TEXAS Health and Human Services

Texas Department of State Health Services

DSHS Tuberculosis Unit
Cohort Review Presentation Form (Instructions)

Quarter: □ Q1 □ Q2 □ Q3 □ Q4 Check the appropriate box for the quarter in which the case was counted	Cohort Year: Enter the year in which the case was counted	Presentation Date: Enter the date (month/day/year) the case was presented at the cohort review
Primary Case Manager:	Contact Investigator:	Treating Physician:

Section 1: Patient Information

RVCT #: Must be the RVCT number (State Case Number)	Date of Birth: Enter month/day/year
Patient Name:	Gender: □ Male □ Female
Date Case was Counted: Enter the month/day/year the suspect was classified as a case.	Country of Birth: The country in which the patient was born.

Medical Risks (check all that apply):

- □ Diabetes Mellitus
- □ Alcohol Abuse (within past year)
- □ Tobacco Use
- □ Silicosis
- □ Corticosteroids or Other Immunosuppressive Therapy
- □ Gastrectomy or Jejunoileal Bypass
- □ Age < 5 Years
- □ Recent Exposure to TB (contact to TB case)
- □ Contact to MDR-TB
- □ Weight at Least 10% Less Than Ideal Body Weight
- □ Chronic Malabsorption Syndromes
- □ Leukemia
- □ Lymphoma
- □ Cancer of Head
- □ Cancer of Neck
- □ Drug Abuse within Past Year
- □ TB Test Conversion in Last 2 Years
- □ Fibrotic Lesions (on chest X-ray) Consistent with Old, Healed TB
- □ Chronic Renal Failure
- □ Organ Transplant
- □ Other: _____

Code 900: □ Not Offered □ Refused
Collection Date: Enter month/day/year_____ Results □ Positive □ Negative □ Pending
CD4 Count, if positive: Enter CD4 results here

Section 2: Diagnostic Information

Disease Site: Indicate specific site(s) of disease	Initial Chest X-ray Date: _____ □ Normal □ Abnormal □ Abnormal/Cavitary □ Not Done
Collection Date of Initial Positive AFB Smear:	Collection Date of Initial Positive MTB Culture:

Resistance: □ Yes □ No If Yes, Resistant to: List all anti-TB medications for which drug susceptibility results indicate resistance

Section 3: Treatment Completion Information

Treatment Start Date: The date medication was started (month/day/year)	Treatment Completion Date: The date medication was stopped due to patient successfully completing a full course treatment regimen (month/day/year)
Collection Date of First Consistently Negative AFB Smear:	Collection Date of First Consistently Negative MTB Culture:

If Treatment Not Completed, check all that apply: This refers to treatment not being completed at the time of the cohort presentation

- □ Still on Therapy (Planned Completion Date: _____)
- □ Treatment Interruption (□ Adverse Reaction □ Patient Non-adherence □ Provider Decision)
- □ MDR
- □ Refused (Reason:_____)
- □ Lost
- □ Died (Date: _____)
- □ Reported at Death
- □ Moved out of Country(To: _____)
- □ Inter-jurisdictional Transfer (To: _____ Date: _____)
- □ Other: If the above options do not accurately capture a reason for non-completion of treatment, describe in summary the reason treatment was not completed

If Not on DOT Explain:
Number of Recommended Doses: Number of Doses Taken:

Section 4: Contact Investigation Results

Genotyped: □ Yes □ No If Yes, wgMLSType: Indicate wgMLSType (usually begins with letters MTBC)

Number of Contacts Identified: Total number of contacts identified	Number of Contacts Evaluated: Total number of contacts that received appropriate screening (window/post window testing) including CXR, sputum collection for AFB testing if appropriate.

Number of Documented Prior Positives: Total number of contacts providing documentation reflecting previously positive TST or IGRA result

Number of Contacts Infected without TB Disease: Total number of contacts that upon evaluation were asymptomatic, IGRA/TST-positive with a normal CXR

Number of Contacts Identified as AFB Smear Positive: Total number of contacts that upon evaluation for possible TB disease including collection of sputum for acid fast bacilli testing was found to be smear positive

Number of Contacts Identified with TB Disease: Total number of contacts that upon evaluation for TB disease including collection of sputum for acid fast bacilli testing was found to be positive for *Mycobacterium tuberculosis*

Number of Contacts Eligible for Treatment of TB Infection (TBI): Indicate the total number of contacts that upon evaluation was diagnosed with TBI

Number of Contacts that Started Treatment for TBI: Total number of contacts that were started on treatment for TBI

Recent Documented Conversions: _____ the total number of contacts identified as converting from a negative TST/IGRA result to a positive TST/IGRA result within two (2) years of testing with IGRA/TST and started treatment for TBI.

Children ≤ 5 Years:_____ total number of children whose age at the time of the contact investigation was five (5) years of age or under, and upon evaluation were found to be infected with TB and started treatment for TBI

Known HIV+ Status: _____ total number of contacts with a documented HIV(+) status that were found to be infected with TB and started treatment for TBI

Number of Contacts Currently on Treatment for TBI: Total number of contacts that at the time of the cohort presentation were still on treatment for TBI

Number of Contacts that Completed Treatment for TBI: Total number of contacts that before or at the time of the cohort presentation successfully completed treatment for TBI

Recent Documented Conversions: _____ total number of contacts identified as converting from a negative TST/IGRA result to a positive TST/IGRA result within two (2) years and completed treatment for TBI before or at the time of the cohort presentation

Children ≤ 5 Years:_____ total number of contacts at or below the age of five (5) that completed treatment for TBI before or at the time of the cohort presentation

Known HIV+ Status: _____ total number of contacts with a documented HIV(+) status that completed treatment for TBI before or at the time of the cohort presentation

Number of Contacts that Did Not Complete Treatment for TBI Due To: Enter a number in the appropriate space to identify reasons contacts did not successfully complete treatment for TBI

_____Still on Treatment	_____Adverse Reactions	_____Died
_____Moved	_____Refused	_____Lost
_____Provider Decision (Unable to Monitor Patient Care)		_____Other

Percentage of Contacts Infected:

(Formula: $\frac{\text{Number of Contacts Infected – Prior Positives}}{\text{Number Evaluated – Prior Positives}}$ x 100%)