



Tuberculosis and Hansen's Disease Unit
Monthly Correctional TB Report Instructions Form 12-11462-I

This form must be filled out each month and submitted to your local or regional health department by the 5th day of the following month.

Purpose of form: To understand the TB screening activities from facilities as required under Texas Administrative Code, Rule § 97.178.

REPORTING FACILITY

Facility Name: Provide the legal name of the correctional facility (as stated on the screening plan) reporting TB screening activities. **Please do not abbreviate.**

Report Month and Year: Provide the month and year when TB screening activities occurred.

Person Completing Form: Provide the name of the person responsible for completing the monthly report and/or the person who can be contacted to clarify information submitted on this report. Include titles such as RN or LVN.

Email Address: Provide the email address of the person completing the form named above.

Phone Number: Provide the person completing the form's phone number. Please include the area code and, if applicable, an extension.

Fax Number: Provide the person completing the form's fax number. Please include the area code.

Local Health Department (LHD)/Public Health Region (PHR): Provide the facility's LHD or PHR that receives the Monthly Correctional TB Report.

Local/Regional Liaison Email Address: Provide the LHD or PHR's correctional liaison's email.

A. SCREENING

1. Number of TB Skin Tests Administered: Provide the total number of inmates, employees and volunteers who received a TB skin test during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. If inmates refuse the TB skin test, please write "(#) inmates refused skin test" in the Comments section of A1.

2. Number of TB Skin Tests Read: Provide the total number of TB skin tests read for inmates, employees, and volunteers during the reporting month. TB skin tests must be read within 48- 72 hours of placement. Please read TB skin tests even if they were not placed at the facility such as inmates who were transferred in. Please do not leave any fields blank, indicate 0 if applicable.

3. Number of IGRA (Interferon Gamma Release Assay) Tests Drawn: Provide the total number of inmates, employees, and volunteers who had an IGRA test drawn during the reporting month. Please do not draw IGRAs as confirmatory testing in the presence of a



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positive TST. Please do not leave any fields blank, indicate 0 if applicable. There are two types of IGRA tests approved by the U.S. Food and Drug Administration. They are QuantiFERON-TB Gold Plus (QFT®-Plus)/TSPOT®.TB.Test.

4. Number of IGRA Test Results Received: Provide the total number of IGRA tests analyzed by a laboratory and for which documented results were received for inmates, employees, and volunteers. Please do not draw IGRAs as confirmatory testing in the presence of a positive TST. Please do not leave any fields blank, indicate 0 if applicable.

5. Number of Prior Positives (written** documented history of (+) tuberculin skin test TST or IGRA):** Provide the total number of people with a **written** documented history of a positive skin test or IGRA result. Please do not leave any fields blank, indicate 0 if applicable. **Self-reported prior positives should not be reported as prior positives on the 12-11462 form.** If documentation of a prior positive is not present or the prior positive is self-reported, then a TST should be placed, and if positive, the information should be captured appropriately on the 12-11461 and 12-11462 forms.

- List the name of the prior positive if they have been identified with TB infection and/or diagnosed with suspected or confirmed TB disease on the 12-11461 form (Report of TB Conditions).

6. Total Number of Chest X-rays Performed: Provide the total number of CXRs performed in the reporting month. Include in your count any individual exhibiting signs and symptoms of TB disease that did not receive a TST or IGRA but received a CXR as well as TST refusals who received a CXR. Include radiology done outside of the facility. Please do not leave any fields blank, indicate 0 if applicable. If a TST refusal received a CXR, please write "(#) inmates refused skin test" in the Comments section of A6.

- List the name of the individual(s) with an abnormal CXR if they have been identified with TB infection and/or diagnosed with suspected or confirmed TB disease on the 12-11461 form (Report of TB Conditions).

NOTE: Individuals with symptoms suggestive of TB should receive a CXR, regardless of an IGRA or TST result. A CXR shall always be done within 72 hours of a positive TB skin test reading. A CXR and sputum smear and culture shall always be done within 72 hours of identification of symptoms of TB.

B. SCREENING RESULTS

1. Number of Immunocompromised/ HIV (+)/ Recent Contact Individuals with an Induration Measured at 5 mm or Greater: Provide total number of skin tests that were positive during the reporting month for immunocompromised/HIV (+)/recent contacts, or individuals with pre-existing conditions (an induration of 5 mm or greater). Please do not leave any fields blank, indicate 0 if applicable. List the name of the positive reactors if they have been identified with TB infection and/or diagnosed with suspected or confirmed TB disease on the 12-11461 form (Report of TB Conditions).

