

Tuberculosis Contact Evaluation Form Instructions

This document serves as a reference for the Tuberculosis Contact Evaluation Form. The Tuberculosis Contact Evaluation Form is intended for screening individual contacts to a case of infectious tuberculosis (TB) in a contact investigation (CI) using CDC guidelines¹ and may not be appropriate for TB screening for other reasons. The Tuberculosis Contact Evaluation Form can be submitted to the TB CI Coordinator at MDH for reporting contacts in an investigation. Any questions regarding these forms can also be answered by the TB CI Coordinator (651-201-5414 or 1-877-676-5414).

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Intro

Item	Instructions
Initial Contact Date	Date of initial contact (i.e. two-way communication)
Tennessee Warning	Check this box after informing the contact of their rights.
Interpreter Needed	No: an interpreter is not needed Yes: an interpreter is needed. Write the language on the following line.

Demographic Information

Item	Instructions
Name	First and last name of contact

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Item	Instructions
Sex	Documented or contact-reported sex
DOB	Date of birth
<5 y/o	Check this box if the contact is < 5 years old at initial contact.
Street/City/ZIP	Full address of the contact's residence
County	County where the contact's residence is located
Phone	Contact's phone number(s)
Race	Documented or contact-reported race(s)
Hispanic	Check this box if the contact is Hispanic.
Country of birth	USA: Check this box if the contact was born in the USA.
Date of arrival to USA	If the contact was not born in the USA, check the other box and write their country of birth on the following line. If exact date is unknown, write an approximate arrival date.
Arrival city/county/state	If the contact was not born in the USA, write their location of arrival to the USA on the following line.

Exposure Information

Item	Instructions
Setting	<p>Check the box corresponding with the type of exposure setting. Exposure is from the point of view of the index. For example, if the contact's exposure occurred at the index's place of work, the contact's exposure setting is work even if the contact did not work there.</p> <p>Exposure setting of nursing home, correctional facility, school, homeless shelter, senior center/adult day center, childcare center, drug recovery center, detox center, bar, or place of worship override household, leisure, and work designations. For example, if the index lives or works in a nursing home, nursing home should be the exposure setting for all contacts identified at the nursing home.</p> <p>For exposure settings not listed on the form, check the last box and write the exposure setting on the following line.</p> <p>Household: contact lived in or spent extended periods of time in the same household as the index case during the infectious period. Include contacts where exposure</p>

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	<p>occurred in the home for an extended period of time, but the contact did not live in the home (e.g. out of town houseguest, child received daycare)</p> <p>Leisure: contact’s exposure with the index case occurred outside of the index’s home, work, and school environment (e.g. friend, neighbor, sports team or club member)</p> <p>Work: contact’s exposure occurred at the index’s work site during the infectious period</p> <p>School: contact’s exposure occurred at the index’s school environment (e.g. classmate, instructor)</p> <p>Other settings of exposure include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ Nursing home (NH) ▪ Correctional facility (CF) ▪ Homeless shelter (HS) ▪ Senior center/adult daycare (SC or ADC) ▪ Childcare center (CC) ▪ Drug recovery center (DRC) ▪ Detox center (DC) ▪ Bar ▪ Place of worship
Priority	<p>Check the box corresponding with the contact’s follow-up priority. Refer to the guidelines¹ to determine the priority assignment of the contact.</p> <p>High: contact’s exposure exceeds the duration and/or environmental limits established by the health department for this current contact investigation and index is smear-positive OR contact is < 5 years of age, has a risk factor for TB (e.g. HIV-infection, immunocompromising condition or therapy, diabetes, etc.), OR was exposed during a medical procedure (i.e. sputum induction, bronchoscopy, or autopsy).</p> <p>Medium: contact’s exposure exceeds the duration and/or environmental limits established by the health department for this current contact investigation and index is smear-negative AND contact is > 5 years of age, does not have a risk factor for TB (e.g. HIV-infection, immunocompromising condition or therapy, diabetes, etc.), AND was not exposed during a medical procedure (i.e. sputum induction, bronchoscopy, or autopsy).</p> <p>Low: contact’s exposure does not exceed the duration and/or environmental limits established by the health department for this current contact investigation AND contact is > 5 years of age, does not have a risk factor for TB (e.g. HIV-infection, immunocompromising condition or therapy, diabetes, etc.), AND was not exposed during a medical procedure (i.e. sputum induction, bronchoscopy, or autopsy).</p>
Ring	<p>Check the box corresponding with the contact’s concentric circle ring. If the contact is beyond 2nd ring, check the last box and write the ring number on the following line.</p> <p>1st: high- and medium-priority contacts that meet the duration and/or environmental limits established by the health department for this current contact investigation</p>

