**Washington State**

**Contact Investigation Toolkit**

**Contact Investigation Workgroup  
DOH Tuberculosis Program**



DOH 343-141 November 2018

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**Thank you to the Contact Investigation Workgroup participants**:

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**Introduction: Contact Investigation Workgroup**

The Contact Investigation (CI) Workgroup was formed in January 2014 to review state indicators related to Contact Investigations and look for opportunities to improve outcomes in TB contacts being evaluated and treated in a timely manner. Representatives from Washington State Department of Health (DOH) and local TB programs participated in this workgroup.

The CI Workgroup surveyed Local Health Jurisdictions (LHJs) to assess their needs around contact investigations. The results indicated that some counties were less comfortable with conducting contact investigations because active TB cases occur so infrequently. When the need to do a CI does arise, some feel unprepared or unsure of the appropriate steps to take.

Based on the survey results, the CI Workgroup decided to focus on developing a CI toolkit, available online, for quick, easy access to resources when needed. Forms, letters, decision trees, guidance documents and other CI materials were collected from LHJs and other public health agencies. The following toolkit is a summary of the resources collected and can be used and adapted by public health officials conducting contact investigations in Washington.

**Guidelines**

**Washington State Tuberculosis Services Manual**

The [TB Services Manual](https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/LocalPublicHealth/TBServicesManual) outlines how public health professionals complete tuberculosis (TB) prevention and control tasks in Washington State. Section 9 of the Manual features a Quick Start Check List, detailed instructions, and forms to use during the contact investigation and will assist users in:

* Deciding when to initiate a contact investigation.
* Understanding the time frames for key contact investigation activities.
* Estimating the infectious period.
* Conducting index patient interviews.
* Assigning priorities to contacts.
* Completing contact evaluation, treatment, and follow-up.
* Determining when to expand a contact investigation.
* Managing data and evaluating contact investigations.
* Conducting an outbreak investigation.

**Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis: MMWR 2005; 54(No. RR-15)**

This [MMWR on contact investigations](http://www.cdc.gov/mmwr/pdf/rr/rr5415.pdf) features recommendations from the National Tuberculosis Controllers Association and CDC, including guidelines concerning investigation of TB exposure and prevention of future cases of TB through contact investigations. Also includes topics such as data management, confidentiality and consent, and human resources. These guidelines are intended for use by public health officials but also are relevant to others who contribute to TB control efforts.

**Workplace Contact Investigation Protocols**

Assists public health officials in completing contact investigations in the workplace. Information may also be helpful for occupational health and infection control professionals. The protocols document can be found on the [Utah Department of Health website](http://health.utah.gov/epi/diseases/TB/guidelines/) under ‘Policies and Protocols’.

**Draft Protocols for Contact Investigations**[Draft Protocols for Contact Investigations](#DraftProtocolsContactInvestigations), developed by Tacoma-Pierce County Health Department, outlines how public health officials should conduct contact investigations. (pp. 6-10)

Draft Protocols for Contact Investigations – (page 1 of 5)

**Note:** Complete guidelines for proceeding with a contact investigation can be found in Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis [http://www.cdc.gov/mmwr/pdf/rr/rr5415.pdf](http://www.cdc.gov/mmwr/pdf/rr/rr5415.pdf%20)

**Purpose:** To evaluate and offer treatment to those individuals in contact with an index/source case of tuberculosis, thus preventing future cases of tuberculosis.

**Definition:** “Contact investigations are conducted for persons with suspected or confirmed pulmonary, laryngeal, or pleuropulmonary tuberculosis (TB) with pulmonary cavities or respiratory specimens positive for acid-fast bacilli (AFB) sputum smear.” WA State [TB Services Manual, Section 9: Contact Investigations](http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis/HealthcareProfessionals/TBServicesManual)

1. Evaluate the medical records and question the index/source case to decide if a contact investigation is indicated
2. Begin within 1 business day of the case report
3. Review patient’s type and length of symptoms
4. Set contagious period by subtracting 3 months from start of symptoms
5. Home or hospital visit (in-person, using the Contact Investigation Worksheet)
6. Ask patient to define the living situation-room, apartment or house and number of people in the residence
7. Workplace address, phone number of supervisor and work schedule
8. Check for exposure at
   1. Worship
   2. School
   3. Social groups or gatherings
   4. Incarceration
   5. Medical appointments
   6. Holiday or casual visitors
   7. Use of public transport
   8. Get dates and times of attendance at the above
   9. Obtain address, phone number, name of a contact person at these sites

Draft Protocols for Contact Investigations – (page 2 of 5)

1. Assign priorities to contacts, based on the index/source case’s medical condition, the amount of exposure and the medical condition of the contact
2. *High priority for index/source case*: index/source case has pulmonary, laryngeal or pleuropulmonary site; cavity on chest radiograph and sputum smear is positive for AFB.
3. *High priority for exposure*: greater than 8 cumulative hours in an enclosed space with index/source case
4. *High priority of contact*: those persons who are at increased risk of developing TB disease, especially children less than 5 years and immunosuppressed individuals.
5. Medium priority for index/source: index/source case has pulmonary, laryngeal or pleuropulmonary site; no cavity on chest radiograph and sputum smear is negative for AFB.
6. Medium priority for exposure: less than 8 hours in an enclosed space with index/source case
7. Medium priority of contact: not at increased risk for developing TB disease if infected
8. Low priority for index/source: index/source case has pulmonary, laryngeal or pleuropulmonary site; no cavity on chest radiograph and sputum smear is negative for AFB.
9. Low priority for exposure: no time spent in an enclosed space with source case.
10. Low priority for contact: not applicable

For additional guidance, refer to the Contact Investigation Algorithm below or WA State Department of Health’s [CI Need and Prioritization Reference Card](#CINeedPriorityReferenceCard).

