# Instructions for Completing the Tuberculosis Contact Investigation Form

The goals of a contact investigation are (1) rapid identification of individuals who are high and medium priority contacts to a known or suspected case of pulmonary, laryngeal or pleural TB; 2) timely initiation of appropriate treatment for those determined to be recently Infected or exposed with a significant risk for progression to disease; and 3) identification and treatment of additional individuals found to have suspected TB disease in order to prevent further spread of disease.

This form is used by public health nurses (PHN) to guide and document the examination of contacts to active cases of pulmonary tuberculosis (TB) and the identification of the source of infection for cases of tuberculosis in children  $\leq$  6 yrs of age and tuberculin converters < 2 years of age. Aggregate contact investigation data are also used by the Alaska TB Program for management and evaluation.

The **initial copy** of the form should be submitted to the Alaska TB Program as soon as the first round of TSTs or IGRA testing are completed. This should occur within **10 business days after the index case is reported to the PHN**. Some data fields may not be known until the final copy of the form is completed (e.g. last exposure date). Leave those fields blank on the initial copy and complete on the final copy. The **final copy** should be submitted when contact follow-up is complete, or approximately **8 – 10 weeks after the index case was initially reported** to the PHN.

## CASE

- **Demographics**: name, date of birth, race, gender at birth, phone number, address.
- *Infectious Period:* Review Table 1 to establish the infectious period. Additional epidemiologic or clinical factors may affect the infectious period and should be considered on a case-by-case basis.
- Site of TB: Indicate pulmonary or extra pulmonary.
- Cavitary: Select YES if the CXR interpretation indicated cavitary lesions.
- **Medication start date:** Enter the date that appropriate DOT drug therapy began (date first dose was administered via DOT).
- Lab results: AFB smear, PCR and sputum mycobacterial culture results. Enter the collection date of the initial positive specimen. Sensitivities to isoniazid, rifampin, ethambutol, pyrazinamide and streptomycin and start date of TB medications.

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Table 1. Establishing an Infectious Period (IP)

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Patients with sputum smear positive for AFB	Patients with sputum smear negative for
OR cavitary chest x-ray OR with TB	AFB, AND non-cavitary chest x-ray AND NO TB
symptoms (e.g. cough, hoarseness)	symptoms
Date of Symptom onset:or  Date of first positive finding:  IP Start Date: 3 months prior to symptom onset or 1 <sup>st</sup> positive finding consistent with TB disease (whichever is longer):	Date treatment started:  IP Start Date: 4 weeks prior to date of diagnosis (date treatment started):
1) Date 14 <sup>th</sup> dose of DOT TB administered:  2) Date 3rd consecutive AFB-negative smear sputa specimen was collected:  3) Date clinical improvement noted:  IP End Date: All three of the above criteria need to be met: completion and tolerance of 2 weeks of appropriate TB treatment (via DOT), 3 consecutive negative sputum AFB smears, and clinical improvement. The IP end date is the latest date out of the 3 criteria:	Date the 7 <sup>th</sup> dose of DOT TB treatment administered:  IP End Date: After 7 days of appropriate DOT, TB treatment, is taken and tolerated and no risk for drug resistance (Same date as recorded above):  Ditation on chest x-ray or TB symptoms, the clasure

NOTE: For MDR cases regardless of sputum AFB smear status, cavitation on chest x-ray or TB symptoms, the closure of the infectious period will differ. MDR cases will require additional criteria of at least 3 consecutive negative sputum cultures without a subsequent positive culture and 14 days of TB treatment

Estimated Infectious Period:	to		
	Start	End	

 $Tool\ adapted\ from\ LA\ County\ Toolkit\ http://publichealth.lacounty.gov/tb/docs/CIToolkit2013.pdf$ 

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## **CONTACTS**

- **Demographics:** name, date of birth, race, gender at birth, phone number, address and relationship to case, e.g., share same house-hold, co-worker, daughter, spouse, friend.
- **Contact Priority:** Any contacts who are not classified as high or medium priority are assigned a low priority. Review Table 2 to determine contact priorities.