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	2nd : contacts originally assigned a low-priority status that are reclassified as high- or medium-priority contacts because the investigation was expanded due to evidence of transmission
Relationship to index	Write the contact’s relationship to the index case. For example, if the contact is the child of the index, write “son,” rather than “father.”
Describe	Describe the contact’s exposure to the index case. For example, if the contact is a cellmate of the index, include information about the number of days of overlap, etc. If the contact is a niece and was babysat by the index, include the number of days/week for X number of hours. This may not be relevant for all contacts.
Date of last exposure	Write the contact’s date of last exposure to the index case during the index’s infectious period.
8-week post-exposure date	Write the date 8 weeks after the date of last exposure. For contacts < 6 months of age, write whichever date is later: 8 weeks after the date of last exposure OR date at which contact reaches 6 months of age.²

TB History

Item	Instructions
Previous TST	No: the contact reports never receiving a TST prior to this evaluation and there is no documentation of a previous TST Unk: the contact does not know if they have received a TST prior to this evaluation and there is no documentation of a previous TST Positive: the contact reports or there is documentation of a positive TST result prior to this evaluation Negative: the contact reports or there is documentation of a negative TST result prior to this evaluation
Induration	Write the measurement of induration in millimeters of the reported or documented TST prior to this evaluation. If the measurement is unknown, write UNK.
Date	Date the previous TST was placed (not read). If not verified by documentation, list an approximate date (e.g. June 2012, ~2005).
Previous IGRA	No: the contact reports never receiving an IGRA prior to this evaluation and there is no documentation of a previous IGRA Unk: the contact does not know if they have received an IGRA prior to this evaluation and there is no documentation of a previous IGRA

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	<p>Positive: the contact reports or there is documentation of a positive IGRA result prior to this evaluation</p> <p>Borderline: the contact reports or there is documentation of a borderline IGRA result prior to this evaluation (T-Spot only)</p> <p>Indeterminate: the contact reports or there is documentation of an indeterminate IGRA result prior to this evaluation</p>
Date	Date the previous IGRA specimen was collected. If not verified by documentation, list an approximate date (e.g. June 2017, ~2016).
Previous treatment for LTBI	<p>No: the contact reports never receiving any treatment for LTBI prior to this evaluation and there is no documentation of prior LTBI treatment</p> <p>Unk: the contact does not know if they've received LTBI treatment prior to this evaluation and there is no documentation of prior LTBI treatment</p> <p>Yes: the contact reports (or its documented) receiving some length treatment for LTBI prior to this evaluation or is currently on LTBI treatment for LTBI unrelated to this evaluation</p>
Therapy type (LTBI)	<p>If the contact reports or there is documentation of past or current LTBI treatment, check the therapy type.</p> <p>INH: isoniazid</p> <p>RIF: rifampin</p> <p>If the contact took another therapy, check the last box and write the drug on the following line (e.g. moxifloxacin, levofloxacin, 3HP, etc.)</p>
Year (LTBI)	If the contact reports or there is documentation of past or current LTBI treatment, write the year in which the contact started taking LTBI treatment.
Tx duration (LTBI)	If the contact reports or there is documentation of past LTBI treatment, write the number of months the contact took medication, as this field captures the duration of treatment after treatment stopped. If the contact reports (or its documented) current LTBI treatment, write N/A and check the Current box as described below.
Completed treatment (LTBI)	<p>If the contact reports or there is documentation of a history of LTBI,</p> <p>No: the contact did not complete prior LTBI treatment</p> <p>Yes: the contact completed prior LTBI treatment</p> <p>Current: the contact is currently on treatment for LTBI unrelated to this evaluation and has not completed yet. Make any desired notes in the Notes area at the bottom of the page.</p>
Previous TB disease	No: the contact reports no history of TB disease

