



**Instructions for Completing the ‘Confidential Report of  
Active and Suspect Tuberculosis Cases’  
Surveillance Case Reporting Form**

**Revision 02, In Use January 1, 2009**

**Rhode Island Department of Health  
Center for Epidemiology and Infectious Disease  
TB Program**

This document contains instructions that will provide reporters with the information needed to successfully report cases of active tuberculosis (also called TB Disease) to the Rhode Island TB Program, using the Rhode Island TB Surveillance Case Report Form (SCRF), revision 02 that was placed into use on January 1, 2009. Do not use this form to report Latent TB Infection (LTBI). A different form is under development and will be provided at a later date for the reporting of LTBI.

Rhode Island's new reporting form is based on CDC's revised RVCT Form (Recorded Verified Case of Tuberculosis, CDC72.9A Rev 09/15/2008), which the CDC requires of each state to complete on each case of active tuberculosis. These instructions are based on CDC's instructions for the revised RVCT. The questions are listed in the order in which they appear on the TB SCRF.

### **TB Suspect and Active Case Reporting Time Frame**

*The rules and regulations pertaining to the reporting of TB suspect and active cases by persons required to report communicable disease specify that cases are reportable to the Rhode Island TB Program within 4 days of recognition of disease.*

See [http://www.health.ri.gov/disease/communicable/providers\\_role.php](http://www.health.ri.gov/disease/communicable/providers_role.php)

### **Contact Information**

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### **TB Surveillance Case Report Form - Completion Instructions**

What appears below is an example how each question within the TB SCRF is described within this document and what each section contains.

***Example:***

**Question**

<b>OPTION (<i>Select one</i>)</b>	<b>DESCRIPTION</b>	<b>COMMENT</b>
<b>This is where the choices that the user may select are located.</b>	This is where the description of each choice is located.	This section may or may not contain more detailed information for each option.

**Comment:**

May or may not contain further information on how the question should be answered.

***Rhode Island TB Surveillance Case Report Form Questions:***

**Date of Birth**

	<b>DESCRIPTION</b>	<b>COMMENT</b>
<b>Month, day, and year (e.g., 04/26/1968)</b>	Patient's complete date of birth should be entered (i.e., values should be entered for month, day, or year).	Some societies or cultures throughout the world do not document the day, month, or even the year of birth. If the day is unknown or the month and the day are unknown, enter 99 as the default value (e.g., 04/99/1968 or 99/99/1968). If the month, day, and year of birth are unknown, enter 99/99/9999.

**Ethnicity**

<b>OPTION (<i>Select one</i>)</b>	<b>DESCRIPTION</b>	<b>COMMENT</b>
<b>Hispanic or Latino</b>	Patient considers himself or herself Cuban, Mexican, Puerto Rican, South or Central American, or of other Spanish culture or origin, regardless of race.	Some patients prefer the term "Spanish origin" to <b>Hispanic or Latino</b> .
<b>Not Hispanic or Latino</b>	Patient does <b>not</b> consider himself or herself <b>Hispanic or Latino</b> .	

**Comment:**

The answer to this question should be based on the patient's self-identity or self-reporting.

**Race**

<b>OPTION</b> <i>(Select one or more)</i>	<b>DESCRIPTION</b>
<b>American Indian or Alaska Native</b>	Patient has origins in <b>any</b> of the original peoples of North and South America (including Central America).
<b>Asian</b>	Patient has origins in <b>any</b> of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<b>Black or African American</b>	Patient has origins in <b>any</b> of the black racial groups of Africa.
<b>Native Hawaiian or Other Pacific Islander</b>	Patient has origins in <b>any</b> of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
<b>White</b>	Patient has origins in <b>any</b> of the original peoples of Europe, the Middle East, or North Africa.

**Comments:**

The response to this item should be based on the patient's self-identity or self reporting. Therefore, patients should be offered the option of selecting more than 1 racial designation.

If you selected **Asian** or **Native Hawaiian or Other Pacific Islander**, please specify further by using the race categories below:

**Asian**

Asian Indian  
 Bhutanese  
 Burmese  
 Cambodian  
 Chinese  
 Filipino  
 Hmong  
 Indonesian  
 Iwo Jiman  
 Japanese  
 Korean  
 Laotian  
 Madagascar

**Native Hawaiian or Other Pacific Islander**

Carolinian Bangladeshi Chamorro  
 Chuukese  
 Fijian  
 Guamanian  
 Guamanian or Chamorro  
 Kiribati  
 Kosraean  
 Mariana Islander  
 Marshallese  
 Melanesian  
 Micronesian  
 Native Hawaiian  
 New Hebrides

Malaysian  
 Maldivian  
 Nepalese  
 Okinawan  
 Pakistani  
 Singaporean  
 Sri Lankan  
 Taiwanese  
 Thai  
 Vietnamese

Other Pacific Islander  
 Palauan  
 Papua New Guinean  
 Pohnpeian  
 Polynesian  
 Saipanese  
 Samoan  
 Solomon Islander  
 Tahitian  
 Tokelauan  
 Tongan  
 Yapese

### Country of Birth

	DESCRIPTION	COMMENT
<b>Specify country</b> (e.g., Mexico)	Enter the name of the country in which the person was born if born outside the United States to parents who were not U.S. citizens.	Includes U.S. Territories, U.S. Island Areas, and U.S. Outlying Areas
	Enter United States if the person was born in 1 of the 50 states or born abroad to a parent who was a U.S. citizen (e.g., born on a military installation).	

**Comment:**

U.S. Territories, U.S. Island Areas, and U.S. Outlying Areas (e.g., Puerto Rico, American Samoa, Federated States of Micronesia, Guam, and Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, Republic of Palau, and U.S. Virgin Islands) are distinct areas. Enter the name of the affiliated territory or island area.

### Month-Year Arrived in U.S.

	DESCRIPTION	COMMENT
<b>Month and year</b> (e.g., 02/1975)	When the patient <b>first</b> arrived in the United States.	This item applies to patients <b>not</b> born in 1 of the 50 states or <b>not</b> born abroad to a parent who was a U.S. citizen.

## Sex at Birth

Select **Male** or **Female** as the biological sex of the TB patient.

## Pediatric TB Patients (<15 years old)

To better capture important information about pediatric TB patients (<15 years old), this variable provides information on country of birth for primary guardian(s) of the pediatric patient and whether the patient lived outside the United States for an **uninterrupted** period of more than 2 months.

