



Completing Correctional Tuberculosis Reports Guidance for Correctional Facilities

TABLE OF CONTENTS

INTRODUCTION.....	2
OBTAINING FORMS.....	2
COMPLETING THE MONTHLY CORRECTIONAL TB REPORT	3
COMPLETING THE POSITIVE REACTORS/SUSPECTS/CASES FORM	12
EXAMPLES	16
APPENDIX 1: LTBI vs. Active TB	24
APPENDIX 2: Monthly Correctional TB Report.....	25
APPENDIX 3: Positive Reactors/Suspects/Cases Form.....	26
APPENDIX 4: Symptom Screening Form.....	27
APPENDIX 5: Contact information.....	28

Introduction

This document provides guidance to correctional facilities that meet Texas Health and Safety Code Chapter 89 requirements, to assist them in completing the Texas Department of State Health Services (DSHS) monthly correctional tuberculosis (TB) reports. DSHS regional TB programs and local health departments may refer to this document as a guide to assessing the accuracy and completeness of the monthly correctional tuberculosis reports submitted by jails and other correctional facilities.

Texas law mandates TB screening in correctional facilities that have a capacity of at least 100 beds, or that house inmates transferred from a county that has a jail that has a capacity of at least 100 beds, or transferred from another state. TB screening is also mandatory in community correctional facilities. Chapter 89 also requires that the results of these screening tests be reported to the Department of State Health Services each month. The monthly correctional TB reports are DSHS approved documents that must be completed in accordance with these guidelines and submitted to the Correctional TB Program within established timelines.

Reporting Timelines

- All suspected or diagnosed cases of tuberculosis shall be reported within one (1) working day to the local health authority or a Department of State Health Services regional office on the Report of Case and Patient Services forms (TB400A and B).
- Correctional facilities must submit the Monthly Correctional TB Report (EF12-11462) and the Positive Reactors/Suspects/Cases form (EF12-11463) to their local health department or to their DSHS regional office by the 5th working day of the month following the reported month.

Obtaining Correctional TB Reporting Forms

All forms for reporting can be downloaded from the DSHS website. This guidance document can also be obtained on the website: <http://www.dshs.state.tx.us/idcu/disease/tb/forms>

Form Number			
		—	
		—	
		—	
		— —	

Completing the Monthly Correctional TB Report Form (EF12-11462)

Purpose

The monthly correctional TB report captures information about the number of inmates and employees screened for tuberculosis during a specified month. It is also used to report the number of TB suspects and cases identified at the correctional facility, and the number of individuals started on treatment for latent TB infection.

 TEXAS Department of State Health Services		Infectious Disease Intervention and Control Branch - TB Monthly Correctional TB Report	
PRINT IN BLACK INK OR TYPE. Fill out form completely. If you need assistance filling out this report, please call the Correctional TB Program at (512) 458-7447.			
Facility Name Texas County Jail		Report Date 2/4/2008	
Reporting Month January, 2008	Contact Person John Smith	Phone Number (512) 555-1234	

Facility Name

Provide the legal name of the correctional facility reporting TB screening activities.

Report Date

Provide the actual date the report is completed or reported. Date must be written in the format of month/day/year.

Reporting Month

Provide the month and year TB screening activities occurred.

Contact Person

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.

Phone Number

Provide the contact person's phone number. Please include the area code and, if applicable, an extension number.

1. Number of Tuberculin Skin Tests Administered:	
Inmate:	Employee:
2. Number of Tuberculin Skin Tests Read:	
Inmate:	Employee:
3. *Number of TST Measured at 10mm or larger:	
Inmate:	Employee:
3(b). **Number of Prior Positives:	
Inmate:	Employee:

1. Number of Tuberculin Skin Tests Administered

Provide the total number of inmates and employees who received a tuberculin skin test during the reporting month. Provide the number of skin tests administered in the appropriate inmate or employee box.

2. Number of Tuberculin Skin Tests Read

Provide the total number of all tuberculin skin tests that were read during the reporting month.

- The total number of skin tests read should equal the number of skin tests administered. (**Exception:** Inmates who are transferred or released before the test can be read.
10 inmates received the TST – 2 released inmates = 8 received TST reading)
- Tuberculin skin tests must be read between 48 and 72 hours after placement.
- Tuberculin skin tests that are not read between 48 and 72 hours must be repeated. The new test should be placed as soon as possible and read 48 to 72 hours after placement.
- Do not include anyone with a documented history of a positive TB test.

3. Number of Tuberculin Skin Tests Measured At or Greater Than 10mm

Provide the total number of positive skin tests that were measured at 10mm or greater during the reporting month. Each inmate and employee with a positive skin test that measures 10mm or greater must be listed on the Positive Reactors/Suspects/Cases form (see page 12).

(**Exception:** Inmates or employees who are tested due to exposure to an active case of TB and whose TST result is 5mm or more. These inmates or employees must be listed on the Positive Reactors/Suspects/Cases form.)

3b. Number of Prior Positives

Provide the total number of people with a documented history of a previously positive skin test result.

- A verbal report of a prior positive result should not be considered without written documentation.
- A skin test should be administered to individuals that cannot provide verification of a prior positive result.

4. Number of CXR Performed on Positive Reactors:		4(b). Number of CXR Performed on Prior Positives:	
Inmate:	Employee:	Inmate:	Employee:
5. Number of Documented Conversions of Tuberculin Skin Tests:			
Inmate:		Employee:	

4. Number of Chest X-Rays Performed on Positive Reactors

Provide the total number of chest x-rays that were performed on inmates and employees who had skin tests measuring 10mm or greater during the reporting month (referred to as “positive reactors” in this document and on the reporting forms). Place the total number in the appropriate employee or inmate box.

4b. Number of Chest X-Rays Performed on Prior Positives

Provide the total number of chest x-rays that were performed on inmates and employees who have documented previously positive skin test results.

Example: An inmate is incarcerated at the county jail in 2005 and at that time is given a tuberculin skin test (TST) which measures 17mm. In February 2008, the inmate is incarcerated again at the same jail. The nurse at the jail reviews the inmate’s records and discovers the previous positive result. This inmate should be included in this box, given a chest x-ray and a skin test should not be repeated.

Example: An inmate is brought to the county jail and claims that when he started his last job, a TST was required. The inmate reports this skin test was positive, but has no documentation of the test or result. This person should NOT be counted in this box and a new skin test should be administered, and should be included in boxes 1, 2, and 3 as appropriate.

5. Number of Documented Conversions

Provide the total number of inmates and employees that converted from a negative skin test to a positive skin test.

- Anyone whose tuberculin skin test reaction converted from negative to positive within the past 2 years (an increase of 10mm or greater).
- If there is no prior documentation of a negative TST, do not include that individual as a converter.
- Example: A person is hired in August and at that time has a TST result of 2mm. When the employee is given another TST the following August, the TST measures 14mm. This increase is greater than 10mm and should be considered a conversion.

6(a). Number Started on Treatment for LTBI:		6(b). Number Completing Treatment for LTBI:	
Inmate:	Employee:	Inmate:	Employee:

6a. Number Started on Treatment for Latent TB Infection (LTBI)

Provide the total number of inmates and employees started on drug therapy for latent TB infection during the reporting month. Place the total number in the appropriate inmate or employee box.

- If an inmate (or employee) was started on treatment for LTBI prior to incarceration (or employment) at the facility, do not include this person in #6. This field applies only to those who start treatment at the facility during the reporting month.
- The standard regimen for LTBI is nine months of isoniazid, although there are other approved regimens.
- A diagnosis of latent TB infection includes having a skin test result $\geq 10\text{mm}$, a negative chest x-ray and no symptoms of TB. Treatment for LTBI should not be initiated until active TB is ruled out in a positive reactor. If a person has an abnormal chest x-ray that has been attributed to another disease by a physician, treatment for LTBI can be initiated.

6b. Number Completing Treatment for LTBI

Provide the total number of inmates and employees who completed therapy for LTBI while at the facility during the reporting month.

- The standard treatment for LTBI is nine months of isoniazid, although other regimens are available.
- Do not include inmates or employees who completed treatment for active TB disease in this box.

The Monthly Correctional TB Report only requires the total number of employees and inmates starting treatment for LTBI and the number of inmates and employees completing treatment for LTBI. Inmates and employees who are continuing treatment for LTBI during any reporting month should not be included on this report.

7(a). ***Number Diagnosed as TB Suspects in Current Month:		7(b). Number of TB Suspects Currently Under Management: Do not include people from 7(a).	
Inmate:	Employee:	Inmate:	Employee:

7a. Number Diagnosed as TB Suspects in Current Month

Provide the total number of inmates and employees who had an abnormal chest x-ray, signs and symptoms of TB, sputum collected for TB or were started on four TB medications during the reporting month. Classic symptoms of TB include coughing for >3 weeks, coughing up blood, night sweats, and unexplained weight loss. General symptoms such as fever, fatigue, and chills may also be present.

- Inmates with symptoms of TB or chest x-ray results suggestive of TB should be placed immediately in a TB isolation room with negative air pressure. If the correctional facility does not have negative air pressure isolation cells, inmates suspected of having TB should be hospitalized in a negative air pressure isolation room. Employees with symptoms of TB or a chest x-ray suggestive of TB should be placed on work restriction.
- Correctional facilities must immediately notify the local health department or a Department of State Health Services regional office as soon as screening procedures detect a suspected TB case among inmates or staff.
- If the TB suspect later becomes a case while still at the facility, report this in 8a for the reporting month in which the suspect was reclassified as a case.
- The names of the TB suspects counted in 7a on the monthly report should be listed in the Positive Reactors/Suspects/Cases form. The column, ‘TB case or suspect?’ should show an ‘S’ for suspect (see page 15).

