

## COHORT PRESENTATION I: PULMONARY OR LARYNGEAL 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)<sup>1</sup>: \_\_\_\_\_

2a. Sputum Smear Positive, <sup>2</sup> Pulmonary, <sup>3</sup>	2b. Sputum Smear Negative, Sputum Culture Positive	2c. Other: (Pediatric; other respiratory smear and/or culture positive; cavitory, culture negative) <sup>4</sup>
a) <input type="checkbox"/> Pulmonary TB <sup>3</sup> <input type="checkbox"/> (Both) Pulmonary & Extrapulmonary _____ {site}. b) Sputum smear positive: _____ plus <sup>5</sup> c) Culture _____ [+ , - , or not done] d) If culture positive, Source: _____ e) Date assigned: _____ f) Date interviewed: _____ If >3 days for interview – state reason <sup>6</sup> : _____ _____	a) <input type="checkbox"/> Pulmonary TB <sup>3</sup> <input type="checkbox"/> (Both) Pulmonary & Extrapulmonary _____ {site}. b) Sputum smear negative c) Sputum culture positive d) Date assigned: _____ e) Date interviewed: _____ If >5 days for interview – state reason <sup>6</sup> : _____ _____	a) <input type="checkbox"/> Pulmonary and/or Respiratory TB <sup>3</sup> <input type="checkbox"/> (Both) Pulmonary & Extrapulmonary _____ {site}. b) Respiratory smear: _____ [+ , - , or not done] if +, source of + smear: _____ c) Respiratory culture: _____ [+ , - , or not done] if +, source of + culture: _____ d) Date assigned: _____ e) Date interviewed: _____ If >5 days for interview – state reason <sup>6</sup> : _____ _____

Drug Susceptibility Results:  Pansensitive  **MDR**  **Rifampin resistant**  Other resistance \_\_\_\_\_  
 Chest Radiograph Results:  Cavitory<sup>7</sup>  (Abnormal) Non-Cavitory  Normal CXR

### 3a. Treatment outcome at time of cohort

<input type="checkbox"/> Completed therapy	<input type="checkbox"/> Taking TB medications <sup>8</sup> If yes, has completed _____ months of tx. <sup>9</sup>
<input type="checkbox"/> Likely to complete therapy by (date) _____	
<input type="checkbox"/> Did not complete treatment and no longer in care (reason): <input type="checkbox"/> Refused <input type="checkbox"/> Lost <input type="checkbox"/> Died <input type="checkbox"/> Reported at death <input type="checkbox"/> Moved <sup>10</sup> Where: _____ Date of Interstate referral: _____	

3b.  On DOT: \_\_\_\_\_ total number of months on DOT; \_\_\_\_\_ months on DOT with ≥ 80% compliance  
 If NO DOT, why not: \_\_\_\_\_  Pharmacy checks<sup>11</sup> done

4. If case is a child 18 years old or under:  Source identified?<sup>12</sup> Name: \_\_\_\_\_ CRS#: \_\_\_\_\_

5a.  Employed Type of Work: \_\_\_\_\_  
 ECI associated with this case ECI site and results: \_\_\_\_\_

5b. For any sputum or respiratory culture positive case:  
 Patient was hospitalized? Date hospitalized: \_\_\_\_\_  Patient was isolated? Date isolated: \_\_\_\_\_  
 If date isolated differs from date hospitalized, was there an exposure evaluation done?

### 5c. Contacts

\_\_\_\_\_ Identified<sup>13</sup>  
 \_\_\_\_\_ Inappropriate for evaluation (Died prior to end of Window Period)<sup>14</sup>  
 \_\_\_\_\_ Appropriate for evaluation<sup>15</sup>  
     \_\_\_\_\_ Evaluated<sup>16</sup>  
       \_\_\_\_\_ Prior cases (adequately treated)  
       \_\_\_\_\_ Prior positive  
       \_\_\_\_\_ Infected with disease: Name: \_\_\_\_\_ CRS#: \_\_\_\_\_  
       \_\_\_\_\_ Infected with suspected disease<sup>17</sup>: Name: \_\_\_\_\_ CRS#: \_\_\_\_\_  
       \_\_\_\_\_ Infected (New TST+), no disease [confirmed by chest x-ray]  
         \_\_\_\_\_ Appropriate for treatment of latent TB infection (LTBI)<sup>18</sup>  
           \_\_\_\_\_ Started treatment for LTBI<sup>19</sup>  
             \_\_\_\_\_ Completed treatment for LTBI  
             \_\_\_\_\_ Current to care  
             \_\_\_\_\_ Discontinued treatment for LTBI due to:  
               \_\_\_\_\_ Adverse reactions to medications  
               \_\_\_\_\_ Died  
               \_\_\_\_\_ Moved<sup>10</sup>  
               \_\_\_\_\_ Refused to continue treatment for LTBI  
               \_\_\_\_\_ Lost to follow-up