Complete this item for **all pediatric** TB patients.

DESCRIPTION	COMMENT
<b>Country of birth for the primary guardian(s)</b> (e.g., mother, father, adoptive or foster parent, grandparent)	Enter the appropriate <b>Countries</b> for as many as 2 parents or primary guardians.

### Comments:

If the parent or primary guardian was born in 1 of the 50 states or was born abroad to a parent who was a U.S. citizen (e.g., born on a military installation), enter United States as the country of birth.

If the parent or primary guardian was born in 1 of the U.S. Territories, U.S. Island Areas, or U.S. Outlying Areas (e.g., Puerto Rico, American Samoa, Federated States of Micronesia, Guam, Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, Republic of Palau, U.S. Virgin Islands), enter the name of the territory or island area.

Complete this item for **all pediatric** TB patients (<15 years old).

OPTION (Select one)	DESCRIPTION	COMMENT
<b>Yes</b>	Pediatric patient lived outside the United States for an <b>uninterrupted</b> period of more than 2 months.	Although it may be difficult to determine the exact amount of uninterrupted time that a patient lived outside the United States, check <b>Yes</b> and enter the country code(s) if the period is believed to be more than 8 consecutive weeks (2 months).
<b>No</b>	Pediatric patient did <b>not</b> live outside the United States for an <b>uninterrupted</b> period of more than 2 months.	

<b>Unknown</b>	It is <b>not</b> known whether the pediatric patient lived outside the United States for an <b>uninterrupted</b> period of more than 2 months.	
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**Comment:**

*Live or lived* refers to the place where a person stayed or slept most of the time or the place the person considered home during the stated period.

If you selected **Yes** to the above question, enter the following information.

	<b>DESCRIPTION</b>	<b>COMMENT</b>
<b>Countries</b>	Enter countries where the pediatric patient lived.	Enter as many as 3 countries in which the patient most recently lived for a total of more than 2 uninterrupted months.

**Primary Reason Evaluated for TB Disease**

Select the **single primary or initial reason** the patient was evaluated for TB disease. The definition of “primary or initial reason” is the situation or reason that led to the initial suspicion that the patient might have TB disease. If the patient was referred for evaluation, but the reason for the evaluation is unknown, try to determine that reason.

<b>OPTION (Select one)</b>	<b>DESCRIPTION</b>	<b>COMMENT</b>
<b>TB symptoms</b>	Signs and symptoms consistent with TB (e.g., prolonged/ persistent cough, fever, lymphadenopathy, night sweats, weight loss)	
<b>Abnormal chest radiograph</b>	Incidental chest radiograph consistent with TB disease	Reason for the chest radiograph should be independent of the other choices listed and should not have been the result of suspicion of TB disease.
<b>Contact investigation</b>	Result of a contact investigation or source case finding	

<b>OPTION (Select one)</b>	<b>DESCRIPTION</b>	<b>COMMENT</b>
<b>Targeted testing</b>	Positive result of tuberculin skin test (TST) or interferon gamma release assay (IGRA) administered because the patient was <b>specifically</b> considered at high risk for TB (e.g., persons from areas of the world with high rates of TB) or as part of a testing program focused on specific groups at risk for TB	Do not select if another reason (e.g., contact investigation, immigration medical examination, employment/administrative testing, or health care worker status) is more appropriate (see other choices).
<b>Health care worker</b>	Positive result of TST administered because the patient was a health care worker	Refers to all paid and unpaid persons working in health care settings who have the potential for exposure to <i>M. tuberculosis</i> .
<b>Employment/administrative testing</b>	Results from routine physical examination before employment, TST required by employer, or primary or secondary school program for routine TST	Reflects an administrative requirement (e.g., a TST program applied to all 5th graders in a school or to all job applicants) rather than testing of a group considered at high risk. If TST was performed because the person was considered at high risk, select Targeted Testing or a more appropriate category, such as Health Care Worker. If employment was health care-related, select Health Care Worker rather than Employment/Administrative Testing.
<b>Immigration medical exam</b>	Findings of a medical examination that was part of the immigration application process	A medical examination is mandatory for specific categories of persons seeking admission to the United States (e.g., immigrants, refugees, asylees). These medical examinations may be performed overseas or in the United States depending on the situation. In addition, a medical examination may be required for some persons applying for nonimmigrant visas or special status (e.g., parolees) for temporary admission to the



<b>OPTION</b> <i>(Select one)</i>	<b>DESCRIPTION</b>	<b>COMMENT</b>
		United States.
<b>Incidental lab result</b>	<b>Incidental</b> specimen positive for acid-fast bacilli (AFB) or an <b>incidental</b> culture positive for <i>Mycobacterium tuberculosis</i> (i.e., testing was not based on suspicion of TB disease but was done during, for example, bronchoscopy or autopsy, organ donation, hospitalization, or analysis for other disease)	
<b>Unknown</b>	Reason for evaluating the patient <b>not</b> known	

**Example for TB Symptoms:**

If a TB patient seeks medical care because of TB symptoms, select **TB Symptoms** as the primary reason for the evaluation. If, however, a TB patient was initially encountered via a contact investigation and during that investigation, was also noted to have TB symptoms, select **Contact Investigation** as the primary reason for the evaluation.

**Example for Abnormal Chest Radiograph:**

If the chest radiograph was performed during a workup for TB disease because of a positive TST result obtained during targeted testing, select **Targeted Testing**. However, if a chest radiograph was performed as part of preoperative testing (TB disease was not suspected), select **Abnormal Chest Radiograph**.

**Examples for Health Care Worker:**

- Physicians
- Nurses
- Aides
- Dental workers
- Technicians
- Staff in laboratories and morgues
- Emergency medical personnel
- Students
- Part-time staff
- Temporary and contract staff

- Persons who deliver health care in the community (e.g., public health nurse, visiting nurse, outreach worker)
- Persons not involved directly in patient care, but potentially at risk for occupational exposure (e.g., volunteers; outreach workers; dietary/nutritional, housekeeping, maintenance, clerical, and janitorial staff)

## Previous Diagnosis of TB Disease

OPTION (Select one)	DESCRIPTION	COMMENT
Yes	Patient has received a previous diagnosis of TB disease. If you selected <b>Yes</b> , enter the <b>year of previous diagnosis of TB disease</b> (e.g., 1985).	Do not enter a previous diagnosis of latent TB infection (LTBI)  If the patient had more than 1 previous episode of TB disease, enter the year of the <b>most recent</b> previous episode.
No	Patient has <b>not</b> received a previous diagnosis of <b>TB disease</b> .	

