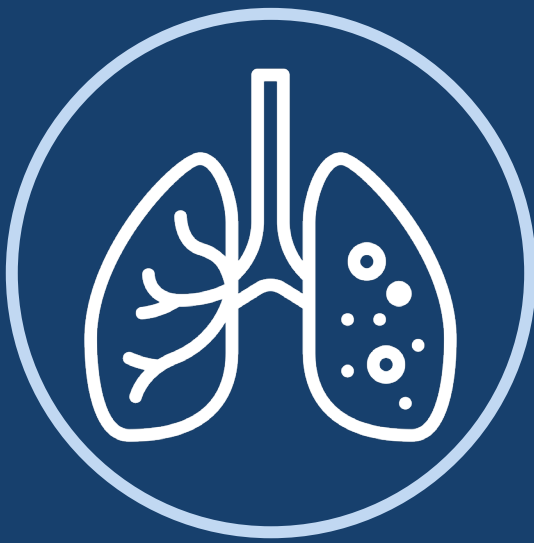




Tuberculosis Contact Interview Script

For Local and Tribal Health
Departments

Prior to calling the contact

Before you begin the call, have the client's contact investigation (CI) Wisconsin Electronic Disease Surveillance System (WEDSS) record ready. Due to confidentiality laws, you will need to confirm the contact's name and date of birth (DOB) prior to the interview.

Keep in mind that during the conversation the contact may become upset and feel fear or stress when learning about their exposure to infectious pulmonary tuberculosis (TB) disease. It is important to put yourself in the shoes of the person you will be speaking to.

Goals:

- ✓ Check on the well-being of the contact.
- ✓ Ensure that the contact understands the difference between TB infection, disease, and transmission.
- ✓ End the phone conversation with the contact understanding the concrete next steps they can take to get tested for TB. Assist them in scheduling a T-SPOT.TB or QuantiFERON-TB Gold test appointment with their provider or local or Tribal health department (LTHD) if needed.

Reminder: Ask questions clearly and wait for a response.

Items in bold and/or [bracketed] are notes for you, the interviewer.

Items in italics are the suggested scripted language.

Pre-Interview analysis:

Review the WEDSS record, including checking for the last date of exposure to case patient.



Calling the contact

If you are unable to reach the client, or they are unavailable, you have the following options to leave a message:

- a) **[If you will be making another attempt to reach the client]:** *Hello, I'm trying to reach [name of patient]. This is _____ from the [insert health department name]. Please call me back at _____, regarding an important health matter. Thank you.*
- b) **[If no voicemail or voicemail box is full]:** follow up with HIPAA compliant text message: "Hello my name is _____, I'm with the Wisconsin Department of Health Services, please call me back at xxx-xxx-xxxx to discuss some important information. Thank you."
- c) Attempts to Contact (Contact Management tab in WEDSS): Unable to reach, left message, interview completed by case investigator, etc.
- d) Try calling again at different time of day on the following day → Leave voicemail (2nd attempt)
- e) Note: if they are returning a call from either a text or message you have left, start by thanking them for calling you back and verifying their identity.

Introduction

Hello, my name is _____, and I'm calling from the Wisconsin Department of Health Services. May I speak with [name of contact]?

If the contact is a minor: *"Hi, this is _____ from the Wisconsin Department of Health Services. May I speak with the parent/guardian of [name of contact]?"*

Hi _____. The reason I am calling is confidential in nature, so I do need to make sure I am talking to the correct person. Could I please have you verify your date of birth? (Use address or other identifiers if DOB is not listed in WEDSS.) **[Verify you have the right person, match with WEDSS record.]**

Explaining the call

Thank you. First, I'd like to start off by saying that everything we discuss today is private and confidential. You/your child may have been in contact with someone who has Tuberculosis (TB). Were you aware of this possible exposure?

- If yes: *Were you able to access TB testing already or can I talk to you about options for testing?*
- If they already had TB Testing, obtain information on where testing was done, then move on to the **"Wrapping it up"** section towards the end of this document.
- If no: continue with script below.



