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Chart #: _____

TN Department of Health: Tuberculosis Elimination Program TB Index Case Record

Local Case #: _____

PTBMIS#: _____

Case/Suspect Information

Demographic Information

Living Situation at Time of TB Diagnosis

Full Name (Last, First, MI): _____

Address: _____

Box 1

Phone #: _____

Employment Status: Employed Unemployed Unknown

DOB: ____/____/____ Age: _____

Sex: Male Female Box 2

Race: W B A
 AI/AN NH/PI Unk

Ethnicity: H NH

House/Apt Shelter Homeless

Medical Facility Jail/Prison Nursing Home

Box 3

Other: _____

Case Information

Contact Investigation Information

Infectious Period Start Date: ____/____/____

Infectious Period End Date: ____/____/____

Site of Disease: Pulmonary Pleural Laryngeal
 Extrapulmonary Not TB

Box 4

Case Verification: Cult+ NAA+ Clinical PV

Pulmonary Rule Out Date: ____/____/____

Sputum AFB Smear: Pos Neg ND Unk

Sputum Culture: Pos Neg ND Unk

Other Source: _____

CXR Date: ____/____/____

CXR Result: Normal Abn/Cav Abn/NC Not Done

CT Date: ____/____/____

CT Result: Normal Abn/Cav Abn/NC Not Done

Index Case Risk of Transmission: High Med Low

Date Reported to HD: ____/____/____

Home Visit Date: ____/____/____

1st Interview Date: ____/____/____

F/U Interview Date: ____/____/____

CI Start Date: ____/____/____

CI End Date: ____/____/____

Interviewer: _____

Box 5

Reason for Interview: Case Suspect Source Case (req'd for child <5 yrs)

Assigned Investigator: _____

Date Assigned to Investigator: ____/____/____

Investigator Initials: _____

Infectious Period Calculation	TB Symptoms	AFB sputum smear+	Cavitary CXR	Likely period of infectiousness
	Y	N	N	3 mos. before symptom onset or 1 st (+) finding consistent with TB, whichever is longer
	Y	Box 6	N	3 mo. before symptom onset or 1 (+) finding consistent with TB, whichever is longer
	N	N	N	4 wks before date of suspected diagnosis
	N	Y	Y	3 mo. before positive finding consistent with TB

Review of Record

1. County/Investigator Initials and Date: _____ /____/____

Box 7

1. TB Prgm. Mgr. Sign. & Date _____ /____/____

2. County/Investigator Initials and Date: _____ /____/____

Box 8

2. TB Pr _____ ign. & Date _____ /____/____

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<p><u>Box 1: Case/Suspect Information</u> Full Name (Last, First, MI) – Record the last name, first name, and middle initial of the index case or suspect. Indicate in the “Notes” section if the index case/suspect has multiple names or aliases and what those names are. Address – Record the current address of the residence of the index case or suspect Phone # - Record the phone number (including the area code) where the index case or suspect can most often be reached. Indicate if the number is a: home number, work number, cell number, etc. (Obtain alternate emergency phone number or multiple numbers from the patient if possible) Employment Status – Record the patient’s current employment statement.</p>	<p><u>Box 2: Demographic Information</u> DOB – Record the self-reported date of birth of the index case/suspect in the format mm/dd/yyyy. Age – Record the patient’s self-reported age. This should be consistent with the DOB. If you find that it is not consistent then clarify with the index case or suspect. If the patient does not remember their date of birth, then record the self-reported age. Sex – Record the patient’s sex at birth. Race – Record the patient’s self-reported ethnicity using the following key: W=White, B=Black/African-American, A=Asian, AI/AN=American Indian/Alaskan Native, NH/PI=Native Hawaiian/Other Pacific Islander; Unk=Unknown. This is the patient’s self-reported race and should not be based on patient’s appearance. 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><u>Box 3: Living Situation at Time of TB Diagnosis</u> Select all of the living situations that apply to where the index case or suspect was living at the time of diagnosis. This information should be self-reported by the patient. If “Other” is selected, please indicate what other living situation applied.</p>	<p><u>Box 5: Contact Investigation Information</u> Date Reported to HD – Record the date that the index case or suspect was first reported to the health department. Home Visit Date – Record the date that the Case Manager or DIS/Contact Investigator first visited the location that the index case or suspect currently resides. Record this date in the format mm/dd/yyyy. The first home visit should be ≤3 working days of the health department receiving a report of the index case/suspect. The home visit may not necessarily be the same location where the patient resided during his/her infectious period. A home visit, as it is referenced here, is to assess the quality of the location for isolation of the patient (≥14 days after treatment initiation and until 3 consecutive negative sputum smears are obtained and the patient experiences improvement in symptoms). <u>The home visit should occur ≤3 business days of initiating the investigation.</u> 1st Interview Date – Record the date of the initial interview of the index case/suspect in the format mm/dd/yyyy. <u>FOR INFECTIOUS PATIENTS (sputum smear-positive/cavitary CXR): The first interview should be conducted ≤1 business day of the health department being notified of the case/suspect. FOR NON-INFECTIOUS PATIENTS (sputum smear-negative/non-cavitary CXR): The first interview should be conducted ≤3 business days of the health department being notified of the case/suspect.</u> F/U Interview Date – Record the follow-up interview date in the format mm/dd/yyyy. <u>The follow-up interview should occur 1-2 weeks after the 1st interview.</u> CI Start Date—Record the date that the contact investigation was started in the format mm/dd/yyyy. CI End Date – Record the date that the contact investigation is completed and closed in the format mm/dd/yyyy. Interviewer – Record the first and last name of the interviewer.</p>
<p><u>Box 4: Case Information</u> Infectious Period Start Date – Indicate the infectious period start date in the format mm/dd/yyyy. Refer to the Infectious period calculation table located in the gray table on this form. Infectious Period End Date – Indicate the infectious period end date in the format mm/dd/yyyy/ The end date of the infectious period ends ≥14 days after initiation of approved TB regimen and 3 consecutive negative sputum smears and improvement in symptoms. Site of Disease- Select the site of disease of the index case or suspect. One or more sites can be selected and this information should be consistent with the patient’s RVCT. Remember that a contact investigation should be started on all cases but may be discontinued once pulmonary, pleural, or laryngeal TB is ruled out. Case Verification – Indicate whether the case is a culture-positive case (from any site), a culture-negative case but has a positive Nucleic Acid Amplification Test (NAA), a clinical case, or a provider verified case (PV). Pulmonary Rule Out Date – Indicate the date in the format mm/dd/yyyy that pulmonary TB was ruled out. Sputum AFB Smear – Indicate the result of the patient’s sputum AFB smear using the following key: Pos=positive, Neg=negative, ND=not done, or Unk=unknown. Sputum Culture – Indicate the result of the patient’s culture using the following key: Pos=positive, Neg=negative; ND=not done, or Unk=unknown. Other Source – Indicate if there is another source (not sputum) that was collected and the results of the AFB smear and culture. CXR Date – Indicate the date of the initial CXR in the format mm/dd/yyyy. Not e: the initial CXR may be done at a location outside of the health department (e.g., hospital, clinic, etc.). CXR Result – Indicate the result of the initial CXR using the following key:</p>	

