



TUBERCULOSIS CONTACT INVESTIGATION SUMMARY REPORT AND WORKSHEET

State Form 50007 (R2 / 7-08)

Indiana State Department of Health

Information submitted on this form is confidential pursuant to IC 16-41-8-1

INSTRUCTIONS: Attached to the front of this form.

Page ___ of ___

First Report/Date _____ Second Report/Date _____ Final Report/Date _____

CONTACT INVESTIGATION SUMMARY REPORT

Case Manager _____ Infectious Period _____

POTENTIAL SITES/DATES OF EXPOSURE: _____

INDEX CASE:

CASE NAME:	STATE CASE NUMBER:	BIRTHDATE:
COUNT DATE:	COUNTY:	
<input type="checkbox"/> SPUTUM SMEAR POSITIVE <input type="checkbox"/> SPUTUM SMEAR NEGATIVE BUT CULTURE POSITIVE <input type="checkbox"/> OTHER		

Are there any contacts for this investigation? YES NO

If no contacts, why not?

Priority for Investigation	High/Medium Risk			Low Risk		
	1 st	Report 2 nd	Final	1 st	Report 2 nd	Final
Number of Contacts Identified						
Number Evaluated						
TB Disease						
Window Treatment						
Previous Positive TST or IGRA (QFT-G, etc.)						
New Latent Infection (≥5 mm TST or IGRA positive)						
Candidates for Treatment of LTBI						
Started Treatment						
Completed Treatment						

DO YOU NEED HELP WITH THIS CONTACT INVESTIGATION? _____

OTHER COMMENTS:

CONTACT INVESTIGATION WORKSHEET

Part of State Form 50007 (R2 / 7-08)

Case Number/Identifier _____

First Report/Date _____ Second Report/Date _____ Final Report/Date _____

KEY	Priority	Exposure	Signs & Symptoms (S+S)	Chest X-Ray (CXR)	Treatment Regimen	Outcome Codes
H- High M- Med L- Low	H-Household W-Workplace S-Social C-Congregate O-Other	N-None C-Cough NS-Night Sweats WL-Weight Loss F-Fatigue O-Other	N-Normal ANC-Abnormal/NonCavitary AC-Abnormal/Cavitary	I-INH R-Rifampin P-PZA E-Ethambutol O-Other	1-Death 2-Moved 3-Lost 4-Stopped 5-Active TB developed 6-Adverse Effect	7-Provider Decision 8-Treatment Complete 9-No Treatment Required 10-Refused 11-Evaluation Not Complete

Name & Address: DOB: ____/____/____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Priority: <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L	Signs and Symptoms: <input type="checkbox"/> N <input type="checkbox"/> C <input type="checkbox"/> NS <input type="checkbox"/> WL <input type="checkbox"/> F <input type="checkbox"/> O _____	1st TST _____ mm Date ____/____/____	1st IGRA (QFT-G) <input type="checkbox"/> Pos <input type="checkbox"/> Neg Date ____/____/____	CXR: <input type="checkbox"/> N <input type="checkbox"/> ANC <input type="checkbox"/> AC Date ____/____/____	Outcome: # _____ Date _____
	Exposure: <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> O	Previous Positive TST/IGRA: <input type="checkbox"/> Yes _____ mm Date ____/____/____	2nd TST _____ mm Date ____/____/____	2nd IGRA (QFT-G) <input type="checkbox"/> Pos <input type="checkbox"/> Neg Date ____/____/____	TX: <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> O _____ Start ____/____/____ End ____/____/____	

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	Exposure: <input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> O	Previous Positive TST/IGRA: <input type="checkbox"/> Yes _____ mm Date ____/____/____	2nd TST _____ mm Date ____/____/____	2nd IGRA (QFT-G) <input type="checkbox"/> Pos <input type="checkbox"/> Neg Date ____/____/____	TX: <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> O _____ Start ____/____/____ End ____/____/____	

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CONTACT INVESTIGATION WORKSHEET

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KEY	Priority	Exposure	Symptoms (S+S)	Chest X-Ray (CXR)	Treatment Regimen	Outcome Codes
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Indiana State Department of Health
Instructions for State Form 50007
Tuberculosis Contact Investigation Summary Report
and Contact Investigation Worksheet

The Summary of Tuberculosis Contact Investigation Report is due to the Indiana State Department of Health (ISDH) TB Program in three stages. Please fax to (317-233-7747):

- **3 weeks after the index case has been reported to the ISDH**, (after the first round of tuberculin skin test (TST) or Interferon-gamma release assay (IGRA),
- **12 weeks after the index case has been reported** (after the second round of TST or IGRA)
- **12 months after the index case has been reported** (include the ISDH Contact Investigation Report with The Summary of Tuberculosis Contact Investigation Report when faxing to the ISDH).
- **List all contacts on worksheet.**

The local health department is responsible for completing the following sections of the contact investigation report.

CONTACT INVESTIGATION SUMMARY:

Infectious Period: Three months before symptom onset or first positive finding (e.g., abnormal chest radiograph, cough) consistent with TB disease, whichever is longer. The infectious period is closed when: 1) effective treatment for ≥2 weeks, 2) diminished symptoms, and 3) mycobacterial response (3 smear negatives.)

Potential Sites/Dates of Exposure: List sites, other than household, that were a potential for TB transmission. Example: If person was homeless, in jail, or was involved in a frequent social setting: what is the name of the facility, address, and timeframe? If more space is needed, use a separate sheet of paper.

