VIRGINIA DEPARTMENT OF HEALTH DIVISION OF TUBERCULOSIS (TB) CONTROL ~ TB CONTACT INVESTIGATION FORM (TB 502)

Webvision/ID # _____ Box 1 _____ Case Mgr._____ Ph. # _____

Report Source _____ Date Reported to HD _____ Date CI Initiated _____

Type of Investigation: ___Contact ___Source Case | Type of Case/Suspect: ___Pulmonary Smear Pos. ___Pulmonary Smear Neg. ___Extrapulmonary ___Clinical

Infectious Period

Date Began: | Date Ended:

Box 2

Contact Name: see(*)

Box 3

DOB _____**Race**_____ **m** or **f**

Relationship: Household ___Yes ___No

Last exposure date:

Priority

___High

___Med

Box 4

Symptoms

___Yes

___No

Hx of **Prior** (+) TST or TB

___LTBI ___TB Disease

Hx of prior Tx: Explain:

Box 5

LTBI Test Used: ___TST ___IGRA

Round 1, Date tested:

Box 6a

Result: _____mm if TST ___N/A

___Pos. ___Neg. ___Indeterminate/ Borderline

Round 2, Date tested:

Box 6b

Result: _____mm if TST ___N/A

___Pos. ___Neg. ___Indeterminate/ Borderline

CXR Date

Box 7

Result:

___Normal

___Abnormal

___Cavitary

___Non Cav.

Case: ___Yes ___No

LTBI Tx Recommended:

___Yes ___No If Yes:

Tx: Start:_____

Box 8

Tx: Stop: _____

Stop Reason:

See instructions for approved reasons

Comments/Address if needed:

Box 9

(*) Contact information should include Name, Webvision #, Birth date, Race, Sex, relation to index, if living with index, and Last exposure date; address and phone # may go in Comments. July 2011: TB 502

Instructions for submitting forms and completing each box:

When to submit 502s:
Submit the first set of 502 forms at about **4 weeks** after the **Date CI Initiated** listed in **Box 1**. **Box 1** through **Box 6a** and **Box 7** may have some information. Update the 502 forms for **Round 2** in **Box 6b-Box 8** and submit them again at about **4 months** after the **Date CI Initiated**. Submit a final report after any contacts with LTBI **stop Tx**. Record the **Stop Reason** in **Box 8**.

Box 1: **Webvision/ID #** - Local identification of index case.
Case manager - Nurse Case Manager.
Ph # - Contact number for the Nurse Case Manager
Report Source - Indicate who reported the case/suspect to the health dept., i.e., name of hospital, name of physician, etc.
Date Reported to HD - Indicate the date that the health dept. was notified of the new case/suspect.
Date CI Initiated - Indicate the date that any follow-up activity was started by the Nurse Case Manager; includes phone calls, direct contact, chart review, or MD consultation.
Type of Investigation - Indicate if the investigation is a **Contact** or **Source Case** investigation. If this investigation is Source Case, do not check Type of Case. If this investigation is Contact, continue.
Type of Case - Indicate the type of index case based on the CI Guidelines, MMWR 12/16/2005, vol. 54 (Figures 2 - 5).

Box 2: **Infectious Period** - Indicate the beginning and ending dates of the infectious period for the index case according to MMWR 12/16/2005, vol. 54 (Table 2).

Box 3: **Contact Name** - Indicate the name of the contact.
DOB - Indicate contact's date of birth.
Race - Indicate contact's race.
m or f - Circle contact's sex.
Relationship: Household - Describe the relationship of the contact to the index case/suspect, i.e., spouse, co-worker, housemate, friend, etc. and check yes or no if the contact lived in the same residence as the index case anytime during the **Infectious Period** listed in **Box 2.**
Last exposure date - Indicate the last date, during the index case's **Infectious Period** listed in **Box 2**, that the contact may have "**shared air**" with the index case/suspect.

Box 4: **Priority** - Indicate the priority level of the contact based on the CI Guidelines, MMWR 12/16/2005, vol. 54 (Figures 2 - 5).
Symptoms - Check yes or no if the contact has any common TB symptoms anytime during evaluation and follow-up. Briefly, document significant symptoms in the available space or in "comments" box.

Box 5: **Hx of Prior (+) or TB** - Briefly indicate the date, city and state of prior (+) TST or TB diagnosis and check Disease or LTBI if known.
Hx of Prior Tx - Indicate dates and type of therapy, i.e., INH X 9 months, RIF X 4 months, "treated for disease", etc.

Box 6a: **Test Used** - Check if TST or IGRA was used for this contact. The same test must be used for both Round 1 and Round 2 testing.
Round 1, Date tested - Indicate the date a TST was placed or IGRA was drawn. If this date is more than 10 weeks since the **last exposure date** listed in **Box 3**, check **N/A** for Round 2.
Result - Indicate the mm reading if a TST was used and leave the other lines blank. If IGRA was used, leave mm blank and check the appropriate IGRA result.

Box 6b: **Round 2**, **Date tested** - Indicate the date a TST was placed or IGRA was drawn. Make sure the same test used in **Round 1** is used for **Round 2**.
Note that additional testing may be necessary beyond 10 weeks if exposure continues during the **Infectious Period** listed in **Box 2**.
Result - Indicate the mm reading if a TST was used and leave the other lines blank. If IGRA was used, leave mm blank and check the appropriate IGRA result.

