TEXAS Health and Human Services | Texas Department of State Health Services

Tuberculosis and Hansen's Disease Unit
Targeted Testing Reporting Form Instructions

Purpose of the form: This form should be used to document targeted testing initiatives and distribution of state purchased testing supplies to medium and high risk sites as outlined in the Texas Tuberculosis Manual.

This form must be completed each month and submitted to the Assessment, Compliance and Evaluation (ACE) team by the 15th day of the following month.

REPORTING PROGRAM

Local Health Department (LHD)/Public Health Region (PHR): Provide the full name of the LHD or PHR that performs the targeted testing activity or distributes testing supplies.

Reporting Month and Year: Provide the month and year when TB screening activities occurred.

Contact Person/Title: Provide the name of the person responsible for completing the Congregate Setting Targeted Testing 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.

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

A. SCREENING

Name of Targeted Testing Site: Provide the legal name of the targeted testing site reporting TB screening activities. Please do not abbreviate.

Type of Test: Indicate the type of screening test used at the targeted testing site by selecting TB skin test (TST) or Interferon Gamma Release Assay (IGRA). If the targeted testing site used both TST and IGRA during the same reporting month, please enter the data for each test type on separate lines using the same site name for both entries. For example,

For example:
Line 1: Site A – TST
Line 2: Site A – IGRA

Number of people tested: Provide the total number of people who received a TB screening test (IGRA/TST) during the reporting month. Please do not leave any fields blank, indicate 0 if applicable.

Number of people fully evaluated: Provide the total number of people fully evaluated. A full evaluation includes a symptom screen, administration of a screening test such as the TST or an IGRA, chest x-ray or other imaging (if indicated), and bacteriology (if indicated).

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Note: There may be some months that the number of people tested, and the number of people fully evaluated may not match. For example, if ten people were tested during Month 1 but only eight were fully evaluated, the remaining two individuals will be carried over and evaluated in Month 2. However, these individuals should not be counted again in the "Number of people tested" for Month 2, as they were already included in the previous month's testing total.

Number of people with documented prior positives: Provide the total number of people with a **written** documented history of a positive tuberculin skin test or IGRA result. Please do not leave any fields blank, indicate 0 if applicable. Self-reported prior positives should not be reported as prior positives. If documentation of a prior positive is not present or the prior positive is self-reported, then a TST should be placed, and if positive, the information should be documented on the form.

- ➔ Add the name of the prior positive if they have been identified with TB infection and/or diagnosed with suspected or confirmed TB disease in Section C. List of Suspects/Cases.

Number of people with newly identified TB infection: Provide the total number of people with newly identified TB infection during the reporting month. This diagnosis should be based on the case definition for TB infection. Please do not leave any fields blank, indicate 0 if applicable.

- ➔ List the name of the individuals with newly identified TB infection in Section C. List of Suspects/Cases.

TB Infection: determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot® TB or QuantiFERON® - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease.

Number of people identified with confirmed or suspected TB disease: Provide the total number of newly identified people with abnormal CXRs, signs and symptoms of TB, sputum collected for TB, were started on four anti-TB medications, or newly diagnosed with active TB disease during the reporting month. Diagnosis should be confirmed by a positive culture for M. Tuberculosis or by a physician. Please do not leave any fields blank, indicate 0 if applicable. People with symptoms of TB or CXR results suggestive of TB should be placed in an airborne infection isolation room.

- ➔ List the name of people newly identified with confirmed or suspected of TB disease in Section C. List of Suspects/Cases.

Was this a targeted testing activity or distribution of testing supplies: Provide whether the screening done at each specific site was part of a targeted testing initiative or if testing supplies were distributed. A targeted testing activity is when a LHD or PHR TB program physically conduct testing at the selected site. Distribution of testing supplies refers to when a LHD or PHR TB program provide testing supplies to community-based organizations serving high-risk populations to conduct their own testing. (Format: Targeted testing or distribution)

Was testing done with state-purchased supplies? Y/N: Provide whether the targeted testing activity or distribution of testing supplies was done using DSHS funded testing supplies (e.g., purified protein derivative (PPD), IGRAs, syringes). (Format: Y or N)

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B. TREATMENT

Number of people started on treatment for TB infection: Provide the total number of people who were started on drug therapy for TB infection *while at the targeted testing site* during the reporting month. Please do not leave any fields blank, indicate 0 if applicable.

➔ List the name of individuals started on treatment in Section C. List of Suspects/Cases.

Number of people who completed treatment for TB infection: Provide the total number of people who completed treatment for TB infection *while at the targeted testing site* during the reporting month. Please do not leave any fields blank, indicate 0 if applicable.

Number of people started on treatment for confirmed/suspected TB disease: Provide the total number of people who were given their first dose of treatment for active or suspected TB disease *while at the targeted testing site* during the reporting month. Please do not leave any fields blank, indicate 0 if applicable.

➔ List the name of individuals started on treatment in Section C. List of Suspects/Cases.

Number of people who completed treatment for confirmed TB disease: Provide the total number of people confirmed with active TB disease that completed treatment for TB *while at the targeted testing site* during the reporting month. Do not leave fields blank, indicate 0 if applicable.

NOTE: If additional space is needed, please select the ADD button to add another page.

C. LIST OF SUSPECTS/CASES

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

Name of Targeted Testing Site: Provide the legal name of the targeted testing site reporting TB screening activities. Please do not abbreviate.

National Electronic Disease Surveillance System (NEDSS) Investigation ID: Provide the NEDSS ID that begins with "CAS".

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

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

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

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

Chest X-Ray (CXR) Date: Provide the date when the CXR was done for the individual. (Format: MM/DD/YY) NOTE: This section **only** applies to people who received a CXR and diagnosed with TB infection, suspected disease, or active disease. **Do not** include CXRs performed in lieu of a TST or IGRA.

CXR Result: Select the documented interpretation of the chest radiograph. (Options: Abnormal (A), Normal (N))

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

TB Condition: Indicate whether the individual is a case (C) or a suspected of having TB (S).

Treatment Start Date: Include the date when the individual was given their first dose of treatment for TB infection or active/suspected TB disease while at the targeted testing site during the reporting month. (Format: MM/DD/YY)

NOTE: If additional space is needed, please select the ADD button to add another page.

DEFINITIONS

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

Suspect: An individual with signs or symptoms consistent with TB disease, an abnormal chest x-ray indicative of TB, started on four anti-TB medications, or sputum collected for TB

TB Disease (case): Determined by a positive culture for *M. Tuberculosis* or by a physician. A clinician's diagnosis must always be obtained.

TB Infection: determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot® TB or QuantiFERON® - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease.