

# Confidential Maryland Tuberculosis Case/Suspect Report

Complete for all cases and for suspects on two or more TB drugs in lieu of Maryland Confidential Morbidity Report (DHMH 1140)

**Report 1** Date Reported to LHD \_\_\_/\_\_\_/\_\_\_ LHD \_\_\_\_\_ Case Manager \_\_\_\_\_

- (1) **Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_ (2) **S. S.#** \_\_\_/\_\_\_/\_\_\_  
(3) **DOB:** \_\_\_/\_\_\_/\_\_\_ (4) **Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_ (W) (5) **Sex:**  M  F (6) **Marital Status:**  Married  Single  Divorced  Widowed  
(7) **Select one or more races:**  Amer Indian or Alaska Native  Asian  Black or Afri Amer  Native Hawaiian or Other PI  White  
(8) **Hispanic or Latino:**  Y  N (9) **Country of Origin:**  U.S.  Other \_\_\_\_\_ **Mo/Yr Arrived:** \_\_\_/\_\_\_  
**Children** (ages 0-14 only): **Either parent foreign born?**  Y  N (10) **Language:**  Eng  Other \_\_\_\_\_  
(11) **Status:**  Refugee  Immigrant  Parolee  Asylee  Visitor  Student  Other  Unk (12) **Education (years):**  1-8  9-12  13-16  17+

- (13) **At Dx:**  Alive  Dead \_\_\_/\_\_\_/\_\_\_ (14) **Homeless within past year:**  Y  N  Unk (15) **Incarcerated in last 2 yrs:**  Y  N  Unk  
(16) **At Dx Resident of:** (a) **Jail / Prison:**  Y (\_\_\_\_\_)  N (b) **LTC Facility:**  Y (\_\_\_\_\_)  N  
(17) **Within past year:** (a) **Injecting drug use:**  Y  N (b) **Non-injecting drug use:**  Y  N (c) **Excess alcohol use:**  Y  N  
(18) **Employment** in last 24 mos:  Health Care  Corrections  Migratory Farm Work  Other \_\_\_\_\_  Not employed  Unk

- (19) **Prior TB Diagnosis:**  Y (year \_\_\_\_\_)  N  Unk  
(20) **TB Skin Test:** \_\_\_/\_\_\_/\_\_\_  Pos ( \_\_\_mm)  Neg  Not Done  
(21) **CXR:**  Normal  Abnormal  Not Done  Unknown  
**If abnl:**  cavitary  non-cav c/w TB  non-cav not c/w TB  unk  
Date: \_\_\_/\_\_\_/\_\_\_

- (22) **Major disease site:**  Pulm  Other \_\_\_\_\_  
**Additional disease site(s):** \_\_\_\_\_  
(23) **Hospitalized:**  Y (Specify \_\_\_\_\_)  N  
(24) **HIV Tested:**  Neg  Pos  Indet  Refused  Not offered  
 Tested/Result Unk  Unk  
**If positive, based on**  medical record  patient history  unk

- (25) **Signs/Symptoms at Dx:**  Fever  Chills  Cough  Hemoptysis  
 Productive Cough  Night Sweats  Weight Loss  $\geq$  10%  
(26) **Other Medical Conditions** (check all that apply):  
 diabetes mellitus  h/o gastrectomy or jejunioileal bypass  
 silicosis  leukemia, lymphoma, other malignancy  chronic renal failure  
 immunosuppressive therapy   $\geq$ 10% below ideal weight  
( $\geq$  15 mg/d prednisone  $\geq$  1 month or  anti-TNF alpha therapy  
h/o organ transplant) (e.g., Remicade)

## Other pertinent information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## (27) Bacteriology

**Initial Sputum**

	Report Date	Pos	Neg	Not Done	Unk
Smear (AFB) ___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___ Culture (MTB) ___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date obtained N. A. A (MTB) ___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other Specimen** (specify source): \_\_\_\_\_

	Report Date	Pos	Neg	Not Done	Unk
___/___/___ Smear (AFB) ___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date obtained Culture (MTB) ___/___/___		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Path Report:  necrotizing or caseating granuloma

(28) **Drug Treatment** **DOT:**  Y  N **Wt** \_\_\_ kg  
**Drug/ Dose (mg)**

Date	INH	RIF	PZA	EMB		Freq

## Report 2: Case Confirmation Date: \_\_\_/\_\_\_/\_\_\_

(29) **Case Status:**  TB Case  TB Ruled Out  
**Basis of TB Dx:**  MTB Culture  CXR Improved  Clinical Dx

## Report 3: Sputum Conversion/Susceptibility

(30) **Date Culture Conversion**  
(Date initial negative specimen) \_\_\_/\_\_\_/\_\_\_  
(31) **Susceptibility Results (S/R)** Date: \_\_\_/\_\_\_/\_\_\_  
**INH** \_\_\_ **RIF** \_\_\_ **PZA** \_\_\_ **EMB** \_\_\_ **SM** \_\_\_

## Report 4: Treatment Completion

(32) **DOT Summary:**  100% DOT  100% Self-Administered  Both  
**DOT Site:**  Clinic  Other Facility  In the Field  Home  
(33) **Provider:**  LHD only  Private only  Co-managed  
(34) **Treatment Completed:**  Y  N \_\_\_/\_\_\_/\_\_\_  
Date stopped/Completed  
**Reason not completed:** \_\_\_\_\_