Inmates and/or employees that are considered TB suspects should be placed on the standard four drug anti-TB regimen (isoniazid, rifampin, pyrazinamide, and ethambutol). There may be certain situations where other regimens are appropriate (e.g. drug resistance or drug toxicity), please consult with a physician that routinely treats TB patients for alternate regimens or dosages. The local health department can direct you to an appropriate physician (see Appendix 5).

7b. Number of TB Suspects Currently Under Management

Provide the total number of inmates and employees already identified as TB suspects and reported on a previous monthly report during the reporting month.

- This number should not include individuals on treatment for LTBI.
- Should the TB suspect become a case, this should be reported in 8a during the month this information becomes known. Do not include diagnosed TB cases in 7b.
- Do not include inmates or employees who were diagnosed as TB suspects during the same reporting month. If a person is included under 7a for a reporting month, he should not be included in 7b for the same reporting month. Once a person is counted in 7b, that person should be removed from 7a.

9. Number of <u>Previously</u> Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month:	
TB Suspects <i>(Include Names):</i>	TB Cases <i>(Include Names):</i>
10. Number Transferred to Other Facilities: <i>(Include Names)</i>	
TB Suspects:	TB Cases:

9. Number of Previously Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month

These are inmates who, at the time of incarceration or transfer into the facility, are being treated for TB or have been diagnosed as a TB suspect prior to incarceration at the facility. This field does not apply to inmates who were treated for TB sometime in the past. (Example: Inmate was treated for TB in 1992.)

- Do not include inmates who have received treatment for LTBI.
- If the inmate is still being treated at the facility during the next reporting month, they are counted under 8b as ‘currently under management’.
- Inmates that have or are thought to have TB prior to incarceration should also be listed on the Positive Reactors/Suspects/Cases form (see page 12).

10. Number Transferred to Other Facilities

Provide the number of TB suspects or TB cases who have been transferred to another facility during the reporting month.

- Include the name of the inmate(s) that were transferred on the monthly report.
- Do not include inmates who are receiving treatment for LTBI.
- The local health department must be notified of an inmate’s transfer to ensure continued care. In addition, all health related paperwork regarding the inmate’s TB treatment should be sent with the inmate to the new facility.
- If an inmate is admitted to a hospital for further TB testing but will be returning to the correctional facility, this would not constitute a transfer.
- Include inmates who are released to ICE (Immigration Customs Enforcement), to the US Marshals, or to the Federal Bureau of Prisons.

11. Number Released to Community: <i>(Include Names)</i>	
TB Suspects:	TB Cases:
12. Number of Active TB Cases Completing Treatment During Reporting Month: <i>(Include Names)</i>	
Inmate:	Employee:

11. Number Released to Community

Provide the number of TB suspects or TB cases released to the community. This includes inmates who will be sent home and should receive follow up by the local health department or Department of State Health Services regional office.

- Write the name of the individual who was released.
- Notify the local health department or the Department of State Health Services regional office of the individual’s release, to ensure continued care.
- Do not include inmates receiving treatment for LTBI; however the local health department or the Department of State Health Services regional office should also be notified of their release to ensure continued treatment for LTBI.

12. Number of Active TB Cases Completing Treatment during Reporting Month

Provide the number of active TB cases that completed treatment for TB while at the correctional facility during the reporting month.

- Include the name of the inmate or employee that completed treatment.
- Do not include inmates or employees who have completed treatment for LTBI.
- Include inmates who were diagnosed for TB prior to incarceration at the facility and were already on TB treatment, and completed treatment at the facility.

Completing the Positive Reactors/Suspects/Cases Form (EF12-11461)

Purpose

The Positive Reactors/Suspects/Cases Form contains the names of all inmates and employees that were tuberculin skin test positive at 10mm or greater during the reporting month. It is also used to list all TB suspects and TB cases diagnosed during the reporting month.

All inmates and employees counted in the Monthly Correctional TB Report in boxes 3a, 4a, 4b, 5, 7a, 7b, 8a, or 8b should be included on the Positive Reactors/Suspects/Cases Form.



INFECTIOUS DISEASE INTERVENTION AND CONTROL BRANCH - TB POSITIVE REACTORS/SUSPECTS/CASES

PRINT IN BLACK INK OR TYPE. If you need assistance in filling out the form, please call the TB Correctional Program at (512) 458-7447.

- RACE CODES:
- 1 White, Non Hispanic
 - 2 Asian/Pacific Islander
 - 3 Black, Non Hispanic
 - 4 Hispanic
 - 5 American Indian/Alaskan

NAME OF FACILITY: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

Include employees; prior positive reactors; diagnosed TB suspects and/or TB cases; TB suspects and/or TB cases who are currently under management.

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abnor	**TB case or suspect ?	Rx Start Date

* Patient Type: Inmate = 1, Employee = 2

** Indicate "C" for TB case or "S" for TB suspect

Publication #EF12-11461

Revised 11/07

Book-In Date

Provide the date of the inmate's incarceration at the facility. The Texas Health and Safety Code, Chapter 89, requires that "the inmate must be tested on or before the seventh day after the day the inmate is first confined."

If the line is being completed for an employee, leave this box blank.

Name

Provide the first and last names of all inmates and employees who were positive reactors, cases, and/or suspects, during the reporting month.

- Include inmates and employees that had a skin test measuring ≥ 10 mm during the reporting month. (Monthly Correctional TB Report, Box 3a)
- Include inmates and employees with a documented history of a positive TB skin test that were given a chest x-ray during the reporting month. (Box 4b)
- Include TB cases and TB suspects diagnosed during the reporting month. (Boxes 7a and 8a)
- Include TB cases and TB suspects currently under management during the reporting month. (Boxes 7b and 8b)
- Include inmates that arrive at the facility during the reporting month with a current TB diagnosis. (Box 9)

PT (Patient Type)

Specify whether the individual is an inmate or an employee.

- Inmate=1, Employee=2

These designations are also listed at the bottom of the form.

SS#/Alien#

Provide the social security number, alien number or United States Marshal (USM) number of the inmate. This number is used to identify the inmate when transferred to another facility or released to the community, to ensure continuity of care.

DOB (Date of Birth)

Provide the date of birth of the inmate or employee.

Race

- White = 1
- Asian/Pacific Islander = 2
- Black = 3
- Hispanic = 4
- American Indian/Alaskan = 5

These designations are also listed at the top of the form.

Sex

- Male or Female

Date Placed (MMDDYY)

Provide the date the tuberculin skin test was administered to the individual. Skin test placement should occur within 7 days of incarceration for inmates. For employees, skin testing should be done at hire and on an annual schedule thereafter. The TB skin test date should be written in the format of month/day/year.

Date Read (MMDDYY)

Provide the date the skin test was read. The date should be written in the format of month/day/year.

Current national guidelines for skin testing are that the TST is read between 48-72 hours after placement. Skin tests read before 48 hours are not valid and should be re-read within the 48-72 hour mark. If more than 72 hours have passed since the skin test was administered, the skin test should be re-administered. Skin test results are not valid after 72 hours. If a skin test is not read, indicate this on the form by writing 'not read' in this box. Do not leave the question blank. If the line is completed for a prior positive, and the reading date is unknown, write 'prior' in this box.

MM (millimeters)

Provide the induration of the TST reading in millimeters. A ruler with measurements in millimeters must be used to read an induration. Do not guess or estimate the size of an induration. Do not leave this field blank unless the information is unknown for prior positives. Do not report tuberculin skin tests that are <10mm unless it is a TB suspect, case, or an inmate or employee identified as being exposed to a known TB suspect or case.

CXR Date

Provide the date of the chest x-ray.

- If a chest x-ray (CXR) was not done, give a reason. Do not leave this field blank.
- Only count the chest x-rays that are actually done and not those that are scheduled to be done.
- If a chest x-ray has been done but the results are not yet known, the chest x-ray can be reported for the month the results are known. If the chest x-ray is reported before the results are available, the results must be reported the following month (See examples 6 and 7, page 21-2).
- The date the CXR was done should be written in the format of month/day/year.

Normal/Abnormal

Provide the basic results of the chest x-ray. If the chest x-ray result was abnormal, further evaluation is needed such as:

- Deciding whether to collect sputum.
- Deciding where to house the inmate. It must be determined if the suspected inmate should be isolated in a negative air pressure cell, or hospitalized if a negative air pressure cell is not available.
- Evaluating what signs or symptoms of TB are present, if any.
- Deciding whether to start the inmate on anti-TB medications.
- Reporting the inmate to the local health department or Department of State Health Services regional office.
- Determining whether a contact investigation should be initiated.
- For an employee, determining if they have received a 'release to work' signed by their physician or local health authority.

If help is needed in answering these questions or in completing the above assessments, the local health department or DSHS regional TB program can provide guidance and/or assistance.

TB case or TB suspect

If an inmate or employee has been reported on the Monthly Correctional TB Report in boxes 7a, 7b, 8a, or 8b, indicate in this column whether s/he is a TB suspect or a TB case. Suspects should be designated with an S; cases with a C. Leave this box blank if the person is NOT a TB case or suspect (e.g. a positive reactor with a normal CXR).

Rx Start Date

Provide the date the inmate was placed on anti-TB medications either for treatment of LTBI or treatment for TB disease (suspect or case). If a TB case has not been started on medications, please provide the reason.

