

**EXPOSURE SETTING TUBERCULOSIS CONTACT RECORD INSTRUCTIONS**

INDEX CASE: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE CASE # \_\_\_\_\_ **Box 1** LOCAL CASE#: \_\_\_\_\_ Page \_\_\_ of \_\_\_\_\_  
 CASE INFECTIOUS PERIOD Start: \_\_\_\_\_ End: \_\_\_\_\_ FORM COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TYPE OF CASE/SUSPECT: \_\_\_\_\_ Pulmonary Smear Pos. \_\_\_\_\_ Pulmonary Smear Neg. \_\_\_\_\_ Other (describe) \_\_\_\_\_

Last Name		First	Middle	PRIORITY	OTHER INFO	TST	RISK FACTORS	OUTCOME
Address		City	State	<input type="checkbox"/> High <b>Box 3</b> <input type="checkbox"/> Medium <input type="checkbox"/> Low	TB Sxs now: <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Initial</b> Placed: ___/___/___ Read: ___/___/___ ___ mm	<input type="checkbox"/> Y <input type="checkbox"/> N HIV <b>Box 8</b> <input type="checkbox"/> Y <input type="checkbox"/> N Diabetes <input type="checkbox"/> Y <input type="checkbox"/> N Lung disease <input type="checkbox"/> Y <input type="checkbox"/> N Current smoker <input type="checkbox"/> Y <input type="checkbox"/> N Excess alcohol <input type="checkbox"/> Y <input type="checkbox"/> N Kidney failure <input type="checkbox"/> Y <input type="checkbox"/> N Steroids <input type="checkbox"/> Y <input type="checkbox"/> N TNFalpha inhibitors <input type="checkbox"/> Y <input type="checkbox"/> N Other immunosuppressants <input type="checkbox"/> Y <input type="checkbox"/> N Head/neck cancer <input type="checkbox"/> Y <input type="checkbox"/> N Age <sub>≤</sub> 5 years <input type="checkbox"/> Y <input type="checkbox"/> N Underweight (<10% normal)	<input type="checkbox"/> Y <input type="checkbox"/> N TB disease <b>Box 9</b> <input type="checkbox"/> Y <input type="checkbox"/> N LTBI
Phone	Country-of-origin		<b>EXPOSURE SETTING</b>		X-Ray: ___/___/___ <input type="checkbox"/> Normal <b>Box 5</b> <input type="checkbox"/> Abnormal <input type="checkbox"/> Active TB	<b>8-10 week f/u</b> Placed: ___/___/___ Read: ___/___/___ ___ mm <b>Box 7a</b>		
Age	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Hispanic <input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Household <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Leisure <input type="checkbox"/> Congregate <input type="checkbox"/> Church/Temple <input type="checkbox"/> Other	<b>PRIOR HISTORY</b> Prior TB: <input type="checkbox"/> Y <input type="checkbox"/> N <b>Box 6</b> Prior BCG: <input type="checkbox"/> Y <input type="checkbox"/> N Prior TST: <input type="checkbox"/> Y <input type="checkbox"/> N Year: _____ ___ mm; <input type="checkbox"/> Neg <input type="checkbox"/> Pos Prior IGRA: <input type="checkbox"/> Y <input type="checkbox"/> N Year: _____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Other Prior TLTBI: <input type="checkbox"/> Y <input type="checkbox"/> N Year: _____	<b>IGRA</b> <b>Initial</b> Date: ___/___/___ <input type="checkbox"/> QFT <input type="checkbox"/> T-SPOT Result: _____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N Steroids <input type="checkbox"/> Y <input type="checkbox"/> N TNFalpha inhibitors <input type="checkbox"/> Y <input type="checkbox"/> N Other immunosuppressants <input type="checkbox"/> Y <input type="checkbox"/> N Head/neck cancer <input type="checkbox"/> Y <input type="checkbox"/> N Age <sub>≤</sub> 5 years <input type="checkbox"/> Y <input type="checkbox"/> N Underweight (<10% normal)	<b>RETURN APPT:</b> ___/___/___ ___/___/___
Relation to case:		Race <input type="checkbox"/> AA <input type="checkbox"/> A/PI <input type="checkbox"/> NA <input type="checkbox"/> W <input type="checkbox"/> O			<input type="checkbox"/> Household <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Leisure <input type="checkbox"/> Congregate <input type="checkbox"/> Church/Temple <input type="checkbox"/> Other	<b>8-10 week f/u</b> Date: ___/___/___ <input type="checkbox"/> QFT <input type="checkbox"/> T-SPOT <b>Box 7b</b> Result: _____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Other		
Date contact ended: ___/___/___		Comments:		Hrs/wk <b>Box 4</b>				

