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TN Department of Health: Tuberculosis Elimination Program TB Contact Record

Index PTBMIS #: _____
 Index Chart #: _____

Index Case Initials: (First, Last): _____ Index Case **Box 1** Case Number: _____ Infectious Period: ___/___/___ to ___/___/___
 Index Case Characteristics: AFB smear+ AFB smear AFB smear-/culture- Clinical PV Other Cavitory CXR Non-cavitory CXR

Contact Information:		Demographics:		Exposure & Relationship:		Risk:	
Last, First, MI (Print ONLY)				Listed as a Contact		Site	
Box 2		DOB: Box 2		/ /		<input type="checkbox"/> Home	
Address and Telephone		Age: Box 2		f Box 4 ad		<input type="checkbox"/> \ Box 4	
Box 2		Sex: <input type="checkbox"/> M <input type="checkbox"/> F		l Box 4 ad		<input type="checkbox"/> \ Box 4	
		Race: Box 2 I/AN		/ /		<input type="checkbox"/> Medical Facility	
		H/PI		Relationship		<input type="checkbox"/> Other:	
		Ethnicity: Box 3 NH					
ID#							
Target Dates:		Testing:		CXR:		Evaluation and Diagnosis:	
Date for TB Screening to be Completed		TBI Test Used: Box 7		CXR Date: Box 8		Date of Medical Exam	
/ /		<input type="checkbox"/> TST <input type="checkbox"/> IGRA		/ /		/ / Box 9	
Date for Medical Evaluation Completed Box 6		Round 1:		Round 2:		Fully Evaluated	
/ /		TST: / / mm		TST: / / mm		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Refer to Contact Investigation Timelines to determine the timeframe for completion of the TB screening and medical evaluation for high, medium, and low priority contacts based on the characteristics of the index case they were exposed to.		IGRA: / /		IGRA: / /		Diagnosis:	
		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indet/Borderline		<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indet/Borderline		<input type="checkbox"/> Active TB	
						<input type="checkbox"/> TBI	
						<input type="checkbox"/> No TB/TBI	
Treatment Initiation and Completion:							
TBI Treatment Initiated?		TBI Tx Start Date:		Was TBI Treatment Completed?		TBI Tx Completion Date:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /	
If no, why not? Box 10		Regimen Started Box 11		If no, why not? Box 12		Regimen Completed Box 13	
<input type="checkbox"/> Provider Decision <input type="checkbox"/> Refused Evaluation		<input type="checkbox"/> INH		<input type="checkbox"/> Provider Decision <input type="checkbox"/> PT Chose to Stop			
<input type="checkbox"/> Lost <input type="checkbox"/> Death		<input type="checkbox"/> RIF		<input type="checkbox"/> Lost <input type="checkbox"/> Adverse Reaction		<input type="checkbox"/> INH	
<input type="checkbox"/> Refused Treatment <input type="checkbox"/> Patient Moved		<input type="checkbox"/> 3HP		<input type="checkbox"/> Active TB Developed <input type="checkbox"/> Death		<input type="checkbox"/> RIF	
<input type="checkbox"/> Already Treated <input type="checkbox"/> No TBI		<input type="checkbox"/> RIPE		<input type="checkbox"/> PT Moved <input type="checkbox"/> No TBI		<input type="checkbox"/> 3HP	
<input type="checkbox"/> Other				<input type="checkbox"/> Other		<input type="checkbox"/> RIPE	
Notes:							