Example 1

Monthly Correctional TB Report:

1. Number of Tuberculin Skin Tests Administered:			
Inmate: 120		Employee: 10	
2. Number of Tuberculin Skin Tests Read:			
Inmate: 120		Employee: 10	
3. *Number of TST Measured at $\geq 10\text{mm}$: 3(b). Number of Prior Positives			
Inmate: 2	Employee:	Inmate:	Employee:
4. Number of CXR Performed on $\geq 10\text{mm}$: 4(b). Number of CXR Performed on Prior (+):			
Inmate: 3	Employee:	Inmate:	Employee:
5. Number of Documented Conversions of Tuberculin Skin Tests:			
Inmate:		Employee:	
6(a). **Number Started on treatment for		6(b).** Number Completing treatment for LTBI:	
Inmate:	Employee:	Inmate:	Employee:
7(a). ***Number Diagnosed as TB Suspects in Current Month:		7(b). Number of TB Suspects Currently Under Management : Do not include those in 7(a).	
Inmate:	Employee:	Inmate:	Employee:
8(a). ***Number Diagnosed as TB Cases in Current Month:		8(b). Number of TB Cases Currently Under Management : Do not include those in 8(a).	
Inmate:	Employee:	Inmate:	Employee:
9. Number of <u>Previously</u> Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month:			
TB Suspects (Include Names):		TB Cases (Include Names):	
10. Number Transferred to Other Facilities: (Include Names)			
TB Suspects:		TB Cases:	
11. Number Released to Community: (Include Names)			
TB Suspects:		TB Cases:	
12. Number of Active TB Cases Completing Treatment During Reporting Month: (Include Names)			
Inmate:		Employee:	

- There are 2 inmates counted as having a positive skin test $\geq 10\text{mm}$ who received a chest x-ray. These 2 inmates must be listed on the Positive Reactors/Suspects/Cases form.
- Inmates and employees that are reported in Box 3 and/or Box 4 or 4b of the monthly report should always be listed on the Positive Reactors/Suspect/Cases form.
- Box 6a only applies to inmates (or employees) who were started on treatment for LTBI while at the correctional facility.
- If an inmate was already on treatment for LTBI before incarceration at the facility, do not include that inmate on 6a. However if the inmate completes treatment for LBTI while at the facility, include that inmate on 6b. Inmates who complete treatment for LTBI should not be reported on #12.
- The shaded areas only apply to TB suspects and TB cases. Do not include inmates that are on treatment for LTBI in this section. (See Appendix 3. Difference between Latent TB Infection and Active TB Disease.)

Example 2

Monthly Correctional TB Report:

Facility Name		Report Date 8/4/07	
Reporting Month July	Contact Person		Phone Number
1. Number of Tuberculin Skin Tests Administered:			
Inmate: 25		Employee: 15	
2. Number of Tuberculin Skin Tests Read:			
Inmate: 25		Employee: 15	
3(a). *Number of TST Measured at 10mm or larger:		3(b). Number of Prior Positives	
Inmate: 3	Employee: 0	Inmate: 1	Employee: 0
4(a). Number of CXR Performed on Positive Reactors:		4(b.) Number of CXR Performed on Prior Positives	
Inmate: 3	Employee: 0	Inmate: 1	Employee: 0

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abnor	**TB case or suspect ?	Rx Start Date
7/18/07	Tom Smith	1		10/25/60	1	M	Prior			7/24/07	Nor		
7/19/07	Rick Jones	1		11/4/76	3	M	7/19/07	7/21/07	15	7/21/07	Nor		
7/20/07	Juan Garcia	1		1/8/80	4	M	7/20/07	7/22/07	10	7/24/07	Nor		
7/22/07	Mike Williams	1		9/15/79	1	M	7/23/07	7/25/07	23	7/28/07	Nor		

- Three inmates had a new skin test reading ≥ 10 mm and each received a chest x-ray. They should be included in 1, 2, 3a, and 4a. They should also be listed on the Positive Reactors/Suspects/Cases form.
- An inmate had a documented previous positive skin test and received a chest x-ray while at the facility. Count inmate under 3b and 4b and include him on the Positive Reactors/Suspects/Cases form.
- All inmates who receive a chest x-ray should be included on the report regardless of whether they had a previous positive skin test. The chest x-ray information should be listed on the Positive Reactors/Suspects/Cases form.
- All inmates with a skin test result ≥ 10 mm should be included on the Positive Reactors/Suspects/Cases form, even if a CXR was not done. Include the reason why a CXR was not performed.

Example 3

Monthly Correctional TB Report:

Facility Name		Report Date 9/5/07	
Reporting Month August	Contact Person		Phone Number
1. Number of Tuberculin Skin Tests Administered:			
Inmate: 120		Employee: 10	
2. Number of Tuberculin Skin Tests Read:			
Inmate: 120		Employee: 10	
3(a). *Number of TST Measured at 10mm or larger:		3(b). Number of Prior Positives	
Inmate: 1	Employee: 2	Inmate: 1	Employee: 0
4(a). Number of CXR Performed on Positive Reactors:		4(b.) Number of CXR Performed on Prior Positives	
Inmate: 1	Employee: 0	Inmate: 1	Employee: 0

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abno r	**TB case or suspect ?	Rx Start Date
8/1/07	Jerry Johnson	1		1/22/78	3	M	08/01/07	08/03/07	11	8/06/07	Nor		
8/15/07	Michael Wilson	1		9/15/49	1	M	10/10/06	10/12/06	13	8/17/07	Nor		
	Mark Cox	2		11/11/56	1	M	8/22/07	8/25/07	16	8/27/07	Nor		
	Harry Jackson	2		4/18/59	3	M	8/22/07	8/25/07	10	Going to Clinic			

- One inmate and 2 employees had positive skin tests with results measured at ≥ 10 mm. One additional inmate had a prior positive result; therefore, 4 names should be listed on the Positive Reactors/Suspects/Cases form.
- Under the column ‘PT’ use the number ‘2’ to indicate which individuals are employees. Because these are employees, the Book-In Date field is left blank.
- If an employee is referred to the local clinic for follow up of a chest x-ray, indicate this on the Positive Reactors/Suspects/Cases form. Do not leave the field blank. If the chest x-ray result is not available at the time the report is due, the chest x-ray result must be documented on the Monthly Correctional Report and the Positive Reactors/Suspects/Cases form the following month.

Example 4

Monthly Correctional TB Report:

Reporting Month <i>Feb 2007</i>

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abnor	**TB case or suspect ?	Rx Start Date
2/15/07	Maria Garza	1		12/12/70	4	F	2/16/07	2/18/07	16	2/20/07	Abn	S	
2/22/07	Gabriel Jones	1		1/12/80	1	M	2/22/07	2/24/07	10	2/25/07	Abn	C	2/26/07
2/25/07	Michael Smith	1		4/30/77	3	M	2/26/07	2/28/07	12	2/28/07	Abn	S	

- There are 2 TB suspects and 1 TB case reported on the monthly report. These inmates should be included in the Positive Reactors/Suspects/Cases form in addition to any positive reactors with ≥ 10 mm skin test results.
- All TB suspects and cases should be reported to the health department within 24 hours of diagnosis.
- All TB suspects and cases should be placed in a negative air pressure cell. TB cases should be started on a standard anti-TB regimen, and suspects should be evaluated for anti-TB medications.
- The date that an inmate or employee starts medication for TB or LTBI should be recorded under “Rx Start Date.”
- If the TB suspects and/or TB case remains in the facility during the next reporting month, the number of TB suspects would be entered in 7b as ‘currently under management’ and the TB case would be entered in 8b as ‘currently under management’. See Example 5.
- If any of the TB suspects are later confirmed as a TB case, they would be reported as a TB case (8a) for the next reporting month, provided they remain at the facility at the time of diagnosis.

Example 5

Monthly Correctional TB Report:

Reporting Month <i>March 2007</i>	Contact Person	Phone Number
7(a). ***Number Diagnosed as TB Suspects in Current Month: Inmate: 0 Employee: 0	7(b). Number of TB Suspects Currently Under Management: Do not include those in 7(a). Inmate: 1 (Garza) Employee: 0	
8(a). ***Number Diagnosed as TB Cases in Current Month: Inmate: 1 (Smith) Employee: 0	8(b). Number of TB Cases Currently Under Management: Do not include those in 8(a). Inmate: 1 (Jones) Employee: 0	
9. Number of <u>Previously</u> Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month: <i>TB Suspects (Include Names): 0</i> <i>TB Cases (Include Names): 0</i>		
10. Number Transferred to Other Facilities: <i>(Include Names)</i> TB Suspects: 0 TB Cases: 0		

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abnor	**TB case or suspect ?	Rx Start Date
2/15/07	Maria Garza	1		12/12/70	4	F	2/16/07	2/18/07	16	2/20/07	Abn	S	
2/22/07	Gabriel Jones	1		1/12/80	1	M	2/22/07	2/24/07	10	2/25/07	Abn	C	2/26/07
2/25/07	Michael Smith	1		4/30/77	3	M	2/26/07	2/28/07	12	2/28/07	Abn	C	3/18/07

- Notice that of the two TB suspects (Garza, Smith) that were reported last month (February 2007, Example 4), one was diagnosed as a TB case for the month of March. The other TB suspect (Garza) is still at the facility as ‘currently under management’. Therefore, on the monthly report, Garza should be reported in 7b and Smith in 8a, and they should both be listed on the Positive Reactors/Suspects/Cases form.
- Mr. Jones (who was reported as a TB case in the February report in Example 4) is counted under 8b as ‘currently under management’ for the March report if he is still at the facility at the time of reporting. He is also listed on the Positive Reactors/Suspects/Cases form.

