



# FOCUS on Field Epidemiology

## DISCUSSION QUESTIONS: Contact Tracing

1. What diseases involve contact tracing/partner notification in your state? Are there other diseases you think should involve contact tracing but don't?

Most likely, your state probably requires partner notification for HIV/AIDS, syphilis, and possibly tuberculosis. However, other specific diseases vary from state to state. Some may include partner notification/contact tracing for other sexually transmitted infections or other communicable diseases.

Additionally, your state may have experienced an outbreak in which partner notification/contact tracing was implemented for a short period of time.

Due to resource constraints, your state may not be able to perform partner notification/contact tracing for all communicable diseases that it would ideally conduct.

2. In your opinion, what type of partner notification/contact tracing is most appropriate for a foodborne disease, such as shigellosis? What about for a sexually transmitted infection such as gonorrhea or a bioterrorist agent such as smallpox?

Generally there are three ways to approach partner notification: through the provider (or another member of the medical team), through the patient, or through contact referral.

For a particularly sensitive condition, such as sexually transmitted infection, it makes sense that the patient may want to personally notify and discuss the situation with the contact. In this case, patient or contact referral may be most appropriate.

For a foodborne disease, particularly if it is associated with an outbreak, direct provider contact may be the most efficient method. For example, if there were an outbreak of shigellosis at a day care center, a member of the medical team or staff from the health department may wish to call parents of other children about the situation.

In the case of a bioterrorism agent, the fastest method possible would be most appropriate.



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