INSTRUCTIONS FOR COMPLETELY EVALUATED PERSONS EXPOSED TO TB

The ideal initial encounter with an exposed person is made within 3 days. Gather background information, make a face-to-face assessment of the person's health and assign the appropriate priority.

Persons with Pulmonary/Laryngeal/Pleural TB Disease:

1. High Priority - Initial encounter 3 - 7 days from notification with medical evaluation completed within 5 days of initial encounter (10 days if smear negative)
   - Medical history, exposure history and a physical assessment
   - Initial IGRA/TST within 7 days or less if not done during initial encounter
   - Any positive IGRA/TST with induration 5mm or greater followed up with a chest x-ray
   - HIV Counseling, Testing and Referral
   - Follow-up IGRA/TST 8-10 weeks later
   - Place on LTBI treatment if indicated
   - *Those exposed persons who are considered a medical risk* should have the following regardless of initial TST/IGRA status:*
     1. Chest x-ray
     2. Place on INH if their chest x-ray is negative for active TB disease
     3. See list below to determine if window period treatment or a full course of treatment is recommended
2. Medium Priority – Initial encounter 14 days or less with medical evaluation completed within 10 days of initial encounter
   - Medical history, exposure history and a physical assessment
   - Initial IGRA/TST 14 days or less if not done during initial encounter
   - Any positive IGRA/TST with induration 5mm or greater followed up with a chest x-ray
   - HIV Counseling, Testing and Referral
   - Follow-up IGRA/TST 8 -10 weeks later
   - Place on LTBI treatment if indicated
3. Low-Priority – Initial encounter 30 calendar days or less after notification
   - Medical history, exposure history and a physical assessment
   - IGRA/TST 8 - 10 weeks later
   - Any positive IGRA/TST result should be followed up with a chest x-ray
   - Place on LTBI treatment if indicated

Persons with Pulmonary/Laryngeal TB Disease that is sputum smear AND culture Negative; Source Person identification for children less than 5 Years of age with active TB disease; persons with Extra-Pulmonary TB:

1. Initial encounter 30 days or less after notification (household exposed persons only)
2. Medical history, exposure history and a physical assessment
3. Initial IGRA/TST, if negative then no further action is needed
4. Initial IGRA/TST, if positive then follow-up with a chest X-ray
5. Place on LTBI treatment if indicated

Any symptomatic exposed person needs to have a chest x-ray and sputum specimens obtained as part of the evaluation – regardless of assigned priority or IGRA/TST result. Some exposed persons may have a false negative reaction to IGRA/TST due to HIV/AIDS, treatment with steroids or immunosuppressive drugs, old age, or tuberculosis disease. If such is suspected, the exposed person should have a chest x-ray.

CODES:

Reason LTBI therapy stopped	Reason contact identification not completed	Reason no exposed persons entered into SENDSS
1. Completed therapy	1. Still following up	1. Contact identification not performed
2. Death	2. No 2nd IGRA/TST because 1st test done 8-10 weeks after exposure	2. Person with TB disease died or too ill to interview. No surrogate interviewee available.
3. Moved	3. No 2nd IGRA/TST done because source person has extra-pulmonary TB	3. Person with TB disease declined/uncooperative to identify exposed persons. No surrogate interviewee available.
4. Active TB disease	4. No 2nd IGRA/TST since sputum/culture of source person with TB was neg	4. Person with TB disease moved/lost to follow up. No surrogate interviewee available.
5. Adverse reaction	5. Declined/uncooperative	5. Exposed persons identified but not located.
6. Chose to stop treatment	6. Moved	6. Exposed person declined/uncooperative.
7. Lost to follow-up	7. Lost to follow up	7. Exposed person moved/lost to follow up
8. Provider decision	8. Death	8. Shares same exposed person with an index source of TB whose exposed persons have already been entered.
	9. Other	9. Mass screening performed. Cannot distinguish between close and causal exposed persons.
		10. Other

* Exposed persons who are considered a medical risk are those who are at a particularly high risk of developing TB disease once infected with *M. tuberculosis*. These contacts include the following:

- Immunosuppressed, e.g., HIV infection, prolonged corticosteroid therapy, organ transplant, TNF blockers (full course of preventive treatment beyond window period)
- Less than 5 years of age (Window period treatment)
- Have diabetes mellitus, silicosis, end stage renal disease, gastrectomy, jejunoileal bypass, leukemia, lymphoma or cancer of the head or neck (Window period treatment)

This contact identification form should be forwarded to the district TB coordinator after the initial phase, but no later than 30 days. Update the district TB coordinator as determined by local policy. Initial information is to be entered into SENDSS within 30 days. Complete information is to be entered within 90 days. Do not send this form to the state office.

