Contact Screening Forms - Procedure

1. **Index Case Risk Assessment Profile Form**
   1.1 This form should be used to:
      - keep in your own clinic for your records, and
      - send to other clinics that have contacts to be screened, for your Index Case.
   1.2 **The Clinic with the Index Case should make sure the form is FULLY completed prior to forwarding the form to other clinics.**
   1.3 **The Clinic receiving the form** should fill in “Date contact information received”.
   1.4 **When culture and sensitivities are known** remember to advise other clinics especially if:
      - the culture is not *M. tuberculosis*; or
      - the culture is resistant to any of the TB drugs.
   1.5 **When Contact Screening is completed ie. after the second screen at 3-4 months:** the clinic returning information to the original clinic, should fill in “Date contact information returned to Chest Clinic coordinating screening activity”.
   1.6 On occasions when only one screen is required – send results as soon as screening is finished.

2. **Exposure Risk Assessment Form for Contacts**
   2.1 This list is ONLY to be used to send the names and details of contacts to chest clinic(s). **It is NOT to be used to return results back to the original clinic.**

3. **Contact Screening Summary Form**
   3.1 This form is used to:
      - summarise Contact Screening Outcomes, for your Index case, and
      - return non identifiable details of contact screening to other clinics.
   3.2 Clinics completing screening for another chest clinic **should complete only the information requested.** Please do not give names, TST or CXR results.
   3.3 **Before returning the Summary Sheet to the Chest clinic coordinating the Contact Screening activity,** fill in the following details:
      - "Date information returned to Chest Clinic coordinating index case management"
      - "Contact person" - the name of the person completing the summary form details
      - "Phone Number" - so the coordinating clinic can contact you if necessary
# TUBERCULOSIS PREVENTION & CONTROL SERVICE (Chest Clinics)

## Index Case Risk Assessment Profile

<table>
<thead>
<tr>
<th>Clinic Registration number: _________________</th>
<th>Age: __________</th>
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<tbody>
<tr>
<td>Date of Notification: _______________________</td>
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### Pulmonary Disease

- **Specimen:**
  - Sputum [ ]
  - Bronchial washings [ ]
- **Smear status:**
  - +++ [ ]
  - ++ [ ]
  - + [ ]
  - Negative [ ]
  - Not done [ ]
- **Culture:**
  - Positive [ ]
  - Negative [ ]
  - Awaiting Result [ ]
- **PCR:**
  - Positive [ ]
  - Negative [ ]
- **Cavitation on CXR:**
  - Yes [ ]
  - No [ ]
  - Not Known [ ]
- **Estimated degree of infectivity:**
  - High [ ]
  - Med [ ]
  - Low [ ]
  - Negligible [ ]

### Extra-pulmonary Disease

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<th>Site(s):</th>
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### Culture Results

- **Sensitive:** INH: RMP: EMB: PZA: OTHERS: 
  - INH: RMP: EMB: PZA: OTHERS: 
- **Resistant:** INH: RMP: EMB: PZA: OTHERS: 
  - INH: RMP: EMB: PZA: OTHERS: 

### Patient medical history relevant to TB risk

|________________________________________________________________________|
|________________________________________________________________________|
|________________________________________________________________________|

| Estimated period of infectivity: ____________ | Treatment start date __/__/____ |

### Response Time

- **Date of diagnosis:** __/__/____
- **Date contact tracing information forwarded to the chest clinic:** __/__/____
- **Date contact information received:** __/__/____
- **Date contact information returned to Chest clinic coordinating screening activity:** __/__/____

### Name of person coordinating index case management:

| ________________________________ |

### Chest Clinic:

| ________________________________ |

### Contact number:

| ________________________________ |

**Please note:** If there are changes in index case drug resistance patterns please advise (in writing) all other clinics undertaking contact assessment and screening.
**TUBERCULOSIS PREVENTION & CONTROL SERVICE (Chest Clinics)**

**Exposure Risk Assessment Form for Contacts**

Complete and return TB Contact Screening Summary Form only - Do not return this form to coordinating chest clinic

*Please PRINT information clearly on this form*

<table>
<thead>
<tr>
<th>Name</th>
<th>Address and phone number</th>
<th>DOB</th>
<th>Sex</th>
<th>Relationship to index case</th>
<th>Risk category H/M/L/ negligible</th>
<th>Date of last contact</th>
<th>Chest Clinic referred To</th>
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**Revised:** August 2003

**Review:** August 2006
TUBERCULOSIS PREVENTION & CONTROL SERVICE (Chest Clinics)

Tuberculosis Contact Screening Summary

Index Case Number: __________________________________________________________

Clinic Coordinating Contact Action: __________________________________________

High Risk Contacts

1. Number high-risk contacts: _______________________________________________
2. Number TST positive persons at initial screen*: _____________________________
3. Number TST positive contacts vaccinated in the past 10 years: _______________
4. Number TST conversions: _______________________________________________
5. Number contacts with active TB: ___________________________________________
6. Number of Persons who did not complete or attend for assessment/screening: _______

If screening is extended to other groups please provide information relating to:

Medium Risk Contacts

1. Number medium risk contacts: _____________________________________________
2. Number TST positive persons at initial screen*: _____________________________
3. Number TST positive contacts vaccinated in the past 10 years: _______________
4. Number TST conversions: _______________________________________________
5. Number contacts with active TB: ___________________________________________
6. Number of Persons who did not complete or attend for assessment/screening: _______

Low Risk Contacts

1. Number low risk contacts: ________________________________________________
2. Number TST positive persons at initial screen*: _____________________________
3. Number TST positive contacts vaccinated in the past 10 years: _______________
4. Number TST conversions: _______________________________________________
5. Number contacts with active TB: ___________________________________________
6. Number of Persons who did not complete or attend for assessment/screening: _______

Date information returned to Chest Clinic coordinating
Index Case management: ______/_____/____

Contact Person: ___________________________________________________________

Phone Number: ___________________________________________________________

• Excluding persons who are TST positive who have been BCG vaccinated in the past 10 years

Return this COMPLETED form to the Chest Clinic / person coordinating the contact screening activity