

Overview of Contact Investigation (C.I.) Guidelines

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Objectives

- Understanding the role and importance of Contact Investigation Guidelines
- Understanding Contact Investigation Guidelines application in public health settings

History and Role of Contact Investigation Guidelines

American Thoracic Society (1976) created a simple guideline for contact investigations

National Tuberculosis Controllers Association & CDC (2005) created a new guideline

Guidelines Content

- Decision to Initiate Contact Investigation
- Investigating the Index Patient and Sites of Transmission
- Assigning Priorities to Contacts
- Diagnostic & Public Health Evaluation of Contacts
- Treatment for Contacts
- When to Expand a Contact Investigation
- Communicate Through Media
- Data Management & Evaluation of Contact Investigators
- Confidentiality & Consent for Contact Investigation
- Staffing & Training for Contact Investigation
- Contact Investigations in Special Circumstances
- Source - Case Investigation

•**Decision to Initiate Contact Investigation**

- Investigating the Index Patient and Sites of Transmission
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Likelihood of Transmission

Anatomical site of disease

Sputum bacteriology

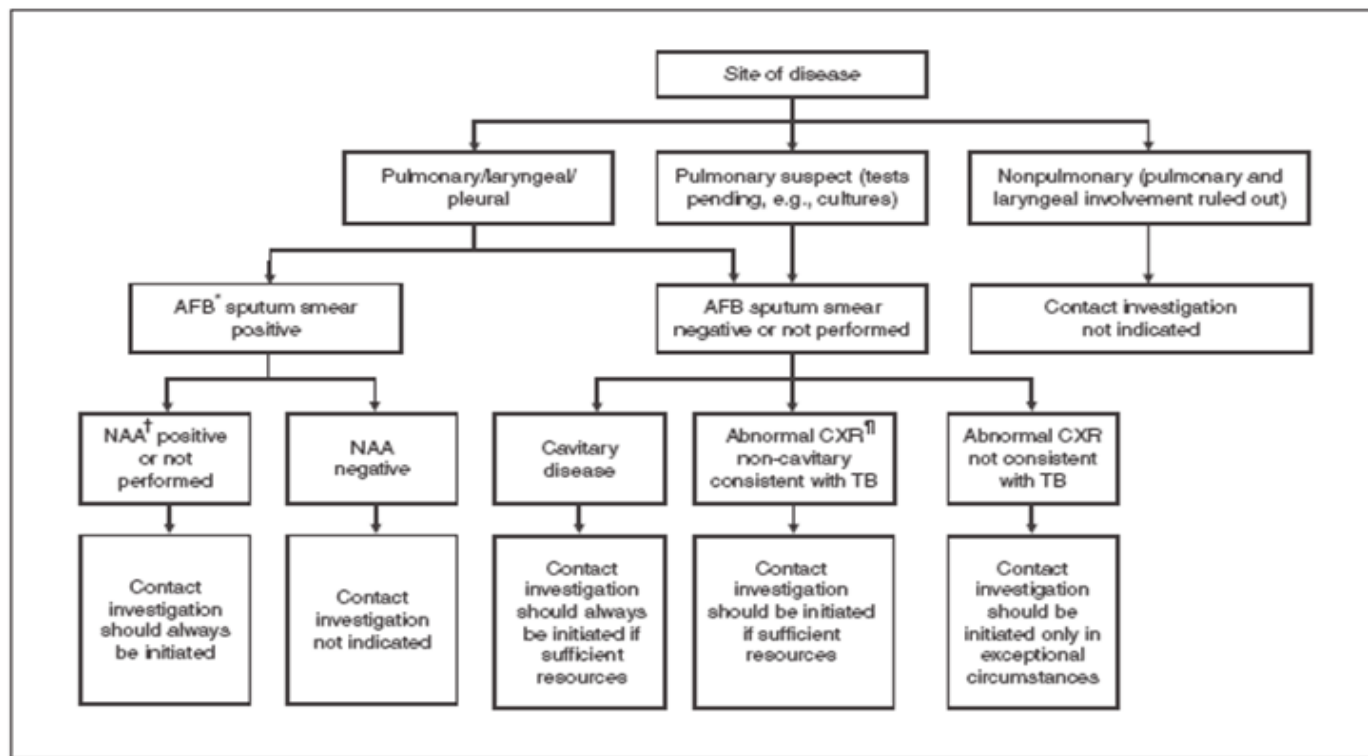
Radiographic Findings

Age

Behavior that increases aerosolization of secretions

Administration of Effective Treatment

FIGURE 1. Decision to initiate a tuberculosis (TB) contact investigation



* Acid-fast bacilli.

† Nucleic acid assay.

‡ According to CDC guidelines.

§ Chest radiograph.

