

**Tuberculosis and Hansen's Disease Unit
Monthly Correctional TB Report Instructions
Form 12-11462-I**

REPORTING FACILITY

Facility Name: Provide the legal name of the correctional facility (as stated on the screening plan) reporting TB screening activities. **Please do not abbreviate.**

Report Month: Provide the month and year when TB screening activities occurred.

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

Local/Regional Liaison Email Address: Provide the LHD or PHR's correctional liaison's email.

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.

Email Address: Provide the email address of the person completing the form named above.

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

Fax Number: Provide the person completing the form's fax number. Please include the Area Code.

A. SCREENING

1. Number of TB Skin Tests

Administered: Provide the total number of inmates, employees and volunteers who received a TB skin test during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. If inmates refuse the TB skin test, please write "(#) inmates refused skin test" in the Comments section of Number of TB Skin Tests Administered.

2. Number of TB Skin Tests Read:

Provide the total number of TB skin tests that were read for the inmates, employees, and volunteers during the reporting month. TB skin tests must be read within 48-72 hours of placement. Please do not leave any fields blank, indicate 0 if applicable.

3. Number of IGRA (Positive Interferon Gamma Release Assay)

Tests Administered: Provide the total number of inmates, employees, and volunteers who received an IGRA test during the reporting month. There are two types of IGRA tests approved by the U.S. Food and Drug Administration. They are QuantiFERON-TB Gold Plus (QFT®-Plus) or T-SPOT®.TB.Test. Please do not leave any fields blank, indicate 0 if applicable.

4. Number of IGRA Test Results

Received: Provide the total number of IGRA tests analyzed by a laboratory and for which documented results were received for inmates, employees, and volunteers. Please do not leave any fields blank, indicate 0 if applicable.

5. Number of Prior Positives (written documented history of (+) tuberculin skin test TST or IGRA):

Provide the total number of people with a written documented history of a positive skin test or IGRA result. Please do not leave any fields blank, indicate 0 if applicable. List the name of the prior positive on the EF12-11461 form (Positive Reactors/Suspects/Cases Report). If documentation of a prior positive is not present, then a TST should be placed, and if positive, the information should be captured appropriately on the EF12-11461 and EF12-11462.

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6. Number of Chest X-rays Performed on Prior Positives: Provide the number of chest x-rays (CXRs) on inmates, employees, or volunteers with documented history of being previously positive on a TST or IGRA. Please do not leave any fields blank, indicate 0 if applicable. Additionally, please list the name of the person(s) with an abnormal CXR on the EF12-11461 form (Positive Reactors/Suspects/Cases Report).

7. Number of Chest X-rays Performed on Positive Reactors¹: Provide the number of CXRs on inmates, employees, or volunteers identified as positive reactors during the reporting month. These individuals have been tested on site at the time of book-in or annual screening and have a positive TST or IGRA result.

Positive reactor: 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 CXR 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. Please do not leave any fields blank, indicate 0 if applicable. Additionally, please list the name of the person(s) with an abnormal CXR on the EF12-11461 form (Positive Reactors/Suspects/Cases Report).

8. Number of Chest X-rays Performed on Individuals who Refused a TST or IGRA: Provide the number of CXRs on inmates, employees, or volunteers who refused to receive a TST or IGRA. Please do not leave any fields blank, indicate 0 if applicable. Additionally, please list the name of the person(s) with an abnormal CXR on the EF12-11461 form (Positive Reactors/Suspects/Cases Report).

9. Total Number Chest X-rays Performed: Provide the total number of CXRs performed and reported in number 6, 7, and 8. Include in your count any person exhibiting signs and symptoms of TB disease that did not receive a TST or IGRA and received a CXR. Please do not leave any fields blank, indicate 0 if applicable. Additionally, please list the name of the person(s) with an abnormal CXR on the EF12-11461 form (Positive Reactors/Suspects/Cases Report).

