

MARYLAND TUBERCULOSIS CASE/SUSPECT REPORT (DHMH 4501)

Instructions For Completion

The Maryland Tuberculosis Case/Suspect Report form collects information on all TB cases and suspects on two or more TB drugs. It is designed for local health department (LHD) use only and substitutes for a morbidity card. The report involves four sequential reports:

Report 1-Initial

Report 2-Case Confirmation

Report 3-Culture Conversion/Susceptibility

Report 4-Treatment Completion.

Local health departments should mail the initial “carbon” copy of the form within one week of the case report. When information becomes available to fill in missing data or to complete the follow-up reports, it should be recorded on the LHD copy of the form, photocopied and **sent** (not FAXed) to DHMH TB Control. Mail reports via inter-office mail in a sealed envelope marked “Confidential”.

Throughout the form **Y** means yes, **N** means no, **UNK** means unknown, **N/A** means not applicable, **POS** means positive, and **NEG** means negative.

Report 1: Initial

Date Reported to LHD: date LHD was first informed of TB case/suspect

LHD: indicate jurisdiction **Case Manager:** nurse responsible for case management of the patient

(1) **Name** {print clearly!!}

(2) **SS#:** social security number

(3) **DOB:** Date of Birth

(4) **Address:** at time of diagnosis

(5) **Sex:** **M**=male; **F**=female

(6) **Marital Status** (check one)

(7) **Race:** Patients shall be offered the option of selecting one or more racial designations. Indicate the race that the person considers themselves to be: **American Indian or Alaska Native** (origins in original peoples of North, South and Central America); **Asian** (origins in original peoples of the Far East, Southeast Asia or the Indian subcontinent); **Black or African American** (origins in any of the black racial groups of Africa); **Native Hawaiian or other Pacific Islander** (origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands); **White** (origins in the original peoples of Europe, the Middle East or North Africa).

(8) **Hispanic or Latino:** Check **Y** if patient considers themselves to be of Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin (regardless of race).

(9) **Country of Origin:** If other than U.S. specify country. **Mo/Yr Arrived:** Month-Year Arrived in U.S.

Children (ages 0 –14 only): **Either parent foreign born?** Indicate yes if either foreign born.

- (10) **Language:** Specify language spoken at home. If person communicates regularly in both English & another language, check **English** and **Other**.
- (11) **Status:** Indicate immigration status, if known. (12) **Education:** Indicate total years.
- (13) **At Dx:** Check **Alive** if patient was alive at TB diagnosis or if TB was suspected and person placed on at least two anti-tuberculosis drugs prior to death. (Note: verification of TB disease may have occurred after death). If **Dead** at the time of diagnosis indicate date of death.
- (14) **Homeless within past year:** Check **Y** if the patient was homeless at any time during the last 12 months (defined as no fixed address or primary night time residence is a temporary shelter or residence).
- (15) **Incarcerated within last two years:** check **Y** if history of incarceration within last 2 years (including juvenile detention)
- (16) **At diagnosis resident of** a. **Jail /Prison** (includes local, state, federal and juvenile correctional facilities). b. **LTC (Long Term Care) Facility** (Refers to any residential chronic care facility, nursing homes and group homes for developmentally disabled etc. Does not refer to day care or shelter facilities which allow 24 hour stay.) For both, specify the facility where TB diagnosis was made.
- (17) **Within past year** note if patient reports any illicit **injecting drug-use** , any illicit **non-injecting drug use** and/or **excess alcohol use** (defined as 6 or more ounces of alcohol per day).
- (18) **Employment:** Check all types of employment the patient reports having had within the past 24 months: **HCW** (Health Care Worker) includes volunteers. **Corrections employee** includes juvenile detention center employees.
- (19) **Prior TB Diagnosis:** Indicate if previously diagnosed/treated for TB. Indicate year.
- (20) **TB (Mantoux) Skin Test:** If results available, indicate date and reaction size in millimeters.
- (21) **CXR** (chest x-ray): If abnormal, indicate if **cavitary**, **noncavitary consistent with (c/w)TB**, **non-cavitary not consistent with (c/w) TB**, **unknown**.
- (22) **Major Disease Site:** Check **pulm** if pulmonary or specify other disease site. **Additional disease sites:** Specify other disease site(s).
- (23) **Hospitalized:** Indicate **Y** if hospitalized with TB. Specify hospital.
- (24) **HIV Tested:** Indicate HIV results (positive, negative, indeterminate) or not offered or refused. **If positive**, source of data on positive HIV status.
- (25) **Sign/Symptoms at Dx** (diagnosis): Check all applicable signs and symptoms reported at time of TB diagnosis.
- (26) **Other Medical Conditions:** Check presence of any other medical conditions listed.
- (27) **Bacteriology: Initial Sputum-** Sputum includes spontaneous and induced sputum only. **Other specimen** includes microscopic examination and culture of tissue and other body fluids including pulmonary secretions obtained by tracheal suction, bronchoscopy or gastric aspiration. **Smear (AFB)**

and **Culture (MTB)**: Indicate report date and result. **NAA** means “nucleic acid amplification” test. If several examinations have been done, check positive if any one is positive. Leave blank if pending.

(28) Drug Treatment: “INH” (isoniazid), **“RIF”** (rifampin), **“PZA”** (pyrazinamide), **“EMB”** (ethambutol). Indicate date, medication doses and frequency and changes in regimen over time. First date should be the date TB treatment was initiated. For frequency: **qd** = daily, **biw** = twice (2x) weekly, **tiw** = thrice (3x) weekly. Further changes in drug regimen can be noted in **“Other Pertinent Information”**.

Report 2: Case Confirmation. Submit when case is confirmed or ruled out.

(29) a. Case Status: Check one. **b. Basis of TB Dx** (diagnosis): Indicate basis for diagnosis, **MTB Culture** (if positive culture), **CXR improved** if positive TST and CXR improvement while on TB drugs or **Clinical Dx** if positive TST, other signs and symptoms of TB (e.g., abnormal unstable CXR, necrotizing/caseating granuloma, other clinical evidence of disease and treatment with two or more TB drugs)

Report 3: Sputum Conversion/Susceptibility. Submit when culture conversion date and susceptibility results are available.

(30) Date Sputum Culture Conversion: Provide sputum conversion date only if sputum culture was initially positive. Provide date specimen obtained on first of consistently negative cultures. This date should be at least 1 week after the last positive culture was obtained. There should be no positive culture after this date. If culture later reverts to positive, notify the Division of TB Control.

(31) Susceptibility Result (S/R): Indicate date of susceptibility report. Write “S” for susceptible or “R” for resistant underneath drug name.

Report 4: Treatment Completion. Submit when treatment completed or case closed for other reason

(32) DOT Summary: Indicate **100% DOT** (all doses directly observed), **100% Self Administered** (all doses self-administered) or **Both** (some doses DOT and some self administered). **DOT Site:** Refers to where DOT is provided. **Clinic** means TB clinic, **Other Facility** means hospital, nursing home, medical center, correctional facility, etc. **In the Field** means work place, school, restaurants, park, library, etc.

(33) Provider: Indicate **LHD only**, **Private only** (non-health department provider) or **Co-managed** (both LHD and private provider)

(34) Treatment Completed: Check **Y** if patient completed treatment regimen and note date completed. If not completed, write reason therapy not completed (includes transfer to another jurisdiction)