Draft Protocols for Contact Investigations – (page 3 of 5)

Contact Investigation Algorithm

Draft Protocols for Contact Investigations – (page 4 of 5)

1. Contact Information using Contact list form
2. Name and address of contact
3. Date of birth, relationship to source case and country of birth
4. Phone number
5. Risk factors for developing TB disease if infected
6. Name and phone number of health care provider
7. Date and result of testing
8. Testing and evaluation-Baseline
9. See General procedures section for TB Skin Testing, IGRA, chest x-ray and Window Therapy.
10. High Priority contact investigation should start as soon as possible with the goal of completing the testing and evaluation within 7 days of receipt of case report.
11. Window therapy (see General Procedures) should be started within 7 days of receipt of case report.
12. Medium priority contact testing can be postponed until 8 weeks after last exposure (local decision by TB Team)
13. Low priority contacts need no testing if there are no TB infected positive contacts in the High and Medium exposure groups. These persons may see their primary care provider for testing and evaluation.
14. Testing and evaluation-Follow up round
15. All tests for TB infection are checking for antibodies, which take as long as 8 weeks to form
16. Re-test all High priority contacts no earlier than 8 weeks after their last exposure to the source case
    1. High priority contacts living in the same household as the source case may be tested 8 weeks after baseline (at discretion of TB Case Manager)
    2. must have final testing done 8 weeks after the source case is released from isolation
    3. Persons on Window therapy need follow up testing 8 weeks after last exposure; if test is negative, prophylactic medicine can be stopped
17. Retest or do baseline test of all Medium exposure contacts 8 weeks after their last exposure to source case

Draft Protocols for Contact Investigations – (page 5 of 5)

1. Document the results of the CI
2. Reporting contact investigations to WA State DOH TB Program
3. Complete a TB Contact Investigation Form (find options in [Forms section](#CIReportingFormInfo))
4. Send a copy to WA State DOH TB Program via
   1. Fax: 360-236-3405
   2. Secure File Transfer (SFT – contact the [TB Program](mailto:tbservices@doh.wa.gov) for more information)
   3. Mailing address: P.O. Box 47837 Olympia, WA 98504
   4. Physical address: 310 Israel Rd SE Tumwater, WA 98501
5. Place copy of all contact investigation reports in the index patient’s chart.

**Algorithms / Decision Trees**

**Contact Investigation Need and Prioritization Reference Card**This [reference card](#CINeedPriorityReferenceCard)can be used to determine the need for a contact investigation based on the characteristics of TB disease and the level of environmental exposure. The types of contacts that need to be screened are prioritized. (p. 12)

**Algorithm for Contact Investigations**The [Algorithm for Contact Investigations,](#AlgorithmContactInvestigation) developed by Tacoma-Pierce County Health Department, offers guidance on prioritizing and testing contacts to patients with suspected or confirmed TB disease. (p. 13)

**Evaluation and Treatment of Immunocompromised Tuberculosis (TB) Contacts and TB Contacts < 5 Years of Age**This [decision tree](#EvaluationTxImmunocompTB) assists public health and medical professionals in evaluating and treating patients who are susceptible to developing TB disease. (p. 14)

****

Tuberculosis Services  
Phone: (360) 236-3443  
Fax: (360) 236-3405  
Email: tbservices@doh.wa.gov

**Contact Investigation Need and Prioritization Reference Card**

**Table 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Case Characteristics** | **Investigation and Evaluation Priority** | | | | |
| **Pulmonary, pleural or laryngeal** | **High Priority** | | | **Medium Priority** | **Low Priority** |
| **Any of the following** **scenarios:**   * AFB smear positive * Cavitary CXR * Smear neg./culture pos. * ABN CXR consistent with TB/non-cavitary * Rapid test pos. or neg., culture pos. | * All household contacts * Anyone under 5 years old * Contacts with *medical risk factors*: HIV, TNF alpha blockers, ESRD, long-term steroid use, cancer treatments or other immune-compromising condition * Contacts exposed during a *medical procedure:* bronchoscopy, sputum induction or autopsy * Contacts in a congregate setting (long-term care or detention facility) * Contacts meeting environmental exposure limits for high priority contacts (See Table 2) | | | * Anyone 5-15 yrs. old who does not meet one of the high priority criteria * Contacts meeting environment exposure limits for medium priority contacts (See Table 2) | Anyone other than  those listed; only considered if expansion is warranted |
| **Any of the following** **scenarios:**   * Suspected TB with Abn CXR, not consistent with TB * AFB neg., rapid test neg., culture neg. | None |  |  | * All household contacts * Anyone under 5 years old * Contacts with *medical risk factors* * Contacts exposed during a *medical procedure* | Anyone other than  those listed; only considered if expansion is warranted |
| **Extra-pulmonary** | **High Priority** | | | **Medium Priority** | **Low Priority** |
| * Non-pulmonary TB with pulmonary disease ruled out | None |  |  | None  Source: Virginia Department of Health | None |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 2** | | | | |
| **Recommendations for the cumulative time needed during the infectious period to assign the priority of contact**  **based on environmental exposure** | | | | |
| **Space size** | **Example** | **High Priority** | **Medium Priority** | **Low Priority** |
| Very small | Car, small office, 150 sq. ft. | 8 or more hours | 4 to less than 8 hours | Less than 4 hours |
| Small/medium | Classroom, meeting room | 24 or more hours | 12 to less than 24 hours | Less than 12 hours |
| Medium/large | Cafeteria, small church | 50 or more hours | 25 to less than 50 hours | Less than 25 hours |
| Large | Gymnasium, auditorium | 100 or more hours | 50 to less than 100 hours | Less than 50 hours |
| ***The less time exposed → the lower the potential for transmission → the lower the priority for evaluation of the contact*** | | | | |

Source: Virginia Department of Health

**How to use Tables 1 and 2 to determine need and priorities for a contact investigation:**

1. Use the Case Characteristics column in **Table 1** to locate the diagnostic information that applies to the case/suspect for which an investigation is being considered. Identify and evaluate all high priority contacts using the criteria listed in the High Priority column.
2. Use **Table 2** to determine if a contact should be included in the investigation based on cumulative exposure time if no other high priority risk factor is present.
3. Expand the investigation to medium priority contacts based on an analysis of the results from the initial round of testing, **and** if all high priority contacts have been identified and evaluated. Resources must be available to adequately evaluate and treat any additional lower priority contacts.
4. Use **Table 2** for guidance to estimate whether the amount of cumulative exposure to an infectious case was long enough to warrant investigation and evaluation of the contact. Low priority contacts should not be screened and tested based on a short duration exposure period unless there are extremely unusual circumstances.
5. Washington State Department of Health’s TB Nurse Consultant is available to discuss the need to expand any investigation beyond high priority contacts. (360) 236-3465.

