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 INFO	ORMATION (If more	than one flight is li	sted, please	circle	the flight con	tact was o	on)
DGMQ ID#	Arrival date	Departure Airp	ort/City	A	rrival Airpor	t/City	Index Case Seat
2. INDEX CASE	CLINICAL AND LAI	B INFORMATION					
3. PASSENGER O	CONTACT INFORM	ATION					
Last name, First name			Assigned s	seat	Gender	DO	B (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 I							
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							
	ned for TB infection a		is flight?				
□ No, why not? □ Previous positive TB screening □ Declined □ Lost to follow up □ Other, specify							
☐ 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: □ Positive □ Negative							
□ IGRA: Date of 1st IGRA:// Results: □ Positive □ Negative □ Indeterminate							
Date of 2 nd IGRA:/ Results: □ Positive □ Negative □ Indeterminate							
Was a review of s	igns and symptoms co	mpleted? □ 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 xxxx-xxxx.