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<p>Box 1: Index Case Initials – Record the initials of the index case in the order of first initial then last initial. Index Case City/County Case Number – Record the index case’s city/county case number assigned locally and that is recorded on the case’s RVCT. Infectious Period – Indicate the beginning and ending dates of the Infectious period for the index case according to MMWR 12/16/2005, vol. 54 (Table 2). Index Case Characteristics – Indicate whether the index case was 1) AFB sputum smear+; 2) AFB sputum smear-/sputum culture+; 3) AFB sputum smear-/sputum culture-; 4) Clinical; 5) Provider Verified; or 6) other (including other culture positive sites). Also record if the CXR was 1) cavitory or 2) non-cavitory.</p>	<p>Box 2: Contact Name (Last, First, MI <u>PRINT ONLY</u>) - Record the contact’s name in the order of last, first, and middle initial. If the contact has multiple names, record those names in the notes section. Address and Telephone – Record the address of the residences of the contact during the case’s infectious period. If this address is different than the address at which the contact currently resides, then include that address as well. Record the phone number with area code at which the contact can most easily be reached. Obtain more than one number if possible. DOB – Record the self-reported date of birth of the contact in the format mm/dd/yyyy. Age – Record the self-reported age for the contact. This should be consistent with DOB. If you find that it is not consistent, then please clarify with the contact. If the contact does not remember his/her DOB, then please record the self-reported age. Sex – Record the contact’s self-reported gender at birth. Race – Record the contact’s self-reported race using the following key: W = white; B= Black/African American; A = Asian; AI/AN= American Indian or Alaskan Native; NH/PI= Native Hawaiian or Other Pacific Islander; O= Other. This should be based on the patient’s self-report, <u>not on appearance</u>. NOTE: You may choose to place a PTBMIS label for these sections</p>
<p>Box 3: Ethnicity – Record the patient’s self-reported ethnicity using the following key: H= Hispanic; NH= Non-Hispanic. This is the patient’s self-reported ethnicity and should not be based on appearance or patient’s name.</p>	
<p>Box 4: Listed as a Contact – Record the date that the contact was first listed as a contact to the index case or suspect in the format mm/dd/yyyy. First Exposed – Record the date that the contact was first exposed to the index case or suspect during the identified infectious period in the format mm/dd/yyyy. Last Exposed – Record the date that the contact was last exposed to the index case or suspect during the identified infectious period in the format mm/dd/yyyy. Relationship – Record the contact’s relationship to the index case or suspect. Examples include: spouse, brother, sister, church member, friend, etc. Site – Select the site(s) the contact was exposed to the index case or suspect during the identified infectious period. Note: more than one site may be selected.</p>	
<p>Box 6: Date for Screening to be Completed – Record target date that the screening (including the TST or IGRA) should be completed. This is based on the characteristics of the index case or suspect and the priority of the contact. Date for Medical Evaluation to be Completed – Record the target date that medical evaluation (including CXR and medical exam by a provider) should be completed. This is based on the characteristics of the index case or suspect and the priority of the contact.</p>	
	<p>Box 5: Exposure Risk – Record the risk of the contact for potential exposure based on the infectiousness of the patient and the environmental assessments of the sites of exposure. Use the following key: H= high; M= medium; and L= low. HIV Testing – Record the results of HIV testing of the contact using the following key: Pos= Positive; Neg= Negative; Ref= Refused; Not Offered; and Unk= Unknown Immunosuppressive therapy/condition – Indicate whether or not the contact has and immune-compromising condition or is on immunosuppressive therapy. Ex include: HIV, cancer, organ transplant, patients on TNF-alpha blockers, etc.) Risk Factors for Progression Present – Are risk factors for progression to active disease if infected present. Refer to MMWR 6/25/2010, vol. 59/No. RR-5, page 3 Box 2 for groups at high risk for progression to active disease if infected.</p>
	<p>Box 7: TBI Test Used – Record which test for TBI was used: a tuberculin skin test (TST) or interferon gamma release assay (IGRA). An IGRA could be a QFT or T-spot. Remember that whatever test is used for Round 1 should be used for Round 2 (if Round 2 is necessary). Round 1 – If a TST was used, record the date (in the format mm/dd/yyyy) placed and the results in mm. If an IGRA was used, record the date (in the format mm/dd/yyyy) the test was drawn and the result. Round 2 – If a second round of testing is necessary and a TST is placed, record the date (in the format mm/dd/yyyy) placed and the results in mm. If an IGRA was used, record the date (in the format mm/dd/yyyy) the test was drawn and the result.</p>

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<p>Box 8: CXR Date – Record the date that the CXR was done in the format mm/dd/yyyy. CXR Result – Record the results of the CXR as either Normal, Abnormal/Cavitary, bAnomral/Non-cavitary, or Abnormal not consistent with TB.</p>	<p>Box 9: Date of Medical Exam – Record the date that the medical exam was performed by a provider in the format mm/dd/yyyy. Fully Evaluated – Record whether the contact is fully evaluated. To be fully evaluated a contact must meet the following criteria:</p> <ul style="list-style-type: none"> • Receive 1 TST or IGRA that is negative • Initial symptom screening based on the TB RAT is negative • Receive a follow-up TST or IGRA in 8-10 weeks after last exposure that is negative • 2nd symptom screening based on the TB RAT is negative in 8-10 weeks after last exposure <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Contact has broken contact >10 weeks from last exposure and only requires one TST or IGRA • If TST or IGRA is positive, contact must have the following to be fully evaluated: <ul style="list-style-type: none"> ○ CXR ○ Medical exam <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Contacts who are immunocompromised, children <5 years of age, pregnant contacts, contacts at high-risk for HIV, and other high risk contacts must have the following to be fully evaluated: <ul style="list-style-type: none"> ○ TST or IGRA ○ TB RAT that includes symptom screening ○ CXR ○ Medical exam
<p>Box 10: Was Treatment for TBI Initiated? – Indicate whether or not treatment for TB infection (TBI) was initiated. If no, why not? – If treatment for TBI was not initiated, please indicate the reason why treatment was not initiated.</p>	
<p>Box 11: TBI Tx Start Date – Record the date that treatment for TBI was started. Record in the format mm/dd/yyyy. Medication Regimen – Record the TBI regimen the contact was initially started on using the following key: INH= Isoniazid; RIF= Rifampin; 3HP= Isoniazid and Rifapentine; RIPE= Isoniazid, Rifampin, Ethambutol and Pyrazinamide. The following are treatment lengths for the different regimens: INH = 9 months RIF = 4 months 3HP = 12 weeks by DOT RIPE = 8 weeks (most common for TB suspects started on 4-drugs that are dispositioned as TBI)</p>	
<p>Box 12: Was TBI Treatment Completed? – Indicate whether treatment for TBI was completed. If no, why not? – If treatment for TBI was not completed, please indicate the reason why.</p>	<p>Box 13: TBI TX Completion Date – Record the date that treatment for TBI was completed. Medication Regimen – Please indicate the medication regimen that was completed by the contact using the following key: INH= Isoniazid; RIF= Rifampin; 3HP= Isoniazid and Rifapentine; and RIPE= Isoniazid, Rifampin, Ethambutol, and Pyrazinamide.</p>