

**Cohort Review Form for Active TB Patients in West Virginia**

**PLEASE FILL OUT THIS FORM COMPLETELY DO NOT LEAVE ANY SECTION BLANK**

Date of Cohort Review \_\_\_\_\_

Patients Initials \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Ethnicity \_\_\_\_\_ Birth Country \_\_\_\_\_ Year arrived in U.S. \_\_\_\_\_

Date LHD was notified \_\_\_\_\_ Referral source name \_\_\_\_\_

**Risk Factors:**

<input type="checkbox"/> No risk factors	<input type="checkbox"/> Contact of active case	<input type="checkbox"/> Organ transplant
<input type="checkbox"/> Foreign Born	<input type="checkbox"/> Homeless	<input type="checkbox"/> Alcohol use
<input type="checkbox"/> Immunocompromised	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Drug use
<input type="checkbox"/> Incomplete LTBI tx	<input type="checkbox"/> Renal disease	<input type="checkbox"/> On TNF inhibitor
<input type="checkbox"/> Been incarcerated	<input type="checkbox"/> Other: _____	

TB screening test type \_\_\_\_\_ Date of test \_\_\_\_\_ Result of TB test \_\_\_\_\_

If more than one TB screening test was done list other test here with type, date and result:

\_\_\_\_\_

Initial CXR date \_\_\_\_\_ CXR result \_\_\_\_\_ Cavitory (Y/N) \_\_\_\_\_

If done CT date \_\_\_\_\_ CT result \_\_\_\_\_ Cavitory (Y/N) \_\_\_\_\_

HIV testing was done (Y/N) \_\_\_\_\_ If done result of test \_\_\_\_\_

**TB Case:**

<input type="checkbox"/> Pulmonary	<input type="checkbox"/> Extra Pulmonary Site _____
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**Case was:**

<input type="checkbox"/> Culture confirmed	<input type="checkbox"/> Other lab test confirmed Test type: _____	<input type="checkbox"/> Clinically confirmed	<input type="checkbox"/> Provider diagnosed
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**Specimen testing:**

Specimen Type	Date collected	Smear result	NAAT result	Culture result
<input type="checkbox"/> Sputum	_____	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive	<input type="checkbox"/> Positive
<input type="checkbox"/> Bronch		<input type="checkbox"/> Negative	<input type="checkbox"/> Negative	<input type="checkbox"/> Negative
<input type="checkbox"/> Tissue		If positive + _____ Conversion date: _____	<input type="checkbox"/> Not done	Conversion date: _____

Sensitivity test result date \_\_\_\_\_ Result of sensitivity test \_\_\_\_\_

Genotype test result date \_\_\_\_\_ Cluster Identified (Y/N) \_\_\_\_\_

**Initial Treatment information:**

*It is not necessary to include when the standard regimen is switched from 4 drugs to 2 drugs or when it is switched from daily to intermittent this is part of the standard regimen, unless the switch was due to an adverse drug event.*

Type of Regimen	Date started	Date stopped	Reason stopped
<input type="checkbox"/> Standard regimen INH, Rifampin, PZA and Ethambutol			
<input type="checkbox"/> Altered regimen			

Was the regimen ever held (Y/N) \_\_\_\_\_ Reason why \_\_\_\_\_

Was the regimen ever changed (Y/N) \_\_\_\_\_ Reason why \_\_\_\_\_

How many times was the regimen altered: \_\_\_\_\_

Total number of doses for the entire treatment period given to the patient \_\_\_\_\_

Did patient die related to TB? (Y/N) \_\_\_\_\_ Date of death \_\_\_\_\_

**Contacts:**

Total number of contacts identified	
Number of contacts under 18 years old	
Number of contacts evaluated by a physician	
Number of contacts that were tested	
Number of contacts that refused testing	
Number of contacts that had to be tested a second time 8 weeks past exposure date	
Number of contacts that were positive	
Number of contacts that were negative	
Number of contacts that converted from negative to positive	
Number of contacts that had known past positive tests	
Number of followed with serial CXR's	
Number of contacts diagnosed with active TB disease	
Number of contacts diagnosed with LTBI	
Number of contacts started on LTBI treatment	
Number of contacts that finished LTBI treatment	
Number of contacts that treatment was stopped by a doctor	
Number of contacts that quit taking the medication on their own	
Number of contacts still on LTBI treatment	
Number of contacts that were offered LTBI treatment but refused	
Number of contacts with known HIV	
Number of contacts tested for HIV	
Number of contacts lost to follow up	

\_\_\_\_\_ **Please check mark here if you would like an in person or video meeting with the WV DTBE to discuss any issues.**