### Comments for Yes:

A patient is considered to have had a previous diagnosis of TB disease if TB disease was verified in the past, the patient completed therapy, or the patient was lost to supervision for more than 12 months and now has verified disease again.

Documentation of **Previous Diagnosis of TB Disease**: Often, TB disease is confused with LTBI, which should not be coded as previous TB disease. Therefore, documentation of the previous episode of TB disease is important. Written documentation of the previous episode of TB diseases is ideal. However, if the TB disease episode occurred years ago or in another location (e.g., country), obtaining written documentation can be difficult. Therefore, when written documentation is not available, oral documentation of a previous episode of TB disease is acceptable (e.g., medications taken, length of course of medication, results of sputum smear examination).

## Status at TB Diagnosis

OPTION (Select one)	DESCRIPTION	COMMENT
Alive	Patient was alive at time of TB diagnosis.	Patients in whom TB was suspected and who were taking at least 2 anti-TB drugs before the day of death should be classified as alive at the time of TB diagnosis, though TB may not be

OPTION ( <i>Select one</i> )	DESCRIPTION	COMMENT
		verified and counted until after the patient's death.
<b>Dead</b>	Patient was deceased at the time the investigation of possible TB disease was initiated.	Patients who were taking only 1 anti-TB drug before the day of death because TB disease was not suspected, but for whom TB was diagnosed after death, are classified as dead at the time of TB diagnosis.

**Comment:**

If a person taking isoniazid as preventive therapy for latent TB infection dies and is found after death to have had TB disease, this person should be classified as **Dead** at TB diagnosis.

If you selected **Dead** at TB diagnosis, enter **date of death**.

	DESCRIPTION	COMMENT
<b>Date of death</b> (e.g., 01/17/2005 )	Month, day, and year patient died	If day is unknown, enter 99 as the default value (e.g., 01/99/2005).

If you selected **Dead** at TB diagnosis, **was TB a cause of death?**

OPTION ( <i>Select one</i> )	DESCRIPTION	COMMENT
<b>Yes</b>	TB was the immediate cause, an underlying cause, or other significant condition contributing to death.	Written documentation of the cause of death (e.g., death certificate, autopsy report, medical records) is recommended. However, oral information from a reliable source (e.g., a health care provider) will be accepted.
<b>No</b>	TB was not the immediate cause, an underlying cause, or other significant condition contributing to death.	
<b>Unknown</b>	Cause of death is <b>not</b> known.	

## Site of TB Disease

OPTION ( <i>Select all that apply</i> )	DESCRIPTION
<b>Pulmonary, pleural, lymphatic, etc.</b>	Select boxes corresponding to the site(s) of TB disease.
<b>Other: enter anatomic code(s)</b>	If site of TB disease is a <b>site other than those listed</b> , enter the site of disease.

### Comments:

If there is evidence that more than 1 organ or disease site is involved, check all involved sites of disease.

If the report of the initial chest radiograph indicates “miliary TB” or a “miliary or bilateral micronodular pattern,” indicate this finding under **Initial Chest Radiograph**.

**Lymphatic: Intrathoracic** includes hilar, bronchial, mediastinal, peritracheal, and other lymph nodes within the thorax.

## Sputum Smear

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>Positive</b>	The result of <b>any</b> sputum examination was positive for acid-fast bacilli (AFB).
<b>Negative</b>	Results of <b>all</b> examinations were negative.
<b>Not done</b>	Sputum smear examination is known <b>not</b> to have been done.
<b>Unknown</b>	It is <b>not</b> known whether a sputum smear examination was performed.  <b>or</b> Results are <b>not</b> known for a reason other than pending results (e.g., result was lost or specimen was contaminated, and no other specimen can be obtained).

### Comments:

Sputum includes spontaneous and induced sputum. **Do not include** the results of microscopic examination of pulmonary secretions obtained by tracheal suction, bronchoscopy procedures (e.g., bronchial washing or lavage, scrapings, biopsies), or gastric aspiration. See **Smear/Pathology/Cytology of Tissue and Other Body Fluids**.

## Sputum Culture

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>Positive</b>	The result of <b>any</b> (or the only) sputum culture was positive for <i>M. tuberculosis</i> complex.
<b>Negative</b>	Results of <b>all</b> sputum cultures were negative for <i>M. tuberculosis</i> complex.
<b>Not done</b>	Sputum culture is known <b>not</b> to have been done.
<b>Unknown</b>	It is <b>not</b> known whether a sputum culture was performed.  <b>or</b> Results are <b>not</b> known for a reason other than pending results (e.g., result was lost or specimen was contaminated, and no other specimen can be obtained).

### Comments:

Sputum includes spontaneous and induced sputum. **Do not include** the culture results of pulmonary secretions obtained by tracheal suction, bronchoscopy procedures (e.g., bronchial washing or lavage, scrapings, biopsies), or gastric aspiration. See **Culture of Tissue and Other Body Fluids**.

## Smear/Pathology/Cytology of Tissue and Other Body Fluids

**Note:** The term “tissue and other body fluids” **does not include** sputum. Examples of tissue and other body fluids are tracheal aspirate, bronchial cells and fluid, urine, bone marrow, lymph node, cerebral spinal fluid, lung tissue or fluid and pleural fluid that are collected from various procedures (e.g., bronchoscopy, bronchial washing or lavage, biopsy, gastric aspiration, pleural aspiration).

Results from sputum smear examinations and sputum cultures should be entered under **Sputum Smear** and **Sputum Culture**.

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>Positive</b>	<b>Any</b> tissue or fluid <b>other than sputum</b> (see <b>Note</b> above) tested positive by smear examination  <b>or</b> showed granulomas, granulomatous inflammation, or other pathologic or histological findings consistent with TB disease during a pathologic/cytological examination. (Such findings are listed on the pathology or the cytology report.)

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>Negative</b>	All specimens of tissue or fluid tested negative by smear examination  <b>or</b> showed <b>no</b> evidence of granulomas, granulomatous inflammation, or other pathologic or histological findings consistent with TB disease during a pathologic/cytological examination. (Such findings are listed on the pathology or the cytology report.)
<b>Not done</b>	Examinations of tissue or fluids are known <b>not</b> to have been done.
<b>Unknown</b>	It is <b>not</b> known whether tissue or fluids were examined.  <b>or</b> Results are <b>not</b> known for a reason other than pending results (e.g., result was lost or specimen was contaminated, and no other specimen can be obtained).

