|  |
| --- |
| Data Collection Form—Final**Report of Verified Case of Tuberculosis (RVCT) – 10/29/2019** |

# Administrative Information

1. **Date Reported:** 🞏🞏/🞏🞏/🞏🞏🞏🞏
2. **Date Counted**
	1. MMWR Week:🞏🞏
	2. MMWR Year: 🞏🞏🞏🞏
3. **State Case Number:**🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏
4. **Local Case Number:** 🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏
5. **Case Already Counted by Another Reporting Area?**

\_\_\_Yes, another U.S. reporting area (State case number from other area:
 🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏)

\_\_\_Yes, another country (Specify country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_No

# Demographics and Initial Evaluation

1. **Reporting Address**
	1. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Is the Patient’s Residence within City Limits?

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

* 1. County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. ZIP Code: 🞏🞏🞏🞏🞏-🞏🞏🞏🞏
	3. Census Tract (11-digit GEOID): 🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏
1. **Date of Birth**: 🞏🞏/🞏🞏/🞏🞏🞏🞏
2. **Sex at Birth**

\_\_\_Male

\_\_\_Female

If Female, Was Patient Pregnant at Time of Diagnostic Evaluation?

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

\_\_\_Unknown

1. **Ethnicity**

\_\_\_Hispanic or Latino

\_\_\_Not Hispanic or Latino

\_\_\_Unknown

1. **Race**

\_\_\_American Indian or Alaska Native

\_\_\_Asian (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_Black or African American

\_\_\_Native Hawaiian or Other Pacific Islander (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_White

\_\_\_Other Race (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_Unknown

1. **Nativity**
	1. Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If NOT United States, Date of First U.S. Arrival: 🞏🞏/🞏🞏/🞏🞏🞏🞏)

* 1. Eligible for U.S. Citizenship/Nationality at Birth (regardless of country of birth)?

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

* 1. Countries of Birth for Primary Guardian(s) (pediatric [<15 years old] cases only)
		1. Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		2. Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Country of Usual Residence**
	1. Country of Usual Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. If **NOT** U.S. Reporting Area, Has Been in United States for ≥90 days (inclusive of Report Date)?

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

1. **Status at TB Diagnosis**

\_\_\_Alive

\_\_\_Dead (Make sure to complete question 43)

1. **Initial Reason Evaluated for TB**

\_\_\_Contact Investigation

\_\_\_Screening

\_\_\_TB Symptoms

\_\_\_Other

\_\_\_Unknown

# Risk Factors

1. **Occupation and Industry**
	1. Has the patient *ever* worked as one of the following? (select all that apply)

\_\_\_Healthcare Worker

\_\_\_Correctional Facility Employee

\_\_\_Migrant/Seasonal Worker

\_\_\_None of the above

\_\_\_Unknown

* 1. Patient’s Current Occupation(s) and Industry(ies)

|  |  |
| --- | --- |
| Occupation | Industry |
|  |  |
|  |  |
|  |  |

1. **Other Risk Factors**

|  |  |
| --- | --- |
| Risk Factor | 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |

1. **If Resident of Correctional Facility at Diagnostic Evaluation, Type of Facility?**

\_\_\_Federal Prison

\_\_\_State Prison

\_\_\_Local Jail

\_\_\_Juvenile Correction Facility

\_\_\_Other Correctional Facility

\_\_\_Unknown

1. **If Resident of Long-Term Care Facility at Diagnostic Evaluation, Type of Facility?**

