

MDHHS TB Case Review Form

PATIENT INFORMATION

MDSS Investigation ID _____ Age (years) _____ Male _____ Female _____
 Date of TB suspicion/diagnosis _____ Date referred to LHD _____
 Referred by _____ (name) _____ (organization)
 Employment status _____

CLINICAL INFORMATION

Risk Factors & Co-morbidities

None reported

Born in a WHO TB high burden country*	Contact to a TB case (≤ 2 years prior)
Born outside of the US (other than above)	History of contact to TB case (> 2 years prior)
Travel to a WHO TB high burden country*	History of positive TB test
Travel outside of the US (other than above)	Previous diagnosis -
COPD	History of treatment -
Diabetes Mellitus	History of partial treatment -
End-stage renal disease	Correctional facility -
Viral hepatitis –	Healthcare facility -
Reported history of respiratory diagnoses	Smoking -
Pregnancy	Vaping -
Post-organ transplantation	Homelessness -
TNF- α antagonist therapy	Substance use -
HIV-infected	Excess alcohol use -
Immunosuppression (other than HIV)	Unknown
Other _____	

Symptoms

None reported

Approximate start date _____

Night sweats	Productive cough	Non-productive cough
Chest pain	SOB	Hemoptysis
Fatigue	Fever	Unintentional weight loss
Eye or vision issues	Lymph node swelling	Joint pain
Unknown	Other _____	

Site(s) of Disease

Pulmonary	Extrapulmonary	Both pulmonary and extrapulmonary
Ruled out pulmonary disease? (extrapulmonary only)		Yes _____ No _____

Clinical Notes

*WHO 30 High TB Burden Countries: https://www.who.int/tb/publications/global_report/tb19_Report_country_profiles_15October2019.pdf?ua=1

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TREATMENT					Not started	
Treatment start date _____		Estimated end date _____				
<i>Initiation Phase</i>						
Regimen:	RIPE	Other _____				
Dosing frequency (# doses/week) _____			Initiation phase completion date _____			
<i>Continuation Phase</i>					Not started	
Regimen:	INH/RIF	Other _____				
Dosing frequency (# doses/week) _____						
Treatment completed:	Yes	No	Completion date _____			
<i>Medication Administration</i>						
# of in-person DOT doses _____			# of SAT doses _____			
eDOT used:	Yes	No	eDOT doses counted as:	DOT	SAT	
Program used for eDOT _____						
<i>Not Finishing Treatment/Finishing Treatment Early</i>					N/A	
Adverse drug event	Non-adherent		Patient died/dying		Patient choice	
Clinically indicated	Not TB		Patient lost		Unknown	
Treatment failure	Drug resistance		Other _____			
<i>Adverse Drug Events</i>					None reported	
Arthralgias	Fatigue, malaise		Itchiness, rash		Neuropathy	
Jaundice, dark urine	Blurred, changed vision		Nausea, vomiting, anorexia, abdominal pain			
Other _____						
INH	RIF	EMB	PZA	Other _____		
<i>Treatment Notes</i>						

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CLINICAL & SOCIAL BARRIERS			None reported
<i>Barrier</i>	<i>Intervention attempted</i>		<i>Notes</i>
Co-morbidities	Y	N	
Pediatric	Y	N	
Medication management	Y	N	
Adverse drug events	Y	N	
Paradoxical reaction	Y	N	
Symptoms worsening or unresolved	Y	N	
Referrer	Y	N	
Medical management	Y	N	
Specimen collection	Y	N	
Lab result interpretation	Y	N	
DOT	Y	N	
Medication supply	Y	N	
Smoking, vaping, substance or alcohol use	Y	N	
Mental illness	Y	N	
Patient cooperation, support	Y	N	
Family cooperation, support	Y	N	
Children (<i>in home, family</i>)	Y	N	
Religion, culture	Y	N	
Language, literacy	Y	N	
Suspected trafficking	Y	N	
Other:	Y	N	

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ECONOMIC BARRIERS			None reported
<i>Barrier</i>	<i>Intervention attempted</i>		<i>Notes</i>
Food insecurity	Y	N	
Homelessness, shelter insecurity	Y	N	
Transportation	Y	N	
Employment insecurity, unable to work	Y	N	
Uninsured, underinsured	Y	N	
Other:	Y	N	
INCENTIVES & ENABLERS			Not used
<i>Source of Funds</i>			
MDHHS	<i>Staff (individually or collectively)</i>		LHD from TB or other funds
Unknown	Other _____		
Estimated amount spent: \$ _____			
<i>Type</i>			
Hotel, rent paid	Medical bills paid	Energy, gas, electric bills paid	
Fast food gift cards	Food, grocery gift cards		Gas cards, bus passes, taxis
Clothing, hygiene items	Unknown	Other _____	
<i>Purpose</i>			
Appreciation	Compliance, DOT	End of treatment, congratulations	
Children (<i>in home, family</i>)	Contact investigation	LTBI treatment, window prophylaxis	
Malnourishment	Worsening TB symptoms		Side-effects from treatment
Quarantine, restrictions	Uninsured, underinsured		Unemployed, unable to work
Food insecurity	Transportation insecurity		Assistance with monthly bills
Phone, communication	Shelter insecurity		Essentials (<i>clothing, hygiene items, etc.</i>)
Cost of care to LHD	Unknown	Other _____	
<i>Barrier Notes</i>			

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CONTACT INVESTIGATION								CI not done
<i>Reason for conducting contact investigation (if applicable)</i>								
Sputum Smear +	Sputum Smear -/Culture +	Other Respiratory Culture +						
Culture - /Abnormal Imaging	Only Respiratory Symptoms	Other _____						
<i>Contact Investigation Results</i>								
	Household	Other Family	Work	School	Social	HCW	Other	TOTAL
Identified								
Evaluated								
Refused evaluation								
Lost to follow-up (evaluation)								
TST/IGRA positive								
Previous disease or previous positive								
Lost to follow-up (diagnosis)								
Diagnosed: active disease								
Diagnosed: LTBI								
Started LTBI treatment								
Refused LTBI treatment								
Lost to follow-up (LTBI treatment)								
Currently on LTBI treatment								
Discontinued LTBI treatment								
Died before completing LTBI tx								
Completed LTBI tx								
Were any children started on window prophylaxis? Yes No If yes, how many?								
<i>Contact Investigation Notes (including LTBI treatment notes)</i>								

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CONTACT INVESTIGATION BARRIERS			None reported
<i>Barrier</i>	<i>Intervention attempted</i>		<i>Notes</i>
Language, literacy	Y	N	
Religion, culture	Y	N	
Uncooperative contacts	Y	N	
Uncooperative patients	Y	N	
LTBI regimen supply	Y	N	
LTBI treatment adherence	Y	N	
Other:			
<i>Notes</i>			