



## CONTACT INVESTIGATION: THE FIRST STEPS

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## Contact Investigation Process



## The First Steps



## Taking the Referral

- TB referrals should come to specific professional staff member or team
- Begin to collect information on the “TB Intake Form”



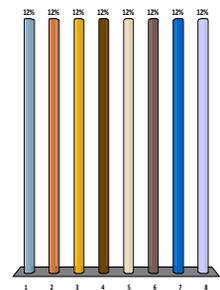
## How was the “report” made?

- Lab report received
- Call from hospital infection prevention staff
- Call from treating clinician
- Suspect calls directly
- Community “tip” from suspicious person
- Client/suspect arrived at health department

**YIKES!**

## Reasons for Collection Information Relative to a Contact Investigation

1. Verify the suspect status
2. To gauge infectiousness
3. Notify MD so they can manage
4. Determine infectious period
5. Verify the clinician of record
6. 1 and 3
7. 2 and 4
8. All of the above



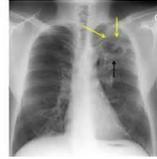
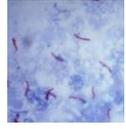
## Two priorities in Initial Phase of CI

- Evaluate infectious potential
  - ▣ Isolation
  - ▣ Risk to contacts
- If infectious potential, to estimate the infectious period



## Factors Impacting Infectiousness

- Pulmonary, laryngeal or pleural TB
- AFB + smear
- Cavitation on chest x-ray
- Adolescent or adult patient
- No or ineffective treatment of TB
- Symptoms: cough, sneeze, sing, laugh
- Proximity to others
- Size of space/ventilation



## Begin to Collect the “Story” (1)

- Contact clinician of record
- Obtain client history
  - ▣ Symptoms with duration
  - ▣ Medical findings
  - ▣ Co-morbidities
  - ▣ Epi information – past exposure or risk of exposure



## Begin to Collect the “Story” (2)

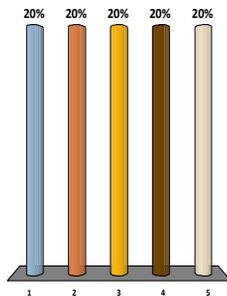
- Speak directly to clinician if at all possible
- Request medical records
- H&P or office notes, consults, radiology reports, bacteriology, CBC/LFTs, HIV results
- Client demographics



## Estimate the Infectious Period

What information is needed?

1. Symptoms
2. Chest x-ray results
3. AFB smear results
4. Site of disease
5. All of the above



## Estimate the Infectious Period

Guidelines for Estimating the Start of the Infectious Period when Initiating TB Contact Investigations (CI)			
<small>These recommendations assume that: (a) a decision to initiate a CI was made; (b) a thorough initial client interview was performed; (c) at least one sputum sample was observed or induced; (d) sputum samples are high quality. Additional epidemiologic or clinical factors may affect the start of the infectious period and should be considered on a case-by-case basis (e.g., delayed diagnosis, treatment w/fluoroquinolones, etc.) Contact TB Control for consultation.</small>			
Index Case Characteristics		Estimated Start of Infectious Period	
TB Sa	Sputum Smear + Cavitary		
1. Yes	No	No	3 months before symptom onset or first positive finding (e.g., abnormal CXR consistent with TB disease), whichever is longer
2. Yes	Yes	Yes	3 months before symptom onset or first positive finding consistent with TB disease, whichever is longer
3. No	No	No	8 weeks before date of suspected diagnosis
4. No	Yes	Yes	3 months before first positive finding consistent with TB
a. No	Yes	No	VDH recommends following #1 above
b. Yes	No	Yes	VDH recommends following #1 above
c. No	Yes	No	VDH recommends following #4 above
d. No	No	Yes	VDH recommends following #4 above

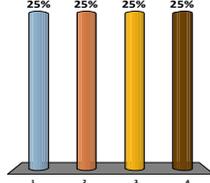
Adapted from the Contact Investigation Guidelines, MMWR, 2005; 54 (No. 18-13) Table 2, p. 7

VDH  
Vermont Department of Health  
111 State Street  
Montpelier, VT 05602  
August, 2011

## Case Information

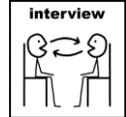
A 33 yr. old woman from China admitted with cough, fever, night sweats and 15 lb weight loss over 2 months. The chest x-ray shows RUL cavity, and hilar adenopathy. AFB smears are 3+, 4+, and 2+. She states symptoms started last month. The first estimate of infectious period is:

1. On hospital admission
2. 2 months ago
3. 4 months ago
4. 5 months ago



## Index Case Interview

- Timing
  - ≤1 business day from report if infectious, CDC
  - ≤3 business days if not infectious, CDC
  - ≤1 business day, no greater than 3, VDH Nsg. Guidelines
- In person
  - In hospital if at all possible, and
  - At home early in the initial follow-up period



## Topics for Interview Relative to CI (1)

- Introductions – role of Public Health
- Assure privacy
- Explain confidentiality
- Let them tell their story / interpreter if needed
- What do they know about TB?
- What does it mean in their culture?

## Topics for Interview Relative to CI (2)

- Clarify inconsistencies from records obtained
- Education re: TB disease and transmission
- Broad description of treatment
- Health Department resources
- Explain need for contact investigation
- Collect contact information
- Urge index case to continue to recall other contacts

## Confidentiality

- May be a foreign concept to those of other cultures
- Relay how a contact will be notified
- Explain that name will not be given
- Explain that if index case is in the setting the HD will not show recognition
- If client requests contact, get signed release

## Contact Locations and Persons: Where (1)

- Live, spent nights / slept
- Work
- Met with friends
- Visited, or overnight/frequent visitors to home
- Children



## Contact Locations and Persons: Where

- Worshipped
- Exercise clubs
- Health care locations
- Card clubs, drinking friends



## Second Interview

- 1-2 weeks later
- Collect additional information to locate or verify listed contacts
- Seek additional contacts
- Identification of contacts may be ongoing
  - ▣ Persons seen with index case
  - ▣ Toys, shoes, etc.



## The Plan

Now What???