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711)



**Algorithm for Contact Investigation**

|  |  |
| --- | --- |
| *May 2015*  **Suspect or Confirmed TB: Priorities and Testing**  **High Priority Contacts – *First Round*** | Communicable Disease Division  3629 South D Street, Tacoma, WA 98418  (253) 798-6410 (phone) • (253) 798-7666 (fax) |

Pulmonary/Pleural/Laryngeal Suspect or Confirmed  
**AFB smear -**

Pulmonary/Pleural/Laryngeal Suspect or Confirmed **AFB smear +**

* TST or IGRA
* CXR regardless of test result
* Window Therapy (recheck at 8-10 weeks)

Children <five years  
Immunosuppressed individuals

Children <five years  
Immunosuppressed individuals

Household and close non-household

* Symptom check
* TST or IGRA
* If positive, send for CXR; if negative
* Recommend LTBI treatment

Symptomatic (must have had exposure)

Reports previous positive TST or IGRA

Reports previous positive TST or IGRA

Retest if result is not documented

**Medium or Low Exposure Contacts - *Second Round***

Symptom check  
TST or IGRA  
If positive, send for CXR  
Recommend LTBI treatment

Congregate settings  
Exposures exceeding Environmental Limits\*

All Contacts

**\*Environmental Limits  
8-23 hours**- Very small spaces (car, small office, airplanes 120 sq. ft.) **50-99 hours**-Medium/Large spaces (cafeteria, small church)  **24-49 hours**-Small/Medium spaces (classroom, meeting room) **100 hours**-Large spaces (gymnasium, auditorium) **Source: MMWR reports and Recommendations: December 16, 2005/54 (RR15); 1**

**Evaluation and Treatment of Immunocompromised Tuberculosis (TB) Contacts1 and TB Contacts < 5 Years of Age**

**TB symptoms include:**

* prolonged cough (≥ 3 weeks)
* chest pain
* hemoptysis
* fever
* chills
* night sweats
* weight loss
* appetite loss
* fatigue

Is chest x-ray suggestive

of TB disease?

**No**

Fully evaluate for TB disease.

Contact the WA State Department of Health for consultation as needed.

360-236-3443

Evaluate with medical and exposure history, physical examination, chest x-ray2, and tuberculin skin test (TST). If history of previous positive TST, do not repeat TST.

Does the contact have

symptoms consistent with TB disease? (See list at left.)

**Yes**

**No**

**Yes**

Recommend treatment for LTBI3. DOT4 is recommended. Educate patient about symptoms of TB disease.

**Yes**

Is TST reaction ≥ 5mm?

(Disregard BCG history.)

**No**

1 i.e., persons with recent close exposure to someone with infectious TB disease

2 children < 5 years of age should have both PA and lateral views

3 Latent TB infection

4 directly observed therapy

5 treatment provided for possible LTBI between the initial and post-exposure TST; DOT is recommended

No further evaluation needed. Consider treatment for LTBI3 for HIV-infected contacts and educate patient about symptoms of TB disease.

**Yes**

Have ≥ 8 weeks passed since

last exposure to TB?

**No**

Begin window-period treatment5 for LTBI3; repeat TST 8-10 weeks after last exposure to TB.



No further evaluation needed. If initiated, window period treatment can be discontinued. Consider treatment for LTBI for HIV-infected contacts and educate patient about symptoms of TB disease.

Is TST reaction ≥ 5mm?

TB Program  
PO BOX 74837 Olympia, WA 98504-7837  
Tel: 360-343-3443, Fax: 360-236-3405   
Email: [tbservices@doh.wa.gov](mailto:tbservices@doh.wa.gov)  
Web: [www.doh.wa.gov/tb](http://www.doh.wa.gov/tb)

Adapted from Minnesota Department of Health

(Disregard BCG history.) **No**

**Yes**

Continue treatment for LTBI. DOT4 is recommended. Educate patient about symptoms of TB disease.

**Forms**

**TB Contact Investigation Form**Clark County Public Health created the [TB Contact Investigation Form](#TBContactInvestigationForm) as an easy-to-read alternative to the Washington State DOH’s [Tuberculosis Contact Investigation Form](http://www.doh.wa.gov/Portals/1/Documents/Pubs/343-059-TBContactInvestigationForm.pdf). Either form can be used to report contact investigation results to Washington State DOH. (p. 16)

**Contact Investigation Worksheet**The [Contact Investigation Worksheet](#ContactInvestigationWorksheet), created by Tacoma-Pierce County Public Health, can be used to communicate with patients about their recent whereabouts in order to identify contacts who should be tested for exposure to TB. (p. 17)

**Summary Report of a TB Contact Investigation in a Congregate Setting**

This [Summary Report of a TB Contact Investigation in a Congregate Setting](#SummaryReportCongregateSetting)can be used by internally by staff, or adapted for use by public health officials, to summarize the results of a contact investigation in a congregate setting. (p. 18)

**Summary Report of a TB Contact Investigation in a Health-Care Setting**

This [Summary Report of a TB Contact Investigation in a Health-Care Setting](#SummaryReportHealthcareSetting) can be used internally by staff, or adapted for use by public health officials, to summarize the results of a contact investigation in a congregate setting. (p. 19)



**TB Contact Investigation Form** Submitted to DOH by:       Date:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Case Information** | | | | **Contacts** | | |
| **Name** | **DOB** | **Pulmonary**  **Extra-Pulmonary**  **CXR:** **Cavitary**  **Non-Cavitary**  **Contagious Period:** | | **Category 1**: Smear+ or Cavitary CXR  **Category 2**: Smear Neg  **Category 3**: Suspect Case | | Date first contact identified:  Date first contact interview:  Date first contact evaluated: |
| **Contact Name / Addr / Ph** | DOB | Prior Positive PPD/QFT | First Round PPD/QFT | Second Round PPD/QFT | Current  Chest X-Ray | LTBI Treatment |
|  |  | **No**  **Yes:**  Date:  TST mm:  QFT:  Pos  **No docs** | Date:  TST mm:  QFT:  Negative  Positive  Indeterminate | Date:  TST mm:  QFT:  Negative  Positive  Indeterminate | Date:   Normal  Abnormal | **Yes** Rx Date:  Drug(s):  **No** Reason:  **Completed Tx?**  **Yes** Date:  **No** Reason: |
| **Relationship to Case:** | **Contact Risk Factors:** Household <5 yrs old Congregate Immunosuppressed Med Proc 5-15 yrs old  Exceeds environ limit | | | | Prior CXR consistent with TB?  Yes  No | |
| **Contact Name / Addr / Ph** | DOB | Prior Positive PPD/QFT | First Round PPD/QFT | Second Round PPD/QFT | Current  Chest X-Ray | LTBI Treatment |
|  |  | **No**  **Yes:**  Date:  TST mm:  QFT:  Pos  **No docs** | Date:  TST mm:  QFT:  Negative  Positive  Indeterminate | Date:  TST mm:  QFT:  Negative  Positive  Indeterminate | Date:   Normal  Abnormal | **Yes** Rx Date:  Drug(s):  **No** Reason:  **Completed Tx?**  **Yes** Date:  **No** Reason: |
| **Relationship to Case:** | **Contact Risk Factors:** Household <5 yrs old Congregate Immunosuppressed Med Proc 5-15 yrs old  Exceeds environ limit | | | | Prior CXR consistent with TB?  Yes  No | |
| **Contact Name / Addr / Ph** | DOB | Prior Positive PPD/QFT | First Round PPD/QFT | Second Round PPD/QFT | Current  Chest X-Ray | LTBI Treatment |
|  |  | **No**  **Yes:**  Date:  TST mm:  QFT:  Pos  **No docs** | Date:  TST mm:  QFT:  Negative  Positive  Indeterminate | Date:  TST mm:  QFT:  Negative  Positive  Indeterminate | Date:   Normal  Abnormal | **Yes** Rx Date:  Drug(s):  **No** Reason:  **Completed Tx?**  **Yes** Date:  **No** Reason: |
| **Relationship to Case:** | **Contact Risk Factors:** Household <5 yrs old Congregate Immunosuppressed Med Proc 5-15 yrs old  Exceeds environ limit | | | | Prior CXR consistent with TB?  Yes  No | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *July 2014* | | | | Communicable Disease Division  3629 South D Street, Tacoma, WA 98418  (253) 798-6410 (phone) • (253) 798-7666 (fax) |
| **PATIENT Name** |  |
| **DOB** |  |
| **Address** |  |
| **Phone** | **Holiday Visitors**  **Doctor’s Office** |
| **Interview Date** |  |
| **Site of Disease** |  |
| **Contagious Period Start** | **Social Group** |
|  |  |
| Name |  |
| Phone |  |
| Address | **Jail**  **School**  **Others in house** |
| Contact Person |  |
| Setting |  |
| Dates | **YOU** |
|  |  |
| Name |  |
| Phone | **Daily Houseguests** |
| Address |  |
| Contact Person | **Church** |
| Setting | **Work** |
| Dates |  |
|  |  |
| Name | **Casual Friends** |
| Phone | **Public Transport** |
| Address |  |
| Contact Person |  |
| Setting |  |
| Dates |  |



