SESLHD PROCEDURE COVER SHEET

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FUNCTIONAL GROUP(S)	Infection Control Population Health
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SUMMARY	Outlines responsibilities and procedures for managing large, complex or sensitive TB contact screening investigations within SESLHD (including within SESLHD facilities and community exposures).

Tuberculosis: Management of large, complex or sensitive contact screening investigations

SESLHDPR/787

1. POLICY STATEMENT

District TB services are required to undertake contact investigation and screening of contacts in line with the NSW Health Guideline GL2019_003 - Tuberculosis Contact Investigations.

Under these guidelines, additional steps may need to be considered for large and/or complex contact investigations. Specifically, the LHD TB service should notify the NSW TB Program and their local Public Health Unit (PHU) director of large, complex, or sensitive contact investigations, in order to coordinate management, support and resources.

This procedure outlines the roles and responsibilities when conducting large, complex, or sensitive contact investigations within SESLHD and associated networks (St Vincent's Hospital Network [SVHN] and Sydney Children's Hospital, Randwick).

2. BACKGROUND

TB contact investigations are an important activity that are the responsibility of the LHD TB Service and should be conducted as part of routine management of patients diagnosed with TB.

When confirmed infectious TB cases have resulted in potential exposures involving large, sensitive, or complex settings, additional resources may be required for contact identification and screening, data management, coordination of risk communication, and drafting of media messages.

The Tuberculosis Contact Investigations Guidelines (GL2019_003) state that LHD TB Services should notify the NSW TB Program and their local PHU Director of contact investigations where:

- Screening involves a healthcare facility or educational institution
- Screening may attract media interest or may cause large scale public concern
- Large screenings (where more than 25 contacts at high risk of exposure are identified)
- Situations where a high or medium infectiousness index case spent greater than eight hours on an aircraft
- Contact investigations that cross state and/or international jurisdictional borders

TB services should consult the NSW TB Program and PHU Director for any other contact investigations where there are issues or concerns, e.g. MDR/XDR cases, or where complex social issues are present.

This may include (but is not limited to) exposures at SESLHD healthcare facilities, private or network healthcare facilities, residential care settings, educational institutions, and workplaces.

3. RESPONSIBILITIES

3.1 TB Coordinator/Service (Northern or Southern sector)

- Coordinate contact investigation of exposures located in their referral postcodes, including in both SESLHD facilities and community settings. (For referral postcodes, see Chest Clinic Referrals by Postcode – the TB Coordinator can provide a copy from the NSW TB SharePoint if required),
- Notify the Chest Clinic line manager, clinic TB medical lead or treating physician, PHU Director (or delegate), and NSW TB Program of all large, complex or sensitive contact screening investigations.
    - Initial notification should be within 1 working day of identification of the large/sensitive/complex screen. Notification should be by email, with a follow-up call if particularly urgent or sensitive.
    - For exposures in SESLHD healthcare facilities, or with media or operational impact, the Chest Clinic line manager should notify the hospital General Manager (via usual reporting lines).
- Present exposure details at expert panel meetings, if required.
- Assist with drafting internal briefs when required
- Report contact investigation outcomes on the Notifiable Conditions Information Management System (NCIMS) (initial data as soon as available) and to the SESLHD TB clinical sub-committee.
- Update the PHU via email of any significant findings during screenings, including:
    - contact conversions
    - unexpected positive results for TB infection screening
    - identification of a contact with TB disease
- Share staff and resources across Northern and Southern sectors when required for surge responses
    - Across SESLHD (request made via Director, Population and Community Health [PaCH])
    - Across NSW TB Network (request made via NSW TB Program)

3.2 TB medical lead/director of each TB service

- Provide clinical governance and input into the screening plan and resource allocation of large/sensitive/complex investigations.
- Oversee the management of TB cases and contacts.
- Participate in expert panel meetings

3.3 Public Health Unit Director (or delegate)

- Inform the Director PaCH and SESLHD media team of any large/complex/sensitive contact screenings
- Draft media holding statements or media releases
- Participate in expert panel meetings
- Advise on risk assessment/management
- Support TB services with contact investigation and response