Example 6

Monthly Correctional TB Report:

Reporting Month <i>February</i>	Contact Person	Phone Number	
1. Number of Tuberculin Skin Tests Administered: Inmate: 20 Employee: 10			
2. Number of Tuberculin Skin Tests Read: Inmate: 20 Employee: 10			
3. *Number of TST Measured at 10mm or larger:		3(b). Number of Prior Positives:	
Inmate: 4	Employee:	Inmate:	Employee:
4. Number of CXR Performed on Positive Reactors:		4(b). Number of CXR Performed on Prior (+):	
Inmate: 1	Employee:	Inmate:	Employee:

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abno r	**TB case or suspect ?	Rx Start Date
07/18/07	Tom Smith	1		10/25/60	1	M	07/18/07	07/20/07	10	Released			
07/19/07	Rick Jones	1		11/04/76	1	M	07/19/07	07/21/07	15	Released			
07/20/07	Juan Garcia	1		01/08/80	4	M	07/20/07	07/22/07	10	07/23/07	nor		
7/29/07	Matt White	1		12/15/45	3	M	07/29/07	7/31/07	19	Scheduled for August			

- Four inmates were reported as having a positive skin test at 10mm or greater. But 2 inmates were released before a chest x-ray was performed, and one has a chest x-ray scheduled for the following month. The monthly report should only show 1 on the ‘Number of chest x-rays performed on positive reactors’ and not 4.
- Inmates or employees that have a positive TST result, but did not receive a chest x-ray, should be listed on the Positive Reactors/Suspects/Cases Form.
- On the Positive Reactors/Suspects/Cases Form, do not leave the chest x-ray fields (CXR date or Results) blank. If a chest x-ray was not performed, include the reason on the form.
- If an inmate received a chest x-ray but the results were not available at the time of reporting, indicate this on the form.

Example 7

Monthly Correctional TB Report:

Reporting Month	Contact Person	Phone Number
1. Number of Tuberculin Skin Tests Administered: Inmate: 100	Employee: 10	
2. Number of Tuberculin Skin Tests Read: Inmate: 100	Employee: 10	
3. *Number of TST Measured at 10mm or larger: Inmate: 4	Employee:	3(b). Number of Prior Positives: Inmate: Employee:
4. Number of CXR Performed on Positive Reactors: Inmate: 8	Employee:	4(b). Number of CXR Performed on Prior (+): Inmate: Employee:

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abno r	**TB case or suspect	Rx Start Date
07/18/07	Walter Harris	1		11/04/79	1	M	07/18/07	07/20/07	10	07/20/07	Nor		
07/19/07	Mike Long	1		01/08/80	1	M	07/19/07	07/21/07	15	07/22/07	Nor		
07/25/07	Henry Wild	1		12/19/56	1	M	07/25/07	07/27/07	10	07/27/07	Nor		
07/28/07	Robert Walters	1		10/25/60	1	M	07/28/07	07/30/07	20	07/30/07	Nor		
The	following persons	Are	positive	reactors	from	June	with CXRs done	in July					
06/24/07	Julio Hernandez	1		05/29/64	4	M	06/24/07	06/26/07	15	07/03/07	Nor		
06/25/07	Jason Kennedy	1		10/11/77	1	M	06/25/07	06/27/07	10	07/03/07	Nor		
06/28/07	Jay Ellis	1		03/24/65	3	M	06/28/07	06/30/07	14	07/03/07	Nor		
06/28/07	Anthony Head	1		08/06/64	1	M	06/28/07	06/30/07	15	07/03/07	Nor		

- Four inmates were skin tested in June but their chest x-ray results were pending at the time the monthly report for June was submitted. Their skin tests were counted for the month of June but their chest x-ray results would be counted for the month of July.
- Depending on when the chest x-ray results become known, this will dictate how many chest x-rays will be counted on the 'Number of chest x-rays Performed on Positive Reactors' during a particular reporting month. In this example, 8 chest x-rays were counted for July, even though 4 of the inmates' skin test were done in June. Make sure that numbers are not duplicated from one monthly report to another.

Example 8

Monthly Correctional TB Report:

Reporting Month <i>May</i>	
7(a). ***Number Diagnosed as TB Suspects in Current Month: Inmate: _____ Employee: _____	7(b). Number of TB Suspects Currently Under Management: Do not include those in 7(a). Inmate: 1 (Cortez) Employee: _____
8(a). ***Number Diagnosed as TB Cases in Current Month: Inmate: _____ Employee: _____	8(b). Number of TB Cases Currently Under Management: Do not include those in 8(a). Inmate: 1 (Alvarez) Employee: _____
9. Number of <u>Previously</u> Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month: <i>TB Suspects (Include Names):</i> _____ <i>TB Cases (Include Names):</i> _____	
10. Number Transferred to Other Facilities: <i>(Include Names)</i> TB Suspects: _____ TB Cases: 1 (Castro)	
11. Number Released to Community: <i>(Include Names)</i> TB Suspects: _____ TB Cases: 1 (Smith)	

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abno r	**TB case or suspect ?	Rx Start Date
02/15/07	Hugo Cortez Under management	1		12/04/61	4	M	02/15/07	02/17/07	25	02/15/07	Abn	S	
02/22/07	Gabriel Alvarez	1		10/23/81	4	M	02/22/07	02/24/07	20	02/24/07	Abn	C	2/25/07
02/25/07	Antonio Castro Under management	1		01/16/65	4	M	02/25/07	02/27/07	15	02/27/07	Abn	C	2/27/07
2/25/07	Michael Smith	1		4/30/77	3	M	2/26/07	2/28/07	12	2/28/07	Abn	C	3/18/07

- One TB case (Castro) has been transferred to another facility during the reporting month. It is important that the correctional facility communicate with the receiving correctional facility to which the inmate has been transferred.
- An inmate’s medical records or documentation of screenings or treatment received during confinement should accompany an inmate transferred from one jail to another.
- The local health department or DSHS regional office should also be notified of an inmate’s transfer.
- An inmate with TB (Smith) has also been released to the community. The local health department or Department of State Health Services regional office must be notified of the inmate’s release from the correctional facility to facilitate continued care.

Appendix 1:
**The Difference between Latent TB Infection and
 Active TB Disease**

A Person with Latent TB Infection	A Person with Active TB Disease
<ul style="list-style-type: none"> • Has no symptoms 	<ul style="list-style-type: none"> • Has symptoms that may include: <ul style="list-style-type: none"> - a bad cough that lasts 3 weeks or longer - pain in the chest - coughing up blood or sputum - weakness or fatigue - weight loss - no appetite - chills - fever - sweating at night
<ul style="list-style-type: none"> • Does not feel sick 	<ul style="list-style-type: none"> • Usually feels sick
<ul style="list-style-type: none"> • Cannot spread TB bacteria to others 	<ul style="list-style-type: none"> • May spread TB bacteria to others
<ul style="list-style-type: none"> • Usually has a positive skin test or QuantiFERON-TB[®] Gold test or In-tube 	<ul style="list-style-type: none"> • Usually has a positive skin test or QuantiFERON-TB[®] Gold test or In-tube
<ul style="list-style-type: none"> • Has a normal chest x-ray and a negative sputum smear 	<ul style="list-style-type: none"> • May have an abnormal chest x-ray, or positive sputum smear or culture
<ul style="list-style-type: none"> • Needs treatment for latent TB infection to prevent active TB disease—usually one drug 	<ul style="list-style-type: none"> • Needs treatment to treat active TB disease—requires multiple medications

Table: Drug Regimens for Treatment of LTBI

Drugs	Duration (months)	Interval	Minimum doses
Isoniazid	9	Daily	270
		Twice weekly	76
Isoniazid	6	Daily	180
		Twice weekly	52
Rifampin	4	Daily	120
Rifampin/Pyrazinamide	Generally should not be offered for treatment of LTBI ²		

Last Reviewed: 04/18/2007

Modified from CDC - [Division of Tuberculosis Elimination](#)

Introduction

This document provides guidance to correctional facilities that meet Texas Health and Safety Code Chapter 89 requirements, to assist them in completing the Texas Department of State Health Services (DSHS) monthly correctional tuberculosis (TB) reports. DSHS regional TB programs and local health departments may refer to this document as a guide to assessing the accuracy and completeness of the monthly correctional tuberculosis reports submitted by jails and other correctional facilities.

Texas law mandates TB screening in correctional facilities that have a capacity of at least 100 beds, or that house inmates transferred from a county that has a jail that has a capacity of at least 100 beds, or transferred from another state. TB screening is also mandatory in community correctional facilities. Chapter 89 also requires that the results of these screening tests be reported to the Department of State Health Services each month. The monthly correctional TB reports are DSHS approved documents that must be completed in accordance with these guidelines and submitted to the Correctional TB Program within established timelines.

Reporting Timelines

- All suspected or diagnosed cases of tuberculosis shall be reported within one (1) working day to the local health authority or a Department of State Health Services regional office on the Report of Case and Patient Services forms (TB400A and B).
- Correctional facilities must submit the Monthly Correctional TB Report (EF12-11462) and the Positive Reactors/Suspects/Cases form (EF12-11463) to their local health department or to their DSHS regional office by the 5th working day of the month following the reported month.

Obtaining Correctional TB Reporting Forms

All forms for reporting can be downloaded from the DSHS website. This guidance document can also be obtained on the website: <http://www.dshs.state.tx.us/idcu/disease/tb/forms>

Form Number	Form Name	Format(s)	Revision Date
EF12-11461	Positive Reactors/Suspects/Cases	DOC (59 KB)	2007
EF12-11462	Monthly Correctional TB Report	DOC (69 KB)	2007
EF12-11463	Correctional Tuberculosis Screening Plan	DOC (76 KB)	2007
TBEF12-12870	Correctional Tuberculosis Program Symptom Screening	PDF (17 KB) DOC (45 KB)	2008
E12-12952	Guidance for Completing Correctional TB Reports		

Completing the Monthly Correctional TB Report Form (EF12-11462)

Purpose

The monthly correctional TB report captures information about the number of inmates and employees screened for tuberculosis during a specified month. It is also used to report the number of TB suspects and cases identified at the correctional facility, and the number of individuals started on treatment for latent TB infection.

