

PROTOCOL FOR COHORT REVIEW

I. Introduction

Cohort review is a systematic review of the management of patients with TB disease and their contacts. A “cohort” is a group of TB cases counted over a specific period of time. CDC allows low incidence states varied options for a review period, and with the low incidence in WV, the annual cohort review process is utilized. Details regarding outcomes of TB cases are reviewed by completing the “Cohort Review Form for Active TB Patients in West Virginia” that is provided and sending the form to the WV DTBE to be compiled into a report. If you would like a meeting to discuss any issues you had with a particular case or with the management of the case there is a section at the end of the form for you to check mark to request an in person or video meeting. If you check mark that section someone from WV DTBE will contact you to schedule a meeting.

The following information is obtained by the form:

- Patient’s clinical status
- Patient’s treatment outcome
- Adequacy of the medication regimen
- Treatment adherence or completion
- Results of contact investigation
- Percentage of patients who did, or are likely to, complete treatment.

All TB patients should be assigned a case manager, whether they’re treatment is managed in a health department clinic or by a private provider. For the cohort review the case manager will fill out the “Cohort Review Form for Active TB Patients in West Virginia” in its entirety and provide all the necessary information needed for the review. Once the form is complete fax the form to the WV DTBE at (304) 558-1825.

Overall, the cohort review benefits the TB program by:

- Increasing staff accountability for patient outcomes
- Improving TB case management and the identification of contacts
- Revealing program strengths and weaknesses
- Indicating staff training and education needs

PROTOCOL FOR COHORT REVIEW

Data obtained from cohort review is used to evaluate WV-DTBE progress towards meeting state specific and national objectives for TB elimination. These include: TB case rates; completion of therapy; contact elicitation, follow-up and treatment initiation; laboratory reporting; data reporting; rapid initiation of treatment; sputum culture conversion; utilization of recommended initial therapy; genotyping; and HIV status. The target values for these objectives can be found at <http://www.cdc.gov/tb/programs/evaluation/indicators/default.htm> .

II. Required Case Information

The following specific elements of each case are required for the review and will be reported using the “Cohort Review Form for Active TB Patients in West Virginia” form:

1. Patient demographics
2. Initial report of case to LHD and who reported
3. Source of index case if known
4. TST or IGRA findings
5. Chest x-ray or other imaging studies
6. Sputum or other specimen findings
7. Site of TB infection (i.e. pulmonary or extra pulmonary) and how diagnosis was made
8. Sensitivity findings
9. Genotyping findings
10. Conversion within 2 months and if not and explanation
11. HIV testing