**Contact Investigation Worksheet**

Summary Report of a TB Contact Investigation in a Congregate Setting

Complete and submit this form to provide a summary of all rounds of screening/testing of high or medium priority contacts performed in your facility among staff and/or residents as a result of exposure to a pulmonary TB case. **DO NOT** use this form to report results when screening/testing was done by the local health department.

Facility Name:

Phone Number:       Fax Number:        
Estimated infectious period of index case:       thru

|  |  |  |
| --- | --- | --- |
| **Potential Sites of Exposure within Facility** | **Date of Last Exposure in Facility** | **Window Period End Date**  **(8 weeks after last exposure)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. Total number of contacts identified:
2. Number of contacts with a documented previous positive test for TB infection prior to   
   this investigation [TST or IGRA (blood test for TB infection)]:
3. Number of previously positive contacts who were fully evaluated\*:
4. Total number of contacts tested without prior positive results for TB infection:
5. Total number of contacts without prior positive results who were fully evaluated\*:
6. Number of contacts with a new positive TST/IGRA as a result of this investigation:
7. Number of contacts who started treatment for new latent TB infection:
8. Number of contacts who completed treatment for new latent TB infection:
9. Number of contacts diagnosed with TB disease (report to local health department):
10. Comments:

(PRINTED name of person completing this form) (Date)

(Phone) (FAX)

*\*To be counted as fully evaluated, a contact should complete both 1st and 2nd round testing, if appropriate by date. Only 1 test for TB infection is needed if testing occurs 8-10 weeks or longer after the date of last exposure. If the test for TB infection is positive or the individual is symptomatic, a chest x-ray (CXR) is required to be fully evaluated. If the CXR is abnormal or the individual is symptomatic, sputum collection is required to be considered fully evaluated. For children < age 5 or persons with immune suppression, full evaluation includes a CXR and medical examination. Individuals with a history of a positive test for TB infection should be screened by a symptom review with additional testing as indicated.*

VDH: DDP:TB – 9/2014

Summary Report of a TB Contact Investigation in a Health-Care Setting

Facility Name:

Phone Number:       Fax Number:

Please complete this form to provide a summary report of any screening performed in your facility among staff and/or patients as a result of exposure to the pulmonary TB patient listed below.

(Patient’s last name) (Patient’s first name) (DOB)

Identify health care workers and patients that had the **most significant exposure** to the patient listed above. Administer a tuberculin skin test (TST) or blood test (IGRA) soon after exposure to TB occurred. Induration of >5 mm is considered a positive TST reaction for a contact to a pulmonary TB patient. If the initial TST is negative, a second TST should be administered 8-10 weeks after the contact’s last exposure to the TB patient. **If there is a conversion among any of the close contacts who receive screening, on either first or second round testing, please notify the health department immediately.** This may indicate that other staff and patients who had less contact with the TB case-patient should be evaluated as well.

Date of Last Exposure:       Post-Exposure Date: (8 weeks after exposure):      

1.) Total # of contacts identified: …………………………………………………….............

2.) Total # of contacts who were fully evaluated\*: ……………………………………………

# 2.A) # of contacts with a documented previous positive TST: ………………………

(prior to this investigation)

2.B) # of contacts with a new positive TST as a result of this investigation: …..........

# 2.b1) # of contacts diagnosed with latent TB infection (LTBI): …………….

# 2.b2) # of contacts diagnosed with TB disease: ……………………………..

(Name of person completing this form) (Date)

# If any contacts are identified with LTBI, and you would like the assistance of **<LPH AGENCY>** to monitor clients during their treatment of LTBI, please call me with patient-specific information. I can be reached at **<PHONE NUMBER><NAME, TITLE><LPH AGENCY>**

**Please fax this completed form to me at: <FAX NUMBER>**   
*\*To be counted as fully evaluated, a contact should complete both 1st and 2nd round testing, if appropriate by date. Only 1 test for TB infection is needed if testing occurs 8-10 weeks or longer after the date of last exposure. If the test for TB infection is positive or the individual is symptomatic, a chest x-ray (CXR) is required to be fully evaluated. If the CXR is abnormal or the individual is symptomatic, sputum collection is required to be considered fully evaluated. For children < age 5 or persons with immune suppression, full evaluation includes a CXR and medical examination. Individuals with a history of a positive test for TB infection should be screened by a symptom review with additional testing as indicated.*

**Letters**

**Worksite TB Notification for Employees Not Exposed to TB**

Used by public health officials to notify employees of a worksite TB contact investigation and to let low-risk employees know that they do not need to be tested at this time.

* [Option 1](#WorksiteNotificationNotExposed) (p. 21)
* [Option 2](#WorksiteNotificationNotExposed2) (p. 22)

**Worksite TB Notification for Employees Exposed to TB**

Used by public health officials to notify employees of a worksite TB contact investigation and to let high-risk employees know of their potential exposure and need for TB screening.

