ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT CONFIDENTIAL TUBERCULOSIS REPORT

	ENT OUTPAT urs of Diagnosis/Sus		f TB	. Complete	this form in	n entiret	v and FAX	to A	dameda C	ounty T	B Co	ontrol Progra	um: 510-577-7024	
			acility				Phone Number			Number		Today's Date		
PART I: PATIENT / INSTITUTION INFORMATIO										•				
Name: LAST FIRST MI							Sex			□ F Age			Date of Birth	
STREET Add	n					CITY			ZIP CODE			COUNTY		
Phone Number ()			Alternate Phone Number				SOCIAL SECURITY NUMBER			ER O	CCU	1		
Name of Work		Workplace Address							()			Phone Number		
Race / Ethnicity							-			ary Language Tran			slator es 🛛 No	
 BLACK - HISPANI 		NATIVE AMERICAN / ALASKA ASIAN / PACIFIC ISLANDER (S DTHER (Specify				pecify)			of Birth	1	Date Arrived in U.S. (MO/YR)			
Emergency Contact Phone (e Number				Legal Guardian (if applicable)				Pł (ione Numbe)	r	
Physician Name			/ /				Correctional Facility				Pł (none Numbe)	r	
Phone Number Page			er/Fax Number				Parole Officer (if applicable)					one Numbe)	r	
Insurance Co. Med			dical Record #				PFN/CDC Number				Other			
PART II: CLINICAL FINDINGS														
Site: PULMONARY LARYNGEAL Diagnosis Date Status: S EXTRAPULMONARY: Specify: C						CONFIRMED (> 1 yr ago):YEAR: UNK								
TST DONE? YES NO UNK Date: MM			IGRA: Date Results				SYMPTOMS: Cough Wt Loss Night Sweats Fatigue (Check all that apply) Hemoptysis Fever Chest Pain Other							
Household Contacts YES NUMBER Number of						Risk Factors (Check all that apply)								
To This Case?: INO UNKNOWN Immuno Comp YES							Converter (within 2 yrs) YES NO UNK							
In Household?	UMBER	ER				Alcohol Abuse: Image: YES image: NO image: West image: VES image: NO image: NO image: VES image: NO image: NO image: VES image: NO image: VES image: NO image: VES image: NO image:						ecify:		
CXR: Submit All Reports							Injection Drug Use:							
Initial Date:		Describe:				Institutionalized: □ YES □ Homeless / Transient: □ YES □								
□ Not Done □ Normal □ Abnormal If Abnormal: □ Cavitary □ Noncavitary											□ NO □ UNK □ NO □ UNK Describe:			
Follow-up Date:			Describe:								$\Box \text{ YES } \Box \text{ NO } \Box \text{ UNK } _____$			
□ Not Done □ Normal □ Stable □ Improving □Worse											□ NO □ UNK Specify:			
Current Bacteriology: Submit All Reports							Current Medication							
DATE (Month/Day/Year)	SOURCE		<u>SMEAR</u> + / -	<u>+ / -</u>	LTURE PENDING	N	MEDICATION		I	DAILY IN N			START DATE	
						ISO	ISONIAZID							
						RIFAMPIN								
						PYF	RAZINAMI	IDE						
						ETHAMBUTOL								
Current Pathology: Submit All Reports DATE SOURCE							- B6							
						OTH	IER							
						OTHER								
							Weight:							

Alameda County Public Health Department Tuberculosis Control Unit

TUBERCULOSIS REPORTING GUIDELINES

LEGAL REQUIREMENTS

- 1. California Code of Regulations (CCR) Title 17, Chapter 4, Section 2500 requires health care providers to report all patients with confirmed or suspected tuberculosis (TB) disease <u>within 1 working day of identification</u> of the confirmed or suspected case.
 - All health care providers knowing of, or in attendance on, a case or suspected case of TB are required to report to the local health officer of the jurisdiction where the patient resides. The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a case or a suspected case of tuberculosis within the facility shall establish and be responsible for administrative procedures to assure that reports are made to the local health officer.
 - Health care providers include physicians, surgeons, veterinarians, podiatrists, nurse practitioners, physician assistants, registered nurses, nurse midwives, school nurses, infection control practitioners, medical examiners, coroners, and dentists.
- 2. CCR Title 17, Chapter 4, Section 2505 requires laboratory directors (or their designees) of clinical laboratories or approved public health laboratories, to report positive acid-fast bacillus findings of any specimen derived from the human body, or other evidence suggestive of tuberculosis, to the health officer of the local health jurisdiction where the health care provider who first submitted the specimen is located, within one working day of notification of that health care provider.
- 3. California Health & Safety Code Section 121361 specifies that a health facility shall not discharge or release a person identified as having confirmed or suspected tuberculosis disease unless a written treatment plan is approved by the local health officer of the jurisdiction in which the health facility is located. Please call (510) 577-7008 to speak with the Hospital Liaison for specific instructions; or TB Control's main line (510) 577-7000.

CONDITIONS TO BE REPORTED

Any suspected case of active TB. Specific examples include persons in whom:

- A smear or preliminary culture result from any body fluid or tissue is positive for acid fast bacilli; OR
- A nucleic acid amplification test (NAAT) is positive for *M.tuberculosis* complex; OR
- A culture is positive for *M. tuberculosis* complex (including *M. tuberculosis*, *M. bovis*, *M. africanum*, *M. microti*, *M. canetti*, *M. caprae*, and *M.pinnipedii*) on a specimen from any source; OR
- Pathologic findings are consistent with active TB, unless other clinical evidence makes a TB diagnosis unlikely; OR
- Clinical, radiographic, or laboratory evidence are consistent with active TB, even if the diagnostic evaluation is incomplete or culture results are pending, in whom the level of clinical suspicion of active TB is high enough to warrant the initiation of anti-tuberculous therapy; OR
- HIV infection is known or suspected, and who has a new finding on chest radiograph consistent with active TB, regardless of symptoms, AFB smear results, and whether anti-TB therapy has been initiated.

Routine TB test results (by skin testing or IGRA) are NOT reportable to the local health department.

HOW TO REPORT

- Complete the Alameda County Public Health Department Confidential Tuberculosis Report for Alameda County residents (excluding the City of Berkeley). The reporting form is available at http://www.acphd.org/communicable-disease/disease-reporting-and-control.aspx.
- Fax to the TB Control Unit at (510) 577-7024.
- For questions about what or how to report, call (510) 577-7000.