

Meeting with Contacts for TB Assessment

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Learning Objectives

After this session, participants will be able to:

1. Explain why contact assessments are conducted
2. Explain how contacts are referred for assessment
3. Explain what information needs to be obtained from a TB contact
4. Describe how to maintain confidentiality when meeting with contacts

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Why Conduct a Contact Assessment?

1. Determination of contacts' TB symptoms
2. Gathering of social and medical information
3. Referral or in-person testing for TB infection with a TST or IGRA
4. Provision of treatment as indicated

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How Are Contacts Referred for an Assessment?(1)

- Health department referral
 - Health care worker informs the contact about exposure and the need for a medical evaluation
- Case referral
 - Case agrees to inform the contact about exposure and the need for a medical evaluation

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How Are Contacts Referred for an Assessment? (2)

- The case should be given a choice of whether to inform contacts about their exposure to TB prior to health department referral process
- Discuss referral options with case

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When and How Should a Contact Assessment be Conducted?

- The initial contact assessment should be within 3 working days of the contact having been identified
- Should be conducted in-person
- The investigator should use effective communication skills



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How Do You Conduct the Contact Visit? (1)

Introduce yourself and explain purpose of visit

- Ask to speak to the contact
- Verify the contact's identity
- Ask to speak in privacy
- Inform the contact that the purpose of the visit is to discuss a health matter
- Discuss the contact's potential exposure to TB, but maintain the case's confidentiality

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How to Maintain the Case's Confidentiality When Meeting with a Contact

- Do not reveal the case's name
- Use gender neutral language
- Do not mention the name of the case's health care worker, place and dates of diagnosis, or hospitalization
- Do not reveal specific dates or environment in which exposure occurred
- Confidentiality should not be violated even if the contact refuses to be evaluated

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How to Maintain the Contact's Confidentiality

- Inform the contact that medical evaluations may be shared with health care workers who have a "need to know"
- Assure the contact that their information will not be shared with family, friends, or others without consent
- Stress that confidentiality is reinforced by local and state policies, statutes, and/or regulations

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How Do You Conduct the Contact Visit? (2)

- Provide education on TB
- Describe TB assessment process
 - Assess for TB symptoms
 - Administer TST/IGRA or schedule an appointment
- Ask questions to gather social and medical information to assess the contact's TB risk and further guide CI efforts
- Identify barriers to care and treatment

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Educating the Contact about TB

- Explain
 - The difference between LTBI and TB disease
 - The progression from LTBI to TB disease
 - Testing for TB infection
 - Initial test
 - Possibility for follow-up test
- Stress the importance of taking LTBI treatment, if needed

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Tips for Educating Contacts about TB

- Have culturally and language-specific education materials available
- Avoid using medical terms and recognize when to refer questions to appropriate personnel

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Determination of Contacts' Potential TB Symptoms

During the initial assessment, all contacts with symptoms of TB disease should be medically examined immediately



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Referral or In-Person Testing for TB Infection with a TST or IGRA

- Contacts should receive a TST or IGRA unless a previous, documented positive result exists
- A TST induration of 5 mm or larger is positive
- A contact with a
 - Positive TST or IGRA should be medically examined for TB disease
 - Negative TST or IGRA should be re-tested 8 to 10 weeks after date of last exposure (window period)



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Obtaining Social and Medical Information

Key information to obtain from contacts:

- Current TB symptoms (if any) and onset dates
- Previous LTBI or TB (and related treatment)
- Previous TST or IGRA results
- HIV status
 - Offer HIV testing if status unknown
- Other medical conditions or treatments that increase TB risk
- Socio-demographic factors

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Provision of Treatment

- The decision to test a contact should be considered a commitment to treat
- Contacts with a positive TST or IGRA should be offered LTBI treatment
 - Once TB disease is excluded
 - Regardless of whether they received BCG vaccine in the past
 - Unless there is a compelling reason not to treat
- Contacts with TB disease need to be treated under DOT

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Reminder: Communication Tips

- Two-way communication is essential to ensure the contact
 - Understands the information
 - Appreciates the seriousness of the situation
- Be sure to
 - Use open-ended questions
 - Reinforce the contact's understanding by asking him or her to explain your message

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Meeting with a Contact: Demonstration by Facilitators



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Meeting with a Contact Exercise

Refer to Appendix U



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Review

1. Why are contact assessments conducted?
2. How are contacts referred for assessment?
3. What information needs to be obtained from a TB contact?
4. How can confidentiality be maintained when meeting with contacts?

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