

Letter and questionnaire for patients exposed to tuberculosis

Dear recipient,

According to information we have received, you may have been exposed to tuberculosis. Please contact your local healthcare unit and book an appointment for an interview (see contact information below). **Before you do so, fill in the enclosed questionnaire.** You will be directed to the necessary examinations after the interview.

However, if you already experience symptoms indicative of tuberculosis (prolonged cough lasting more than 3 weeks, coughing up blood, coughing up phlegm, fever, tiredness, night sweats, or weight loss), or an illness or medication that weakens the immune system (see enclosed questionnaire), please contact the unit that sent this letter as soon as possible.

Tuberculosis transmits through the air but only about a third of exposed people are infected. Of the infected, only a small portion will have an active infection later in their life. People who live in the same household have the highest risk of contracting the disease. Also other people who have had repeated contact with the infected may be at risk of infection. The risk of infection is affected by, for example, the person's immune system and age. Children under the age of five, teenagers, and young adults are at the highest risk of infection.

Contact tracing of a person who has been infected with tuberculosis is carried out according to the Infectious Diseases Act, and all your information will be handled with confidentiality. Examinations in the health center are free of charge for you.

Date ____ / ____ / _____

Yours truly (please contact the following phone number and unit):

Questionnaire for patients exposed to tuberculosis

Basic information

Name: _____ Personal identity code: _____

Address: _____

Tel: _____ Spoken languages, if other than Finnish/Swedish: _____

Name and telephone number of a contact person, if any: _____

Country of birth: _____ If other than Finland, date when moved to Finland: ____ / ____ / _____

Profession/student and place of work/study: _____

Substance dependence: Alcohol Drugs , which drugs: _____

Pregnant: Yes No

Due date: ____ / ____ / _____

General Health Information

Do you have any of the following illnesses or medications?

Chronic kidney disease that requires dialysis Yes No

Organ transplant, or stem cell transplant Yes No
Which transplant, when: _____

HIV, and when HIV medication was started: _____ Yes No

Cytostatic treatment currently in use (e.g. for cancer, rheumatic disease) Yes No
Which disease and medicine: _____

A disease for which you use TNF inhibitors or other biological medicines Yes No
Which disease and medicine: _____

A disease for which you use cortisone tablet treatment (over 20 mg/day) Yes No
Which disease: _____

Silicosis, also known as mason's disease or miner's asthma Yes No

Symptoms of tuberculosis

Have you experienced any of the following symptoms in the past 3 months?

Cough lasting over 3 weeks Yes No

Coughing up phlegm Yes No

Coughing up blood Yes No

Shortness of breath on exertion Yes No

Unusual tiredness Yes No

Loss of appetite Yes No

Abnormal weight loss Yes No

Night sweats Yes No

Unexplained rises in body temperature or fever Yes No

Other symptoms, please specify: _____ Yes No

Have you had tuberculosis before: Yes No

When: _____ In which organ: _____

Medicine used to treat it: _____

Have you been exposed to tuberculosis before: Yes No

When: _____ Where: _____

Date: ____ / ____ / _____ Signature: _____