

## LATENT TUBERCULOSIS INFECTION (LTBI): INITIAL

### Dates

**Date Reported**    Month / Day / Year \_\_\_\_\_

**Date Submitted**    Month / Day / Year \_\_\_\_\_

**Date Counted**    Month / Day / Year \_\_\_\_\_

**MMWR Week**    \_\_\_\_\_ **MMWR Year** \_\_\_\_\_

**Date LTBI Diagnosed**    Month / Day / Year \_\_\_\_\_

### Case Numbers

Year Reported (YYYY) \_\_\_\_\_ State Code \_\_\_\_\_ Locally Assigned Identification Number \_\_\_\_\_

**LTBI State Case Number** \_\_\_\_\_

**City/County Case Number** \_\_\_\_\_

Does the patient have any epidemiological linkage?     Yes     No

**Epi-Linked Case Number** \_\_\_\_\_

**Epi-Linked Case Number** \_\_\_\_\_

**Epi-Linked Case Number** \_\_\_\_\_

**Epi-Linked Case Number** \_\_\_\_\_

### Reporting Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Census Tract \_\_\_\_\_

Inside City Limits?     Yes     No

### Demographics

Month / Day / Year \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Ethnicity (select one)**

Hispanic or Latino

Not Hispanic or Latino

**Race**

American Indian or Alaskan Native

Asian: Specify \_\_\_\_\_

Black or African American

Native Hawaiian or Other Pacific Islander: Specify \_\_\_\_\_

White

**Sex at Birth**

Male     Female

If Female, Pregnant at Time of Dx?     Yes     No

**Country of Birth** \_\_\_\_\_

Eligible for US citizenship at birth?     Yes     No

**Date of First US Arrival**

Month / Day / Year \_\_\_\_\_

**Primary Guardian(s) Country of Birth (if Patient <15 y.o.)**

1) \_\_\_\_\_

2) \_\_\_\_\_

### Initial Treatment Regimen

**Was LTBI Treatment Started?**     Yes     No     Unknown

If Yes, **Date Started**    Month / Day / Year \_\_\_\_\_

If Yes, **what Regimen?**

Isoniazid/Rifapentine (3 mo; 3HP)

Isoniazid (9 mo; 9H)

Rifampin (4 mo; 4R)

Isoniazid (6 mo; 6h)

Isoniazid/Rifampin/Pyrazinamide/Ethambutol (2 mo; 2HRZE)

Other (specify) \_\_\_\_\_

If No, **Primary Reason?**

Drug Shortage

History of Previous Treatment for TB or LTBI

Lost to Follow-up

Treatment Medically Contraindicated

Provider Decision

Patient Refused

Treatment Not Offered Based on Local Clinic Guidelines

Other (specify) \_\_\_\_\_

### Chest Radiograph and Other Chest Imaging Studies

**Chest Radiograph Performed?**    Month / Day / Year \_\_\_\_\_

Yes     No

**Evidence of Cavity**     Yes     No

**Miliary TB**     Yes     No

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**Chest CT Performed?**    Month / Day / Year \_\_\_\_\_

Yes     No

**Evidence of Cavity**     Yes     No

**Miliary TB**     Yes     No

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**Other Imaging Performed?**    Month / Day / Year \_\_\_\_\_

**Type** \_\_\_\_\_

Consistent with TB

Not Consistent with TB

**Evidence of Cavity**     Yes     No

**Miliary TB**     Yes     No

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**Other Imaging Performed?**    Month / Day / Year \_\_\_\_\_

**Type** \_\_\_\_\_

Consistent with TB

Not Consistent with TB

**Evidence of Cavity**     Yes     No

**Miliary TB**     Yes     No

### Initial Reason Evaluated

*Options are in order; pick first option that matches reason for patient evaluation*

Contact Investigation

Screening

TB symptoms

Other

## LTBI: INITIAL

### Risk Factors

**Lived outside US (>60 consecutive days)**  Yes  No  Unknown  
**Meets Binational Criteria**  Yes  No  Unknown  
**Resident of Correctional Facility Ever**  Yes  No  Unknown  
**Resident of Corrections at Evaluation**  Yes  No  Unknown  
     **Corr. Facility Type** \_\_\_\_\_  
     **ICE Custody**  Yes  No  
**Injection Drug Use, past 12-mo**  Yes  No  Unknown  
**Non-Injection Drug Use, past 12-mo**  Yes  No  Unknown  
**Heavy Alcohol Use, past 12-mo**  Yes  No  Unknown  
**Identified during Contact Investigation**  Yes  No  Unknown  
     **Evaluated during C.I.**  Yes  No  Unknown

**Homeless Ever**  Yes  No  Unknown  
**Homeless in past 12-mo**  Yes  No  Unknown  
**Long-Term Care Resident at Dx**  Yes  No  Unknown  
     **LTC Facility Type** \_\_\_\_\_

**Smoking Status**  Current Every Day  Current Some Days  Former  
 Smoker, Current Unknown  Never  Unknown

**HIV Status**  Positive  Negative  Indeterminate  
 Not Offered  Refused  Unknown  
 State HIV/AIDS Case # \_\_\_\_\_ Local HIV/AIDS Case # \_\_\_\_\_

### Additional Risk Factors

**Diabetes Mellitus**  Yes  No  Unknown  
**TNF- $\alpha$  Antagonist Therapy**  Yes  No  Unknown  
**End-Stage Renal Disease**  Yes  No  Unknown  
**Other Immunocompromise (not HIV/AIDS)**  Yes  No  Unknown

**Post-Organ Transplant**  Yes  No  Unknown  
**Viral Hep type B or C**  Yes  No  Unknown  
**Coccidioidomycosis (Valley Fever)**  Yes  No  Unknown  
**Other (specify)** \_\_\_\_\_

### Occupation

**Ever worked as:**  Health care worker  Correctional facility employee  Migrant/seasonal worker  None of the above  Unknown

If patient  $\geq$  14 years of age: **Current Occupation** \_\_\_\_\_ **Current Industry** \_\_\_\_\_  
 If different from above: **Longest Occupation** \_\_\_\_\_ **Longest Industry** \_\_\_\_\_

LTBI: Labs & Observations Section

**TST**  Positive  Negative  
 If any TST positive, first positive  Not Done  
**Plant Date** \_\_\_\_\_ **Read Date** \_\_\_\_\_  
 Month Day Year      Month Day Year

**IGRA**  Positive  Negative  Indeterminate  
 If any IGRA positive, first positive  Not Done  
**Collection Date** \_\_\_\_\_ **Result Date** \_\_\_\_\_  
 Month Day Year      Month Day Year

**First Smear**  Positive  Negative  
 If any smear positive, first positive  Not Done  
**Collection Date** \_\_\_\_\_ **Result Date** \_\_\_\_\_  
 Month Day Year      Month Day Year

**First Culture**  Positive  Negative  
 Not Done  
**Collection Date** \_\_\_\_\_ **Result Date** \_\_\_\_\_  
 Month Day Year      Month Day Year

**First NAA**  Positive  Negative  
 Not Done  
**Collection Date** \_\_\_\_\_ **Result Date** \_\_\_\_\_  
 Month Day Year      Month Day Year

**Comments:**

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