#### **Table 2. Contact Priorities**

Contact Prior	Contact Priority							
High	Includes contacts who meet the following criteria: household, ages <5 years, HIV or other medical risk, contact during bronchoscopy, sputum induction, etc., contact in congregate setting, or exceeds environmental limits							
Medium	Includes contacts ages 5–15 years or who exceed environmental limits							
Low	Includes all others							
Consider win	Consider window period prophylaxis for children < 5 years of age and immunocompromised							

Dates exposed to infectious case: Document the date the contact was first exposed to the
index case WHILE the index case was considered infectious. Document the last day the
contact was exposed to the index case WHILE the index case was considered infectious. Use
the index case's calculated infectious period to determine contact exposure dates. If contact
is ongoing AND case is infectious, leave end date blank until final evaluation.

# • Historical Information, if available:

- Past TST or Past IGRA: Document screening results/date
- o Treatment History: Document prior LTBI or Active TB treatment/dates of treatment

## • Initial evaluation:

- o Initial TST or IGRA: Document screening results/date
- Symptom Screening: Select <u>Yes</u> if the contact has symptoms of tuberculosis such as cough, weight loss, fever, night sweats, fatigue, and/or hemoptysis. Document the date the symptom screening was done.
- Sputa: If sputa were collected, document collection dates /results.
- Chest X-ray: Document whether the CXR results were read as normal or abnormal.
   Provide brief details on abnormalities as noted by radiologist.

# Final Evaluation:

 Follow-up TST or IGRA should be done 8 weeks after the last exposure to the index case while the index case was considered infectious. Document screening results/date

# • Contact's Evaluation Summary:

- Evaluation complete: Select <u>Yes</u> or <u>No</u>, and the date and name of the PHN who completed the contact investigation.
- o Conclusion: Document the final status of the contact investigation.
- o Comments: Document any relevant details not captured in the form.

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INDI	EX CASE N	ame:			DOB: In	nfectious Period Start Date:	End Date:
INDEX CAS	SE INFORN	MATION					
Race:	SE IN ORIV		der at Birth:			Phone Number:	
Address:				City:		Zip code:	
Site of TB:	☐ Pulmonary	☐ Extrapulmonary		Cavitary: ☐ Yes	□ No □ Unknown	Medication Start Date:	
Lab Results		☐ Positive ☐ Negative	re.	Date of Sputa Colle			
	Culture: Positive Negative					□ RIF □ EMB □ PZA □	STR
		Positive ☐ Negative		Sensitive to (sereet	<u>un mai appij).</u> <u>D 11 (11</u>		
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Contact Priority: ☐ High ☐ Medium ☐ Low Dates of			exposed to infectious case: Start Date End Date			Date	
Race:	Race: Gender				r at Birth: Phone Number:		
Address:				City:		Zip code:	
Historical In	formation						
Past TST	Date:	Result:	mm		Treatment history:	☐ LTBI ☐ Active TB	□ None □ Unknown
Past IGRA	Date:	Result:			Start Date:	I	End Date:
Initial Evalu							
Initial TST D	Date:	Result:	mm		Symptom Screening	☐Yes ☐ No Date:	
Initial IGRA	Date:	Result:			Result: ☐ Asympt	tomatic  Symptomatic	
Sputa	Date:	Smear:	Culture:	PCR:	Chest Xray: ☐ Yes	☐ No If yes, date:	
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Final Evalua	tion:						
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Contact's Ev	aluation Sun	nmary:					
Evaluation co	omplete? $\Box Y$	es □ No Date:		Comments:			

Completed by:

Conclusion: □Cleared □Active TB □LTBI □Lost to Follow-Up

**CLEAR FORM** 

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INDEX CASE Name:	I	OOB: Int	fectious Period Start Date:	End Date:
Contact Name:	Date of Birth:	F	Relationship to case:	
Contact Priority: ☐ High ☐ Medium ☐ Low	Dates exposed to infectious ca		End Da	ate
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Date: Smear: C	fulture: PCR:	•	☐ Abnormal (specify):	
Date: Smear: C	ulture: PCR:			
Final Evaluation:				
Follow Up TST/IGRA Due Date (8 weeks after exposu	re period end date):			
Follow-up TST Date: Res	ult: mm	Follow-up IGRA Da	ate:	Result:
Contact's Evaluation Summary:				
Evaluation complete?  \( \subseteq \text{Yes} \subseteq \text{No} \) Date:	Comments:			
Completed by:				
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Conclusion: $\Box$ Cleared $\Box$ Active TB $\Box$ LTBI $\Box$ Los	st to Follow- Up			
Conclusion: □Cleared □Active TB □LTBI □Los	st to Follow- Up			
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INDEX CASE Name:					DOB: Infectious Period Start Date: End Date:				
Contact Name:			Date of B	irth:		Relationsl	hip to case:		
Contact Priority:	□ High	☐ Medium ☐ Low	Dates exp	osed to infectious	case: Start D	Date	End D	Oate	
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Address:				City:		Zip code:			
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INDEX C	ASE Name:			DC	OB:	Infectious Per	riod Start Date:	End Date:
Contact Name: Date of Birth:						Relationsh	ip to case:	
Contact Priority:	□ High □ N	Iedium □ Low	Dates expose	ed to infectious cas	se: Start Date	1	End Date	
Race:	<u> </u>		Gender at Bir	rth:		Phone Nun	nber:	
Address:				City:		Zi	p code:	
Historical Infor	mation			•			•	
Past TST	Date:	Result:	mm		Treatment history:	: □ LTBI	☐ Active TB ☐ None	□ Unknown
Past IGRA	Date:	Result:			Start Date:		End Date	
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Follow-up TST		`	Result:	mm	Follow-up IGRA	Date:	Result:	
Contact's Evalu	ation Summ	ary:						
Evaluation comp Completed by:				Comments:				
Conclusion: $\Box$ C	leared □Ac	tive TB □LTBI	□Lost to Follow- Up	)				
Contact Name:			Date of Birth	:		Relationsh	ip to case:	
Contact Priority:	□ High □ N	Iedium □ Low	Dates expose	ed to infectious case: Start Date End Date				
Race:			Gender at Bir	rth:		Phone Nun	nber:	
Address:			<u>.</u>	City:		Zi	p code:	
Historical Infor	mation							
Past TST	Date:	Result:	mm		Treatment history:	□ LTBI	☐ Active TB ☐ None	□ Unknown
Past IGRA	Date:	Result:			Start Date:		End Date	:
Initial Evaluatio	n							
Initial TST	Date:	Result:	mm		Symptom Screen	ing 🗆 Yes 🗆	No Date:	
Initial IGRA	Date:	Result:			Result: ☐ Asy	ymptomatic 🗆	Symptomatic	
Sputa Collected	Date:	Smear:	Culture:	PCR:	Chest X-ray □ Y	Yes □ No	Date:	
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Final Evaluation	n:				1			
Follow Up TST/I	GRA Due Da	ite (8 weeks after	exposure period end da	ate):				
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Contact's Evalu	ation Summ	ary:						
Evaluation comp Completed by:	lete? □Yes l	□ No Date:		Comments:				
Conclusion: □C	leared $\square$ Ac	tive TB □LTBI	□Lost to Follow- Up					

INDEX C	CASE N	ame:		D	OB:	Infectious Per	iod Start Date:	End Date:
Contact Name:			Date of Birth: Relationship to case:					
Contact Priority:	□ High	☐ Medium ☐ Low	Dates expe	osed to infectious c	ase: Start Date		End Date	
Race:			Gender at		Phone Number:			
Address:			<b>,</b>	City:			p code:	
Historical Infor	mation			·				
Past TST	Date:	Result:	mm		Treatment history:	: □LTBI	☐ Active TB ☐ Non	e 🗆 Unknown
Past IGRA	Date:	Result:			Start Date:		End Date	
Initial Evaluation	on							
Initial TST	Date:	Result:	mm		Symptom Screen	ning 🗆 Yes 🗆	No Date:	
Initial IGRA	Date:	Result:				ymptomatic □		
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		ue Date (8 weeks after e	xposure period end	d date):				
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Race:			Gender at	Birth:		Phone Nun	nber:	
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Historical Infor	mation							
Past TST	Date:	Result:	mm		Treatment history:	: □ LTBI	☐ Active TB ☐ Non-	
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Initial Evaluation	on							
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Contact's Evalu	iation Su	ımmary:						
Evaluation comp	olete? $\square$	Yes □ No Date:		Comments:				
Completed by:								
	leared	☐ Active TB ☐ LTBI	□Lost to Follow-	Up				