		Infectious Disease Intervention and Control Branch - TB Monthly Correctional TB Report	
PRINT IN BLACK INK OR TYPE. Fill out form completely. If you need assistance filling out this report, please call the Correctional TB Program at (512) 458-7447.			
Facility Name Texas County Jail		Report Date 2/4/2008	
Reporting Month January, 2008	Contact Person John Smith	Phone Number (512) 555-1234	

Facility Name

Provide the legal name of the correctional facility reporting TB screening activities.

Report Date

Provide the actual date the report is completed or reported. Date must be written in the format of month/day/year.

Reporting Month

Provide the month and year TB screening activities occurred.

Contact Person

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.

Phone Number

Provide the contact person's phone number. Please include the area code and, if applicable, an extension number.

1. Number of Tuberculin Skin Tests Administered:	
Inmate:	Employee:
2. Number of Tuberculin Skin Tests Read:	
Inmate:	Employee:
3. *Number of TST Measured at 10mm or larger:	
Inmate:	Employee:
3(b). **Number of Prior Positives:	
Inmate:	Employee:

1. Number of Tuberculin Skin Tests Administered

Provide the total number of inmates and employees who received a tuberculin skin test during the reporting month. Provide the number of skin tests administered in the appropriate inmate or employee box.

2. Number of Tuberculin Skin Tests Read

Provide the total number of all tuberculin skin tests that were read during the reporting month.

- The total number of skin tests read should equal the number of skin tests administered. (**Exception:** Inmates who are transferred or released before the test can be read.
10 inmates received the TST – 2 released inmates = 8 received TST reading)
- Tuberculin skin tests must be read between 48 and 72 hours after placement.
- Tuberculin skin tests that are not read between 48 and 72 hours must be repeated. The new test should be placed as soon as possible and read 48 to 72 hours after placement.
- Do not include anyone with a documented history of a positive TB test.

3. Number of Tuberculin Skin Tests Measured At or Greater Than 10mm

Provide the total number of positive skin tests that were measured at 10mm or greater during the reporting month. Each inmate and employee with a positive skin test that measures 10mm or greater must be listed on the Positive Reactors/Suspects/Cases form (see page 12).

(**Exception:** Inmates or employees who are tested due to exposure to an active case of TB and whose TST result is 5mm or more. These inmates or employees must be listed on the Positive Reactors/Suspects/Cases form.)

3b. Number of Prior Positives

Provide the total number of people with a documented history of a previously positive skin test result.

- A verbal report of a prior positive result should not be considered without written documentation.
- A skin test should be administered to individuals that cannot provide verification of a prior positive result.

4. Number of CXR Performed on Positive Reactors:		4(b). Number of CXR Performed on Prior Positives:	
Inmate:	Employee:	Inmate:	Employee:
5. Number of Documented Conversions of Tuberculin Skin Tests:			
Inmate:		Employee:	

4. Number of Chest X-Rays Performed on Positive Reactors

Provide the total number of chest x-rays that were performed on inmates and employees who had skin tests measuring 10mm or greater during the reporting month (referred to as “positive reactors” in this document and on the reporting forms). Place the total number in the appropriate employee or inmate box.

4b. Number of Chest X-Rays Performed on Prior Positives

Provide the total number of chest x-rays that were performed on inmates and employees who have documented previously positive skin test results.

Example: An inmate is incarcerated at the county jail in 2005 and at that time is given a tuberculin skin test (TST) which measures 17mm. In February 2008, the inmate is incarcerated again at the same jail. The nurse at the jail reviews the inmate’s records and discovers the previous positive result. This inmate should be included in this box, given a chest x-ray and a skin test should not be repeated.

Example: An inmate is brought to the county jail and claims that when he started his last job, a TST was required. The inmate reports this skin test was positive, but has no documentation of the test or result. This person should NOT be counted in this box and a new skin test should be administered, and should be included in boxes 1, 2, and 3 as appropriate.

5. Number of Documented Conversions

Provide the total number of inmates and employees that converted from a negative skin test to a positive skin test.

- Anyone whose tuberculin skin test reaction converted from negative to positive within the past 2 years (an increase of 10mm or greater).
- If there is no prior documentation of a negative TST, do not include that individual as a converter.
- Example: A person is hired in August and at that time has a TST result of 2mm. When the employee is given another TST the following August, the TST measures 14mm. This increase is greater than 10mm and should be considered a conversion.

6(a). Number Started on Treatment for LTBI:		6(b). Number Completing Treatment for LTBI:	
Inmate:	Employee:	Inmate:	Employee:

6a. Number Started on Treatment for Latent TB Infection (LTBI)

Provide the total number of inmates and employees started on drug therapy for latent TB infection during the reporting month. Place the total number in the appropriate inmate or employee box.

- If an inmate (or employee) was started on treatment for LTBI prior to incarceration (or employment) at the facility, do not include this person in #6. This field applies only to those who start treatment at the facility during the reporting month.
- The standard regimen for LTBI is nine months of isoniazid, although there are other approved regimens.
- A diagnosis of latent TB infection includes having a skin test result $\geq 10\text{mm}$, a negative chest x-ray and no symptoms of TB. Treatment for LTBI should not be initiated until active TB is ruled out in a positive reactor. If a person has an abnormal chest x-ray that has been attributed to another disease by a physician, treatment for LTBI can be initiated.

6b. Number Completing Treatment for LTBI

Provide the total number of inmates and employees who completed therapy for LTBI while at the facility during the reporting month.

- The standard treatment for LTBI is nine months of isoniazid, although other regimens are available.
- Do not include inmates or employees who completed treatment for active TB disease in this box.

The Monthly Correctional TB Report only requires the total number of employees and inmates starting treatment for LTBI and the number of inmates and employees completing treatment for LTBI. Inmates and employees who are continuing treatment for LTBI during any reporting month should not be included on this report.

7(a). ***Number Diagnosed as TB Suspects in Current Month:		7(b). Number of TB Suspects Currently Under Management: Do not include people from 7(a).	
Inmate:	Employee:	Inmate:	Employee:

7a. Number Diagnosed as TB Suspects in Current Month

Provide the total number of inmates and employees who had an abnormal chest x-ray, signs and symptoms of TB, sputum collected for TB or were started on four TB medications during the reporting month. Classic symptoms of TB include coughing for >3 weeks, coughing up blood, night sweats, and unexplained weight loss. General symptoms such as fever, fatigue, and chills may also be present.

- Inmates with symptoms of TB or chest x-ray results suggestive of TB should be placed immediately in a TB isolation room with negative air pressure. If the correctional facility does not have negative air pressure isolation cells, inmates suspected of having TB should be hospitalized in a negative air pressure isolation room. Employees with symptoms of TB or a chest x-ray suggestive of TB should be placed on work restriction.
- Correctional facilities must immediately notify the local health department or a Department of State Health Services regional office as soon as screening procedures detect a suspected TB case among inmates or staff.
- If the TB suspect later becomes a case while still at the facility, report this in 8a for the reporting month in which the suspect was reclassified as a case.
- The names of the TB suspects counted in 7a on the monthly report should be listed in the Positive Reactors/Suspects/Cases form. The column, ‘TB case or suspect?’ should show an ‘S’ for suspect (see page 15).

Inmates and/or employees that are considered TB suspects should be placed on the standard four drug anti-TB regimen (isoniazid, rifampin, pyrazinamide, and ethambutol). There may be certain situations where other regimens are appropriate (e.g. drug resistance or drug toxicity), please consult with a physician that routinely treats TB patients for alternate regimens or dosages. The local health department can direct you to an appropriate physician (see Appendix 5).

7b. Number of TB Suspects Currently Under Management

Provide the total number of inmates and employees already identified as TB suspects and reported on a previous monthly report during the reporting month.

- This number should not include individuals on treatment for LTBI.
- Should the TB suspect become a case, this should be reported in 8a during the month this information becomes known. Do not include diagnosed TB cases in 7b.
- Do not include inmates or employees who were diagnosed as TB suspects during the same reporting month. If a person is included under 7a for a reporting month, he should not be included in 7b for the same reporting month. Once a person is counted in 7b, that person should be removed from 7a.

9. Number of <u>Previously</u> Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month:	
TB Suspects <i>(Include Names):</i>	TB Cases <i>(Include Names):</i>
10. Number Transferred to Other Facilities: <i>(Include Names)</i>	
TB Suspects:	TB Cases:

9. Number of Previously Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month

These are inmates who, at the time of incarceration or transfer into the facility, are being treated for TB or have been diagnosed as a TB suspect prior to incarceration at the facility. This field does not apply to inmates who were treated for TB sometime in the past. (Example: Inmate was treated for TB in 1992.)

- Do not include inmates who have received treatment for LTBI.
- If the inmate is still being treated at the facility during the next reporting month, they are counted under 8b as ‘currently under management’.
- Inmates that have or are thought to have TB prior to incarceration should also be listed on the Positive Reactors/Suspects/Cases form (see page 12).

10. Number Transferred to Other Facilities

Provide the number of TB suspects or TB cases who have been transferred to another facility during the reporting month.

- Include the name of the inmate(s) that were transferred on the monthly report.
- Do not include inmates who are receiving treatment for LTBI.
- The local health department must be notified of an inmate’s transfer to ensure continued care. In addition, all health related paperwork regarding the inmate’s TB treatment should be sent with the inmate to the new facility.
- If an inmate is admitted to a hospital for further TB testing but will be returning to the correctional facility, this would not constitute a transfer.
- Include inmates who are released to ICE (Immigration Customs Enforcement), to the US Marshals, or to the Federal Bureau of Prisons.

11. Number Released to Community: <i>(Include Names)</i>	
TB Suspects:	TB Cases:
12. Number of Active TB Cases Completing Treatment During Reporting Month: <i>(Include Names)</i>	
Inmate:	Employee:

11. Number Released to Community

Provide the number of TB suspects or TB cases released to the community. This includes inmates who will be sent home and should receive follow up by the local health department or Department of State Health Services regional office.