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	<p>Unk: the contact does not know if they have a history of TB disease and there is not documentation of prior TB disease</p> <p>Yes: the contact reports a history of TB disease. If the diagnosis took place in the US, verify with the appropriate health department.</p>
State/Country (TB disease)	If the contact reports or there is documentation of a history of TB disease, write the state or country of diagnosis on the following line.
Year (TB disease)	If the contact reports or there is documentation of a history of TB disease, write the year of diagnosis on the following line.
Tx duration (TB disease)	If the contact reports or there is documentation of a history of TB disease, write the number of months the contact took treatment. If the contact reports or there is documentation of current treatment for TB disease, write N/A and check the Current box as described below.
Completed treatment (TB disease)	<p>If the contact reports or there is documentation of a history of TB disease,</p> <p>No: the contact did not complete TB treatment</p> <p>Yes: contact completed treatment for TB disease</p> <p>Current: the contact is currently on treatment for TB disease unrelated to this evaluation and has not completed yet. Make any desired notes in the Notes area at the bottom of the page.</p>
Above history provided by	<p>Patient’s verbal report: patient gives a reliable verbal report of their prior TB testing, treatment and disease and it is not confirmed by documentation or verified by a health official or electronic health system</p> <p>Documentation or verification from screening facility: Documentation was obtained or information was verified by the screening facility or by review of an electronic health system that captures prior TB screening and treatment information for the contact.</p>

Relevant Medical Information

Item	Instructions
Primary provider	Write the name of the contact’s primary care provider on the following line
Primary clinic	Write the name of the contact’s primary care clinic on the following line
Phone	Write the phone number of the contact’s primary care clinic on the following line
Fax	Write the fax number of the contact’s primary care clinic on the following line

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Item	Instructions
<p>Live virus (e.g. MMR, Varicella) or COVID-19 vaccine in last 4 weeks</p> <p>Of note: some years this may include nasal flu spray</p>	<p>No: the contact has not received a live virus or COVID-19 vaccine within the last 4 weeks prior to anticipated or actual TST/IGRA administration/collection</p> <p>Yes: the contact has received a live virus or COVID-19 vaccine within the last 4 weeks of the anticipated or actual TST/IGRA administration/collection date. Write the date the vaccine was administered. Consult CDC guidelines for a live virus vaccine^{2,3} and the MDH guidelines for a COVID-19 vaccine⁴.</p>
<p>Immunocompromised</p>	<p>Immunocompromised is defined as having HIV infection or currently being on TNF-alpha antagonists, an immunosuppressive therapy for post-stem cell solid organ transplant, or moderate or high dose corticosteroid equivalent to daily prednisone > 15 mg for > 1 month.</p> <p>No: the contact is not currently immunocompromised</p> <p>Yes: the contact is currently immunocompromised. Check the appropriate condition or therapy.</p>
<p>Other risk factors</p>	<p>Other risk factors for progression from LTBI to active disease are diabetes mellitus, end stage renal disease/dialysis, tobacco use, chemotherapy, IV drug use, history of gastrectomy or jejunal bypass, malnutrition, and silicosis.</p> <p>No: the contact does not currently have any of the listed risk factors that would lead to faster progression from latent infection to active disease, if infected.</p> <p>Yes: the contact currently has one or more of the listed risk factors that would lead to faster progression from latent infection to active disease, if infected. Check the appropriate risk factor(s).</p>

Initial TB Evaluation

Item	Instructions
<p>TB symptom review date</p>	<p>Write the date the contact was assessed for TB symptoms.</p>
<p>Cough (> 3 weeks), Fever/chills, Weight loss, Hemoptysis, Fatigue, Loss of appetite, Chest pain, Night sweats</p>	<p>For the symptoms listed below the review date, check No if the contact denies the symptoms or there is another explanation (e.g. weight loss for a contact on a diet). Check Yes for symptoms with no other explanation. Write any additional notes or symptoms in the Notes area to the right.</p>
<p>TST</p>	<p>Check this box if a TST was placed as a result of the contact investigation/contact's recent exposure to the index. If checked, complete the section to the right of this box.</p>
<p>Date placed</p>	<p>Write the date the TST was placed.</p>
<p>Date read</p>	<p>Write the date the TST was read.</p>

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Item	Instructions
	If not read, check the corresponding box to indicate the TST was not read or was read outside of the recommended timeframe of 48-72 hours after administration (e.g. read as negative > 72 hours of TST administration).
Induration	Write the measurement of the TST induration in millimeters on the following line. If the measurement is unknown, write UNK.
Result	Check the box corresponding with the interpretation of the induration. Negative: Induration < 5mm Positive: Induration ≥ 5mm
IGRA	Check this box if an IGRA was collected as a result of the contact investigation/contact's recent exposure to the index. If checked, complete the section to the right of box.
Date	Write the date the IGRA was collected on the following line. Check the appropriate IGRA result.

