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

Public reporting burden of this collection of information is estimated to average 10 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 H-21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-0900.