

Within one working day of suspecting active TB, send by email to Region & Central Office infectious disease email boxes and by fax to local health department. Send updates as data becomes available. Scan updates into BEMR Document Manager as "Flowsheet," "TB Report."

Report Dates: (1) __/__/__ (2) __/__/__ (3) __/__/__ (4) __/__/__ (5) __/__/__
Staff Initials: (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

REPORTING INFORMATION

BOP Facility: _____ Address _____ City _____ State ____ ZIP _____
BOP Staff Contact: _____ Reported to: _____ Health Dept. Date: __/__/__

DEMOGRAPHICS

BOP Reg #: _____ Inmate Name: Last _____ First _____ MI ____
Alien (INS) # (SENTRY-pp41): _____ Inmate Alias: Last _____ First _____ MI ____
Date of Birth: __/__/__ Sex at Birth: Male Female Race: American Indian/Alaska Native Asian Black
Ethnicity: Hispanic/Latino Not Hispanic/Latino (select one or more) Native Hawaiian/Other Pacific Islander White
Country of Birth: U.S.(or born abroad to U.S. parents) _____ Date entered current BOP custody (SENTRY-pp37): __/__/__
Month/Year arrived in U.S. for the first time: __/____ Date entered current BOP facility (SENTRY-pp37): __/__/__
Primary Language: Eng Span _____ Need interpreter? Y N Projected release date (SENTRY-pp44): __/__/__ "Unknown"

TB HISTORY AND EVALUATION

- 1. Reason evaluated for TB disease (check all that apply):
 Inmate being treated for active TB at intake to this facility
 Intake screening TB symptoms Contact to a TB case
 Annual screening Abnormal CXR Other: _____
- 2. At time of initial TB report, TB was: Suspected Confirmed
- 3. Status at TB diagnosis: Alive Dead
- 4a. Most recent tuberculin skin test(s): Not tested
 Tested: Date: __/__/__ mm Date: __/__/__ mm
- 4b. Interferon gamma release assay (IGRA): Not tested
 Tested: Test Type: QuantiFERON T-Spot Date: __/__/__
Result: Positive Negative Indeterminate
- 5a. Prior dx of TB disease: N Y Year? ____ Where? _____
- 5b. Prior TLBTI (prophy): N Y Year? ____ Where? _____
- 6. TB symptoms (check all that apply): No symptoms observed
 Cough x ____ weeks Productive cough Coughing up blood
 Fever Chills Chest pain Weight loss: ____ lbs in ____ wks
Comments: _____
- 7. HIV status: Date tested: __/__/__ Positive Negative
 Indeterminate Refused Not offered
If positive: CD4 Date: __/__/__ Result: ____ cells/mm³
ART Regimen? N Y Specify: _____

- 8. Other medical conditions: _____
- 9a. Chest x-ray: Date __/__/__ Not done
Result: Neg Abnl (not consistent w/ TB) Abnl (consistent w/ TB)
Evidence of: Cavity? Y N Unk Miliary TB? Y N Unk
Reading: _____
- 9b. CT/Other scan: Date __/__/__ Not done
Result: Neg Abnl (not consistent w/ TB) Abnl (consistent w/ TB)
Evidence of: Cavity? Y N Unk Miliary TB? Y N Unk
Reading: _____
- 10. Airborne infection isolation: Y N
If yes: Date isolated: __/__/__ Date released: __/__/__
Where?: BOP facility Hospital: _____
- Other pertinent information: _____

11a. TB Risk Factors

Within the past year:
Excess alcohol use: Y N Unk
Non-injection drug use: Y N Unk
Injection drug use: Y N Unk
Homeless: Y N Unk
Occupation: _____

11b. Additional TB Risk Factors

Check all that apply:
 Prior positive TST & no TLBTI (prophy)
 Incomplete TLBTI (prophy)
 TNF-α antagonist therapy
 Post organ transplantation
 End stage renal disease
 Diabetes mellitus

Within the past two years:

Contact to infectious TB patient
 Contact of multiple drug resistant TB patient
 Missed TB contact
 No additional TB risk factors

12a. LABORATORY RESULTS																	
Date Collected	Lab Accession Number	Specimen Type (sputum, induced sputum, bronch wash, tissue)	AFB Smear				Rapid Test (NAAT/PCR)				Culture						
			Pos	Neg	Date Updated	Initials	Test Type	Pos	Neg	Date Updated	Initials	MTB	Other Positive Culture (non-TB mycobacteria)	Date Updated	Initials		
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
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			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				

12b. Sputum AFB smear conversion date: ___/___/___
 (Only if at least one initial sputum is AFB smear positive. This date is the first of 3 consistently negative AFB sputum smears.)
 Updated: ___/___/___ Initials: _____

12c. Sputum AFB culture conversion documented:
 (Only if the initial sputum culture is positive for *M.tuberculosis*. This date is the first consistently negative AFB sputum culture. The goal is sputum culture conversion within 8 weeks of starting TB treatment.)
 Y Date: ___/___/___ N
 If no, enter reason (select one):
 No follow-up sputum, despite sputum induction
 No follow-up sputum and no sputum induction
 Inmate transferred/released
 Inmate refused
 Other _____
 Unknown
 Updated: ___/___/___ Initials: _____

