



# TB Contact Investigation Summary

This form should be completed at the end of each contact investigation after all contacts on treatment have completed or discontinued therapy. Please submit form to:

WDH TB Program  
6101 Yellowstone Rd, Ste 510                      or fax to (307)777-5279  
Cheyenne, WY 82002

Today's Date \_\_\_\_\_

Submitted by \_\_\_\_\_

County \_\_\_\_\_

Date case reported \_\_\_\_\_

Case name \_\_\_\_\_ DOB \_\_\_\_\_

1. Case had (check one)     pulmonary TB with positive sputum AFB smear  
                                    pulmonary TB with negative sputum AFB smear  
                                    non-pulmonary TB  
                                    other \_\_\_\_\_
2. Number of contacts identified \_\_\_\_\_.
3. Number of contacts evaluated \_\_\_\_\_ (both TB testing and CXR if applicable).
4. Number of contacts that were diagnosed with active TB disease as a result of this investigation \_\_\_\_\_.
5. Number of contacts that were diagnosed with TB infection (LTBI) as a result of this contact investigation \_\_\_\_\_.  
     a. Number of contacts that started LTBI treatment \_\_\_\_\_.
- b. Number of contact that completed treatment \_\_\_\_\_.
6. For contacts who did not complete treatment:  
     a. Number who died before completing therapy \_\_\_\_\_.
- b. Number who moved before completing therapy \_\_\_\_\_.
- c. Number who developed active disease during treatment \_\_\_\_\_.
- d. Number who stopped treatment due to side effects or adverse reactions \_\_\_\_\_.
- e. Number who chose to stop treatment with no contraindications \_\_\_\_\_.
- f. Number who stopped treatment on provider's advice \_\_\_\_\_.
- g. Number lost to follow-up \_\_\_\_\_.

**Evaluation Indices for Contact Investigation:**

1. Percentage of contacts evaluated \_\_\_\_\_ (WY goal is 95% of contacts to AFB positive smears).
2. Percentage of contacts who were diagnosed with TB infection \_\_\_\_\_.
3. Percentage of TB infected contacts who completed treatment \_\_\_\_\_ (WY goal is 80% of contacts).

Form completed by \_\_\_\_\_ Date \_\_\_\_\_