



Tuberculosis Services Branch Cohort Review Summary Form Instruction Sheet

Part I: Case Summary

Data Fields	Instructions
A. Cases Counted	All confirmed TB cases diagnosed in the reporting jurisdiction. This includes pulmonary, extrapulmonary and clinical cases. Excludes binational cases.
B. Pulmonary Cases	Culture-confirmed pulmonary and laryngeal TB.
C. Smear Positive Pulmonary Cases	AFB smear (+) pulmonary & laryngeal TB.
D. Total Cases that Completed Treatment	All counted cases that completed treatment at the time of the cohort presentation.
E. Total Cases Likely to Complete Treatment	All counted cases that remain on treatment at the time of the cohort presentation but will complete treatment within 365 days of diagnosis.
F. Did Not Complete Treatment Due To: 1. Still on Treatment 2. MDR TB 3. Reported at Death 4. Died 5. Moved Out of Country 6. Moved (Interstate) 7. Lost	Excludes E and F2 Counted cases with drug resistance to at least INH & RIF Self-Explanatory Counted cases that died during evaluation or treatment Counted cases that moved outside of the U.S. Counted cases that moved to another state. Counted cases whose whereabouts are unknown.
G. Update of Last Quarter's "Likely to Complete"	Total number of "likely to complete" reported at the last cohort that completed treatment within 365 days of diagnosis.

Part II: Contact Investigation Results

Data Fields	Instructions
H. Contacts Identified	Total contacts identified for all counted cases in each cohort.
I. Contacts Evaluated	All contacts that received window and where appropriate, post window evaluation.
J. Prior Positives	All contacts with documentation of being previously TST/IGRA positive.
K. Infected without Disease	All contacts with a positive TST/IGRA, normal CXR and asymptomatic.
L. Started Treatment for TB infection 1. Recent Documented Conversions 2. Children < 5 Years of Age 3. Known 900 Seropositive	All infected contacts started on appropriate treatment for TB infection (TBI). For contacts meeting two or more of the following options, please select the highest risk category. 1. Contacts with documented TST/IGRA conversion within a 2 year period that started treatment for TBI. 2. Children less than or equal to 5 years of age that started treatment for TBI. 3. HIV confirmed and TB-infected contacts that started treatment for TBI.
M. Completed Treatment for TBI 1. Recent Documented Conversions 2. Children < 5 Years of Age 3. Known 900 Seropositive	All infected contacts that completed appropriate treatment for TBI. For contacts identified in any of the above options that started treatment and have completed treatment, please indicate that number in the options below. 1. Contacts with documented TST/IGRA conversion within a 2 year period that completed treatment for TBI. 2. Children less than or equal to 5 years of age that completed treatment for TBI. 3. HIV confirmed and TB-infected contacts that completed treatment for TBI
Q. Did Not Complete Treatment for TBI Due To:	Indicate in the appropriate numbered section, the number of contacts that did not complete treatment for TBI.
R. Total Contacts Identified with TB Disease	The total number of contacts that upon evaluation were identified with TB disease.
S. Total Contacts to Smear Positive Cases	The total number of contacts identified to all smear-positive cases.