



Aggregate Reports for Tuberculosis Program Evaluation: Follow-up and Treatment for Contacts to Tuberculosis Cases Preliminary Report

Reporting Area: _____

Submitted By: _____

Cohort: _____

Telephone: _____

E-mail: _____

Total TB Cases Reported: _____

Date Submitted: _____

Part I. Cases and Contacts

Types of Cases for Investigation:

	Smear (+)	Smear (-), culture or NAAT (+)	Other Pulmonary
Cases for Investigation.....	(a1)	(a2)	(a)
Cases with No Contacts.....	(b1)	(b2)	(b)
Number of Contacts.....	(c1)	(c2)	(c)
Evaluated.....	(d1)	(d2)	(d)
TB Disease.....	(e1)	(e2)	(e)
Latent TB Infection.....	(f1)	(f2)	(f)
Started Treatment.....	(g1)	(g2)	(g)
Completed Treatment.....			

Reasons Treatment Not Completed:

Death.....			
Contact Moved (follow-up unknown).....			
Active TB Developed.....			
Adverse Effect of Medicine.....			
Contact Chose to Stop.....			
Contact is Lost to Follow-up.....			
Provider Decision.....			
Still on Treatment.....			

Part II. Evaluation Indices

No-Contacts Rate.....	(b1 ÷ a1), %	(b2 ÷ a2), %	(b ÷ a), %
Contacts Per Case.....	(c1 ÷ a1)	(c2 ÷ a2)	(c ÷ a)
Evaluation Rate.....	(d1 ÷ c1), %	(d2 ÷ c2), %	(d ÷ c), %
Disease Rate.....	(e1 ÷ d1), %	(e2 ÷ d2), %	(e ÷ d), %
Latent Infection Rate.....	(f1 ÷ d1), %	(f2 ÷ d2), %	(f ÷ d), %
Treatment Rate.....	(g1 ÷ f1), %	(g2 ÷ f2), %	(g ÷ f), %
Completion Rate.....	(h1 ÷ g1), %	(h2 ÷ g2), %	(h ÷ g), %



Aggregate Reports for Tuberculosis Program Evaluation: Follow-up and Treatment for Contacts to Tuberculosis Cases Final Report

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Cohort: _____

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Date Submitted: _____

Part I. Cases and Contacts

Types of Cases for Investigation:

	Smear (+)	Smear (-), culture or NAAT (+)	Other Pulmonary
Cases for Investigation.....	(a1)	(a2)	(a)
Cases with No Contacts.....	(b1)	(b2)	(b)
Number of Contacts.....	(c1)	(c2)	(c)
Evaluated.....	(d1)	(d2)	(d)
TB Disease.....	(e1)	(e2)	(e)
Latent TB Infection.....	(f1)	(f2)	(f)
Started Treatment.....	(g1)	(g2)	(g)
Completed Treatment.....	(h1)	(h2)	(h)

Reasons Treatment Not Completed:

Death.....			
Contact Moved (follow-up unknown).....			
Active TB Developed.....			
Adverse Effect of Medicine.....			
Contact Chose to Stop.....			
Contact is Lost to Follow-up.....			
Provider Decision.....			
Still on Treatment.....			

Part II. Evaluation Indices

No-Contacts Rate.....	(b1 ÷ a1), %	(b2 ÷ a2), %	(b ÷ a), %
Contacts Per Case.....	(c1 ÷ a1)	(c2 ÷ a2)	(c ÷ a)
Evaluation Rate.....	(d1 ÷ c1), %	(d2 ÷ c2), %	(d ÷ c), %
Disease Rate.....	(e1 ÷ d1), %	(e2 ÷ d2), %	(e ÷ d), %
Latent Infection Rate.....	(f1 ÷ d1), %	(f2 ÷ d2), %	(f ÷ d), %
Treatment Rate.....	(g1 ÷ f1), %	(g2 ÷ f2), %	(g ÷ f), %
Completion Rate.....	(h1 ÷ g1), %	(h2 ÷ g2), %	(h ÷ g), %