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Communicable Disease Control Manual

Chapter 4: Tuberculosis

Appendix F: Contact Investigation Tool



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APPENDIX F: CONTACT INVESTIGATION TOOL

TB Case Interview Checklist

To be used in conjunction with the TB Manual (see [Section 7](#)).

1. Prepare in Advance for the Interview(s):

- Obtain data collection tools¹ (eg. TB worksheet, Source Case Assessment).
- Review index case(s) medical information, including recommended infectious period and level of infectiousness.
- Consider an interview strategy or approach, and familiarize yourself with any cultural considerations or translation service supports required ([See Section 7.6](#)).
- If possible, arrange a home or site visit (1) for the interview & determine what infection control precautions are needed ([See Appendix B](#)).
- Organize a client resource package, including but not limited to [HealthLink BC TB Files & BCCDC Fact Sheets](#).
- Recognize that more than one interview may be needed.

2. Initiate Interview and Address Key Components:

- Introduce self, thank person for taking time to meet with you & explain your role and purpose of the interview.
- Build trust and rapport through compassionate communication.
- Discuss client confidentiality, and inform the client that relevant information may be shared with other health care providers on a need-to-know basis.
- Advise the client that if more information is needed, another interview may be requested.
- Ask open-ended questions to assess the client's understanding of TB and their diagnosis, and provide clarification and additional information as needed. For example, important information to review includes (2):
 - Transmission
 - Exposure vs transmission
 - Infection vs disease
 - Treatment plan (eg. TB is preventable/curable)
 - Treatment adherence
 - Follow-up medical appointments
 - Rationale for identifying and evaluating contacts
 - Infection control responsibilities ([See Appendix B](#)).
- Collect and confirm the following information from case:
 - Demographics (name, DOB, address, phone numbers, country of birth, other locating information, next of kin)
 - Names/locations of health care providers
 - Timing of onset of TB signs/symptoms or change in symptoms

¹ There are various contact investigation data collection tools used by the Health Authorities. Examples can be provided upon request.



- Known exposures to TB
- Recent hospitalization(s)/medical clinic visits/labs
- The first and last day of work/school during the infectious period
- Social and structural factors that impact care (eg. barrier assessment related to transportation, childcare, competing priorities, work/travel plans, etc)

3. Conduct the Contact Identification:

- Initial interview should focus on gathering information to help identify and locate priority contacts (see Contact Investigation [Section 7](#) of this manual). Focus on infectious period and explain high/low-risk contacts.
- Emphasize importance of identifying all possible contacts and advise client to alert health care provider if any new contacts come to light after initial interview.
- Identify contacts in the following settings/situation(s) but note that the extent of inquiry will be dependent on client's disease status (i.e. respiratory/nonrespiratory tuberculosis):
 - Living Situation(s) (e.g., who do they live with, who shares the same bedroom, the number of household contacts, transient living).
 - Employment/School (include information about specific type of work/school, shift/class schedule and length, shared lunch room, work/study area, name of class(es), number of people at worksite or in a class etc.)
 - Social/Recreational Activities (e.g., sports teams, friends, community gatherings, parties, volunteering etc.)
 - Congregate setting (e.g., shelter, church, correctional facility. Include length of time and frequency of contact, etc)
 - Hospital Setting (include hospital visits/dates of admissions, procedures)
 - Dr's office(s), other health care settings (e.g., facility, chiropractor, massage, dentist, physiotherapist - include length of time and frequency of contact)
 - Recent travel (e.g., long bus trips, plane, car, train, boat, flight information and dates of travel, location etc)
- Discuss referral method for contact notification and gather the following for each contact:
 - Demographic information
 - Dates, frequency of contact and for how long client spent time with each contact
 - Where the time was spent (e.g., Indoor, outdoor, small/big room)
 - What activities occurred
- Estimate how many hours per week (on average) were spent with each contact

4. Conclude interview:

- Answer client's questions and explain next steps.
- Review and provide encouragement for treatment plan.
- Arrange future interviews, appointments, home visits as applicable.
- Leave your name and contact phone number for the client and family.
- Thank client for their time and express appreciation for their commitment to helping others.

Practitioner Alert!

Notify TB Services of any contacts who are candidates for window period prophylaxis, symptomatic contacts, contacts from other RHA's, or information regarding travel, incarceration, or time spent in First Nations Communities.



REFERENCES

- [1] Centers for Disease Control and Prevention. Guidelines for the investigation of contacts of persons with infectious tuberculosis. *Morb Mort Weekly Rep* 2005; 54(RR15); 1-37.
- [2] Rutgers Global TB Institute. TB Interviewing For Contact Investigation: A Practical Resource for the Healthcare Worker, 2015. Available from:
<http://globaltb.njms.rutgers.edu/downloads/products/tbinterviewing.pdf>