- Write the name of the individual who was released.
- Notify the local health department or the Department of State Health Services regional office of the individual’s release, to ensure continued care.
- Do not include inmates receiving treatment for LTBI; however the local health department or the Department of State Health Services regional office should also be notified of their release to ensure continued treatment for LTBI.

12. Number of Active TB Cases Completing Treatment during Reporting Month

Provide the number of active TB cases that completed treatment for TB while at the correctional facility during the reporting month.

- Include the name of the inmate or employee that completed treatment.
- Do not include inmates or employees who have completed treatment for LTBI.
- Include inmates who were diagnosed for TB prior to incarceration at the facility and were already on TB treatment, and completed treatment at the facility.

Completing the Positive Reactors/Suspects/Cases Form (EF12-11461)

Purpose

The Positive Reactors/Suspects/Cases Form contains the names of all inmates and employees that were tuberculin skin test positive at 10mm or greater during the reporting month. It is also used to list all TB suspects and TB cases diagnosed during the reporting month.

All inmates and employees counted in the Monthly Correctional TB Report in boxes 3a, 4a, 4b, 5, 7a, 7b, 8a, or 8b should be included on the Positive Reactors/Suspects/Cases Form.



INFECTIOUS DISEASE INTERVENTION AND CONTROL BRANCH - TB POSITIVE REACTORS/SUSPECTS/CASES

PRINT IN BLACK INK OR TYPE. If you need assistance in filling out the form, please call the TB Correctional Program at (512) 458-7447.

- RACE CODES:
- 1 White, Non Hispanic
 - 2 Asian/Pacific Islander
 - 3 Black, Non Hispanic
 - 4 Hispanic
 - 5 American Indian/Alaskan

NAME OF FACILITY: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

Include employees; prior positive reactors; diagnosed TB suspects and/or TB cases; TB suspects and/or TB cases who are currently under management.

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abnor	**TB case or suspect ?	Rx Start Date

* Patient Type: Inmate = 1, Employee = 2

** Indicate "C" for TB case or "S" for TB suspect

Publication #EF12-11461

Revised 11/07

Book-In Date

Provide the date of the inmate's incarceration at the facility. The Texas Health and Safety Code, Chapter 89, requires that "the inmate must be tested on or before the seventh day after the day the inmate is first confined."

If the line is being completed for an employee, leave this box blank.

Name

Provide the first and last names of all inmates and employees who were positive reactors, cases, and/or suspects, during the reporting month.

- Include inmates and employees that had a skin test measuring ≥ 10 mm during the reporting month. (Monthly Correctional TB Report, Box 3a)
- Include inmates and employees with a documented history of a positive TB skin test that were given a chest x-ray during the reporting month. (Box 4b)
- Include TB cases and TB suspects diagnosed during the reporting month. (Boxes 7a and 8a)
- Include TB cases and TB suspects currently under management during the reporting month. (Boxes 7b and 8b)
- Include inmates that arrive at the facility during the reporting month with a current TB diagnosis. (Box 9)

PT (Patient Type)

Specify whether the individual is an inmate or an employee.

- Inmate=1, Employee=2

These designations are also listed at the bottom of the form.

SS#/Alien#

Provide the social security number, alien number or United States Marshal (USM) number of the inmate. This number is used to identify the inmate when transferred to another facility or released to the community, to ensure continuity of care.

DOB (Date of Birth)

Provide the date of birth of the inmate or employee.

Race

- White = 1
- Asian/Pacific Islander = 2
- Black = 3
- Hispanic = 4
- American Indian/Alaskan = 5

These designations are also listed at the top of the form.

Sex

- Male or Female

Date Placed (MMDDYY)

Provide the date the tuberculin skin test was administered to the individual. Skin test placement should occur within 7 days of incarceration for inmates. For employees, skin testing should be done at hire and on an annual schedule thereafter. The TB skin test date should be written in the format of month/day/year.

Date Read (MMDDYY)

Provide the date the skin test was read. The date should be written in the format of month/day/year.

Current national guidelines for skin testing are that the TST is read between 48-72 hours after placement. Skin tests read before 48 hours are not valid and should be re-read within the 48-72 hour mark. If more than 72 hours have passed since the skin test was administered, the skin test should be re-administered. Skin test results are not valid after 72 hours. If a skin test is not read, indicate this on the form by writing 'not read' in this box. Do not leave the question blank. If the line is completed for a prior positive, and the reading date is unknown, write 'prior' in this box.

MM (millimeters)

Provide the induration of the TST reading in millimeters. A ruler with measurements in millimeters must be used to read an induration. Do not guess or estimate the size of an induration. Do not leave this field blank unless the information is unknown for prior positives. Do not report tuberculin skin tests that are <10mm unless it is a TB suspect, case, or an inmate or employee identified as being exposed to a known TB suspect or case.

CXR Date

Provide the date of the chest x-ray.

- If a chest x-ray (CXR) was not done, give a reason. Do not leave this field blank.
- Only count the chest x-rays that are actually done and not those that are scheduled to be done.
- If a chest x-ray has been done but the results are not yet known, the chest x-ray can be reported for the month the results are known. If the chest x-ray is reported before the results are available, the results must be reported the following month (See examples 6 and 7, page 21-2).
- The date the CXR was done should be written in the format of month/day/year.

Normal/Abnormal

Provide the basic results of the chest x-ray. If the chest x-ray result was abnormal, further evaluation is needed such as:

- Deciding whether to collect sputum.
- Deciding where to house the inmate. It must be determined if the suspected inmate should be isolated in a negative air pressure cell, or hospitalized if a negative air pressure cell is not available.
- Evaluating what signs or symptoms of TB are present, if any.
- Deciding whether to start the inmate on anti-TB medications.
- Reporting the inmate to the local health department or Department of State Health Services regional office.
- Determining whether a contact investigation should be initiated.
- For an employee, determining if they have received a 'release to work' signed by their physician or local health authority.

If help is needed in answering these questions or in completing the above assessments, the local health department or DSHS regional TB program can provide guidance and/or assistance.

TB case or TB suspect

If an inmate or employee has been reported on the Monthly Correctional TB Report in boxes 7a, 7b, 8a, or 8b, indicate in this column whether s/he is a TB suspect or a TB case. Suspects should be designated with an S; cases with a C. Leave this box blank if the person is NOT a TB case or suspect (e.g. a positive reactor with a normal CXR).

Rx Start Date

Provide the date the inmate was placed on anti-TB medications either for treatment of LTBI or treatment for TB disease (suspect or case). If a TB case has not been started on medications, please provide the reason.

Example 1

Monthly Correctional TB Report:

1. Number of Tuberculin Skin Tests Administered:			
Inmate: 120		Employee: 10	
2. Number of Tuberculin Skin Tests Read:			
Inmate: 120		Employee: 10	
3. *Number of TST Measured at $\geq 10\text{mm}$: 3(b). Number of Prior Positives			
Inmate: 2	Employee:	Inmate:	Employee:
4. Number of CXR Performed on $\geq 10\text{mm}$: 4(b). Number of CXR Performed on Prior (+):			
Inmate: 3	Employee:	Inmate:	Employee:
5. Number of Documented Conversions of Tuberculin Skin Tests:			
Inmate:		Employee:	
6(a). **Number Started on treatment for		6(b).** Number Completing treatment for LTBI:	
Inmate:		Employee:	
7(a). ***Number Diagnosed as TB Suspects in Current Month:		7(b). Number of TB Suspects Currently Under Management : Do not include those in 7(a).	
Inmate: Employee:		Inmate: Employee:	
8(a). ***Number Diagnosed as TB Cases in Current Month:		8(b). Number of TB Cases Currently Under Management : Do not include those in 8(a).	
Inmate: Employee:		Inmate: Employee:	
9. Number of <u>Previously</u> Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month:			
TB Suspects (Include Names):		TB Cases (Include Names):	
10. Number Transferred to Other Facilities: (Include Names)			
TB Suspects:		TB Cases:	
11. Number Released to Community: (Include Names)			
TB Suspects:		TB Cases:	
12. Number of Active TB Cases Completing Treatment During Reporting Month: (Include Names)			
Inmate:		Employee:	

- There are 2 inmates counted as having a positive skin test $\geq 10\text{mm}$ who received a chest x-ray. These 2 inmates must be listed on the Positive Reactors/Suspects/Cases form.
- Inmates and employees that are reported in Box 3 and/or Box 4 or 4b of the monthly report should always be listed on the Positive Reactors/Suspect/Cases form.
- Box 6a only applies to inmates (or employees) who were started on treatment for LTBI while at the correctional facility.
- If an inmate was already on treatment for LTBI before incarceration at the facility, do not include that inmate on 6a. However if the inmate completes treatment for LBTI while at the facility, include that inmate on 6b. Inmates who complete treatment for LTBI should not be reported on #12.
- The shaded areas only apply to TB suspects and TB cases. Do not include inmates that are on treatment for LTBI in this section. (See Appendix 3. Difference between Latent TB Infection and Active TB Disease.)