- Decision to Initiate Contact Investigation

- **Investigating the Index Patient and Sites of Transmission**

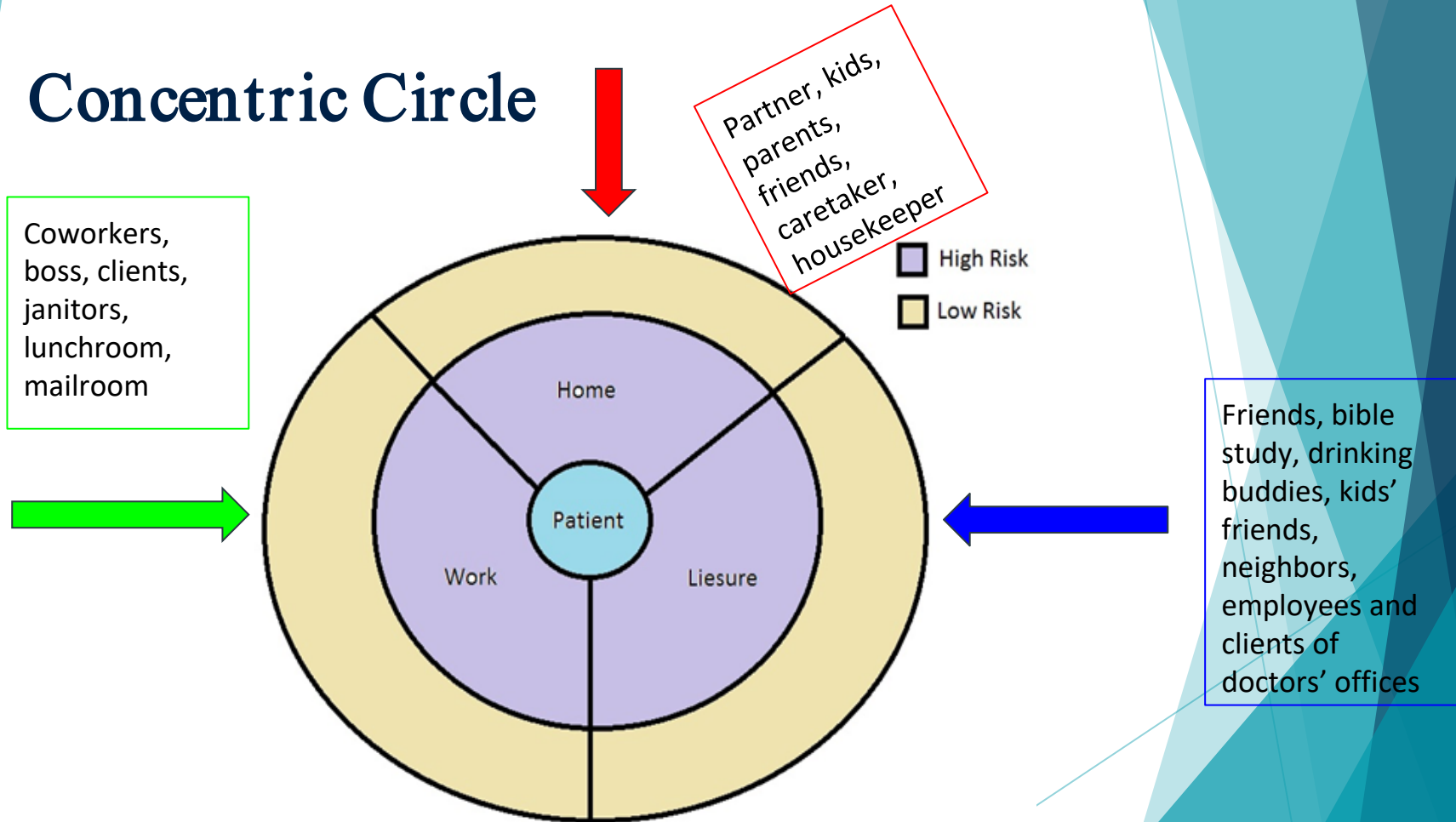
- Assigning Priorities to Contacts

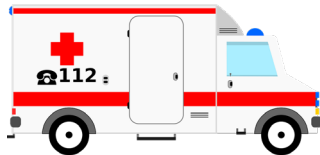
- Diagnostic & Public Health Evaluation of Contacts

- Treatment for Contacts

- When to Expand a Contact Investigation

Concentric Circle





- Decision to Initiate Contact Investigation
- Investigating the Index Patient and Sites of Transmission
- **Assigning Priorities to Contacts**
- Diagnostic & Public Health Evaluation of Contacts
- Treatment for Contacts
- When to Report Contact Investigation

