Learning Objectives

After completing this session, participants will be able to:

1. Decide when to use a proxy for an interview
2. Explain how to work with the management of congregate settings
3. List two strategies for working with the media during a contact investigation

Conducting Interviews with Persons Other than the Case

Proxy Interviews

What is a Proxy Interview?

A proxy interview is when a person is interviewed in place of the case.

When to Use Proxy?

Proxies are used when a case cannot be interviewed because they are
- A child
- Physically or mentally unable to communicate
- Deceased
- Unable to be located
Who is an Appropriate Proxy? (1)

An appropriate proxy is someone who

• Knows the case’s practices, habits, and behaviors
• Is able to identify persons whom the case has been in contact with

Who is an Appropriate Proxy? (2)

An appropriate proxy can be:

• A family member
• A close friend
• Someone else who knows the case well

— In congregate settings, the proxy may not have personal knowledge of the case, but may have access to documentation about the case.

What Information Should be Gathered from a Proxy?

• Where the case spent time
• Who the case spent time with
• What activities the case participated in

Maintaining Confidentiality

Proxies should be educated about

• His or her responsibility to keep the case’s information confidential
• The health department’s confidentiality policy

When NOT to Use a Proxy Interview

• Proxies should not be used simply because the case
  — Is unwilling to be interviewed
  — Speaks a different language than the interviewer

Source Case Investigations

Special Circumstances
What is a Source Case?
A source case is a person with TB disease who is responsible for transmitting *M. tuberculosis* to another person or persons.

What is a Source Case Investigation?
A source case investigation is a method of identifying source cases of TB disease.

When to Conduct a Source Case Investigation
- Source-case investigations should be considered for
  - Children younger than 5 years of age who have TB disease
  - Children younger than 2 years of age who have LTBI
  - Health care workers whose serial testing indicates recent transmission

Procedures for a Source Case Investigation
- Use the same procedures as a standard contact investigation, but in the opposite direction.
- The case or guardians are the best informants.
- Focus on associates who have symptoms of TB disease.
- Begin with the closest associates such as household members.

Social Networks
- A social network is a group of people connected by common behavior/activities
  - Drug use
  - Gathering places (e.g., church, work, bars)
  - Other connections that promote disease transmission
- Focuses on groups and places rather than individuals
## Why Use a Social Network Strategy for a TB Contact Investigation?

- Complements the traditional CI approach by interviewing contacts for more information related to potential TB transmission
- Helps narrow or expand CI activities by
  - Identifying groups of contacts that might be infected because of common activities and/or locations
  - Identifying possible places of transmission (exposure settings)
- Helps to detect and stop outbreaks

## When to Use Social Network Strategies?

- There are gaps in information provided by case
- Epidemiology indicates transmission is ongoing
- There is insufficient locating information for contacts
  - Homeless populations, drug partners, full name of contact not known, etc.
- There are gaps in exposure dates

## How is the Social Networking Strategy Implemented for CI?

- Interview the case and contacts to increase an understanding of who is part of the “social network”
- Use the information from various interviews to identify commonly named
  - Locations of exposure
  - Contacts
- Conduct a field visit at commonly named sites and assess commonly named contacts

## What Types of Questions to ask in Social Network Interview?

- What kind of activities are you involved in?
- Who do you know who has been coughing or may have TB?
- Where do you like to spend your time/hangout?
- Who are your closest friends?

## What is a Congregate Setting?

A congregate setting is a setting in which a group of usually unrelated persons reside, meet, or gather either for a limited or extended period of time in close physical proximity.
Examples of Congregate Settings (1)
- Schools
- Nursing homes
- Correctional facilities
- Places of worship
- Hospitals
- Shelters
- Social settings
- Workplace settings

Examples of Congregate Settings (2)

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What Are Some Challenges for Contact Investigations in Congregate Settings?
- Collaboration with officials and administrators unfamiliar with TB
- Legal implications
- Media coverage
- Substantial number of contacts
- Incomplete information regarding contact names and location
- Incomplete data for determining priorities
- Difficulty in maintaining confidentiality

Working with Congregate Setting Management
When a CI is needed in a congregate setting, it is important to communicate effectively and immediately begin to build trust and rapport with the management.
- Initial notification of the need for a CI can occur by telephone
  - Do not provide specific case information and risk violating medical privacy
- An in-person meeting to discuss CI process should be scheduled

What Should Occur at the Initial Meeting? (1)

Agenda items to discuss:
- Provide basic TB education
- Discuss potential media interest
- Discuss confidentiality issues
  - In some situations, the case’s identity may be released to management. If so, obtain signed confidentiality agreement
- Discuss case information (e.g., medical status, infectiousness)

What Should Occur at the Initial Meeting? (2)

Agenda items to discuss (continued)
- Explain infectious period
- Conduct site tour
- Determine total number of individuals in setting
- Explain process of identifying and testing contacts
  - Provision of TB education
  - Explanation of testing
  - Who will be administering tests
  - Where testing will take place
  - Follow-up testing
**What are the Steps for Conducting the CI for a Congregate Setting?**

- Identify and prioritize contacts to be assessed
  - Can be challenging to limit to high priority contacts
- Assess contacts
  - Most convenient approach: on-site
  - Alternative approach: at the health dept. with additional personnel and extended hours
  - Last resort: notify contacts to seek TB evaluation with own healthcare provider

**Working with Congregate Settings: Correctional Facilities**

- Establish collaboration between the correctional facility and the health department
- Identify priority contacts who have been transferred, released, or paroled
- Unless follow-up supervision can be arranged, there is a possibility of low completion rate

**Working with Congregate Settings: Workplaces**

- Duration and proximity of exposure can be greater than in other settings
- Details to gather from the case during the initial interview include
  - Employment hours
  - Working conditions
  - Workplace contacts
- Occasional customers are not a priority

**Working with Congregate Settings: Health Care Settings**

- Majority of hospitals and other health care settings test employees for TB infection on regular basis
- Plan CI jointly with health care settings
  - Responsibilities should be divided between occupational health and TB program

**Working with Congregate Settings: Schools**

- Early collaboration with school officials and community members is recommended
- Issues of consent and disclosure of information more complex for minors
- Establish and focus on priority contacts rather than testing the whole school
  - Be aware of possible political pressure

**Working with Congregate Settings: Homeless Shelters**

- Challenges include
  - Locating cases and contacts
  - Mental illness
  - Periodic incarceration
  - Migration between jurisdictions
- Site visits and interviews are crucial
- Work with administrators to offer onsite treatment

**Special Circumstances**
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

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

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

Potential Drawbacks to News Coverage
- May increase public anxiety
- Persons may seek unnecessary medical care
- Could contribute to unfavorable views of the health department
- Could contribute to the spread of misinformation
- Unintended disclosure of confidential information

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
Review

1. What is a proxy interview?

2. Who is considered an appropriate proxy?

3. What should be discussed with the management of a congregate setting if one of their clients has been diagnosed with TB disease?

Role Plays

Refer to Appendix V