- Provide surge staff/resources as required (from PHU or public health network)
- Review briefs if requested
- Facilitate use of powers under the *Public Health Act 2010* (NSW) if required, including conducting public health inquiries under section 106
- For exposures on cruise vessels entering NSW ports, liaise with the cruise vessel operator and on-board medical team to facilitate the risk assessment and contact tracing

3.4 NSW TB Program:

- Coordinate expert panel meetings if required
- Advise on risk assessment/management
- Support TB service with contact investigation and response
- Provide surge staff/resources as required, or make requests for surge staff to the NSW TB Network
- Liaise with the reference laboratory on whole genome sequencing results

3.5 St Vincent's Hospital Network (SVHN):

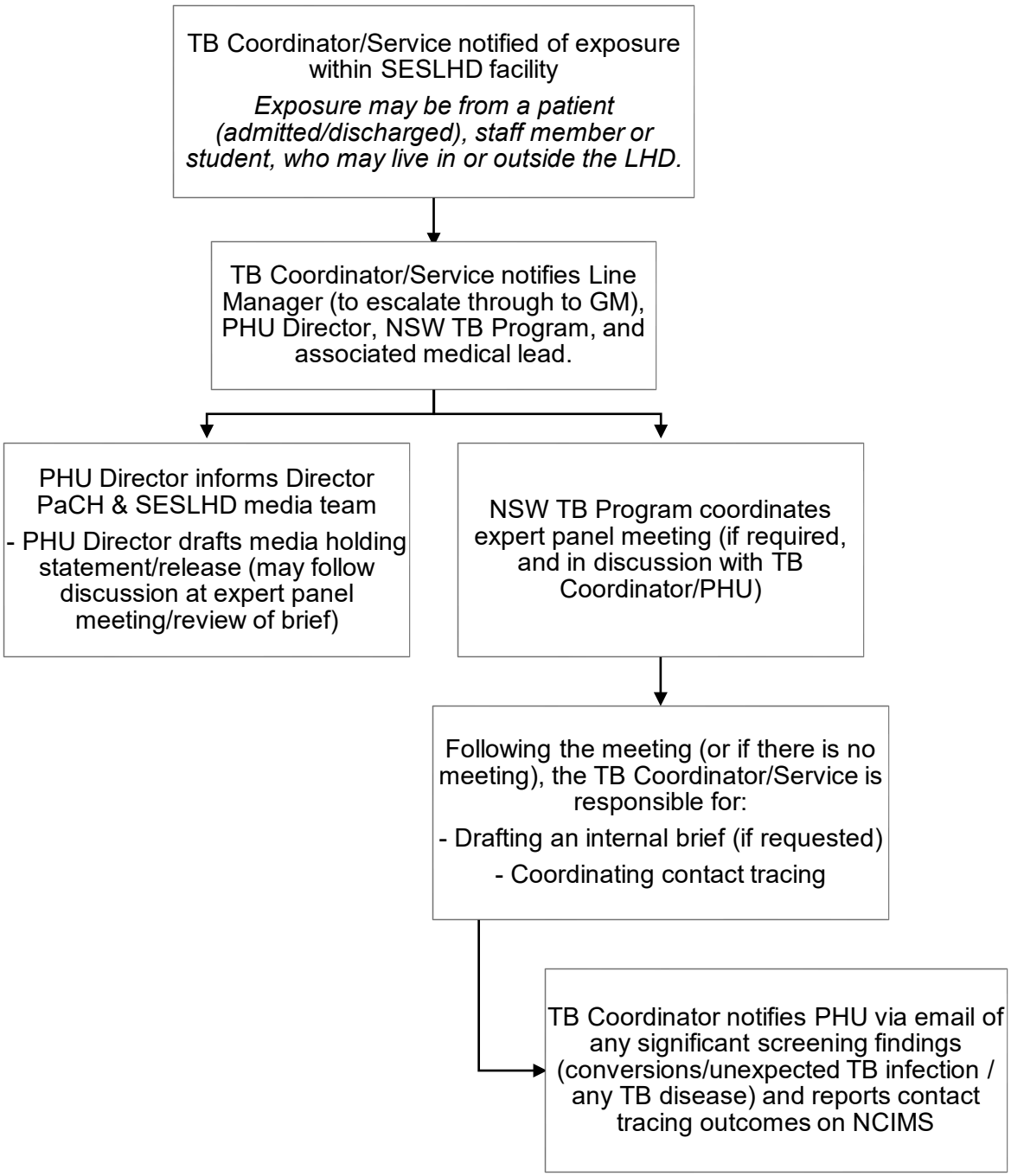
- Coordinate contact investigation of exposures in SVHN facilities and community exposures that occur in SVHN TB referral postcodes (see Chest Clinic Referrals by Postcode).
- Notify the PHU Director and NSW TB Program of large/complex/sensitive contact screenings within SVHN facilities or referral postcodes (within 1 working day of identification of the exposure).
    - Notification should be by email, with a follow-up call if particularly urgent or sensitive.
- Work with the PHU to draft media holding statements or media releases for exposures managed by SVHN, and notify the PHU of any media enquiries received relating to TB.
- Present exposure details at expert panel meetings, if required.
- Report contact investigation outcomes on NCIMS (initial data as soon as available) and to the SESLHD TB clinical sub-committee.
- Update the PHU via email of any significant findings during screenings, including:
    - contact conversions
    - unexpected positive results for TB infection screening
    - identification of a contact with TB disease

