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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 y  Sex: ☐ 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 assessed  2. Ever resided in a correctional facility  ☐ Yes ☐ No ☐ Not assessed  3. Ever resided in an aged care facility  ☐ Yes ☐ No ☐ Not assessed  4. Ever employed in an institution (correctional  facility, aged care facility, homeless shelter)  ☐ Yes ☐ No ☐ Not assessed  5. Ever employed in the Australian health industry  (including health laboratories)  ☐ Yes ☐ No ☐ Not assessed  6. Ever employed in health industry overseas  (including health laboratories)  ☐ Yes ☐ No ☐ Not assessed | 7. Currently working or worked in last 12 months in  the Australian health industry (including health laboratories)  ☐ Yes ☐ No ☐ Not assessed  8. Currently working or worked in last 12 months in  the health industry overseas (including health laboratories)  ☐ Yes ☐ No ☐ Not assessed  9. Ever homeless  ☐ Yes ☐ No ☐ Not assessed  10. Past travel to or residence (3 months or more) in a  high-risk country as defined by DIAC  ☐ Yes ☐ No ☐ Not assessed  11. Chest X-ray suggestive of old untreated TB  ☐ Yes ☐ No ☐ Not assessed  12. Currently receiving immunosuppressive therapy  ☐ Yes ☐ No ☐ Not assessed  13. Australian-born child (aged less than 15 years) with  one or more parents born in a high-risk country  ☐ Yes ☐ No ☐ Not assessed  14. 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)* ☐ No  d 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 tested  11. Pus  ☐ Positive ☐ Negative ☐ Not tested  12. Not tested ☐  13. Other (*specify)*  **Other specimens isolated by culture:**  1. Bronchoscopy either washings or aspirate  ☐ Positive ☐ Negative ☐ Not tested  2. Lymph node  ☐ Positive ☐ Negative ☐ Not tested  3. Pleural fluid  ☐ Positive ☐ Negative ☐ Not tested  4. Pleural fluid  ☐ Positive ☐ Negative ☐ Not tested  5. Gastric aspirate  ☐ Positive ☐ Negative ☐ Not tested  6. Bone/joint fluid  ☐ Positive ☐ Negative ☐ Not tested  7. Peritoneal  ☐ Positive ☐ Negative ☐ Not tested  8. CSF  ☐ Positive ☐ Negative ☐ Not tested  9. Genitourinary  ☐ Positive ☐ Negative ☐ Not tested  10. Skin  ☐ Positive ☐ Negative ☐ Not tested  11. Pus  ☐ Positive ☐ Negative ☐ Not tested  12. Other (*specify)* | |
| **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  ☐ Positive ☐ Negative ☐ Not tested  2. Lymph node  ☐ Positive ☐ Negative ☐ Not tested  3. Pleural fluid  ☐ Positive ☐ Negative ☐ Not tested  4. Pleural biopsy  ☐ Positive ☐ Negative ☐ Not tested  5. Gastric aspirate  ☐ Positive ☐ Negative ☐ Not tested  6. Bone/joint fluid  ☐ Positive ☐ Negative ☐ Not tested  7. Peritoneal  ☐ Positive ☐ Negative ☐ Not tested  8. CSF  ☐ Positive ☐ Negative ☐ Not tested  9. 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 | Start  date | Cease  date | Daily\* | | Thrice  weekly\*\* | Doses | Start  date | Cease  date | Daily\* | | Thrice  weekly\*\* |
| 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 tested  2. Rifampicin  ☐ Susceptible ☐ Resistant ☐ Not tested  3. Pyrazinamide  ☐ Susceptible ☐ Resistant ☐ Not tested  4. Ethambutol  ☐ Susceptible ☐ Resistant ☐ Not tested  5. Steptomycin  ☐ 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 | |
| **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: | |