Are there any contacts for this investigation? Answer Yes or No. If No, indicate why not.

Number of Contacts Identified: Indicate the total number of high, medium and low priority contacts identified.

High and medium risk priority contacts should include the following:

<ul style="list-style-type: none"> • Household type such as live-in family members 	<ul style="list-style-type: none"> • Those with medical risk factors (such as HIV infection or other immune-compromising condition)
<ul style="list-style-type: none"> • Social such as close co-workers and friends 	<ul style="list-style-type: none"> • Exposure during medical procedures (such as bronchoscopy, sputum induction or autopsy)
<ul style="list-style-type: none"> • Contacts <5 years old 	<ul style="list-style-type: none"> • Contacts with exposure in congregate settings as determined by patient interview and the concentric circle approach

Low risk priority contacts should only be counted for testing that has been done for good will or administrative purposes and should be minimal (example, worksite contacts that have no direct contact with the index case).

A complete CDC overview of the diagnostic and public health evaluation of contacts can be found at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5415a1.htm>

Number Evaluated: Count the contacts as evaluated under the following conditions only:

1. 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., chest x-ray and/or sputum examination for acid-fast bacilli).
2. Newly positive 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).
3. 1st TST or IGRA that is negative at least 8 weeks after last exposure to the index case.

For contacts that are TST or IGRA negative on initial test and require a second test, do not count as evaluated until the second round test is completed. Do not count TST's 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. Example, if there are multiple members with TB in a family, it is important to determine who is the index case (source of infection) and only count other TB disease cases on the index case summary. Newly identified cases should be counted only once.

Window Treatment: Record the number of contacts who are placed on prophylaxis prior to completing second round testing. After the second TST or IGRA, the contact should not remain in this category. If the second round TST or IGRA is negative and treatment is stopped, count as Evaluated. If the second round TST or IGRA is negative but treatment continues for the complete course, count as Latent Infection. If the second round TST or IGRA is positive, count as Latent Infection after active disease is ruled out.

Previous Positive TST or IGRA: Record the number of contacts with documented previous positive TST or IGRA. Healthy contacts that have a previous positive test and were not previously treated for LTBI can be considered for treatment as part of this contact investigation. Any contact who is to be treated for LTBI should have a chest radiograph to exclude TB disease before starting treatment.

New Latent Infection: Count newly positive TST (≥ 5 mm) or IGRA 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 TB Infection (LTBI): Count the number of contacts in the LTBI category that the treating physician determines to be candidates for treatment. This number should not exceed the New Latent Infection number.

Started Treatment: Count the number of Candidates who have begun treatment with a recommended treatment regimen. The ATS/CDC treatment guidelines should be followed. Consider treatment started when the contact picks up the medication/ prescription. For the contacts that *Started Treatment*, it is very important to indicate the *Actual* date treatment began and ended on the **Contact Investigation Worksheet**.

Note: the sum of all the dispositions should equal the number of contacts in the Started Treatment category for the combined columns High/Medium or Low Priority Contacts.

Completed Treatment: Consider treatment completed if appropriate treatment is administered (Example, 9 months of Isoniazid treatment completed in 12 months.) Contacts who move out of jurisdiction can still be counted as *Completed Treatment* if follow up information is sought and verified with the treating jurisdiction. Interjurisdictional Forms should be on file to support the documentation. Only count completion for contacts that started treatment as a result of exposure to the index case. The number should be equal to or less than the *Started Treatment* number.

CONTACT INVESTIGATION WORKSHEET:

Priority: See definition on first page of instructions for information.

Exposure: Pick the best answer that applies. A person can be a family member and not be a household member which would then be a social exposure.

Signs and Symptoms: Choose all that apply.

Previous Positives TST/IGRA: Document previous results if available.

TST and IGRA: Document results.

CXR: Choose one.

TX: Indicate the medications prescribed along with start date of treatment and date of last known medication taken.

OUTCOME:

Death: Contacts on treatment for LTBI that expire while on therapy.

Moved: Contacts on treatment for LTBI that move out of jurisdiction with a forwarding address, but follow up information is unknown. For contacts with a forwarding address, complete an Interjurisdictional Form and do not list as *Moved* if the disposition is pending and can be verified from the receiving jurisdiction.

Lost to Follow-Up: Contacts on treatment for LTBI who cannot be located and do not contact the health department. (This would include contacts that moved but left no forwarding address.)

Contact Chose to Stop: Contacts on treatment for LTBI who stopped taking medicine on their own. These patients fail to return for follow up visits and refuse to take any more medicine.

Active TB Developed: Contacts that develop active TB while on treatment for LTBI.

Adverse Effects of Medicine: Contacts who stop treatment for LTBI because of adverse effects of the medicine, as determined by the treating physician.

Provider Decision: Contacts on treatment for LTBI who are ordered to stop therapy by the treating physician for social or medical reasons (other than adverse reactions to treatment). Example, a patient becomes pregnant while on therapy or the physician feels that the patient will not comply with a full course of treatment because of homelessness.

Completed Treatment: See definition in previous section.

No Treatment Required: Evaluation complete, contact does not require LTBI treatment.

Refused: Contact declined evaluation or to take LTBI medication.

Evaluation Not Complete: Contact did not return for follow-up evaluation.