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2. Number of TB Skin Tests with an Induration Measured at 10 mm or Greater: Provide the total number of TB skin tests where the indurations have a millimeter (mm) reading of 10 or above during the reporting month. Indurations measuring 10 mm or greater is considered positive. Individuals who are immunocompromised/HIV (+)/recent contacts, or individuals with pre-existing conditions with an induration of 5mm or more should **not** be included in this count. Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the positive reactors if they have been identified with TB infection and/or diagnosed with suspected or confirmed TB disease on the 12-11461 form (Report of TB Conditions).

3. Number of Positive IGRA Tests Results: For inmates, employees, and volunteers who had an IGRA test drawn and resulted, provide the total number of inmates, employees, and volunteers who had a positive laboratory test result. Please do not count confirmatory test results. Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the positive reactors if they have been identified with TB infection and/or diagnosed with suspected or confirmed TB disease on the 12-11461 form (Report of TB Conditions).

4. Number of Documented Converted TB Skin Test or IGRA Test Results: Provide the total number of inmates, employees, and volunteers that converted from a documented negative baseline IGRA or skin test result to a positive IGRA or skin test result. Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the positive reactor conversion if they have been identified with TB infection and/or diagnosed with suspected or confirmed TB disease on the 12-11461 form (Report of TB Conditions).

Converter: a change from a documented negative TST or IGRA to a positive TST or IGRA during the time of residence, employment, or volunteer service at the facility.

5. Number of Individuals Newly Identified with TB Infection at Facility: Provide the total number of inmates and employees with newly identified TB infection (meets case definition **and** has a physician diagnosis) during the reporting month. Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the individuals with newly identified TB infection on the 12-11461 form (Report of TB Conditions).

TB Infection: TB infection is determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot TB or QuantiFERON - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. Please report skin test results in millimeters. A clinician's diagnosis must always be obtained to determine TB infection.



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6. Number of Individuals Newly Identified with Suspected TB Disease at Facility:

Provide the total number of inmates, employees, and volunteers who were suspected of having TB disease during the reporting month. Clinical suspicion of active TB is based on signs and symptoms and/or abnormalities on chest x-ray AND the clinician intends for the client to be placed in isolation OR placed on 4-drug therapy. If TB is suspected, a complete evaluation must be performed while waiting for final laboratory results. Please do not leave any fields blank, indicate 0 if applicable. Inmates with symptoms of TB or CXR results suggestive of TB should be placed in an isolation room with negative air pressure.

- List the name of the individuals newly identified with suspected of TB disease on the 12-11461 form (Report of TB Conditions) and attach a copy of their TB-400 to the monthly report.

7. Number of Individuals Newly Identified with TB Disease at Facility: Provide the total number of inmates and employees newly identified with active TB disease during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. Active TB disease is diagnosed by medical history, physical evaluation, chest x-ray, and other laboratory tests (i.e., isolation of *M. tuberculosis* complex from a clinical specimen).

- List the name of the individual with TB disease on the 12-11461 form (Report of TB Conditions) and attach a copy of their TB-400 to the monthly report.

C. TREATMENT

1. Number of Inmates Started on Treatment for TB Infection: Provide the total number of inmates who were started on drug therapy for TB infection *while at the facility* during the reporting month. Please do not leave any fields blank, indicate 0 if applicable.

- List the name of individuals started on treatment on the 12-11461 form (Report of TB Conditions) and attach a copy of their TB-400 to the monthly report.

2. Number of Inmates who Completed Treatment for TB Infection: Provide the total number of inmates who completed treatment for TB infection *while at the facility* during the reporting month. Include those that were transferred in on treatment for TB Infection. Please do not leave any fields blank, indicate 0 if applicable.

3. Number of Inmates Started on Treatment for Confirmed/Suspected TB Disease:

Provide the total number of inmates who were given their first dose of treatment for active or suspected TB disease *while at the facility* during the reporting month. Please do not include transfers who have already started treatment. Please do not leave any fields blank, indicate 0 if applicable.

- List the name of individuals started on treatment on the 12-11461 form (Report of TB Conditions) and attach a copy of their TB-400 to the monthly report.

4. Number of Inmates who Completed Treatment for Confirmed TB Disease: Provide the total number of inmates confirmed with active TB disease that completed treatment for TB *while at the facility* during the reporting month. Include those that were transferred in on treatment for TB. Do not leave fields blank, indicate 0 if applicable.



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D. RELEASED TO COMMUNITY

1. Number of Inmates with TB Infection Released to the Community: Provide the total number of inmates with recorded evidence of TB infection that were released to the community. This includes inmates who were sent home and will receive follow up care by the local health department or the Department of State Health Services regional office. **Please notify the local health department or the DSHS regional office of the inmates' release.** Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the individuals with TB infection released to the community during the reporting month on the 12-11461 form (Report of TB Conditions).

