

WEST VIRGINIA DEPARTMENT OF HEALTH
TUBERCULOSIS ELIMINATION PROGRAM
MONTHLY TUBERCULOSIS TESTING REPORT - STATE SUPPORTED

COUNTY _____

TESTING MONTH/YEAR _____

| Age by Year | Contacts (Highest Risk) WV TBEP | | | | Medical Risk (High Risk) WV TBEP | | | | Foreign-Born, Lived in or Visited a Foreign Country (High Risk) WV TBEP | | | | Homeless (High Risk) WV TBEP | | | | Other Population Risks (Low Risk) LHD | | | | Administration (Lowest Risk) LHD | | | | | | | |
|-------------|---------------------------------|-----------|----------|-----------|----------------------------------|-----------|----------|-----------|---|-----------|----------|-----------|------------------------------|-----------|----------|-----------|---------------------------------------|-----------|----------|-----------|----------------------------------|-----------|----------|-----------|--|--|--|--|
| | IGRA | TST Given | TST Read | Tests (+) | IGRA | TST Given | TST Read | Tests (+) | IGRA | TST Given | TST Read | Tests (+) | IGRA | TST Given | TST Read | Tests (+) | IGRA | TST Given | TST Read | Tests (+) | IGRA | TST Given | TST Read | Tests (+) | | | | |
| ≤ 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15-34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ≥ 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not ID'd | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NUMBER POSITIVE: Record only those tests that meet current guidelines for classification as positive which will depend on the size of the induration and on the patient’s risk factors for TB. Please record all persons with significant skin test reactions, positive IGRA results, and those placed on preventive therapy on the back of this form and send to WV TBEP at the end of each month. In addition, send the Initial TB-101 to WV TBEP when an LTBI patient is identified, and a Final TB-101 when patient is discontinued from clinic (e.g. completed treatment, lost to follow-up, etc.).

CONTACTS: Record all tests related to a Contact Investigation for each active TB case. In addition, a separate contact list is required for each active case using form TB-1001.

MEDICAL RISK: Persons who have a condition known to predispose them to active TB disease (e.g. HIV +, TST conversion, fibrotic lesions on CXR, IDU, Diabetes, prolonged high-dose steroid treatment or other immunosuppressive therapy, chronic renal failure, some hematologic disorders, carcinoma of the head or neck, wt. loss of <10% ideal body wt., pulmonary silicosis, gastrectomy or jejunioileal bypass, recent exposure to TB. Treatment of LTBI has increased urgency for patients in this category.

FOREIGN BORN: Persons who were born in a country with endemic TB, lived in or visited a country with endemic TB, or those persons who have had BCG vaccine. State supports initial T-SPOT. All serial testing will then be private pay.

HOMELESS: Persons who have been homeless within the past two years.

OTHER POPULATION RISKS: Persons who are members of socially or demographically defined groups who may have an increased risk of TB infection or a high transmission rate. (Residency or occupation in congregate settings: correctional facilities, long-term care facilities for the elderly, homeless shelters, health care facilities).

ADMINISTRATION: Testing that is done on persons with low public-health priority and are not at risk for TB. Often this testing is required by regulations or policies created outside of the TB control program.

ALWAYS DETERMINE THE HIGHEST RISK FOR REPORTING: EXAMPLE: If a person presents for an administration test but is found to be foreign-born, they would be reported under foreign-born.

WEST VIRGINIA DEPARTMENT OF HEALTH
TUBERCULOSIS ELIMINATION PROGRAM
PATIENTS WITH LATENT TUBERCULOSIS INFECTION (LTBI)

STATE SUPPORTED

NOTE: This is for POSITIVE test results ONLY

_____ County Health Department

| Name | DOB | TST Given | Test Read | TST Result (In MM) | IGRA Drawn | IGRA Results | Reason For Test | X-Ray Date | Preventive Treatment Started (regimen prescribed) | Case Entered in WVEDSS |
|------|-----|-----------|-----------|--------------------|------------|--------------|-----------------|------------|---|------------------------|
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