

Tuberculosis Contact Investigation Steps

ISTC Standard 18:

All providers of care for patients with TB should ensure that persons who are in close contact with patients who have infectious TB are evaluated and managed in line with international recommendations. The determination of priorities for contact investigation is based on the likelihood that a contact:

- 1) Has undiagnosed TB;
- 2) Is at high risk of developing TB if infected;
- 3) Is at risk of having severe TB if the disease develops;
- 4) Is at high risk of having been infected by the index case.

The highest priority contacts for evaluation are:

- Persons with symptoms suggestive of TB
- Children aged <5 years
- Contacts with known or suspected immune-compromise, particularly HIV
- Contacts of patients with MDR/XDR TB

Other close contacts are a lower priority group.

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7
Decide whether to initiate a TB contact investigation <ul style="list-style-type: none"> ■ Assess for evidence that the index case may be infectious ■ Assess for presence of vulnerable contacts (those with immature or weakened immune systems) ■ Review medical record <p>Refer to CTBG Figure 8: Decision to Initiate a TB Contact Investigation</p>	Interview the index Case <ul style="list-style-type: none"> ■ Conduct a minimum of two interviews ■ Provide appropriate TB education ■ Identify problems and concerns ■ Determine onset of symptoms to help estimate onset of infectious period (IP) <p>Refer to CTBG Table 31: Estimating onset of infectious period</p> <ul style="list-style-type: none"> ■ Identify patient's routine (family, work, recreation) ■ Identify contacts and locating information ■ Establish TB contact investigation priorities ■ Reinforce follow through of treatment plan 	Examine sites of transmission <ul style="list-style-type: none"> ■ Visit the sites where the patient spent time during infectious period ■ Components of the field investigation include: <ul style="list-style-type: none"> • Interview, test & provide appropriate TB education • Identify additional contacts • Assess physical conditions of the setting (room size, ventilation, airflow, etc.) 	Prioritize contacts <p>HIGH PRIORITY contacts are determined by:</p> <ul style="list-style-type: none"> ■ Most likely to be infected ■ Most likely to progress to disease if infected 	Locate and evaluate contacts <ul style="list-style-type: none"> ■ Approach to evaluation of contacts may vary depending on local circumstances, resources, and policies <p>EVALUATION:</p> <ul style="list-style-type: none"> ■ Question contacts about symptoms and evaluate if symptoms are present ■ Tuberculin Skin Test (TST) followed by chest X-ray (CXR) for all Mantoux TST positive (≥ 5mm induration) ■ CXR for all children <5 years of age (PA & Lat) ■ Sputum examinations for all symptomatic contacts & all with CXR abnormalities suggestive of TB 	Treat and follow up contacts <ul style="list-style-type: none"> ■ Evaluate all potential latent TB infection (LTBI) treatment candidates for active TB ■ Identify those who have been treated previously ■ Identify those with contraindications to treatment for LTBI (e.g., prior allergic reactions, severe unstable liver disease) ■ Identify co-morbid conditions and other medications being taken 	Evaluate contact investigation activities <p>Collection and analysis of contact investigation data will enable programs to:</p> <ul style="list-style-type: none"> ■ Manage the care and follow up of TB case contacts ■ Perform epidemiological analysis of the investigation in progress to: <ul style="list-style-type: none"> • Allow prioritization of programme activities and resources • Help determine whether there is evidence of TB transmission which will inform the need to expand the contact investigation ■ Measure how well programme targets are being met

Source: Caribbean Guidelines for the Prevention, Treatment, Care, and Control of Tuberculosis and TB/HIV, Appendix C: Implementing TB Contact Investigation, 2010.

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