

TB Maritime Contact Investigation Outcome Reporting Form
FAX completed form to the CDC at 404.718.2158; For questions, call 404.639.7147

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

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

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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

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.