For **Type of Exam**, select both of the following if applicable.

OPTION ( <i>Select all that apply</i> )	COMMENT
<b>Smear</b>  <b>Pathology/ cytology</b>	Select the type(s) of exam that correspond to the result selected in this field.

## Culture of Tissue and Other Body Fluids

Note: The term “tissue and other body fluids” **does not include** sputum. Examples of tissue and other body fluids are tracheal aspirate, bronchial cells and fluid, urine, bone marrow, lymph node, cerebral spinal fluid, lung tissue or fluid and pleural fluid that are collected from various procedures (e.g., bronchoscopy, bronchial washing or lavage, biopsy, gastric aspiration, pleural aspiration).

Results from sputum smear examinations and sputum cultures should be entered under **Sputum Smear** and **Sputum Culture**.

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>Positive</b>	<b>Any</b> tissue or fluid culture <b>other than sputum</b> (see <b>Note</b> above) was positive for <i>M. tuberculosis</i> complex.
<b>Negative</b>	<b>All</b> tissue or fluid cultures, <b>other than sputum</b> cultures, were negative for <i>M. tuberculosis</i> complex.
<b>Not done</b>	Tissue or body fluid cultures are known <b>not</b> to have been done.

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>Unknown</b>	It is <b>not</b> known whether tissue or fluid cultures were performed.  <b>or</b> Results are <b>not</b> known for a reason other than pending results (e.g., result was lost or specimen was contaminated, and no other specimen can be obtained).

### Nucleic Acid Amplification Test Result

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>Positive</b>	<b>Any</b> NAA test result was positive for <i>M. tuberculosis</i> complex.
<b>Negative</b>	<b>All</b> NAA test results were negative for <i>M. tuberculosis</i> complex.
<b>Not done</b>	NAA test was <b>not</b> performed.
<b>Unknown</b>	It is <b>not</b> known whether an NAA test was performed.  <b>or</b> NAA test results are <b>not</b> known.
<b>Indeterminate</b>	NAA test yielded indeterminate results (e.g., inconclusive, inhibitory).

Select the **Specimen Type** on which NAA testing was done.

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>Sputum</b>	
<b>Other</b>	List site of specimen if not sputum

### Initial Chest Radiograph

Select the result of the **initial** chest radiograph(s) performed during the diagnostic evaluation for TB.

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>Normal</b>	Initial chest radiograph(s) showed no abnormalities consistent with TB <b>and</b> was otherwise normal.
<b>Abnormal</b>	<b>Any</b> initial chest radiograph showed abnormalities (e.g., hilar adenopathy, infiltrate[s], cavity, scarring) associated with TB.
<b>Not done</b>	Initial chest radiograph is known <b>not</b> to have been done.

<b>Unknown</b>	It is <b>not</b> known whether an initial chest radiograph was done.  <b>or</b> Result of initial chest radiograph is <b>not</b> known.
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For **Abnormal** chest, select one option for each type of evidence.

	<b>Option</b>	<b>Description</b>
<b>Evidence of a cavity</b>	Yes	<b>Any</b> initial chest radiograph(s) showed evidence of 1 or more cavities.
	No	
	Unknown	
<b>Evidence of miliary TB</b>	Yes	<b>Any</b> initial chest radiograph(s) showed evidence of miliary disease (e.g., miliary TB or miliary or bilateral micronodular pattern).
	No	
	Unknown	

### Initial Chest CT Scan or Other Chest Imaging Study

Select the result of the **initial** chest CT scan or other chest imaging study performed during the diagnostic evaluation for TB.

<b>OPTION</b> <i>(Select one)</i>	<b>DESCRIPTION</b>
<b>Normal</b>	Initial chest CT scan or other chest imaging study showed no abnormalities consistent with TB <b>and</b> was otherwise normal.
<b>Abnormal</b>	<b>Any</b> initial chest CT scan or other chest imaging study showed abnormality (e.g., hilar adenopathy, infiltrate(s), cavity, scarring) associated with TB.
<b>Not done</b>	Initial chest CT scan or other chest imaging study is known <b>not</b> to have been done.
<b>Unknown</b>	It is <b>not</b> known whether an initial chest CT scan or other chest imaging study was done.  <b>or</b> Result of initial chest CT scan or other chest imaging study is <b>not</b> known.



For **Abnormal** chest CT scan or other chest imaging study results, select one option for each type of evidence.

	Option	Description
<b>Evidence of a cavity</b>	Yes	<b>Any</b> initial chest radiograph(s) showed evidence of 1 or more cavities.
	No	
	Unknown	
<b>Evidence of miliary TB</b>	Yes	<b>Any</b> initial chest radiograph(s) showed evidence of miliary disease (e.g., miliary TB or miliary or bilateral micronodular pattern).
	No	
	Unknown	

### Tuberculin (Mantoux) Skin Test at Diagnosis

**Positive** or **Negative** result of the tuberculin skin test (TST) should be interpreted according to Table 7 of the currently accepted guidelines (<http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf>)

Note: If a TST was not performed during the current diagnostic evaluation because the patient had tested **positive** to a previous TST **and** the previous positive result is documented in the medical record, you may enter the previous positive test result in this field. Patient's self-report of a previous positive result is not acceptable. A previous **negative** TST result (reported by the patient or documented or both) is also not acceptable.

OPTION (Select one)	DESCRIPTION
<b>Positive</b>	Patient is probably infected with <i>M. tuberculosis</i> <b>and</b> meets the criteria for a positive TST result.
<b>Negative</b>	Result of TST did <b>not</b> meet current criteria for a positive test result <b>and</b> was negative.
<b>Not done</b>	TST was <b>not</b> performed.  <b>or</b> Patient reports a positive result of an earlier TST, but it cannot be documented, and now the patient refuses a TST.
<b>Unknown</b>	It is <b>not</b> known whether the TST was performed.  <b>or</b> TST results are <b>not</b> known.

For **Positive** or **Negative** TST results, enter the following information:

	DESCRIPTION	COMMENTS
<b>Date TST placed</b>	Month, day, and year the TST was placed (e.g., 01/17/2005)	If the month or day is unknown, enter 99 as the default value (e.g., 01/99/2005).
<b>Millimeters (mm) of induration</b>	Measurement (in millimeters, mm) of the induration (e.g., 05 mm)	If the millimeters of the induration are not expressed, enter 99 as the default value.

## Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis

Interferon gamma release assays (IGRAs) are blood tests for detecting *M. tuberculosis* infection. This variable applies to an IGRA performed during the diagnostic evaluation.

OPTION (Select one)	DESCRIPTION
<b>Positive</b>	<b>Any</b> IGRA result was interpreted as “ <i>M. tuberculosis</i> infection is likely.”
<b>Negative</b>	<b>All</b> IGRA results were interpreted as “ <i>M. tuberculosis</i> infection is unlikely.”
<b>Not done</b>	IGRA was <b>not</b> performed.
<b>Unknown</b>	It is <b>not</b> known whether IGRA was performed. <b>or</b> IGRA results are <b>not</b> known.
<b>Indeterminate</b>	IGRA results could <b>not</b> be determined to be positive or negative.

For **Positive** or **Negative** results of IGRA, enter the following information.

	DESCRIPTION	COMMENT
<b>Date collected</b>	Month, day, and year the blood sample was <b>collected</b> (e.g., 01/17/2005)	If several sputum cultures were performed and the results of 1 or more were <b>positive</b> for <i>M. tuberculosis</i> complex, enter the date the <b>first</b> sputum culture with a positive result was collected.
<b>Test type (Specify)</b>	Specify the blood test performed (e.g., QFT-Gold)	If more than 1 test was performed, enter the name of the test used for the specimen for which you entered the result.

### Resident of Correctional Facility at Time of Diagnosis

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>No</b>	<b>Not</b> an inmate when the TB diagnostic evaluation was performed
<b>Yes</b>	An inmate of a correctional facility when the TB diagnostic evaluation was performed
<b>Unknown</b>	<b>Not</b> known whether the patient was an inmate when the TB diagnostic evaluation was performed

If you selected **Yes**, indicate the correctional facility where the patient was an inmate.

### Resident of Long-Term Care Facility at Time of Diagnosis

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>No</b>	<b>Not</b> a resident of a long-term care facility when the TB diagnostic evaluation was performed
<b>Yes</b>	Resident of a long-term care facility when the TB diagnostic evaluation was performed
<b>Unknown</b>	<b>Not</b> known whether the patient was a resident of a long-term care facility when the TB diagnostic evaluation was performed

If you selected **Yes**, indicate the type of long-term care facility of which the patient was a resident. If the TB patient was a resident of more than 1 facility during the diagnostic evaluation, select the facility where most of the TB diagnostic evaluation was performed.

OPTION ( <i>Select one</i> )	DESCRIPTION	COMMENT
<b>Nursing home</b>	Freestanding facility, with 3 or more beds, that provides nursing care services (e.g., nursing or medical care and/or supervision of medications that may be self-administered)	Facilities may be certified by Medicare or Medicaid or may be licensed by the state as a nursing home (e.g., skilled nursing facility, intermediate care facility, nursing care unit of a retirement center)
<b>Hospital-based facility</b>	Distinct unit with 3 or more beds that is physically attached to, or managed by, a hospital	Facilities may be certified by Medicare or Medicaid or may be licensed by the state.

<b>OPTION</b> <i>(Select one)</i>	<b>DESCRIPTION</b>	<b>COMMENT</b>
<b>Residential facility</b>	Facility with 3 or more beds (i.e., is classified as a residential facility or congregate residential setting) and meets both of the following criteria: (1) not classified as a nursing home or hospital-based facility, as described above; and (2) provides personal care or supervision (not nursing care services) to its residents, in addition to room and board (e.g., help with bathing, dressing, eating, walking, shopping)	
<b>Mental health residential facility</b>	Facility that provides 24-hour care in a hospital or residential treatment or supportive setting	Excluded are other federal psychiatric facilities, such as those of the Department of Defense, Bureau of Prisons, Public Health Service, Indian Health Service, and Indian reservation facilities that are not federal.
<b>Alcohol or drug treatment facility</b>	Only long-term rehabilitation or residential facilities designated for treatment of 30 days or longer	Excluded are all ambulatory or outpatient facilities, detoxification units, and facilities designated for fewer than 30 days of treatment. The state agency responsible for alcohol and drug treatment can assist in determining whether a facility is considered residential.
<b>Other long-term care facility</b>	A facility <b>not</b> mentioned above that is designated for treatment of 30 days or longer and is not <b>Unknown</b>	

**Examples for Residential Facility:**

- Assisted living facilities
- Homes for mentally retarded or developmentally disabled persons
- Board and care homes (e.g., residential care homes, group homes, homes for the aged, family care homes, adult foster care homes, personal care homes, adult congregate living facilities, residential community care facilities, domiciliary care homes)

**Examples for Mental Health Residential Facility:**

- State and local mental hospitals
- Private psychiatric hospitals
- General hospitals (not federal) with separate psychiatric services
- Department of Veterans Affairs (VA) medical centers
- Residential treatment centers for emotionally disturbed children
- Multiservice mental health organizations with residential treatment programs

**Homeless Within Past Year**

OPTION (Select one)	DESCRIPTION
No	Not homeless during the 12 months before the TB diagnostic evaluation was performed
Yes	Homeless at <b>any time</b> during the 12 months before the TB diagnostic evaluation was performed
Unknown	Not known whether the patient was homeless during the 12 months before the TB diagnostic evaluation was performed

**Comments for definitions of Homeless:**

There are many definitions for *homeless* (National Coalition for the Homeless). A **homeless** person may be:

1. An individual who lacks a fixed, regular, and adequate nighttime residence **and**
2. An individual who has a primary nighttime residence that is
  - a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, including welfare hotels, congregate shelters, and transitional housing for the mentally ill **or**
  - b. An institution that provides a temporary residence for individuals intended to be institutionalized **or**
  - c. A public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings

A **homeless** person may also be a person who has no home (e.g., is not paying rent, does not own a home, and is not steadily living with relatives or friends). Persons in unstable housing situations (e.g., alternately between multiple residences for short stays of uncertain duration) may also be considered homeless.

A **homeless** person may be a person who lacks customary and regular access to a conventional dwelling or residence. Included as homeless are persons who live on streets or in nonresidential buildings. Also included are residents of homeless shelters, shelters for battered women, welfare hotels, and single room occupancy (SRO) hotels. In the rural setting, where there are usually few shelters, a homeless person may live on the street or with relatives in substandard housing. *Homeless* does not refer to a person who is imprisoned or in a correctional facility.