* [Option 1](#WorksiteNotificationExposed) (p. 23)
* [Option 2](#WorksiteNotificationExposed2) (p. 24)

**Notify a Contact of Their Potential Exposure to TB**

Used by public health officials to notify contacts of their [potential exposure to TB](#NotificationExposedtoTB) and need for TB screening. (p. 25)

**Notify a Physician of their Patient’s Positive TST and/or TB Symptoms and Evaluation Form**

Used by public health officials when referring contacts, who have [tested positive for TB or have symptoms of TB](#NotifyMDPositiveTSTSymptoms), to a physician for further evaluation. (pp. 26-27)

**Notify a Physician of Their Patient’s Potential Exposure to TB/Need for Testing and   
Evaluation Form**

Used by public health officials when referring contacts, who [need testing and evaluation](#NotifyMDPtExposureToTB) due to TB exposure, to a physician. (pp. 28-29)

**Notify a Health Care Facility of a Pulmonary TB Patient Who Has Been in Their Facility**

Used by public health officials to [notify health care facilities of a patient](#NotifyHealthFacilityPatientTB), who has been diagnosed with pulmonary TB, and to recommend post-exposure testing for potential contacts of that patient. (p. 30)

**Notify a Patient of Their Potential Exposure to TB Disease While at a Health Care Facility**

Used by public health officials to [notify patients of their potential exposure](#NotifyPtHealthFacilityOfExposure) to someone with TB while at a health care facility. (p. 31)

**Worksite TB Notification Letter for Employees Not Exposed to TB – Option 1**

Dear Employees:

**This is a health information letter about tuberculosis (TB).**

Someone at       has recently been diagnosed with active tuberculosis (TB). At HEALTH DEPARTMENT NAME we are making sure that any people exposed to TB are identified and evaluated to see if they are infected.

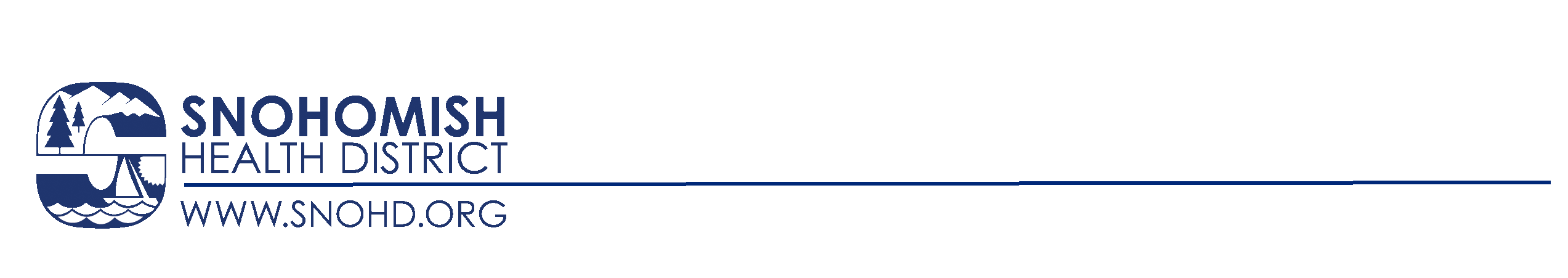
TB bacteria can be spread from someone with TB through the air to those who frequently share the same air for long periods of time. TB is much less infectious compared to other illnesses such as a common cold. TB can be prevented, and if disease occurs, it is almost always curable with medications that are commonly available.

Public Health is investigating the situation at       to determine who had a significant exposure to the person with active TB. This could mean working in the same room with the person every day, or spending a long time with them in other places or activities. It is unlikely that someone acquires TB only after a few hours of exposure.

Public Health has identified persons who need to be tested for TB infection. If you received this letter, you do **not** need to be tested and no further action is required at this time.

Attached is a general TB information sheet for your review. Additional information is available on our TB program web site at      . **If you have** **any questions, please feel free to call the TB program at (XXX) XXX-XXXX**.

Enc: Tuberculosis Information (CDC)



Tuberculosis Control & Refugee Health Screening

**Worksite TB Notification Letter for Employees Not Exposed to TB – Option 2**

*Date*

Dear Employee:

A person at       (*Workplace)* has been recently diagnosed with tuberculosis (TB).       (*Workplace)* and the Snohomish Health Districtare currently contacting employees who may have had close contact with this person.

As of this date, you have not been identified as being a close contact of the person with active TB. If at any time this changes, you will be notified immediately that you need to be tested for exposure. We will not be testing anyone that we have not identified as a close contact. If you feel strongly that you should be tested, please contact your own physician or clinic.

Active TB disease can be spread through the air to those who are in close contact and share the same air space. An individual generally needs to spend a lot of time in an enclosed space with a person with active TB in order to breathe in the TB bacteria and become infected. TB is rarely spread to individuals who spend a small amount of time with an active case of TB disease.

We encourage anyone with concerns or questions to call the Snohomish Health District at 425-339-5225.

Sincerely,

Tuberculosis Control Program

3020 Rucker Avenue, Suite 200 ◼ Everett, WA 98201-3900 ◼ tel: 425.339.5225 ◼ fax: 425.339.5217

**Worksite TB Notification Letter for Employees Exposed to TB – Option 1**

**IMPORTANT INFORMATION REGARDING TUBERCULOSIS**

Dear Employees:

Someone at       has recently been diagnosed with active tuberculosis (TB). At HEALTH DEPARTMENT NAME we are making sure that any people exposed to TB are identified and evaluated to see if they are infected.

**You have been identified as someone who has been in close contact with this person.** This could mean working in the same room with the person every day, or spending a long time with them in other activities or places. Since TB is caused by bacteria that are spread through the air, it is important that you and all other employees who had close contact with this person be tested to find out if you have been infected with TB. TB is relatively rare in Seattle and King County, and it is readily treatable with antibiotics that are commonly available.

**The TB Control Program will conduct a TB screening at**       **on**       **and**       **for all people identified as contacts to the person with active TB.** This screening will be free of charge. To participate in the screening, you must:

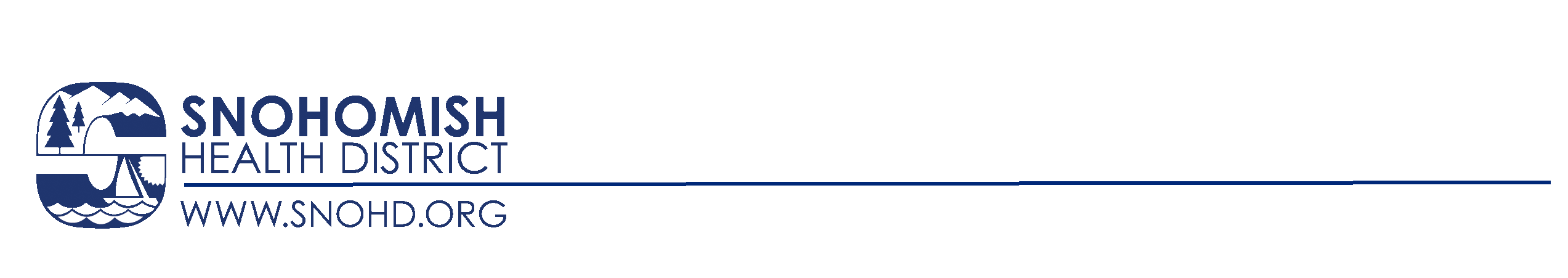
* Complete the attached **“**Questionnaire and Permission” form and bring it with you on      .
* Have a TB skin test placed on       and the result read on      .

