Division of Disease Prevention
hiv • std • tb • Rx

VDH Tuberculosis Control
Contact Investigation Algorithm

A suspect or confirmed tuberculosis (TB) case is reported.
Is the site of TB disease pulmonary or laryngeal?

Yes

Reminder: Ensure that cultures are pending at DCLS.

Is the case/suspect smear positive?

Yes

Proceed immediately with the identification of household and close contacts.

Are any household or close contacts symptomatic?

Yes

Evaluate immediately symptomatic contacts according to the VDH-tb Contact Evaluation Algorithm.

No

Evaluate contacts according to the VDH-tb Contact Evaluation Algorithm.

No

Are any known contacts symptomatic?

Yes

Evaluate immediately symptomatic contacts according to VDH-tb Contact Evaluation Algorithm.

No

A contact investigation is not usually indicated. But, if the source case is culture-positive for *M. tb*, consider screening high-risk contacts (household, children under 4 and immune-compromised).

No

Assess the potential for media interest.

If media interest is likely, notify VDH-tb and the regional public information officer.

Also analyze

Is the number of TST-positive contacts higher than expected for the group? (Contact VDH-tb for assistance.)

Yes

Expand the investigation to screen contacts with less exposure.

Continue to expand the investigation until the number of TST-positive contacts is less than expected (contact VDH).

No

Complete the evaluation of identified contacts. No need to expand the investigation.

Is the final culture positive for *M. tuberculosis*?

No

Culture is negative for M. tb.
OR
positive for NTM

Is there a provider or clinical diagnosis of TB?

No

Stop the contact investigation.

Yes

Re-screen the asymptomatic contacts who were negative in the first round of TB testing (10-12 weeks after contact to the source case was broken).

Yes

Evaluate all contacts with positive TB skin tests for treatment of LTBI.
Evaluate select groups for window treatment of LTBI.