## Non-Injecting Drug Use Within Past Year

OPTION ( <i>Select one</i> )	DESCRIPTION
No	Patient has <b>not</b> used non-injecting drugs within the past 12 months.
Yes	It is known that the patient has used non-injecting drugs within the past 12 months.
Unknown	It is <b>not</b> known whether the patient used non-injecting drugs within the past 12 months.

### Comments:

This information is collected to assess the patient's ability to adhere to anti-TB drug therapy. The intent of this question is not to require a detailed, systematic interview of each patient but to identify the patients whose drug use might interfere with their ability to complete anti-TB drug therapy. The patient's response is sought as an indicator of recent drug use (when the patient most recently used non-injecting drugs). If, during the course of TB treatment, additional information is obtained concerning this variable, please update this item.

A history of enrollment in a drug treatment program (e.g., outpatient, residential, or inpatient treatment; halfway house; prison or jail treatment; Cocaine Anonymous or other self-help program), as well as medical or laboratory documentation of drug use (e.g., urine testing), may be useful in answering this question. Because many patients respond negatively during the interview, it may be necessary to ask the patient about drug use at multiple visits.

**Definition of Non-Injecting Drug Use:** Non-injecting drug use involves the use of licensed or prescription drugs or illegal drugs that were not injected and were not prescribed for the patient by a health care provider. The drugs may be ingested, inhaled, sniffed, or smoked.

### Examples of non-injecting drugs:

- heroin or other opiates (e.g., Demerol, Percocet, codeine, Dilaudid, MS Contin, nonprescription methadone)
- cocaine (e.g., snorted) and crack (e.g., smoked)
- ingested amphetamines (e.g., speed, uppers, bennies)
- Xanax, Ativan, Valium, or other benzodiazepines
- phencyclidine (PCP), ketamine, LSD, or other hallucinogens
- barbiturates
- marijuana (e.g., pot, weed, grass, reefers), hashish
- inhalants (e.g., nitrous oxide [whippets], poppers, rush, huff, gasoline, spray paint, butane)
- steroids

Note: Alcohol is **not** included as a non-injecting drug (see **Excess Alcohol Use within Past Year**).

## Excess Alcohol Use Within Past Year

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>No</b>	Patient has <b>not</b> used alcohol to excess within the past 12 months.
<b>Yes</b>	Patient has used alcohol to excess within the past 12 months.
<b>Unknown</b>	It is <b>not</b> known whether the patient used alcohol to excess within the past 12 months

### Comments:

This information is intended to assess the patient's ability to adhere to anti-TB drug therapy. The patient's response to this question is sought as an indicator of recent excess alcohol use. Because many patients respond negatively during the interview, it may be necessary to ask the patient, at multiple visits, about excess use. If additional information concerning this variable is obtained during TB treatment, please update this item.

Definition of **Excess Alcohol Use**: There is no standard definition. Excess alcohol use can be assessed by various methods. Reliable indicators of excess alcohol use include participation in self-help programs (e.g., Alcoholics Anonymous) or alcohol treatment programs. Another indicator is medical record documentation of excess alcohol use or hospitalization for alcohol-related medical conditions (e.g., delirium tremens [DTs], pancreatitis, cirrhosis). The National Household Survey on Drug Abuse defines heavy alcohol use as "five or more drinks on the same occasion on each of 5 or more days in the past 30 days." Numerous screening instruments (e.g., CAGE, AUDIT, MAST) can be helpful in identifying persons who may use alcohol to excess.

## Injecting Drug Use Within Past Year

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>No</b>	Patient has <b>not</b> injected drugs within the past 12 months.
<b>Yes</b>	Patient is known to have injected drugs within the past 12 months.
<b>Unknown</b>	It is <b>not</b> known whether the patient injected drugs within the past 12 months.

### Comments:

This information is collected to assess the patient's ability to adhere to anti-TB drug therapy. The intent is not to require a detailed, systematic interview of each patient but to identify the patients whose drug use might interfere with their ability to complete anti-TB drug therapy. The patient's response to this question is sought as an indicator of recent drug use (when the patient most recently injected drugs). If, during the course of TB

treatment, additional information is obtained concerning this variable, please update this item.

Medical documentation or other indications of enrollment in a drug treatment program (e.g., methadone detoxification; methadone maintenance; outpatient, residential, or inpatient treatment, halfway house; prison or jail treatment; Narcotics Anonymous, Cocaine Anonymous, or other self-help program), medical or laboratory documentation of injection drug use (e.g., urine testing), or physical evidence (e.g., needle tracks) may be useful in answering this question. Because many patients respond negatively during the interview, it may be necessary to ask the patient about drug use at multiple visits.

Definition of **Injecting Drug Use**: Injecting drug use involves the use of hypodermic needles and syringes for the injection of drugs not prescribed by a health care provider. Route of administration may be intravenous, subcutaneous (e.g., skin popping), or intramuscular.

**Examples** of commonly injected drugs:

- heroin and other opiates (e.g., Demerol, Dilaudid, morphine, opium)
- cocaine (e.g., speedball)
- methamphetamines
- amphetamines
- other stimulants (e.g., Ritalin)
- phencyclidine (PCP, also known as angel dust)
- lysergic acid diethylamide (LSD)
- other hallucinogens
- barbiturates
- steroids
- other hormones
- Fentanyl

## Primary Occupation Within the Past Year

Select one option that best describes the patient's occupation within the 12 months before the diagnostic TB evaluation. If the patient held more than 1 occupation during that period, select the longest-held occupation or the occupation to which the patient devoted more time (i.e., the patient's **primary** occupation). For example, if the patient was a full-time health care worker and a student (e.g., taking night classes), the patient's primary occupation would be **Health Care Worker**.

