

Title	Procedure - Identification of contacts of an active TB case
TB toolbox Code	DSPu-TB_TB-ACT_Procedure-IDENT-CONTACTS_EN
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PROCEDURE

KEY POINT

The identification of individuals who have been in contact with a case of active tuberculosis (TB) is a critical step in the prevention and control of the disease.

A contact is defined as a person who has inhaled air contaminated by *Mycrobacterium tuberculosis* in the environment of a person with active TB. The risk of infection varies depending on the degree of contagiousness of the index case as well as the frequency and duration of exposure to the person who is ill, indoors and during the infectious period. The risk of developing an active case of TB also depends on the host's vulnerability (e.g., children under 5 years of age and immunosuppressed individuals are among the most vulnerable).

Generally speaking, a young adult with active pulmonary TB is deemed to be contagious, whereas a child under 10 years of age is usually considered as not contagious or only slightly contagious. In the latter case, professionals must look for a person who is in ill in the child's environment, as this person will likely be the source of the child's infection.

Such an investigation must be planned and carried out as per the recommendations of the Nunavik Department of Public Health.

PURPOSE

Identifying all of the persons exposed to a case of active TB and characterizing their degree of exposure during the infectious period.

OBJECTIVES

- Detecting secondary cases of tuberculosis and quickly initiating TB treatment.
- Examining the persons exposed to identify those who were infected (LTBI) or are vulnerable and offer them a preventive treatment or clinical and radiological follow-up.
- Looking for the source case if required by the circumstances or when the index case is a child.

RESPONSIBILITIES OF THE CARE TEAM (nurses, physician, interpreters)

Steps prior to the interview:

- The Department of Public Health will contact you to plan the various steps of the investigation, to address the clinical characteristics of the case (prior history, symptoms, the results of x-rays and bacteriological analyses) and to establish the level of contagiousness and the infectious period of the index case.
- Carefully read the [Identification of contacts of an active TB case \(DSPu-TB_TB-ACT_IDENT-CONTACTS_EN\)](#) form to fully understand the entire process.

At the beginning of the interview: Strive to develop a climate of trust.

- Explore the patient's feeling as regards tuberculosis, his understanding of the disease and the extent of his motivation to undergo treatment. It will no doubt be necessary to address certain gaps and to correct false notions. If needed, refer to the patient education document from Health Canada called [Talking tuberculosis](#).
- Clearly explain (using easy-to-understand concepts and simple language), the disease, the **means of transmission** (cough, enclosed space, i.e., no risk when outdoors), the **infectious period** and the risks of contamination during this period, and this to make it clear why the process is justified. This information should be top-of-mind for the patient during the entire questionnaire.
- Explain why it is important that the patient identify everyone he has spent with during the infectious period. Emphasize that these people could have been infected (LTBI) and that some of them could go on to develop active TB. Stress the importance of an early intervention, which allows for moving quickly and avoiding the transmission of tuberculosis in the community.



- Let the patient know that all of the information provided during the exchange is **CONFIDENTIAL** and will only be used by the Department of Public Health and the health centres. This information will make it possible to better plan interventions and to efficiently offer support to all of the persons identified.
- Advise the patient that the interview can be held over a few days, which will give him time to reflect on the process and to recall the persons he encountered or spent time with during the period in question. The process should be tailored to the patient's pace and the interview should not feel like an imposition.

During the interview: Draw up a list of all contacts

- For each person (contact) identified, **establish the frequency and duration of the exposure as precisely as possible**. This will allow the Department of Public Health to adequately evaluate the risk of infection and determine the necessary clinical follow-up required by each individual contact.
- **Begin by determining whether any of the patient's close contacts are vulnerable, such as children under 5 years of age and persons with an immunodeficiency (individuals with HIV, organ donors on immunosuppressants, users being treated with glucocorticoid, e.g., 15 mg/day or more of prednisone), as they could quickly develop severe forms of tuberculosis. Keep an eye out for vulnerable persons in the patient's vicinity (throughout the interview).**
- If the patient **consumes cannabis or other inhalable substances**, pay close attention to the places where he uses and to the persons who share this activity with him or who find themselves on site (e.g., child who is present with a friend or who lives in the home visited), and this given the risks associated with the ensuing cough. **Because this can be a sensitive topic for some people, make sure to thread lightly.**
- Help the patient orient himself as to times and dates and take into account any important events or days (e.g., Christmas Day, a trip, a marriage, vacation days, seasonal activities) during the infectious period; these can constitute temporal markers.
- Make use of a printed version of the village map to help the patient pinpoint areas where he found himself (maps are available on the Web site of the Kativik Regional Government (KRG) at <https://www.krg.ca/en-CA/map/community-maps>).
- A person's name can appear on more than one list if he was present at different sites or participated in several activities. In such cases, the total exposure will be even more significant.
- Make sure not to forget anyone. A list can include parents (mother and father), adoptive parents, adopted children, people with whom the patient has meals, brothers and sisters, grandparents, aunts and uncles, brothers-in-law and sisters-in-law, nieces and nephews, cousins, neighbours, friends, co-workers, visitors from another village, and people with whom he regularly participates in activities (e.g., camping, card games, sculpting, sewing, video games, etc.).

Important: In addition to visitors to the person's home, consider people who came to see his children, parents, brothers and sisters, as well as visitors of friends or family members encountered in homes and sites frequented on a regular basis.

- Whether the patient is hospitalized or isolated (at home), you can always provide him a pen and paper at the end of the interview, so that he can add any new names to the list before you next meet with him.

After the interview:

- Send the completed questionnaire to the Nunavik Department of Public Health tuberculose-santepublique.nrbhss@ssss.gouv.qc.ca The contacts listed will be prioritized, based on their exposure, vulnerability, prior history and the presence or absence of TB symptoms. The Department of Public Health will support you during the subsequent clinical evaluations.