County of Los Angeles • Department of Public Health • TB Control Program

Phone: (213) 745-0800 • Fax: (213) 749-0926

Confidential Hospitalized TB Suspect/Case Report (H-803)

****PATIENT**: _____ (Last / First / MI)

ADDRESS: _____

_____

PHONE: _____ **Social Security #:** _____

BIRTH DATE: _____ Sex: ☐ Male ☐ Female

****IF PATIENT UNDER 18, (PARENT NAME/DOB):**

_____

Employer/School: _____

OCCUPATION: _____

Race: ☐ White ☐ Black ☐ Am. Indian ☐ Alaska Native

☐ Asian (Specify) _____ ☐ Pacific Islander (Specify) _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Country of Origin: _____ Date of Entry: _____

Contact Person (name/phone #): _____

RECORDED BY: _____ Date: _____

PHONE: _____ FAX: _____

Medical Record # _____

Pt. currently hospitalized? ☐ Yes ☐ No Adm. Date: _____

Treating Physician (PCP): _____

NAME OF HOSPITAL: _____

ADDRESS:

_____

_____

PHONE: _____

ID/Pulmo MD Info:

ADDRESS: _____

_____

PHONE: _____

Date of Diagnosis _____

Skin Test Date _____ **IGRA Test Date** _____

Result _____ MM Test Type: _____ QFT:

☐ Not Done
☐ Unknown

☐ Positive Mitogen _____
☐ Negative Ni _____
☐ Indeterminate Antigen _____

If Pulmonary, check symptoms

☐ Cough ☐ Night sweats ☐ Hemoptysis

☐ Sputum production ☐ Weight loss _____(No. of lbs.)

Will MD be continuing TB care? ☐ Yes ☐ No

Pulmonary TB ☐ Extra-Pulmonary TB ☐

(site) _____

Chest X-Ray Date: _____ ☐ Cavitary ☐ Non-Cavitary

Impression: _____

_____

Past History of TB Treatment? ☐ Yes ☐ No

If Yes, where, when treated?

_____

If asymptomatic, reason for evaluation _____

Other medical conditions relevant to diagnosis:

_____

_____

HIV STATUS Date: _____

☐ POSITIVE ☐ NEGATIVE ☐ UNKNOWN
☐ NOT DONE ☐ REFUSED ☐ PENDING

Patient Weight: _____

Psychosocial History: _____

_____

Allergies: _____

BACTERIOLOGY

Pathology Report: _____

_____

Lab Name and Account #: _____

Specimen Collection Date	Specimen Type	Smear AFB	PCR	Culture M. TB +/-

MEDICATIONS	DOSE	START DATE
Isoniazid		
Rifampin		
Ethambutol		
Pyrazinamide		
Rifabutin		
B6		

Please attach H & P, Pulm/ID MD note, LFT's, imaging, CBC, QFT, HIV, sputum AFB smear/cx X3 2 MTB (PCR) X2

Additional Comments: _____

_____

**Date Placed in Isolation _____

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Confidential Hospitalized TB Suspect/Case Report (H-803) Instructions

Reporting of all patients with confirmed or suspected Tuberculosis is mandated by the State Health and Safety Codes (HSC) Division 105, Part 5 and Administrative Codes, Title 17, Chapter 4, Section 2500 and must be done within 1 day of diagnosis.

Why do you report?

Because it is required. The Health Department performs many vital functions to ensure public health and safety. These functions include contact investigation, home visits, patient education, patient compliance assessment and directly observed therapy (DOT). Tuberculosis Control staff also will assist in facilitating appropriate discharge planning. HSC section 121361 also mandates that, prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written, discharge plan approved by the Local Health Officer (i.e. TB Controller).

Who must report?

1. All health care providers (including administrators of healthcare facilities and clinics) in attendance of a patient suspected to have, or confirmed with, active tuberculosis, must report within 1 working day from the time of identification (California Code: Title 17, Chap. 4, Sec. 2500).
2. The director of any clinical lab or designee must report laboratory evidence suggestive of tuberculosis to the Health Department on the same day that the physician who submitted the specimen is notified (California Code: Title 17, Chap. 4, Sec. 2505).

When do you report?

1. When the following conditions are present:
   signs and symptoms of tuberculosis are present, and/or
   the patient has an abnormal CXR consistent with tuberculosis, or
   the patient is placed on two or more anti-TB drugs for MTB treatment (not for atypical Mycobacterium treatment).
2. When bacteriology smears or cultures are positive for acid fast bacilli (AFB)
3. When the patient has a positive culture for *M. tuberculosis* complex (i.e., *M. tuberculosis, M. bovis, M. canettii, M. africanum, M. microti*).
4. When a pathology report is consistent with tuberculosis

How do you report?

The Confidential Hospitalized TB Suspect/Case report (H-803) (on the back of this form) is to be completed in its entirety and submitted to Tuberculosis Control. The Confidential Morbidity Report (CMR) should not be used for hospitalized patients.

1.	BY FAX:	(213) 749-0926
2.	BY PHONE	(213) 745-0800 After hours, leave your name, phone or pager #, patient's name, DOB and medical record number on voicemail.
3.	BY MAIL:	Tuberculosis Control Program 2615 S. Grand Avenue, Room 507 Los Angeles, CA 90007

Reporting tuberculin skin test

Definition of a Positive Tuberculin Skin Test:

≥ 5 mm of induration is considered positive for contacts, suspects and HIV+ or immuno-suppressed individuals of any age.

≥10 mm of induration is considered positive for all other screening subjects of any age.

A positive tuberculin skin test with a normal chest x-ray is not reportable unless the patient is age 3 years or younger. However, health department follow-up may be requested for PPD reactors who also meet one of the following criteria. The reason for referral must be noted on the Remarks section.

a. HIV infected or at risk for HIV infection
b. Contact to infectious case of tuberculosis
c. Abnormal chest film consistent with old TB or silicosis
d. Children 3 years old or under with a positive tuberculin skin test
e. Documented converters
f. Medical conditions that increase TB risk:
   - Diabetes mellitus
   - Prolonged steroid therapy
   - Immuno-suppressive therapy
   - End stage renal disease
   - Unexplained rapid weight loss