

New Jersey Department of Health and Senior Services
TB Program

Instructions for Completing the
RECORD OF CONTACT INTERVIEW (TB-41)

PURPOSE:

To provide a form to document the examination of individuals identified as contacts of a new case/suspect of tuberculosis.

OFFICE MECHANICS AND FILING:

This form is completed and kept current by local and state TB personnel as the examinations are completed. The form must be submitted to NJDHSS TB program within the established timeframes.

EXPLANATIONS AND DEFINITIONS:

This form will be used by county, district, and state TB personnel to summarize the results of contact examinations during the epidemiological investigation of cases/suspects of tuberculosis. Contact examinations may consist of tuberculin skin testing (TST) or QuantiFERON (QFT), chest x-ray, review of signs and symptoms, medical evaluation and initiation of treatment for latent tuberculosis infection (LTBI), if indicated.

Tuberculin skin test = TST
QuantiFERON = QFT

ITEM-BY-ITEM INSTRUCTIONS:

PLEASE PRINT OR TYPE ALL INFORMATION

Record of Contact Interview: Enter an (X) to indicate:

Initial: - Due in the Trenton office within thirty (30) days after the submission of the TB-70.

When submitted must include: listing of all contacts with identifying and locating info, the initial testing results (TST or QFT) date and results, chest x-ray date and results and any starting dates of treatment for LTBI, along with the medications codes (indicated at the bottom of the TB-41).

Interim: - Due in the Trenton office within three (3) months after the submission of the TB-70.

When submitted must include: listing of all contacts with identifying and locating info, both the initial and second testing (TST or QFT) date and results, chest x-ray dates and results and any starting dates of treatment for LTBI, along with the medications codes (indicated at the bottom of the TB-41).

Final: - Due in the Trenton office within (1) year from the initiation of treatment of contacts for LTBI.

When submitted must be complete with all contacts final dispositions indicated: treatment completion dates or codes for incomplete treatment

No contacts Identified:

Check this box when an interview and reinterview have been completed and no contacts have been identified. Also check "Final" to indicate that this is the "Final" TB-41.

Interview not done:

Check this box if an interview was not done and then write in the "contact information" area why the interview was not done and submit it as the "Final" TB-41.

TB-70 #: Enter the patient identification number of the case/suspect assigned on the TB-70 form.

Date Reported: Enter the date the case/suspect was reported on the initial TB-70

Name: Enter the name (Last, First, Middle initial) of the case/suspect of tuberculosis.

Street Address: Enter the street address of the index case/suspect.

City: Enter city in which the index case/suspect resides.

County: Enter County in which the index case/suspect resides.

Instructions for Completing the RECORD OF CONTACT INTERVIEW (TB-41)

Zip Code: Enter zip code in which the index case/suspect resides.

Date of Birth: Enter the date of birth of the index case/suspect.

Telephone Number: Enter the phone number of the index case/suspect.

Name of Employer/School/Congregate Setting: Enter the name of the employer, school or congregate setting that was identified as part of the investigation.

Address: Enter the address of the employer, school or congregate setting that was identified as part of the investigation.

Telephone Number of Employer/School/Congregate Setting: Enter the telephone number of the employer, school or congregate setting which was identified as part of the investigation.

Occupation: Enter the occupation of the index case/suspect.

Date of Interview: Enter the date that the TB case/suspect was interviewed.

Date of Reinterview: Enter the date that the reinterview was completed.

Infectious Period: Document the start and end points of the investigation and probable transmission period. Refer to the "Practice Standards for Contact and Source Case Investigations" for definitions. If the end of the infectious period is pending due to the infectiousness of the patient, indicate that in this area when submitting the form to the state and revise as appropriate.

Reason for Interview: Enter an (X) to indicate the reason for the interview (case, suspect, child less than 5 years old).

Contact Information:

Enter the contact's name (last, first, middle initial), address, and telephone number in the box.

