

INSTRUCTIONS FOR COMPLETELY EVALUATED CONTACTS

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

Pulmonary / Laryngeal / Pleural Cases:

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 TST \leq 7 days if not done during initial encounter
 - Any TST with induration \geq 5mm followed up with a chest x-ray
 - HIV Counseling, Testing and Referral
 - Follow-up TST 8-10 weeks later
 - Place on LTBI treatment if indicated
 - **Those contacts who are considered a medical risk* should have the following regardless of initial TST 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 \leq 14 days with medical evaluation completed within 10 days of initial encounter
 - Medical history, exposure history and a physical assessment
 - Initial TST \leq 14 days if not done during initial encounter
 - Any TST with induration \geq 5mm followed up with a chest x-ray
 - HIV Counseling, Testing and Referral
 - Follow-up TST 8 -10 weeks later
 - Place on LTBI treatment if indicated
3. **Low-Priority** – Initial encounter \leq 30 calendar days after notification
 - Medical history, exposure history and a physical assessment
 - TST 8 - 10 weeks later
 - Any positive TST result should be followed up with a chest x-ray
 - Place on LTBI treatment if indicated

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

Pulmonary / Laryngeal Cases - Sputum Smear AND Culture Negative: Source Case Investigations for children < 5 years of age with active TB disease or LTBI:

Extrapulmonary cases:

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

* **Contacts 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, jejunioileal bypass, leukemia, lymphoma or cancer of the head or neck (Window period treatment)

CODES:		
a) Reason LTBI Therapy Stopped:	b) Reason Why CI not completed for contact	c) Reason Why No contacts entered
1. Completed Therapy 2. Death 3. Moved 4. Active TB Developed 5. Adverse Reaction 6. Chose to Stop 7. Lost to Follow-Up 8. Provider Decision	1. Still following up 2. No TST2 because 1 st TST done 8-10 weeks after exposure 3. No TST2 because extra-pulmonary source case 4. No TST2 because sputum/culture negative source case 5. Refused/uncooperative 6. Moved 7. Lost to follow up 8. Died 9. Other	1. Contact investigation was not done 2. Case died or too ill to interview. No surrogate interviewee available. 3. Case uncooperative/refused to identify contacts. No surrogate interviewee available. 4. Case moved/lost-to follow-up. No surrogate interviewee available. 5. Contacts identified but can not be located 6. Contacts uncooperative/refused 7. Contacts moved/lost to follow-up 8. Shares same contacts with an index case whose contacts have already been entered. 9. Mass screening done. Cannot distinguish between close and casual contacts. 10. Other

This contact investigation 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
CONTACT INVESTIGATION REPORT

Initial ____ Update # ____

PLEASE REPORT ALL CONTACTS TO SUSPECTED OR CONFIRMED CASES OF TUBERCULOSIS TO THE

Page ____ 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 <input type="checkbox"/> 2. Pleural <input type="checkbox"/> 3. Lymphatic <input type="checkbox"/> 4. Bone/Joint <input type="checkbox"/> 5. Genito-Urinary <input type="checkbox"/> 6. Miliary <input type="checkbox"/> 7. Meningeal <input type="checkbox"/> 8. Peritoneal <input type="checkbox"/> 9. Other _____ <input type="checkbox"/>			INITIAL SPUTUM: 1. S+, C+ <input type="checkbox"/> 2. S-, C+ <input type="checkbox"/> 3. S+, C- <input type="checkbox"/> 4. S-, C- <input type="checkbox"/> 5. S Unk., C+ <input type="checkbox"/> 6. S+, C Unk <input type="checkbox"/> 7. S unk., C Unk <input type="checkbox"/> 8. S-, C Unk <input type="checkbox"/>	
INFECTIOUS PERIOD: _____				DATE COLLECTED _____				

Employer	Employer Telephone	Next of Kin	Next of Kin's Telephone
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Site of Initial Interview: Home _____ Work _____ Community _____	Site of 2 nd Interview: Home _____ Work _____ Community _____
Site Name: _____ Date _____	Site Name: _____ Date _____

