***[Replace this text with your organization's identifier.]***

## School Contact Investigation Decision TREE\*

NO

O

NOO

NO TO ALL

YES TO ANY

Proceed with Testing of high risk and high PRIORITY SCHOOL Contacts

**Are any students, volunteers or staff at school site…**

Likely to have had more than 8 hours total shared air

Likely to be HIV+ or immune compromised?

Likely to be 5 years of age or less?

YES

Was index case present at school during infectious period?

YES

YES

YES

YES

YES

NOO

**NO FURTHER ACTION NECESSARY**

NOO

NOO

**Is index case symptomatic with cough?**

**Is cavitary disease present?**

**Is index case smear positive?**

Active TB confirmed through NAAT or culture

**Is there documented transmission with household/close contacts?**