

**Instructions for Completing the TB Contact Investigation Worksheet**

The TB Contact Investigation Worksheet is a program evaluation tool that allows state and local TB officials to compile aggregate data. The worksheet is not designed for daily patient management operations. The data are used by the state program to submit the annual Aggregate Report for Tuberculosis Program Evaluation (ARPE) to the Centers for Disease Control and Prevention. The data are also used for other program monitoring activities.

Blank Contact Investigation Worksheets (usually with green column headings) are printed for recently counted TB cases. For less recent TB cases, the Contact Investigation Worksheet will be pre-printed with previously reported information (and usually will have yellow column headings).

**Contact Investigation Summary Table**

Figure 1

Priority for Investigation	High/Med	Low
Number of Contacts		
Number Evaluated		
TB Disease		
Window Treatment		
Latent Infection		
Candidates for TLTBI		
Started Treatment		

Number of Contacts

Indicate the number of high/medium priority contacts identified and the number of low priority contacts identified.

- **High/medium priority contacts** should include the following:
  - Household type (such as live-in family members, close co-workers and friends).
  - Contacts <5 years old,
  - Those with medical risk factors (such as HIV infection or other immune-compromising condition).
  - Exposure during medical procedures (such as bronchoscopy, sputum induction or autopsy).
  - Contacts with exposure in congregate settings as determined by patient interview and the concentric circle approach.
- **Low priority** should only be counted for testing that has been done for good will or administrative purposes and should be minimal (e.g., worksite or school contacts that have no direct contact with the index case).

### Number Evaluated

Count the contacts as evaluated under the following conditions only:

- Documented previous positive TST or IGRA currently screened for TB symptoms. If symptomatic, follow up testing must have been performed to rule out active TB (e.g., sputum examination for acid-fast bacilli and/or chest x-ray).
- Newly positive contacts (TST or IGRA) who have been screened for TB symptoms and had follow up testing to rule out active TB (e.g., chest x-ray).
- TSTs and IGRAs that are negative at least 8 weeks after last exposure to the index case.

For contacts who are still undergoing evaluation, **do not count as evaluated until a final outcome has been determined.** Do not count TB skin tests that have not been read or verified and recorded by a trained health care professional.

### TB Disease

Record the number of contacts who have been evaluated and found to have active TB as a result of the *current* exposure.

### Window Treatment

Record the number of contacts who are placed on prophylaxis prior to completing second round testing. **After the second skin test or IGRA, the contact should not remain in this category.**

- If the second round skin test is negative and treatment is stopped, count as Evaluated.
- If the second round skin test is negative but treatment continues for the complete course, count as Latent Infection.
- If the second round skin test is positive, count as Latent Infection after active disease is ruled out.

### Latent Infection

Count contacts with a newly positive TST or IGRA who have had TB disease ruled out, and that are a result of contact with the current index case.

Do not count previous positives in this category unless the treating physician determines that there is likely an exogenous re-infection, for which treatment for latent infection must be started.

### Candidates for Treatment of Latent Infection (TLTBI)

Count the number of contacts in the Latent Infection category that the treating physician determines to be candidates for treatment. **This number should not exceed the Latent Infection number.**

### Started Treatment

The contact must be counted under LTBI for the evaluation outcome and receive the first dose of medicine to be counted in this category.

Count the number of candidates who have begun treatment with a recommended treatment regimen. The ATS/CDC and Maryland treatment guidelines should be followed. Consider treatment started when the contact picks up the medication/ prescription.

**Contacts on TLTB**

**Figure 2**

Contacts on TLTB									
No.	Last Name	First Name	DOB	Priority	Med	Months	Start	End	Outcome

**Figure 3**

Key - Contacts on TLTB				
Priority	Med	Months	Outcomes	
Hi/Med	INH	4	Completed	Adverse Effect
Low	Rifampin	6	Died	Stopped
	Rifamate	9	Moved	Lost
		12	Active TB	Medical Decision

For contacts who start treatment, document the following information on the line list provided (Figure 2). Use the key (Figure 3) located above the line list to fill-in common responses.

1. Last Name
2. First Name
3. Date of Birth
4. Priority (High/Medium Priority Contact or Low Priority Contact)
5. Medicine
6. Months of Therapy (expected number)
7. Treatment Start Date - consider treatment started when the contact picks up the medication/ prescription.
8. Treatment Stop Date
9. Treatment Outcome – reason therapy ended; indicate the *actual* date TLTB completed
  - a. **Completed:** Consider treatment completed if at least 80% of treatment was taken in 150% of time. (Example, 9 months of treatment completed in 13.5 months time). Contacts who move out of jurisdiction can still be counted as *completed* if follow up information is verified (i.e., Interjurisdictional Form) with the treating jurisdiction.
  - b. **Died:** Contacts on TLTB that expire while on therapy. Immediately report to DHMH TB Control any patient who died from adverse effects from the therapy.
  - c. **Moved:** Contacts on TLTB that moved out of jurisdiction and no follow up information is known. For contacts with known follow up information, complete an Interjurisdictional Form and **do not list as moved if the disposition is pending and can be verified from the receiving jurisdiction.**
  - d. **Active TB:** Contacts who develop active TB while on TLTB.

- e. Adverse Effect: Those contacts who stop TLTB because of adverse effects of the medicine, as determined by the treating physician.
- f. Stopped: Those contacts on TLTB who stopped taking medicine on their own. These patients fail to return for follow up visits and refuse to take any more medicine.
- g. Lost: Contacts on TLTB who cannot be located and do not contact the health department (including contacts who moved but left no forwarding address).
- h. Medical Decision: Contacts on TLTB who are ordered to stop therapy by the treating physician for social or medical reasons other than adverse reactions to the TLTB (e.g., patient becomes pregnant while on therapy, physician feels that the patient will not comply with a full course of treatment because of homelessness).

**Updates to Contact Investigation Worksheets**

Contact Investigation Worksheets will continue to be sent to local health departments until each contact for whom an evaluation was initiated completes the evaluation and treatment is completed for each contact who starts TLTB.

**Figure 4**

Are there any contacts for this investigation? \_\_\_\_\_

If no contacts, why not? \_\_\_\_\_

Is an update to the Contact Investigation Summary needed? \_\_\_\_\_

Reason for update: \_\_\_\_\_

Priority	Med	Months	Outcomes	
			Completed	Adverse Effect
HivMed	INH	4	Died	Stopped
Low	Rifampin	6	Moved	Lost
	Rifamate	9	Active TB	Medical Decision
		12		

The following should be considered when answering *yes* or *no* to the item “Is an update to the Contact Investigation Summary needed?” circled in red on Figure 4.

1. Are there any contacts who still need to be evaluated?
2. Are new contacts still being identified?
3. Are contacts waiting to start TLI?
4. Are contacts on window prophylaxis awaiting a second TST?

If the answer is no to all of the above, then no further updates are necessary *even if there are contacts on treatment*. Contact Investigation Worksheets that only require TLTBI outcomes will continue to be sent to local health departments until all treatment outcomes have been determined.

<b>Submitting Contact Investigation Worksheets</b>
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Mail

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**NOTE: Please write CASE NAME and STATE CASE NUMBER at the top of each worksheet.**