\_\_\_Nursing Home

\_\_\_Hospital-Based Facility

\_\_\_Residential Facility

\_\_\_Mental Health Residential Facility

\_\_\_Alcohol or Drug Treatment Facility

\_\_\_Other Long-Term Care Facility

\_\_\_Unknown

1. **Current Smoking Status at Diagnostic Evaluation**

\_\_\_Current everyday smoker

\_\_\_Current someday smoker

\_\_\_Former smoker

\_\_\_Never smoker

\_\_\_Smoker, current status unknown

\_\_\_Unknown if ever smoked

1. **Lived outside of the United States for >2 months (uninterrupted)?**

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

# Diagnostic Testing (Non-DST)

1. **Tuberculin Skin Test and All Non-DST TB Laboratory Test Results (required results prefilled in table; unlimited number of additional results may be entered)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TestType | SpecimenSource Site | Date Collected/Placed | Date Reported/Read | Test Result (Qual.) | Test Result (Quant.) | Test Result(Units of Measure) |
| TST | Skin Structure | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  | mm |
| IGRA [spec. type] | Blood | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  | N/A | N/A |
| Smear | Sputum | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  | N/A | N/A |
| Culture | Sputum | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  | N/A | N/A |
| NAA | Sputum | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  | N/A | N/A |
| HIV | Blood | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  | N/A | N/A |
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**Test Type Options:** Smear, Pathology, Cytology, NAA, Culture, TST, IGRA-QFT, IGRA-TSpot, IGRA-Unknown, HIV, CD4 Count, Hemoglobin A1c, Fasting Blood Glucose, Other (specify), etc.

**Test Result (Qualitative) Options:** Positive, Negative, Borderline, Indeterminate, Not Done, Unknown

**Test Result (Units of Measure) Options:** Millimeters of Induration (TST), Cell Count (CD4), Percentage (HGB-A1c), Milligrams per deciliter (FBG), Other Units as Appropriate

1. **Chest Radiograph or Other Chest Imaging Study Results (required results prefilled in table; unlimited number of additional results may be entered)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Study Type | Date of Study | Result | Cavity? | Miliary? |
| Plain Chest X-Ray | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |  |
| CT Scan | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |  |
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**Study Type Options:** Plain Radiograph, CT Scan, MRI, PET, Other

**Result Options:** Not Consistent with TB, Consistent with TB, Not Done, Unknown

**Cavity Options**: Yes, No, Unknown

**Miliary Options**: Yes, No, Unknown

# Clinical History and Findings

1. **Has the Patient been Previously Diagnosed with TB Disease or LTBI?**

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

**If YES, Complete Table Below (unlimited number of rows may be entered):**

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis Type(TB Disease/LTBI) | Date of Diagnosis | Previous State Case No. | Completed Treatment?(Yes/No/Unknown) |
|  | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏 |  |
|  | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏 |  |
|  | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏 |  |

1. **Date of Illness Onset/Symptom Start Date:** 🞏🞏/🞏🞏/🞏🞏🞏🞏
2. **Site of TB Disease** (select all that apply)

\_\_\_Pulmonary

\_\_\_Pleural

\_\_\_Lymphatic: Cervical

\_\_\_Lymphatic: Intrathoracic

\_\_\_Lymphatic: Axillary

\_\_\_Lymphatic: Other

\_\_\_Lymphatic: Unknown

\_\_\_Laryngeal

\_\_\_Bone and/or Joint

\_\_\_Genitourinary

\_\_\_Meningeal

\_\_\_Peritoneal

\_\_\_Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_Site Not Stated

# Epidemiologic Investigation

1. **Case Meets Binational Reporting Criteria?**

\_\_\_Yes

If Yes, Which Criteria were Met? (Select All That Apply)

\_\_\_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

\_\_\_No

\_\_\_Unknown

1. **Case Identified During the Contact Investigation of Another Case?**

\_\_\_Yes

If Yes, Evaluated for TB During that Contact Investigation?

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

\_\_\_No

\_\_\_Unknown

1. **Contact Investigation Conducted for This Case?**

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

1. **Complete Table Below for All Known TB and LTBI Cases Epidemiologically Linked to this Case
(an unlimited number of rows may be entered):**

|  |
| --- |
| State Case Number |
| 🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏 |
| 🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏 |
| 🞏🞏🞏🞏- 🞏🞏- 🞏🞏🞏🞏🞏🞏🞏🞏🞏 |

# Initial Treatment Information

1. **Date Therapy Started:** 🞏🞏/🞏🞏/🞏🞏🞏🞏
2. **Initial Drug Regimen**

|  |  |
| --- | --- |
| Drug Name  | Used? (Yes/No/Unknown) |
| Isoniazid |  |
| Rifampin |  |
| Pyrazinamide |  |
| Ethambutol |  |
| Streptomycin |  |
| Rifabutin |  |
| Rifapentine |  |
| Ethionamide |  |
| Amikacin |  |
| Kanamycin |  |
| Capreomycin |  |
| Ciprofloxacin |  |
| Levofloxacin |  |
| Ofloxacin |  |
| Moxifloxacin |  |
| Cycloserine |  |
| Para-Amino Salicylic Acid |  |
| Linezolid |  |
| Bedaquiline |  |
| Delamanid |  |
| Clofazimine |  |
| Pretomanid |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. **If Initial Drug Regimen NOT RIPE/HRZE, Why Not?**

