

Cohort Review Date _____ Case Initials _____ PHN: _____

5. Abnormal results of lab tests, follow up cultures, x-rays, other pertinent health data (if applicable):

6. Incentives and enablers used (if applicable):

7. Barriers to successful treatment (if applicable):

8. Contact Investigation Data:

CONTACT EVALUATION DATA:			
1a. Number of Contacts		3. Active TB Disease	
1b. Number of Non-Contacts		4. Latent TB Infection	
2. Number Evaluated		5. Started LTBI Treatment	
TREATMENT COMPLETION DATA:			
6. Number Completing LTBI Treatment			
7. Reasons for Not Completing LTBI Treatment:			
Death		Contact Chose to Stop	
Contact Moved (Follow-up Unknown)		Contact is Lost to Follow-up	
Active TB Developed		Provider Decision	
Adverse Effects of Medicine			

9a. Date contact investigation initiated: _____

9b. Remarks regarding contact investigation (e.g. worksite/school contact investigation, etc)

9c. *If case is a child under 5 years old:* Source identified? _____

9d. *Remarks regarding contacts <5 or immunosuppressed, including:* # contacts, evaluation of, window prophylaxis, use of DOPT _____

Panel notes/comments:

Definitions for Completing the ‘CONTACTS’ Section of Cohort Review Form

1a. **Number of Contacts.** Contacts that met the following criteria:

- i) the local health dept (LHD) believed the person was exposed to TB, warranting an evaluation;
- ii) enough identifying information was available to enable contacting the person.

1b. **Number of Non-Contacts.** “Contacts” that the LHD was compelled to evaluate, even if these individuals were probably not exposed to the index case of TB under investigation. Do not include these individuals in the count below; data about any LTBI treatment can be reported in the Monthly TB Activity Report.

2. **Evaluated.** Count contacts only after the final TST has been read and, if positive, until ATBD has been excluded. DO count contacts with TB disease or LTBI *already diagnosed before the CI* in this category, but do not include these cases in the ATBD/LTBI case count below. If these previously-diagnosed contacts were treated for LTBI, record data on the Monthly TB Activity Report.

3. **TB Disease.** Only include cases *initially discovered* as part of the CI. Do not include: (a) ATBD that developed after LTBI was diagnosed during the CI; (b) old TB cases already treated or spontaneously healed; (c) ATBD discovered coincidentally (not because of the CI).

4. **Latent TB Infection.** Contacts with LTBI diagnosed because of the current CI.

5. **Started LTBI Treatment.** Count contacts with LTBI in this category after the first dose of a planned full treatment course for LTBI is taken. **Window-period treatment:** Do **not** count contacts receiving treatment pending a second TST unless LTBI is finally diagnosed and counted for the report.

6. **Completed LTBI Treatment** The following criteria are required for counting under this category:

- i) the prescribing provider, believing that an adequate regimen had been received, discontinued tx;
- ii) the contact had taken at least 80% of the prescribed doses in the selected regimen;
- iii) the treatment was finished within a period of 150% of the selected duration of therapy.

7. **Reasons LTBI Treatment Not Completed**

Death. Contacts who were receiving treatment on schedule but died before completion of treatment.

Contact Moved (follow-up unknown). Contacts who moved and follow-up information was unavailable.

Active TB Developed. Contacts receiving treatment for LTBI who developed ATBD.

Adverse Effect of Medicine. Contacts who did not complete treatment because of an adverse effect (including drug or drug-food interactions) of the anti-TB medication **if a health care provider documents the problem and determines that the medicine should be discontinued.**

Contact Chose to Stop. Contacts who decided to stop taking their medicine before they had finished their regimen, **and** a health care provider had not determined that the medicine should be discontinued for a medical reason.

Contact is Lost to Follow-up. Contacts whose treatment status at the anticipated end of the treatment regimen was incomplete or indeterminate because the LHD could not locate them to determine a more specific outcome.

Provider Decision. A health care provider determined that the treatment for LTBI should be stopped because of concerns about the benefits, safety, or practicality of treatment, e.g. a contact had such erratic attendance at the clinic that the adequacy and safety of the treatment could not be monitored.