
Meeting with Contacts for TB Assessment

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**

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**

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**

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**

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**



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**

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**

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**

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 to¹⁰ care and treatment**

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**

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**

Determination of Contacts' Potential TB Symptoms

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



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)**



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**

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**

Reminder: Communication Tips

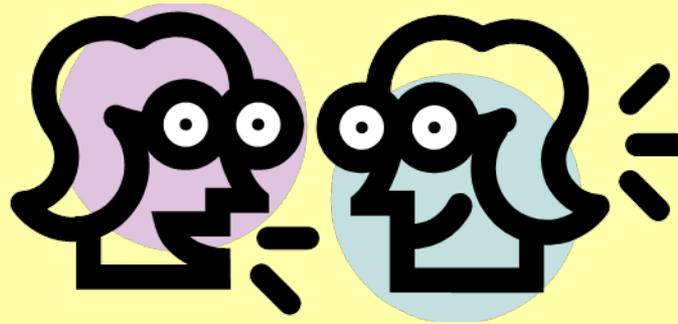
- **Two-way communication is essential to ensure the contact**
 - Understands the information
 - Appreciates the seriousness of the situation
- **Be sure to**
 - Use open-ended questions
 - Reinforce the contact's understanding by asking him or her to explain your message

Meeting with a Contact: Demonstration by Facilitators



Meeting with a Contact Exercise

Refer to Appendix U



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?**