

Contact Investigation (CI) Record

Case Name _____ County _____ PHN _____ Date _____

case reported _____ Date CI started _____ Disease Site: P / EP / Both Sputum

Smear: + / - / not done Sputum Culture: + / - / not done Infectious period from _____ to _____

Contact

Information

Expo-

Contact sure

Risk

Date

TST/IGRA Results* Last Infectious

TST (mm) IGRA (+, -, indeterminate)

Newly-diagnosed LTBI Only

Exposure

Current Chest X-Ray Dx** Site

Factors*

Contact Type[#]

DOPT*/

Tx

Finish Tx/ Tx Start

Stop

Reason Tx Initial Retest Date Results

Date

Date

Name DOB/Relationship Address/Phone#

Home Prev Work School

<5 yrs HIV+ IC HP MP LP Other NC

+: Y/N Doc: Y/N Date:

Date:

TST mm:

TST mm:

Date:

Normal Abnormal for TB Abnormal - Other

New LTBI Prev LTBI New ATBD Prev ATBD

DOPT: Y/N Yes

No: _____ IGRA:

IGRA:

Name DOB/Relationship Address/Phone#

Home Work School

<5 yrs HIV+ IC Prev Other HP MP LP NC

+: Y/N Doc: Y/N Date:

Date:

Date:

Normal Abnormal for TB

New LTBI Prev LTBI NewATBD **DOPT: Y/N** TST mm:

TST mm:

Abnormal - Other

Prev ATBD

Yes

No: _____ IGRA:

IGRA:

Name DOB/Relationship Address/Phone#

Home Work School

<5 yrs HIV+ IC Prev Other HP MP LP NC

+: Y/N Doc:Y/N Date:

Date:

Normal Abnormal for TB

New LTBI Prev LTBI NewATBD **DOPT: Y/N** TST mm:

Abnormal - Other

Prev ATBD

Yes

No: _____

IGRA:

Date:

TST mm:

IGRA:

Name DOB/Relationship Address/Phone#

Home Work School

<5 yrs HIV+ IC Prev Other HP MP LP NC

+: Y/N Doc:Y/N Date:

Date:

Normal

New LTBI **DOPT: Y/N** Abnormal for TB

Yes

TST mm:

Abnormal - Other

Prev LTBI NewATBD

No: _____ Prev ATBD

IGRA:

Date:

TST mm:

IGRA:

Name DOB/Relationship Address/Phone#

Home Work School

<5 yrs HIV+ IC Prev Other HP MP LP NC

+: Y/N Doc:Y/N Date:

Date:

Normal

New LTBI **DOPT: Y/N** Abnormal for TB

Yes

TST mm:

Abnormal - Other

Prev LTBI NewATBD

No: _____ Prev ATBD

IGRA:

Date:

TST mm:

IGRA:

Name DOB/Relationship Address/Phone#

Home Work School

<5 yrs HIV+ IC

HP MP LP Prev NC

+: Y/N Doc:Y/N Date:

Date:

Normal

New LTBI **DOPT: Y/N** Abnormal for TB

Yes

Abnormal - Other

Prev LTBI NewATBD

No: _____ Other

TST mm:

Prev ATBD

IGRA:

Not Finished‡

Date:

TST mm:

IGRA: *IC **Dx=Diagnosis; = Immunocompromised; **New LTBI**=Newly-diagnosed **TST** = Tuberculin Skin **LTBI**; Test; **Prev IGRA**

LTBI=Previously-diagnosed = Interferon-γ Release Assay; **LTBI**; **Prev New + ATBD**=Newly-diagnosed = Previous positive TST/IGRA;

ATBD; **Doc Prev = ATBD**=Previously-diagnosed Documentation available; **DOPT** and = treated Directly **ATBD** Observed Preventive Therapy

CONTACT HP=high-priority **TYPE** contact ; **MP**=medium-priority contact; **LP**=low-priority contact ‡ **1**

REASONS - Death **FOR NON-COMPLETION 4** - Adverse Effect **OF** of Medicine **LTBI TX: NC**=non-contact; a

person who did not share air with index case but requests inclusion in the CI **2** - Contact Moved **5** - Contact Chose to

Stop Refer to Figures 2 to 9 in CDC's Contact Investigation Guidelines for guidance on prioritizing and evaluating **3**

- ATBD Developed **6** - Contact Lost to Follow-up contacts. The Guidelines are available at:

www.cdc.gov/tb/publications/guidelines/ContactInvestigations.htm **7** - Provider Decision Submit to Utah Dept of Health TB Control at 30 days, 120 days, and end of LTBI treatment. *Dec11*