Nature of the contact: Enter the nature of contact using codes 1-8. Codes may be found at the bottom of the form. Multiple codes may be used. This includes all contacts identified **within the infectious period** in the:

1. **Household:** includes all family and non-family members residing in the household
2. **Worksite:** contacts identified at the work place
3. **School:** all contacts identified at the pre-school/day care, school, college or university setting
4. **Jail / Prison:** all contacts identified in the jail or prison that the patient resided in during the infectious period
5. **Health Care Facility:** all contacts identified in a hospital, nursing home or other health care facility
6. **Social:** all contacts identified in social settings- including friends, leisure and recreational activities
7. **Shelters:** all contacts identified in homeless shelters
8. **Others:** those contacts that do not fall into one of the above categories. Please specify in the "remarks" area

DOB and/or Age: Enter contact's date of birth. Contact's age (or approximate age) may be entered if date of birth is unknown.

Sex: Enter an (X) to indicate the sex of the contact.
M = Male
F = Female

Foreign Born: Enter an (X) to indicate if the contact is foreign-born
Y=Yes
N=No

Instructions for Completing the RECORD OF CONTACT INTERVIEW (TB-41)

Last Exposure: Enter the date of the contact's last exposure to the case during the infectious period (i.e., the point in time where the case and contact cease to share air in an environment conducive to transmission or when the index case is no longer infectious).

Examination Results

TST or QFT Date Done/Results: Enter the date the initial TST was administered with reading in millimeters (mm) or the QFT test date and results as "+" (positive) or "-" (negative). If the contact has a documented positive TST or QFT prior to this investigation indicate by writing "Prev + TST or QFT" in this section. This must be a documented positive, not just via patient history. If the contact does not receive an x-ray, indicate the date the symptom assessment was done by writing the date and "sx none" in the remarks section. A symptom assessment **must** be completed on all previously positive TST and QFT contacts.

TST or QFT Date Done/Results: Enter the date and results of the repeat TST (must be recorded in mm) or the QFT test date and results (recorded as "+" or "-").

Chest X-Ray Date/Results: Enter the date of the initial chest x-ray and the results:
N=Normal Abn= Abnormal

Therapy Date/Meds (K-P): Enter the date the patient started treatment and enter the prescribed medication regimen, using codes K-P defined at the bottom of the TB-41.

Completed Rx Date or Incomplete Code A-G: Enter the date that the patient completed therapy for LTBI or enter the appropriate code. A-G at the bottom of the TB-41 indicating why the therapy was not completed.

- A. **Death** – use if the patient died after therapy was started.
- B. **Moved and records referred-** this is for out of state/country contacts only. Records with complete addresses must be sent to NJDHSS TB Program for follow-up.

Please note: The initiating county is responsible for the final disposition of all contacts that move within the state.

- C. **Active TB-** patient develops and is being treated for active TB and is no longer being treated for LTBI.
- D. **Adverse effects-** therapy is stopped due to adverse reactions from the medications.
- E. **Refused-** use this code **only** when the patient started therapy and then stopped against medical advice.
- F. **Lost-** patient is lost to follow-up. This includes those patients that have moved without any locating information.
- G. **Provider decision-** the medical provider has stopped all medications.

Remarks: Enter additional information such as: when the patient refuses treatment for LTBI, the patient dies prior to starting treatment, date of symptom history on those contacts that have had a previous significant TST or + QFT, physician name and phone number who is testing contact(s) and date referred to health officer for follow-up.

Name and Title of Interviewer: Enter the name and title of the person interviewing the TB case/suspect.

Signature: The interviewer will sign the form before each submission.

Date Submitted: Enter the date the TB-41 is submitted to the NJDHSS TB Program.

Agency Name: Enter the agency name responsible for the interview.

Agency Telephone Number: Enter the agency telephone number responsible for the interview.

Reviewed by NJDHSS (Initials and Date): The NJDHSS designee will initial and date the TB-41 after each review.