

This procedure explains the instructions for how to use the **TB Contact Tracing Tool**. This tool is designed to help community health workers screen household contacts (contacts) of patients with active TB (index cases) for symptoms of TB disease. Because TB is an airborne disease, household contacts are at high risk for TB. It is important to screen all contacts of each index case for TB!

### [SECTION 1: USING THE CONTACT TRACING TOOL](#)

### [SECTION 2: COMPLETING THE CONTACT TRACING TOOL](#)

#### [Appendix: Contact Tracing Tool](#)

### **SECTION 1: USING THE CONTACT TRACING TOOL**

1. All patients diagnosed with active TB should have their contacts screened for symptoms of TB disease. Fill one Contact Tracing Tool for each patient.
2. Before the contact tracing visit, inform your patient about the need for contact tracing and ask consent to screen their contacts at home. Indicate the patient's preference in the Heading part of the Contact Tracing Tool.
  - a. If consent is given: tell your patient when you will visit. Ask them to tell their contacts to help ensure every contact is screened.
  - b. If consent is not given: ask your patient to bring their contacts to the facility for screening and document in **TB Follow-Up Register**.
3. During the contact tracing visit, introduce yourself to your patient's contacts and use the following script to describe the process: *TB is an airborne disease that you have been exposed to at home. Just because you have been exposed, does not mean you automatically have TB. We'd like to ask you a few questions to see if you are developing symptoms of TB. If you have symptoms, more testing and an evaluation by a clinician will be needed at the health facility to determine whether you have TB or not. Your answers will remain confidential.*
4. Write the full name of each contact where indicated.
5. Ask to meet with each contact in a private space to ask them the questions.
6. Begin with contact #1. Fill out the entire row before proceeding to the next contact.
  - a. Only children should be asked about poor weight gain.
  - b. All contacts that require HTC should be offered it.
7. Depending on the responses to the screening questions and the patient's HIV status, the contact may need to be referred to the health facility for additional follow up. Each type of case that needs to be referred is described below along with a script to use to tell people about the referral.
  - a. Anyone who answers "yes" to ANY TB screening question: *Your symptoms could be due to TB, but also could be due to something else. It is very important to see a clinician at the health facility to know why you are having symptoms and to get treatment, if necessary.*
  - b. All children under 5 years of age (regardless of HIV status or TB screening responses): *Because your child is under 5, they are at higher risk for TB and it is important to know whether they have TB. If they do not have TB, the clinician will prescribe a medicine to take once every day. It is important that your child takes this medicine every day to prevent TB.*
  - c. All patients with new HIV diagnosis, or who are HIV-positive/-exposed but not in care: *People living with HIV are at high risk of contracting TB. To help reduce your risk of contracting TB and to treat your HIV, it is important that you go to the health facility for further evaluation and treatment.*
8. For Tingathe TB#, enter the index patient's Tingathe TB# in the spaces indicated. The resulting number is each contact's unique Tingathe TB#. This should be used on any forms/registers filled out for follow-up. This helps track contacts to their index cases when the data is reviewed.
9. Make a plan with every contact you refer that includes the date when they will come to the health facility for further evaluation. Enter their details and this date in the **TB Follow-Up Register**.

### **SECTION 2: COMPLETING THE CONTACT TRACING TOOL**

#### **Heading**

This section should be filled as soon as a patient has been diagnosed with active TB (at the same time as the TB MasterCard is opened).

Heading	Description and Instructions	Response Options
Index MOH TB#	Unique identification number assigned by the MOH to all patients initiating TB treatment.	
Location form was filled	The location of the contact tracing session	Home; Health facility
CHW initials	The initials (first and last) of the CHW doing the	

	contact tracing	
Date	The date of the contact tracing session	DD/MM/YY
Verbal consent for home visit	Indication that the patient consented to have the CHW do contact tracing at the index case's home	Y= yes, consent was given; N= no, consent was not given
Index Tingathe TB#	Unique ID number assigned by Tingathe to all patients during TB screening	
Index name	First name of the index case	
Index surname	Surname of the index case	

**Contact Tracing:**

This section should be filled during the contact tracing session, either at the index case's home or at the health facility.

