  - Include final outcomes for all identified contacts
  - For all contacts who started LTBI treatment, include the completion date or the 'stop' reason with date