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| **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** |
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| **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 **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.