6. Discussion<sup>20</sup>

## Notes, Definitions and Special Cases

1. If patient is taking a protease inhibitor or non-nucleoside reverse transcriptase inhibitors (NNRTIs), specify the name of the medication.
2. Report positive sputum smears regardless of the culture's result. Suspicious smears are considered to be positive.
3. Pulmonary site of disease is in the lungs and bronchi [sputum and specimens from tissue codes: 22-25, 28 and 56]. Respiratory infectious site of disease refers to the entire respiratory system [additional specimens from tissue codes 18-21, 27].
4. Use this section to present the following cases that **do not meet the 2A or 2B criteria**: culture negative, cavitory, respiratory smear positive, respiratory culture positive, no sputum smear done; and pediatric cases (cases under 18 years old at TB diagnosis). For culture negative cases without a positive sputum smear or cavitory chest x-ray, use Cohort Presentation II: Clinically Confirmed or Extrapulmonary.
5. Highest grade of smear, if known.
6. Use this space to document reasons for delayed interview, for example, a change in patient's priority level.
7. Chest x-rays are reported as cavitory, non-cavitory, or normal. Do not report x-ray dates or the results of follow-up x-rays.
8. Do not list medications. The Director has the printout of drug regimens. However, be prepared to discuss if case is MDR, rifampin resistant, taking a protease inhibitor/NNRTI, or if regimen is unusual.
9. If adherence for any period has been below 80%, state so and be prepared to explain.
10. A case can only be closed as moved if an interstate had been done.
11. For patients on self-administered treatment, present a review of pharmacy records to assess treatment adherence.
12. Be prepared to present the source case and associated contact investigation, including whether this child was listed as a contact in the contact investigation for the source case.
13. "Contacts identified" include all true contacts with legitimate names and addresses.
14. Contacts "inappropriate for evaluation" will be subtracted from the contacts identified to determine the number appropriate for evaluation.
15. Contacts "appropriate for evaluation" include all legitimate contacts identified who were not counted as "died prior to testing." "Evaluation" consists of tuberculin skin testing and chest radiograph unless there is a documented prior positive TST. A contact is given one or two TSTs (Post-window period testing is only required for contacts who initially test TST-negative).
16. Report only the number evaluated. Do not report the number of contacts who were UTL, who moved more than 60 days after being identified and were not evaluated, or who refused. These explanations may come up in discussion, but are not part of the standard format.
17. All suspects must be reclassified to either "infected with disease" or "infected without disease" within four months of the initiation of treatment.
18. Contacts "appropriate for treatment of latent TB infection" include all TST+ contacts recommended for medical follow-up for whom treatment is medically indicated. Persons identified during a contact investigation who need treatment, but were TST negative or prior TST positive will be excluded from this number. Be prepared to explain.
19. Report the number who started treatment for LTBI. Do not report the number of people who did **not** start treatment for LTBI; however, be prepared to explain. Do not report people who received window prophylactic treatment and were found not to have had latent TB infection. Provide updated information on those contacts who started treatment for LTBI.
20. It is important to be familiar with:
  - Patient's adherence history, latest DOT status, dates of regulatory requests/outcomes, and current regulatory status;
  - Patient's occupation and residence settings, particularly if patient is homeless;
  - Where contact with others occurred and how often;
  - When contacts were evaluated in relation to patient's last positive smear;
  - If source case investigation was conducted and results, including relationship of this to any other known cases;
  - Evaluations of sex/needle-sharing partners of HIV positive patients; also, are there any HIV positive contacts;
  - Status of treatment for LTBI when appropriate, including window prophylaxis;
  - If and when expanded contact testing occurred and results of investigation.