Texas Department of State Health Services

Drug Resistant Tuberculosis (DR-TB) Case Conference Presentation

New Patient Information

Surveillance Event #: | Age/Sex:

Site and Type of Disease: ☐ Suspected ☐ Confirmed ☐ Pulmonary ☐ Extrapulmonary, site:
☐ RR ☐ MDR ☐ Pre-XDR ☐ XDR ☐ Intolerant/Functional

ATS Class 3 Date: | Referred by: Date:
Date first evaluated by HD:

Date of U.S. Arrival: ☐ EDN ☐ Refugee ☐ Tourist ☐ Undocumented ☐ Other:

Patient History/Brief Summary:

Signs and Symptoms of TB *(check all that apply)*:
Earliest onset date:

☐ Cough: productive/dry	☐ Loss of Appetite	☐ Fatigue
☐ Shortness of Breath	☐ Weight Loss (>10%)	☐ Lymph Node Swelling
☐ Chest Pain	☐ Fever / Chills	Site:
☐ Hemoptysis	☐ Night Sweats	☐ Other:

Medical Risk Factors *(check all that apply)*:

☐ Diabetes Mellitus	☐ Leukemia	☐ End-stage renal disease
☐ Alcohol Abuse	☐ Lymphoma	☐ Organ Transplant
☐ Tobacco use	☐ Cancer of head or neck	☐ Age ≤ 5 years
☐ Silicosis	☐ Drug abuse	☐ Contact to DR-TB case
☐ Immunosuppressive therapy	☐ HIV seropositive	☐ TB test conversion in 2 yrs.
☐ Gastrectomy or jejunoileal bypass	☐ Recent exposure to TB	☐ Other:
☐ Chronic malabsorption syndromes	☐ Fibrotic lesions on Chest X-Ray consistent with, old, healed TB	
☐ Weight <10% ideal body weight		
☐ Other medical conditions:		

Risk factors for DR-TB *(check all that apply):*

☐ Previous TB treatment	☐ Previous incomplete and/or inadequate treatment
☐ Contact to DR-TB; specify:	☐ Born in/travel to country with DR-TB. Specify:

Diagnostic Information

Radiology

Initial Chest X-Ray Date: | Initial CT Date:
☐ Normal ☐ Abnormal ☐ Cavitary | ☐ Normal ☐ Abnormal ☐ Cavitary

Pathology

Pathology Date/Results:
☐ N/A

Bacteriology/Acid Fast Bacilli (AFB)

Date of Initial AFB Smear: ☐ Sputum ☐ Other: ☐ Pos. ☐ Neg.

Date of PCR/NAAT: ☐ Pos. ☐ Neg. RIF Resistance Detected? ☐ Y ☐ N ☐ Not Tested

Sputum Smear Conversion date: ☐ Pending ☐ N/A

Date of Initial Positive MTB Culture: Site: ☐ Sputum ☐ Other:

Culture Conversion date: ☐ Pending ☐ N/A

Molecular Testing	
MDDR result date: _____	MDDR Mutations:
rpoB alert date: _____ ☐ N/A	
Drug Susceptibility Testing (DSTs)	
DSTs result date: _____ Resistance on DSTs:	☐ Pending

Treatment

RIPE Start Date: _____	RIPE Stop Date: _____
DR-TB Regimen started: ☐ inpatient (*where:*_____) ☐ outpatient	TCID admission: ☐ Yes ☐ No Admitted: _____ Discharged: _____
Reason for TCID admission:	TCID physician:

DR-TB Regimen Start Date: _____ DR-TB Regimen Stop Date: _____ Reason:

Administration: ☐ DOT ☐ VDOT Frequency: ☐ 5x/week ☐ 7x/week ☐ 3x/week (specify):

☐ INH _____ mg	☐ BDQ _____ mg	☐ LFX _____ mg	☐ Other _____ _____ mg
☐ RIF _____ mg	☐ Pa _____ mg	☐ CFZ _____ mg	☐ Other _____ _____ mg
☐ PZA _____ mg	☐ LZD _____ mg	☐ CS _____ mg	
☐ EMB _____ mg	☐ MFX _____ mg	☐ B6 _____ mg	

Notes:

Treatment interruptions: ☐ No ☐ Yes, specify:

Baseline Toxicity Assessments

Baseline Monthly Toxicity Assessment Date: _____

☐ **ECG / Cardiac Monitoring**
☐ Normal ☐ Abnormal QTc: Notes:

☐ **Mental Health Assessment**
☐ Normal ☐ Abnormal Notes:

☐ **Visual Acuity / Ishihara**
☐ Normal ☐ Abnormal Notes:

☐ **Peripheral Neuropathy Monitoring**
☐ Normal ☐ Abnormal Notes:

☐ **Other** (i.e. tendon pain, joint pain, emesis, audiometry/vestibular, etc.)
☐ Normal ☐ Abnormal Notes:

