

Demographic Information

Name: _____ Phone #: _____ Date of Birth: _____ Age: _____
 Address: _____ City: _____ Zip: _____ County: _____
 State: _____ Country you live in at diagnosis: _____ Lives within city limits(Y/N/U): _____
 Current Sex(M/F/U): _____ Sex at Birth(M/F/U): _____ Pregnant(Y/N/U/n/a): _____
 Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____ Unknown _____
 Race: American/Alaskan Native _____ Asian _____ Black or African American _____
 Native Hawaiian/Pacific Islander _____ White _____ Refused to answer _____
 Not asked _____ Unknown _____ Other _____ (specify) _____

Administrative Information

Date Reported: _____ TB State Case Number: _____
 Case already counted by another reporting area (Y/N/U) _____ Country of verified case _____

Initial Evaluation

Country of Birth: _____ Date arrived in U.S. (Month/Year): _____
 Eligible for U.S. citizenship or nationality at birth (Y/N/U) _____
 If the patient is <15 years old, country of birth for biological parents (specify):
 Mother _____ Father _____
 Country of usual residence: _____ If not the U.S. has case been in U.S. for >90days(Y/N/U) _____
 Status at diagnosis: Alive _____ Dead _____ If dead, Date of Death _____ Was TB the cause(Y/N/U) _____
 Initial Reason for evaluation for TB: Contact investigation _____ TB symptoms _____ Screening _____
 Unknown _____ Other(specify) _____
 Ever worked as - Correctional Facility Employee / Healthcare worker / Migrant or seasonal worker
 No _____ Yes _____ If yes which one? _____ Unknown _____
 Occupation: _____ Industry: _____

Risk Factors

Diabetic at diagnosis(Y/N/U) _____
 Homeless within past 12 months (Y/N/U): _____ Ever been Homeless (Y/N/U): _____
 Ever been a resident in a correctional facility(Y/N/U) _____ If yes, type of facility: _____
 Ever been a resident in a congregate LTC facility(Y/N/U) _____ If yes, type of facility: _____
 Ever inject drugs(Y/N/U) _____ Ever use noninjecting drugs(Y/N/U) _____ Ever use alcohol heavily(Y/N/U) _____
 On TNF antagonist therapy(Y/N/U) _____ Have viral hepatitis(Y/N/U) _____
 Had a transplant(Y/N/U) _____ If yes, what type: _____
 End stage renal disease(Y/N/U) _____ Other immunocompromised condition **other than HIV**(Y/N/U) _____
 Have other risk factors(Y/N/U) _____ If other specify: _____
 Patient has lived outside the U.S. for >2 months (Y/N/U): _____ (specify) _____

West Virginia Department of Health – WV TB Elimination Program (WV TBEP)
Report of Confirmed or Suspected Active Tuberculosis Disease

Current smoking status: Current everyday smoker _____ Current someday smoker _____
Former smoker _____ Never smoker _____
Smoker, current status unknown _____ Unknown _____
Other _____ (specify) _____

Diagnostic Testing

HIV Status: Positive _____ Negative _____ Indeterminate _____ Not done _____ Not offered _____
Refused _____ Unknown _____ Test done, results unknown _____

Collection date: _____ Date Reported: _____

Tuberculin Skin Test:

Positive _____ Negative _____ Indeterminate _____ Not done _____ Not offered _____

Refused _____ Unknown _____ Test done, results unknown _____

Collection date: _____ Date Reported: _____ MM of induration _____

Interferon Gamma Release Assay (IGRA) for Mycobacterium tuberculosis:

Positive _____ Negative _____ Indeterminate _____ Not done _____ Not offered _____

Refused _____ Unknown _____ Test done, results unknown _____

Type of IGRA: Tspot _____ QFT _____ Unknown _____ Other specify _____

Collection date: _____ Date Reported: _____

Sputum Smear: Positive _____ Negative _____ Indeterminate _____ Not done _____ Not offered _____

Refused _____ Unknown _____ Test done, results unknown _____

Collection date: _____ Date Reported: _____

Sputum Culture: Positive _____ Negative _____ Indeterminate _____ Not done _____ Not offered _____

Refused _____ Unknown _____ Test done, results unknown _____

Collection date: _____ Date Reported: _____

Smear/Pathology/Cytology of Tissue or Other bodily fluids:

Positive _____ Negative _____ Indeterminate _____ Not done _____ Not offered _____

