WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

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
☐ Positive ☐ Negative ☐ Not Done ☐ Unk			
☐ Positive ☐ Negative ☐ Not Done ☐ Unk			
☐ Positive ☐ Negative ☐ Not Done ☐ Unk			

Interferon Gamma Release Assay for Mycobacterium Tuberculosis (IGRA)		
IGRA Result:	Date Collected	Type of Test
☐ Positive ☐ Negative ☐ Borderline ☐ Indeterminate ☐ Not Done ☐ Unk		☐ Quantiferon ☐ T-Spot
☐ Positive ☐ Negative ☐ Borderline ☐ Indeterminate ☐ Not Done ☐ Unk		☐ Quantiferon ☐ T-Spot

Chest Radiograph

CXR Result:	Date	Notes:
☐ Normal ☐ Abnormal ☐ Not Done ☐ Unk		

Other Chest Imaging Study	Date	Notes:
☐ Normal ☐ Abnormal ☐ Not Done ☐ Unk		

Specimen Testing	Specimen Type	Date	Smear Result	NAAT Result	Culture Result
1st Specimen	☐ Sputum ☐ Bronch ☐ Tissue		☐ Pos +_____ ☐ Neg	☐ Pos ☐ Not Done ☐ Neg	☐ Pos ☐ Neg
2nd Specimen	☐ Sputum ☐ Bronch ☐ Tissue		☐ Pos +_____ ☐ Neg	☐ Pos ☐ Not Done ☐ Neg	☐ Pos ☐ Neg
3rd Specimen	☐ Sputum ☐ Bronch ☐ Tissue		☐ Pos +_____ ☐ Neg	☐ Pos ☐ Not Done ☐ Neg	☐ Pos ☐ Neg

6. EPIDEMOLOGY/RISK FACTORS

Y N Unk

☐ ☐ ☐ Has the patient been homeless in the past year?

☐ ☐ ☐ Was patient incarcerated at time of diagnosis? *If yes*, type of facility: ☐ Federal prison ☐ State prison ☐ Local jail ☐ Juvenile correctional facility ☐ Unk ☐ Other

☐ ☐ ☐ Is patient under custody of immigration and customs enforcement?

☐ ☐ ☐ Is patient a resident of a long-term care facility? *If yes*, type of facility: ☐ Alcohol/Drug Txt ☐ Hospital based ☐ Mental Health ☐ Nursing home ☐ Residential ☐ Unk ☐ Other

☐ ☐ ☐ Is the patient a veteran?

The following questions reference the past year:

Patient's primary occupation _____

Injection drug use? ☐ Yes ☐ No ☐ Unk

Non-injection drug use? ☐ Yes ☐ No ☐ Unk

Excess alcohol use? ☐ Yes ☐ No ☐ Unk

Additional LTBI Risk Factors: (check all that apply)

☐ Contact to a TB case ☐ Contact to a MDR-TB case ☐ Diabetic ☐ End stage renal disease ☐ Foreign born
☐ Immunosuppression ☐ Incomplete LTBI therapy ☐ Missed contact ☐ Post organ transplant ☐ Recent convertor
☐ Refugee ☐ TNF antagonist therapy ☐ Smoking ☐ None
☐ Other: _____

Examples of "Other" additional risk factors include: GI/Bariatric surgery, treatment for cancer, lung disease, etc.

7. TREATMENT

Type of regimen patient was on:

☐ Isoniazid 300mg once a day for 9 months
☐ Rifampin 600mg by once a day for 4 months
☐ Other: _____
☐ Rifapentine 900mg and Isoniazid 900mg once a week for 12 weeks
☐ B6 50 mg daily during treatment

Date Started: ___/___/____ Date Stopped: ___/___/____ Reason stopped: _____

Was the regimen ever held? ☐ No ☐ Yes *If yes*, reason why:_____

Was the regimen ever changed? ☐ No ☐ Yes *If yes*, reason why:_____ # times altered:_____

Total number of doses for entire treatment period given to the patient: _____

Did patient move during LTBI therapy? If yes, where?_____