

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
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 \_\_\_\_\_

<b>Active Disease</b>	<b>Site of Disease</b>	
<input type="checkbox"/> TB Suspect	<input type="checkbox"/> Pulmonary TB	Specify Site: _____
<input type="checkbox"/> TB Case	<input type="checkbox"/> Extra-pulmonary TB	

Cough and/or Sputum production:  Yes  No      Date of Onset: \_\_\_\_\_      Date of Diagnosis: \_\_\_\_\_

<b>Bacteriology</b> <input type="checkbox"/> Note Done	<b>Treatment</b> <input type="checkbox"/> Not Started																																					
<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>	Date Collected	Specimen Type	Smear AFB	Culture MTB													<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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Lab Name: _____ Phone: _____																																						

**Remark** (Please indicate if requesting public health follow up):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Please attach all applicable reports

County of Los Angeles Department of Public Health  
**Tuberculosis Control Program**  
123 W. Manchester Blvd. Inglewood, CA 90301

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**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 2 years** or younger has a positive TST or IGRA 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. Attach supporting documentation (H & P, MD note, CXR report, IGRA/TST report, AFB sputum/cx (lab report), *M.tb* PCR, path).

**BY FAX: (213) 749-0926**

or

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