**Tuberculosis Case Investigation Form**

Public Health Unit: .................................

<table>
<thead>
<tr>
<th>Patient Details</th>
<th>Patient Details (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Indigenous Status:</strong></td>
<td></td>
</tr>
<tr>
<td>☐ Aboriginal but not Torres Strait Islander origin</td>
<td>7. Currently working or worked in last 12 months in the Australian health industry (including health laboratories)</td>
</tr>
<tr>
<td>☐ Torres Strait Islander but not Aboriginal origin</td>
<td>☐ Yes ☐ No ☐ Not assessed</td>
</tr>
<tr>
<td>☐ Both Aboriginal and Torres Strait Islander origin</td>
<td>8. Currently working or worked in last 12 months in the health industry overseas (including health laboratories)</td>
</tr>
<tr>
<td>☐ Neither Aboriginal nor Torres Strait Islander origin</td>
<td>☐ Yes ☐ No ☐ Not assessed</td>
</tr>
<tr>
<td>☐ Not stated/inadequately described</td>
<td>9. Ever homeless</td>
</tr>
<tr>
<td></td>
<td>☐ Yes ☐ No ☐ Not assessed</td>
</tr>
<tr>
<td><strong>Country of birth:</strong></td>
<td>10. Past travel to or residence (3 months or more) in a high-risk country as defined by DIAC</td>
</tr>
<tr>
<td>☐ Australia ☐ Other (specify):</td>
<td>☐ Yes ☐ No ☐ Not assessed</td>
</tr>
<tr>
<td></td>
<td>11. Chest X-ray suggestive of old untreated TB</td>
</tr>
<tr>
<td>Date of first arrival:</td>
<td>☐ Yes ☐ No ☐ Not assessed</td>
</tr>
<tr>
<td>(if not Australian born)</td>
<td>12. Currently receiving immunosuppressive therapy</td>
</tr>
<tr>
<td></td>
<td>☐ Yes ☐ No ☐ Not assessed</td>
</tr>
<tr>
<td><strong>Residency status:</strong></td>
<td>13. Australian-born child (aged less than 15 years) with one or more parents born in a high-risk country</td>
</tr>
<tr>
<td>☐ Permanent resident ☐ Australian born</td>
<td>☐ Yes ☐ No ☐ Not assessed</td>
</tr>
<tr>
<td>☐ Refugee / Humanitarian ☐ Unauthorised person</td>
<td>14. None of the above risk factors ☐</td>
</tr>
<tr>
<td>☐ Overseas Visitor ☐ Illegal Foreign Fisher</td>
<td>15. Other (specify)</td>
</tr>
<tr>
<td>☐ Overseas Student ☐ Treaty visitation rights</td>
<td></td>
</tr>
<tr>
<td>☐ Other (specify): ☐ Unknown</td>
<td></td>
</tr>
<tr>
<td><strong>Health undertaking:</strong></td>
<td></td>
</tr>
<tr>
<td><em>(Was the person on a TB (Health) undertaking at the time of diagnosis?)</em></td>
<td></td>
</tr>
<tr>
<td>☐ Yes</td>
<td></td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>☐ Australian born</td>
<td></td>
</tr>
<tr>
<td>☐ Unknown</td>
<td></td>
</tr>
<tr>
<td><strong>TB selected risk factors:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Household member of close contact with TB</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Not assessed</td>
<td></td>
</tr>
<tr>
<td>2. Ever resided in a correctional facility</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Not assessed</td>
<td></td>
</tr>
<tr>
<td>3. Ever resided in an aged care facility</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Not assessed</td>
<td></td>
</tr>
<tr>
<td>4. Ever employed in an institution (correctional facility, aged care facility, homeless shelter)</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Not assessed</td>
<td></td>
</tr>
<tr>
<td>5. Ever employed in the Australian health industry (including health laboratories)</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Not assessed</td>
<td></td>
</tr>
<tr>
<td>6. Ever employed in health industry overseas (including health laboratories)</td>
<td></td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Not assessed</td>
<td></td>
</tr>
</tbody>
</table>

**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) ☐ No

**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
**Medical Presentation (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

**Laboratory**

**Sputum:**
- Sputum collected: Yes (if yes, date collected) No
  
  | d | d | / | m | m | y | y | y | y |

**Microscopy result:**
- Positive
- Negative
- Not Tested
- Unknown

**Culture result:**
- Positive
- Negative
- Not Tested
- Unknown

**Other specimens detected by microscopy:**
1. Bronchoscopy either washings or aspirate
2. Lymph node
3. Pleural fluid
4. Pleural biopsy
5. Gastric aspirate
6. Bone/joint fluid
7. Peritoneal
8. CSF
9. Genitourinary

**Other specimens isolated by culture:**

1. Bronchoscopy either washings or aspirate
2. Lymph node
3. Pleural fluid
4. Pleural fluid
5. Gastric aspirate
6. Bone/joint fluid
7. Peritoneal
8. CSF
9. Genitourinary
10. Skin

**Histology:**
- Positive
- Negative
- Not Tested
- Unknown

**Nucleic acid testing:**
- Positive
- Negative
- Not Tested
- Not interpretable
- Unknown
Susceptibilities:
1. Isoniazid
   - Susceptible
   - Resistant
   - Not tested
2. Rifampicin
   - Susceptible
   - Resistant
   - Not tested
3. Pyrazinamide
   - Susceptible
   - Resistant
   - Not tested
4. Ethambutol
   - Susceptible
   - Resistant
   - Not tested
5. Streptomycin
   - Susceptible
   - Resistant
   - Not tested
6. Fluroquinolones (Ciprofloxacin, Ofloxacin, Moxifloxacin, Levofloxacin)
   - Susceptible
   - Resistant
   - Not tested
7. Ethionamide/Prothionamide
   - Susceptible
   - Resistant
   - Not tested

Susceptibilities (continued):
8. Kanamycin
   - Susceptible
   - Resistant
   - Not tested
9. Capreomycin
   - Susceptible
   - Resistant
   - Not tested
10. Rifabutin
    - Susceptible
    - Resistant
    - Not tested
11. Clofazimine
    - Susceptible
    - Resistant
    - Not tested
12. Cycloserine
    - Susceptible
    - Resistant
    - Not tested
13. PAS
    - Susceptible
    - Resistant
    - Not tested
14. Linezolid
    - Susceptible
    - Resistant
    - Not tested
15. Amikacin
    - Susceptible
    - Resistant
    - Not tested

Date Treatment commenced: \( \text{d d / m m / y y y y} \)

<table>
<thead>
<tr>
<th>Drugs used</th>
<th>First course</th>
<th>Second course (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Doses</td>
<td>Start date</td>
</tr>
<tr>
<td>Isoniazid (H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rifampicin (R)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethambutol (E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pyrazinamide (Z)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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
<table>
<thead>
<tr>
<th>Doctor’s name:</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Doctor’s signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Notifying Medical Practitioner (if different from left)
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