≥ 8-Week Post-Exposure TB Evaluation

Item	Instructions
Relevant Medical Information rev'd	Check this box if the Relevant Medical Information was reviewed again during the post-exposure evaluation. Document any changes from the initial evaluation and follow the screening guidelines ¹ appropriately.

See **Initial TB Evaluation** section above for symptom review and TB test descriptions.

Chest X-Ray & Medical Evaluation

Item	Instructions
CXR date	Write the date the CXR was performed on the following line. Check the appropriate CXR result.
Eval. Date	Write the date of the medical evaluation to rule out active TB disease on the following line.
Active TB disease r/o?	Yes: the medical evaluation and CXR ruled out active TB disease No, CXR and/or eval not done: active TB disease could not be ruled out because either the CXR and/or medical evaluation were indicated but not done No, provider could not rule out: the medical evaluation and CXR did not rule out TB disease

Final Outcome

Item	Instructions
Fully Evaluated	<p>Check this box if the contact is fully evaluated for TB, per guidelines¹. Then check the final outcome of the evaluation.</p> <p>No TB infection or disease: current TB test is negative and active disease is not diagnosed</p> <p>Previous positive TB test or TB disease: contact has documented (or reliable verbal) history of a positive TB test or TB disease and active disease is ruled out in current evaluation for this investigation</p> <p>New LTBI: current TB test is positive and active disease is ruled out. Contact has no reliable history of a prior positive TB test or TB disease.</p> <p>Active TB disease: active disease is diagnosed by lab results or provider as a result of the current evaluation</p>
Not Fully Evaluated	<p>Check this box if the contact is not fully evaluated for TB, per guidelines¹. Then, check the reason why the contact is not fully evaluated, or check the last box and write a different reason. You may use the Notes area to provide the reason.</p> <p>Inadequate locating information: contact was never notified of exposure due to missing/ unconfirmed locating information (phone, address, etc.)</p> <p>Notified, no response: contact was notified by voice mail, letter, etc. but did not respond</p> <p>Refused: contact refused part or all of evaluation</p> <p>Failed appts.: contact failed scheduled appointments</p>

Window-Period Prophylaxis

Item	Instructions
Indicated, not started	Check this box if window-period prophylaxis is recommended by the guidelines ¹ , but was not started. This does not affect whether a contact is fully evaluated.
Start date	<p>Write the date the contact started window-period prophylaxis on the following line. Then check the box corresponding with the treatment:</p> <p>INH: isoniazid</p> <p>RIF: rifampin</p> <p>If the contact takes another therapy, check the last box and write the drug on the following line (e.g. moxifloxacin).</p>
Stop date	Write the date the contact stopped window-period prophylaxis on the following line.
Reason dc'd	Write the reason window-period prophylaxis was discontinued on the following line (e.g. medication side effects, negative post-exposure test, parent refused, etc.).

LTBI Treatment

Item	Instructions
Indicated, not started	Check this box if LTBI treatment is recommended by the guidelines ¹ , but was not started. This does not affect whether a contact is fully evaluated.
Start date	Write the date the contact started LTBI treatment on the following line. Then check the box corresponding with the treatment: INH + RPT: isoniazid and rifapentine (aka 3HP) RIF: rifampin INH: isoniazid If the contact takes another therapy, check the last box and write the drug on the following line (e.g. moxifloxacin).
Stop date	Write the date the contact stopped LTBI treatment on the following line.
Reason dc'd	Write the reason LTBI treatment was discontinued on the following line (e.g. medication side effects, completed treatment, refused, etc.).

¹ Centers for Disease Control and Prevention. Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis: Recommendations from the National Tuberculosis Controllers Association and CDC. MMWR 2005; 54 (No. RR-15, 1-37) <https://www.cdc.gov/tb/publications/guidelines/contactinvestigations.htm>

² Centers for Disease Control and Prevention. Fact Sheets: Tuberculin Skin Testing. <https://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm>. Accessed February 20, 2019.

³ Centers for Disease Control and Prevention. Fact Sheets: Interferon-Gamma Release Assays (IGRAs) – Blood Tests for TB Infection. <https://www.cdc.gov/tb/publications/factsheets/testing/igra.htm>. Accessed February 20, 2019.

⁴ Minnesota Department of Health. Integrating COVID-19 Vaccination with Tuberculosis Testing. <https://www.health.state.mn.us/diseases/tb/rules/cv19tb.pdf>

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To obtain this information in a different format, call: 651-201-5414.