

TB Air Contact Investigation Outcome Reporting Form
FAX completed form to the CDC at 404.471.8121/404.718.2158; For questions, call 404.639.7147

1. FLIGHT INFORMATION (If more than one flight is listed, please circle the flight contact was on)				
CDC/QARS ID#	Arrival date	Departure Airport/City	Arrival Airport/City	Index Case Row

2. INDEX CASE CLINICAL AND LAB INFORMATION

3. PASSENGER CONTACT INFORMATION			
Last name, First name	Assigned seat	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. Missed HD appointment
 No response Returned to country of residence HD 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 seat # _____,

Was this person a known close contact of the index case outside of this flight (e.g. family member?) No Yes
 If "Yes", date of last known exposure to index case: ___/___/___

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 flight
 Close contact of a person with a known case of TB other than the person on flight
 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 flight?
 Unknown No Yes, date of most recent (month/year): ___/___ Result: Negative Positive

Has this person ever had an IGRA performed prior to this flight?
 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 person screened for TB infection after exposure on this flight?
 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.