All persons providing care of patients with tuberculosis (TB) or latent tuberculosis infection (LTBI) are required either by law, CDC policy, or state policy to submit certain documentation to the state. Below are reports that are required. All reports may be found on WV-DTBE webpage at www.dhhr.wv.gov/oeps/tuberculosis or call 304-558-3669.

**Active Disease** – Report by telephone immediately and send a written report within 48 hours using **Form TB-34 Individual Tuberculosis Report**. Answer all questions, avoid leaving blanks. Health Care Providers shall report to the local health department (LHD) in the patient’s jurisdiction and the LHD will then report to the state.

**Latent TB Infection** – Use **Form TB-101 Latent Tuberculosis Record** to report any positive TST or IGRA. Submit at close of case, either when patient did not have treatment prescribed, patient refused treatment, completed treatment, or treatment was stopped. Health Care Providers shall report to the local health department (LHD) in the patient’s jurisdiction and the LHD will then report to the state.

7.1. Every health care provider, public health officer and every chief medical officer having charge of any hospital, clinic or other similar public or private institution in the State, shall immediately telephone the local health department and report the name, age, sex, race, home address and type of disease of any person with a diagnosis of, or who is suspected of having, tuberculosis.
7.1.a. Reporting forms for persons with latent tuberculosis infection and for persons with active tuberculosis disease are available from the Bureau's tuberculosis control program at: TB Program, WVDHHR/BPH, 350 Capitol Street, Room 125, Charleston, WV 25301 or online at www.wvtb.gov.
7.2. The health care provider reporting under subsection 7.1. of this section shall also submit a written report on forms made available by the Bureau to the local health department in the patient's county of residence within twenty four (24) hours of a diagnosis of tuberculosis or upon suspicion that a person has tuberculosis.

**Monthly TST Report** – Use *Form TB-15* to collect data for evaluation of the TB screening program. **All** TST and IGRA’s are to be reported with a list of positive reactors on the back of the form. Any Health Care Provider performing TST and/or IGRA testing is to submit this form to the Local Health Department (LHD) who will report to the state.

**Contacts to Active Case** – Use *Form TB-1001* to report all contacts to active cases. The initial report is to be submitted within 2 weeks of notification of a new or suspect case of TB. The second report is to be submitted when the 3 month follow-up testing is complete. Any Health Care Provider doing a contact investigation will provide their information to the LHD who will report to the state.

**TB Chest Diagnostic Clinic Activities** – Use *Form TB-1006* to report clinic activities at the close of each Chest Diagnostic Clinic. Names should be listed in the order seen in clinic to facilitate dictation.

**TB X-ray Clinic Sheet** – Use *Form 1007* to report clinic activities at the close of each TB X-ray Clinic. Names should be listed in the order seen in clinic to facilitate dictation.

**Monthly Report of Drugs Dispensed** – Use *Form TB-50 or TB-107* to report all TB drugs dispensed each month. This is used to provide accountability for medications provided.

**Monthly TB Drug Inventory Form** – Use Form TB-18B monthly to show inventory of TB drugs that have been provided by WVDTBE.

**Yearly Aggregate Reports** – These are required CDC reports that show treatment for all LTBI patients who were contacts to active TB cases and also those found through targeted testing. Each LHD must submit these reports. You may contact WV-DTBE for assistance to complete these reports at 304-558-3669.