Texas Department of State Health Services
Drug-Resistant Tuberculosis Monitoring Program
Case Conference Presentation Summary

New Patient Information

Surveillance Event #: | Age/Gender:

Site and Type of Disease: ☐ Suspected ☐ Confirmed ☐ Pulmonary ☐ Extrapulmonary, site:
☐ RR ☐ MDR ☐ Pre-XDR ☐ XDR ☐ Intolerant/Functional

ATS Class 3 Date: | Referred by: Date:
Date first evaluated by HD:

Date of U.S. Arrival: ☐ EDN ☐ Refugee ☐ Tourist ☐ Undocumented ☐ Other:

Patient History/Brief Summary:

Signs and Symptoms of TB *(check all that apply)*:
Earliest onset date:

- ☐ Cough: productive/dry
- ☐ Shortness of Breath
- ☐ Chest Pain
- ☐ Hemoptysis
- ☐ Loss of Appetite
- ☐ Weight Loss (>10%)
- ☐ Fever / Chills
- ☐ Night Sweats
- ☐ Fatigue
- ☐ Lymph Node Swelling Site:
- ☐ Other:

Medical Risk Factors *(check all that apply)*:

- ☐ Diabetes Mellitus
- ☐ Alcohol Abuse
- ☐ Tobacco use
- ☐ Silicosis
- ☐ Immunosuppressive therapy
- ☐ Gastrectomy or jejunoileal bypass
- ☐ Chronic malabsorption syndromes
- ☐ Weight <10% ideal body weight
- ☐ Other medical conditions:
- ☐ Leukemia
- ☐ Lymphoma
- ☐ Cancer of head or neck
- ☐ Drug abuse
- ☐ HIV seropositive
- ☐ Recent exposure to TB
- ☐ Fibrotic lesions on Chest X-Ray consistent with, old, healed TB
- ☐ End-stage renal disease
- ☐ Organ Transplant
- ☐ Age ≤ 5 years
- ☐ Contact to DR-TB case
- ☐ TB test conversion in 2 yrs.
- ☐ Other:

Risk factors for DR-TB *(check all that apply):*

- ☐ Previous TB treatment
- ☐ Contact to DR-TB; specify:
- ☐ Previous incomplete and/or inadequate treatment
- ☐ Born in/travel to country with DR-TB. Specify:

Diagnostic Information

Radiology

Initial Chest X-Ray Date:
☐ Normal ☐ Abnormal ☐ Cavitary

Initial CT Date:
☐ Normal ☐ Abnormal ☐ Cavitary

Pathology

Pathology Date/Results:
☐ N/A

Bacteriology/Acid Fast Bacilli (AFB)

Date of Initial AFB Smear: ☐ Sputum ☐ Other: ☐ Pos. ☐ Neg.

Date of PCR/NAAT: ☐ Pos. ☐ Neg. RIF Resistance Detected? ☐ Y ☐ N ☐ Not Tested

Sputum Smear Conversion date: ☐ Pending ☐ N/A

Date of Initial Positive MTB Culture: Site: ☐ Sputum ☐ Other:

Culture Conversion date: ☐ Pending ☐ N/A

Molecular Testing

MDDR result date: ______________ | MDDR Mutations:

rpoB alert date: ______________ ☐ N/A

Drug Susceptibility Testing (DSTs)

DSTs result date: ______________ Resistance on DSTs: ☐ Pending

Treatment

RIPE Start Date: ______________ | RIPE Stop Date: ______________

DR-TB Regimen started: ☐ inpatient
(*where:*__________________*)* ☐ outpatient

TCID admission: ☐ Yes ☐ No
Admitted: ______________ Discharged: ______________

Reason for TCID admission: | TCID physician:

DR-TB Regimen Start Date: ______________ DR-TB Regimen Stop Date: ______________ Reason:

Administration: ☐ DOT ☐ VDOT Frequency: ☐ 5x/week ☐ 7x/week ☐ 3x/week (specify):

☐ INH _____ mg	☐ BDQ _____ mg	☐ LFX _____ mg	☐ Other ________ _____ mg
☐ RIF _____ mg	☐ Pa _____ mg	☐ CFZ _____ mg	☐ Other ________ _____ mg
☐ PZA _____ mg	☐ LZD _____ mg	☐ CS _____ mg	
☐ EMB _____ mg	☐ MFX _____ mg	☐ B6 _____ mg	

Notes:

Treatment interruptions: ☐ No ☐ Yes, specify:

Baseline Toxicity Assessments

Baseline Monthly Toxicity Assessment Date: ______________

☐ **ECG / Cardiac Monitoring**
☐ Normal ☐ Abnormal QTc: Notes:

☐ **Mental Health Assessment**
☐ Normal ☐ Abnormal Notes:

☐ **Visual Acuity / Ishihara**
☐ Normal ☐ Abnormal Notes:

☐ **Peripheral Neuropathy Monitoring**
☐ Normal ☐ Abnormal Notes:

