

Tuberculosis and Hansen's Disease Unit

Instructions to Complete the Monthly Correctional TB Report

REPORTING FACILITY

Facility Name: Provide the legal name of the correctional facility (as stated on the screening plan) reporting TB screening activities. **Please do not abbreviate.**

Report Month: Provide the month and year when 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.

Email Address: Provide the email address of the contact person named above.

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

Fax Number: Provide the contact person's fax number. Please include the area code.

SCREENING

Number of TB Skin Tests Administered: Provide the total number of inmates, employees, and volunteers who received a TB skin test during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. If inmates refuse the TB skin test, please write "(#) inmates refused skin test" in the Comments section of Number of TB Skin Tests Administered.

Number of TB Skin Tests Read: Provide the total number of TB skin tests that were read for the inmates, employees, and volunteers during the reporting month. TB skin tests must be read within 48-72 hours of placement. Please do not leave any fields blank, indicate 0 if applicable.

Number of Interferon Gamma Release Assay (QuantIFERON or T-Spot) Tests Administered: Provide the total number of inmates, employees, and volunteers who received an IGRA test during the reporting month. Please do not leave any fields blank, indicate 0 if applicable.

Number of IGRA Tests Analyzed:

Provide the total number of positive IGRA tests analyzed for inmates, employees, and volunteers. Please do not leave any fields blank, indicate 0 if applicable.

Number of Prior Positive (Documented history of (+) TST or IGRA):

Provide the total number of people with a **documented** history of a positive skin test or IGRA result. Please do not leave any fields blank, indicate 0 if applicable. List the name of the prior positive on the EF12-11461 form (Positive Reactors/Suspects/Cases Report). If documentation of a prior positive is not present, then a TST should be placed, and if positive, the information should be captured appropriately on the EF12-11461 and EF12-11462.

Number Chest X-rays Performed:

Provide the total number of chest x-rays that were performed on inmates, employees, or volunteers. Please do not leave any fields blank, indicate 0 if applicable. Additionally, please list the name of the person(s) with an abnormal CXR on the EF12-11461 form (Positive Reactors/Suspects/Cases Report). Note: Persons with symptoms suggestive of TB should receive a chest x-ray, regardless of IGRA or tuberculin skin test result. A chest x-ray shall always be done within 72 hours of a positive TB skin test reading. A chest x-ray and sputum smear and culture shall always be done within 72 hours of identification of symptoms of TB.

SCREENING RESULTS

Number of TB Skin Test measured 10 mm or greater:

Provide total number of skin tests that were positive during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. List the name of the positive reactor on the EF12-11461 form (Positive Reactors/Suspects/Cases Report).

Number of Positive IGRA Tests:

Provide the total number of positive IGRA tests for inmates and employees.



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Please do not leave any fields blank, indicate 0 if applicable. List the name of the positive reactor on the EF12-11461 form (Positive Reactors/Suspects/Cases Report).

Number of converted TB Skin Tests

or IGRA Tests: Provide the total number of inmates, employees, and volunteers that converted from a documented negative baseline IGRA or skin test to a positive IGRA or skin test. Please do not leave any fields blank, indicate 0 if applicable. List the name of the positive reactor conversion on the EF12-11461 form (Positive Reactors/Suspects/Cases Report).

Number of TB Suspects: Provide the total number of inmates, employees, and volunteers who had an abnormal chest x-ray, signs and symptoms of TB, sputum collected for TB, or were started on four anti-TB medications during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. Inmates with symptoms of TB or chest x-ray results suggestive of TB should be placed in an isolation room with negative air pressure. List the name of the suspect on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB-400 to the monthly report.

Number of Cases: Provide the total number of inmates and employees diagnosed with active TB during reporting month. Please do not leave any fields blank, indicate 0 if applicable. Diagnosis should be confirmed by a positive culture for *M. Tuberculosis* or by a physician. List the name of the TB case on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB-400 to the monthly report.

Number of Suspects Transferred In: Provide the total number of inmates with a record of an abnormal chest x-ray, signs and symptoms of TB, sputum collection for TB, initiation of four anti-TB medications that had been transferred into the facility during the reporting

month. Please do not leave any fields blank, indicate 0 if applicable.

Inmates with symptoms of TB or chest x-ray results suggestive of TB should be placed in an isolation room with negative air pressure. List the name of the suspect on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB-400 to the monthly report.

Number of Cases Transferred In:

Provide the total number of inmates diagnosed with active TB transferred into the facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. Diagnosis should be confirmed by a positive culture for *M. Tuberculosis* or by a physician. List the name of the TB case on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB-400 to the monthly report.

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TREATMENT

Number Started on Treatment for TB Infection: Provide the total number of inmates and employees who were started on drug therapy for Latent TB Infection (LTBI) during reporting month. Please do not leave any fields blank, indicate 0 if applicable. List the name of individuals started on treatment on the EF12-11461 form (Positive Reactors/Suspects/Cases Report).

Number Completed Treatment for TB Infection: Provide the total number of inmates and employees who completed treatment for Latent TB Infection while at the facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable.

Number Started on Treatment for TB Disease: Provide the total number of inmates and employees who were started on treatment for active TB disease. Please do not leave any fields blank, indicate 0 if applicable. List the name of individuals started on treatment on the EF12-11461 form (Positive Reactors/Suspects/Cases Report)

Number Completed Treatment for TB Disease: Provide the total number of active TB cases that completed treatment for TB while at the facility during the reporting month. Include those that were transferred in on treatment for TB. Please do not leave any fields blank, indicate 0 if applicable.

DISCHARGE TO COMMUNITY

Number of LTBI's Discharged to the Community: Provide the total number of inmates with recorded evidence of latent tuberculosis infection that were released to the community. This includes inmates who were sent home and will receive follow up care by the local health department or the Department of State Health Services regional office. Please do not leave any fields blank, indicate 0 if applicable.

Number of TB Suspects Discharged to the Community: Provide the total number of TB suspects released to the community.

This includes inmates who were sent home and will receive follow up care by the local health department or the Department of State Health Services regional office. Please do not leave any fields blank, indicate 0 if applicable. List the name of the suspect on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB400 to the monthly report.

Number of Cases Discharged to the Community: Provide the total number of TB cases released to the community. This includes inmates who were sent home and will receive follow up care by the local health department or the Department of State Health Services regional office. Please notify the local health department or the DSHS regional office of the inmates' release. Please do not leave any fields blank, indicate 0 if applicable. List the name of the TB case on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB400 to the monthly report.

Number of Discharged TB Suspects and Cases Reported to the Health Department: Provide the total number of TB suspects and TB cases that were released and reported to the local health department. Please do not leave any fields blank, insert 0 if applicable.

TRANSFERS

Number of LTBI's Transferred: Provide the total number of inmates with recorded evidence of latent tuberculosis infection who were transferred to another facility during the reporting month. Please notify the local health department or DSHS regional office of the transfer. Please do not leave any fields blank, indicate 0 if applicable.

Number of TB Suspects Transferred: Provide the total number of TB suspects who were transferred to another facility during the reporting month. Please notify the local health department or DSHS regional office of the transfer. Please do



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not leave any fields blank, indicate 0 if applicable.

Number of Cases Transferred: Provide the total number of TB cases who were transferred to another correctional facility during the reporting month. Please notify the local health department or DSHS regional office of the transfer. Please do not leave any fields blank, indicate 0 if applicable.

Number of Transferred TB Suspects and Cases Reported to the Health Department: Provide the total number of transferred TB suspects and TB cases that were reported to the health department. Please do not leave any fields blank, indicate 0 if applicable.