



Suspect TB Evaluation Worksheet

TB disease is **IMMEDIATELY** reportable in Washington state (WAC 246-101-101)

Patient Information:

Name: _____ DOB: _____ Gender: _____ MRN #: _____ Inpatient
 Outpatient

Address: _____ City: _____ County: _____ State: _____ Zip: _____

If patient is a minor: Parent/Guardian Name, relationship: _____ Phone #: _____
 (____) _____ - _____

Foreign born: Yes No Country of origin: _____ Date arrived in US: _____ Needs translator? Yes No

Reporting Facility:

Facility name: _____ Report date: _____

Clinician name: _____ Clinician phone #: _____ Fax #: _____
 (____) _____ - _____ (____) _____ - _____

Clinical Findings:

Status: <input type="checkbox"/> Active disease: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> LTBI (active disease ruled-out)	Site(s): <input type="checkbox"/> Pulmonary <input type="checkbox"/> Laryngeal <input type="checkbox"/> Extra-Pulmonary	Reason for testing: <input type="checkbox"/> Symptoms <input type="checkbox"/> Employment <input type="checkbox"/> Immigration <input type="checkbox"/> Recent exposure to an infectious TB case <input type="checkbox"/> Other: _____
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TB Testing: IGRA: <input type="checkbox"/> Not done Date: ___/___/___ <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. <input type="checkbox"/> Indeterminate <input type="checkbox"/> Previous Pos. IGRA Date: ___/___/___ TST: <input type="checkbox"/> Not done Date: ___/___/___ <input type="checkbox"/> Pos. <input type="checkbox"/> Neg. Reading: _____ mm <input type="checkbox"/> Previous Pos. TST Date: ___/___/___	Chest X-Ray: (please attach all reports) <input type="checkbox"/> Not done Date performed: ___/___/___ <input type="checkbox"/> Normal <input type="checkbox"/> Cavitation <input type="checkbox"/> Infiltrate <input type="checkbox"/> Opacity <input type="checkbox"/> Nodule <input type="checkbox"/> Granulomas Comments: _____
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Pathology: (please attach all reports)

Date	Source

Risk Factors:

HIV+ Hx of TB Tx: _____
 Contact of infectious TB case Active disease
 Immunocompromised LTBI
 Hx of incarceration

Bacteriology: (please attach all reports)

Date Collected	Specimen Source	Smear	NAAT*	Culture	TB Symptoms:				
					Yes	No	Unk	Onset date	

*NAAT is typically recommended on the first 2 specimens collected.



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TB disease is **IMMEDIATELY** reportable in Washington state (WAC 246-101-101)

Persons suspected of having TB disease should be promptly evaluated, including:

- A medical history
- An in-person physical examination
- A test for TB (TST or IGRA)
- A chest x-ray
- Any appropriate bacteriologic or histologic examinations.

For suspected pulmonary and laryngeal TB:

- Collect 3 sputums, 24 hrs apart (early morning is best).
- Order AFB smear & culture and NAAT/PCR on at least 2 specimens.

When to Report:

- Any **suspected** case of active TB disease. CCPH can assist with any questions related to evaluation. Examples of when to report suspected disease include:
 - NAAT or culture positive for M.tuberculosis complex on a specimen from any source.
 - Pathologic findings are consistent with active TB, unless other clinical evidence makes a TB diagnosis unlikely.
 - Clinical and radiographic evidence are consistent with active TB, in whom the level of clinical suspicion of active TB is high enough to warrant the initiation of anti-tuberculous therapy.
 - HIV infection is known or suspected, and who has a new finding on chest radiograph consistent with active TB, regardless of symptoms, AFB smear results.
 - A child 5 years or younger has a positive TST and normal CXR.
- All **confirmed** cases of TB are immediately reportable to the CCPH TB Program.

LTBI is NOT currently reportable in the state of Washington. Refer to CDC's guide for primary care providers for guidance on evaluation and treatment (<https://www.cdc.gov/tb/publications/lbti/pdf/LTBIbooklet508.pdf>)

How to Report:

- Fax this completed form to the CCPH TB Program: (564) 397-8080 (within 24 hours of diagnosis) and include any supporting documentation.
 - Facilities that have granted CCPH access to their EMR may forgo sending attachments. These organizations include: Kaiser, Legacy, OHSU, Peace Health, and Vancouver Clinic.

Overview of CCPH's TB Program Services:

The CCPH TB Program is available to provide consultation for both cases of active TB disease and latent infection as well as case management for all cases of active disease. For each case of active TB disease diagnosed in Clark County, a TB nurse case manager is assigned who oversees the care of the patient throughout the duration of treatment. Case management and clinical services for patients with TB disease include promoting patient treatment adherence, directly observed therapy and regular clinical assessments. A case investigation is conducted for each active infectious TB case to assess the sites of potential transmission, investigate who has been exposed, and provide testing and follow-up of contacts.

For questions please call the CCPH TB Program (564) 397-8182 (after hours, select option 2, option 8).