



HOUSTON HEALTH DEPARTMENT

Houston Health Department
Bureau of Tuberculosis/Hansen's Disease
8000 N. Stadium Dr. - 6th Floor, Houston, Texas 77054
Phone (832)393-4799, Fax (832)-393-5247

Tuberculosis Suspect/Case Reporting Worksheet

For the continuation of patient care and in compliance with Texas Administrative Code 25.1.97A (attached), please send all requested information to our 24-hour secure fax line at 832-393-5247:

Patient Name: _____ DOB: _____ ID/MR# _____

- TDH TB 400A & TB 400B completed to the best of your ability (see attached)
Demographic Information (current address, home/cell phone numbers, etc.)
Medical Records:
Admission History and Physical and/or Discharge Summary
Progress Notes and/or Consultation Reports (indicating TB or suspected TB)
HIV testing should be done and results faxed prior to discharge, if inpatient
All lab reports (LFTs, CBC, BMP, CMP, etc.)
All PPD Skin Test, Quantiferon-Gold, and/or T-Spot results
All AFB smear/culture and/or NAAT/PCR reports
NOTE: All specimens should be sent to lab for culture & drug sensitivity testing
Radiology reports (X-ray, CT Scan, PET scan, etc.)
Procedure reports (bronchial wash, biopsy, etc.)
List of medication and Medication Administration Records (MARS) for current admission

Hospital contact information and Patient PCP

Table with 4 columns: Position, Name, Phone#, Pager#

Discharge Planning Information

- Will patient be discharged to reporting address? Y / N
If no, new address and phone number:
Medical Follow-up Plan
TB Provider Contact Information (Name/Phone/Address)
Follow-up Appointment Date/Location:

Comments:

Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter A requires all TB Suspect/cases to be reported to the **Health Department** with in one working day. In order to coordinate quick and efficient services to TB suspect/cases who have been identified in your hospital or Private medical office. Please forward the essential patient information as requested on this form. The release of medical or epidemiological information to medical personnel, appropriate state agencies or county and district courts to comply with rules relating to the control and treatment of communicable diseases and health conditions is allowed under Texas health & safety Code subtitle D prevention, cControl and Reports of Disease Chapter 81. Communicable Disease, Subchapter A General Provisions 81.001(communicable Disease prevention and control Act. Acts 1989, 71st Leg., ch. 678, 1, eff. Sept 1, 1989

	Texas Administrative Code
<u>TITLE 25</u>	HEALTH SERVICES
<u>PART 1</u>	DEPARTMENT OF STATE HEALTH SERVICES
<u>CHAPTER 97</u>	COMMUNICABLE DISEASES
<u>SUBCHAPTER A</u>	CONTROL OF COMMUNICABLE DISEASES
RULE §97.3	What Condition to Report and What Isolates to Report or Submit

(a) Humans.

(1) Identification of notifiable conditions.

(B) Repetitive test results from the same patient do not need to be reported except those for mycobacterial infections.

(2) Notifiable conditions or isolates.

(3) Minimal reportable information requirements. The minimal information that shall be reported for each disease is as follows:

(B) **for tuberculosis disease** - complete name, date of birth, physical address and county of residence, information on which diagnosis was based or suspected. In addition, if known, radiographic or diagnostic imaging results and date(s); all information necessary to complete the most recent versions of forms RVCT. Laboratory results used to guide prescribing, monitoring or modifying antibiotic treatment regimens for tuberculosis to include, but not limited to, liver function studies, renal function studies, and serum drug levels; pathology reports related to diagnostic evaluations of tuberculosis; reports of imaging or radiographic studies; records of hospital or outpatient care to include, but not limited to, histories and physical examinations, discharge summaries and progress notes; records of medication administration to include, but not limited to, directly observed therapy (DOT) records, and drug toxicity and monitoring records; a listing of other patient medications to evaluate the potential for drug-drug interactions; and copies of court documents related to court ordered management of tuberculosis.