**Case Detection Tool - 5**

**Decline in Reported Tuberculosis Cases**

<insert agency name> Survey

**Dear County Health Department,**

The <insert agency name> is investigating an unexpectedly large decline in reported TB cases in the state.

You assistance is greatly needed to verify the number of TB cases in your county or district in <insert year>. **Please complete the survey below and fax this sheet to the <insert agency name> at <insert fax number> with Attention: <insert staff name>, preferably by close of business <insert due date>.**

Regarding TB cases reported in your facility in <insert year>, please complete the following information:

District: \_\_\_\_\_\_ Unit: \_\_\_\_\_\_ County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Survey Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District TB Controller: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of all TB cases (confirmed and suspected) reported to your county or district in <insert year>:\_\_\_\_\_\_\_\_\_\_

* Among these <insert year> cases, how many were **confirmed**: \_\_\_\_\_\_\_\_\_
	+ Confirmed up to February 5, <insert year>: \_\_\_\_\_\_\_\_\_\_
	+ Confirmed from February 5, <insert year> to today: \_\_\_\_\_\_\_\_\_\_
* Among these <insert year> cases, how many are still **suspects** as of today:\_\_\_\_\_\_\_\_
	+ Of these suspects, how many were reported >90 days ago: \_\_\_\_\_\_\_\_\_\_\_\_\_