Texas Department of State Health Services

Tuberculosis (TB) Corrections Incident Report

Complete this form to report media sensitive exposures or exposures with > 50 contacts in a correctional facility. Please attach the form to the NEDSS investigation and send email notification to TBEpi@dshs.texas.gov within 48 hours of incident. Fields may be left blank if information is pending.

A. Incident Report Information	
Submission Date:	Local Contact Person:
City of Incident:	Title:
County of Incident:	Phone Number:
Public Health Jurisdiction:	Email:
Location of Concerning Exposure:	

B. Suspected or Confirmed Case Information			
Patient Name:		**TST Performed?** □ Yes □ No □ Unknown	
DOB:	**NEDSS Investigation ID:**	TST Date Placed:	TST Date Read:
Gender: □ Male □ Female □ Other:		Results (mm):	□ Positive □ Negative
Country of Birth:		**IGRA Result**: □ Positive □ Negative □ Pending □ Indeterminate/Borderline □ Not Performed	
If not U.S., Arrival Date:			
Symptom Onset Date:		IGRA Test Date:	
TB Symptoms: □ Cough □ Chills □ Hemoptysis □ Fever □ Fatigue □ Loss of appetite □ Night Sweats □ Weight Loss □ Other, please specify:		IGRA Test Type: □ T-SPOT □ QFT □ Unknown	
		AFB Specimen Site:	
		Collection Date:	
Symptom End Date:		Specimen sent to DSHS? □ Yes □ No □ Unknown	
Hospitalized? □ No □ Yes, Dates: _______ to _______		**AFB Sputum Smear Result**: □ Positive □ Negative □ Pending □ Not Performed	
Name of Hospital:			
Incarceration Date:		**Sputum Smear Conversion Date:**	
TB Status at Intake: □ Previous Positive □ TB Disease □ Previous TB Case □ LTBI □ Negative □ Unknown		**NAAT Result**: □ Positive □ Negative □ Pending □ Not Performed	
Infectious? □ No □ Yes, Dates: ________ to ________		**AFB Culture Result**: □ Positive □ Negative □ Pending □ Not Performed	
Isolated? □ No □ Yes, Dates: ________ to ________			
If yes, isolation room type:		**Chest Imaging Performed?** □ Yes □ No □ Unknown	
Correctional Release Date:		Chest Imaging Type:	
Started on Treatment? □ Yes □ No □ Unknown		Date:	Results: □ Normal □ Abnormal
Start Date:	End Date:	Cavitary? □ Yes □ No	Miliary? □ Yes □ No
Started on RIPE? □ Yes □ No □ Unknown		**Case Died?** □ No □ Yes, Date:	
If not RIPE, specify regimen:		Was TB diagnosed at death? □ Yes □ No □ Unknown	
		Was TB cause of death? □ Yes □ No □ Unknown	
Comments:			

C. Exposure Location Information			
Site Name:		**Site Location**:	
Exposure Dates: _________ to ___________	**Site Visit Performed**: □ Yes □ No		**Site Visit Date**:
Correctional Facility Type: ☐ Local ☐ State ☐ Federal ☐ Juvenile ☐ Other, specify:			
Institution Leading Contact Investigation ☐ Local/Regional Health Department ☐ Correctional Institution			
Housing History During Infectious Period (Select all that apply): ☐ Dormitory ☐ Open Bay ☐ Shared Cell < 4 people ☐ Shared cell > 4 people ☐ Other, specify:			
Work Assignments:			
Total # Contacts:	#High Priority:	#Medium Priority:	#Low Priority:
Please describe site environment(s) (i.e. large vs. small room, ventilation details, etc.)			
Site Name:		**Site Location**:	
Exposure Dates: _________ to ___________	**Site Visit Performed**: □ Yes □ No		**Site Visit Date**:
Correctional Facility Type: ☐ Local ☐ State ☐ Federal ☐ Juvenile ☐ Other, specify:			
Institution Leading Contact Investigation ☐ Local/Regional Health Department ☐ Correctional Institution			
Housing History During Infectious Period (Select all that apply): ☐ Dormitory ☐ Open Bay ☐ Shared Cell < 4 people ☐ Shared cell > 4 people ☐ Other, specify:			
Work Assignments:			
Total # Contacts:	#High Priority:	#Medium Priority:	#Low Priority:
Please describe site environment(s) (i.e. large vs. small room, ventilation details, etc.)			
Investigation Activities			
Provide a timeline for all screening activities (completed and anticipated). Include specific dates where possible.			
Media Involvement			
Has the media become involved with this incident? □ Yes □ No □ Possible			
If yes, provide the name of media source and media contact person (if available) or all media involved:			