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| **1. Voyage Information on index case** | | | | | | | |
| **CDC/QARS ID#** | **Arrival date** | **Arrival City/Port** | | **Departure City/Port** | | | **Crew/Passenger** |
|  |  |  | |  | | |  |
| **2. Index case clinical AND lab infoRMATION** | | | | | | | |
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| **3. PASSENGER Contact Information** | | | | | | | |
| **Last name, First name or other identifier** | | | **Assigned cabin** | | **Gender** | **DOB (mm/dd/yyyy)/Age (yrs)** | |
|  | | |  | |  |  | |
| **4. Contact inFORMATION** | | | | | | | |
| **Were you able to contact this person?**  🞎 No, why not? 🞎 Incorrect locating info 🞎 No longer at temporary address but still in the U.S. 🞎 No response  🞎 Returned to country of residence 🞎 Didn’t attempt follow-up 🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_ **(Stop here)**  🞎 Yes, date contacted: **\_\_\_/\_\_\_/\_\_\_**  Was contact interviewed?  🞎 No, why not? 🞎 Declined 🞎 Lives in different jurisdiction, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Stop here)**  🞎 Yes; actual/verified cabin #:\_\_\_\_\_\_\_\_\_\_\_\_ , date of last known exposure to index case: **\_\_\_/\_\_\_/\_\_\_** 🞎 Unknown  Was this person a crew member?🞎 No🞎 Yes  Was this person a known close contact of the index case outside of this voyage (e.g. family member)?🞎 No🞎 Yes  Was this person frequently in close proximity to index case (e.g. cabinmate, work, or social)? 🞎 No 🞎 Yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Country of residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **5. INTERVIEW INFORMATION** | | | | | | | |
| **Risk factors for prior TB infection (check all that apply below):**  🞎 No known risk factors other than exposure to index case on this ship  🞎 Close contact with a known case of TB other than the index case  🞎 Ever lived in a country with high TB prevalence\*, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Other risk factors (i.e. history of incarceration, homelessness, IV drug use), specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Does person have a history of previous TB?** 🞎 No 🞎 LTBI 🞎 Active TB 🞎 Unknown  **Has person ever received BCG vaccine?** 🞎 No 🞎 Yes 🞎 Unknown  **Has this person ever had a TST performed prior to this investigation?**  🞎 Unknown 🞎 No 🞎 Yes, date of most recent (month/year): \_\_\_\_/\_\_\_\_ Result: 🞎 Negative 🞎 Positive  **Has this person ever had an IGRA performed prior to this investigation?**  🞎 Unknown 🞎 No 🞎 Yes, date of most recent (month/year): \_\_\_\_/\_\_\_\_ Result: 🞎 Negative 🞎 Positive 🞎 Indeterminate  \*If you are unsure whether a country the contact lived in is considered high TB prevalence (greater than 20/100,000 cases), please list it in the specified field and we will make that determination for you upon receipt of the form. | | | | | | | |
| **6. TB SCREENING AND EVALUATION** | | | | | | | |
| **Was this person screened for TB infection as a part of this investigation?**  🞎 No, why not? 🞎 Previous positive TB screening 🞎 Declined 🞎 Lost to follow up🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Yes, what type of testing? (check all that apply) | | | | | | | |
| 🞎TST: Date of 1st TST read: **\_\_\_/\_\_\_/\_\_\_**  Results: 🞎 Positive   🞎 Negative  Date of 2nd TST read: **\_\_\_/\_\_\_/\_\_\_**  Results: 🞎 Positive   🞎 Negative    🞎 IGRA: Date of 1st IGRA: **\_\_\_/\_\_\_/\_\_\_** Results:  Positive    Negative    Indeterminate  Date of 2nd IGRA: **\_\_\_/\_\_\_/\_\_\_** Results:  Positive    Negative    Indeterminate  **Was a review of signs and symptoms completed?** 🞎 No 🞎 Yes  **Was a chest X-ray done?** 🞎 No 🞎 Yes, results: 🞎 Normal 🞎 Abnormal, non-cavitary 🞎 Abnormal, cavitary  **Diagnosis**: 🞎 No infection 🞎 LTBI 🞎 Active TB disease suspected 🞎 Active TB disease confirmed 🞎 Unknown  **If diagnosed with TB, was treatment prescribed?** 🞎 No, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Yes, date started **\_\_\_/\_\_\_/\_\_\_** | | | | | | | |
| **7. Comments** | | | | | | | |
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Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.  An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-0900.