Refused _____ Unknown _____ Test done, results unknown _____

Collection date: _____ Date Reported: _____ Specimen source: _____

Culture of tissue or other body fluids:

Positive _____ Negative _____ Indeterminate _____ Not done _____ Not offered _____

Refused _____ Unknown _____ Test done, results unknown _____

Collection date: _____ Date Reported: _____ Specimen source: _____

Nucleic Acid Amplification test results:

Positive _____ Negative _____ Indeterminate _____ Not done _____ Not offered _____

Refused _____ Unknown _____ Test done, results unknown _____

Collection date: _____ Date Reported: _____ Specimen source: _____

Other test: Test type _____

Positive _____ Negative _____ Indeterminate _____ Not done _____ Not offered _____

Refused _____ Unknown _____ Test done, results unknown _____

Collection date: _____ Date Reported: _____ Specimen source: _____

Chest Radiograph and Other Chest Imaging Results

Initial Chest x-ray:

Consistent with TB _____ Not consistent with TB _____ Not done _____ Unknown _____

X-ray date: _____ Evidence of Cavity(Y/N/U): _____ Evidence of miliary TB(Y/N/U): _____

Initial Chest CT:

Consistent with TB _____ Not consistent with TB _____ Not done _____ Unknown _____

CT date: _____ Evidence of Cavity(Y/N/U): _____ Evidence of miliary TB(Y/N/U): _____

Other Imaging results: Test type: _____

Consistent with TB _____ Not consistent with TB _____ Not done _____ Unknown _____

Test date: _____ Evidence of Cavity(Y/N/U): _____ Evidence of miliary TB(Y/N/U): _____

Epidemiologic Investigation

Case meets Binational reporting requirements(Y/N/U): _____

Which criteria were met (check all that apply):

Exposure to suspected product from Canada or Mexico _____

Has case contacts in or from Mexico or Canada _____

Resident of Canada or Mexico _____

Potentially exposed while in Mexico or Canada _____

Potentially exposed by a resident of Mexico or Canada _____

Other situations that may require binational notification or coordination of response _____

Case identified during the contact investigation of another case(Y/N/U) _____

If yes, were they evaluated for TB during the contact investigation(Y/N/U) _____

Was a new contact investigation conducted for this case(Y/N/U) _____

Names of TB patients linked to this case: _____

Clinical History and Findings

Previous Dx of TB disease: No _____ Yes _____ If yes, when _____

Previous Dx of LTBI: No _____ Yes _____ If yes, when _____

Date of illness onset: _____

Primary site of TB disease (please specify location): _____

Secondary site is there was one: _____

Initial Drug Regimen

Date therapy was started: _____

If initial drug regiment was not **RIPE** (rifampin, isoniazid, pyrazinamide, and ethambutol) why not:

Drug contraindication/interaction _____ Drug susceptibilty testing results already known _____

Suspected drug resistance _____ Drug shortage _____ Unknown _____

Other, specify _____

West Virginia Department of Health – WV TB Elimination Program (WV TBEP)
Report of Confirmed or Suspected Active Tuberculosis Disease

Initial Drug Regimen: (select one option for each drug)

Medication	Dose	Date started	If not started why? Answer for Rifampin, INH, PZA and Ethambutol Only.
Isoniazid (INH)			
Rifampin			
Pyrazinamide (PZA)			
Ethambutol			
Streptomycin			
Rifabutin			
Rifapentine			
Ethionamide			
Amikacin			
Kanamycin			
Capreomycin			
Ciprofloxacin			
Levofloxacin			
Ofloxacin			
Moxifloxacin			
Other Quinolones			
Cycloserine			
Para-Aminosalicylic Acid			
Linezolid			
Bedaquiline			
Delamanid			
Clofazimine			
Pretomanid			
Other, specify			

Genotyping and Drug Susceptibility Testing (Phenotypic)

Was isolate submitted for Genotyping(Y/N/U): _____ If yes, accession number: _____

Was Phenotypic/Growth-Based Drug susceptibility testing done(Y/N/U): _____

Was Genotypic or Molecular Drug Susceptibility testing done(Y/N/U): _____

If yes, please obtain a copy of the lab and send to WV TBEP.

Was the case treated as an MDR TB Case regardless of DST Results(Y/N/U): _____

Reported by: _____

Date: _____

Phone number: _____