



Team Name: Communicable Disease/Immunization Team Team Lead: Regional Public Health-Healthy Living Manager Approved by: Executive Director North	Reference Number: CLI.6210.SG.007 Program Area: Public Health-Healthy Living Policy Section: General
Issue Date: March 1, 2019 Review Date: Revision Date:	Subject: Tuberculosis – Public Health Management of Contacts

STANDARD GUIDELINE SUBJECT:

Tuberculosis – Public Health Management of Contacts

PURPOSE:

The purpose of this guideline is to provide guidance to Public Health Nurses (PHN) regarding the public health investigation and follow-up for cases and contacts of Tuberculosis (TB) as a reportable communicable disease.

Communicable Disease Control (CDC) is a mandated program. All communicable disease reports will be prioritized and followed up in a timely manner. For the purpose of prioritization of communicable diseases within the regular PHN workload, Tuberculosis is given high priority.

HIGH PRIORITY - guiding principles may include high case fatality rate, high transmissibility, high outbreak potential and effective Public Health intervention. Case(s) and/or contact(s) that may have high case fatality rate, high transmissibility, high outbreak potential and would have effective Public Health (PH) intervention.

The PHN initiates investigation within one (1) business day of receipt of notification from Communicable Disease/Immunization Coordinator (CD/IC), clinical reports from primary care providers or the community.

DEFINITIONS:

Rural TB Coordinator: designated provincial TB Coordinator who provides support to rural RHAs.

Directly Observed Preventive Therapy (DOPT): medication therapy used when a person is exposed to and infected with *M. tuberculosis* and is at significant risk of developing disease.

PROCEDURE:

1. CD/IC receives notification from Rural TB Coordinator or other source.
2. CD/IC prioritizes contacts using the Contact Screening Parameters Tool to identify contact assessment needs and develop a plan for follow-up of contacts with the local PHN.
3. **PHN contacts the Contact(s) in order to:**
 - Explain the reason for PHN contact i.e. they have been identified as a Contact of a positive case of TB.
 - Provide Contact with information about the Tuberculosis (refer to Clinical Presentation/Natural History, Transmission and Period of Communicability sections of the Communicable Disease protocol) in order to facilitate understanding of the importance of compliance with recommendations.
 - Thoroughly complete the TB Contact Assessment Form, paying special attention to occupation/place of employment and school/daycare in the event the Contact becomes a future case.
 - Arrange for Tuberculin-Skin-Test (TST)/Mantoux.
 - This is an opportunity for other Public Health Nurses to observe and learn how to plant and read Mantoux, but they will not complete this independently until such a time as it has been determined they have developed the necessary skills.
 - Submit completed TB Contact Assessment Form, which includes the TST result, to CD/IC.
 - Advise Contact that PHN is available as a resource for future questions.
4. CD/IC forwards the TB Contact Assessment Form to Rural TB Coordinator and works together to create a plan for each Contact depending on results and age of Contact which may include chest x-rays and collection of sputum for testing.
5. Dependent on the test results and symptom assessment TB Contact Assessment Form:
 - If contact is now identified as a new case, CD/IC consults with Rural TB Coordinator.
 - If TST is positive and chest x-ray and/or sputums are negative and Contact is an adult, CD/IC refers to identified primary care provider for further assessment and treatment.
 - If TST is positive and chest x-ray and/or sputums are negative and Contact is under the age of 18 years, CD/IC refers to Pediatric Respiriology at Chest Medicine (HSC). Pediatric Respiriology recommends treatment plan.
6. If TST is negative, consult with Rural TB Coordinator. File may be closed at this time.
7. If medication therapy is recommended, CD/IC and PHN manage the plan. Refer to Southern Health-Santé Sud TB policy Tuberculosis – Public Health Management of Directly Observed Therapy (DOT) or Directly Observed Preventive Therapy (DOPT).

SUPPORTING DOCUMENTS:

[CLI.6210.SG.007.FORM.01](#) Tuberculosis Contact Assessment Form

[CLI.6210.SG.007.FORM.02](#) Tuberculosis Summary of Contacts

[CLI.6210.SG.007.FORM.03](#) Tuberculosis Contact Screening Parameters Tool

REFERENCES:

CLI.8011.PL.003 Administration of Tuberculin Skin Test (TST)

CLI.6210.SG.006 Southern Health-Santé Sud Standard Guideline – Tuberculosis – Public Health
Management of Directly Observed Therapy (DOT) for Tuberculosis (TB) or Directly
Observed Preventive Therapy (DOPT) for contact of TB

Manitoba Health Communicable Disease Management Tuberculosis Protocol

<http://www.gov.mb.ca/health/publichealth/cdc/protocol/tb.html>

Manitoba Health Resources for Health Care Providers

<http://www.gov.mb.ca/health/publichealth/diseases/tuberculosis.html>

CLI.6210.SG.011 Communicable Disease Follow-up: Public Health