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| **1. PASSENGER Contact Information** |
| **Last name, First name** | **Cabin #** | **Sex** | **DOB (mm/dd/yy) OR** | **Age (yrs)** | **Country of birth** | **Country of residence** |
| **(Auto-populated)** |  |  |  |  |  |  |
| **Was contact a passenger or crew member?** 🞎 Passenger 🞎Crew member, specify occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **2. Contact investigation outcome for above-named contact** |
| Is contact still on this ship? 🞎 Yes, date due to disembark: \_\_/\_\_/\_\_\_\_ 🞎 No, why not? Returned to country of residence   Transferred to another ship of the same company   Disembarked in another country (specify): ­­­\_\_\_\_\_\_\_\_\_\_\_\_,  Location (specify address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Additional comments:** |
| **3. INTERVIEW INFORMATION** |
| Was contact interviewed?  🞎 No, why not? 🞎Declined 🞎Other (specify) \_\_\_\_\_\_\_\_ **(Stop here)**  🞎 Yes, date: \_\_/\_\_/\_\_\_ **(Continue)**Has contact ever had a previous TST?       If yes, has the result ever been positive?         Yes, Date: \_\_\_/\_\_\_/\_\_\_\_\_    Result: \_\_\_\_\_ mm induration or    Unknown       No, Date of most recent negative result: \_\_\_/\_\_\_/\_\_\_\_\_     Result:\_\_\_\_\_ mm induration or    Unknown   Unknown Has contact ever had a previous IGRA?       Yes, has the result ever been positive?   No    Yes, Date: \_\_\_/\_\_\_/\_\_\_\_          No, date of most recent negative or indeterminate result: \_\_\_/\_\_\_/\_\_\_\_  UnknownDoes contact have a history of previous treatment for LTBI or active TB? 🞎 No 🞎 YesHas contact ever received BCG vaccine? 🞎 No 🞎Yes; Approximately what age (yrs)\_\_\_\_\_\_ 🞎 Unknown Was this passenger a close contact of the index case other than on the conveyance?  🞎 No 🞎 Yes, type: 🞎 Household 🞎 Travel companion 🞎 Social 🞎 Work 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this passenger a close contact with a known case of TB other than the person on the conveyance?🞎 No 🞎 Yes; With whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last exposure): \_\_/\_\_/\_\_ 🞎 Unknown Date of last exposure with index case: \_\_/\_\_/\_\_\_\_Did the contact experience any of the following symptoms? No Yes Unknown If yes, check the appropriate symptoms: Fever; Onset Date: \_\_/\_\_/\_\_\_\_ If measured, maximum temperature \_\_\_\_\_\_oC/F  Persistent cough; Onset Date: \_\_/\_\_/\_\_\_\_ With blood Without bloodNight sweats, Onset Date: \_\_/\_\_/\_\_\_\_ Unexplained weight loss; Onset Date: \_\_/\_\_/\_\_\_\_Severe fatigue; Onset Date: \_\_/\_\_/\_\_\_\_Does the contact have a medical risk factor for TB progression? No Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown  |
| **3. TB SCREENING** |
| Was contact screened for TB infection?  🞎 Yes **(Continue to next question)** 🞎 No, why not? 🞎 Previous positive TST or IGRA, such as the QuantiFERON or T-Spot🞎 History of previous treatment for LTBI or active TB🞎 Declined🞎 Failed appointment🞎 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Stop here)** |
| **4. RESULTS OF TB SCREENING AND EVALUATION (Please complete all that apply)** |
| **Date of 1st TST placement:** **\_\_/\_\_/\_\_** **Date 1st TST read**: \_\_/\_\_/\_\_  **Results**: 🞎Positive   🞎Negative, **\_\_\_\_** mm induration**Date of 1st IGRA: \_\_/\_\_/\_\_** **Results:** Positive   Negative   Indeterminate |
| **Date of 2nd TST placement:** **\_\_/\_\_/\_\_** **Date 2nd TST read**: \_\_/\_\_/\_\_  **Results**: 🞎Positive   🞎Negative, **\_\_\_\_** mm induration**Date of 2nd IGRA: \_\_/\_\_/\_\_** **Results:** Positive   Negative   Indeterminate |
| **Was a chest X-ray done?**: 🞎 No 🞎 Yes **Date**: \_\_/\_\_/\_\_ **Results**: 🞎 Normal 🞎 Abnormal, noncavitary 🞎 Abnormal, cavitary  |
| **Diagnosis**: 🞎 No infection 🞎 LTBI 🞎 TB disease suspected 🞎 TB disease confirmed\* \*If TB disease was confirmed, was the genotype result the same as the index case? 🞎 Yes 🞎 No |
| **Was treatment prescribed?** 🞎 N/A 🞎 No 🞎Yes, for LTBI 🞎Yes, for TB disease |
| **Risk factors for prior TB infection (Please complete regardless of TST/IGRA results and check all that apply below):**🞎 No known risk factors other than conveyance🞎 Born in a country with high TB prevalence (>20/100,000) (specify country)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Ever lived in a country with high TB prevalence (>20/100,000) 1. Country \_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_ 🞎 Months 🞎 Years

 Purpose (check all that apply): 🞎 Work 🞎 Student 🞎 Volunteer 🞎 Missionary 🞎 Other (specify):\_\_\_\_\_\_ 2. Country \_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_ 🞎 Months 🞎 Years Purpose (check all that apply): 🞎 Work 🞎 Student 🞎 Volunteer 🞎 Missionary 🞎 Other (specify):\_\_\_\_\_\_ 3. Country \_\_\_\_\_\_\_\_\_\_\_\_\_ Duration: \_\_\_\_\_ 🞎 Months 🞎 Years Purpose (check all that apply): 🞎 Work 🞎 Student 🞎 Volunteer 🞎 Missionary 🞎 Other (specify):\_\_\_\_\_\_ |
| **5. Comments [free text field]** |
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