3.6 Sydney Children's Hospital (SCH), Randwick

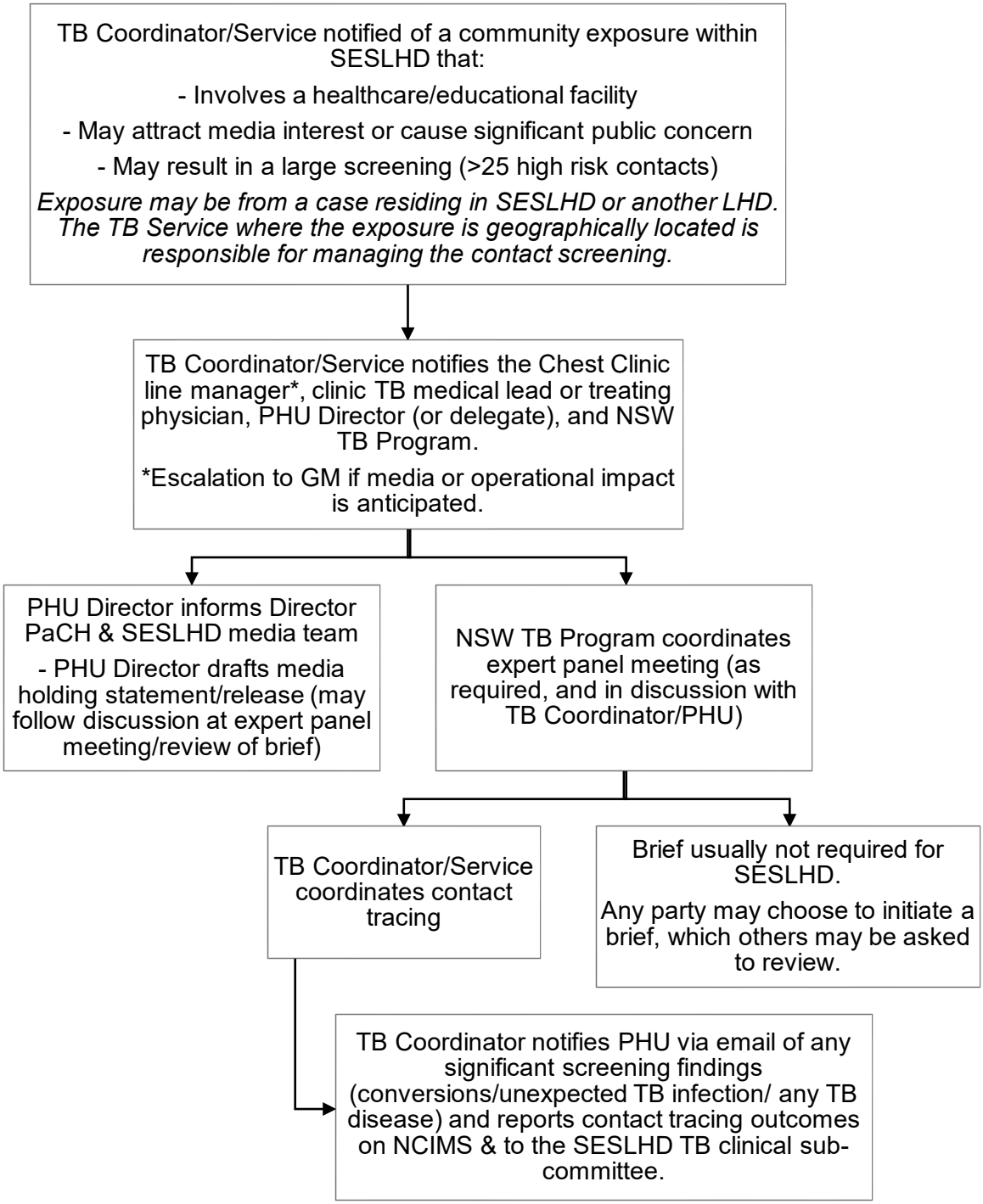
- Coordinate contact investigation for exposures in SCH, Randwick facilities (with Northern TB coordinator, infection prevention and control [IPC] and infectious diseases [ID] teams), including briefing to SCH Randwick Executive & Media/Communication team as relevant.
- Notify the relevant TB coordinator of community exposures for any patient diagnosed at SCH, Randwick (who will notify any other relevant TB Coordinators).
- Support and provide advice on assessment, screening and management of paediatric cases and contacts.