\_\_\_Drug contraindication/interaction

\_\_\_Drug susceptibility testing results already known
\_\_\_Suspected drug resistance
\_\_\_Drug shortage

\_\_\_Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_Unknown

# Genotyping and Drug Susceptibility Testing

1. **Isolate Submitted for Genotyping?**

\_\_\_Yes (Accession Number:🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏)

\_\_\_No

1. **Was Phenotypic/Growth-Based Drug Susceptibility Testing Done?**

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

**If YES, Complete Table Below (an unlimited number of rows may be entered):**

**INCLUDE INITIAL RESULT FOR ALL DRUGS LISTED AS WELL AS ANY SUBSEQUENT TESTS WHERE RESULT CHANGED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug Name | Date Collected | Date Reported | Specimen Source | Result(Sus./Res./Unk./Not Done) |
| Isoniazid | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Rifampin | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Pyrazinamide | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Ethambutol | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Streptomycin | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Rifabutin | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Rifapentine | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Ethionamide | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Amikacin | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Kanamycin | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Capreomycin | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Ciprofloxacin | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Levofloxacin | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Ofloxacin | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Moxifloxacin | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Other Quinolones | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Cycloserine | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Para-Amino Salicylic Acid | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Bedaquiline | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Clofazimine | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Delamanid | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Linezolid | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
| Pretomanid | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Was Genotypic/Molecular Drug Susceptibility Testing Done?**

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

**If YES, Complete Table Below (an unlimited number of rows may be entered):**

**INCLUDE INITIAL RESULT FOR EACH COMBINATION OF GENE AND TEST TYPE AS WELL AS ANY SUBSEQUENT TESTS WHERE THE RESULT CHANGED**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gene Name | Date Coll. | Date Rep. | Spec. Srce | Result | NA Change | AA Change | INDEL | Test Type |
|  | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  | 🞏🞏🞏🞏🞏🞏🞏🞏🞏 | 🞏🞏🞏🞏🞏🞏🞏🞏🞏 |  |  |
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|  | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  | 🞏🞏🞏🞏🞏🞏🞏🞏🞏 | 🞏🞏🞏🞏🞏🞏🞏🞏🞏 |  |  |
|  | 🞏🞏/🞏🞏/🞏🞏🞏🞏 | 🞏🞏/🞏🞏/🞏🞏🞏🞏 |  |  | 🞏🞏🞏🞏🞏🞏🞏🞏🞏 | 🞏🞏🞏🞏🞏🞏🞏🞏🞏 |  |  |
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**Results Options:** Mutation Detected, Mutation Not Detected, Unknown

**Indel Options:** Insertion, Deletion, Indel (not otherwise specified), Unknown

**Test Type Options:** Nonsequencing, Sequencing, Other, Unknown

1. **Was the Patient Treated as an MDR TB Case (Regardless of DST Results)?**

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

**If YES, complete MDR TB Supplemental Data Form**

# Case Outcome

1. **Sputum Culture Conversion Documented?**

\_\_\_Yes (Date specimen collected for FIRST consistently negative sputum culture: 🞏🞏/🞏🞏/🞏🞏🞏🞏)

\_\_\_No

If No, Reason for Not Documenting Sputum Culture Conversion?

\_\_\_No Follow-up Sputum Despite Induction

\_\_\_No Follow-up Sputum and No Induction
\_\_\_Died
\_\_\_Patient Refused

\_\_\_Patient Lost to Follow-up

\_\_\_Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_Unknown

\_\_\_Unknown

1. **Moved During Therapy?**

\_\_\_Yes

If Yes, Moved to Where? (select all that apply)

\_\_\_Out of State (Specify Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_Out of United States (Specify Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Transnational Referral Made?