Contact Environment	CONTACT'S NAME (Last Name, First) Nicknames-alias & Phone Number	Street Address or RFD City, State, Zip Code	R A C E	S E X	Date of Birth & Age	Relation To Case	Last Exposure Date	Priority	Initial TST Date Results	F/U TST or single TST done after window period Date Results	Chest X-ray Date Results	a) LTBI Therapy Recommended b) DOPT if <15 Date Started	DATE & CODES: a) LTBI RX stopped b) CI not completed
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Leisure <input type="checkbox"/> Other	_____ Phone: _____ Date of Interview: _____	_____		F				<input type="checkbox"/> High <input type="checkbox"/> Medical Risk <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____	_____	a) Yes <input type="checkbox"/> No <input type="checkbox"/> b) Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	a) _____ b) _____
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Leisure <input type="checkbox"/> Other	_____ Phone: _____ Date of Interview: _____	_____		F				<input type="checkbox"/> High <input type="checkbox"/> Medical Risk <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____	_____	a) Yes <input type="checkbox"/> No <input type="checkbox"/> b) Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	a) _____ b) _____
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<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Leisure <input type="checkbox"/> Other	_____ Phone: _____ Date of Interview: _____	_____		F				<input type="checkbox"/> High <input type="checkbox"/> Medical Risk <input type="checkbox"/> Medium <input type="checkbox"/> Low	_____	_____	_____	a) Yes <input type="checkbox"/> No <input type="checkbox"/> b) Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____	a) _____ b) _____

* If case is child < 5 yrs., name source case: _____ Code for Reason Why NO Contacts Entered c) _____

Reviewed By: _____ Date: _____ Signature of Person Completing 1st Interview: _____ Date: _____ Telephone _____

Comments:

Signature of Person Completing 2nd Interview: _____ Date: _____ Telephone _____

Contact Environment	CONTACT'S NAME (Last Name, First) Nicknames-alias & Phone Number	Address Street or RFD City, State, Zip Code	R A C E	S E X	Date of Birth & Age	Relation To Case	Last Exposure Date	Priority	Initial TST Date Results	F/U TST or single TST done after window period Date Results	Chest X-ray Date Results	a) LTBI Therapy Recommended b) DOPT if <15 Date Started	DATE & CODES: a) LTBI RX stopped b) CI not completed
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Comments:
GA DPH TB Unit

SCREENING DONE IN CONNECTION WITH TB CASE

Location of Screening _____ Date _____

Contact Person _____ Title _____ Telephone _____ Case Cross-Reference Identifier _____

Environment	Name / Telephone	Address, City, State, Zip	R	S	Date of Birth	Relation to case	Known Exposure to case	TST <u>Date</u> Result	TST <u>Date</u> Result	Document/Comments: - Referrals - Recommendations - Follow-Up
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Leisure <input type="checkbox"/> Other							<input type="checkbox"/> Casual <input type="checkbox"/> Minimal <input type="checkbox"/> None			
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Leisure <input type="checkbox"/> Other							<input type="checkbox"/> Casual <input type="checkbox"/> Minimal <input type="checkbox"/> None			
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Leisure <input type="checkbox"/> Other							<input type="checkbox"/> Casual <input type="checkbox"/> Minimal <input type="checkbox"/> None			
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Leisure <input type="checkbox"/> Other							<input type="checkbox"/> Casual <input type="checkbox"/> Minimal <input type="checkbox"/> None			
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Leisure <input type="checkbox"/> Other							<input type="checkbox"/> Casual <input type="checkbox"/> Minimal <input type="checkbox"/> None			
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<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Leisure <input type="checkbox"/> Other							<input type="checkbox"/> Casual <input type="checkbox"/> Minimal <input type="checkbox"/> None			
<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Home <input type="checkbox"/> Leisure <input type="checkbox"/> Other							<input type="checkbox"/> Casual <input type="checkbox"/> Minimal <input type="checkbox"/> None			

Comments:

CONTACT INVESTIGATION SUMMARY

	Total contacts screened	Total number of previous positive TSTs	Initial TST Results		Chest x-ray		Number of contacts with medical risks	Number of contacts started on window period treatment	F/U TST Results		Number of contacts who started LTBI treatment	Number of contacts who stopped LTBI treatment? Why?	Number of contacts who completed treatment	Number of secondary active TB cases found	Number of contacts lost to follow-up or refused to complete evaluation	
			+ P	- N	Abnormal	Normal			+ P	- N						
Household																
School / Work																
Social																
Congregate setting (E.G. jail; church)																
Additional persons screened																

Additional contact investigation information:

Date Summary Completed _____ Signature _____