



Tuberculosis and Hansen's Disease Unit Monthly Correctional Tuberculosis Report Form 12-11462

PLEASE PRINT. Report is due no later than the 5th working day of the following month. This report should be submitted on a monthly basis to your local health department (LHD) or Texas Department of State Health Services (DSHS) public health region (PHR). Visit dshs.texas.gov/disease/tb/forms.shtm#correctional to download this form. Please contact your LHD or PHR if assistance is needed in completing this report.

Purpose: Correctional facilities must report individuals with suspected or confirmed tuberculosis (TB) disease, close contacts, and TB infections to the appropriate PHR or LHD, as required under Texas Administrative Code, Rule § 97.178.

REPORTING FACILITY

Facility Name:	Report Month:
Local Health Department (LHD) / Public Health Region (PHR):	Local/Regional Liaison Email Address:
Person Completing Form:	Email Address:
Phone Number:	Fax Number:

A. SCREENING

	Inmates	Employees	Volunteers	Comments
1. Number of TB Skin Tests Administered:				
2. Number of TB Skin Tests Read:				
3. Number of IGRA (interferon gamma release assay) Tests Administered:				
4. Number of IGRA Test Results Received:				
5. Number of Prior Positives (Written documented history of (+) tuberculin skin test (TST) or IGRA):				
6. Number of Chest X-rays Performed on Prior Positives:				
7. Number of Chest X-rays Performed on Positive Reactors:				
8. Number of Chest X-rays Performed on Individuals who Refused a TST or IGRA:				
9. Total Number of Chest X-rays Performed:				
	Initial	Annual	Comments	
10. Number of Annual or Initial Screenings:				

B. SCREENING RESULTS

	Inmates	Employees	Volunteers	Comments
1. Number of TB Skin Tests Measured at 10 mm or Greater:				
2. Number of Immunocompromised/ HIV (+)/ Recent Contact Individuals with an Induration Measured at 5mm or Greater:				
3. Number Positive IGRA Test Results:				
4. Number of Documented Converted TB Skin Test or IGRA Test Results:				
5. Number of Abnormal Chest X-Rays:				
6. Number of Symptomatic Individuals:				
7. Number of Individuals with TB Infection Diagnosed at Facility:				
8. Number of Individuals with Suspected TB Disease Diagnosed at Facility:				
9. Number of Individuals with TB Disease Diagnosed at Facility:				
10. Number of Individuals who are Prior Positives Transferred In:				
11. Number of Individuals with TB Infection Transferred In:				
12. Number of Individuals with Suspected TB Disease Transferred In:				
13. Number of Individuals with TB Disease Transferred In:				

C. TREATMENT

	Inmates	Comments
1. Number of Inmates Started on Treatment for TB Infection:		
2. Number of Inmates who Completed Treatment for TB Infection:		
3. Number of Inmates Started on Treatment for TB Disease:		
4. Number of Inmates who Completed Treatment for TB Disease:		

D. RELEASED TO COMMUNITY

	Inmates	Indicate Date Released to the Community
1. Number of Inmates with TB Infection Released to the Community:		
2. Number of Inmates with Suspected TB Disease Released to the Community:		
3. Number of Inmates with TB Disease Released to the Community:		

E. TRANSFERS

	Inmates	Indicate Date Transferred Out
1. Number of Inmates with TB Infection Transferred Out:		
2. Number of Inmates with Suspected TB Disease Transferred Out:		
3. Number of Inmates with TB Disease Transferred Out:		

F. COMMENTS

Reminders:

- Refer released inmates with TB infection, suspected, and confirmed disease to your PHR or LHD.
- Include the Positive Reactors/Suspects/Cases Report when submitting the Monthly Correctional TB Report to your PHR or LHD.
- TB infection should be reported within **one** week to your LHD or PHR and TB disease should be reported within one working day to your LHD or PHR. Failure to report a notifiable condition is a class B misdemeanor under Texas Health and Safety Code, §81.049.
- Submit TB-400 A & B for inmates with suspected or confirmed TB disease, or inmates with TB infection that started medication to your PHR or LHD.