VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

Instructions for Tuberculosis Contact Investigation Submission (502)

Initial Submission: Submit the initial CI information using the online submission tool
Submit the initial information within 4 weeks of CI initiation

Final Submission: Submit the fillable/printable 502 with patient specific information, including LTBI tx information
Submit the final 502 after the investigation is complete

*Please note, we are no longer asking for the 502 to be submitted three times; we are only asking for the initial online summary submission and the final faxed or encrypted e-mail submission.

Access the electronic initial submission form via the link available on the TB Control Website Contact Investigations Page

All fields on the electronic initial submission form are required except for Infectious Period End Date

Please complete and submit this form within 4 weeks of contact investigation initiation.

Index Case Last Name
* must provide value

Provide the last name of the index case

Index Case First Name
* must provide value

Provide the first name of the index case

Index Case ID Number
* must provide value

Provide a patient ID number such as a Webvision or Avatar ID number

e patient's ID number such as a Webvision/Avatar Patient ID number

Index Case Date of Birth
* must provide value

Provide the date of birth of the index case. You can directly type in a date with or without dashes

31 Today M-D-Y

District
* must provide value

Use the drop down to select the submitting health district/location. Type to search.

▼

Nurse Case Manager Name
* must provide value

Provide the name of the nurse case manager for the contact investigation

Nurse Case Manager Phone Number
* must provide value

Provide a contact number for the nurse case manager for the contact investigation

Date Case/Suspect Reported to Local Health Department
* must provide value

Indicate the date the LHD first became aware of the index case

Date Contact Investigation Initiated
* must provide value

Indicate the date the contact investigation was initiated

Type of Investigation
* must provide value

Select if this is a Contact or Source investigation

○ Contact
○ Source

reset

Type of Case/Suspect
* must provide value

Select all options that apply to the index case based on the information you have at the time of submission

☐ Pulmonary Smear +
☐ Pulmonary Culture +
☐ Pulmonary Smear -
☐ Pulmonary GeneXpert +
☐ Clinical
☐ Extrapulmonary

Please select all that apply

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Instructions for Tuberculosis Contact Investigation Initial Submission (502)

Infectious Period Start Date
* must provide value

> Indicate the infectious period start date for the index case

[ ] 📅 | Today | M-D-Y

Infectious Period End Date

> If the information is available, indicate the infectious period end date

[ ] 📅 | Today | M-D-Y
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With what information you know now, are there children under 5 identified as contacts?
* must provide value

○ Yes
○ No

> Indicate if there are any children under 5 who might need window prophylaxis

reset

Select the location(s) identified for the contact investigation.
* must provide value

> Select ALL locations where a contact investigation will be conducted

☐ Household
☐ School
☐ Workplace
☐ Place of Worship
☐ Hospital
☐ Medical Office
☐ Social Setting
☐ Correctional Facility
☐ Shelter
☐ Long Term Care Facility
☐ Other

> If you select "other" a text box will appear to provide additional location information

Please select all that apply.

Provide additional information or clarify a response if needed.

> Use this space to provide any additional information

Expand

> Hit "Submit" once you have completed the form. If you left a required field blank, you will be prompted to complete it.

| Submit |

> Click here if you want to return later to complete the form. The system will give you a return code to access your saved work.

| Save & Return Later |

| Close survey |

Thank you for submitting initial contact investigation information. Please submit the 502 form as soon as possible upon completing the contact investigation once all information is available.

Download your survey response (PDF): 📄 Download

> After hitting "Submit," a box will appear confirming your submission. To download the form for your records or for printing, click the "Download" button and a PDF version of the form will display.

> PLEASE SUBMIT YOUR FINAL 502 WITH PATIENT SPECIFIC INFORMATION AS SOON AS POSSIBLE UPON COMPLETION OF THE CONTACT INVESTIGATION