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| **Tuberculosis Case****Investigation Form**Public Health Unit: …………………………… | Notification ID:Family name: Given names:Date of birth: d d **/** m m **/** y y y ySex: ☐ M ☐ F |
| **Patient Details** | **Patient Details (continued)** |
| **Indigenous Status:**☐ Aboriginal but not Torres Strait Islander origin☐ Torres Strait Islander but not Aboriginal origin☐ Both Aboriginal and Torres Strait Islander origin☐ Neither Aboriginal nor Torres Strait Islander origin☐ Not stated/inadequately described**Country of birth:** ☐ Australia ☐ Other *(specify)*:Date of first arrival: d d **/** m m **/** y y y y*(if not Australian born)***Residency status:**☐ Permanent resident ☐ Australian born☐ Refugee / Humanitarian ☐ Unauthorised person☐ Overseas Visitor ☐ Illegal Foreign Fisher☐ Overseas Student ☐ Treaty visitation rights☐ Other *(specify)*: ☐ Unknown**Health undertaking:***(Was the person on a TB (Health) undertaking at the time of**diagnosis?)*☐ Yes☐ No☐ Australian born☐ Unknown**TB selected risk factors:**1. Household member of close contact with TB☐ Yes ☐ No ☐ Not assessed2. Ever resided in a correctional facility☐ Yes ☐ No ☐ Not assessed3. Ever resided in an aged care facility☐ Yes ☐ No ☐ Not assessed4. Ever employed in an institution (correctionalfacility, aged care facility, homeless shelter)☐ Yes ☐ No ☐ Not assessed5. Ever employed in the Australian health industry(including health laboratories)☐ Yes ☐ No ☐ Not assessed6. Ever employed in health industry overseas(including health laboratories)☐ Yes ☐ No ☐ Not assessed | 7. Currently working or worked in last 12 months inthe Australian health industry (including health laboratories)☐ Yes ☐ No ☐ Not assessed8. Currently working or worked in last 12 months inthe health industry overseas (including health laboratories)☐ Yes ☐ No ☐ Not assessed9. Ever homeless☐ Yes ☐ No ☐ Not assessed10. Past travel to or residence (3 months or more) in ahigh-risk country as defined by DIAC☐ Yes ☐ No ☐ Not assessed11. Chest X-ray suggestive of old untreated TB☐ Yes ☐ No ☐ Not assessed12. Currently receiving immunosuppressive therapy☐ Yes ☐ No ☐ Not assessed13. Australian-born child (aged less than 15 years) withone or more parents born in a high-risk country☐ Yes ☐ No ☐ Not assessed14. None of the above risk factors ☐15. Other (*specify)* |  |
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| **Medical Presentation** |
| **What factors led to the diagnosis of TB?**☐ Seen by a Local Medical Officer *(or specialist)*because of TB related symptoms☐ The diagnosis resulted from an active TB screening*(specify the reason for screening)*☐ The diagnosis was incidental to an investigation for non-TB pathology**First health contact:***(Has the case presented to a health care provider for**assessment of symptoms consistent with TB or for asymptomatic screening)*☐ Yes *(if yes, specify date)* ☐ Nod d **/** m m **/** y y y y**Case Classification:**☐ New Case ☐ Unknown☐ Relapse following full treatment only in Australia☐ TB following partial treatment only in Australia☐ Relapse following full or partial treatment overseas |

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| Notification ID: | Family name: | Given names: |
| **Medical Presentation (continued)** | **Laboratory (continued)** |