Note: Persons with symptoms suggestive of TB should receive a CXR, regardless of IGRA or tuberculin skin test result. A CXR shall always be done within 72 hours of a positive TB skin test reading. A CXR and sputum smear and culture shall always be done within 72 hours of identification of symptoms of TB.

10. Number of Annual or Initial Screenings: Provide the total number of annual screenings (once a year) and the total number of initial screenings (at intake).

B. SCREENING RESULTS

1. Number of TB Skin Tests Measured at 10 mm or Greater: Provide the total number of TB skin tests that have a millimeter (mm) reading of 10 or above during the reporting month. TB skin tests measuring 10 mm or greater is considered positive. Please do not leave any fields blank, indicate 0 if applicable. List the name of the positive reactors on the EF12-11461 form (Positive Reactors/Suspects/ Cases Report).

2. Number of Immunocompromised/HIV (+)/Recent Contact Individuals with an Induration Measured at 5mm or Greater: Provide total number of skin tests that were positive during the reporting month for immunocompromised/HIV (+)/recent contacts, or individuals with pre-existing conditions.

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Please do not leave any fields blank, indicate 0 if applicable. List the name of the positive reactors on the EF12-11461 form (Positive Reactors/Suspects/Cases Report).

3. Number of Positive IGRA Tests

Results: For inmates, employees, and volunteers who received an IGRA test, provide the total number of inmates, employees, and volunteers who had a positive laboratory test result. Please do not leave any fields blank, indicate 0 if applicable. List the name of the positive reactors on the EF12-11461 form (Positive Reactors/Suspects/Cases Report)

4. Number of Documented Converted TB Skin Test or IGRA Test Results:

Provide the total number of inmates, employees, and volunteers that converted from a documented negative baseline IGRA or skin test result to a positive IGRA or skin test result. Please do not leave any fields blank, indicate 0 if applicable. List the name of the positive reactor conversion on the EF12-11461 form (Positive Reactors/Suspects/Cases Report).

Converter: 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.

5. Number of Abnormal Chest X-rays:

Provide the total number of CXRs with an abnormal interpretation that is indicative of TB for the reporting month.

6. Number of Symptomatic

Individuals: Provide the total number of individuals who are symptomatic after undergoing symptom screening for the reporting month.

7. Number of Individuals with TB

Infection Diagnosed at Facility: Provide the total number of inmates and employees diagnosed with TB infection during reporting month. Please do not leave any fields blank, indicate 0 if applicable.

8. Number of Individuals with Suspected TB Disease Diagnosed at Facility:

Provide the total number of inmates, employees, and volunteers who had an abnormal CXRs, signs and symptoms of TB, sputum collected for TB, or were started on four anti-TB medications during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. Inmates with symptoms of TB or CXR results suggestive of TB should be placed in an isolation room with negative air pressure. List the name of the individuals suspected of TB disease on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB-400 to the monthly report.

9. Number of Individuals with TB

Disease Diagnosed at Facility: Provide the total number of inmates and employees diagnosed with active TB disease during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. Diagnosis should be confirmed by a positive culture for *M. Tuberculosis* or by a physician. List the name of the individual with TB disease on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB-400 to the monthly report.

10. Number of Individuals who are Prior Positives Transferred In:

Provide the total number of prior positive inmates who were transferred into the facility during the reporting month.

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11. Number of Individuals with TB

Infection Transferred In: Provide the total number of inmates with TB infection who were transferred into the facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. List the name of the individuals with TB infection on the EF12-11461 form (Positive Reactors/ Suspects/Cases Report).

12. Number of Individuals with Suspected TB Disease Transferred In:

Provide the total number of inmates with a record of an abnormal CXR indicative of TB, signs and symptoms of TB, sputum collection for TB, initiation of four anti-TB medications transferred into the facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. Inmates with symptoms of TB or CXR results suggestive of TB should be placed in an isolation room with negative air pressure. List the name of the individuals suspected of TB disease on the EF12-11461 form (Positive Reactors/ Suspects/Cases Report) and attach a copy of their TB-400 to the monthly report.

