INDEX CASE INFORMATION

Name:	DOB: ____ / ____ / ____	☐M ☐F	Site/Status of TB: ☐ Pulmonary ☐ Extrapulmonary ☐ Suspect
Address:	Phone: ( ) -		☐Smear + ☐Smear - ☐Culture + ☐Culture - ☐Cavitary
City, State, Zip:	Race: ☐**White** ☐**AN/AI** ☐**Black** ☐**Asian** ☐**Pac Is** ☐**Unknown**		Sensitivities: ☐ **INH** ☐ **RIF** ☐**EMB** ☐ **PZA** ☐ **STR**
Infectious Period:	____ / ____ / ____ to ____ / ____ / ____		**Date Meds Started:** ____ / ____ / ____

CONTACT

Name:	DOB: / /	☐M ☐F	**Relation to Case**	
Address:	Race: ☐**White** ☐**AN/AI** ☐**Black** ☐**Asian** ☐**PI** ☐**Unknown**		**Dates of Exposure:**	Start: ____ / ____ / ____ End: ____ / ____ / ____
City, State, Zip:	Phone: ( ) /		**Priority***	☐ **High** ☐ **Medium** ☐ **Low**

Prior Positive TST	☐No ☐Yes	Date: :____ / ____ / ____ Result:____mm	**Prior Positive IGRA**	Date:____ / ____ / ____	☐ **Negative** ☐ **Positive** ☐ **Equivocal**
Initial TST	Date: :____ / ____ / ____	Result: ____mm	**Initial IGRA**	Date:____ / ____ / ____	☐ **Negative** ☐ **Positive** ☐ **Equivocal**
Follow-up TST	Date: :____ / ____ / ____	Result: ____mm	**Follow-up IGRA**	Date:____ / ____ / ____	☐ **Negative** ☐ **Positive** ☐ **Equivocal**

Symptom Screening & Result	Date: :____ / ____ / ____ ☐ Asymptomatic ☐ Symptomatic	☐ Cough ☐ Night Sweats ☐ Hemoptysis ☐ Weight Loss ☐ Other:	**Chest X-ray**	Date:____ / ____ / ____	☐ Normal ☐ Abnormal Abnormality:	
			Sputum Smears	Date: ____ / ____ / ____ ☐Negative ☐Positive	Date: ____ / ____ / ____ ☐Negative ☐Positive	Date: ____ / ____ / ____ ☐Negative ☐Positive
Treatment History	☐ LTBI ☐ TB ☐ None	Start: ____ / ____ / ____ Stop: ____ / ____ / ____	**Reason for Ending Treatment**	☐ Completed ☐ Contraindicated ☐ Toxicity	☐ Self-stopped ☐ Refused ☐ Lost	☐ Moved ☐ Died ☐ Other

COMMENTS:	**Follow-Up** ☐ Follow-Up Complete: ____ / ____ / ____ ☐ Lost to Follow-Up: ____ / ____ / ____

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Address:	Race: ☐**White** ☐**AN/AI** ☐**Black** ☐**Asian** ☐**PI** ☐**Unknown**		**Dates of Exposure:**	Start: ____ / ____ / ____ End: ____ / ____ / ____
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Initial TST	Date: :____ / ____ / ____	Result: ____mm	**Initial IGRA**	Date:____ / ____ / ____	☐ **Negative** ☐ **Positive** ☐ **Equivocal**
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COMMENTS:	**Follow-Up** ☐ Follow-Up Complete: ____ / ____ / ____ ☐ Lost to Follow-Up: ____ / ____ / ____

Provider Signature: _____ Clinic Name: _____ Date: _____ / _____ / _____

***Figure 1: <u>Contact Priorities:</u>**

High: Includes household, ages <5 years, HIV or other medical risk, contact during bronchoscopy, sputum induction, etc., contact in congregate setting, or exceeds environmental limits.
Medium: Includes ages 5–15 years or exceeds environmental limits.
Low: Includes all others.

Consider window period prophylaxis for children <5 and the immunocompromised.

Table 1: Guidelines for estimating the beginning of the period of infectiousness of persons with tuberculosis (TB), by index case characteristic

Characteristic			
TB symptoms	**AFB* sputum smear positive**	**Cavitary chest radiograph**	**Recommended minimum beginning of likely period of infectiousness**
Yes	No	No	3 months before symptom onset or first positive finding(e.g., abnormal chest radiograph) consistent with TB disease, whichever is longer
Yes	Yes	Yes	3 months before symptom onset or first positive finding consistent with TB disease, whichever is longer
No	No	No	4 weeks before date of suspected diagnosis
No	Yes	Yes	3 months before first positive finding consistent with TB

SOURCE: California Department of Health Services Tuberculosis Control Branch; California Tuberculosis Controllers Association. Contact investigation guidelines. Berkeley, CA: California Department of Health Services; 1998.
*Acid-fast bacilli.

Tuberculosis Contact Investigation Form—Continuation Page

Index Case Name: _____

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Provider Signature: _____ Clinic Name: _____ Date: _____ / _____ / _____