



National Health Mission
SDA Complex, Kasumpti, Shimla-171009 (H.P.)
Himachal Pradesh
Dated: Shimla-171009, 23 July 2020

MISSION DIRECTOR (NHM)

23 JUL 2020

Guidelines for Tuberculosis contact investigations in the State of Himachal Pradesh

BACKGROUND:

Tuberculosis contacts are people who had close contact with patients of infectious TB. As they are at high risk for infection, contacts should be investigated systematically and actively for TB infection and disease. Such interventions are called 'Tuberculosis Contact Investigations'. Available literature reveals that a single sputum positive pulmonary TB (PTB) patient can infect 10 to 15 persons on the average, having close contact, within a community and 90% of the TB transmission in the community is due to sputum smear positive cases. The rationale for contact investigation is that people who were recently infected with *M. tuberculosis* are at increased risk for the development of active disease within 1–2 years after acquisition of the infection. These contacts are highly susceptible to acquire TB infection from the index case because of their close proximity. Contacts of TB patients are at the greater risk of acquiring either TB infection or TB disease depending on factors such as infectiousness of index case and environmental characteristics. In addition, host-related factors (age, immunology, co-morbidity and habits like smoking etc.) additionally intervene with the likelihood of the contacts to be infected or ill.

OBJECTIVE OF CONTACT INVESTIGATION:

Tuberculosis Contact Investigation is a systematic process intended to identify previously undiagnosed cases of TB/ Latent TB Infection (LTBI) amongst contacts of index case. The following are the objectives of the investigation:

1. To identify people who have been exposed to infectious TB case to ensure that they receive appropriate screening and when indicated, treatment for TB disease.

2. To stop transmission of TB (from any additional cases found amongst contacts).
3. To prevent or minimize TB clusters or outbreaks by monitoring for and responding to, contact investigation findings that suggest extensive or ongoing transmission.
4. Contact Investigations can also help in finding out the Index case for the patient in respect of whom investigations are being carried out, as a reverse contact tracing strategy.

Early identification means a better chance of cure and a reduction in further transmission. Furthermore, contact investigation allows identification of people who are latently infected and at high risk for active TB; and can be administered TB Preventive Therapy (TPT). As per the existing NTEP guidelines in India, 2 categories of persons i.e. Children of age < 6 years and PLHIV are to be put on INH chemoprophylaxis.

INDICATIONS FOR CONTACT TRACING:

Although cases with cavitory or extensive disease and/or AFB smear-positive respiratory cases are considered more likely to transmit Tuberculosis, AFB smear-negative pulmonary TB cases can also transmit and should be considered potentially infectious. Contact investigations are indicated for the contacts of all Pulmonary TB patients (microbiologically confirmed and clinically diagnosed). Reverse contact tracing (Source case investigations) is indicated when children less than 6 years are found to have TB disease and Extra Pulmonary TB in all cases irrespective of age group. Contact investigations are paramount in cases of MDR-TB or XDR-TB and shall be conducted without fail.

STRATEGIES:

1. **Period to be taken for consideration:** For the purpose of contact investigations, the period to be taken into consideration is 3 months before diagnosis of index case and till completion of 1 month of regular TB treatment.
2. **Classification of Contacts:** There are 2 major categories of contacts of Index TB cases, which are as follows:

A. **Household contact:** A person who has shared the same enclosed living space for at least 24 hours at a stretch or cumulative 24 hours in a week during the period under consideration for contact investigation. These household contacts may include spouse, children, parents, siblings and other family members (uncles, grandfathers, cousins etc.) including distant relatives/neighbour/domestic helps.

B. **Close non-household contact:** A person who is not in the household but shares an enclosed space, such as a social gathering place, workplace or facility, for cumulative 24 hours in a week during the period under consideration for contact investigation. Close, non-household contacts can include caregivers, close friends, extended family, daycare and primary/secondary school classroom contacts, and co-workers that work in close physical proximity (particularly in small rooms).

3. **Timing of contact tracing and other considerations:** The index case should ideally be interviewed as soon as diagnosis is made and not later than 1 week strictly. The interview shall be carried out as per Information form provided at **Annexure 1**. The responsibility of conducting the contact investigations shall lie with Health Worker and/or STS. In case the interview of the index case is delayed after 1 week of diagnosis, the Health Worker and/or STS shall record the reasons for the same and communicate it to District TB Officer. After the interview of Index case, as per the prescribed form, the contacts shall be listed as per the contact listing form within 15 days as per **Annexure 2**. Contact investigation activities will be recorded in the contact investigation activity sheet by the concerned field staff **Annexure 3** and will also be updated in the Contact Register maintained at respective PHI. Investigations should also be conducted for patients who have died and information shall be gathered from family member. Health Worker and/or STS during home visit shall also make environmental assessment of the residence and provide family counseling on treatment adherence and education on the symptoms that should prompt contacts to seek medical attention. Home visits may also provide an opportunity

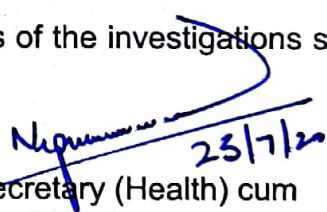
for identifying need for social support and for education on TB and infection control measures.