Heading		Description and Instructions	Response Options
Contact Name		The name of the contact, first and surname	
Age		The age of the contact in years. If the contact is less than one year old, write the number of months over 12 (e.g. if 4 months old, write 4/12)	
Sex		Gender and pregnancy status of the patient	M= male; FNP= female, non pregnant; F=female
TB screening		Four screening questions to check for the presence of active TB. Should be asked in the following format: <ol style="list-style-type: none"> <li>Do you have a cough?</li> <li>Do you have a fever?</li> <li>Do you have night sweats?</li> <li><u>For adults 15 years and older:</u> Are you having weight loss? <u>For children under 15 years old:</u> Are you having poor weight gain?</li> </ol> Circle the corresponding response for all 'Yes' answers. If patient is experiencing none of the symptoms, circle 'None'.	C= cough; F= fever; Ns= night sweats; WI= weight loss; Pw= poor weight gain; N= none
Last HIV test	Last HIV test	The HIV status of the patient following their last HIV test	N= never tested; L-= Last negative; L+ = last positive; Le= last exposed infant; Li= last inconclusive
	Time since last test	Indication of the approximate time since the contact received their last HIV test in days, months or years. Be as accurate as possible.	#D = # days; #M= # months; #Y= # years
HTC	Needed at this visit	Indication of the contact's eligibility for HIV testing at this visit. Reference current testing guidelines to determine eligibility.	Y= yes, the patient is eligible for HTC; N= no, the patient is not eligible for HTC
	Done at this visit	Indication of whether or not HIV testing was done at this visit. Note: it is encouraged that HTC be done at the initial contact tracing visit when possible (i.e. no referrals)	Y= yes, HTC was done at this visit; N= no, HTC was not done at this visit
HTC Result		If HTC was done, the result of the rapid test. Indicate only the final status given to the patient if more than one HIV test was done.	N- = new negative; N+ = new positive; Ne= new exposed; Ni = new inconclusive; C+ = confirmatory positive; Ci = confirmatory inconclusive
ART Status		The contact's ART status after HTC has been performed. First determine if the contact is HIV-infected or not. If HIV-infected, indicate the ART status. Circle only one.	U= uninfected <u>HIV+ only:</u> New = new HIV+ not yet enrolled into HCC/ART services (i.e. tested positive at today's HTC session); ART= contact is currently taking ART; pre-ART = contact is currently enrolled in pre-ART services; ex = contact is an exposed infant enrolled in HIV services; N= contact has a known HIV infection, but not enrolled in any HIV services
Referred to facility?		Indication of whether or not the patient was referred to the health facility for further follow up or evaluation. The following types of contacts <b>MUST</b> be referred: <ul style="list-style-type: none"> <li>Those that answered 'Yes' to one or more of</li> </ul>	Y = yes, the contact has been referred; N= no, the contact has not been referred

	<p>the TB screening questions</p> <ul style="list-style-type: none"> <li>• All children less than 5 years old</li> <li>• All HIV-infected or exposed contacts that are currently <u>not</u> enrolled in HIV services</li> </ul>	
Date expected at facility	The date given for further follow up/evaluation at the health facility for each contact that was referred. Note: referred contacts should be transferred to the <b>TB Follow Up Register</b> for continued tracking	DD/MM/YY
Tingathe TB #	Unique ID number assigned by Tingathe to all patients during TB screening. Generate this new number by writing the index case's TB number in the space	

**Appendix:** Contact Tracing Tool

TB Contact Tracing Tool		Index MoH TB#		Location form was filled: <input type="checkbox"/> Home <input type="checkbox"/> Facility										CHW initials:		Date: / /																									
Verbal consent for home visit? <input type="checkbox"/> <input type="checkbox"/>		Index Tingathe TB#		Index name:										Index surname:																											
<b>Contact Name</b> List all contacts here Complete the full row before proceeding to the next contact		Age	Sex			TB Screening <i>mark ALL that patient answers "yes" to</i>							Last HIV Test					HTC		If yes: HTC Result					ART Status					Referred to facility?*		If yes: Date expected at facility?		Tingathe TB#†							
			Male	Female Non-Preg	Female Pregnant	Cough	Fever	Night sweats	Weight loss	Poor weight gain†	None	Never tested	Last negative	Last positive	Last expos. infant	Last inconclusive	Time since last test No. of Days Weeks Months or Years	Needed at this visit?		Done at this visit?		New negative	New positive	New exp. infant	New inconclusive	Conf. positive	Conf. inconclusive	Uninfected	HIV+ only					Y	N						
																		Y	N	Y	N								New HIV+ not yet enrolled	ART	Pre-ART	Exposed infant	Not in care								
1	Name:		M	FNP	FP	C	F	Ns	WI	Pw	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/	/	-1			
	Surname:																																								
2	Name:		M	FNP	FP	C	F	Ns	WI	Pw	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/	/	-2			
	Surname:																																								
3	Name:		M	FNP	FP	C	F	Ns	WI	Pw	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/	/	-3			
	Surname:																																								
4	Name:		M	FNP	FP	C	F	Ns	WI	Pw	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/	/	-4			
	Surname:																																								
5	Name:		M	FNP	FP	C	F	Ns	WI	Pw	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/	/	-5			
	Surname:																																								
6	Name:		M	FNP	FP	C	F	Ns	WI	Pw	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/	/	-6			
	Surname:																																								
7	Name:		M	FNP	FP	C	F	Ns	WI	Pw	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/	/	-7			
	Surname:																																								
8	Name:		M	FNP	FP	C	F	Ns	WI	Pw	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/	/	-8			
	Surname:																																								
9	Name:		M	FNP	FP	C	F	Ns	WI	Pw	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/	/	-9			
	Surname:																																								
10	Name:		M	FNP	FP	C	F	Ns	WI	Pw	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/	/	-10			
	Surname:																																								

**REFERENCE** (look for corresponding symbol above)

† Use this question for children <15 years only

\* These groups **MUST** be referred to facility for clinical evaluation:

- 1.) Patients who answer "yes" to ANY screening question for TB evaluation
- 2.) ALL child contacts <5 years for assessment of IPT eligibility
- 3.) People with a new HIV+ result, exposed infant, or HIV-infected individuals otherwise not currently in care for linkage to HCC

‡ All referred patients must have details entered in the TB Follow-Up Register to ensure they receive the services they need