

**Cohort Presentation for Active TB Patients in West Virginia**

Date of Cohort Review \_\_\_\_\_

**Patient** Initials \_\_\_\_\_ County \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Country of Birth \_\_\_\_\_ Arrived in US \_\_\_\_\_ Immigration status \_\_\_\_\_

**Initial Report of Case** to LHD \_\_\_\_\_ (date) \_\_\_\_\_ (source)

**Source of index case** identified (yes/no)

**TST** \_\_\_\_\_ mm, read on \_\_\_\_\_ (date) done by LHD **or** \_\_\_\_\_ (facility)

**IGRA** (positive, negative, indeterminate, borderline) (QFT-G, T-Spot) collected on \_\_\_\_\_ (date)

Reason for IGRA \_\_\_\_\_

**CXR** shows (WNL, cavitory, abnormal-non cavitory) done on \_\_\_\_\_ (date) done by LHD

or \_\_\_\_\_ (facility)

**Other Imaging study** \_\_\_\_\_ (study) shows (WNL, cavitory, abnormal-non cavitory)

done on \_\_\_\_\_ (date) done at \_\_\_\_\_ (facility)

**TB Case** is (pulmonary and/or extra pulmonary) \_\_\_\_\_ site(s)

\_\_\_\_ culture confirmed \_\_\_\_\_ clinically confirmed \_\_\_\_\_ provider diagnosed

**Sputum** collected on \_\_\_\_\_ (date) and received at \_\_\_\_\_ (lab) on \_\_\_\_\_ (date)

**Smear** (\_\_\_\_ + positive/negative) reported on \_\_\_\_\_ (date) LHD notified \_\_\_\_\_ (date)

**Rapid Test** (negative / positive) reported on \_\_\_\_\_ (date) LHD notified \_\_\_\_\_ (date)

**Sputum culture** (positive/negative) reported on \_\_\_\_\_ (date) LHD notified \_\_\_\_\_ (date)

**Other specimen:** source \_\_\_\_\_ collected on \_\_\_\_\_ (date)

at \_\_\_\_\_ (facility) Received at \_\_\_\_\_ (lab) on \_\_\_\_\_ (date)

**Smear** (\_\_\_\_ + positive/negative) reported on \_\_\_\_\_ (date) LHD notified \_\_\_\_\_ (date)

**Rapid Test** (positive/negative) reported on \_\_\_\_\_ (date) LHD notified \_\_\_\_\_ (date)

**Culture** results (positive/negative) reported on \_\_\_\_\_ (date) LHD notified \_\_\_\_\_ (date)

**Sputum conversion** within 2 months of treatment (occurred/did not occur/not obtained)

Explain: \_\_\_\_\_

**Sensitivity testing** reported \_\_\_\_\_ (date) LHD notified \_\_\_\_\_ (date)

Results \_\_\_\_\_ Lab \_\_\_\_\_

**Genotyping** reported \_\_\_\_\_ (date) Identified Cluster (yes/no) LHD notified \_\_\_\_\_ (date)

Patient Initials \_\_\_\_\_

HIV (positive/negative/refused/not offered) on \_\_\_\_\_ (date)

If no results, explain: \_\_\_\_\_

If yes, treatment regimen: \_\_\_\_\_

**Risks/Social factors** (medical conditions, substance abuse, homeless, employments, other):

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

**Diabetic:** \_\_\_yes \_\_\_no (IDDM, NIDDM)

**Drug regimen:** \_\_\_\_\_

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

**Regimen change:** \_\_\_\_\_

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

**Regimen change:** \_\_\_\_\_

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

**TB Treatment** started on \_\_\_\_\_ (date) Plan of treatment \_\_\_\_\_ (months)

**DOT** (yes/no) for a total of \_\_\_\_\_ (weeks)

If no DOT, give explanation: \_\_\_\_\_

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

**Completed** \_\_\_\_\_ weeks of treatment on \_\_\_\_\_ (date), **or** still on therapy and is due to complete on \_\_\_\_\_ (date)

**Did not complete treatment** due to:

\_\_\_refused treatment, explain: \_\_\_\_\_

\_\_\_lost, explain: \_\_\_\_\_

\_\_\_died (TB related/Non-TB related), explain: \_\_\_\_\_

\_\_\_Moved, interjurisdictional referral \_\_\_\_\_ (date) to \_\_\_\_\_ (new state/country)

\_\_\_Reported at death

**Treatment interruptions:** \_\_\_yes \_\_\_no

\_\_\_Medical/adverse reaction, explain: \_\_\_\_\_

\_\_\_Nonadherence, explain: \_\_\_\_\_

\_\_\_Provider issues, explain: \_\_\_\_\_

\_\_\_Lost for period of time, explain: \_\_\_\_\_

**Completion of treatment CXR:**

Was done on \_\_\_\_\_ (date) and showed (improved/worsened/no change/not done).

If treatment ongoing, follow-up CXR was done \_\_\_\_\_ (date) and showed

(improved/worsened/no change/not done) and/or COT CXR scheduled for \_\_\_\_\_

## Contacts

Number of Contacts identified	
Number of Contacts previously positive	
Number of Contacts tested initially:	
With PPD	
With IGRA	
With CXR	
Number of Contacts positive after initial testing:	
With PPD	
With IGRA	
Number of Contacts tested in second round (3 months after exposure) :	
With PPD	
With IGRA	
With CXR	
Number of Contacts positive after second round testing:	
With PPD	
With IGRA	
Number of Contacts started on LTBI treatment	
Number of Contacts who completed LTBI treatment	
Number of Contacts who discontinued LTBI treatment:	
Due to side effects	
Due to medication intolerance	
Due to patient decision	
Lost to follow-up	
Died	
Other reason _____	
Number of Contacts currently being treated for LTBI	
Number of Contacts being followed with serial CXR's	
Number of Contacts diagnosed with active TB disease	

Patient Initials \_\_\_\_\_

**Review all information on Contact Form 1001. Give explanation for any positive contacts who did not receive or did not complete treatment. i.e.; refused, died, moved, adverse reaction, or lost to follow-up:**

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**Cohort Findings needing follow-up:**

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## Instructions

1. Complete each section. Do not leave any areas blank, mark non-applicable or unknown if needed.
2. Source of index case indicates a known present or past active case the current patient was exposed to.
3. Be prepared to report the index case and the associated contact investigation, if applicable.
4. If more than one TST or IGRA was done, give complete information on each test.
5. Under CXR, indicate all x-rays done. Under “other imaging study” indicate if it was a CT scan, MRI, PET scan, etc. Be sure to include information on the initial report in both instances.
6. Confirmation of TB case will indicate only one reason.
  - a. **Culture confirmation** is the gold standard; other reasons are used only if you do not have a culture confirmation
  - b. **Clinically confirmed** is when:
    - i. 1) there is a positive TST/IGRA
    - ii. 2) there are signs and symptoms compatible with TB disease such as an abnormal CXR, evidence of disease such as weight loss, night sweats, cough and/or hemoptysis
    - iii. 3) there has been treatment with 2 or more TB drugs
    - iv. 4) there has been a completed diagnostic evaluation
  - c. **Provider diagnosed** is when it doesn't fit either of the other circumstances
7. Indicate either sputum or other specimen that was used to diagnose case. Do not use both. One area will be non-applicable. Give sputum information on the first positive report.
8. HIV results should be current, within 6 months of TB diagnosis. This data is imperative to determine treatment guidelines for the patient and is required by CDC.
9. Under “Risks/Social Factors” indicate anything that would indicate a high risk group and anything that would impact treatment. Think hard to determine that all important information is documented.
10. Under “Drug Regimen” indicate any changes that were made during the course of treatment, the date of change, and the reason for change.
11. DOT information includes any doses given DOT, including hospital, corrections, nursing home, etc.
12. Contact information is very important, be sure it is as complete as possible and indicate reason for any missing data. Give detailed explanation of missed contact opportunities.