13. Number of Individuals with TB Disease Transferred In:

Provide the total number of inmates diagnosed with active TB disease transferred into the facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. Diagnosis should be confirmed by a positive culture for *M. Tuberculosis* or by a physician. List the name of the individuals with TB disease on the EF12-11461 form (Positive Reactors/ Suspects/Cases Report) and attach a copy of their TB-400 to the monthly report.

C. TREATMENT**1. Number of Inmates Started on Treatment for TB Infection:**

Provide the total number of inmates who were started on drug therapy for TB infection at your facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. List the name of individuals started on treatment on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB-400 to the monthly report.

2. Number of Inmates who Completed Treatment for TB Infection:

Provide the total number of inmates who completed treatment for TB infection while at the facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable.

3. Number of Inmates Started on Treatment for TB Disease:

Provide the total number of inmates who were started on treatment for active TB disease at your facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. List the name of individuals started on treatment on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB-400 to the monthly report.

4. Number of Inmates who Completed Treatment for TB Disease:

Provide the total number of inmates with active TB disease that completed treatment for TB while at the facility during the reporting month. Include those that were transferred in on treatment for TB. Please do not leave any fields blank, indicate 0 if applicable.

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D. RELEASED TO COMMUNITY

1. Number of Inmates with TB Infection Released to the Community: Provide the total number of inmates with recorded evidence of TB infection that were released to the community. This includes inmates who were sent home and will receive follow up care by the local health department or the Department of State Health Services regional office. Include the dates of release in the Comments column. Please do not leave any fields blank, indicate 0 if applicable.

2. Number of Inmates with Suspected TB Disease Released to the Community: Provide the total number of inmates suspected of TB disease released to the community. This includes inmates who were sent home and will receive follow up care by the local health department or the Department of State Health Services regional office. Include the dates of release in the Comments column. Please do not leave any fields blank, indicate 0 if applicable. List the name of the inmates suspected of TB disease on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB400 to the monthly report.

3. Number of Inmates with TB Disease Released to the Community: Provide the total number of inmates with TB disease released to the community. This includes inmates who were sent home and will receive follow up care by the local health department or the Department of State Health Services regional office. Please notify the local health department or the DSHS regional office of the inmates' release. Include the dates of release in the Comments column. Please do not leave any fields blank, indicate 0 if applicable. List the name of the inmates with TB disease on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB400 to the monthly report.

E. TRANSFERS

1. Number of Inmates with TB Infection Transferred Out: Provide the total number of inmates with recorded evidence of TB infection who were transferred to another facility during the reporting month. Include the dates of transfer in the Comments column. Please notify the local health department or DSHS regional office of the transfer. Please do not leave any fields blank, indicate 0 if applicable. List the name of the individuals with TB infection on the EF12-11461 form (Positive Reactors/Suspects/ Cases Report) and attach a copy of their TB400 to the monthly report.

2. Number of Inmates with Suspected TB Disease Transferred Out: Provide the total number of inmates suspected of TB disease who were transferred to another facility during the reporting month. Include the dates of transfer in the Comments column. Please notify the local health department or DSHS regional office of the transfer. Please do not leave any fields blank, indicate 0 if applicable. List the name of the individuals suspected of TB disease on the EF12-11461 form (Positive Reactors/Suspects/ Cases Report) and attach a copy of their TB400 to the monthly report.

3. Number of Inmates with TB Disease Transferred Out: Provide the total number of inmates diagnosed with TB disease who were transferred to another correctional facility during the reporting month. Include the dates of transfer in the Comments column. Please notify the local health department or DSHS regional office of the transfer. Please do not leave any fields blank, indicate 0 if applicable. List the name of the individuals with TB disease on the EF12-11461 form (Positive Reactors/Suspects/ Cases Report) and attach a copy of their TB400 to the monthly report.

F. COMMENTS

Include any additional information in the comment section.

Source Note:

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