INDEX C	CASE N	ame:		D	OB:	Infectious Per	iod Start Date:	End Date:
Contact Name:			Date of Birth: Relationship to case:					
Contact Priority:	□ High	☐ Medium ☐ Low	Dates expe	osed to infectious c	ase: Start Date		End Date	
Race:			Gender at		Phone Number:			
Address:			<b>,</b>	City:			p code:	
Historical Infor	mation			·				
Past TST	Date:	Result:	mm		Treatment history:	: □LTBI	☐ Active TB ☐ Non	e 🗆 Unknown
Past IGRA	Date:	Result:			Start Date:		End Date	
Initial Evaluation	on							
Initial TST	Date:	Result:	mm		Symptom Screen	ning 🗆 Yes 🗆	No Date:	
Initial IGRA	Date:	Result:				ymptomatic □		
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	Date:	Smear:	Culture:	PCR:	Result:   Non	nai 🗆 Aone	ormai (specify).	
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		ue Date (8 weeks after e	xposure period end	d date):				
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Contact Name:			Date of Bi			Relationshi	*	
	☐ High	☐ Medium ☐ Low		osed to infectious c	ase: Start Date		End Date	
Race:			Gender at	Birth:		Phone Nun	nber:	
Address:				City:		Zi	p code:	
Historical Infor	mation							
Past TST	Date:	Result:	mm		Treatment history:	: □ LTBI	☐ Active TB ☐ Non-	
Past IGRA	Date:	Result:			Start Date:		End Date	2:
Initial Evaluation	on							
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Initial IGRA	Date:	Result:			Result: □ Asy	ymptomatic 🗆	Symptomatic	
Sputa Collected	Date:	Smear:	Culture:	PCR:	Chest X-ray □	Yes □ No	Date:	
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Contact's Evalu	iation Su	ımmary:						
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Completed by:								
	leared	☐ Active TB ☐ LTBI	□Lost to Follow-	Up				

INDEX C	CASE N	ame:		D	OB:	Infectious Per	iod Start Date:	End Date:
Contact Name:			Date of Birth: Relationship to case:					
Contact Priority:	□ High	☐ Medium ☐ Low	Dates expe	osed to infectious c	ase: Start Date		End Date	
Race:			Gender at		Phone Number:			
Address:			<b>,</b>	City:			p code:	
Historical Infor	mation			·				
Past TST	Date:	Result:	mm		Treatment history:	: □LTBI	☐ Active TB ☐ Non	e 🗆 Unknown
Past IGRA	Date:	Result:			Start Date:		End Date	
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Initial IGRA	Date:	Result:				ymptomatic □		
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Contact Name:			Date of Bi			Relationshi	*	
	☐ High	☐ Medium ☐ Low		osed to infectious c	ase: Start Date		End Date	
Race:			Gender at	Birth:		Phone Nun	nber:	
Address:				City:		Zi	p code:	
Historical Infor	mation							
Past TST	Date:	Result:	mm		Treatment history:	: □ LTBI	☐ Active TB ☐ Non-	
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Initial IGRA	Date:	Result:			Result: □ Asy	ymptomatic 🗆	Symptomatic	
Sputa Collected	Date:	Smear:	Culture:	PCR:	Chest X-ray □	Yes □ No	Date:	
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	Date:	Smear:	Culture:	PCR:			(1	
Final Evaluation	n:							
Follow Up TST/	IGRA Dı	ue Date (8 weeks after e	xposure period end	d date):				
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Completed by:								
	leared	☐ Active TB ☐ LTBI	□Lost to Follow-	Up				

INDEX C	CASE N	ame:		I	DOB:	Infectious Pe	eriod Start Date:	End Date:	
Contact Name:			Date of B	irth:	Relationship to case:				
Contact Priority: ☐ High ☐ Medium ☐ Low Dates expose				osed to infectious	ctious case: Start Date End Date				
Race:			Gender at		Phone Number:				
Address:				City:	Zip code:				
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Past TST	Date:	Result:	mm		Treatment hist	tory: \( \sum LTBI	☐ Active TB ☐ N	Jone □ Unknown	
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Initial IGRA	Date:	Result:			Result:	Asymptomatic [	☐ Symptomatic		
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		ue Date (8 weeks after e	xposure period en	d date):					
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Contact's Evalu		ımmary:							
		Yes □ No Date:		Comments:					
Completed by:	· <b>—</b>								
Conclusion: □C	leared	☐ Active TB ☐ LTBI	□Lost to Follow-	Up					