



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
122 W 25th St., 3rd Floor West 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 _____