



**North Carolina Department of Health and Human Services
 Division of Public Health • Epidemiology Section
 Communicable Disease Branch
 TB Control Program – Carol Dukes Hamilton, M.D., Medical Director**

1902 Mail Service Center • Raleigh, North Carolina 27699-1902
 Tel 919-733-0822; 919-880-8330 • Fax 919-733-0490

Michael F. Easley, Governor
 Dempsey Benton, Secretary

Leah Devlin, DDS, MPH
 State Health Director

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To: County and Health District Directors & TB Program Nurses, North Carolina
 From: Carol Dukes Hamilton, MD, Medical Director, TB Control Program

CDH

This memo is to clarify the way in which we measure TB contact investigation timeliness as per the current contract agreement addenda that reads as follows:

- By June 30, 2008, 85% of high priority (close) contacts identified will receive a TST within 7 days of notification
- By June 30, 2008 85% of medium priority contacts identified will receive a TST within 14 days of notification
- By June 30, 2008, 85% of high priority (close) contacts identified will be fully evaluated.

The current wording emphasizes that contacts are to be identified and investigated immediately upon learning of a new case. This emphasis remains of paramount importance for TB control. However, we recognize that the current system does not always give counties credit for learning about and then evaluating additional contacts during a follow up interview or an evolving outbreak investigation. To remedy this, either of the following procedures is acceptable:

- Scenario 1: The case is interviewed and contacts identified during this interview are sought and tested within 7 **business** days. The dates used for this calculation are the “Date Case Reported to Health Department” listed on the Nursing Record of Tuberculosis Contacts, and the “Date” for 1st TST placement. This corresponds to the typical way most counties are currently operating.

N.C. Department of Health and Human Services Division of Public Health Epidemiology Section • TB Control Program	
Nursing Record of Tuberculosis Contacts	
MI	7. Date Case Reported to Health Department _____
Male	
Female	
Asian	
Own	
now	

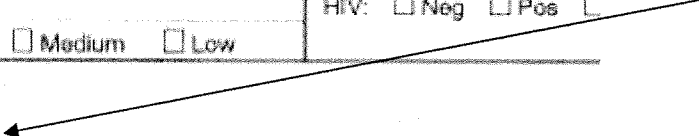
Date Tuberculin Skin Test (TST) Given and MM Results	
Prior Positive	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previously completed TLTBI	<input type="checkbox"/>
Date symptom screen done:	
Date _____	TST #1: _____ mm

- Scenario 2: In addition to early contacts named and investigated, a second wave of contacts may come to light either during a 2nd or 3rd interview, during ongoing DOT visits, or because a person or family self-identifies to the health department, or provides additional names, having learned about the case’s active TB status. The date these new contacts are identified to the health department can be used to start a new 7 or 14-day “clock”, and the health department will be credited with timely investigation using this new date. On-Line counties using the NCEDSS

system will simply indicate "Date identified as a contact" (Administrative question package). The 7 business days will be calculated using the "TST plant date" in the Clinical question package. For those using the paper form, the new date can be listed in the comments section of the "Nursing Record of the Tuberculosis Contacts".

Contacts		Date Tuberculin Skin 1 Given and MM Re
Name		Prior Positive <input type="checkbox"/> Y
Birth Date	Age	Previously completed TLT
Phone		Date symptom screen don
Address		Date ___/___/___ TST #1
		Date ___/___/___ TST #2
Place of exposure:		Date ___/___/___ TST #3
Hours of exposure:		HIV: <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/>
Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low		
Comment		

Add new date to comment section if not using NC EDSS.



When reviewing contact notification time during the annual assessments, the nurse consultants will be calculating 7 business days from the time the case was reported to the local health department UNLESS there is a note in the comment section indicating that a later date should be used.

THIS CHANGE IS NOT INTENDED TO DE-EMPHASIZE THE IMPORTANCE OF TIMELY CONTACT INVESTIGATIONS, but rather to give counties the credit for continuing to look for, and test, additional contacts to TB cases pursuant to the agreement addenda.

I hope this is helpful. Thank you. – Carol Hamilton, M.D.

Cc: TB Nurse Consultants, Jean-Marie Maillard, MD., Jeffrey Engel, MD