

Contact Investigation Documentation Instructions

The district managing the index case is responsible for documentation and reporting of contact investigation data, even when another jurisdiction conducts the contact investigation.

Initial 502 - For **ALL** contact investigations, submit the Initial 502 via the electronic form available on the Division of TB and Newcomer Health [website](#).

- Submit the Initial 502 within four weeks of contact investigation initiation.
- Document all locations where a contact investigation will be conducted (i.e. home, school, hospital, workplace, etc.) on the Initial 502.
 - This should include settings in which the facility handles screening/testing.
- Detailed instructions for completing the Initial 502 are located in **Appendix A**.

Final 502 - For contact investigations for which the **local health department (LHD)** conducts screening/testing, regardless of the number of contacts, submit the Final 502, available on the Division of TB and Newcomer Health [website](#), as soon as possible upon completion of the contact investigation when all information is available, including treatment completion information.

- Detailed instructions for completing the Final 502 are located in **Appendix B**.

Summary Report of a TB Contact Investigation in a Congregate Setting – For contact investigations in which screening/testing was **NOT performed by the local health department**, submit this summary report when complete information is available (including treatment completion data). The form is available on the Division of TB and Newcomer Health [website](#).

- The local health district should request this information from the facility twice:
 - When the facility completes screening/testing
 - When all treatment information is available from the facility
- Only the final version should be submitted to VDH TB Program
- Detailed instructions for completing the Summary Report are available in **Appendix C**.

Instructions for Tuberculosis Contact Investigation Initial 502 Submission

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

The district managing the index case should submit this form

Access the electronic form via the link available on the TB Control Website [Contact Investigations tab](#)

All fields on the form are required with the exception of Infectious Period End Date

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

<p>1. Index Case Last Name <small>* must provide value</small></p>	<p>Provide the last name of the index case</p>	<input type="text"/>
<p>2. Index Case First Name <small>* must provide value</small></p>	<p>Provide the first name of the index case</p>	<input type="text"/>
<p>3. Index Case ID Number <small>* must provide value</small></p>	<p>Provide a patient ID number such as a Webvision or Avatar ID number</p>	<input type="text"/>
<p>4. Index Case Date of Birth <small>* must provide value</small></p>	<p>Provide the date of birth of the index case. You can directly type in a date with or without dashes</p>	<input type="text"/> <input type="button" value="Today"/> M-D-Y
<p>5. District <small>* must provide value</small></p>	<p>Use the drop down to select the submitting health district/location. Type to search.</p>	<input type="text"/>
<p>6. Nurse Case Manager Name <small>* must provide value</small></p>	<p>Provide the name of the nurse case manager for the contact investigation</p>	<input type="text"/>
<p>7. Nurse Case Manager Phone Number <small>* must provide value</small></p>	<p>Provide a contact number for the nurse case manager for the contact investigation</p>	<input type="text"/>
<p>8. Date Case/Presumptive Case Reported to Local Health Department <small>* must provide value</small></p>	<p>Indicate the date the LHD first became aware of the index case</p>	<input type="text"/> <input type="button" value="Today"/> M-D-Y
<p>9. Date Contact Investigation Initiated <small>* must provide value</small></p>	<p>Indicate the date the contact investigation was initiated</p>	<input type="text"/> <input type="button" value="Today"/> M-D-Y
<p>10. Type of Investigation <small>* must provide value</small></p>	<p>Select if this is a Contact or Source investigation</p>	<input type="radio"/> Contact <input type="radio"/> Source <input type="button" value="reset"/>
<p>11. Type of Case/Suspect <small>* must provide value</small></p>	<p>Select all options that apply to the index case based on the information you have at the time of submission</p>	<input type="checkbox"/> Pulmonary Smear + <input type="checkbox"/> Pulmonary Culture + <input type="checkbox"/> Pulmonary Smear - <input type="checkbox"/> Pulmonary GeneXpert + <input type="checkbox"/> Clinical <input type="checkbox"/> Extrapulmonary <small>Please select all that apply</small>

Instructions for Tuberculosis Contact Investigation Initial 502 Submission

12. Infectious Period Start Date * must provide value Indicate the infectious period start date for the index case M-D-Y

13. Infectious Period End Date If the information is available, indicate the infectious period end date M-D-Y

14. With the information you have 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

15. 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.

16. 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.

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.

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): 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 AS SOON AS POSSIBLE UPON COMPLETING THE CONTACT INVESTIGATION ONCE ALL INFORMATION IS AVAILABLE (INCLUDING LTBI TREATMENT COMPLETION)

Index Case ID# _____ District _____ Nurse Case Manager Name _____ Nurse Case Manager Phone # _____		Infectious Period	
Date Case/Presumptive Reported to Local Health Dept. Box 1 _____ Date Contact Investigation Initiated _____		Start Date: _____	End Date: _____
Type of Investigation: <input type="checkbox"/> Contact <input type="checkbox"/> Source Case Type of Case: <input type="checkbox"/> Primary Smear Pos. <input type="checkbox"/> Pulmonary Culture Pos. <input type="checkbox"/> Pulmonary Smear Neg. <input type="checkbox"/> Extrapulmonary <input type="checkbox"/> Clinical <input type="checkbox"/> GeneXpert Pos.		Box 2	
Contact Last Name: _____ First Name: _____	Priority: <input type="checkbox"/> High Box 4	Hx of Prior TB <input type="checkbox"/> LTBI <input type="checkbox"/> TB Disease	LTBI Test Used: <input type="checkbox"/> TST <input type="checkbox"/> IGRA
DOB: _____ Race/Ethnicity: <input type="checkbox"/> American Indian/AK Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native HI/Pacific Islander <input type="checkbox"/> Other	Box 3	Hx of Prior Treatment <input type="checkbox"/> Completed Tx <input type="checkbox"/> Partially treated <input type="checkbox"/> Never treated	Round 1: Box 6 Date Tested: _____ Result: _____ mm if TST <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Indeterminate/ Borderline
Sex: _____ <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic		Box 5	Round 2: Date Tested: _____ Result: _____ mm if TST <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Indeterminate/ Borderline
Address: _____			CXR Date: _____ CXR Result: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Cavitory <input type="checkbox"/> Non-Cavitory
Contact Relationship to Case: <input type="checkbox"/> Household <input type="checkbox"/> School <input type="checkbox"/> Workplace <input type="checkbox"/> Place of Worship <input type="checkbox"/> Hospital <input type="checkbox"/> Medical Office <input type="checkbox"/> Social Setting <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Shelter <input type="checkbox"/> Other (if other please specify): _____			TB Case? <input type="checkbox"/> Yes <input type="checkbox"/> No LTBI Tx Recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Tx Type: _____ Date Tx Started: _____ Date Tx Stopped: Box 8 Tx Stop Reason: <input type="checkbox"/> Completed Therapy <input type="checkbox"/> Death <input type="checkbox"/> Moved (follow-up unknown) <input type="checkbox"/> Active TB developed <input type="checkbox"/> Adverse effects of medication <input type="checkbox"/> Chose to Stop <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Provider decision
Date of last exposure to the case: _____			Box 7

Submit the Final 502 as soon as possible upon completion of the contact investigation when all outcome information is known (treatment completion, etc.).

Box 1: **Index Case ID #** - Local identification of index case (Webvision or Avatar).

District - Local health district of the index case

Nurse Case Manager name - Name of Nurse Case Manager

Nurse Case Manager phone # - Phone number of listed nurse case manager

Date Reported to HD - Indicate the date that the health dept. was notified of the new case/presumptive.

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**

Type of Case - Select all that apply for the type of index case. Refer as needed to 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 Last Name** - Indicate the last name of the contact.

Contact First Name - Indicate the first name of the contact.

DOB - Indicate contact's date of birth.

Race/Ethnicity - Select all that apply.

Sex - Record the contact's sex.

Contact Relationship to Case - Select all that apply describing the relationship of the contact to the index case/suspect during the **Infectious Period**.

Date of Last Exposure to the Case - 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. List significant symptoms.

Box 5: **Hx of Prior TB** - Check TB Disease or LTBI if known.

Hx of Prior Treatment - Indicate outcome of Tx if known.

Box 6: **LTBI 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**, leave Round 2 blank.

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.

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 - Select all that apply.

Box 8: **TB 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 Type - Indicate the type of tx the patient received (3HP, etc.)

Date Tx Start - Indicate the date LTBI treatment started.

Date Tx Stop - Indicate the date LTBI treatment stopped.

Treatment Stop Reason - Indicate the approved reason therapy was stopped. Select only one option here.

This summary report should be completed by the facility/congregate setting and submitted to the Health Department. The directions are intended to help provide guidance to the facility/congregate setting.

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. This form will be submitted twice, first with screening/testing results and second, if applicable, with latent TB infection treatment information. **DO NOT** use this form to report results when screening/testing was done by the local health department.

Facility Name _____ The facility will complete the general information here
 Phone Number _____ Fax Number _____ This is the period of time the index case was infectious at the facility
 Estimated exposure period in the setting _____ thru _____

Check one box to indicate initial or final submission

- Initial submission with screening/testing results after 10 weeks of exposure (numbers 1-6)
- Final submission with latent TB treatment information (numbers 1-9)

Potential Sites of Exposure within Facility	Date of Last Exposure in Site within Facility	Window Period End Date (8-10 weeks after last exposure)
Identify all sites at the facility where there was exposure.	Identify the date of last exposure for each site at the facility. The dates may vary.	This end date is 8-10 weeks after the date in the previous box. At least one screen/test must be completed on or after this date in order to consider the contact fully evaluated.

- Final Submission

Initial Submission

1. Total number of contacts identified .. These are contacts that warrant evaluation based on exposure and/or risk
 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*.. See footnote
 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*.. See footnote
 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:

This should be a representative from the facility/congregate setting.

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

 (Phone) (FAX)

**To be counted as fully evaluated, a contact should complete testing after 8-10 weeks of last exposure. 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 x-ray 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*