

Latent Tuberculosis Infection

1. PATIENT DEMOGRAPHICS

Name (last, first): _____
 Address: _____
 City/State/Zip: _____
 Birth date: __/__/____ Age: _____
 Country of Birth: U.S. Born Other - List country of birth _____
If born outside the U.S., provide year he/she came to U.S. _____

Gender: Male Female Unk
 Ethnicity: Not Hispanic or Latino
 Hispanic or Latino Unk
 Race: White Black/Afr. Amer.
 Asian Am. Ind/AK Native
 Native HI/Other PI
 Other Unk

2. REPORTING INFORMATION

Local Health Department (Jurisdiction): _____
 Investigator : _____ Investigator phone: _____
 Earliest date reported to LHD: __/__/____
 Earliest date reported to State: __/__/____
 Reporting facility: _____

Case Classification:
 Confirmed Suspect
 Not a case

3. PATIENT HISTORY

History of Active TB? : No Yes
If yes, Year of previous TB diagnosis : _____
 RVCT case# for previous TB case: _____
 Previous active TB treatment status: Complete
 Incomplete
 No previous treatment
 Unknown

Ever Diagnosed with Latent TB Infection? : No Yes
If yes, Year of previous LTBI diagnosis : _____
 Previous LTBI treatment status: Complete
 Incomplete
 No previous treatment
 Unknown

Ever lived outside of the U.S. for more than 2 months? No Yes
If yes, list ALL countries the patient has lived in for longer than 2 months : _____

4. CLINICAL

Primary Reason for Evaluation:

Abnormal CXR Kidney disease Contact investigation Employment Born outside U.S.
 Immigration Healthcare worker Immunocompromised Positive lab report Occupational risk
 Refugee Residence Substance abuse Targeted testing TB symptoms
 Unknown Other: _____

TB Symptom Review: (mark all that apply)

Asymptomatic Chest pain Chills Fever
 Night sweats Weight loss Non-productive cough Productive cough
 Hemoptysis Other: _____

Date evaluated by medical provider: __/__/____ Name of Provider: _____

LTBI diagnosis date: __/__/____

Is the patient pregnant?: Yes No Unk

Does the patient have hepatitis B?: Yes No Unk

Does the patient have hepatitis C?: Yes No Unk

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

5. TESTING/LABORATORY INFORMATION

Tuberculin (Mantoux) Skin Test (TST)

TST Result:	Date TST Placed	Date TST Read	Millimeters of Induration
<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unk			
<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unk			
<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Done <input type="checkbox"/> Unk			

Interferon Gamma Release Assay for Mycobacterium Tuberculosis (IGRA)						
IGRA Result:				Date Collected	Type of Test	
<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Borderline	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Not Done	<input type="checkbox"/> Unk	
<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Borderline	<input type="checkbox"/> Indeterminate	<input type="checkbox"/> Not Done	<input type="checkbox"/> Unk	
				<input type="checkbox"/> Quantiferon	<input type="checkbox"/> T-Spot	
				<input type="checkbox"/> Quantiferon	<input type="checkbox"/> T-Spot	
Chest Radiograph						
CXR Result:		Date	Notes:			
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal					
<input type="checkbox"/> Not Done	<input type="checkbox"/> Unk					
Other Chest Imaging Study						
		Date	Notes:			
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal					
<input type="checkbox"/> Not Done	<input type="checkbox"/> Unk					
Specimen Testing						
Specimen Testing	Specimen Type		Date	Smear Result	NAAT Result	Culture Result
1 st Specimen	<input type="checkbox"/> Sputum	<input type="checkbox"/> Bronch	<input type="checkbox"/> Tissue	<input type="checkbox"/> Pos +____ <input type="checkbox"/> Neg	<input type="checkbox"/> Pos <input type="checkbox"/> Not Done <input type="checkbox"/> Neg	<input type="checkbox"/> Pos <input type="checkbox"/> Neg
2 nd Specimen	<input type="checkbox"/> Sputum	<input type="checkbox"/> Bronch	<input type="checkbox"/> Tissue	<input type="checkbox"/> Pos +____ <input type="checkbox"/> Neg	<input type="checkbox"/> Pos <input type="checkbox"/> Not Done <input type="checkbox"/> Neg	<input type="checkbox"/> Pos <input type="checkbox"/> Neg
3 rd Specimen	<input type="checkbox"/> Sputum	<input type="checkbox"/> Bronch	<input type="checkbox"/> Tissue	<input type="checkbox"/> Pos +____ <input type="checkbox"/> Neg	<input type="checkbox"/> Pos <input type="checkbox"/> Not Done <input type="checkbox"/> Neg	<input type="checkbox"/> Pos <input type="checkbox"/> Neg
6. EPIDEMIOLOGY/RISK FACTORS						
<p>Y N Unk</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Has the patient been homeless in the past year?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was patient incarcerated at time of diagnosis? <i>If yes, type of facility:</i> <input type="checkbox"/> Federal prison <input type="checkbox"/> State prison <input type="checkbox"/> Local jail <input type="checkbox"/> Juvenile correctional facility <input type="checkbox"/> Unk <input type="checkbox"/> Other</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is patient under custody of immigration and customs enforcement?</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is patient a resident of a long-term care facility? <i>If yes, type of facility:</i> <input type="checkbox"/> Alcohol/Drug Txt <input type="checkbox"/> Hospital based <input type="checkbox"/> Mental Health <input type="checkbox"/> Nursing home</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the patient a veteran? <input type="checkbox"/> Residential <input type="checkbox"/> Unk <input type="checkbox"/> Other</p> <p><i>The following questions reference the past year:</i></p> <p>Patient's primary occupation _____</p> <p>Injection drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p> <p>Non-injection drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p> <p>Excess alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk</p> <p>Additional LTBI Risk Factors: (check all that apply)</p> <p><input type="checkbox"/> Contact to a TB case <input type="checkbox"/> Contact to a MDR-TB case <input type="checkbox"/> Diabetic <input type="checkbox"/> End stage renal disease <input type="checkbox"/> Non-U.S. born</p> <p><input type="checkbox"/> Immunosuppression <input type="checkbox"/> Incomplete LTBI therapy <input type="checkbox"/> Missed contact <input type="checkbox"/> Post organ transplant <input type="checkbox"/> Recent convertor</p> <p><input type="checkbox"/> Refugee <input type="checkbox"/> TNF antagonist therapy <input type="checkbox"/> Smoking <input type="checkbox"/> None</p> <p><input type="checkbox"/> Other: _____</p> <p><i>Examples of "Other" additional risk factors include: GI/Bariatric surgery, treatment for cancer, lung disease, etc.</i></p>						
7. TREATMENT						
Type of regimen patient was on:						
<input type="checkbox"/> Isoniazid 300mg once a day for 9 months				<input type="checkbox"/> Rifapentine 900mg and Isoniazid 900mg once a week for 12 weeks		
<input type="checkbox"/> Rifampin 600mg by once a day for 4 months				<input type="checkbox"/> B6 50 mg daily during treatment		
<input type="checkbox"/> Other: _____						
Date Started: ___/___/___ Date Stopped: ___/___/___ Reason stopped: _____						
Was the regimen ever held? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, reason why:</i> _____						
Was the regimen ever changed? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, reason why:</i> _____ # times altered: _____						
Total number of doses for entire treatment period given to the patient: _____						
Did patient move during LTBI therapy? If yes, where? _____						