NEW JERSEY TUBERCULOSIS CASE, SUSPECT AND STATUS REPORT

Type of Report: ☐ Initi	ial 🗆	Current		☐ Final				
1. Date First Reported:	2. NJ State Case	e Number:				3. Case reported by another reporting area? Yes No		
4. Count Status: Suspect Diagnosed as TB by prov		current TB w B Positive La		nonths after completion of the	rapy	Not TB	5. GEOID (state use only)	
6. Last Name:			First Na	ame: Middle Initial:				
Street Address:				Check	if New	County:		
City:			State:					
7. Date of Birth: MM/DD/YYYY 8. Sex at Birth:				ant at diagnosis:	9.]	Ethnicity:		
10. Race ☐ American Indian or Alaska Asian 11. Nativity: a. Country of Birth: b. Eligible for US Citizenshi c. Pediatric TB Patients (<1.6 Guardian 1:	White	lless of count	If not f try of birth for primar	Islander from the United States, enter on		ed to US	l	
12. Country of usual residen	ice:			12a. If not US, Remained in after report date:	in US for	>90 days		
13. Status at TB Diagnosis: Alive Dead If Dead, date of death:	:			14. Initial Reason Evaluat	ed for TE	3:		
15. Has the patient ever wor any of the following? (select all that apply)	Нє	ealthcare Wo		Migrant/ Seasonal Wor	ker	Correctio Worker	nal Facility	
15a. Patient's Occupation:				15b. Patient's Industry:				

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16. Risk Factors	Yes/No/Unknown				
Diabetic at Diagnostic Evaluation	,				
Homeless in the Past 12 Months					
Homeless Ever					
Resident of Correctional Facility at Diagnostic Evaluation					
Resident of Correctional Facility Ever					
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					
Heavy Alcohol Use in the Past 12 Months					
TNF-α Antagonist Therapy					
Post-Organ Transplantation					
End Stage Renal Disease					
Viral Hepatitis (B or C only)					
Other Immunocompromise (other than HIV/AIDS)					
Other (Specify)					
Resident of Correctional Facility Ever 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 Heavy Alcohol Use in the Past 12 Months TNF-α Antagonist Therapy Post-Organ Transplantation End Stage Renal Disease Viral Hepatitis (B or C only) Other Immunocompromise (other than HIV/AIDS)					

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*			Choose an item.	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.

Patient's Name:

Case Number:

Date:

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22. Study Type	Date	Date of Study Result		Cav	Cavitary		Miliary	
Chest X-Ray				□Y	s 🗆 No	□ Unknown	□Yes □ No □ Unknown	
CT Scan				□Ye	es 🗆 No	□ Unknown	□Yes □ No □ Unknown	
Additional Studies				□Ye		Unknown	☐Yes ☐ No ☐ Unknown	
Other				\Box Ye	es 🗆 No	☐ Unknown	☐Yes ☐ No ☐ Unknown	
23. Has the Patient If yes note all p			osed with TB	Disease or LTI	BI? □Ye	s □ No □ Un	known	
Diagnosis Type	Date of dia			Completed Treatment □Yes □ No □ Unknown			Previous State case number	
Diagnosis Type Date of diagnosis			Completed Treatment □Yes □ No □ Unknown			Previous State case number		
24. Date of Illness C	nset/Sympt	tom Start Da	ite:					
25. Pulmonary	Pleura	al	Laryngeal	Bone	and/or Join	t Lyr	nphatic	
Meningeal	Perito	oneal	Genitourinary	Other	:			
26. Meets Binations	al Reporting	g Criteria		□Yes □ No	☐ Unkno	own		
 □ Exposure to Suspected Product from Canada or Mexico (e.g., dairy product for M. Bovis case) □ Has Case Contacts in or From Mexico or Canada □ Potentially Exposed by a Resident of Mexico or Canada □ Potentially Exposed while in Mexico or Canada □ Resident of Canada or Mexico □ Other Situations that May Require Binational Notification or Coordination of Response 								
27. Case Identified During the Contact Investigation of Another Case? Yes No Unknown 28. Contact investigation conducte for this case? □Yes □ No						his case?		
29. Linking Case Number:						Year	reported	
Linking Case Number: Year reported							reported	
30. Initial Therapy Started: Date of Current Therapy Regimen: Patient's Weight:								
31. Drug Regimen:			mg	1	Why Not? Drug contrain Drug suscep	g Regimen NOT RIPE/HRZE, ndication/ interaction tibility testing results already known rug resistance ge		

