

If Not on DOT Explain: Number of Recommended Doses: _____ Number of Doses Taken: _____	
Section 4: Contact Investigation Results	
Genotyped: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, GENType: <i>Indicate GENType (usually begins with the letter G)</i>	
Number of Contacts Identified: <i>Total number of contacts identified</i>	Number of Contacts Evaluated: <i>Total number of contacts that received appropriate screening (window/post window testing) including CXR, sputum collection for AFB testing if appropriate.</i>
Number of Documented Prior Positives: <i>Total number of contacts providing documentation reflecting previously positive TST or IGRA result</i>	
Number of Contacts Infected <u>without</u> TB Disease: <i>Total number of contacts that upon evaluation were asymptomatic, IGRA/TST-positive with a normal CXR</i>	
Number of Contacts Identified as AFB Smear Positive: <i>Total number of contacts that upon evaluation for possible TB disease including collection of sputum for acid fast bacilli testing was found to be smear positive</i>	
Number of Contacts Identified with TB Disease: <i>Total number of contacts that upon evaluation for TB disease including collection of sputum for acid fast bacilli testing was found to be positive for <i>Mycobacterium tuberculosis</i></i>	
Number of Contacts Eligible for Treatment of TB Infection (TBI): <i>Indicate the total number of contacts that upon evaluation was diagnosed with TBI</i>	
Number of Contacts that Started Treatment for TBI: <i>Total number of contacts that were started on treatment for TBI</i>	
Recent Documented Conversions: _____ the total number of contacts identified as converting from a negative TST/IGRA result to a positive TST/IGRA result within two (2) years of testing with IGRA/TST and started treatment for TBI.	
Children ≤ 5 Years: _____ total number of children whose age at the time of the contact investigation was five (5) years of age or under, and upon evaluation were found to be infected with TB and started treatment for TBI	
Known HIV+ Status: _____ total number of contacts with a documented HIV(+) status that were found to be infected with TB and started treatment for TBI	
Number of Contacts Currently on Treatment for TBI: <i>Total number of contacts that at the time of the cohort presentation were still on treatment for TBI</i>	
Number of Contacts that Completed Treatment for TBI: <i>Total number of contacts that before or at the time of the cohort presentation successfully completed treatment for TBI</i>	
Recent Documented Conversions: _____ total number of contacts identified as converting from a negative TST/IGRA result to a positive TST/IGRA result within two (2) years and completed treatment for TBI before or at the time of the cohort presentation	
Children ≤ 5 Years: _____ total number of contacts at or below the age of five (5) that completed treatment for TBI before or at the time of the cohort presentation	
Known HIV+ Status: _____ total number of contacts with a documented HIV(+) status that completed treatment for TBI before or at the time of the cohort presentation	
Number of Contacts that Did Not Complete Treatment for TBI Due To: <i>Enter a number in the appropriate space to identify reasons contacts did not successfully complete treatment for TBI</i>	
_____ Still on Treatment	_____ Adverse Reactions
_____ Moved	_____ Refused
_____ Provider Decision (Unable to Monitor Patient Care)	_____ Died
	_____ Lost
	_____ Other
Percentage of Contacts Infected: (Formula: $\frac{\text{Number of Contacts Infected} - \text{Prior Positives}}{\text{Number Evaluated} - \text{Prior Positives}} \times 100\%$)	