



Weekly Report of Concerning Tuberculosis Events

Please complete and submit this form each Friday for any of the following tuberculosis (TB) events: Newly reported confirmed TB disease cases among children younger than five years of age; TB cases with drug resistant TB (except isoniazid resistance) confirmed by nucleic acid amplification test, molecular drug susceptibility testing, or phenotypic drug susceptibility testing; and/or any death in a person with confirmed or suspected TB disease.

Please email the form to TBEpi@dshs.texas.gov by end of day each Friday. The total number of events must be entered even if there are zero concerning events for that category.

Reporting Information	
Reporting Jurisdiction:	Point of Contact:
Reporting Period: _____ to _____	Phone Number:
Date Submitted:	Email:
Number of Concerning Events	
Event Type	Total Number of Events
Mortality	
Pediatric	
Drug Resistance	

Mortality Events (any death among persons with known or suspected TB disease)		
Event Surveillance ID	Date of Death	
Drug Resistance Events (RR-TB, MDR-TB, pre-XDR TB or XDR-TB)		
Event Surveillance ID	Drug Resistance Pattern	
Pediatric Events (TB disease among children younger than five years of age)		
Event Surveillance ID	Source Case Identified	If Source Case Identified, Source Case Surveillance ID

SUBMIT