12d. Drug susceptibility done? Y N Unknown

Initial Results					Follow-Up Results (if done)				
Date reported: ___/___/___ Lab accession #: _____					Date reported: ___/___/___ Lab accession #: _____				
Drug	Susceptible	Resistant	Not Done	Unknown	Drug	Susceptible	Resistant	Not Done	Unknown
Rifampin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isoniazid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrazinamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethambutol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streptomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Updated: ___/___/___ Initials: _____ Updated: ___/___/___ Initials: _____

12e. Pathology (biopsy) results: Date: ___/___/___ Tissue type: _____
 Report: _____ Updated: ___/___/___ Initials: _____

13. TB TREATMENT

Drug	Date: ___/___/___ Weight: ___ lb ___ kg						Date: ___/___/___ Weight: ___ lb ___ kg							
	Dose (mg)	Freq.	Date Start	Date Stop	Total Doses	Date	Initials	Dose (mg)	Freq.	Date Start	Date Stop	Total Doses	Date	Initials
Rifampin														
Isoniazid														
Pyrazinamide														
Ethambutol														

14. FOLLOW-UP CHEST X-RAY

Note: If AFB cultures are all negative, obtain a CXR after two months of TB treatment and compare it to the original CXR. If CXR improved with TB treatment, then this is considered culture-negative (abacillary) active TB. For all TB patients, obtain a CXR at completion of TB treatment.

Staff Initials Date

Date of CXR: ___/___/___ Result: _____ Improved compared to prior CXR? Y N _____ ___/___/___

Date of CXR: ___/___/___ Result: _____ Improved compared to prior CXR? Y N _____ ___/___/___

<p>15. RELEASE PLANNING</p> <p>Projected Release Date: ___/___/___ <input type="checkbox"/> "Unknown"</p> <p><i>Fill in Section 15 if the Projected Release Date is prior to the date of anticipated treatment completion, or if SENTRY indicates "unknown."</i></p> <p>Upon release it is anticipated that the inmate will be:</p> <p><input type="checkbox"/> Deported to (specify country): _____</p> <p><input type="checkbox"/> Released in United States (specify U.S. address): _____</p> <p>_____</p> <p>U.S. Contact person: _____</p> <p>Relationship: _____ Phone: _____</p> <p>Referral:</p> <p><i>This entire TB Case/Suspect Report and Referral Form can be used as a referral form and faxed to the referral agency.</i></p> <p><i>A referral should be made as soon as the case is identified: to the appropriate referral agency (CURE-TB or TBNet if being deported) or the State TB Control Program (see below).</i></p> <p><i>If the inmate is to be deported, arrangements should be made for CURE-TB or TBNet to interview the inmate over the telephone (after the case is out of isolation) to obtain key locating information so that TB treatment can be continued in the country of origin.</i></p> <p>Date referred: ___/___/___</p> <p><input type="checkbox"/> State TB Control Program*: _____ For State TB Control program contacts : http://tbcontrollers.org/?p=10</p> <p><input type="checkbox"/> CURE-TB* (Mexico referrals only): Phone: (619) 542-4013 Fax: (619) 692-8020</p> <p><input type="checkbox"/> TBNet * (transnational referrals other than to Mexico): Phone: (512) 327-2017 Fax: (512) 327-6140</p> <p>* No release of information form is needed for state TB programs or CURE-TB referrals.</p> <p>Updated: ___/___/___ Initials: _____</p>	<p>16. TREATMENT COMPLETION</p> <p>Date therapy stopped: ___/___/___</p> <p>Reason stopped:</p> <p><input type="checkbox"/> Completed TB treatment (___ months of treatment)</p> <p><input type="checkbox"/> Released</p> <p><input type="checkbox"/> Transferred to: _____</p> <p><input type="checkbox"/> Uncooperative or refused</p> <p><input type="checkbox"/> Adverse treatment event</p> <p><input type="checkbox"/> TB ruled out</p> <p><input type="checkbox"/> Died</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Unknown</p> <p>If TB treatment extended >12 months, check reason(s):</p> <p><input type="checkbox"/> Rifampin resistance <input type="checkbox"/> Nonadherence <input type="checkbox"/> Treatment failure</p> <p><input type="checkbox"/> Adverse treatment event <input type="checkbox"/> Clinically indicated for other reasons</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Updated: ___/___/___ Initials: _____</p> <hr/> <p>17. FINAL CASE DETERMINATION</p> <p><input type="checkbox"/> Verified case of active TB:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Laboratory confirmed:</p> <p style="margin-left: 40px;"><input type="checkbox"/> Positive culture-MTB Complex</p> <p style="margin-left: 40px;"><input type="checkbox"/> Positive NAAT (rapid test) - MTB Complex</p> <p style="margin-left: 40px;"><input type="checkbox"/> Positive AFB smear (culture cannot be obtained)</p> <p style="margin-left: 20px;"><input type="checkbox"/> Meets clinical TB case criteria: Positive TST or IGRA and CXR improvement after 2 months of TB treatment</p> <p style="margin-left: 20px;"><input type="checkbox"/> Provider diagnosis of TB</p> <p style="margin-left: 40px;">TB Disease Site(s): <input type="checkbox"/> Pulmonary <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> TB ruled out (explain): _____</p> <p><input type="checkbox"/> Unable to classify (inmate released before work-up complete)</p> <p>Updated: ___/___/___ Initials: _____</p>
<p>18. OTHER PERTINENT INFORMATION (compliance issues, side effects, etc.) <i>Indicate date when updated.</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>STAFF INITIALS</p>	<p>STAFF NAME</p>