Notification Date ________________ **GEORGIA DEPARTMENT OF PUBLIC HEALTH** Initial ____ Update #______

CONTACT IDENTIFICATION REPORT

PLEASE REPORT ALL EXPOSED PERSON TO PERSONS DIAGNOSED WITH OR BEING EVALUATED FOR TUBERCULOSIS TO THE _____ **of** ______

Chart #_________ **TUBERCULOSIS PROGRAM 2 PEACHTREE STREET, NW, 12TH FLOOR, ATLANTA, GEORGIA 30303-3142**

Patient's Name (Nicknames – Alias)	Patient's Registry No. & Date Counted	County	Home Telephone Pager Cell	Race / Sex	Date of Birth

Address (Street) City/State/Zip	**DISEASE SITE:** 1. Pulmonary ☐ 2. Pleural ☐ 3. Lymphatic ☐ 4. Bone/Joint ☐ 5. Genito-Urinary ☐ 6. Miliary ☐ 7. Meningeal ☐ 8. Peritoneal ☐ 9. Other__________ ☐ **INFECTIOUS PERIOD:**__________	**INITIAL SPUTUM:** 1. S+, C+ ☐ 2. S-,C+ ☐ 3. S+,C- ☐ 4. S-,C- ☐ 5. S Unk.,C+ ☐ 6. S+, C Unk ☐ 7. S unk., C Unk ☐ 8. S-, C Unk ☐ DATE COLLECTED ______________

Employer	Employer Telephone	Next of Kin	Next of Kin's Telephone

Site of Initial Interview: Home ________ Work ________ Community ________ Site Name: ______________________ Date__________	Site of 2nd Interview: Home ________ Work ________ Community________ Site Name: ______________________ Date__________

Exposed Person's Environment	EXPOSED PERSON'S NAME (Last Name, First) Nicknames-alias & Phone Number	Street Address or RFD City, State, Zip Code	RACE	SEX	Date of Birth & Age	Relation To Person with TB Disease	Last Exposure Date	Priority	Initial IGRA/ TST Date Results	F/U IGRA/TST or single IGRA/TST done after window period Date Results	Chest X-ray Date Results	a) LTBI Therapy Recommended b) DOPT if less than 15 years of age Date Started	DATE & CODES: a) LTBI RX stopped b) CI not completed
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	________ ________ Phone:________ Date of Interview: ________			F M				☐ High ☐ Medical ☐ Low	______	______	______	a) Yes☐ No☐ b) Yes☐ No☐ Date:	Date: a)______ b)
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	________ ________ Phone:________ Date of Interview: ________			F M				☐ High ☐ Medium ☐ Low	______	______	______	a) Yes☐ No☐ b) Yes☐ No☐ Date:	Date: a)______ b)
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	________ ________ Phone:________ Date of Interview: ________			F M				☐ High ☐ Medium ☐ Low	______	______	______	a) Yes☐ No☐ b) Yes☐ No☐ Date:	Date: a)______ b)
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	________ ________ Phone:________ Date of Interview: ________			F M				☐ High ☐ Medium ☐ Low	______	______	______	a) Yes☐ No☐ b) Yes☐ No☐ Date:	Date: a)______ b)

* If person with TB disease is a child less than 5 years, name source person with TB disease: ____________________ Code for Reason NO Contacts Entered c)__________

Reviewed By: ______________ Date: ____________ Signature of Person Completing 1st Interview: __________________ Date: __________ Telephone ________

Comments:

Signature of Person Completing 2nd Interview: __________________ Date: __________ Telephone ________

