WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES DIVISION OF TUBERCULOSIS ELIMINATION

MONTHLY TUBERCULOSIS TESTING REPORT - STATE SUPPORTED

TESTING MONTH/YEAR

Age by	(Highest Risk)			Medical Risk (High Risk) WV-DTBE			Foreign-Born, Lived in or Visited a Foreign Country (High Risk) WV-DTBE			Homeless (High Risk) WV-DTBE			Other Population Risks (Low Risk) LHD			Administration (Lowest Risk) LHD								
Year																								
		TST	TST			TST	TST	_ ,		TST	TST			TST	TST			TST	TST			TST	TST	_ , ,
	IGRA	Given	Read	Tests (+)	IGRA	Given	Read	Tests (+)	IGRA	Given	Read	Tests (+)	IGRA	Given	Read	Tests (+)	IGRA	Given	Read	Tests (+)	IGRA	Given	Read	Tests (+)
≤ 4																								
5-14																								
15-34																								
. 25																								
≥ 35				-						-														├
Not ID'd																								

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-DTBE at the end of each month. In addition, send the Initial TB-101 to WV-DTBE 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 jejunoileal 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.

TB-15-S (revised 8-2015)

COUNTY

Total

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF TUBERCULOSIS ELIMINATION PATIENTS WITH LATENT TUBERCULOSIS INFECTION (LTBI)

<u>State Supported</u> <u>NOTE: This is for POSITIVE test results ONLY.</u>

	_ County Health Department
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NAME	DOB	TST GIVEN	TST READ	TST RESULT (IN MM)	IGRA DRAWN	IGRA RESULTS	REASON FOR TEST	X-RAY DATE	Preventive Treatment Started (document treatment prescribed)	TB-101 Submitted