


Other Considerations for Contact Investigations

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TB Contact Investigation (Pilot)
October 31, 2023
San Antonio, Texas


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Chelsea Hargrave, BS, CHES has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this educational activity

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So, is the Contact Investigation Over?

A CI can be closed if

- Identified contacts have been assessed for TB in accordance with local policy
 - At some point, the TB program must decide when all reasonable investigative efforts have been exhausted
- Contacts with LTBI have completed or are close to completing treatment
- No additional active TB cases among contacts



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When Should a Contact Investigation be Expanded?

Sometimes a CI has to be expanded if there is evidence of recent transmission

- Unexpectedly high TB disease or LTBI rates among priority contacts
- Large number of contacts with change in infection status from negative to positive
- TB disease in any contacts who had been assigned low priority or TB disease in those previously not identified as contacts
- Infection in any contacts younger than 5 years of age



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Expanding a Contact Investigation

- Decision to expand CI should be based on the investigation data
 - Results should be reviewed weekly
- Decision should be made by supervisory staff
- In the absence of recent transmission, the investigation should not be expanded to lower-priority groups

TEXAS Health and Human Services | Texas Department of State Health Services

TB Contact Investigation Expansion Analysis Check-List

This check-list is designed to evaluate testing results once highest-priority contacts have been evaluated for evidence of recent TB transmission. Factors indicating recent transmission warrant an expansion of the contact investigation.

Index Patient: _____ (LAST NAME) (FIRST NAME) DOB: _____
 Contact Investigator: _____ (LAST NAME) (FIRST NAME)

| Factors Indicating Transmission | YES | NO | Details |
|--|-----|----|--|
| 1. Rate of Infection in contacts is equal or more than 20% in initial testing. | | | The rate of infection is: _____ % Infection rate formula: $\frac{\# \text{ of new positives}}{\text{Total \# of contacts newly tested}} \times 100$ See expansion requirements |
| 2. Positive test for any child < 5 years of age. | | | Number of children < 5 years of age with a positive test: _____ |
| 3. Test-result conversion of any contact from negative to positive from initial to second round testing. | | | Number of contacts converted from negative to positive: _____ |
| 4. Infection among casual or low-priority contacts. | | | Number of casual or low-priority contacts infected: _____ |
| 5. Evidence of secondary transmission among any contacts. | | | Name of contact who developed TB disease: _____ |

Contact Investigator initials are required next to all applicable terms (A, B1 or B2, C):

A. Program objectives and requirements for contacts have been met.¹
 B1 Above factors (1-5) indicate no transmission → NO EXPANSION
OR
 B2 At least one of the above factors (1-5) indicate recent transmission → EXPAND INVESTIGATION on _____
 Number of contacts evaluated after expansion: _____
 C Contact investigation has been stopped on ____/____/____

Contact Investigator Signature: _____ Date: ____/____/____
 Supervisor Approval Signature: _____ Date: ____/____/____



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Working with the Media

Possible Situations for News Coverage

- Certain CIs have potential for sensational news coverage
- Examples include CIs that
 - Involve numerous contacts (especially children)
 - Occur in public settings
 - Occur in workplaces
 - Are associated with TB fatalities
 - Are associated with drug-resistant TB



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Reasons for Participating in News Media Coverage (1)

- Educates the public about TB
- Reminds the public of the continued presence of TB and the importance of public health efforts
- Provides another method to alert exposed contacts for the need to seek a medical evaluation
- Relieves public fears regarding TB



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Reasons for Participating in News Media Coverage (2)

- Illustrates health department leadership in communicable disease control
- Guides public inquiries to the health department
- Validates the need for public resources to be directed to disease control



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Strategy for News Coverage

- Prepare media messages
- Develop communication objectives
- Issue news release in advance of any other media coverage
- Collaborate with partners outside the health department

Texas Health Department
Tuberculosis (TB) Incident Report

To be submitted for the following events: media sensitive exposures, exposures with ≥ 50 contacts in a single site, ≥ 12 school exposures with ≥ 25 contacts, or exposures deemed concerning by the program. Please submit form via: [Dallas@txdhs.gov](#) or fax to 817-826-6710 within 48 hours of incident. Fields may be left blank if information is pending.

| | |
|--|---|
| Administrative Information | |
| Submission Date: _____ | City of Incident: _____ |
| County: _____ | Region: _____ |
| Local Contact Person | |
| Local Contact Person: _____ | Phone Number: _____ |
| Title: _____ | E-mail: _____ |
| Personal/Subject Information | |
| Paternal Name: _____ | TST performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | TST Test Date: _____ TST Result Date: _____ |
| DOB: _____ | Results (mm): _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative |
| Foreign Born? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | IGRA results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate |
| Country of Birth: _____ | <input type="checkbox"/> Unknown <input type="checkbox"/> Pending <input type="checkbox"/> Not Performed |
| Annual Date: _____ | IGRA Test Date: _____ <input type="checkbox"/> T-Spot <input type="checkbox"/> QFT |
| Symptom Onset Date: _____ End Date: _____ | NAAT results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Fever <input type="checkbox"/> Fatigue | <input type="checkbox"/> Pending <input type="checkbox"/> Not Performed |
| <input type="checkbox"/> Loss of appetite <input type="checkbox"/> Night Sweats <input type="checkbox"/> Weight loss | NAAT Date: _____ |
| <input type="checkbox"/> Other, please specify: _____ | AFB Specimen: _____ Collection Date: _____ |
| Additional comments on symptoms: _____ | Were specimens sent to DSHHS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| AFB Isolate? <input type="checkbox"/> Yes <input type="checkbox"/> No | AFB Isolate results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown |
| Name of Hospital: _____ | <input type="checkbox"/> Pending <input type="checkbox"/> Not Performed |
| Hospital Dates: _____ to _____ | AFB Class: <input type="checkbox"/> H1 <input type="checkbox"/> H2 <input type="checkbox"/> H3 <input type="checkbox"/> H4 <input type="checkbox"/> H5 |
| Isolate? <input type="checkbox"/> Yes <input type="checkbox"/> No | CAF Class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 |
| If pos, isolated? <input type="checkbox"/> Yes <input type="checkbox"/> No | AFB culture result: <input type="checkbox"/> AFB found <input type="checkbox"/> M. tuberculosis complex |
| Infection period: _____ to _____ | <input type="checkbox"/> AFB found <input type="checkbox"/> Non-M. tuberculosis complex |
| Started on treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | <input type="checkbox"/> No AFB found <input type="checkbox"/> Pending <input type="checkbox"/> Not Performed |
| Drug start date: _____ Drug end date: _____ | Additional laboratory comments (e.g. IS6110, other specimens): _____ |
| Type of Drug: <input type="checkbox"/> Ison <input type="checkbox"/> Rif <input type="checkbox"/> FQX <input type="checkbox"/> EMB | |
| <input type="checkbox"/> Other (specify): _____ | |
| Case Dead? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Chest X-ray performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| Date of Death: _____ | Date of CXR: _____ Results: <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal |
| Was TB diagnosis at death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Chest X-ray indicates Cavitation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was TB cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | Chest CT performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| | Date of CT: _____ Results: <input type="checkbox"/> Abnormal <input type="checkbox"/> Normal |
| | Chest CT indicates Cavitation? <input type="checkbox"/> Yes <input type="checkbox"/> No |



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THANK YOU!!!!

Chelsea Hargrave

