

## TB Air Contact Investigation Outcome Reporting Form

FAX completed form to the CDC at 404.471.8121/EMAIL questions to airadmin@cdc.gov

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	Sex	DOB (mm/dd/yy)/Age(yrs)	
4. CONTACT INFORMATION				
<p><b>Were you able to contact this person?</b></p> <p> <input type="checkbox"/> No, why not?    <input type="checkbox"/> Incorrect locating information    <input type="checkbox"/> No longer at temporary address but still in the U.S.  <input type="checkbox"/> No response    <input type="checkbox"/> Returned to country of residence  <input type="checkbox"/> HD didn't attempt follow-up    <input type="checkbox"/> Other, specify _____ (Stop here) </p> <p> <input type="checkbox"/> Yes, date contacted: ____ / ____ / ____ </p> <p><b>Was contact interviewed?</b></p> <p> <input type="checkbox"/> No, why not?    <input type="checkbox"/> Declined    <input type="checkbox"/> Lives in different jurisdiction, specify _____  <input type="checkbox"/> Other, specify _____ (Stop here) </p> <p> <input type="checkbox"/> Yes; actual/verified seat # _____ </p> <p>           Was this person a known close contact of the index case outside of this flight (e.g. family member?)    <input type="checkbox"/> No    <input type="checkbox"/> Yes </p> <p>           If 'Yes', date of last known contact to index case: ____ / ____ / ____ </p> <p>           Country of birth: _____    Country of residence: _____ </p>				
5. INTERVIEW INFORMATION				
<p><b>Risk factors for prior TB infection (check all that apply below):</b></p> <p> <input type="checkbox"/> No known risk factors other than flight  <input type="checkbox"/> Close contact of a person with a known case of TB other than the person on flight  <input type="checkbox"/> Ever lived in a country with high TB prevalence*, specify _____ </p> <p> <small>*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.</small> </p> <p> <input type="checkbox"/> Other risk factors (i.e. history of incarceration, homelessness, IV drug use), specify _____ </p> <p> <b>Does person have a history of previous TB?</b>    <input type="checkbox"/> No    <input type="checkbox"/> LTBI    <input type="checkbox"/> Active TB    <input type="checkbox"/> Unknown </p> <p> <b>Has person ever received BCG vaccine?</b>    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <input type="checkbox"/> Unknown </p> <p> <b>Has this person ever had a TST performed prior to this flight?</b>  <input type="checkbox"/> Unknown    <input type="checkbox"/> No    <input type="checkbox"/> Yes, date of most recent (month/year): ____ / ____              Result:    <input type="checkbox"/> Negative    <input type="checkbox"/> Positive </p> <p> <b>Has this person ever had an IGRA performed prior to this flight?</b> </p>				

Unknown  No  Yes, date of most recent (month/year): \_\_\_\_ / \_\_\_\_ Result:  Negative  Positive  Indeterminate

## 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

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.