

Tuberculosis Contact Investigation Care Guide April 2018



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

SUMMARY

GOALS

- ✓ Stop transmission of tuberculosis (TB) by initiating a contact investigation (CI) to identify contacts who were exposed to an infectious TB case.
- ✓ Perform a prompt and thorough evaluation of identified contacts.
- ✓ Complete a CI for all culture or nucleic acid amplification test (NAAT) confirmed TB cases.
- ✓ Identify and treat all identified cases of TB disease and TB infection.

ALERTS

- High priority contact groups (close contacts and immunosuppressed contacts) are at higher risk of progressing to TB disease.
- Rapid screening needed for immunosuppressed contacts.
- Exposed patient contacts with TB symptoms or a newly positive TB test are considered TB suspects and not given TB infection treatment until TB disease is ruled out.

CONTACT INVESTIGATION OVERVIEW

A Contact Investigation is a standardized approach to stop TB transmission by identifying people who have:

- Culture-confirmed pulmonary, laryngeal or pleural TB, or
- High suspicion for pulmonary, laryngeal or pleural TB, with a positive NAAT result on a respiratory sample (culture pending), and started on presumptive treatment for active TB disease.

All suspect and confirmed TB cases must be reported within one business day of identification to the local health department (LHD) and the California Correctional Health Care Services (CCHCS) Public Health Branch (PHB). When infectious culture-confirmed or NAAT positive TB patients are reported, the LHD and CCHCS-PHB will promptly consult with the correctional facility leadership team to support and assist facility staff with initiation and completion of the required CI responsibilities and tasks, including:

- Place appropriate initial medical holds on TB case and exposed contacts.
- Interview the TB case patient as soon as possible.
- Gather lists of patients who possibly have been exposed to the TB index case.
- Establish the correctional facility CI leadership team participants.
- Confer with patient's health care provider, public health nurse (PHN) and other facility leaders, LHD Health Officer (HO) and LHD staff, Office of Employee Health (OEH) and CCHCS-PHB team to determine the following:
 - A. Infectious period,
 - B. Exposed and high priority contact groups, and
 - C. Patient and staff CI plan.
- Refer exposed employees to managers, Return to Work Coordinator and OEH for evaluation, testing and follow-up.
- Perform, summarize, and report baseline and post-window screenings.
- Determine if a CI needs to be expanded based on transmission of TB disease.
- Follow the LHD recommendations for a CI expansion, if indicated.
- Release medical holds on exposed patients as appropriate, and
- Summarize and report final CI results.