- *Tuberculosis (TB) is an infectious disease caused by a bacterium that primarily affects the lungs. These TB germs can spread through the air from one person to another when someone with active TB disease coughs, sneezes, or talks. Anyone who is nearby can breathe in the air and get the TB germs in their body, leading to infection.*
- **[If contact asks who exposed them]** *To protect the privacy of others, I can't disclose anything regarding the exposure, but what I can tell you is you were exposed to TB on XX date.*



You cannot tell the contact any information about the case-patient, nor can you explicitly state any details about their exposure other than the date. Other information could lead them to identify the case without explicit permission from the case. Some people will be able to deduce who they might have been exposed by, and if they speculate who and where, just say that you cannot confirm any information.

I am going to go through a list of symptoms. Please let me know if you are currently experiencing or have experienced any of the following since your exposure.

Symptom:	No	Yes	Date Symptoms began:
Cough for >3 weeks			
Fever			
Night sweats			
Unexplained weight loss			
Chest pain			
Persistent shortness of breath			
Unexplained fatigue			

If yes: continue with rule out investigation, recommending isolation until further testing can be done to rule out disease.

If no: continue with script below.

Have you and/or your child recently traveled to another country? And just for confirmation, were you and/or your child born in the United States?



Have you ever been tested for TB?

- If yes: *What were the results?* **[If positive—we don't recommend another TB test- we'd recommend a symptom screen and possible MD evaluation.]**

It is important to get tested for TB after this exposure. There are two types of TB tests, a skin test and a blood test. [Either a T-SPOT.TB or QuantiFERON-TB Gold test are two of the Interferon Gamma Release Assay (IGRA) blood tests available.]

*Do you have a primary care provider (PCP) and insurance? If so, we can assist with testing through your provider. **[This is the preferred way to get testing done as its more streamlined for further follow up and testing if needed.]***

Another option may be to come to the local health department for a TB test. Which option can we assist you with?

- If wanting testing through PCP, get PCP info so we can call to inform provider and ask for test to be ordered. If they decline to provide PCP info, please ask that test results be faxed to (insert LTHD contact information).
- If wanting to come to the local health department for testing- coordinate with LTHD to set-up an appointment.
- **If PCP information is given:** *Thank you for the information. We will be reaching out to your PCP to ask for testing to be ordered. Expect a phone call in the next week regarding next steps to take.*

If your test is positive- you will need additional follow-up tests, and you may need preventative treatment for latent TB infection based on those results.

Wrapping it up...

*Your last date of exposure was ____ and therefore no additional testing/further testing will be needed after this initial test is complete. **This is dependent on the date of exposure—please see below for testing requirements.***



- If the last date of exposure to index-case was less than 8 weeks, contact will need two rounds of TB testing to be considered fully evaluated.
- If the last date of exposure to index-case was greater than 8 weeks, contact will only need one test to be considered fully evaluated.



What questions do you have for me?

Would you like to receive any fact sheets or informational links about what we talked about by mail or a secure email?

- If yes: **[verify email address if using email and explain this secure process.]** *I'll be sending you our privacy notice and possibly fact sheets by POSTAL MAIL or SECURE EMAIL.*
- If no: *Ok, no problem.*

Please feel free to contact me at _____ phone number if you have any questions related to this call. I am available _____ (DAYS/HOURS).

Thank you for taking the time to speak with me today— have a good day!

After the call

Fill in relevant information in WEDSS based on your conversation with the contact.



The following documentation is needed for each contact in WEDSS at *minimum*:

- Symptom evaluation
- Risk assessment
- Testing results (if applicable)

Additionally, LTHDs should document the outcome of the screening in the CI record, including:

- Whether a contact was fully evaluated (contact management tab).
- The evaluation outcome (newly infected/previously infected/not a case/TB disease) (contact investigation tab).
- Resolution status (suspect/not a case) (investigation tab).
- Final disposition (lost to follow-up, unable to locate, not infected, infected brought to treatment, previous positive) (investigation tab).

For contacts found to have LTBI, the LTHD is responsible for documenting:

- Chest x-ray result.
- LTBI treatment regimen (both initiation and completion dates.)

