Latent TB. Active Concern.
Tuberculosis Program
VIRGINIA DEPARTMENT OF HEALTH

Virginia Latent Tuberculosis Infection (LTBI) Reporting Form

Please use this form to provide initial or follow-up information for persons with suspected or confirmed LTBI.

Provider name: _____
Provider affiliation: _____
Provider telephone: _____
Provider email: _____

For Health Department use only: LTBI case status
☐ Confirmed ☐ Suspected TB Infection ☐ Not a case
LTBI case number (if known): _____

☐ **Initial Report** ☐ **Follow-up Report**

Patient Information

Last name	**First name**	**Middle**	**Date of birth** (MM/DD/YYYY)	**Sex at birth** ☐ Male ☐ Female ☐ Unknown

Address	**Unit #**	**City or Town**	**State**	**Zip code**	**County of residence**

Patient telephone number	**U.S.- born** ☐ Yes ☐ No	**Country of birth**	**Month/Year arrived in U.S.**	**Occupation**

Race (*select all that apply*)
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African-American
☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other Race ☐ Unknown

Ethnicity
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Currently Pregnant?
☐ Yes ☐ N/A ☐ No

Reporting Information and Risk factors

Name of reporting agency

Date of initial LTBI evaluation

Reporting agency type (*select one*)
☐ Correctional facility ☐ Long-term care facility
☐ Hospital ☐ Laboratory
☐ Military ☐ Private medical care provider
☐ Local health dept. ☐ Federally qualified health center
☐ School/daycare ☐ Other: _____

Reason for LTBI test (*select one*)
☐ Contact investigation
☐ Screening
☐ TB Symptoms
☐ Other: _____
☐ Unknown

HIV Status at diagnosis
☐ Negative
☐ Positive
☐ Unknown

Risk factors (*check all that apply*)
☐ Diabetes ☐ Homeless ☐ Heavy Alcohol Use ☐ Hepatitis ☐ End Stage Renal Disease ☐ Injecting drug use ☐ Noninjecting drug use
☐ Post-Organ Transplantation ☐ Immune modulating drugs (TNF-α therapy) ☐ Immunocompromised ☐ Congregate living situation
☐ Other: _____

Current Smoking Status ☐ Current every day smoker ☐ Current someday smoker ☐ Former smoker ☐ Never smoker
☐ Smoker, current status unknown ☐ Unknown if ever smoked

Testing and Evaluation

TST
Date placed: _____
Date read: _____
Induration: _____mm
Interpretation:
☐ Positive ☐ Unknown
☐ Negative ☐ Not done

IGRA
Test date: _____
Test type: ☐ QFT ☐ T-SPOT ☐ Other
Interpretation: ☐ Positive ☐Negative
☐ Unknown ☐ Borderline/Indeterminate
☐ Not done ☐ Failed/Invalid

Sputum Smear
Collection Date: _____
Result: ☐ Positive ☐ Negative
☐ Unknown ☐ Not Done

Sputum Culture
Collection Date: _____
Result: ☐ Positive ☐ Negative
☐ Unknown ☐ Not Done

Additional Specimens Collected? Y/N/U

Date of chest radiography or other chest imaging: _____

Result ☐ Consistent with TB ☐ Not consistent with TB ☐ Unknown ☐ Not Done

Final evaluation outcome ☐ Latent TB infection ☐ Active TB ☐ Not TB/LTBI

Treatment

Was the patient offered LTBI treatment? ☐ Yes ☐ No

Did the patient start LTBI treatment? ☐ Yes ☐ No

Reason patient did not start LTBI treatment (*select one*)
☐ Patient refused
☐ Provider decision
☐ Previous LTBI treatment
☐ Previous TB treatment
☐ Lost to follow-up
☐ Medically contraindicated
☐ Drug shortage
☐ Other: _____
☐ Referred for treatment
Referral: _____

LTBI treatment regimen prescribed (*select one*)
☐ 3 months isoniazid/ rifapentine (3HP)
☐ 4 months rifampin
☐ 6 months isoniazid
☐ 3 months isoniazid/ rifampin (3HR)
☐ 2 months RIPE/HRZE
☐ 9 months isoniazid
☐ Other: _____

LTBI treatment start date	**LTBI treatment end date**

Treatment Administration (*check all that apply*)
☐ DOT (Directly Observed Therapy, in person)
☐ Electronic DOT ☐ Self-Administered ☐ Unknown

Reason LTBI treatment stopped (*select one*)
☐ Treatment completed
☐ Active TB developed
☐ Lost to follow-up
☐ Adverse event
☐ Other: _____
☐ Pregnancy
☐ Provider decision
☐ Patient choice
☐ Not LTBI

Serious adverse event/reaction to LTBI treatment ☐ Hospitalization ☐ Death ☐ Other: _____ ☐ None

Fax completed forms to VDH TB Program at 804-416-5178 or send with encrypted email to tuberculosis@vdh.virginia.gov. Please call 804-864-7906 with any questions.