



**Tuberculosis and Hansen's Disease Unit
Instructions for Report of TB Conditions
Form 12-11461-I**

This form documents all individuals with a notifiable Tuberculosis condition reported to your health department.

Instructions: Please list all inmates screened and diagnosed with TB infection, suspected TB, or confirmed TB disease. Please contact your DSHS public health region (PHR) or local health department (LHD) if you need assistance completing this form.

If you do not have any TB infections and/or diagnosed with suspected or confirmed TB disease, please write "NONE" on the form and submit.

Name of Facility: Provide the legal name of the correctional facility reporting TB screening activities. Please do not abbreviate.

Person Completing Form: Provide the name of the person responsible for completing the monthly report and/or the person who can be contacted to clarify information submitted on this report. Include titles such as RN or LVN.

Reporting Month and Year: Provide the month and year of the reporting period.

Book-In Date or Date Hired: For all inmates, provide the book-in date (intake date) of the TB infection, suspected case, or confirmed case being reported. For employees and volunteers, include the date they were hired. (Format: MM/DD/YY)

Name: Provide the individual's full name. (Format: Last, First)

Patient Type (PT): Provide the individual's patient type. (Format: 1 if the individual is an inmate, 2 if the individual is an employee, and 3 if the individual is a volunteer)

Date of Birth (DOB): Provide individual's date of birth. (Format: MM/DD/YY)

Sex: Provide the individual's given sex; male, female, or unknown/other. (Format: M for male, F for female, O for unknown/other)

Date Placed or Drawn: Provide the date the individual was administered their TB test or the date the IGRA was drawn. (Format: MM/DD/YY). TSTs or IGRAs should be for the **reporting month** unless the following conditions apply: a) individual is a prior positive, or b) individual received a diagnostic evaluation the month following the positive TST or IGRA. Please do not leave this field blank. NOTE: For inmates with a written documented history of a being a prior positive, write the documented date the TST was applied. This serves as the baseline for individuals who were previously positive.



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Date Read: Provide the date the individual's TST or IGRA was read. Include the written documentation of prior positive dates. Please do not leave this field blank. NOTE: For inmates with a written documented history of a being a prior positive, write the documented date the TST was read (Format: MM/DD/YY).

Results mm and IGRA: Provide the results of the individual's TST or IGRA. If reporting a TST result, provide the mm of induration. If reporting an IGRA test result, please indicate negative, positive, or indeterminate. Please do not leave this column blank. NOTE: For inmates with a written documented history of being a prior positive, write the baseline result.

Converter Y or N; If Y, Date: Indicate if the inmate is a converter or not. (Format: Y for yes, N for no). If yes, please provide the date their last negative TST was placed or IGRA was drawn. (Format: MM/DD/YY).

Converter: a change from a documented negative TST or IGRA to a positive TST or IGRA during the time of residence in the facility.

Chest X-Ray (CXR) Date: Provide the date when the CXR was done for inmates, employees, and volunteers. (Format: MM/DD/YY) NOTE: This section **only** applies to CXRs for individuals identified as TB infections, suspected disease, or active disease. **Do not** include CXRs that were performed in lieu of a TST or IGRA (ex: testing refusals). However, all CXRs performed in the reporting month should be included on the 12-11462 (Monthly Correctional TB Report).

CXR Result: Provide the recorded interpretation of the chest radiograph. (Format: Abnormal (A), Normal (N))

Symptom Screening: Provide whether the individual was symptomatic (S) or asymptomatic (A). If symptom screening was not performed, they should be marked Not Completed (NC).

TB Infection, Case, or Suspect: Provide whether the individual is a case (C), a suspect (S), or TB infection (I). NOTE: If the individual meets the case definition for TB infection **and** has a physician diagnosis, report this as TB infection.

Treatment Start Date: Include the date when the individual was given their first dose of treatment for TB infection or active/suspected TB disease while at the facility during the reporting month. Please do not include transfers who have already started treatment. (Format: MM/DD/YY)

Released, Transferred, Both, None: Indicate if the individual was released to the community, transferred into the facility, if they were transferred out to another facility or both (Inmate was transferred in and released). Please also include the date they were released or transferred) (Format: MM/DD/YY) (Format: TI-Transferred In; TO-Transferred Out; REL-Released; B-Both (released **and** transferred in); N-None)



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DEFINITIONS

Converter: a change from a documented negative TST or IGRA to a positive TST or IGRA during the time of residence in the facility.

Positive Reactor: An individual with a positive IGRA or TST with an induration of 10 mm or more is considered positive for all people in a correctional facility except the following: HIV-infected people, recent contacts to TB disease, people with fibrotic changes on chest x-ray consistent with prior tuberculosis, organ transplant recipients, and other immunosuppressed people (those on TNF alpha inhibitors, or people taking a prolonged course of oral or intravenous corticosteroids such as prednisone). For these inmates, 5 mm or more is considered positive.

Suspected TB: Clinical suspicion of active TB is based on signs and symptoms and/or abnormalities on chest x-ray AND the clinician intends for the client to be placed in isolation OR placed on 4-drug therapy. If TB is suspected, a complete evaluation must be performed while waiting for final laboratory results.

TB Disease : Active TB disease is diagnosed by medical history, physical evaluation, chest x-ray, and other laboratory tests (i.e., isolation of *M. tuberculosis* complex from a clinical specimen).

TB Infection: TB infection is determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot TB or QuantiFERON - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. A clinician's diagnosis must always be obtained to determine TB infection.