\_\_\_Yes

\_\_\_No

\_\_\_Unknown

\_\_\_No

\_\_\_Unknown

1. **Date Therapy Stopped:** 🞏🞏/🞏🞏/🞏🞏🞏🞏
2. **Reason Therapy Stopped or Never Started?**

\_\_\_Completed Treatment

\_\_\_Lost

\_\_\_Patient Choice (Uncooperative or Refused)

\_\_\_Adverse Treatment Event

\_\_\_Not TB

\_\_\_Died

\_\_\_Dying (treatment stopped because of imminent death, regardless of cause of death)

\_\_\_Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_Unknown

1. **Reason TB Disease Therapy Extended >12 Months, if applicable** (select all that apply)

\_\_\_Inability to Use Rifampin (Resistance, Intolerance, etc.)

\_\_\_Adverse Drug Reaction

\_\_\_Nonadherence

\_\_\_Failure

\_\_\_Clinically Indicated for Reasons Other than Above

\_\_\_Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_Unknown

1. **Treatment Administration** (select all that apply)

\_\_\_DOT (Directly Observed Therapy, in person)

\_\_\_EDOT (Electronic DOT, via video call or other electronic method)

\_\_\_Self-Administered

1. **Did the Patient Die (either before diagnosis or at any time while being followed by TB program)?**

\_\_\_\_Yes (Date of Death: 🞏🞏/🞏🞏/🞏🞏🞏🞏)

Did TB or Complications of TB Treatment Contribute to Death?

\_\_\_Yes

\_\_\_No
\_\_\_Unknown

\_\_\_\_No

\_\_\_\_Unknown

**END OF RVCT**

|  |
| --- |
| MDR TB SUPPLEMENTAL SURVEILLANCE FORMTo be completed for all cases treated as MDR TB, regardless of DST results |
| 1. **History of treatment before current episode with second-line TB drugs for the treatment of TB disease (not LTBI)?**
 | [ ]  Yes [ ]  No [ ]  Unknown  |
| **TREATMENT COURSE** |
| 1. **Date MDR TB therapy started for current episode**
 |  Month Day Year**Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.** |
| 1. **Drugs ever used for MDR TB treatment, from MDR start date (select one option for each drug)**
 |

|  |  |
| --- | --- |
| **Drug**  | **Length of Time Administered** (Not Used, <1 Month, ≥1 Month) |
| Isoniazid |  |
| Rifampin |  |
| Pyrazinamide |  |
| Ethambutol |  |
| Streptomycin\* |  |
| Rifabutin\* |  |
| Rifapentine\* |  |
| Amikacin\* |  |
| Kanamycin\* |  |
| Capreomycin\* |  |
| Ciprofloxacin\* |  |
| Ethionamide\* |  |
| Levofloxacin\* |  |
| Ofloxacin\* |  |
| Moxifloxacin\* |  |
| Cycloserine\* |  |
| Para-Amino Salicylic Acid\* |  |
| Linezolid\* |  |
| Bedaquiline\* |  |
| Delamanid\* |  |
| Clofazimine\* |  |
| Pretomanid\* |  |
| Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |
| \* indicates second- or third-line medication for purpose of US surveillance |

|  |  |
| --- | --- |
| 1. **Date injectable medication was stopped**
 |  Month Day Year**Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.****Primary Purpose: Case management. Data are used for evaluating time from TB diagnosis to start of MDR therapy.** [ ]  Not applicable |
| 1. **Was surgery performed to treat MDR TB?**
 |  [ ]  Yes [ ]  No Date: \_\_\_\_\_\_\_\_\_\_  |

|  |
| --- |
| 1. **SIDE EFFECTS**
 |
| **Side Effect**  | **Experienced?** (Yes, No, Unknown) | **When?** (During Treatment, At End of Treatment, Both) |
| Depression |  |  |
| Suicide Attempt or Ideation |  |  |
| Cardiac Abnormalities |  |  |
| Hearing Loss |  |  |
| Tinnitus |  |  |
| Vestibular Dysfunction |  |  |
| Peripheral Neuropathy |  |  |
| Renal Dysfunction |  |  |
| Vision Change/Loss |  |  |
| Liver Toxicity |  |  |
| Myalgia |  |  |
| Arthralgia |  |  |
| Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |

**END OF MDR TB SUPPLEMENTAL**