

County of Los Angeles • Department of Public Health • TB Control Program
TEL (213) 745-0800 FAX (213) 749-0926
Confidential Hospitalized TB Suspect/Case Report (H-803)

****PATIENT:**

_____ Last First MI

ADDRESS: _____

PHONE: _____ **Social Security #:** _____

BIRTH DATE: _____ Sex: Male Female

****IF PT. UNDER 18, (PARENT NAME/DOB):** _____

Employer/School: _____

OCCUPATION: _____

Race: White Black Am. Indian Alaska Native
 Asian(Specify) _____ Pacific Islander (Specify) _____

Ethnicity: Hispanic Non-Hispanic

Country of Origin: _____ Date of Entry: _____

Contact Person (name/ph#) _____

Date of Diagnosis _____

Skin Test Date _____ **IGRA Test Date** _____

Result _____ MM Test Type: _____ QFT: _____
 Not Done Positive Mitogen _____
 Unknown Negative Nil _____
 Indeterminate Antigen _____

If Pulmonary, check symptoms

Cough Night sweats Hemoptysis
 Sputum production Weight loss _____ (No. of lbs.)

If asymptomatic, reason for evaluation _____

Other medical conditions relevant to diagnosis: _____

BACTERIOLOGY

Pathology Report: _____

Lab Name and Account #: _____

Specimen Number	Specimen Collection Date	Specimen Type	Smear AFB	Culture M. TB +/-

Additional Comments: _____

Date Reported: _____

RECORDED BY: _____

PHONE: _____ Fax: _____

Medical Record # _____

Pt. currently hospitalized? Yes No Adm. Date: _____

Treating Physician: _____

NAME OF HOSPITAL: _____

ADDRESS: _____

PHONE: _____

Referred for F/U _____

ADDRESS: _____

PHONE: _____

Will MD be continuing TB care? Yes No

Pulmonary TB Extra Pulmonary TB
(Site) _____

Chest X-ray Date _____ Cavitory Non-Cavitory

Impression: _____

Past History of TB Treatment? Yes No

If yes, where, when treated? _____

HIV STATUS

Date: _____

POSITIVE NEGATIVE UNKNOWN
 NOT DONE REFUSED PENDING

Patient weight _____

Psychosocial History: _____

Allergies: _____

MEDICATIONS	DOSE	START DATE
Isoniazid		
Rifampin		
Ethambutol		
Pyrazinamide		
Rifamate®		
Rifabutin		

County of Los Angeles • Department of Public Health • TB Control Program
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 (i.e. TB Controller).

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
 - ┆ the 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: (213) 749-0926
2. BY PHONE: (213) 745-0800: After hours, leave your name, phone or pager #, patient's name, DOB and medical record number on voicemail.
3. BY MAIL: Tuberculosis Control Program
2615 S. Grand Avenue, Room 507
Los Angeles, CA 90007

Reporting tuberculin skin test

Definition of a Positive Tuberculin Skin Test:

≥ 5 mm of induration is considered positive for contacts, suspects and HIV+ or immuno-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 years 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 for 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