4. PROCEDURE

4.1 Process for exposures within SESLHD facilities



4.2 Process for community exposures (non-SESLHD facilities) within SESLHD referral postcodes (excluding SVHN referral postcodes)



4.3 The expert panel

An expert panel to support the contact investigation for large and/or complex situations can be convened at the request of the TB service, PHU and/or NSW TB Program. Any party involved can request an expert panel meeting be held to discuss an exposure. As per GL2019_003, the expert panel should include the Communicable Diseases Branch Director (or delegate), NSW TB Program Manager, treating physician, TB coordinator(s) for involved areas, PHU Director(s) or delegate, and other experts as required.

The TB Coordinator/s and Public Health Unit should assist the NSW TB Program with identifying and contacting required participants.

The expert panel should discuss:

- Case
  - The infectiousness and infectious period of the index case
  - Potential source of their infection
  - Antibiotic susceptibilities
- Contacts
  - The nature of exposures during the case's infectious period
  - The risk classification, approach, and prioritisation of contact screening and management
  - Responsibility for managing contacts at each exposure location
  - Screening tests recommended
  - If case has drug resistance – TB infection treatment recommendations of contacts
- Resources
  - Staffing
- Data management
- Media and communications
  - Risk communication with contacts/affected sites
  - Internal briefings
  - Public communications

4.4 Data management

The TB Coordinator must ensure that aggregated data on the process and outcomes of a contact investigation is entered into NCIMS for each notified case. NCIMS data entry should be completed as per Table 5 in NSW Health Guideline Tuberculosis Contact Investigations.

Data should also be reported for discussion at the SESLHD TB clinical sub-committee and summarised to the SESLHD TB Governance Committee.

5. WORKFORCE

Where possible, TB-trained nurses should be used as surge staff during large contact tracing events.
Where demand exceeds resources, other staff may be able to assist with contact screening, using the below resources and under the supervision of a TB-trained nurse. This approach may be particularly useful during off-site clinics. Appropriate staff may include SESLHD nurses (particularly those who have completed TST/BCG training), or PHU staff and trainees.

See resources on NSW Health TB Sharepoint site [available for people with access to this Sharepoint site]:

- Tuberculosis contacts risk assessment form
- TB Contact Screening and Management Flowchart

6. DOCUMENTATION

- Brief templates (available on SESLHD Intranet)

7. AUDIT

The effectiveness of contact investigations should be evaluated by each TB service Clinic using key indicators (initial, short term, long term) as summarised in Table 6 of the NSW Health Guideline *Tuberculosis Contact Investigations*.

Contact investigation indicators will be reviewed periodically at the SESLHD TB clinical sub-committee meetings, and at the SESLHD TB Governance Committee meetings.

8. REFERENCES

- NSW Health Guideline GL2019_003 - Tuberculosis Contact Investigations.

9. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
16 October 2025	1.0	New guideline developed by the SESLHD Tuberculosis Governance Committee to implement GL2019_003. Approved by SESLHD Patient Safety and Quality Committee and Chief Executive.