OPTION ( <i>Select one</i> )	DESCRIPTION
<b>Health care worker</b>	Paid or unpaid person working in a health care setting, with potential for exposure to <i>M. tuberculosis</i>
<b>Correctional facility employee</b>	Person working in a correctional facility



<b>Migrant/seasonal worker</b>	Person who is required to be absent from a permanent place of residence for the purpose of seeking employment or who may change employment for the purpose of remaining employed while maintaining a permanent place of residence
<b>Other occupation</b>	Person employed for pay or income in any occupation that is not included in the options listed above
<b>Retired</b>	Person who was retired during the 12 months before the TB diagnostic evaluation
<b>Unemployed</b>	Person <b>not</b> employed during the 12 months before the TB diagnostic evaluation
<b>Not eligible for employment</b>	Persons not seeking employment, such as infants, children, students, homemakers, persons receiving permanent disability benefits, or persons who were institutionalized
<b>Unknown</b>	Persons whose employment status is <b>not</b> known

**Examples for Health Care Worker:**

- Physicians
- Nurses
- Aides
- Dental workers
- Technicians
- Staff in laboratories and morgues
- Emergency medical personnel
- Students
- Part-time staff
- Temporary and contract staff
- Persons who deliver health care in the community (e.g., public health nurse, visiting nurse, outreach worker)
- Persons not involved directly in patient care, but potentially at risk for occupational exposure (e.g., volunteers; outreach workers; dietary/nutritional, housekeeping, maintenance, clerical, and janitorial staff)

**Examples for Migrant/Seasonal Worker:**

- Migratory agricultural worker
- Seasonal agricultural worker
- Migrant factory worker
- Migrant construction worker
- Migrant service industry worker
- Migrant sporting worker (e.g., horse racing, dog racing)

**Comment for Unemployed:**

Select **Unemployed** if a person not included in the preceding list was unemployed for most of the past 12 months. Do not select this option for a person who was unemployed for a short time (e.g., 1 week during the past 12 months).

**Additional TB Risk Factors**

Select **all** additional TB risk factors that the TB patient may have. Documentation of additional TB risk factors from the medical records or a reliable source (e.g., health care provider) is preferred. Undocumented (e.g., oral report from the patient or person other than a medical health care provider) reporting is not acceptable.

Note: Other specific TB risk factors (e.g., occupation, HIV infection) are collected through other items of the RVCT.

<b>OPTION</b> <i>(Select all that apply)</i>	<b>DESCRIPTION</b>
<b>Contact of MDR-TB patient</b>	Patient for whom the RVCT form is being completed is a contact of a patient with multidrug-resistant (MDR) TB, regardless of whether the patient with MDR TB was infectious.
<b>Contact of infectious TB patient</b>	Patient for whom the RVCT form is being completed is a contact of an infectious TB patient.
<b>Missed contact</b>	Patient for whom the RVCT form is being completed was found, after being given a diagnosis of TB, to have been a contact of a known TB patient.
<b>Incomplete LTBI treatment</b>	Patient was previously identified as having latent TB infection (LTBI) and did not complete treatment for LTBI.
<b>Tumor necrosis factor-alpha (TNF-<math>\alpha</math>) antagonist therapy</b>	Patient had recently received, or was receiving, TNF- $\alpha$ antagonist therapy at the time of TB diagnosis.
<b>Post-organ transplantation</b>	Patient has received a solid organ transplant (e.g., kidney, heart)
<b>Diabetes mellitus</b>	Patient had been given a diagnosis of diabetes mellitus (Type I or Type II) at the time of TB diagnosis. Diabetes may be controlled by medication or diet (i.e., patient is not required to administer insulin).
<b>End-stage renal disease</b>	Patient had end-stage renal disease or chronic renal failure at the time of TB diagnosis.

<b>OPTION</b> <i>(Select all that apply)</i>	<b>DESCRIPTION</b>
<b>Immunosuppression</b>	Patient had immunosuppression due to either a medical condition or medication, such as hematological or reticuloendothelial malignancies (e.g., leukemia, Hodgkin's lymphoma, carcinoma of the head or neck), or immunosuppressive therapy, such as prolonged use of high-dose adrenocorticosteroids (e.g., prednisone).
<b>Other</b>	Patient had a risk factor <b>not</b> included in the preceding choices (e.g., under nutrition due to intestinal bypass surgery for obesity, gastrectomy, jejunioileal bypass, chronic malabsorption syndromes; silicosis; travel to a TB-endemic country).
<b>None</b>	<b>No</b> TB risk factors could be identified.

**Comments for Contact of MDR-TB Patient:**

MDR TB is defined as resistance to at least isoniazid and rifampin.

If a patient with MDR TB was the only known contact for the patient for whom you are completing the RVCT, select **Contact of MDR-TB Patient** and do **not** select **Contact of Infectious TB Patient**. The association between the TB patients may have been found through investigation (e.g., a formal contact investigation) or identified as an incidental finding.

The contact with the patient with MDR TB must have been recent (i.e., **not** more than 2 years in the past).

This question is asked because clinical management of the TB patient may be affected if the TB patient is a contact of a patient with documented MDR TB.

**Comments for Contact of Infectious TB Patient:**

If this infectious TB patient is known to have had MDR TB and the TB patient for whom the RVCT form is being completed was not a contact of any other infectious TB patient, select only **Contact of MDR-TB Patient** (do **not** select **Contact of Infectious TB Patient**).

The association between the TB patients may have been found through investigation (e.g., a formal contact investigation) or identified as an incidental finding. The contact must have been recent (**not** more than 2 years in the past).

**Comment for Missed Contact:**

The contact must have been recent (**not** more than 2 years in the past). Do **not** select this option for TB patients identified as having TB disease during, or as a result of, a contact investigation: patients identified during, or as the result of, a contact investigation are **not** missed contacts. Here, the intention is to record information about patients in whom TB could have been prevented.

**Comment for Incomplete LTBI Treatment:**

The intention is to record information about patients in whom TB could have been prevented.

**Comment for Tumor Necrosis Factor-alpha (TNF-α) Antagonist Therapy:**

The Food and Drug Administration (FDA) has approved TNF-α antagonist therapy for treatment of rheumatoid arthritis and other selected autoimmune diseases. The FDA has also recently determined that TB disease is a potential adverse reaction to treatment with TNF-α antagonists. The 3 TNF-α antagonists currently approved by the FDA are infliximab (Remicade), etanercept (Enbrel), and adalimumab (Humira).

**Comments for Immunosuppression:**

If the TB patient has diabetes mellitus or end-stage renal disease, check **Diabetes Mellitus** or **End-Stage Renal Disease** or both (do **not** select **Immunosuppression** unless the patient has another immunosuppressive condition).

If the patient is infected with HIV, do **not** select **Immunosuppression**.

**Comments for Other:**

Do **not** include risk factors identified in items:

- being homeless within past year
- residence status at diagnosis
- correctional facility (item 28)
- long-term care facility (item 29)
- primary occupation within past year (item 30)
- drug or excess alcohol use within past year (items 31–33)

On the line labeled *Specify*, write comments regarding "Other" reasons.

