

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

Reporting Area: \_\_\_\_\_

Cohort Year: 2008

Closure Date for Follow-up: (August 15 of the first year after the cohort year)

Total TB Cases Reported: \_\_\_\_\_

**Part 1. Cases and Contacts**

	Types of Cases for Investigation	
	Sputum smear +	Sputum smear - cult. +
Cases for Investigation.....	(a1)	(a2)
Cases with No Contacts.....	(b1)	(b2)
Number of Contacts.....	(c1)	(c2)
Evaluated.....	(d1)	(d2)
TB Disease.....	(e1)	(e2)
Latent TB Infection.....	(f1)	(f2)
Started Treatment.....	(g1)	(g2)
Completed Treatment.....	(h1)	(h2)

**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.....		

**Part II: Evaluation Indices**

No-Contacts Rate.....	#DIV/0!	(b1/a1), %	#DIV/0!	(b2/a2), %
Contacts Per Case.....	#DIV/0!	(c1/a1)	#DIV/0!	(c2/a2)
Evaluation Rate.....	#DIV/0!	(d1/c1), %	#DIV/0!	(d2/c2), %
Disease Rate.....	#DIV/0!	(e1/d1), %	#DIV/0!	(e2/d2), %
Latent Infection Rate.....	#DIV/0!	(f1/d1), %	#DIV/0!	(f2/d2), %
Treatment Rate.....	#DIV/0!	(g1/f1), %	#DIV/0!	(g2/f2), %
Completion Rate.....	#DIV/0!	(h1/g1), %	#DIV/0!	(h2/g2), %

Public reporting burden for this collection of information is estimated to average 3 hours per manual response by data clerks; 30 minutes per manual response by program managers; 3 response by data clerks and program managers, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and complete reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ASTDR Information Collector

1600 Clifton Road, MS-D-24 Atlanta, GA 30333, ATTN: PRA (0920-0457). Do not send the completed form to this address.

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Form Approved

OMB No. 0920-0457

Exp. Date 09/30/2013

\_\_\_\_\_  
\_\_\_\_\_

**Others**

\_\_\_\_\_  
\_\_\_\_\_

(c )

(d)

(e)

(f)

(g)

(h)

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#DIV/0! (d/c), %

#DIV/0! (e/d), %

#DIV/0! (f/d), %

#DIV/0! (g/f), %

#DIV/0! (h/g), %

30 minutes per electronic  
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1 Review Office,

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