

Los Angeles County
 Phone: (213) 745-0800
 Fax: (213) 749-0926

Confidential Morbidity Report of Tuberculosis Suspects & Cases

Department of
Public Health

Under California law, all Outpatient TB suspects and cases must be reported within **one** working day

Patient's Last Name	First	Middle	Date of Birth	Age	Sex	Patient's SS#
Patient's Address			City	State	Zip	County
Phone Number		Occupation	Country of Birth	Date Arrived in U.S.		Medical Record Number

Race: White Black Asian spec. _____ Pacific Islander spec. _____ Alaska Native American Indian
Ethnicity: Hispanic Non-Hispanic

Previous TB Skin Test: Date: _____ mm of induration Current TB Skin Test: Date: _____ mm of induration	Chest X-Ray/CT Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Cavitory <input type="checkbox"/> Non-Cavitory Impression: _____
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IGRA Test: _____ Test Type: _____ Positive Negative Indeterminate
 Date: _____ QFT: Mitogen _____ Nil _____ Antigen _____

<p>Active Disease</p> <input type="checkbox"/> TB Suspect <input type="checkbox"/> TB Case	<p>Site of Disease</p> <input type="checkbox"/> Pulmonary TB <input type="checkbox"/> Extra-pulmonary TB Specify Site: _____	<input type="checkbox"/> LTBI Requesting Public Health follow-up.
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Cough and/or Sputum production Yes No Date of Onset _____ Date of Diagnosis _____ Date of Death _____

<p>Bacteriology <input type="checkbox"/> Note Done</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date Collected</th> <th>Specimen Type</th> <th>Smear AFB</th> <th>Culture MTB</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>MTB PCR Result: _____ Lab Name: _____ Phone: _____</p>	Date Collected	Specimen Type	Smear AFB	Culture MTB													<p>Treatment <input type="checkbox"/> Not Started</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Drug</th> <th>Dose</th> <th>Start Date</th> </tr> </thead> <tbody> <tr><td>INH</td><td> </td><td> </td></tr> <tr><td>Rifampin</td><td> </td><td> </td></tr> <tr><td>EMB</td><td> </td><td> </td></tr> <tr><td>PZA</td><td> </td><td> </td></tr> <tr><td>Rifabutin</td><td> </td><td> </td></tr> <tr><td>B6</td><td> </td><td> </td></tr> </tbody> </table>	Drug	Dose	Start Date	INH			Rifampin			EMB			PZA			Rifabutin			B6		
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Remark (Please indicate if requesting public health follow up):

For the TB Control Use

New or Open
 DP#: _____

Closed Date _____

Conf. Date _____

TB or PMD

Faxed Date _____

Faxed Date _____

cc: _____

CT: _____

Reporting Health Care Provider	Telephone Number	Fax Number
Reporting Health Care Facility Address	Submitted By	Date Submitted

Please attach all applicable reports

Please attach H & P, MD note, CXR report, QFT/PPD report, AFB sputum/cx (lab report).

County of Los Angeles Department of Public Health
Tuberculosis Control Program
2615 S. Grand Ave., Room 507 Los Angeles, CA 90007

WHY DO YOU REPORT?

Because it is required! Reporting of all patients with **confirmed** or **suspect** Tuberculosis is mandated by State Health and Safety Codes (HSC) Section 121362 and Title 17, Chapter 4, Section 2500 and must be done within **one of working day of diagnosis**. 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 (i.e. TB Controller).

WHO MUST REPORT?

1. All health care providers (including administrators of health care facilities and clinics) in attendance of a patient suspected to have or confirmed with active tuberculosis must report within **one of working day** from the time of identification.
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 of Regulations Section 2505).

WHEN DO YOU REPORT?

1. When the following conditions are present:
 - signs and symptoms of tuberculosis are present, and /or
 - the patient has an abnormal chest x-ray consistent with tuberculosis, or
 - the patient is placed on two or more anti-TB drugs for MTB treatment not for atypical Mycobacterium treatment.
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.
5. When a patient **age 5 years** or younger has a positive Tuberculin skin test and normal CXR.

DELAY OR FAILURE TO REPORT:

Delay or failure to report communicable diseases has contributed to serious consequences in the past. Under the ***California Code of Regulations***, Title 16 (section 1364.10), failure to report a communicable disease is a violation of State regulations subject to a citation(s) and monetary fine(s). The Medical Board of California determined failure to report in a timely manner a citable offense under ***California Business and Professions Code*** (Section 2234), "Unprofessional Conduct."

HOW DO YOU REPORT?

The Confidential Morbidity Report (CMR) form on the other side is to be completed in its entirety and submitted to Tuberculosis Control. Please Attach supporting documentation (H & P, MD note, CXR report, QFT/PPD report, AFB sputum/cx (lab report)).

BY FAX: (213) 749-0926

or

After hours, leave your name, phone or pager#, patient name, DOB and medical record number on voicemail.