OMB Control No. 0920-0900
Expiration Date: xx/xx/20xx

# TB Aircraft Contact Investigation Outcome Reporting Form

**Return completed form by secure email to airadmin@cdc.gov (preferred) or fax to 404-471-8121 with the following text in the SUBJECT line: Outcome Reporting Form DGMH ID ######**

## 1. FLIGHT INFORMATION

| DGMH 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) | Passport Country |
|---|---|---|---|---|
| | | | | |

## 4. CONTACT INFORMATION

**Were you able to contact this person?** ☐ Yes ☐ No

If no, why not? ☐ Incorrect locating info ☐ No longer at temporary address but still in the U.S. ☐ Returned to country of residence ☐ No response ☐ Other, specify _____ **(Skip to Section 7)**

If yes, date contacted: __/__/__

**Was contact interviewed?** ☐ Yes ☐ No

If no, why not? ☐ Declined ☐ Lives in different state/territory, specify _____ ☐ Other, specify _____ **(Skip to Section 7)**

**Country of birth:**_____ **Country of usual residence:** _____

## 5. INTERVIEW INFORMATION

**Social risk factors for prior TB infection (check all that apply below):**

☐ No known risk factors other than flight ☐ Close contact of the index case outside the flight

☐ Close contact of a person with TB disease other than the index case

☐ Ever lived in a country with high TB prevalence*, specify _____

☐ Other risk factors for TB exposure, specify_____

**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/borderline

**Has this person been previously diagnosed with TB/LTBI?** ☐ No ☐ LTBI ☐ TB disease ☐ Unknown

If yes, did they receive treatment? ☐ Yes ☐ No ☐ Unknown

*If you are unsure whether a country is considered high TB prevalence (greater than 20/100,000 cases), please refer to the WHO's list of high TB burden countries.

## 6. TB SCREENING AND EVALUATION

**Did the person have signs and symptoms of TB?** ☐Yes ☐ No ☐Not evaluated

**Was person screened for TB infection after exposure on this flight?** (As part of this evaluation or for another reason) ☐ **Yes** ☐ **No**

If no, why not? ☐ Previous positive TB screening ☐ Declined ☐ Lost to follow up ☐ Other, specify _____

If 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/borderline

Date of 2nd IGRA:___/___/___ Results: ☐ Positive ☐ Negative ☐ Indeterminate/borderline

**Was a chest X-ray done?** ☐ No ☐ Yes, results: ☐ Normal ☐ Abnormal, non-cavitary ☐ Abnormal, cavitary

**Diagnosis**: ☐ No infection ☐ LTBI ☐ TB disease ☐ Undetermined

**If diagnosed with TB disease or LTBI, was treatment prescribed?**☐ Yes, date started _____/__/_____ ☐ No, why not?_____

## 7. FORM COMPLETION

Person(s) completing the form:_____ Date form completed:___/___/____

## 8. COMMENTS