| **Pulmonary TB site:**☐Pulmonary only☐Pulmonary plus other sites*(specify extra pulmonary site(s) below)*☐Extra pulmonary only*(specify extra pulmonary site(s) below)***Extra pulmonary site(s) of disease:**☐ Pleural ☐ Lymph node☐ Bone/joint ☐ Genito/urinary☐ Disseminated *(2 or more non-contiguous sites or military or positive blood culture)*☐ Meningeal ☐ Peritoneal *(including all GI sites)*☐ Other *(specify)*☐ No extra pulmonary sites**HIV status:**☐ HIV positive ☐ HIV tested, results unknown☐ HIV negative ☐ Not tested☐ Refused testing ☐ HIV testing history unknown | 10. Skin☐ Positive ☐ Negative ☐ Not tested11. Pus☐ Positive ☐ Negative ☐ Not tested12. Not tested ☐13. Other (*specify)***Other specimens isolated by culture:**1. Bronchoscopy either washings or aspirate☐ Positive ☐ Negative ☐ Not tested2. Lymph node☐ Positive ☐ Negative ☐ Not tested3. Pleural fluid☐ Positive ☐ Negative ☐ Not tested4. Pleural fluid☐ Positive ☐ Negative ☐ Not tested5. Gastric aspirate☐ Positive ☐ Negative ☐ Not tested6. Bone/joint fluid☐ Positive ☐ Negative ☐ Not tested7. Peritoneal☐ Positive ☐ Negative ☐ Not tested8. CSF☐ Positive ☐ Negative ☐ Not tested9. Genitourinary☐ Positive ☐ Negative ☐ Not tested10. Skin☐ Positive ☐ Negative ☐ Not tested11. Pus☐ Positive ☐ Negative ☐ Not tested12. Other (*specify)* |
| **Laboratory** |
| **Sputum:**Sputum collected: ☐ Yes *(if yes, date collected)* ☐ Nod d **/** m m **/** y y y yMicroscopy result:☐ Positive ☐ Negative☐ Not Tested ☐ UnknownCulture result:☐ Positive ☐ Negative☐ Not Tested ☐ Unknown**Other specimens detected by microscopy:**1. Bronchoscopy either washings or aspirate☐ Positive ☐ Negative ☐ Not tested2. Lymph node☐ Positive ☐ Negative ☐ Not tested3. Pleural fluid☐ Positive ☐ Negative ☐ Not tested4. Pleural biopsy☐ Positive ☐ Negative ☐ Not tested5. Gastric aspirate☐ Positive ☐ Negative ☐ Not tested6. Bone/joint fluid☐ Positive ☐ Negative ☐ Not tested7. Peritoneal☐ Positive ☐ Negative ☐ Not tested8. CSF☐ Positive ☐ Negative ☐ Not tested9. Genitourinary☐ Positive ☐ Negative ☐ Not tested |
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| **Histology:**☐ Positive ☐ Negative☐ Not Tested ☐ Unknown**Nucleic acid testing:**☐ Positive ☐ Negative☐ Not Tested ☐ Not interpretable☐ Unknown |

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| Drugs used | First course | Second course (if applicable) |
| Doses | Startdate | Ceasedate | Daily\* | Thriceweekly\*\* | Doses | Startdate | Ceasedate | Daily\* | Thriceweekly\*\* |
| O | U | O | U |
| Isoniazid (H) |  |  |  |  |  |  |  |  |  |  |  |  |
| Rifampicin (R) |  |  |  |  |  |  |  |  |  |  |  |  |
| Ethambutol (E) |  |  |  |  |  |  |  |  |  |  |  |  |
| Pyrazinamide (Z) |  |  |  |  |  |  |  |  |  |  |  |  |
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| Notification ID: | Family name: | Given names: |
| **Laboratory (continued)** |
| **Susceptibilities:**1. Isoniazid☐ Susceptible ☐ Resistant ☐ Not tested2. Rifampicin☐ Susceptible ☐ Resistant ☐ Not tested3. Pyrazinamide☐ Susceptible ☐ Resistant ☐ Not tested4. Ethambutol☐ Susceptible ☐ Resistant ☐ Not tested5. Steptomycin☐ Susceptible ☐ Resistant ☐ Not tested6. Fluroquinolones (Ciprofloxacin, Ofloxacin,Moxifloxacin, Levofloxacin)☐ Susceptible ☐ Resistant ☐ Not tested7. Ethionamide/Prothionamide☐ Susceptible ☐ Resistant ☐ Not tested | **Susceptibilities (continued):**8. Kanamycin☐ Susceptible ☐ Resistant ☐ Not tested9. Capreomycin☐ Susceptible ☐ Resistant ☐ Not tested10. Rifabutin☐ Susceptible ☐ Resistant ☐ Not tested11. Clofazimine☐ Susceptible ☐ Resistant ☐ Not tested12. Cycloserine☐ Susceptible ☐ Resistant ☐ Not tested13. PAS☐ Susceptible ☐ Resistant ☐ Not tested14. Linezolid☐ Susceptible ☐ Resistant ☐ Not tested15. Amikacin☐ Susceptible ☐ Resistant ☐ Not tested |
| **Treatment** |
| **Date Treatment commenced:** d d **/** m m **/** y y y y ☐ Not treated\*Daily O = Observed (supervised treatment; Daily U = Unsupervised treatment \*\*Intermittent treatment must be supervised**Treatment outcome:**☐ Cured ☐ Completed treatment☐ Interrupted treatment ☐ Died of TB☐ Died of other cause ☐ Defaulter☐ Treatment failure ☐ Transferred out of the country☐ Still under treatment ☐ Not followed up, outcome unknown |
| **Details of Medical Practitioner/ Specialist****managing this condition** | **Notifying Medical Practitioner****(if different from left)** |
| Doctor’s name: Phone number:Address:Doctor’s signature: Date: | Doctor’s name: Phone number:Address:Doctor’s signature: Date: |