Attendance is **mandatory** on **both days** to complete the screening. The TB skin test shows whether the person being tested has been infected by TB. The results will determine whether a follow-up appointment and chest x-ray are needed.

If you would rather see your personal physician for the TB test, please make that appointment right away. We still ask that you complete and return the “Questionnaire and Permission” form to us by mail or fax. In addition, fill out the top section of the attached “Private Provider Form,” and give it to your personal physician when you have the test placed and read. Your physician will fax the form to us when it is complete.

Remember, whether you get the free testing at work on      , or you go to your private physician, **please fill out the enclosed “Questionnaire and Permission” form.**

If you have any questions regarding the TB exposure, please call the TB Control Program at (XXX) XXX-XXXX.



Tuberculosis Control & Refugee Health Screening

**Worksite TB Notification Letter for Employees Exposed to TB – Option 2**

*Date*

Dear XX,

Our records indicate you have recently been exposed to a person having active tuberculosis (TB), which is a serious but treatable disease.

A person at       (*Employer)* has recently been diagnosed with active tuberculosis (TB). TB is a treatable disease, which is spread through the air by a person with active TB disease to those who frequently share the same air. Because TB is caused by bacteria that are spread through the air, we are testing those employees who had close contact with the person with TB. **Our records indicate that you may have been exposed to this individual. Therefore, you need to be screened.**

In order to make certain you have not been infected or contracted TB you should receive TB screening. In cases of recent infection it takes up to 8-10 weeks for the test to become positive. Chest X-rays are taken when a screening test is positive.

The **<LPH Agency>** will be giving free TB tests to all people who have been notified that they have been in contact with the person with TB. The TB test shows if TB germs have infected a person. Even if a person has been infected, that does **not** mean that he/she is contagious or has active disease.

**Tests will be given on**       **Date in the**       **Location.**

***Your scheduled time for screening is at:***       **Time.**

If the results of the test show that you have been infected with TB, you will need further medical evaluation. All testing and treatment of TB provided by the Snohomish Health District is free of charge. If you choose to be tested and/or x-rayed by your private physician, or other medical facility, we will need documentation of the results.

If you have any questions, or if you have obtained a TB test elsewhere, please call our office and provide that information.

Sincerely,

Tuberculosis Control Program  
  
3020 Rucker Avenue, Suite 200 ◼ Everett, WA 98201-3900 ◼ tel: 425.339.5225 ◼ fax: 425.339.5217

**Letter to Notify a Contact of Their Potential Exposure to TB**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(patient name)*

You have been identified as a close contact to someone with infectious pulmonary tuberculosis (TB) disease.

TB is spread through the air from one person to another. The TB bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings. People nearby may breathe in these bacteria and become infected.

It is important for you to be tested for TB. There are two kinds of tests that are used to detect TB bacteria in the body: the TB skin test (TST) and TB blood tests. These tests can be can be given by a health care provider or local health department. If you have a positive reaction to either of these tests, you will be given other tests to see if you have latent TB infection or TB disease.

Enclosed is a fact sheet called      . This fact sheet provides information about TB tests. It also lists the differences between latent TB infection and active TB disease.

Please call me,       at      to schedule an appointment for this test. There is no fee for this test if you get it done at      .

*(clinic name)*

*( name)*

*(phone #)*

You may choose to be tested at your own clinic. If you decide to do that, please provide me with the name and telephone number of your clinic and your physician. I will inform your physician of your potential exposure to TB. I will also ask your physician to report your TST or TB blood test result to me. Reporting these results will help public health control the spread of TB within our community.

Thank you for your cooperation. If you have any questions, please feel free to call me at      .

Sincerely,

Adapted from Minnesota Department of Health. Similar notification letter available in other languages at:

<http://www.health.state.mn.us/divs/idepc/diseases/tb/lph/lphci.html>

Letter to Notify a Physician of their Patient’s Positive TST and/or TB Symptoms and   
Evaluation Form - (page 1 of 2)

**<DATE>**

Dear Health Care Provider:

Your patient, **<PATIENT’S NAME AND DOB>**, has been identified as a contact to someone diagnosed with infectious pulmonary tuberculosis (TB) and, therefore, is part of a contact investigation being conducted by **<LPH AGENCY>**.

**<LPH AGENCY>** administered a tuberculin skin test (TST) to your patient on **<DATE>**. The TST result was read on **<DATE>** as **<X>** mm of induration, which is considered a positive result for a contact to an infectious TB case.

Due to the patient’s positive TST result, this patient requires further evaluation to rule out possible active TB disease or to confirm a diagnosis of latent TB infection (LTBI). Such evaluation should include a chest x-ray and evaluation for symptoms of pulmonary and extrapulmonary TB disease. If the chest x-ray is abnormal or the patient is symptomatic, further evaluation, including the collection of three sputum specimens or other appropriate diagnostic specimens, may be indicated. If active TB disease is suspected, please contact the TB Prevention and Control Program at the ***<Local Public Health Agency>***

If needed, the CDC outlines recommended regimens for the treatment of LTBI, and guidelines for evaluation and monitoring during such treatment, at: <http://www.cdc.gov/tb/topic/treatment/ltbi.htm> Recommended regimens for TB disease can be found at: <http://www.cdc.gov/tb/topic/treatment/tbdisease.htm>

Please use the form on the back of this letter to record the results of your patient’s evaluation and fax the form to me at **<FAX NUMBER>**. **<LPH AGENCY>** is responsible for tracking the outcome of local TB contact investigations and reporting those data to MDH. Returning this form will facilitate complete reporting of this information.

If you have questions about this information, please call me at **<PHONE NUMBER>**. Thank you for your assistance in this important TB prevention and control activity.