**Immigration Status at First Entry to the U.S.**

OPTION	DESCRIPTION
<p><b>Not applicable (U.S.-born)</b></p>	<p>Patient was:</p> <ul style="list-style-type: none"> <li>• Born in 1 of the 50 states</li> <li>• Born abroad to a parent who was a U.S. citizen (e.g., born on a military installation)</li> <li>• Born in 1 of the U.S. Territories, U.S. Island Areas, or U.S. Outlying Areas (American Samoa, Federated States of Micronesia, Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, Republic of Palau)</li> <li>• Born in Guam, Puerto Rico, or the U.S. Virgin Islands (People born in these countries are U.S. citizens.)</li> </ul>

If you did **not** select **Not Applicable (U.S.-born)**, select one option to indicate the patient's immigration status at first entry to the United States.

Note: If the patient had a visa at first entry to the United States, specify the type of visa. Oral information from a reliable source is acceptable.

There are 2 main types of legal immigration status: permanent (immigrants) and nonimmigrant (persons with a visa issued for specific purpose and period).

- Permanent residents (immigrants) are issued an alien resident card (i.e., green card) and should carry this card with them.
- Nonimmigrants with visas (e.g., student, tourist, employment, V visa, K visa) should be aware of their visa type, which is stated in their passport (I-94 arrival document stapled in passport).

Refugees are separate from the 2 main categories above: they should have an arrival document (I-94) showing their status as a refugees and they should carry this card with them.

<b>OPTION</b> <i>(Select one)</i>	<b>DESCRIPTION</b>
<b>Immigrant visa</b>	For foreign-born TB patients who first entered the United States with permanent resident status (immigrants).
<b>Student visa</b>	For foreign-born TB patients who first entered the United States with a student visa. This is a nonimmigrant visa and is obtained by an alien coming to the United States for a specific period to pursue a full course of study in an approved institution.
<b>Employment visa</b>	For foreign-born patients who first entered the United States with a nonimmigrant employment visa (an alien coming to the United States to work for a specific period). There are many categories of nonimmigrant employment visas (category depends upon the type of work).
<b>Tourist visa</b>	For foreign-born TB patients who first entered the United States for a specific period for business or pleasure. This is a nonimmigrant visa.
<b>Family/ fiancé visa</b>	For foreign-born TB patients who first entered the United States with a V visa or a K visa.
<b>Refugee</b>	For foreign-born TB patients who first entered the United States as refugees.
<b>Asylee or parolee</b>	For foreign-born patients who first entered the United States seeking asylum or who are parolees.
<b>Other immigration status</b>	For foreign-born TB patients who first entered the United States with a status that is <b>not</b> Immigrant, Refugee, Asylee, Parolee, Student, Tourist, Employment, with a V visa or a K visa, and whose status is <b>not</b> Unknown. This includes foreign-born persons who were not required to obtain a visa (e.g., foreign-born visitors from specific countries, such as Canada, that are part of the U.S. visa waiver

<b>OPTION</b> <i>(Select one)</i>	<b>DESCRIPTION</b>
	program and thus are not required to obtain visas if visiting the United States for short periods [e.g., <90 days]) or those who entered the United States with noofficial immigration status (e.g., they were “undocumented”).
<b>Unknown</b>	For jurisdictions with directives or policies that forbid asking TB patients their immigration status: foreign-born TB patients who do not know their immigration status at first entry to the United States; those who may have had a visa at entry to the United States, but the type of visa is unknown; and those who refuse to respond.

**Comments for Family/Fiancé Visa:**

- A V visa (in the nonimmigrant category) allows the spouse or child of a U.S. legal permanent resident to live and work in the United States.
- A K visa (in the nonimmigrant category) allows the fiancé of a U.S. citizen to enter the United States for a specific period and specifically for the purpose of marriage.

**Comment for Refugee:**

A refugee is a person who is in a country other than his or her country of nationality and who is unable or unwilling to return to that country because of persecution or a well-founded fear of persecution.

**Comments for Asylee or Parolee:**

An asylee is an alien in the United States who is unable or unwilling to return to his or her country of nationality because of persecution or a well-founded fear of persecution. An asylee must meet the same criteria as those for a refugee; the only difference is the person’s location at the time of application—the potential asylee is in the United States or applying for admission at a port of entry, and the potential refugee is outside the United States.

A parolee is an alien, appearing to be inadmissible to the inspecting officer, allowed to enter the United States for urgent humanitarian reasons or because the alien’s entry is determined to be of significant public benefit.

## Date Therapy Started

	DESCRIPTION	COMMENT
<b>Month, day, and year</b> (e.g., 01/17/2005)	Date the patient began <b>multidrug therapy for TB disease or suspected TB disease</b>	This may be one of several dates, ideally, when the patient first ingested medication if documented in a medical record.  If the month or day is unknown, enter 99 as the default value (e.g., 01/99/2005).

**Date Therapy Started** is the month, day, and year the patient began **multidrug therapy for TB disease or suspected TB disease**. Enter a date according to the following:

- Date patient first ingested medication if documented in a medical record, such as hospital or clinic or directly observed therapy (DOT) record (preferred)

**or (if date patient first ingested medication is not known)**

- Date medication was first dispensed to the patient, as documented by medical or pharmacy record

**or (if neither date is known [date patient first ingested medication or date the medication was first dispensed to the patient])**

- Date medication was first prescribed to the patient by health care provider, as documented by medical record or by prescription given to the patient

**Patient history without medical documentation is not acceptable.**

## Initial Drug Regimen

**Yes** indicates that the drug was **initially** prescribed for treatment of TB disease and was taken for at least 2 weeks. The 2-week requirement should eliminate most of the record updates necessitated by changes in regimen after treatment is begun. If you cannot determine the initial regimen of at least 2 weeks' duration, select **Yes** for the initial drug known to have been prescribed.

Select an option for **each** drug listed.

<b>OPTION</b> ( <i>Select one</i> )	<b>DESCRIPTION</b>
<b>No</b>	Drug is known <b>not</b> to be part of the initial regimen.
<b>Yes</b>	Drug is known to be part of the initial regimen.
<b>Unknown</b>	It is <b>not</b> known whether the drug was part of the initial regimen.

**Comment:**

For combination drugs (e.g., Rifamate, Rifater), select **Yes** for each drug that is a component of the combination drug.

**Example:**

For Rifamate, select **Yes** for isoniazid and **Yes** for rifampin.

Note: For <b>Other</b> , enter only anti-TB drugs that do <b>not</b> include pyridoxine (vitamin B6).
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