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33. Report Prepared Telephone: By:						
Supervision is NOW being provided by:		lth Dept. Pr	ivate/Hospital/Hosp. Clin	ic/Institution Bot	h HD and Private	
Remarks:						
Follow up 1						
34. Susceptibility Testing Do	ne? Yes No	Unknown				
Drug Name	Date Collected	Date Reported	Specimen Source	Result		
Isoniazid				□Sus □ Res □Unk □	Not Done	
Rifampin				□Sus □ Res □Unk □	Not Done	
Pyrazinamide				□Sus □ Res □Unk □	Not Done	
Ethambutol				□Sus □ Res □Unk □	Not Done	
Streptomycin				□Sus □ Res □Unk □	Not Done	
Rifabutin				□Sus □ Res □Unk □	Not Done	
Rifapentine				□Sus □ Res □Unk □	Not Done	
Ethionamide				□Sus □ Res □Unk □	Not Done	
Amikacin				□Sus □ Res □Unk □	Not Done	
Kanamycin				□Sus □ Res □Unk □	Not Done	
Capreomycin				□Sus □ Res □Unk □	Not Done	
Ciprofloxacin				□Sus □ Res □Unk □	Not Done	
Levofloxacin				□Sus □ Res □Unk □	Not Done	
Ofloxacin				□Sus □ Res □Unk □	Not Done	
Moxifloxacin				□Sus □ Res □Unk □	Not Done	
Other Quinolones				□Sus □ Res □Unk □	Not Done	
Cycloserine				□Sus □ Res □Unk □	Not Done	
Para-Amino Salicylic Acid				□Sus □ Res □Unk □	Not Done	
Bedaquiline				□Sus □ Res □Unk □	Not Done	
Clofazimine				□Sus □ Res □Unk □	Not Done	
Delamanid				□Sus □ Res □Unk □	Not Done	
Linezolid				□Sus □ Res □Unk □	Not Done	
Other				□Sus □ Res □Unk □	Not Done	
36. Was the Patient Treated as an MDR TB Case? The MDR TB Supplemental Surveillance Form must be filled out for all cases treated as MDR, regardless of DST results.						

Patient's Name: Case Number: Date:

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Case Completion

	Completion
37. Sputum Culture Conversion Documented? Yes	First Negative Culture Date:
Patient had positive sputum culture then subsequently had at least one doct	umented negative
No	
38. Moved During Therapy? □Yes □ No □ Unknown	own
If Yes, moved out of State Interjurisdictional referral sent to st	ate: Yes No Unknown
Enter State:	
If Yes, moved out of the United States Transnational referral sent	to state: Yes No Unknown
Enter Country	to state. Tes Tro Olimiowii
Enter Country	
39. Date Therapy Stopped:	
40. Reason Therapy Stopped or Never Started?	
41. Reason TB Disease Treatment Extended >12 Months	
Select all that apply:	
☐ Inability to use rifampin (resistance, intolerance, etc)	☐ Adverse drug reaction ☐ Nonadherence
☐ Treatment failure	☐Clinically indicated other than above ☐Unknown
Other:	
42.Treatment Administered	
Select all that apply:	
☐ DOT (Direct Observed Therapy) ☐ EDOT (Electronic DOT,	Via video call or other electronic method) Self-Administered
A Dild D d a Diad in diad a constant	V V III
43. Did the Patient Die? (during their treatment or after diagnosis	Yes No Unknown
If Yes Enter date if death	
Did TB or complications of TB treatment contribute to death?	Yes No Unknown
Additional Remarks:	
Traditional Itematiks	