☐ **Other** (i.e. tendon pain, joint pain, emesis, audiometry/vestibular, etc.)
☐ Normal ☐ Abnormal Notes:

Trends/concerns:

Challenges

Plan

Contact Investigation

Genotype:	Match to other DR-TB: ☐ Yes ☐ No Explain:

Consult Done: ☐ Yes ☐ No *if no*, explain:
Primary exposure location:
Infectious period start date:
Date first round completed: _____________

	Initial
Number of contacts identified	
Number of contacts evaluated	
Number of documented prior positives	
Number of contacts identified with TB infection	
Number of conversions	
Number of contacts eligible for treatment of TB infection	
Number of contacts identified under the age of 5	
Number of contacts under the age of 5 with TB infection	
Number of contacts under the age of 5 on window prophylaxis	
Number of others identified for window prophylaxis (i.e. HIV, etc.)	
Number of contacts *currently* on treatment for TB infection	
Number of contacts that completed treatment for TB infection	
Number of contacts that **did not** complete treatment for TB infection	
Number of contacts that refused treatment for TB infection	
Number of contacts identified with TB disease	
Number of contacts under the age of 5 with TB disease	
Percentage of contacts infected (positivity rate)	

CI Findings/Issues/Challenges/Other (Include plan and regimen for contacts and plan for CI completion):

DSHS Internal Notes:

Quarterly Updates

Surveillance Event #:	Age/Gender:

Site and Type of Disease: ☐ Suspected ☐ Confirmed ☐ Pulmonary ☐ Extrapulmonary, site:
☐ RR ☐ MDR ☐ Pre-XDR ☐ XDR ☐ Intolerant/Functional ATS Class 3 Date: ______________

Patient History/Brief Summary:

Updated Information on TB Diagnostics (do not include initial)

Radiology	Bacteriology		Other Diagnostics
______________ Result: ______________ Result: ______________ Result: ______________ Result: ______________ Result: ______________ Result:	**Smear conversion date:** ______________ Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:	**Culture conversion date:** ______________ Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date:	MDDR, DSTs, pathology, other TB diagnostics:

Treatment Updates

DR-TB Regimen started: ☐ Inpatient (where:______________________) ☐ Outpatient
If TCID, date admitted: ______________ TCID physician: Date Discharged: ______________
Reason for admission:

DR-TB Regimen Start Date: ______________
Administration: ☐ DOT ☐ VDOT Frequency: ☐ 5x/week ☐7x/week ☐ 3x/week (specify):
Current Regimen: ____
Date changed: _________ Changes: ________________________ Reason _________ Other: __________________
Date changed: _________ Changes: ________________________ Reason _________ Other: __________________
Date changed: _________ Changes: ________________________ Reason _________ Other: __________________
Date changed: _________ Changes: ________________________ Reason _________ Other: __________________
Date changed: _________ Changes: ________________________ Reason _________ Other: __________________
Date changed: _________ Changes: ________________________ Reason _________ Other: __________________
Other Notes:

Date due to complete therapy: Date completed therapy: ______________	Treatment interruptions: ☐ No ☐ Yes, specify:

Toxicity Assessments

(Cardiac, Mental Health, Visual, Peripheral Neuropathy, Other)

Monthly toxicity assessments ☐ *have* ☐ *have not* been missed. *(If missed discuss the reason and plans to resume):*

Date: ______________ Results: QTc: ____Other: ____
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Date: ______________ Results: QTc: ____Other: ____
Date: ______________ Results: QTc: ____Other: ____
Date: ______________ Results: QTc: ____Other: ____

Notes:

New or Resolved Challenges

Current Patient Care Plan

End of treatment consult submitted ☐ Yes ☐ No *if No* explain why:
Post-treatment follow-up plan (when known):

Quarterly Update Contact Investigation	
Genotype:	Match to other DR-TB: ☐ Yes ☐ No Explain:
Contact investigation completed: ☐ Yes ☐ No Primary exposure location: Date second round completed: ______________	

Present available data below:

	Updates	Final
Number of contacts identified		
Number of contacts evaluated		
Number of documented prior positives		
Number of contacts identified with TB infection		
Number of conversions		
Number of contacts eligible for treatment of TB infection		
Number of contacts identified under the age of 5		
Number of contacts under the age of 5 with TB infection		
Number of contacts under the age of 5 on window prophylaxis		
Number of others identified for window prophylaxis (i.e. HIV, etc.)		
Number of contacts *currently* on treatment for TB infection		
Number of contacts that completed treatment for TB infection		
Number of contacts that **did not** complete treatment for TB infection		
Number of contacts that refused treatment for TB infection		
Number of contacts identified with TB disease		
Number of contacts under the age of 5 with TB disease		
Percentage of contacts infected (positivity rate)		

CI Findings/Issues/Challenges/Other (include date a consult was submitted, regimen recommended for contacts on LTBI, plan for contacts (i.e., serial CXRs), status of CI):
DSHS Internal Notes: