Tuberculosis and Contact Tracing

Have yourself tested for tuberculosis if you are invited to do so by the GGD. Tuberculosis is a serious disease. However, the disease can be prevented with medication and can be treated easily in general. So it is important that you know whether you have contracted the disease.

What is Contact Tracing?

Contact tracing is the testing of contacts of an infected tuberculosis patient to check if they have contracted the bacteria. An infection may have occurred as a result of the coughing and sneezing of the patient, releasing bacteria in the air. The aim of contact tracing is to identify and treat people who have been infected with the tuberculosis bacteria as early as possible. This is to prevent them from contracting tuberculosis.

Sometimes, a patient who is not contagious will be tested in the same way. The GGD will then try to trace the person (the source of the infection) who infected the patient.

Who will be tested?

Together with the patient who has been diagnosed with the tuberculosis disease, the GGD nurse will compile a list of names of the persons with whom he has been in contact recently. These contacts could be family members, friends, colleagues or people at school or sports clubs. The nurse will treat the personal information provided by the patient in confidence.

Persons who have been in contact with the patient on a regular and long-term basis will be tested first. If testing shows that these persons are infected with the tuberculosis bacteria, persons with whom the patient has had less contact will be tested as well.
WHEN IS THE TEST PERFORMED?

Tuberculosis testing will only be reliable eight weeks after the last contact with a tuberculosis patient. If the patient has been complaining of coughs for a longer period of time and may be infected, contacts will be invited to an initial test earlier.

FOR WHOM IS TESTING IMPORTANT?

The tuberculosis disease may develop more quickly in persons with reduced immunity. You should always contact the tuberculosis control department of the GGD if you:

- have symptoms that suggest tuberculosis.
- have a reduced immunity due to a disease or the use of medication.
- have children below the age of five who have been in contact with the patient.
- believe that you need to be tested and received no invitation for a test.

The most common symptoms of tuberculosis are:

- coughing
- fatigue
- fever
- night sweats
- bad appetite
- weight loss

HOW WILL YOU BE TESTED FOR TUBERCULOSIS?

Tuberculosis testing is performed in various ways. A tuberculin skin test is usually performed first. If you have a reaction to the tuberculin skin test, a blood test (IGRA) is often performed after that. A lung X-ray sometimes needs to be taken in order to make a diagnosis. These tests are not dangerous, not even for children or pregnant women.

- A tuberculin skin test (Mantoux test)
  A small amount of liquid (tuberculin) is injected into the skin on the outer side of the left lower arm. A skin reaction could mean that you are infected with the tuberculosis bacteria. After two to three days (so after 48 to 72 hours), the GGD staff member can assess the skin reaction.

- A blood test (IGRA)
  A blood sample is taken. The blood is examined in the laboratory. The IGRA measures the immune response to the tuberculosis bacteria.

- A lung X-ray
  A lung X-ray is taken. Any abnormalities on the X-ray could indicate tuberculosis.

DO YOU HAVE ANY QUESTIONS?

Please contact the tuberculosis control department of the GGD. More information about the tuberculosis disease and how a tuberculosis test is performed can be found on the website www.tuberculose.nl. This leaflet is also available in other languages. The translated versions can be found at www.tuberculose.nl.

FINALLY

Do you believe that you were treated wrongly or negligently? The GGD offers the opportunity to file a complaint. Please contact the TB control department. More information about this can be found on the GGD website.