Tuberculosis and Hansen's Disease Unit
Instructions for Positive Reactors/Suspects/Cases Report
Form 12-11461-I

This form must be filled out each month and submitted to your local or regional health department by the 5th working day the following month. If you do not have any prior positives, positive reactors, cases, or suspects, please write "NONE" on the form and submit.

Name of Facility: Provide the legal name of the correctional facility reporting TB screening activities. **Please do not abbreviate.**

Local Health Department (LHD)/ Public Health Region (PHR): Provide the facility's LHD or PHR that receives the Monthly Correctional TB Report.

Person Completing Form: Provide the name of the person responsible for completing the monthly report and/or the person who can be contacted to clarify information submitted on this report. Include titles such as RN or LVN.

Reporting Month: Provide the month of the reporting period.

Phone Number: Provide the person completing the form's phone number. Please include the area code and, if applicable, an extension.

Book-In Date/ Date Hired: For all inmates, provide the book-in date (intake date) of the positive reactor, suspected case, or confirmed case being reported. For employees and volunteers, include the date they were hired.(Format: mm/dd/yyyy)

Initial or Annual Screening: If the inmate is receiving an initial screening, select the "Initial" drop-down. If they are receiving an annual screening, select the "Annual" option.

Name: Provide the individual's full name. (Format: Last, First)

Patient Type (PT): Provide the individual's patient type. (Format: 1 if the individual is an inmate, 2 if the individual is an employee, and 3 if the individual is a volunteer)

Inmate #: Provide the individual's inmate number, if applicable.

Date of Birth (DOB): Provide individual's date of birth. (Format: mm/dd/yyyy)

Sex: Provide the individual's given sex; male, female, or unknown/other. (Format: M for male, F for female, O for unknown/other)

Positive Reactor[1]: Provide if the individual is a positive reactor; an induration of 10mm or more is considered positive. (Format: Y for yes, N for no)

A person with a TST reaction of 10mm or more is considered positive for all people in a correctional facility except the following: HIV-infected people, recent contacts to TB disease, people with fibrotic changes on chest x-ray consistent with prior tuberculosis, organ transplant recipients, and other immunosuppressed people (those on TNF alpha inhibitors, or people taking a prolonged course of oral or intravenous corticosteroids such as prednisone). For these inmates, 5mm or more is considered positive.

Immunocompromised/HIV/Recent Contact: Provide if the individual has a pre-existing condition that warrants an induration of 5mm to be considered positive. (ex: inmate is immunocompromised, has HIV, or is a recent contact). If not applicable, please put "n/a".

Converter: Indicate if the inmate, employee, or volunteer is a converter or not.
(Format: Y for yes, N for no). If yes, please provide the date their TB test was placed.

A converter is a change from a documented negative TST or IGRA to a positive TST or IGRA during the time of residence in the facility within a two-year period.

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Documented Prior Positive: Provide if individual has a documented history of a positive TST or IGRA result. (Format: Yes or No) Please do not leave this column blank. Note: This only applies to individuals with a written documented history of a positive TST or IGRA result. If documentation of a prior positive result is not present, then a TST should be placed, and if positive, the information should be captured appropriately.

Date Placed: Provide the date the individual was administered their TB test, and the type of test they were administered. (Format: mm/dd/yyyy; TST or IGRA). Please do not leave this blank, if applicable. For inmates with a documented history of a prior positive, Include the documented date the TST was applied. This serves as the baseline for individuals who were previously positive.

Date Read: Provide the date the individual's TST or IGRA was read. (Format: mm/dd/yyyy). Please do not leave this blank, if applicable.

Results (mm): Provide the results of the individual's TST or IGRA. If reporting a TST result provide the mm of induration. If reporting an IGRA test result, please indicate negative, positive, or indeterminate. If the individual is a prior positive, please include the baseline result. Please do not leave this column blank if applicable.

Chest X-Ray (CXR) Date : Provide date the CXR was done for inmates, employees and volunteers. (Format: mm/dd/yyyy). This section only applies to CXRs for individuals with signs and symptoms, abnormal CXRs, positive reactors, prior positives, cases, and suspects. Please do not include CXRs that were performed in lieu of a TST or IGRA (ex: refusals). However, all CXRs performed, should be included on the EF12-11462 (Monthly Correctional TB Report). If an individual has a positive TST but refuses a CXR, please write "REFUSED" in the cell. If an inmate is released before the CXR can take place, write "RELEASED" in the cell. If the CXR is pending, write "PENDING".

CXR Normal/Abnormal: Provide the recorded interpretation of the chest radiograph. (Format: Abnormal, Normal, Pending, or Not Completed)

Symptom Screening: Provide whether the individual was symptomatic (S) or asymptomatic (A). If symptom screening was not performed, they should be marked Not Completed (NC).

TB Case, Suspect, or TB Infection: Provide whether the individual is a case (C), a suspect (S), or TB infection. If not applicable, please put "n/a".

Date LHD or PHR was notified of Suspect/Case/TB Infection: Provide the date the facility informed their local health department or public health region of a suspect, case, or TB infection. If not applicable, please put "n/a".

Rx Date Started: Provide the date the individual started on TB medications (Format:mm/dd/yyyy). If not applicable, please put "n/a".

Released to Community or Transferred: Indicate if the individual was released to the community, transferred into the facility, or if they were transferred out to another facility.
(Format: Y for yes, N for no, Transferred In, Transferred Out)

Comments: Include any additional information for the individual in the comment section.

Source Note:

1. Texas Administrative Code: Title 25, Part 1, Chapter 97, Sub-chapter H: RULE §97.173- Screening