2. Number of Inmates with Suspected TB Disease Released to the Community: Provide the total number of inmates suspected of TB disease released to the community. This includes inmates who were sent home and will receive follow up care by the local health department or the Department of State Health Services regional office. **Please notify the local health department or the DSHS regional office of the inmates' release.** Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the inmates suspected of TB disease on the 12-11461 form (Report of TB Conditions) and attach a copy of their TB400 to the monthly report.

3. Number of Inmates with Confirmed TB Disease Released to the Community: Provide the total number of inmates with confirmed TB disease released to the community. This includes inmates who were sent home and will receive follow up care by the local health department or the Department of State Health Services regional office. **Please notify the local health department or the DSHS regional office of the inmates' release.** Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the inmates with confirmed TB disease on the 12-11461 form (Report of TB Conditions) and attach a copy of their TB400 to the monthly report.

E. TRANSFERS

1. Number of Inmates with TB Infection Transferred In: Provide the total number of inmates with TB infection who were transferred into the facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the individuals with TB infection on the 12-11461 form (Report of TB Conditions).

2. Number of Inmates with Suspected TB Disease Transferred In: Provide the total number of inmates with a record of an abnormal CXR indicative of TB, signs and symptoms of TB, sputum collection for TB, initiation of four anti-TB medications transferred into the facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. Inmates with symptoms of TB or CXR results suggestive of TB should be placed in an isolation room with negative air pressure.

- List the name of the individuals suspected of TB disease on the 12-11461 form (Report of TB Conditions) and attach a copy of their TB-400 to the monthly report.

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3. Number of Inmates with Confirmed TB Disease Transferred In: Provide the total number of inmates diagnosed with confirmed active TB disease transferred into the facility during the reporting month. Please do not leave any fields blank, indicate 0 if applicable. Diagnosis should be confirmed by a positive culture for M. Tuberculosis or by a physician.

- List the name of the individuals with confirmed TB disease on the 12-11461 form (Report of TB Conditions) and attach a copy of their TB-400 to the monthly report.

4. Number of Inmates with TB Infection Transferred Out: Provide the total number of inmates with recorded evidence of TB infection who were transferred to another facility during the reporting month. Please notify the local health department or DSHS regional office of the transfer. Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the individuals with TB infection transferred out during the reporting month on the 12-11461 form (Report of TB Conditions).

5. Number of Inmates with Suspected TB Disease Transferred Out: Provide the total number of inmates suspected of TB disease who were transferred to another facility during the reporting month. Please notify the local health department or DSHS regional office of the transfer. Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the individuals suspected of TB disease on the 12-11461 form (Report of TB Conditions) and attach a copy of their TB400 to the monthly report.

6. Number of Inmates with Confirmed TB Disease Transferred Out: Provide the total number of inmates diagnosed with confirmed TB disease who were transferred to another correctional facility during the reporting month. Please notify the local health department or DSHS regional office of the transfer. Please do not leave any fields blank, indicate 0 if applicable.

- List the name of the individuals with confirmed TB disease on the 12- 11461 form (Report of TB Conditions) and attach a copy of their TB400 to the monthly report.

F. COMMENTS

Include any additional information or possible discrepancies in the comment section. If there is a comment in a previous section that is too large to place in that section's comment cells, please place the comment in this section.



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DEFINITIONS

Converter: a change from a documented negative TST or IGRA to a positive TST or IGRA during the time of residence, employment, or volunteer service at the facility.

Positive reactor: An individual with a positive IGRA or TST with induration of 10 mm or more is considered positive for all people in a correctional facility except the following: HIV-infected people, recent contacts to TB disease, people with fibrotic changes on CXR consistent with prior tuberculosis, organ transplant recipients, and other immunosuppressed people (those on TNF alpha inhibitors, or people taking a prolonged course of oral or intravenous corticosteroids such as prednisone). For these inmates, an induration of 5 mm or more is considered positive.

Suspected TB: Clinical suspicion of active TB is based on signs and symptoms and/or abnormalities on chest x-ray AND the clinician intends for the client to be placed in isolation OR placed on 4-drug therapy. If TB is suspected, a complete evaluation must be performed while waiting for final laboratory results.

TB Disease: Active TB disease is diagnosed by medical history, physical evaluation, chest x-ray, and other laboratory tests (i.e., isolation of *M. tuberculosis* complex from a clinical specimen).

TB Infection: TB infection is determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot TB or QuantiFERON - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. A clinician's diagnosis must always be obtained to determine TB infection.