



Imperial County Public Health Department TB Control Program

Telephone: (760) 482-4661 Fax: (760) 482-4897

Confidential Hospitalized TB Suspect / Case Report (H-803)

Patient information form including fields for name, address, phone, birth date, sex, social security number, employer/school, occupation, race, ethnicity, country of origin, date of entry, contact person, date of diagnosis, skin test date, chest X-ray date, TB care continuation, extra pulmonary TB, current CXR, and cavitary status.

Result and Impression section with checkboxes for 'Not Done', 'Unknown', 'Cough', 'Night Sweats', 'Sputum production', 'Hemoptysis', 'Weight Loss', and 'Past history of TB Treatment?'. Includes a field for 'If asymptomatic, reason for evaluation:'.

Medical history section including 'Other medical conditions relevant to diagnosis:', 'Bacteriology', 'Pathology Report:', 'Lab name and Account #:', 'HIV Status', 'Patient Weight:', 'Psychosocial History:', and 'Allergies:'.

Table with 9 columns: Specimen Number, Specimen Collection Date, Specimen Type, Smear AFB, Culture M.TB +/-, Medications, Dose, Start Date, Stop Date. Rows include Isoniazid, Rifampin, Ethambutol, Pyrazinamide, Rifamate®, and Rifater®.

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Confidential Hospitalized TB Suspect / Case Report (H-803) Instructions

Reporting of all patients with confirmed or suspected Tuberculosis is mandated by the State Health and Safety Codes (HSC) Division 105, Part 5 and Administrative Codes, Title 17, Chapter 4, Section 2500 and must be done within 1 day of diagnosis.

Why do you report?

Because it is required. The Health Department performs many vital functions to ensure public health and safety. These functions include contact investigation, home visits, patient education, patient compliance assessment and directly observed therapy (DOT). Tuberculosis Control staff also will assist in facilitating appropriate discharge planning. HSC section 121361 also mandates that prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written, discharge plan approved by the Local Health Officer (the Imperial County Health Officer has delegated this authority to the ICPHD-TB Control Program).

Who must report?

1. All health care providers (including administrators of healthcare facilities and clinics) in attendance of a patient suspected to have, or confirmed with, active tuberculosis, must report within 1 working day from the time of identification (California Code: Title 17, Chap. 4, Sec. 2500).
2. The director of any clinical lab or designee must report laboratory evidence suggestive of tuberculosis to the Health Department on the same day that the physician who submitted the specimen is notified (California Code: Title 17, Chap. 4, Sec. 2505).

When do you report?

1. When the following conditions are present:
 - Signs and symptoms of tuberculosis are present, and/or
 - Patient has an abnormal CXR consistent with tuberculosis, or
 - The patient is placed on two or more anti-TB drugs
2. When bacteriology smears or cultures are positive for acid fast bacilli (AFB)
3. When the patient has a positive culture for *M. tuberculosis* complex (i.e., *M. tuberculosis*, *M. bovis*, *M. canettii*, *M. africanum*, *M. microti*).
4. When a pathology report is consistent with tuberculosis.

How do you report?

The Confidential Hospitalized TB Suspect/Case report (H-803) (on the back of this form) is to be completed in its entirety and submitted to Tuberculosis Control. The Confidential Morbidity Report (CMR) should not be used for hospitalized patients.

1. BY FAX: (760) 482-4897
2. BY PHONE: (760) 482-4661
3. BY MAIL: TUBERCULOSIS CONTROL
935 BROADWAY
EL CENTRO, CA 92243

Reporting tuberculin skin test

Definition of a Positive Tuberculin Skin Test:

- ≥ 5 mm of induration is considered positive for contacts, suspects and HIV+ or immune-suppressed individuals of any age.
- ≥ 10 mm of induration is considered positive for all other screening subjects of any age.

A positive tuberculin skin test with a normal chest x-ray is not reportable unless the patient is age 3 or younger. However, health department follow-up may be requested for PPD reactors who also meet one of the following criteria. The reason for referral must be noted on the Remarks section.

- a. HIV infected or at risk of HIV infection
- b. Contact to infectious case of tuberculosis
- c. Abnormal chest film consistent with old TB or silicosis
- d. Children 3 years old or under with a positive tuberculin skin test
- e. Documented converters
- f. Medical conditions that increase TB risk:
 - ◆ Diabetes mellitus
 - ◆ Prolonged steroid therapy
 - ◆ Immunosuppressive therapy
 - ◆ End stage renal disease
 - ◆ Unexplained rapid weight loss