Example 2

Monthly Correctional TB Report:

Facility Name		Report Date 8/4/07	
Reporting Month July	Contact Person		Phone Number
1. Number of Tuberculin Skin Tests Administered:			
Inmate: 25		Employee: 15	
2. Number of Tuberculin Skin Tests Read:			
Inmate: 25		Employee: 15	
3(a). *Number of TST Measured at 10mm or larger:		3(b). Number of Prior Positives	
Inmate: 3	Employee: 0	Inmate: 1	Employee: 0
4(a). Number of CXR Performed on Positive Reactors:		4(b.) Number of CXR Performed on Prior Positives	
Inmate: 3	Employee: 0	Inmate: 1	Employee: 0

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abnor	**TB case or suspect ?	Rx Start Date
7/18/07	Tom Smith	1		10/25/60	1	M	Prior			7/24/07	Nor		
7/19/07	Rick Jones	1		11/4/76	3	M	7/19/07	7/21/07	15	7/21/07	Nor		
7/20/07	Juan Garcia	1		1/8/80	4	M	7/20/07	7/22/07	10	7/24/07	Nor		
7/22/07	Mike Williams	1		9/15/79	1	M	7/23/07	7/25/07	23	7/28/07	Nor		

- Three inmates had a new skin test reading ≥ 10 mm and each received a chest x-ray. They should be included in 1, 2, 3a, and 4a. They should also be listed on the Positive Reactors/Suspects/Cases form.
- An inmate had a documented previous positive skin test and received a chest x-ray while at the facility. Count inmate under 3b and 4b and include him on the Positive Reactors/Suspects/Cases form.
- All inmates who receive a chest x-ray should be included on the report regardless of whether they had a previous positive skin test. The chest x-ray information should be listed on the Positive Reactors/Suspects/Cases form.
- All inmates with a skin test result ≥ 10 mm should be included on the Positive Reactors/Suspects/Cases form, even if a CXR was not done. Include the reason why a CXR was not performed.

Example 3

Monthly Correctional TB Report:

Facility Name		Report Date 9/5/07	
Reporting Month August	Contact Person		Phone Number
1. Number of Tuberculin Skin Tests Administered:			
Inmate: 120		Employee: 10	
2. Number of Tuberculin Skin Tests Read:			
Inmate: 120		Employee: 10	
3(a). *Number of TST Measured at 10mm or larger:		3(b). Number of Prior Positives	
Inmate: 1	Employee: 2	Inmate: 1	Employee: 0
4(a). Number of CXR Performed on Positive Reactors:		4(b.) Number of CXR Performed on Prior Positives	
Inmate: 1	Employee: 0	Inmate: 1	Employee: 0

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abno r	**TB case or suspect ?	Rx Start Date
8/1/07	Jerry Johnson	1		1/22/78	3	M	08/01/07	08/03/07	11	8/06/07	Nor		
8/15/07	Michael Wilson	1		9/15/49	1	M	10/10/06	10/12/06	13	8/17/07	Nor		
	Mark Cox	2		11/11/56	1	M	8/22/07	8/25/07	16	8/27/07	Nor		
	Harry Jackson	2		4/18/59	3	M	8/22/07	8/25/07	10	Going to Clinic			

- One inmate and 2 employees had positive skin tests with results measured at ≥ 10 mm. One additional inmate had a prior positive result; therefore, 4 names should be listed on the Positive Reactors/Suspects/Cases form.
- Under the column ‘PT’ use the number ‘2’ to indicate which individuals are employees. Because these are employees, the Book-In Date field is left blank.
- If an employee is referred to the local clinic for follow up of a chest x-ray, indicate this on the Positive Reactors/Suspects/Cases form. Do not leave the field blank. If the chest x-ray result is not available at the time the report is due, the chest x-ray result must be documented on the Monthly Correctional Report and the Positive Reactors/Suspects/Cases form the following month.

Example 4

Monthly Correctional TB Report:

Reporting Month <i>Feb 2007</i>

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abnor	**TB case or suspect ?	Rx Start Date
2/15/07	Maria Garza	1		12/12/70	4	F	2/16/07	2/18/07	16	2/20/07	Abn	S	
2/22/07	Gabriel Jones	1		1/12/80	1	M	2/22/07	2/24/07	10	2/25/07	Abn	C	2/26/07
2/25/07	Michael Smith	1		4/30/77	3	M	2/26/07	2/28/07	12	2/28/07	Abn	S	

- There are 2 TB suspects and 1 TB case reported on the monthly report. These inmates should be included in the Positive Reactors/Suspects/Cases form in addition to any positive reactors with ≥ 10 mm skin test results.
- All TB suspects and cases should be reported to the health department within 24 hours of diagnosis.
- All TB suspects and cases should be placed in a negative air pressure cell. TB cases should be started on a standard anti-TB regimen, and suspects should be evaluated for anti-TB medications.
- The date that an inmate or employee starts medication for TB or LTBI should be recorded under “Rx Start Date.”
- If the TB suspects and/or TB case remains in the facility during the next reporting month, the number of TB suspects would be entered in 7b as ‘currently under management’ and the TB case would be entered in 8b as ‘currently under management’. See Example 5.
- If any of the TB suspects are later confirmed as a TB case, they would be reported as a TB case (8a) for the next reporting month, provided they remain at the facility at the time of diagnosis.

Example 5

Monthly Correctional TB Report:

Reporting Month <i>March 2007</i>	Contact Person	Phone Number
7(a). ***Number Diagnosed as TB Suspects in Current Month: Inmate: 0 Employee: 0	7(b). Number of TB Suspects Currently Under Management: Do not include those in 7(a). Inmate: 1 (Garza) Employee: 0	
8(a). ***Number Diagnosed as TB Cases in Current Month: Inmate: 1 (Smith) Employee: 0	8(b). Number of TB Cases Currently Under Management: Do not include those in 8(a). Inmate: 1 (Jones) Employee: 0	
9. Number of <u>Previously</u> Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month: <i>TB Suspects (Include Names): 0</i> <i>TB Cases (Include Names): 0</i>		
10. Number Transferred to Other Facilities: <i>(Include Names)</i> TB Suspects: 0 TB Cases: 0		

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abnor	**TB case or suspect ?	Rx Start Date
2/15/07	Maria Garza	1		12/12/70	4	F	2/16/07	2/18/07	16	2/20/07	Abn	S	
2/22/07	Gabriel Jones	1		1/12/80	1	M	2/22/07	2/24/07	10	2/25/07	Abn	C	2/26/07
2/25/07	Michael Smith	1		4/30/77	3	M	2/26/07	2/28/07	12	2/28/07	Abn	C	3/18/07

- Notice that of the two TB suspects (Garza, Smith) that were reported last month (February 2007, Example 4), one was diagnosed as a TB case for the month of March. The other TB suspect (Garza) is still at the facility as ‘currently under management’. Therefore, on the monthly report, Garza should be reported in 7b and Smith in 8a, and they should both be listed on the Positive Reactors/Suspects/Cases form.
- Mr. Jones (who was reported as a TB case in the February report in Example 4) is counted under 8b as ‘currently under management’ for the March report if he is still at the facility at the time of reporting. He is also listed on the Positive Reactors/Suspects/Cases form.

Example 6

Monthly Correctional TB Report:

Reporting Month <i>February</i>	Contact Person	Phone Number
1. Number of Tuberculin Skin Tests Administered: Inmate: 20 Employee: 10		
2. Number of Tuberculin Skin Tests Read: Inmate: 20 Employee: 10		
3. *Number of TST Measured at 10mm or larger: 3(b). Number of Prior Positives:		
Inmate: 4	Employee:	Inmate: Employee:
4. Number of CXR Performed on Positive Reactors: 4(b). Number of CXR Performed on Prior (+):		
Inmate: 1	Employee:	Inmate: Employee:

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abnor	**TB case or suspect ?	Rx Start Date
07/18/07	Tom Smith	1		10/25/60	1	M	07/18/07	07/20/07	10	Released			
07/19/07	Rick Jones	1		11/04/76	1	M	07/19/07	07/21/07	15	Released			
07/20/07	Juan Garcia	1		01/08/80	4	M	07/20/07	07/22/07	10	07/23/07	nor		
7/29/07	Matt White	1		12/15/45	3	M	07/29/07	7/31/07	19	Scheduled for August			

- Four inmates were reported as having a positive skin test at 10mm or greater. But 2 inmates were released before a chest x-ray was performed, and one has a chest x-ray scheduled for the following month. The monthly report should only show 1 on the ‘Number of chest x-rays performed on positive reactors’ and not 4.
- Inmates or employees that have a positive TST result, but did not receive a chest x-ray, should be listed on the Positive Reactors/Suspects/Cases Form.
- On the Positive Reactors/Suspects/Cases Form, do not leave the chest x-ray fields (CXR date or Results) blank. If a chest x-ray was not performed, include the reason on the form.
- If an inmate received a chest x-ray but the results were not available at the time of reporting, indicate this on the form.

Example 7

Monthly Correctional TB Report:

Reporting Month <i>July</i>	Contact Person	Phone Number
1. Number of Tuberculin Skin Tests Administered: Inmate: 100 Employee: 10		
2. Number of Tuberculin Skin Tests Read: Inmate: 100 Employee: 10		

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abno r	**TB case or suspect	Rx Start Date
07/18/07	Walter Harris	1		11/04/79	1	M	07/18/07	07/20/07	10	07/20/07	Nor		
07/19/07	Mike Long	1		01/08/80	1	M	07/19/07	07/21/07	15	07/22/07	Nor		
07/25/07	Henry Wild	1		12/19/56	1	M	07/25/07	07/27/07	10	07/27/07	Nor		
07/28/07	Robert Walters	1		10/25/60	1	M	07/28/07	07/30/07	20	07/30/07	Nor		
The	following persons	Are	positive	reactors	from	June	with CXRs done	in July					
06/24/07	Julio Hernandez	1		05/29/64	4	M	06/24/07	06/26/07	15	07/03/07	Nor		
06/25/07	Jason Kennedy	1		10/11/77	1	M	06/25/07	06/27/07	10	07/03/07	Nor		
06/28/07	Jay Ellis	1		03/24/65	3	M	06/28/07	06/30/07	14	07/03/07	Nor		
06/28/07	Anthony Head	1		08/06/64	1	M	06/28/07	06/30/07	15	07/03/07	Nor		

- Four inmates were skin tested in June but their chest x-ray results were pending at the time the monthly report for June was submitted. Their skin tests were counted for the month of June but their chest x-ray results would be counted for the month of July.
- Depending on when the chest x-ray results become known, this will dictate how many chest x-rays will be counted on the ‘Number of chest x-rays Performed on Positive Reactors’ during a particular reporting month. In this example, 8 chest x-rays were counted for July, even though 4 of the inmates’ skin test were done in June. Make sure that numbers are not duplicated from one monthly report to another.