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<p>Normal=normal, Abn/Cav=abnormal/cavitary, Abn/NC=abnormal/non-cavitary, or Not Done=not done. If the CXR is abnormal but <u>not consistent</u> with TB disease, record the CXR as "Normal."</p> <p>CT Date – Indicate the date of the initial CT or other chest imaging study in the format mm/dd/yyyy. Note: the initial CT or other chest imaging study may be done at a location outside of the health department (e.g., hospital, clinic, etc.)</p> <p>CT Result – Indicate the result of the initial CT or other chest imaging study using the following key: Normal=normal, Abn/Cav=abnormal/cavitary, Abn/NC=abnormal/non-cavitary, or Not Done=not done. If the CT is abnormal but <u>not consistent</u> with TB disease, record the CT as "Normal."</p> <p>Index Case Risk of Transmission – Indicate the index case/suspect's risk of transmission of TB to others based on diagnostic testing results and other risk factors.</p>	<p>Reason for Interview – Select the reason for the interview. Was this an interview of a TB case, a TB suspect, or a Source Case. Note: source case investigations are required for children <5 years of age and is recommended for children 5-17 years of age.</p> <p>Assigned Investigator – Record the first and last name of the investigator that is assigned to this contact investigation.</p> <p>Date Assigned to Investigator – Record the date the contact investigation was assigned to the investigator in the format mm/dd/yyyy.</p> <p>Investigator Initials – The assigned investigator is to sign his/her initiation at the completion of the investigator</p>
<p>Box 6: Refer to this chart when calculating the beginning of the patient's infectious period.</p>	<p>Box 7: County/Investigator Initials and Date Include the initials and date (in the format mm/dd/yyyy) of the county/investigator at each review.</p>
<p>Box 8: Reg. Review/Supervisor Initials & Date Include the initials and date (in for format mm/dd/yyyy) of the regional office review or the supervisor review at each review. Note: As part of the Cooperative Agreement with CDC Program Evaluation Component (in and effort to improve NTIP performance), each TB Program Manager should review and sign off on the contact investigation.</p>	<p>Box 9: Type – Select one type of potential exposure for each site as either Place or Location or Transportation Vehicle.</p> <p>Name of Site – Record the name of the site of potential exposure. Example: Joe's Bar, case's home, case's car, friend's car, etc.</p> <p>Address (if applicable) – If the site of potential exposure is a place or location, provide the physical address of the location that includes street address, city, state, and zip code.</p> <p>Contact Person – Record the first and last name of an individual associated with the site of potential exposure listed that would serve as the point of contact for this location.</p> <p>Contact Phone #: - Provide the business phone number, if available (including area code) of the contact person previously listed.</p> <p>Dates of Potential Exposure – Record the start date and end date of the potential exposure at this site. These dates should correspond to the dates when the index case/suspect was present in order to transmit disease to others.</p> <p>Was a Site Evaluation Conducted? – Select whether or not a site evaluation was conducted. If one was conducted, record the findings in the specified area "Documented Findings of Site Evaluation." If a site evaluation was not conducted, the record the justification in the "Documented Findings of Site Evaluation."</p> <p>Date Site Evaluation Conducted – If a site evaluation was conducted, record the date of the evaluation in the format mm/dd/yyyy. <u>The site visit should be conducted ≤5 working days of initiating the investigation.</u></p> <p>Potential for Disease Transmission at this Site – Based on the findings of the site evaluation (including ceiling height, # of air exchanges, size of room, etc.) select "High" if the location as a greater potential for disease transmission, "Medium" if there is a moderation risk for disease transmission, and "Low" if the site has a minimal risk for disease transmission.</p>
<p>Box 10: Documented Findings of Site Evaluation Record findings from the site evaluation in this space.</p>	
<p>Box 11: Notes Section Record any other pertinent information on the contact investigation in the space provided. Because multiple people may be recording information, it is important to provide the date the note was made and the initials of the person making the note.</p>	

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