

Tuberculosis and Hansen's Disease Branch Cohort Review Presentation Form

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:		
Number of Contacts Identified:	Number of Contacts Evaluated:	
Number of Documented Prior Positives:		
Number of Infected Contacts <u>without</u> Disease:		
Number of Contacts Identified as AFB Smear Positive:		
Number of Contacts Identified with TB Disease:		
Number of Contacts Eligible for Treatment of TB Infection (TBI):		
Number of Contacts that Started Treatment for TBI:		
Recent Documented Conversions:	Children ≤ 5 Years:	
Known HIV+ Status:		
Number of Contacts Currently on Treatment for TBI:		
Number of Contacts that Completed Treatment for TBI:		
Recent Documented Conversions:	Children ≤ 5 Years:	
Known HIV+ Status:		
Number of Contacts that Did Not Complete Treatment for TBI Due to:		
_____ Still on Treatment	_____ Adverse Reactions	_____ Died
_____ Moved	_____ Refused	_____ Lost
_____ Provider Decision (Unable to Monitor Patient Care)	_____ Other	
Percentage of Contacts Infected:		
(Formula: $\frac{\text{Number of Contacts Infected} - \text{Prior Positives}}{\text{Number Evaluated} - \text{Prior Positives}} \times 100\%$)		