Sincerely,

**<YOUR NAME, TITLE>**

**<AGENCY NAME>**

Letter to Notify a Physician of their Patient’s Positive TST and/or TB Symptoms and   
Evaluation Form **-** (page 2 of 2)

Provider’s Name:

Clinic:       Telephone:

Patient’s Name:

(Last) (First) (Middle)

Date of Birth:       Sex:       Country of Birth:

**TB Symptoms:**  No  Yes, date of onset

(if yes, check all that apply)

Prolonged cough (duration of >3wks)  
 Hemoptysis  Weight loss  
 Chest pain  Loss of appetite  
 Fever  Fatigue  
 Chills  Other:        
 Night sweats

**Chest X-Ray:** (indicated if TST >5 mm or symptoms of TB are present)

Date:

Interpretation: (check one)

Normal

Abnormal, consistent with active TB (fax a copy of report)

Abnormal, but not consistent with active TB

**Has active TB disease (i.e., pulmonary AND extrapulmonary) been ruled out?:**

No  Yes

**Treatment of Latent TB Infection (LTBI):** (select one)

I would like **<LPH AGENCY>** to administer medication and conduct monthly follow-up visits with this patient during the course of therapy for LTBI:  No  Yes (provide a Rx for the full length of treatment)

I will monitor this patient during the full course of therapy for LTBI:  No  Yes

LTBI treatment started on       with

(date) (medication)

LTBI treatment was not started for the following reason:

**Please Fax to <NAME>, <AGENCY> at <FAX NUMBER>**

Letter to Notify a Physician of Their Patient’s  
Potential Exposure to TB/Need for Testing and Evaluation Form - (page 1 of 2)

**<DATE>**

Dear Health Care Provider:

Your patient, **<PATIENT’S NAME AND DOB>**, has been identified as a contact to someone diagnosed with infectious pulmonary tuberculosis (TB). The likely period of exposure was from **<DATE>** to **<DATE>**. Due to this exposure, your patient requires clinical evaluation for latent TB infection (LTBI) and active TB disease as soon as possible.

The following key concepts that should be followed in evaluating a patient who has been exposed to TB, regardless of age or other clinical characteristics:

* Patients with no prior positive tuberculin skin test (TST) should receive an initial TST as soon as possible following exposure to TB. If the initial TST is negative, a second TST should be administered 8-10 weeks after the patient’s last exposure to the infectious TB patient.
* The TST result should be read 48-72 hours after administration; measure the millimeters of induration only, disregarding any area of erythema.
* Induration of >5 mm is considered a positive TST reaction for a contact to an infectious TB case.
* Patients with a positive TST reaction and/or symptoms consistent with TB disease should receive further diagnostic testing to evaluate the patient for possible active TB disease. Such evaluation should include a chest x-ray and, if indicated (e.g., if the chest x-ray is abnormal), the collection of three sputum specimens or other appropriate diagnostic specimens.
* Symptoms of TB disease include prolonged cough (duration of >3 weeks), chest pain, hemoptysis, fever, chills, night sweats, weight loss, appetite loss, and fatigue.

If needed, the CDC outlines recommended regimens for the treatment of LTBI and guidelines for evaluation and monitoring during such treatment at: <http://www.cdc.gov/tb/topic/treatment/ltbi.htm> Recommended regimens for TB disease can be found at: <http://www.cdc.gov/tb/topic/treatment/tbdisease.htm>

Please use the form on the back of this letter to record the results of your patient’s evaluation and fax the form to me at **<FAX NUMBER>**. **<LPH AGENCY>** is responsible for tracking the outcome of local TB contact investigations and reporting those data to MDH. Returning this form will facilitate complete reporting of this information.

If you have questions about this information, please call me at **<PHONE NUMBER>**. Thank you for your assistance in this important TB prevention and control activity.

Sincerely,

**<YOUR NAME, TITLE>**

**<AGENCY NAME>**

Letter to Notify a Physician of Their Patient’s  
Potential Exposure to TB/Need for Testing and Evaluation Form - (page 2 of 2)

Provider’s Name:

Clinic:       Telephone:

Patient’s Name:

(Last) (First) (Middle)

Date of Birth:       Sex:       Country of Birth:

**TB Symptoms:**       No       Yes, date of onset

(if yes, check all that apply)

Prolonged cough (duration of >3wks)  
 Hemoptysis  Weight loss  
 Chest pain  Loss of appetite  
 Fever  Fatigue  
 Chills  Other:        
 Night sweats

**Previous Positive Tuberculin Skin Test (TST):** (if yes, do not place a TST now)

No  Yes - - Date Placed:       Results (mm induration):

**Initial TST:** (>5 mm of induration is considered a positive reaction for contacts)

Date Placed:       Date Read:       Results (mm induration):

**2nd TST:** (if 1st TST is negative, a 2nd TST should be placed 8-10 weeks after last exposure)

Date Placed:       Date Read:       Results (mm induration):

**Chest X-Ray:** (indicated if TST >5 mm or symptoms of TB are present)

Date:

Interpretation: (check one)

Normal  Abnormal, consistent with active TB (fax a copy of report)

Abnormal, but not consistent with active TB

**Has active TB disease (i.e., pulmonary AND extrapulmonary) been ruled out?:**

No  Yes

**Treatment of Latent TB Infection (LTBI):** (select one)

I would like **<LPH AGENCY>** to administer medication and conduct monthly follow-up visits with this patient during the course of therapy for LTBI:  No  Yes (provide a Rx for the full length of treatment)

I will monitor this patient during the full course of therapy for LTBI:  No  Yes

LTBI treatment started on       with      .

(date) (medication)

LTBI treatment was not started for the following reason:      .

**Please Fax to <NAME>, <AGENCY> at <FAX NUMBER>**

**Letter to Notify a Health Care Facility of a  
 Pulmonary TB Patient Who Has Been in Their Facility**

**<DATE>**

**Re: <PATIENT’S NAME AND DOB>**

Dear Clinic Manager **[*or other designated person*]**:

If you are not the appropriate person to handle this situation in your facility, please forward this letter, as needed. I am writing to notify you that the above patient, who was seen at your clinic, has been diagnosed with **<ACTIVE/SUSPECTED>** pulmonary tuberculosis (TB) disease and that your clinic staff and/or other patients may need post-exposure testing. **<PATIENT’S NAME>** had sputum samples collected **<DATES>** that were smear **<POSITIVE/NEGATIVE>** for acid-fast bacilli; cultures confirmed *Mycobacterium tuberculosis*. **[Note*: modify clinical information as indicated*.]** **<MR./MS. LAST NAME>** currently is undergoing treatment for active TB disease. **<HIS/HER>** period of potential infectiousness should be considered to have started approximately **<DATE>**.

**<LPH AGENCY>** is testing close contacts of **<MR./MS. LAST NAME>** and we recommend that health care facility staff and patients with significant exposure also be evaluated. For further information regarding testing of staff and other patients, please see refer to the CDC’s *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005,* found online at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>

Please provide me with a summary report of the results (e.g., the number of contacts identified, the number that receive a full evaluation, the number with newly-documented LTBI, and the number with TB disease) of any screening performed in your facility as a result of exposure to this patient. Enclosed is a form that can be used to report these results.

