

Tuberculosis Case Cohort Review Definitions

Listed below are definitions to aid in understanding the cohort review process and to assist in the completion of the TB Cohort Review presentation form.

TB Cohort - a group of persons with tuberculosis, counted as cases in a selected geographic area in Virginia within a specified time frame. *Exclusion: those counted by another jurisdiction.*

TB Cohort Review – a retrospective and systematic presentation and discussion of selected data on every TB case in the identified cohort, focusing on selected program goals, and useful for assessment of program strengths, weaknesses, performance progress over time, and collaborative educational discussion.

Respiratory site of disease – tuberculosis affecting the lungs, pleura, or larynx identified either clinically or by culture.

Sputum culture reported – a lab report of a sputa sample that is positive for *Mycobacterium tuberculosis* (not including bronchoscopy or other sample sites). The report can include TB DNA probe results. Cohort review calculates the proportion of TB patients with respiratory site of disease with a sputum culture reported. *Exclusions: patients under age 12 years.*

Sputum culture conversion – the collection date of the first sputum sample that is reported as negative, after a previous positive culture for *M.tb*. The “first” sample is the one with the earliest collection date. The collection date must be **7 days after the last positive culture** was collected, and there must be no *M.tb* positive cultures after this date. Conversion is counted from the date of treatment start to the date of the first negative sputa culture, with the goal that conversion occurs within 60 days of treatment start. *Exclusions: patients dead at diagnosis or who died within 60 days of start of TB therapy.*

Drug susceptibility result – TB cases with initial drug susceptibility results from any site in the body. Cohort review calculates the proportion of culture positive TB cases with drug susceptibility results.

Recommended initial therapy – TB cases who start on INH, RIF or rifabutin, PZA and EMB. Exclusions: patients dead at diagnosis.

Treatment completion – the proportion of patients who complete treatment within 366 days of initial treatment start, for whom 12 months or less of treatment is indicated. *Exclusions:*

- *patients dead at time of diagnosis or who died within 12 months of starting treatment,*
- *those who left the country before treatment completion **and** within 12 months of starting treatment, and*
- *those not appropriate for completion within 366 days. Those not appropriate for treatment of ≤ 366 days includes those with RIF resistant TB, meningeal TB, and children aged 14 or younger with disseminated TB. Disseminated TB is defined by having “miliary” checked in the RVCT form as a major site of disease or a positive blood culture.*

Known HIV status – TB cases with an HIV result in the medical record. Documentation should be a lab report from the health department or a hospital, clinic, or private provider. Medical records from another provider that include progress notes of a result will be counted. Tests that meet this requirement are completed at the time of diagnostic work-up, which Virginia will consider up to 8 weeks after treatment start, or within one year prior to it. Persons with diagnosed HIV infection may have reports or records confirming diagnosis with any date previous to diagnostic evaluation. *Exclusions: none.*