A supplementary contact investigation would have to be carried out for the same Index case after successful completion of one month of Anti Tubercular Treatment to list out the supplementary contacts, if any, during the treatment period as well.

The protocol for further public health action has also been shared vide letter bearing no. NHMHP-RNTC0SM/(2015)/1/2019-RNTCP-Section-NATIONAL HEALTH MISSION-HP dated 17th February 2020.

CAUTION DURING CONTACT TRACING ACTIVITY:

For a variety of reasons, an Index case may hesitate or refuse to share information about the close contacts in the household or workplace. TB stigma is recognized as a social condition which may negatively impact contact investigations. TB stigma is perceived to increase diagnostic delay and non adherence to treatment. Confidentiality of the TB patient has to be maintained at each level. While doing the contact tracing activity in places other than the household, Health staff should never reveal the name and details of Index case and Nikshay ID will be a unique identifier for index cases. All stakeholders must be explained the objectives and benefits of the investigations so that maximum co-operation can be elicited.


23/7/20
Special Secretary (Health) cum
Mission Director, NHM
Himachal Pradesh, Shimla – 9

Annexure 1

Contact Tracing Information Form

(To be within 7 days of diagnosis)

PART A – to be filled by Health Worker and/or STS

District:

Health Block:

Patient Name (Index case):

Age:

Sex: Male/Female/TG

Occupation:

Address

Nikshay ID/Notification Number:

Mobile Number:

Date of diagnosis of Disease:

Site of disease: PTB/EPTB

Type of Disease (based on DST): DSTB/DRTB

Basis of diagnosis: Microbiologically Confirmed/Clinically Diagnosed

Reference Period (Date from which the contacts should be traced - 3 months prior to the diagnosis of an index case):

Name of the Staff interviewing the patient:

Designation

Date:

Signature

PART B – to be filled by the patient/Index case

Questionnaire

Question 1: No. of family members/domestic helps who have stayed in the Household during the reference period. Try to remember **all** such persons who have stayed for 24 hours at a stretch or cumulative 24 hours in a week. List **all** such persons below:

Question 2: Where do you work?

Question 3: How many people work in close proximity at your work place? Try to remember **all** such persons who have stayed for cumulative 24 hours in a week with you at workplace. List **all** such persons below:

Question 4: Have you visited relatives/friends house from _____ to _____? Yes/No

If Yes, line list all such persons who came in your contact below:

Question 5: Whether any relative/friend/guest visited your house in the reference period? Yes/No

If Yes, line list all such persons who came in your contact below:

Signature:

Name:

Date:

CONTACT LISTING FORM**Nikshay ID of Index Case:****Date of Diagnosis:**

Line list of Household Contacts of index case: This includes the household contacts living with the Index case/contacts in respect of whom the Index Case had visited their house/contacts who visited that house of Index case

Sr.No.	Name	Age	Address of the person	Relation to index case	Number of night stays in the household during reference period, if any	Cumulative time (total number of hours spent in contact with the index case/week) during the reference period	Whether eligible for contact screening [#] Yes/No
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Line list of Close Non Household Contacts of Index case including those in the work place:

Sr. No.	Name	Age	Address of the person	Cumulative time (total number of hours spent in contact with the index case/week) during the reference period	Whether eligible for contact screening# Yes/No
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**if number of contacts are more, a separate sheet can be added to record the details*

If a person has shared the same enclosed living space with index case for at least 24 hours at a stretch or cumulative 24 hours in a week during the reference period under consideration will be eligible for contact investigation

Name of the Staff interviewing the patient:

Designation

Date:

Signature

CONTACT INVESTIGATION ACTIVITY SHEET

(To be filled by the field staff during the contact tracing and screening)

Nikshay ID of Index case:

Screening done by (Name):

Designation:

Sr. No	Name of person	Age	Mobile Number	Household contact/ Close Non Household contact	Whether contact is a key population (diabetic, PL HIV, smoker, child of age < 6 years, on immunosuppressant drugs, renal disease and miner), please write the category	History of symptoms suggestive of Tuberculosis						Date of Screening	Referred DMC/PHI Yes/No
						Fever (YES/NO)	Cough (YES/NO)	Weight loss (YES/NO)	Hemoptysis (YES/NO)	Chest pain (YES/NO)	Swelling in Neck (YES/NO)		
	A	B	C	D	E	F	G	H	I	J	K	L	M
1													
2													
3													
4													

Name of the Staff interviewing the patient:

Designation

Date:

Signature