Box 7: **CXR Date** - Indicate the date of chest x-ray if necessary.
Result - Check the appropriate boxes.

Box 8: **Case** - Check yes or no if the contact became a case.
LTBI Tx Recommended - Check yes or no if treatment was recommended for this contact by a physician. If treatment was recommended, continue.
Tx Start - Indicate the date LTBI treatment started.
Tx Stop - Indicate the date LTBI treatment stopped.
Stop Reason - Indicate the approved reason therapy was stopped, i.e., use only **Completed, Refused, Contraindicated, Died, Self-stopped, Toxicity, Active TB diagnosed, Lost, Moved, Other**. Use comments to indicate where the patient moved or what the "other" reason was for stopping treatment if applicable.

Box 9: **Comments/Address if needed** - Use this area for address. Document significant signs or symptoms if needed; document city, state where contact moved if known. Use this area for other locating information such as cell number, work number or any other useful information.

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Contact	Priority / Symptoms	Hx	LTBI Test	CXR	Case / LTBI Tx	Comments
Contact Name: (*) **DOB** ____________**Race**______ **m** or **f** Relationship: Household ___Yes ___No Last exposure date:	**Priority** ___High ___Med ___Low **Symptoms** ___Yes ___No	Hx of **Prior** (+) TST or TB ___LTBI ___TB Disease Hx of prior Tx: Explain:	**LTBI Test Used**: ___TST ___IGRA **Round 1**, Date tested: Result: ____mm if TST ___N/A ___Pos. ___Neg. ___Indeterminate/ Borderline **Round 2**, Date tested: Result: ____mm if TST ___N/A ___Pos. ___Neg. ___Indeterminate/ Borderline	**CXR Date** **Result:** ___Normal ___Abnormal ___Cavitary ___Non Cav.	**Case:** ___Yes ___No **LTBI Tx Recommended:** ___Yes ___No If Yes: Tx: Start:____________ Tx: Stop: ____________ Stop Reason:	Comments/Address if needed:
Contact Name: (*) **DOB** ____________**Race**______ **m** or **f** Relationship: Household ___Yes ___No Last exposure date:	**Priority** ___High ___Med ___Low **Symptoms** ___Yes ___No	Hx of **Prior** (+) TST or TB ___LTBI ___TB Disease Hx of prior Tx: Explain:	**LTBI Test Used**: ___TST ___IGRA **Round 1**, Date tested: Result: ____mm if TST ___N/A ___Pos. ___Neg. ___Indeterminate/ Borderline **Round 2**, Date tested: Result: ____mm if TST ___N/A ___Pos. ___Neg. ___Indeterminate/ Borderline	**CXR Date** **Result:** ___Normal ___Abnormal ___Cavitary ___Non Cav.	**Case:** ___Yes ___No **LTBI Tx Recommended:** ___Yes ___No If Yes: Tx: Start:____________ Tx: Stop: ____________ Stop Reason:	Comments/Address if needed:
Contact Name: (*) **DOB** ____________**Race**______ **m** or **f** Relationship: Household ___Yes ___No Last exposure date:	**Priority** ___High ___Med ___Low **Symptoms** ___Yes ___No	Hx of **Prior** (+) TST or TB ___LTBI ___TB Disease Hx of prior Tx: Explain:	**LTBI Test Used**: ___TST ___IGRA **Round 1**, Date tested: Result: ____mm if TST ___N/A ___Pos. ___Neg. ___Indeterminate/ Borderline **Round 2**, Date tested: Result: ____mm if TST ___N/A ___Pos. ___Neg. ___Indeterminate/ Borderline	**CXR Date** **Result:** ___Normal ___Abnormal ___Cavitary ___Non Cav.	**Case:** ___Yes ___No **LTBI Tx Recommended:** ___Yes ___No If Yes: Tx: Start:____________ Tx: Stop: ____________ Stop Reason:	Comments/Address if needed:
Contact Name: (*) **DOB** ____________**Race**______ **m** or **f** Relationship: Household ___Yes ___No Last exposure date:	**Priority** ___High ___Med ___Low **Symptoms** ___Yes ___No	Hx of **Prior** (+) TST or TB ___LTBI ___TB Disease Hx of prior Tx: Explain:	**LTBI Test Used**: ___TST ___IGRA **Round 1**, Date tested: Result: ____mm if TST ___N/A ___Pos. ___Neg. ___Indeterminate/ Borderline **Round 2**, Date tested: Result: ____mm if TST ___N/A ___Pos. ___Neg. ___Indeterminate/ Borderline	**CXR Date** **Result:** ___Normal ___Abnormal ___Cavitary ___Non Cav.	**Case:** ___Yes ___No **LTBI Tx Recommended:** ___Yes ___No If Yes: Tx: Start:____________ Tx: Stop: ____________ Stop Reason:	Comments/Address if needed:

(*) Contact information should include Name, Webvision #, Birth date, Race, Sex, relation to index, if living with index, and Last exposure date; address and phone # may go in Comments.