Missoula County LTBI Report Form

For Data Collection of Latent TB infection (LTBI) Case

Please Complete the Entire form (Incomplete forms will be returned)

Patient Last Name _____ First Name _____ DOB _____ Sex at birth _____

Address: _____ City: _____ Zip: _____ Phone Number: _____

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Non Hispanic or Latino
- ☐ Unknown

Race:
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian/ Other Pacific Islander
- ☐ White
- ☐ Other Race
- ☐ Unknown

Lived outside of the U.S. for >2 months (uninterrupted)?
- ☐ Yes
- ☐ No
- ☐ Unknown

Nativity: Country of Birth if NOT U.S. _____

Date of Arrival in the U.S _____

Countries of Birth for Primary Guardian(s) (for cases <15 years old only)

Guardian1: _____

Guardian 2:_____

Initial Reason Evaluated for TB:
- ☐ Contact Investigation
- ☐ Screening
- ☐ TB Symptoms
- ☐ Other
- ☐ Unknown

Occupation and Industry Risk Factors:

Has the patient *ever* worked as one of the following? (select all that apply)
- ☐ Healthcare Worker
- ☐ Correctional Facility Employee
- ☐ Migrant/Seasonal Worker
- ☐ Unknown

Patient's **Current** Occupation(s) and Industry(ies):

_____

Residence Risk Factors:

Homeless in the Past 12 Months	☐ Yes	☐ No	☐ Unknown
Homeless Ever	☐ Yes	☐ No	☐ Unknown
Resident of Correctional Facility at Diagnosis	☐ Yes	☐ No	☐ Unknown
Resident of Correctional Facility Ever	☐ Yes	☐ No	☐ Unknown
Resident of Long-Term Care Facility at Diagnosis	☐ Yes	☐ No	☐ Unknown

Substance Use Risk Factors:

Injecting Drug Use in the Past 12 Months	☐ Yes	☐ No	☐ Unknown
Noninjecting Drug Use in the Past 12 Months	☐ Yes	☐ No	☐ Unknown
Heavy Alcohol Use in the Past 12 Months	☐ Yes	☐ No	☐ Unknown

Current Smoking Status at Diagnostic Evaluation (Includes combustible and electronic delivery systems):

- ☐ Current everyday smoker
- ☐ Current someday smoker
- ☐ Former smoker
- ☐ Never smoke
- ☐ Smoker, current status unknown
- ☐ Unknown if ever smoked

Immunosuppression/Other Risk Factors:

-Diabetic ☐Yes ☐No ☐Unknown

-TNF-α Antagonist Therapy ☐Yes ☐No ☐Unknown

-Post-Organ Transplantation ☐Yes ☐No ☐Unknown

-End Stage Renal Disease ☐Yes ☐No ☐Unknown

-Viral Hepatitis (B or C only) ☐Yes ☐No ☐Unknown

-HIV Status at Diagnosis ☐Positive ☐Negative ☐Other ☐Unknown

-Other Immunocompromise (other than HIV/AIDS) ☐Yes ☐No ☐Unknown

-Lived outside of US for more than 60 consecutive days ☐Yes ☐No ☐Unknown

(Include countries other than US, Canada, Australia, New Zealand or countries in Northern or Western Europe). Countries/Dates:_____

-Other Specify:_____

Diagnostic Tests:

Test Type Smear, Pathology, Cytology, Culture, Igra-Tspot/QFT/Other NAA, TST	**Specimen/ Site** Skin, Blood, Sputum	**Date of test**	**Date reported/ read**	**Test result Qualitative**	**Test result Quantitative**	**Test result Unit of measurement**
E.g. TST	Skin	1/1/2020	1/3/2020	N/A	15	mm
E.g. IGRA-QFT	Blood	1/1/2020	1/5/2020	Positive	N/A	N/A

Chest Radiograph or other Chest Imaging Results:

Study Type	**Date of Study**	**Result** Not consistent with TB, Consistent with TB, Unknown	**Cavity?** Yes/ No/ Unknown	**Miliary?** Yes/ No/ Unknown
Chest X-ray				
CT Scan				
Other:				

LTBI Treatment Started: ☐**Yes** ☐**No** **Date:**

Specify Regimen:
- ☐**Isoniazid (9 months; 9H)**
- ☐**Isoniazid (6 months; 6H)**
- ☐**Isoniazid/Rifapentine (3 months; 3 HP)**
- ☐**Rifampin (4 months; 4R)**
- ☐**Other (Specify:_____)**

Date Treatment Stopped: _____

Reason LTBI Treatment Stopped?
- ☐Completed Treatment
- ☐Lost to follow Up
- ☐Patient Choice
- ☐Pregnancy
- ☐Not LTBI (Clinician Decision)
- ☐Developed TB
- ☐Severe Adverse Event:
  - ☐Hospitalized ☐Died

If treatment NOT started, Reason:
- ☐Lost to follow up
- ☐History of previous treatment for TB/LTBI
- ☐Treatment not offered based on local clinic guidelines
- ☐Provider decision (not based on local clinic guidelines)
- ☐Drug shortage
- ☐Patient refused
- ☐Unknown/ Other (Specify: _____)

PROVIDER INFORMATION:

Name_____ Clinic:_____ Phone #: _____

***Please submit Completed form to Missoula County Infectious Disease Office at* missoula.co\idreporting**