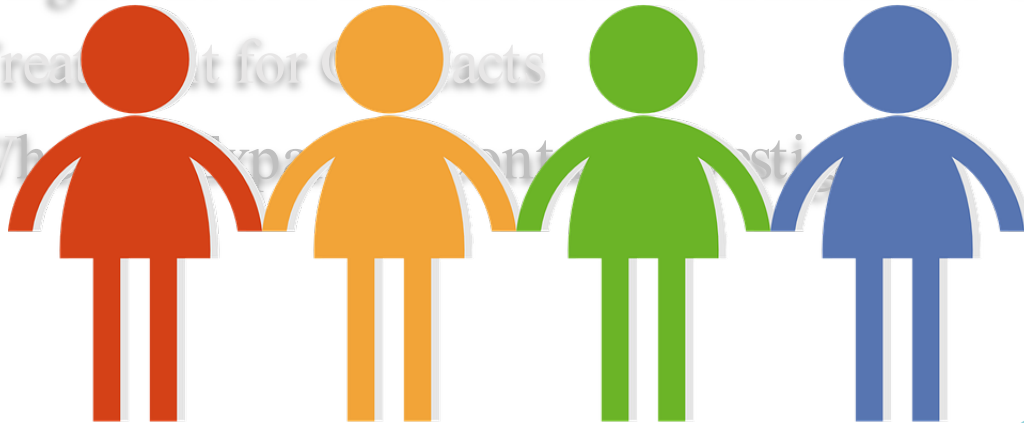


FIGURE 2. Prioritization of contacts exposed to persons with acid-fast bacilli (AFB) sputum smear-positive or cavitary tuberculosis (TB) cases



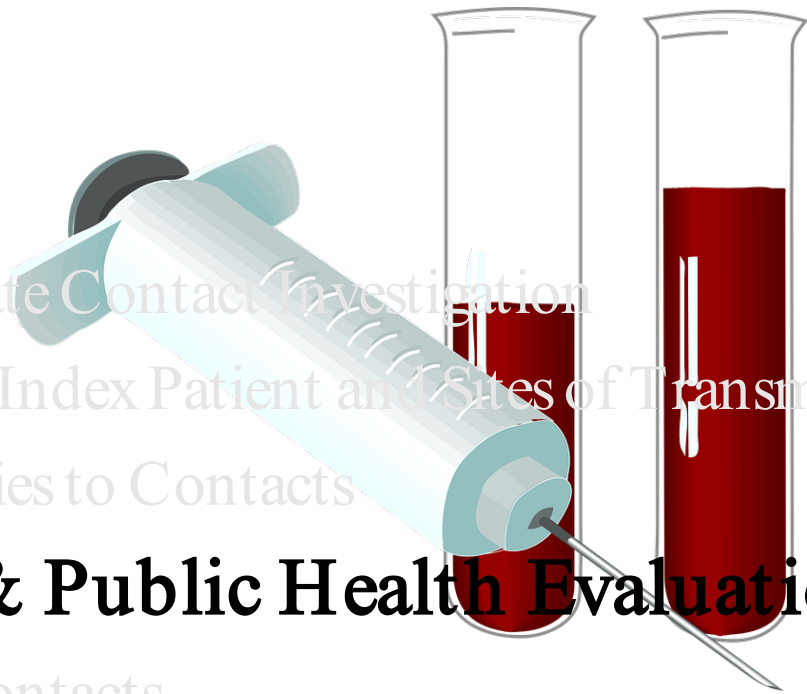
Who is high risk?
Who is low?

* Human immunodeficiency virus or other medical risk factor.

† Bronchoscopy, sputum induction, or autopsy.

‡ Exposure exceeds duration/environment limits per unit time established by the health department for high-priority contacts.

§ Exposure exceeds duration/environment limits per unit time established by the health department for medium-priority contacts.



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TABLE 3. Time frames for initial follow-up of contacts of persons exposed to tuberculosis (TB)

Type of contact	Business days from listing of a contact to initial encounter*	Business days from initial encounter to completion of medical evaluation†
High-priority contact: index case AFB§ sputum smear positive or cavitory disease on chest radiograph (see Figure 2)	7	5
High-priority contact: index case AFB sputum smear negative (see Figure 3)	7	10
Medium-priority contact: regardless of AFB sputum smear or culture result (see Figures 2–4)	14	10

SOURCE: California Department of Health Services Tuberculosis Control Branch; California Tuberculosis Controllers Association. Contact investigation guidelines. Berkeley, CA: California Department of Health Services; 1998.

* A face-to-face meeting that allows the public-health worker to assess the overall health of the contact, administer a tuberculin skin test, and schedule further evaluation.

† The medical evaluation is complete when the contact's status with respect to *Mycobacterium tuberculosis* infection or TB disease has been determined. A normal exception to this schedule is the delay in waiting for final mycobacteriologic results, but this applies to relatively few contacts.

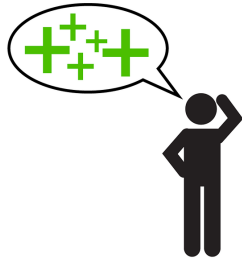
§ Acid-fast bacilli.

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Questions?

Louisiana Department of Health
Office of Public Health
Bureau of Infectious Diseases