Trends/concerns:

Challenges

Plan

Contact Investigation

Genotype:	Match to other DR-TB: ☐ Yes ☐ No Explain:

Consult Done: ☐ Yes ☐ No *if no*, explain:
Primary exposure location:
Infectious period start date:
Date first round completed: _____

	Initial
Number of contacts identified	
Number of contacts evaluated	
Number of documented prior positives	
Number of contacts identified with TB infection	
Number of conversions	
Number of contacts eligible for treatment of TB infection	
Number of contacts identified under the age of 5	
Number of contacts under the age of 5 with TB infection	
Number of contacts under the age of 5 on window prophylaxis	
Number of others identified for window prophylaxis (i.e. HIV, etc.)	
Number of contacts *currently* on treatment for TB infection	
Number of contacts that completed treatment for TB infection	
Number of contacts that **did not** complete treatment for TB infection	
Number of contacts that refused treatment for TB infection	
Number of contacts identified with TB disease	
Number of contacts under the age of 5 with TB disease	
Percentage of contacts infected (positivity rate)	

CI Findings/Issues/Challenges/Other (Include plan and regimen for contacts and plan for CI completion):

DSHS Internal Notes:

Texas Department of State Health Services

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Quarterly Updates	
Surveillance Event #:	Age/Sex:
Site and Type of Disease: ☐ Suspected ☐ Confirmed ☐ Pulmonary ☐ Extrapulmonary, site: ☐ RR ☐ MDR ☐ Pre-XDR ☐ XDR ☐ Intolerant/Functional ATS Class 3 Date: _____	
Patient History/Brief Summary:	

Updated Information on TB Diagnostics (do not include initial)			
Radiology	Bacteriology		Other Diagnostics
_____ Result:	**Smear conversion date:** _____	**Culture conversion date:** _____	MDDR, DSTs, pathology, other TB diagnostics:
_____ Result:	Date:	Date:	
	Date:	Date:	
_____ Result:	Date:	Date:	
	Date:	Date:	
_____ Result:	Date:	Date:	
	Date:	Date:	
_____ Result:	Date:	Date:	
	Date:	Date:	
_____ Result:	Date:	Date:	
	Date:	Date:	
	Date:	Date:	

Treatment Updates	
DR-TB Regimen started: ☐ Inpatient (where:_____) ☐ Outpatient If TCID, date admitted: _____ TCID physician: Date Discharged: _____ Reason for admission:	
DR-TB Regimen Start Date: _____ Administration: ☐ DOT ☐ VDOT Frequency: ☐ 5x/week ☐7x/week ☐ 3x/week (specify): Current Regimen: _____ Date changed: _____ Changes: _____ Reason _____ Other: _____ Date changed: _____ Changes: _____ Reason _____ Other: _____ Date changed: _____ Changes: _____ Reason _____ Other: _____ Date changed: _____ Changes: _____ Reason _____ Other: _____ Date changed: _____ Changes: _____ Reason _____ Other: _____ Date changed: _____ Changes: _____ Reason _____ Other: _____ Other Notes:	
Date due to complete therapy: Date completed therapy: _____	Treatment interruptions: ☐ No ☐ Yes, specify:

Toxicity Assessments

(Cardiac, Mental Health, Visual, Peripheral Neuropathy, Other)

Monthly toxicity assessments ☐ *have* ☐ *have not* been missed. *(If missed discuss the reason and plans to resume):*

Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____
Date: _____ Results: QTc: ____Other: _____

Notes:

New or Resolved Challenges

Current Patient Care Plan

End of treatment consult submitted ☐ Yes ☐ No *if No* explain why:
Post-treatment follow-up plan (when known):

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Quarterly Update Contact Investigation	
Genotype:	Match to other DR-TB: ☐ Yes ☐ No Explain:
Contact investigation completed: ☐ Yes ☐ No Primary exposure location: Date second round completed: _____	

Present available data below:

	Updates	Final
Number of contacts identified		
Number of contacts evaluated		
Number of documented prior positives		
Number of contacts identified with TB infection		
Number of conversions		
Number of contacts eligible for treatment of TB infection		
Number of contacts identified under the age of 5		
Number of contacts under the age of 5 with TB infection		
Number of contacts under the age of 5 on window prophylaxis		
Number of others identified for window prophylaxis (i.e. HIV, etc.)		
Number of contacts *currently* on treatment for TB infection		
Number of contacts that completed treatment for TB infection		
Number of contacts that **did not** complete treatment for TB infection		
Number of contacts that refused treatment for TB infection		
Number of contacts identified with TB disease		
Number of contacts under the age of 5 with TB disease		
Percentage of contacts infected (positivity rate)		

CI Findings/Issues/Challenges/Other (include date a consult was submitted, regimen recommended for contacts on LTBI, plan for contacts (i.e., serial CXRs), status of CI):

DSHS Internal Notes: