Summary Report of a TB Contact Investigation in a Congregate Setting

Complete and submit this form to provide a summary of all rounds of screening/testing of high or medium priority contacts performed in your facility among staff and/or residents as a result of exposure to a pulmonary TB case. **DO NOT** use this form to report results when screening/testing was done by the local health department.

Facility Name: ____________________________________________
Phone Number: _______________ Fax Number: _______________

Estimated infectious period of index case: ____________________ thru __________________

<table>
<thead>
<tr>
<th>Potential Sites of Exposure within Facility</th>
<th>Date of Last Exposure in Facility</th>
<th>Window Period End Date (8 weeks after last exposure)</th>
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1. Total number of contacts identified: ........................................................................... 
2. Number of contacts with a documented previous positive test for TB infection prior to this investigation (TST or IGRA (blood test for TB infection)): ..................................
3. Number of previously positive contacts who were fully evaluated*: ..................................
4. Total number of contacts tested without prior positive results for TB infection: ...
5. Total number of contacts without prior positive results who were fully evaluated*: ...
6. Number of contacts with a **new** positive TST/IGRA as a result of this investigation: ...
7. Number of contacts who started treatment for new latent TB infection ............... ...
8. Number of contacts who completed treatment for new latent TB infection ............... ...
9. Number of contacts diagnosed with TB disease: ......................................................... ...
   *(report to local health department)*

10. Comments:

   (PRINTED name of person completing this form)  (Date)

   (Phone)  (FAX)

*To be counted as fully evaluated, a contact should complete both 1st and 2nd round testing, if appropriate by date. Only 1 test for TB infection is needed if testing occurs 8-10 weeks or longer after the date of last exposure. If the test for TB infection is positive or the individual is symptomatic, a chest is required to be fully evaluated. If the chest x-ray is abnormal or the individual is symptomatic, sputum collection is required to be considered fully evaluated. For children < age 5 or persons with immune suppression, full evaluation includes a CXR and medical examination. Individuals with a history of a positive test for TB infection should be screened by a symptom review with additional testing as indicated.

VDH: DDP:TB – 9/2014