



**Tuberculosis and Hansen’s Disease Unit
Monthly Correctional TB Report Form 12-11462**

PLEASE PRINT. Please complete and submit all screening activities for the reporting month. The report is due no later than the 5th day of the following month. This report should be submitted on a monthly basis to your local health department (LHD) or Texas Department of State Health Services (DSHS) public health region (PHR). Please contact your LHD or PHR if assistance is needed in completing this report.

Purpose: Correctional facilities must report individuals with suspected or confirmed tuberculosis (TB) disease, close contacts, and TB infections to the appropriate PHR or LHD, as required under Texas Administrative Code, Rule § 97.178.

REPORTING FACILITY				
Facility Name:	Report Month and Year:			
Person Completing Form:	Email Address:			
Phone Number:	Fax Number:			
Local Health Department (LHD) / Public Health Region (PHR):	Local/Regional Liaison Email Address:			
A. SCREENING				
	Inmates	Employees	Volunteers	Comments
1. Number of TB Skin Tests Administered (add # of refusals in comments):				
2. Number of TB Skin Tests Read:				
3. Number of IGRA (interferon gamma release assay) Tests Drawn:				
4. Number of IGRA Test Results Received:				
5. Number of Prior Positives (Written documented history of (+) tuberculin skin test (TST) or IGRA):				
6. Total Number of Chest X-rays Performed (add # of refusals in comments):				
B. SCREENING RESULTS				
	Inmates	Employees	Volunteers	Comments
1. Number of Immunocompromised/ HIV (+)/ Recent Contact Individuals with an Induration Measured at 5 mm or Greater:				
2. Number of TB Skin Tests with an Induration Measured at 10 mm or Greater:				
3. Number of Positive IGRA Test Results:				
4. Number of Documented Converted TB Skin Test or IGRA Test Results:				
5. Number of Individuals Newly Identified with TB Infection at Facility:				
6. Number of Individuals Newly Identified with Suspected TB Disease at Facility:				
7. Number of Individuals Newly Identified with TB Disease at Facility:				
C. TREATMENT				
	Inmates	Comments		
1. Number of Inmates Started on Treatment for TB Infection:				
2. Number of Inmates who Completed Treatment for TB Infection:				
3. Number of Inmates Started on Treatment for Confirmed/Suspected TB Disease:				
4. Number of Inmates who Completed Treatment for Confirmed TB Disease:				



D. RELEASED TO COMMUNITY		
	Inmates	Comments
1. Number of Inmates with TB Infection Released to the Community:		
2. Number of Inmates with Suspected TB Disease Released to the Community:		
3. Number of Inmates with Confirmed TB Disease Released to the Community:		
E. TRANSFERS		
	Inmates	Comments
1. Number of Inmates with TB Infection Transferred In:		
2. Number of Inmates with Suspected TB Disease Transferred In:		
3. Number of Inmates with Confirmed TB Disease Transferred In:		
4. Number of Inmates with TB Infection Transferred Out:		
5. Number of Inmates with Suspected TB Disease Transferred Out:		
6. Number of Inmates with Confirmed TB Disease Transferred Out:		
F. COMMENTS		

- Reminders:
- Refer released inmates with TB infection, suspected, and confirmed disease to your PHR or LHD.
 - Submit **TB-400 A & B** for inmates with suspected or confirmed TB disease. Submit **TB-400 A** for inmates with TB infection that started medication to your PHR or LHD.
 - Include the Report of TB Conditions when submitting the Monthly Correctional TB Report to your PHR or LHD. If there are no TB infections, suspected, and confirmed disease to report, please write “NONE”.
 - **Self-reported prior positives need to have a TST placed if documentation is not present**
 - TB infection should be reported within **one** week to your LHD or PHR and suspected or confirmed TB disease should be reported within one working day to your LHD or PHR.
 - **Failure to report a notifiable condition is a class B misdemeanor under Texas Health and Safety Code, §81.049.**