

TB CONTACT: INITIAL

Dates

Date Reported / /

MMWR Year

Linking Numbers (other than Index Case)

Does the patient have any epidemiological linkage? Yes No

Year Reported (YYYY) State Code Locally Assigned Identification Number

Epi-Linked Case Number _____

Epi-Linked Case Number _____

Epi-Linked Case Number _____

Epi-Linked Case Number _____

Reporting Address

Street _____

City _____ State _____ Zip _____

County _____

Chest Radiograph and Other Chest Imaging Studies

Chest Radiograph Performed? Yes No / /

CXR Consistent with TB Not Consistent with TB

Evidence of Cavity Yes No Miliary TB Yes No

Chest CT Performed? Yes No / /

CT Consistent with TB Not Consistent with TB

Evidence of Cavity Yes No Miliary TB Yes No

Other Imaging Performed? Consistent with TB Not Consistent with TB / /

Other Type _____

Evidence of Cavity Yes No Miliary TB Yes No

Other Imaging Performed? Consistent with TB Not Consistent with TB / /

Other Type _____

Evidence of Cavity Yes No Miliary TB Yes No

Demographics

Date of Birth / /

Ethnicity (select one) Hispanic or Latino Not Hispanic or Latino

Race American Indian or Alaskan Native Asian: Specify _____ Black or African American Native Hawaiian or Other Pacific Islander: Specify _____ White

Sex at Birth Male Female
 If Female, Pregnant at Time of Dx? Yes No

Country of Birth _____

Eligible for US citizenship at birth? Yes No

Date of First US Arrival / /

Primary Guardian(s) Country of Birth (if Patient <15 y.o.)
 1) _____
 2) _____

Initial Reason Evaluated

Options are in order; pick first option that matches reason for patient evaluation

- Contact Investigation
- Screening
- TB symptoms
- Other

Contact Evaluation

Last Date Contact Exposed to Potentially Infectious Case / /

Did the contact complete TB evaluation?

Yes No Unknown

Why did the contact not complete TB evaluation?

- Not Located
- Lost to Follow Up
- Patient Refused Testing
- Patient Moved Outside U.S.
- Patient Moved outside AZ (no follow-up received)
- Died
- Other (specify) _____

Previous Disease History

Is the patient a known positive reactor? Yes No Unknown

From Labs & Obs Section

Baseline TST/IGRA Type TST IGRA Not Done

Result Pos Neg Ind

Induration (mm) _____

IGRA Type (specify) _____

Plant/Collection Date / /

Read/Result Date / /

Follow-up TST/IGRA Type TST IGRA Not Done

Result Pos Neg Ind

Induration (mm) _____

IGRA Type (specify) _____

Plant/Collection Date / /

Read/Result Date / /

Information About the Index TB Case:

State Case Number _____

Index Case Name Last First M.I. _____

Year Counted _____

MEDSIS ID _____

Index Case DOB / /



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Risk Factors

Lived outside US (>60 consecutive days) Yes No Unknown

Meets Binational Criteria Yes No Unknown

Resident of Correctional Facility Ever Yes No Unknown

Resident of Corrections at Evaluation Yes No Unknown

Corr. Facility Type _____

ICE Custody Yes No

Injection Drug Use, past 12-mo Yes No Unknown

Non-Injection Drug Use, past 12-mo Yes No Unknown

Heavy Alcohol Use, past 12-mo Yes No Unknown

Identified during Contact Investigation Yes No Unknown

Evaluated during C.I. Yes No Unknown

Homeless Ever Yes No Unknown

Homeless in past 12-mo Yes No Unknown

Long-Term Care Resident at Dx Yes No Unknown

LTC Facility Type _____

Smoking Status Current Every Day Current Some Days Former
 Smoker, Current Unknown Never Unknown

HIV Status Positive Negative Indeterminate
 Not Offered Refused Unknown

State HIV/AIDS Case # _____ Local HIV/AIDS Case # _____

Additional Risk Factors

Diabetes Mellitus Yes No Unknown

TNF- α Antagonist Therapy Yes No Unknown

End-Stage Renal Disease Yes No Unknown

Other Immunocompromise (not HIV/AIDS) Yes No Unknown

Post-Organ Transplant Yes No Unknown

Viral Hep type B or C Yes No Unknown

Coccidioidomycosis (Valley Fever) Yes No Unknown

Other (specify) _____

Occupation

Ever worked as: Health care worker Correctional facility employee Migrant/seasonal worker None of the above Unknown

If patient \geq 14 years of age: **Current Occupation** _____ **Current Industry** _____

If different from above: **Longest Occupation** _____ **Longest Industry** _____

Comments:

End of TB CONTACT: INITIAL