If you have any questions, please feel free to contact me at **<PHONE NUMBER>**. Thank you.

Sincerely,

**<NAME, TITLE>**

**<LPH AGENCY>**

**Letter to Notify a Patient of Their Potential  
Exposure to TB Disease While at a Health Care Facility**

**<DATE>**

Dear **<PATIENT’S NAME>**,

During your visit to our office on **<DATE>**, you may have spent time close to someone with active tuberculosis (TB) disease. When someone with active TB disease coughs a lot, they can spray TB germs into the air. Other people close by can breathe in this air and get the TB germs in their body.

A special test called the TB skin test (Mantoux) is the most common way to tell if TB germs have entered a person’s body. We recommend that you receive a TB skin test soon to determine if you have the TB germ. The skin test is very simple and does not hurt the body. The Mantoux test is done using a small needle just under the skin on the arm. A nurse looks at the arm in 2-3 days to read the test. Enclosed with this letter is a patient fact sheet from called <NAME OF FACT SHEET**>**. This fact sheet provides further information on <POINT(S) OF FACT SHEET>.

You may receive a TB skin test at our clinic. **<THERE WILL BE NO CHARGE FOR THE TEST - - *OPTIONAL*.>** It is very important for you to have the test read 2-3 days after it is placed. Otherwise, the test will need to be repeated.

Please contact our appointment desk at **<PHONE NUMBER>** to schedule an appointment for your TB skin test. Please bring this letter with you to your appointment.

Thank you for your cooperation. If you have any questions, please feel free to contact me at **<PHONE NUMBER>**.

Sincerely,

**<NAME, TITLE>**

**<AGENCY NAME>**

**<AGENCY ADDRESS>**

enclosure

**Patient Education**

**Protect Your Family and Friends from TB: The TB Contact Investigation**A short, easy to read booklet for patients on how to protect family and friends from TB and what to expect from a contact investigation. This brochure was developed by the CDC Division of Tuberculosis Elimination and is [available online](http://www.cdc.gov/tb/publications/pamphlets/) as part of the patient education series.

**Tuberculosis Contact Investigation Agenda**An [agenda](#TBContactInvestigationAgenda), developed by Seattle & King County Public Health, to use when educating staff about what to expect from a worksite contact investigation for TB. (p. 33)

**Tuberculosis Contact Investigation Agenda**

Meeting Date:

|  |  |  |
| --- | --- | --- |
|  | **Agenda Item** | **Comments/Follow-up** |
| 1. | Introductions; Role Clarification |  |
| 2. | Why Public Health is here |  |
| 3. | Confidentiality |  |
| 4. | General TB information   * Natural history of disease * Concentric circles |  |
| 5. | Discussion of case whereabouts and exposure |  |
| 6. | Notification and education   * Contacts * Non-contacts |  |
| 7. | Development of contact list |  |
| 8. | Discuss follow-up needed   * Calling contacts no longer employed, etc. |  |
| 9. | Screening Forms   * Questionnaire and Permission * Private Medical Provider |  |
| 10. | Screening Logistics   * Dates, times, and space for screening * Staff needed |  |
| 11. | Identify liaisons |  |
| 12. | Environmental Assessment   * Ventilation, air exchange, size of room * Other activities/places? |  |
| 13. | Questions |  |
|  |  |  |

**Staff Development**

**CDC’s Contact Investigation Interviewing Skills Course**

An [interactive, skill-building training](http://www.cdc.gov/tb/education/skillscourse/default.htm) to improve the abilities of both new and experienced staff who are responsible for conducting TB contact investigation interviews. The course provides an overview of the contact investigation process, basic communication and interviewing skills, and opportunities to apply those skills in role play activities.

**CDC’s Effective TB Interviewing for Contact Investigation**

This [online resource](http://www.cdc.gov/tb/publications/guidestoolkits/Interviewing/default.htm) includes a [guide for facilitators](http://www.cdc.gov/tb/publications/guidestoolkits/interviewing/facilitator/default.htm) who will be conducting TB interviewing courses, a series of [self-study modules](http://www.cdc.gov/tb/publications/guidestoolkits/interviewing/selfstudy/default.htm) to learn or improve TB contact investigation skills, and a [67-minute DVD](http://wwwn.cdc.gov/pubs/CDCInfoOnDemand.aspx), available to order, that demonstrates successful interviewing strategies with TB patients.

**CDC’s Self-Study Modules, Module 8: Contact Investigations for Tuberculosis**

This [online, self-study module](http://www.cdc.gov/tb/education/ssmodules/default.htm) provides programmatic information about how to conduct a TB contact investigation. Topics include how to identify, find, and assess contacts of a person with infectious TB disease; and providing appropriate treatment for latent TB infection (LTBI) of TB disease in order to interrupt the spread of TB in communities and prevent outbreaks of TB.

**Performance Guidelines for Contact Investigation: The TB Interview**

An [online resource](http://globaltb.njms.rutgers.edu/educationalmaterials/productlist.html) developed by the New Jersey Medical School Global Tuberculosis Institute. This manual provides a structured plan for the training, development and evaluation of healthcare workers involved in contact investigation. It focuses on interview techniques and communication skills and provides data collection instruments for the provision of objective feedback to the interviewer.

**TB Communication for Contact Investigation in Workplaces and Congregate Settings**

An [online webinar](http://globaltb.njms.rutgers.edu/educationalmaterials/audioarchives.html), developed in 2006 by the New Jersey Medical School Global Tuberculosis Institute, covers effective TB communication as part of the investigation of a possible TB exposure in a workplace or congregate setting.

**TB Interviewing for Contact Investigation: A Practical Resource for the Healthcare Worker**

An [online resource,](http://globaltb.njms.rutgers.edu/educationalmaterials/productlist.html) developed by the New Jersey Medical School Global Tuberculosis Institute, includes an interview checklist and detailed TB interview outline booklet. The checklist identifies the five components of a TB interview: pre-interview activities, introduction, information/education exchange, contact identification and conclusion, detailed in the outline.

**Tuberculosis Education and the Congregate Setting Contact Investigation: A Resource for the Public Health Worker**

An [online resource,](http://globaltb.njms.rutgers.edu/educationalmaterials/productlist.html) developed by the New Jersey Medical School Global Tuberculosis Institute, that will assist public health workers in planning and conducting an effective TB education session in a congregate setting. Following the guidelines and using the PowerPoint presentation provided, they can teach the lay audience what it needs to know about TB transmission, infection, disease, skin testing and treatment. This resource includes: a complete, modifiable TB-education presentation, frequently asked questions about TB, specific to congregate setting contact investigations, TB vocabulary for lay audiences, pull-out TB fact sheet and an education session evaluation form.

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).