OMB Control No. 0920-0900
Expiration Date: 08/31/2024

TB Air Contact Investigation Outcome Reporting Form

EMAIL completed form to airadmin@cdc.gov with the following text in the SUBJECT line: Outcome Reporting Form DGMQ ID ######

1. FLIGHT INFORMATION (If more than one flight is listed, please circle the flight contact was on)

DGMQ ID#	Arrival date	Departure Airport/City	Arrival Airport/City	Index Case Seat

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. ☐ 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