

**COHORT PRESENTATION II:
CLINICALLY CONFIRMED OR EXTRAPULMONARY TB CASE**

1. Name: _____ CRS # _____ Noncount [No further report necessary]
_____ year-old _____ {male/female}, born in _____ {country}.
Special therapy _____ {+ or - /refused/unknown} Protease inhibitor or NNRTI (name)¹: _____
Date Assigned: _____
Date Interviewed: _____ If > 5 days for interview – state reason: _____

Clinically confirmed, pulmonary, smear negative, culture negative, non-cavitary.²
 Extrapulmonary only. [Site of disease: _____]
 Pansensitive MDR Rifampin resistant Other resistance _____

Completed therapy
 Currently taking TB medications.³
Has completed _____ months of treatment
 Did not complete therapy
Reason patient did not complete: Refused Lost Died Moved⁴ Reported at death

ON DOT: YES or NO (circle):
If YES: _____ total number on DOT; _____ months on DOT with $\geq 80\%$ compliance
If NO DOT, why not: _____
 Pharmacy checks⁵ done

Skip contacts.

If case is under 18 years old then the COHORT PRESENTATION FORM I is to be used.

2. Discussion⁶

Notes:

1. If patient is taking a protease inhibitor or non-nucleoside reverse transcriptase inhibitors (NNRTIs), specify the name of the medication.
2. If the patient has pulmonary disease and has either a positive sputum AFB smear or a cavitary chest x-ray then use Cohort Presentation Form I: Pulmonary or Laryngeal TB.
3. Do not list medications. The Director has the printout of drug regimens. However, be prepared to discuss if case is MDR or regimen is unusual.
4. A case can only be closed as moved if an interstate has been done.
5. For patients on self-administered treatment, present a review of pharmacy records to assess treatment adherence.
6. It is important to be familiar with:
 - Adherence history;
 - Patient's occupation and residence settings, particularly if patient is homeless;
 - Results from any contact investigation that may have been conducted before culture results were available, particularly if any HIV positive contacts were identified.