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

TB Air Contact Investigation Outcome Reporting Form

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

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) **Departure Airport/City Arrival Airport/City** DGMQ ID# **Arrival date Index Case Row** 2. INDEX CASE CLINICAL AND LAB INFORMATION 3. PASSENGER CONTACT INFORMATION Assigned seat DOB (mm/dd/yyyy)/Age (yrs) Last name, First name Gender 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? □ 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 \square Yes, what type of testing? (check all that apply) \square TST: Date of 1st TST read: ___/___/ Results: \square Positive \square Negative Date of 2^{nd} TST read: ___/___ Results: \square Positive \square 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? \square No \square 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 _

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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 xxxx-xxxx.