A7150 Massachusetts Department of Public Health Bureau of Infectious Disease Rev. 1/2013 Office of Integrated Surveillance and Informatics Services 305 South Street, Room 563, Jamaica Plain, MA 02130 Phone: 617-983-6801 Confidential Fax: 617-983-6220]
Latent Tuberculosis Infection (LTBI) Reporting Form	ort
Patient: Last, First Phone:	
	\square
Address:	\square
Date of Birth: (mm/dd/yyyy) Sex: Race: American Indian/Alaskan Native Hispanic: Unique Address /	
Country of Birth: Specify: U.S. Other Date of entry into US: (mm/dd/yyyy) /	
Diagnostic Information	
Mantoux test (TST) (mm/dd/yyyy) administered: / Results (mm): Positive Negative	
IGRA: (Quantiferon/T-spot) (mm/dd/yyyy) Positive Indeterminate/Borderline (Quantiferon/T-spot) / / Image: Comparison of the spot of the spo	
Risk & Treatment Information	
Risk Factors: (check all that apply) Source Close Contact to a person with active TB disease within the past 2 years Name: Child 4 years of age or under Name: Visit outside the US >1 month within past 5 years excluding (Australia and Western Europe) Medical Risks Include: Medical risks for progressing to active TB disease: Immunosuppression Health care worker Diabetes Mycobacteria laboratory worker Medical risk congregate setting	
Evaluation/ Treatment Refer for evaluation (where):	
(check one) Treat (On-Site) Specify Other:	
Reporting Provider: (Last Name, First Name) Date Completed: (mm/dd/yyyy)	
Make solid marks that fit in the response boxes. Please use black or blue ink. AB Wrong way -> A A A A A A A A A A A A A A A A A A	

Latent TB Infection Reporting Form Instructions

Fill out the form clearly in blue or black ink. Make solid marks that fit inside the response boxes.

- 1. Complete the patient's last name, first name, phone number, address, and zip code of residence
- 2. Complete the patient's date of birth, gender, race, and ethnicity (self-report)
- 3. Check the appropriate Unique Address Condition box if the patient is incarcerated or homeless
- 4. Complete the patient's country of birth and, if not the US, the date of entry into the US

Diagnostic Information

- 5. Record date on appropriate line: TST administered or lab test (IGRA)
- 6. Record interpretation of results
 - a. TST Classification
 - \geq 5 mm considered positive for:
 - Human immunodeficiency virus (HIV)-positive persons
 - Recent contacts¹ of TB case patients
 - Fibrotic changes on chest radiograph consistent with prior TB
 - Patients with organ transplants and other immunosuppressed patients (receiving the equivalent of > 15 mg/d of prednisone for 1 month or more)

≥10 mm considered positive for:

- Recent immigrant (i.e. within the past 5 years) from high prevalence countries
- Injecting drug users
- Residents and employees² of the following high-risk congregate settings: prisons and jails, nursing homes and other long term care facilities for the elderly, hospitals and other health-care facilities, residential facilities for patients with HIV/AIDS and homeless shelters
- Mycobacteria laboratory personnel
- Persons with the following clinical conditions that place them at high risk: silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders (e.g. leukemias and lymphomas) other specific malignancies (e.g., carcinoma of the head, or neck and lungs), weight loss of > 10% of ideal body weight, gastrectomy, jejunoileal bypass
- Children < than 4 years of age or infants, children and adolescents exposed to adults at high-risk
- \geq 15 mm considered positive for:
- Persons with no risk factors for TB
- b. IGRA interpretation included with laboratory test result

Risk & Treatment information

- 7. Indicate known risk factors
- 8. Check the 'medical risks' box if listed or additional medical risks are known: chronic renal failure on hemodialysis; gastrectomy with attendant weight loss and malabsorption; jejunoileal bypass, renal and cardiac transplantation; TNF-blocking agents, injecting drug use
- 9. Record plan for evaluation and treatment
- 10. Complete the provider name, date, facility and phone number
- ¹Contacts are individuals who have shared air for a prolonged period of time with someone who has infectious TB disease (from hours to months depending on the circumstances).
- ² For persons who are otherwise at low risk and are tested at the start of employment, a reaction of \geq 15 mm induration is considered positive.

Reference: ATS, CDC. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. *American Journal of Respiratory Critical Care Medicine*. 2000;161:S221-S247. Adaptation available at http://www.cdc.gov/mmwr/PDF/rr/rr4906.pdf