

Tuberculosis and Hansen's Disease Branch

Instructions to Complete the Monthly Correctional TB Report

REPORTING FACILITY

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

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

Contact Person: 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 contact person named above.

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

Fax Number: Provide the contact person's fax number. Please include the area code.

A. SCREENING

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.

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.

Number of Interferon Gamma Release Assay (QuantiFERON or T-Spot) Tests Administered: Provide the total number of inmates, employees, and volunteers who received an IGRA test during the reporting month.

Number of IGRA Tests Analyzed: Provide the total number of positive IGRA tests analyzed for inmates, employees, and volunteers.

Number of Prior Positive (Documented history of (+) TST or IGRA): Provide the total number of people with a **documented** history of a positive skin test or IGRA result.

Number Chest X-rays Performed: Provide the total number of chest x-rays that were performed on inmates, employees, or volunteers.

Note: Persons with symptoms suggestive of TB should receive a chest x-ray, regardless of IGRA or tuberculin skin test result.

B. SCREENING RESULTS

Number of TB Skin Test measured 10 mm or greater: Provide total number of skin tests that were positive during the reporting month.

Number of Positive IGRA Tests: Provide the total number of positive IGRA tests for inmates and employees.

Number of converted TB Skin Tests or IGRA Tests: Provide the total number of inmates, employees, and volunteers that converted from a negative IGRA or skin test to a positive IGRA or skin test.

Number of TB Suspects: Provide the total number of inmates, employees, and volunteers who had an abnormal chest x-ray, signs and symptoms of TB, sputum collected for TB, or were started on four anti-TB medications during the reporting month. Inmates with symptoms of TB or chest x-ray results suggestive of TB should be placed in an isolation room with negative air pressure. List the name of the suspect on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB400 to the monthly report.

Number of Cases: Provide the total number of inmates and employees diagnosed with active TB during reporting month. Diagnosis should be confirmed by a positive culture for M. Tuberculosis or by a physician. List the name of the TB case on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB400 to the monthly report.

Number of Suspects Transferred In: Provide the total number of inmates with a record of an abnormal chest x-ray, signs and symptoms of TB, sputum collection for TB, initiation of four anti-TB medications that had been transferred into the facility during the reporting month. Inmates with symptoms of TB or chest x-ray results suggestive of TB should be placed in an isolation room with negative air pressure. List the name of the suspect on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a copy of their TB400 to the monthly report.

Number of Cases Transferred In: Provide the total number of inmates diagnosed with active TB transferred into the facility during the reporting month. Diagnosis should be confirmed by a positive culture for M. Tuberculosis or by a physician. List the name of the TB case on the EF12-11461 form (Positive Reactors/Suspects/Cases Report) and attach a

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copy of their TB400 to the monthly report.

C. TREATMENT

Number Started on Treatment for TB Infection: Provide the total number of inmates and employees who were started on drug therapy for Latent TB Infection (LTBI) during reporting month.

Number Completed Treatment for TB Infection: Provide the total number of inmates and employees who completed treatment for Latent TB Infection while at the facility during the reporting month.

Number Started on Treatment for TB Disease: Provide the total number of inmates and employees who were started on treatment for active TB disease.

Number Completed Treatment for TB Disease: Provide the total number of active TB cases that completed treatment for TB while at the facility during the reporting month. Include those that were transferred in on treatment for TB.

D. DISCHARGE TO COMMUNITY

Number of LTBI's Discharged to the Community: Provide the total number of inmates with recorded evidence of latent tuberculosis 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.

Number of TB Suspects Discharged to the Community: Provide the total number of TB suspects 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.

Number of Cases Discharged to the Community: Provide the total number of TB cases 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.

Number of Discharged TB Suspects and Cases Reported to the Health Department: Provide the total number of TB suspects and

TB cases that were released and reported to the local health department.

E. TRANSFERS

Number of LTBI's Transferred: Provide the total number of inmates with recorded evidence of latent tuberculosis infection who were transferred to another facility during the reporting month. Please notify the local health department or DSHS regional office of the transfer.

Number of TB Suspects Transferred: Provide the total number of TB suspects who were transferred to another facility during the reporting month. Please notify the local health department or DSHS regional office of the transfer.

Number of Cases Transferred: Provide the total number of TB cases who were transferred to another correctional facility during the reporting month. Please notify the local health department or DSHS regional office of the transfer.

Number of Transferred TB Suspects and Cases Reported to the Health Department: Provide the total number of transferred TB suspects and TB cases that were reported to the health department.