Example 8

Monthly Correctional TB Report:

Reporting Month <i>May</i>	
7(a). ***Number Diagnosed as TB Suspects in	
9. Number of <u>Previously</u> Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month:	
11. Number Released to Community: (Include Names)	
TB Suspects:	TB Cases: 1 (Smith)

Positive Reactors/Suspects/Cases Form:

Book-In Date	NAME	*PT	SS #/ Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY)	DATE READ (MMDDYY)	MM	CXR DATE	Nor/ Abnor	**TB case or suspect ?	Rx Start Date
02/15/07	Hugo Cortez Under management	1		12/04/61	4	M	02/15/07	02/17/07	25	02/15/07	Abn	S	
02/22/07	Gabriel Alvarez	1		10/23/81	4	M	02/22/07	02/24/07	20	02/24/07	Abn	C	2/25/07
02/25/07	Antonio Castro Under management	1		01/16/65	4	M	02/25/07	02/27/07	15	02/27/07	Abn	C	2/27/07
2/25/07	Michael Smith	1		4/30/77	3	M	2/26/07	2/28/07	12	2/28/07	Abn	C	3/18/07

- One TB case (Castro) has been transferred to another facility during the reporting month. It is important that the correctional facility communicate with the receiving correctional facility to which the inmate has been transferred.
- An inmate’s medical records or documentation of screenings or treatment received during confinement should accompany an inmate transferred from one jail to another.
- The local health department or DSHS regional office should also be notified of an inmate’s transfer.
- An inmate with TB (Smith) has also been released to the community. The local health department or Department of State Health Services regional office must be notified of the inmate’s release from the correctional facility to facilitate continued care.

Appendix 1:
**The Difference between Latent TB Infection and
 Active TB Disease**

A Person with Latent TB Infection	A Person with Active TB Disease
<ul style="list-style-type: none"> • Has no symptoms 	<ul style="list-style-type: none"> • Has symptoms that may include: <ul style="list-style-type: none"> - a bad cough that lasts 3 weeks or longer - pain in the chest - coughing up blood or sputum - weakness or fatigue - weight loss - no appetite - chills - fever - sweating at night
<ul style="list-style-type: none"> • Does not feel sick 	<ul style="list-style-type: none"> • Usually feels sick
<ul style="list-style-type: none"> • Cannot spread TB bacteria to others 	<ul style="list-style-type: none"> • May spread TB bacteria to others
<ul style="list-style-type: none"> • Usually has a positive skin test or QuantiFERON-TB® Gold test or In-tube 	<ul style="list-style-type: none"> • Usually has a positive skin test or QuantiFERON-TB® Gold test or In-tube
<ul style="list-style-type: none"> • Has a normal chest x-ray and a negative sputum smear 	<ul style="list-style-type: none"> • May have an abnormal chest x-ray, or positive sputum smear or culture
<ul style="list-style-type: none"> • Needs treatment for latent TB infection to prevent active TB disease—usually one drug 	<ul style="list-style-type: none"> • Needs treatment to treat active TB disease—requires multiple medications

Table: Drug Regimens for Treatment of LTBI

Drugs	Duration (months)	Interval	Minimum doses
Isoniazid	9	Daily	270
		Twice weekly	76
Isoniazid	6	Daily	180
		Twice weekly	52
Rifampin	4	Daily	120
Rifampin/Pyrazinamide	Generally should not be offered for treatment of LTBI ²		

Last Reviewed: 04/18/2007

Modified from CDC - [Division of Tuberculosis Elimination](#)



Infectious Disease Intervention and Control Branch - TB Monthly Correctional TB Report

PRINT IN BLACK INK OR TYPE. Fill out form completely. If you need assistance filling out this report, please call the Correctional TB Program at (512) 458-7447.

Facility Name		Report Date	
Reporting Month	Contact Person	Phone Number ()	
1. Number of Tuberculin Skin Tests Administered:			
Inmate:		Employee:	
2. Number of Tuberculin Skin Tests Read:			
Inmate:		Employee:	
3(a). *Number of TST Measured at 10 mm or larger:		3(b). **Number of Prior Positives:	
Inmate:	Employee:	Inmate:	Employee:
4(a). Number of CXR Performed on Positive Reactors:		4(b). Number of CXR Performed on Prior Positives:	
Inmate:	Employee:	Inmate:	Employee:
5. Number of Documented Conversions of Tuberculin Skin Tests:			
Inmate:		Employee:	
6(a). Number Started on treatment for LTBI:		6(b). Number Completing treatment for LTBI:	
Inmate:	Employee:	Inmate:	Employee:
7(a). ***Number Diagnosed as TB Suspects in Current Month:		7(b). Number of TB Suspects Currently Under Management: Do not include those in 7(a).	
Inmate:	Employee:	Inmate:	Employee:
8(a). ***Number Diagnosed as TB Cases in Current Month:		8(b). Number of TB Cases Currently Under Management: Do not include those in 8(a).	
Inmate:	Employee:	Inmate:	Employee:
9. Number of <u>Previously</u> Diagnosed Active TB Cases or TB Suspects Booked During Reporting Month:			
TB Suspects <i>(Include Names)</i> :		TB Cases <i>(Include Names)</i> :	
10. Number Transferred to Other Facilities: <i>(Include Names)</i>			
TB Suspects:		TB Cases:	
11. Number Released to Community: <i>(Include Names)</i>			
TB Suspects:		TB Cases:	
12. Number of Active TB Cases Completing Treatment During Reporting Month: <i>(Include Names)</i>			
Inmate:		Employee:	

* List names on Form #EF12-11461 (Positive Reactors/Suspects and/or Cases)

** Prior Positives: Inmates and employees with a documented history of a positive tuberculin skin test

*** **Note: All TB Suspects and TB Cases are to be reported to your local health department within one working day (including those transferred to your facility with active TB disease). All LTBI, Suspects, TB Cases, and Contacts to a known case are to be reported on the required forms.**

This report should be compiled on a monthly basis and submitted to your local health department and/or health service region.

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
INFECTIOUS DISEASE INTERVENTION AND CONTROL BRANCH - TB
PO Box 149347 - MAIL CODE: 1939
AUSTIN, TEXAS 78714-9347
Or fax to (512) 458-7787
Attention: Correctional TB Program



**INFECTIOUS DISEASE INTERVENTION AND CONTROL BRANCH - TB
POSITIVE REACTORS/SUSPECTS/CASES**

PRINT IN BLACK INK OR TYPE. If you need assistance in filling out the form, please call the TB Correctional Program at (512) 458-7447.

NAME OF FACILITY: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

- RACE CODES: 1 White, Non Hispanic
 2 Asian/Pacific Islander
 3 Black, Non Hispanic
 4 Hispanic
 5 American Indian/Alaskan

Include employees; prior positive reactors; diagnosed TB suspects and/or TB cases; TB suspects and/or TB cases who are currently under management.

Book-In Date	NAME	*PT	SS #/Alien #	DOB	RACE	SEX	DATE PLACED (MMDDYY):	DATE READ (MMDDYY):	MM	CXR DATE	Nor/ Abnor	**TB case or suspect?	Rx Start Date

* Patient Type: Inmate = 1, Employee = 2
 ** Indicate "C" for TB case or "S" for TB suspect



**Texas Department of State Health Services
Correctional Tuberculosis Program
Symptom Screening**

Facility Name: _____

Name: _____ Employee ____ Inmate ____

Person completing form: _____ Title _____ Date _____
Print Name

Upon intake, all inmates should be screened for symptoms consistent with tuberculosis. Please ask all inmates during the intake process if they have any of the symptoms listed below. Persons with symptoms should receive a chest x-ray, regardless of tuberculin skin test result.

Inmates or employees with a documented history of a positive tuberculin skin result should not receive annual chest x-rays. In lieu of annual chest x-rays, symptom screening should be performed annually to determine the presence of TB disease. Any person with symptoms should receive a chest x-ray and be evaluated for TB disease.

If an inmate or employee answers yes to any of the following questions, please document the approximate date each symptom started.

- | | | | |
|--|----|-----|------------|
| 1. Productive cough for 2 weeks or more. | No | Yes | Date _____ |
| 2. Persistent weight loss without dieting. | No | Yes | Date _____ |
| 3. Persistent fever above 100 degrees F. | No | Yes | Date _____ |
| 4. Night sweats. | No | Yes | Date _____ |
| 5. Loss of appetite. | No | Yes | Date _____ |
| 6. Swollen glands in neck or elsewhere. | No | Yes | Date _____ |
| 7. Coughing up blood (hemoptysis). | No | Yes | Date _____ |
| 8. Shortness of breath. | No | Yes | Date _____ |
| 9. Chest pain. | No | Yes | Date _____ |
| 10. Headaches, neck stiffness,
and/or disorientation or confusion | No | Yes | Date _____ |

Notes: _____

Chest x-ray referral: Date: _____ Referred to: _____

Sputum collection referral: Date: _____ Referred to: _____

Medical evaluation referral: Date: _____ Referred to: _____

Inmates that have symptoms consistent with TB should be placed in isolation under negative air pressure until a diagnosis of tuberculosis can be ruled out. Employees with symptoms consistent with TB should be placed on a work stop precaution until a TB diagnosis is ruled out.

Appendix 5: **Health Department Contact**

The local health department TB program serves as the local subject matter expert on tuberculosis. Please contact the local health department if you need assistance with training, reporting, case management or other TB-related questions. The local health department contact is:

Place sticker with contact info here

If you are unable to reach someone at this site, please contact the DSHS Correctional TB Program at 512-458-7447.