



Tuberculosis Infection is now a reportable condition in the state of Texas.

LTBI is diagnosed based upon the following findings:

1. A positive Tuberculin skin test (TST) or positive blood test (IGRA).
2. A CXR that shows no evidence of active Tuberculosis (TB) disease.
3. No symptoms or physical findings suggestive of TB disease.

If you have diagnosed a patient with LTBI, please fax the following information to the Texas Department of State Health Services (DSHS) within 5 working days:

1. The TB 400A form, to include-
 - a. Signature of the provider who diagnosed the patient with LTBI or who will provide LTBI treatment for the patient.
 - b. Documented result of the TST or IGRA when positive (for TST include the numeric mm read).
2. CXR results (or CT results) that show no evidence of active TB disease.
3. Documentation that the patient does NOT have any signs or symptoms of TB disease (fevers, chills, cough, productive cough, hemoptysis, night sweats, weight loss, fatigue).

NOTE: The bottom section of the TB400A has a treatment section describing which medication is prescribed. If medication is started, the TB400A can be faxed at initiation of treatment and again at the end of treatment to include the closure date and months on treatment. **If patient declines treatment, fax the TB400A at diagnosis and include reason why closure was made before treatment was completed.**

FAX NUMBER: 512-206-3949
PHONE NUMBER: 210-949-2000
ADDRESS: Texas Department of State Health Services, Region 8
7430 Louis Pasteur
San Antonio, TX 78229

For additional information, please see the following websites:

For LTBI information and treatment options:

[Latent Tuberculosis Infection: A Guide for Primary Health Care Providers | Tuberculosis \(TB\) | CDC](#)

For screening, diagnosis, and treatment of LTBI in primary care settings (**with tips on coding and billing for LTBI services**): [Heartland National TB Center Reference Document](#)

For disease reporting: [Reporting Forms | Texas DSHS](#)

If you have any questions, please do not hesitate to contact our office.

Sincerely,

Lillian Ringsdorf, MD, MPH
Medical Director
Texas Department of State Health Services, Public Health Region 8



Report of Case and Patient Services

Date reported to health department

Date form sent to PHR

Date form sent to central office

Initial Report, Hospital Admission, Address Change, Name Change, Other Change, SSN, Medicaid #, ID#, DOB, Name (Last, First, Middle, Alias), Street, Apt#, City, County, Zip Code, Patient's Tel.#, Facility/Care Provider Name, Name of person completing this form, Initial Reporting Source, Health Dept, Private Physician, Public Hospital, VA Hospital, Military Hospital, TDCJ, Other (Specify):

Country of Birth, Date of U.S. Entry, Eligible for U.S. Citizenship/Nationality at Birth?, Preferred Language, Notice of Arrival of Alien with TB Class, Reported at Death, Reported Out of State or Country, ETHNICITY, SEX

RACE (check all that apply), OCCUPATION (within past 2 years)

Initial Reason Evaluated for TB: Contact Investigation, Screening, TB Symptoms, Other, specify:

Resident of Correctional Facility at Time of Dx: Yes, No, Unknown, Incarceration Date

Resident of Long Term Care Facility at Time of Dx: Yes, No, Unknown, Residential Facility, Mental Health Residential Facility

POPULATION RISKS, MEDICAL RISKS, HIV TEST RESULTS

TB Skin Test, IGRA, Documented history of positive TST or IGRA?, PRIOR LTBI TREATMENT

ATS Classification: 0 No M. TB Exposure, Not TB Infected; 1 M. TB Exposure, No Evidence of TB Infection; 2 M. TB Infection, No Disease; 4 M. TB, No Current Disease

FOR TREATMENT OF LTBI ONLY: DOPT, DOPT Site, Frequency, Regimen Start Date, Stop Date, Weight, Height, Isoniazid, Rifampin, Rifapentine, General Comments: Physician Signature, Date

CLOSURE: Date, Completion adequate therapy, # months on Rx, # months recommended, Lost to follow-up, Patient chose to stop, Deceased (Cause):, Adverse drug reaction, Moved out of state/country to:, Provider decision: Pregnant, Non-TB, Other: