



Patient's Name:

Case Number:

Date:

**NEW JERSEY TUBERCULOSIS CASE, SUSPECT AND STATUS REPORT**

16. Risk Factors	Yes/No/Unknown
Diabetic at Diagnostic Evaluation	
Homeless in the Past 12 Months	
Homeless <u>Ever</u>	
Resident of Correctional Facility at Diagnostic Evaluation	
Resident of Correctional Facility <u>Ever</u>	
Resident of Long-Term Care Facility at Diagnostic Evaluation	
Injecting Drug Use in the Past 12 Months	
Noninjecting Drug Use in the Past 12 Months	
<u>Heavy Alcohol Use</u> in the Past 12 Months	
TNF- $\alpha$ Antagonist Therapy	
Post-Organ Transplantation	
End Stage Renal Disease	
Viral Hepatitis (B or C only)	
Other Immunocompromise (other than HIV/AIDS)	
Other (Specify)	

17. If resident of correctional facility at diagnostic evaluation, type of facility:	18. If resident of Long-Term Care facility at diagnostic evaluation, type of facility:
19. Current Smoking Status at Diagnostic Evaluation:	20. Lived outside the United States >2 months (Uninterrupted)

21. Test Type	Date Collected Placed	Date Reported/Read	Result Qualitative	Result Units
TST*			<i>Choose an item.</i>	Enter MM:
IGRA*				
HIV*				
CD4 Count				Cell Count:
A1C Hemoglobin				Percentage
Fasting blood glucose				Result mg/dl:
Other				
Other				

Report CD4 count for HIV-positive persons. Hemoglobin A1C or fasting blood glucose at diagnostic evaluation should be reported for diabetic patients.

Test Type	Source of Specimen	Date Collected	Date Reported	Result Qualitative	Result Units (if applicable)
Smear*	Sputum				
Culture*	Sputum				
NAAT*	Sputum				
Pathology/Cytology					

\*Always enter initial TST, initial IGRA, initial sputum smear, initial sputum culture, initial NAAT, and initial HIV test. Enter "Not Done" if for any tests that were not done in this case. For tests that are done multiple times, only those results for each combination of test type and specimen source where the result changed (e.g., positive to negative) should be entered.

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Table with 5 columns: 22. Study Type, Date of Study, Result, Cavitory, Miliary. Rows include Chest X-Ray, CT Scan, Additional Studies, and Other.

23. Has the Patient been Previously Diagnosed with TB Disease or LTBI? Includes checkboxes for Yes, No, Unknown and a section for previous diagnosis details.

24. Date of Illness Onset/Symptom Start Date: 25. Pulmonary, Pleural, Laryngeal, Bone and/or Joint, Lymphatic, Meningeal, Peritoneal, Genitourinary, Other:

26. Meets Binational Reporting Criteria. Includes checkboxes for Yes, No, Unknown and a list of criteria to select all that apply.

27. Case Identified During the Contact Investigation of Another Case? 28. Contact investigation conducted for this case?

29. Linking Case Number: Year reported

30. Initial Therapy Started: Date of Current Therapy Regimen: Patient's Weight:

31. Drug Regimen: mg 32. If Initial Drug Regimen NOT RIPE/HRZE, Why Not? Includes list of reasons like drug contraindication, resistance, etc.

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<b>33. Report Prepared By:</b>	<b>Telephone:</b>
<b>Supervision is NOW being provided by:</b>	<input type="checkbox"/> Health Dept. <input type="checkbox"/> Private/Hospital/Hosp. Clinic/Institution <input type="checkbox"/> Both HD and Private
<b>Remarks:</b>	

**Follow up 1**

34. Susceptibility Testing Done?	Yes	No	Unknown	Specimen Source	Result
Drug Name	Date Collected	Date Reported			
Isoniazid					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Rifampin					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Pyrazinamide					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Ethambutol					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Streptomycin					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Rifabutin					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Rifapentine					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Ethionamide					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Amikacin					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Kanamycin					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Capreomycin					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Ciprofloxacin					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Levofloxacin					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Ofloxacin					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Moxifloxacin					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Other Quinolones					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Cycloserine					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Para-Amino Salicylic Acid					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Bedaquiline					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Clofazimine					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Delamanid					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Linezolid					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done
Other					<input type="checkbox"/> Sus <input type="checkbox"/> Res <input type="checkbox"/> Unk <input type="checkbox"/> Not Done

<b>36. Was the Patient Treated as an MDR TB Case?</b>	Yes	No	Unknown
The MDR TB Supplemental Surveillance Form must be filled out for all cases treated as MDR, regardless of DST results.			

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### Case Completion

<b>37. Sputum Culture Conversion Documented?</b> Yes	<b>First Negative Culture Date:</b>
Patient had positive sputum culture then subsequently had at least one documented negative	
No	
<b>38. Moved During Therapy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If Yes, moved out of State      Interjurisdictional referral sent to state:      Yes   No   Unknown Enter State:	
If Yes, moved out of the United States      Transnational referral sent to state:      Yes   No   Unknown Enter Country	
<b>39. Date Therapy Stopped:</b>	
<b>40. Reason Therapy Stopped or Never Started?</b>	
<b>41. Reason TB Disease Treatment Extended &gt;12 Months</b> Select all that apply: <input type="checkbox"/> Inability to use rifampin (resistance, intolerance, etc) <input type="checkbox"/> Adverse drug reaction <input type="checkbox"/> Nonadherence <input type="checkbox"/> Treatment failure <input type="checkbox"/> Clinically indicated other than above <input type="checkbox"/> Unknown Other:	
<b>42. Treatment Administered</b> Select all that apply: <input type="checkbox"/> DOT (Direct Observed Therapy) <input type="checkbox"/> EDOT (Electronic DOT, Via video call or other electronic method) <input type="checkbox"/> Self-Administered	
<b>43. Did the Patient Die?</b> (during their treatment or after diagnosis)      Yes   No   Unknown	
<b>If Yes Enter date if death</b> <b>Did TB or complications of TB treatment contribute to death?</b> Yes   No   Unknown	
<b>Additional Remarks:</b>	