# Instructions and Definitions for TB Contact Investigation Data in NEDSS

The TB Contact Investigation data allows state and local TB officials to compile aggregate data for program evaluation. The data are used by the state program to submit the annual Aggregate Report for Tuberculosis Program Evaluation (ARPE) to the Centers for Disease Control and Prevention. The data are also used for other program monitoring activities.

**Cases for contact investigations**\*

The following criteria are used to determine TB cases that need contacts entered in NEDSS.

* Sputum smear-positive cases
  + Regardless of culture status
* Sputum smear-negative/culture-positive cases
  + Includes sputum nucleic acid amplification positive (GeneXpert) but culture-negative
* All other respiratory culture-positive cases
  + Bronchial washing or bronchial alveolar lavage
  + Lung biopsy
  + Any other respiratory site

\*It is recommended that contacts to all pulmonary TB cases be entered in NEDSS, but data will only be reported to CDC if cases meet the above listed criteria.

**Contact Tracing Page**

* Enter the Contact Investigation Priority and infectious period start and end dates for the TB case.
* The contact investigation status should be marked as open until all contact investigation activities are complete.
* Enter large contact investigation data and other general comments about the contact investigation in the comments section.

**Contact Records Page**

Enter or update demographic information for the contact including country of birth, race, and ethnicity in the contact page.

Exposure, testing, and treatment information are entered in the contact record and contact follow up pages.

**Contact priority**

Indicate the priority category in the contact record section for contacts identified and entered in NEDSS.

* High priority contacts should include the following:
  + Household type (such as live-in family members, close co-workers and friends).
  + Contacts <5 years old,
  + Those with medical risk factors (such as HIV infection or other immune- compromising condition).
  + Exposure during medical procedures (such as bronchoscopy, sputum induction or autopsy).
  + Contacts with exposure in congregate settings as determined by patient interview and the concentric circle approach.
* Medium priority contactsare those who don’t meet the criteria for high priority but have been exposed and have been determined by the LHD to need testing.
* Low priority contacts should only be entered for testing that has been done for good will or administrative purposes and should be minimal (e.g., worksite or school contacts who have no direct contact with the index case).

If you do not have enough information to locate the contact, then you do not need to enter them into NEDSS or count them as a contact for data reporting purposes.

**Disposition**

A disposition must be entered, or the contact record will not be able to be submitted. Until a final disposition has been determined you will need to mark “other” and update when a final disposition has been determined.

* Confirmed TB disease:

The contact has been diagnosed with TB disease during the initial evaluation as a contact. Testing and treatment information will be reported using the RVCT and does not need to be completed in the contact tracing section of NEDSS.

* + Enter the TB state case number in the linking state case number section.
* Latent TB infection (LTBI):

The contact has completed all necessary testing to rule out TB disease and has been diagnosed with LTBI (negative symptom screen, positive TST or IGRA, CXR and/or sputum not consistent with TB disease).

* No infection or disease:

The symptom screen is negative and TST or IGRA completed at least 8 weeks after last exposure to the index case is negative.

* Other:
  + Contacts who are in the evaluation process and have not completed testing.
  + Contacts on window prophylaxis and have not completed testing.
  + Mark the final disposition of LTBI, TB disease, or neither once all testing is complete.

The “other” status cannot be used as the final disposition. Additional final disposition categories are available for contacts who do not complete evaluation.

* Additional Options:
  + Patient died: The contact died during the initial evaluation process unrelated to TB.
  + Patient refused: The contact refused initial or follow-up testing.
  + Lost to follow-up: The contact is not able to be located.

Please complete the other information on the contact record page as indicated.

**Special Situations**

**Window prophylaxis**

Window prophylaxis should not be entered in the treatment section unless the contact is treated for LTBI.

Children less than 5 years of age who are contacts to an adult with infectious TB should receive window prophylaxis even if the TST or IGRA result is negative and TB disease is excluded by chest radiograph and a symptom review. Infected infants may be anergic as late as 6 months of age. Please consult with a TB nurse consultant regarding testing and treatment for infants younger than 6 months old, and for any questions about window prophylaxis.

A second TST or IGRA should be administered 8 to 10 weeks after the last exposure to infectious TB disease. Window prophylaxis can be discontinued if the following conditions are met:

• The infant is at least 6 months of age

AND

• The second TST or IGRA result is negative and the child has no symptoms of TB disease

Contacts at high risk for progression to disease (HIV, taking TNF alpha inhibitors) are sometimes placed on window prophylaxis. Please consult with the nurse consultant with any questions or concerns.

**Large Contact Investigations**

A large contact investigation is defined as 25 or more contacts for a case.

Data entry for large contact investigations:

* Enter the following contacts individually in the Contact Records page in NEDSS:
  + Household and other high-priority contacts:
    - Children under 5
    - Immunocompromising condition or medication
    - High exposure to index case based on time and/or environmental conditions
  + All other contacts who test positive
* Enter the following contacts as summarized data into the contact investigation comments section in the Contact Tracing page in NEDSS:
  + The number of non-household contacts identified
  + The number of non-household contacts who complete evaluation and determined not to have TB or LTBI

**Contact Follow-Up Page**

Enter the information for contacts who have any evaluation even if the evaluation was not completed, i.e., contact does not complete additional testing as needed.

* Signs and Symptoms: check all that apply if the contact has symptoms.
* Risk Factors for progressing to TB disease if infected: check all that apply.
* Testing information:
  + Enter the test type used.
  + Enter the first and/or second round testing as indicated for the TBI test used.
  + HIV testing: this field needs to be completed:
    - Positive
    - Negative
    - Not offered
    - Refused
    - Unknown
  + Enter additional testing information as indicated.
* Treatment information: enter the date and regimen started and completed as indicated. Leave this blank if the contact does not have LTBI.
  + Treatment not started: check the most appropriate reason if the contact is diagnosed with LTBI and does not start treatment.
    - Lost to follow-up: cannot locate contact
    - Not indicated: provider determines treatment not indicated for any reason not otherwise listed
    - Not offered: contact diagnosed with LTBI, and treatment was not offered by the provider
    - Other: any other reason not listed
    - Pregnancy: contact is pregnant at the time of LTBI diagnosis
    - Previous LTBI treatment: documentation of previous treatment for LTBI and provider determines treatment to this case is not needed
    - Previous TB treatment: documentation of previous treatment for TB disease and provider determines treatment as a contact to this case is not needed
    - Provider decision: provider decision to not treat LTBI for any other reason not listed
    - Refused: contact refused treatment for LTBI
  + Treatment outcome definitions: check the most appropriate reason for any contact who starts treatment for LTBI.
    - Completed treatment: finished a recommended course of treatment
    - Death/Died: died for any reason while on treatment for LTBI
    - Patient stopped: contact chose to stop treatment for reasons not listed
    - Patient moved: location of contact is unknown
    - If location is known the follow-up information needs to be obtained
    - Lost to follow-up: cannot locate contact to determine reason for stopping treatment
    - Active TB: diagnosed while taking LTBI treatment
    - Adverse effect of drug: documented by provider
    - Provider decision: provider stops for reasons not listed

**Closing the contact investigation**

The contact investigation can be closed once all identified contacts have a final disposition AND all contacts diagnosed with LTBI have a final treatment outcome.