Chart # _____ Patient's Name _____ Date of Birth _____ Page _____ of _____

Exposed Person's Environment	EXPOSED PERSON'S NAME (Last Name, First) Nicknames-alias & Phone Number	Address Street or RFD City, State, Zip Code	RACE	SEX	Date of Birth & Age	Relation To Person with TB Disease	Last Exposure Date	Priority	Initial IGRA/ TST Date Results	F/U IGRA/TST or single IGRA/TST done after window period Date Results	Chest X-ray Date Results	a) LTBI Therapy Recommended _____ b) DOPT if 15 years of age or less _____ Date Started	DATE & CODES: a) LTBI RX stopped__ b) CI not completed
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	_____ _____ Phone:_____ Date of Interview: _____			F M				☐ High ☐ Medium ☐ Low	_____	_____	_____	a) Yes☐ No☐ b) Yes☐ No☐ Date:	Date: a)_____ b)
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	_____ _____ Phone:_____ Date of Interview: _____			F M				☐ High ☐ Medium ☐ Low	_____	_____	_____	a) Yes☐ No☐ b) Yes☐ No☐ Date:	Date: a)_____ b)
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	_____ _____ Phone:_____ Date of Interview: _____			F M				☐ High ☐ Medium ☐ Low	_____	_____	_____	a) Yes☐ No☐ b) Yes☐ No☐ _____ Date:	Date: a)_____ b)
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	_____ _____ Phone:_____ Date of Interview: _____			F M				☐ High ☐ Medium ☐ Low	_____	_____	_____	a) Yes☐ No☐ b) Yes☐ No☐ Date:	Date: a)_____ b)
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	_____ _____ Phone:_____ Date of Interview: _____			F M				☐ High ☐ Medium ☐ Low	_____	_____	_____	a) Yes☐ No☐ b) Yes☐ No☐ _____ Date:	Date: a)_____ b)
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	_____ _____ Phone:_____ Date of Interview: _____			F M				☐ High ☐ Medium ☐ Low	_____	_____	_____	a) Yes☐ No☐ b) Yes☐ No☐ _____ Date:	Date: a)_____ b)
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	_____ _____ Phone:_____ Date of Interview: _____			F M				☐ High ☐ Medium ☐ Low	_____	_____	_____	a) Yes☐ No☐ b) Yes☐ No☐ Date:	Date: a)_____ b)
☐ Work ☐ Home ☐ Leisure ☐ Medical Risk	_____ _____ Phone:_____ Date of Interview: _____			F M				☐ High ☐ Medium ☐ Low	_____	_____	_____	a) Yes☐ No☐ b) Yes☐ No☐ Date:	Date: a)_____ b)

SCREENING DONE IN CONNECTION WITH PERSON WITH TB DISEASE

Location of Screening ______________________________ Date ______________________

Exposed Person ______________________________ Title ______________________ Telephone ______________________

Case Cross-Reference Identifier______________________________

Environment	Name / Telephone	Address, City, State, Zip	RACE	SEX	Date of Birth	Relation to Person with TB disease	Known Exposure to Person with TB disease	IGRA/TST <u>Date</u> Result	IGRA/TST <u>Date</u> Result	Document/Comments: - Referrals - Recommendations - Follow-Up
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
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☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			
☐ Work ☐ Home ☐ Leisure							☐ Casual ☐ Minimal ☐ None			

Comments:

Chart # _____ Patient's Name _____ Date of Birth _____ Page _____ of _____

	CONTACT IDENTIFICATION SUMMARY														
	Total exposed persons screened	Total number of previous positive IGRA/TST	Initial IGRA/TST Results		Chest x-ray		Number of exposed persons with medical risks	Number of exposed persons started on window period treatment	F/U IGRA/TST Results		Number of exposed persons who started LTBI treatment	Number of exposed persons who stopped LTBI treatment? Why?	Number of exposed persons who completed treatment	Number of secondary people with active TB disease found	Number of exposed persons lost to follow-up or declined to complete evaluation
			+ P	- N	Abnormal	Normal			+ P	- N					
Household															
School / Work															
Social															
Additional persons screened															

Additional contact identification information:

Date Summary Completed _____ Signature _____