DHMH 659 Rev. 01/2013

**Box 1: Index Case-** Local identification of index case.  
**Case Infectious Period-** Indicate the beginning and ending dates of the infectious period for the index case.  
**County-** Case's county of residence  
**Case #-** Indicate state or local case number  
**Form Completed By and Date-** Indicate clearly who is completing the form and the date that the form was completed.

**Box 2: Name-** Indicate the complete name of the contact  
**Address-** Indicate the complete address of the contact  
**Phone-** Indicate the contact's phone number  
**Country-of-origin-** Indicate the contact's country-of-birth  
**Age-** Indicate the contact's age  
**Sex and Race-** Indicate the contact's sex and race  
**Relation to case-** Describe the relationship of the contact to the index case. i.e. spouse, co-worker, housemate, friend, in same homeless shelter, etc. and provide the date that the relationship ended.  
**Comments-** Document the place of exposure or any other applicable information such as signs/symptoms, etc. Be specific.

**Box 3: Priority-** Indicate the priority level of the contact based on state and CDC guidelines.

**Box 4: Exposure Setting-** Check if the contact lived in the same household, worked at the same place, attended the same school or church/temple, spent leisure time, or attended the same congregated settings (i.e. prison, homeless shelter, etc.) Please specify setting for 'other'. Indicate the number of hours per week that the contact took place.

**Box 5: Other Info-** Check if the contact has any common TB symptoms (cough, night sweats, fever, hemoptysis, etc.). Specify the date and the results of the chest X-ray.

**Box 6: Prior History-** Check if there is knowledge of prior TB disease or BCG vaccination. Indicate the specific dates when known. Check and date if there are prior tuberculin skin test (TST) results or prior interferon gamma release assay (IGRA) results. Other refers to an indeterminate result for QFT and to a borderline result for T-SPOT. Check if there was prior treatment of latent TB infection (TLTBI) and provide the year if known.

**Box 7a: TST-** Specify if TST was used to test this contact. Indicate the date a TST was placed and read, and indicate the mm reading. Indicate the dates and the results of the follow up test.

**Box 7b: IGRA-** Specify which type of IGRA test was used, and indicate the date, the actual result of the test, and the interpretation (Neg./Pos./ Other). Other refers to an indeterminate result for QFT and to a borderline result for T-SPOT. Fill in the boxes for the follow up IGRA test accordingly.

**Box 8: Risk Factors-** Check all known medical risk factors. In accordance to CDC definitions, excess alcohol refers to someone who answers "yes" to any one of these questions: 1- participation in self-help program, 2-medical record of excess alcohol use, or 3- more than one arrest for intoxication or drunk Current smoker refers to anyone who smokes  $\geq$  1 pack cigarettes per day.

**Box 9: Outcome-** Check the final outcome of the test. Specify if the contact has TB disease or latent TB infection.

**Box 10: TLTBI-** Specify if the evaluation was conducted by a personal medical doctor or by the local health department. Specify if treatment for LTBI was (or was not) recommended. If recommended, specify whether or not the contact accepted or refused treatment. If accepted, specify when the treatment began and provide the dates of follow-up appointments. Complete an 851 form for this contact.