

Definition of Suspected Tuberculosis

A suspected case of tuberculosis can be defined as any person who, based on clinical or epidemiological evidence, has a reasonable likelihood of having active tuberculosis whether started on antitubercular therapy or not. These persons must be reported to the Department of Public Health within one working day of suspicion. Examples of suspected cases include:

- Any person with clinical or laboratory evidence consistent with active tuberculosis, even if the diagnostic evaluation is incomplete or culture results pending.
- Any person who has been started on anti-tuberculosis therapy for suspicion of active tuberculosis.
- Any person with findings consistent with active tuberculosis, unless other clinical evidence make a diagnosis of tuberculosis unlikely.

How to Report

Complete the [CMR Form \(use only to report Tuberculosis\)](#) and notify the Department of Public Health:

- By Phone: Monday through Friday, 8am - 5pm, call the Chest Clinic at 600-3413.
- Fax Chest Clinic: 600-7602 (Monday - Friday)

CMR Form- Specific to TB

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Only use this form for reporting Tuberculosis.

DISEASE BEING REPORTED → Tuberculosis

Patient Name: Last Name _____ First Name _____ MI _____ Ethnicity (check one)
☐ Reported above ☐ Non-Hispanic/Latino ☐ Unknown
Home Address: Number, Street _____ City _____ State _____ ZIP Code _____
Home Telephone Number _____ Cell Telephone Number _____ Black Telephone Number _____
Email Address _____
Age _____ Sex _____ Race _____
Primary Language _____
Religious Preference _____
Occupation or Exposure (check all that apply) _____
Date of Report _____
Reporting Health Care Provider _____ Reporting Health Care Facility _____
City _____ State _____ ZIP Code _____
Telephone Number _____ Fax Number _____
Submitted by _____ Date Submitted _____
Laboratory Name _____ City _____ State _____ ZIP Code _____

TUBERCULOSIS (TB)

☐ Active Disease
☐ Latent Disease
☐ Suspected
☐ Unknown

For TB, an infection of the lungs or other organs, usually of the lungs.

Interferon Gamma Release Assay (IGRA)
Date Collected _____
Results _____
Specify test name _____
Results _____
Imaging
☐ Chest X-Ray
☐ Chest CT Scan or Other Chest Imaging Study
Date Performed _____
Results _____
Specify test type _____
Results _____
Other results _____

Background/Pathology
Please mark positive or negative or culture if any of initial specimens obtained was positive.
Date Specimen Collected _____
Specimen Collected _____
Specimen for acid fast stain _____
Culture for TB information complete _____
Pathology suggests TB _____
Rapid Drug Resistance Assay
☐ Rifampin
☐ Isoniazid
☐ No Rifampin or Isoniazid resistance detected
Specify test type _____
Results _____
Other results _____

TB TREATMENT INFORMATION
☐ Current Treatment (check all that apply)
☐ Rifampin ☐ Isoniazid ☐ Pyrazinamide ☐ Ethambutol
☐ Other _____
Date Treatment Initiated _____
☐ Drug resistance suspected
☐ Unknown
☐ Unable to contact patient
☐ Patient refused treatment
☐ Other _____
☐ Refused to _____

Remarks: _____

MEDICAL PROVIDERS & REPORTING REQUIREMENTS

Confidential Morbidity Report (CMR)

HOW TO REPORT

Complete the Tuberculosis Confidential Morbidity Report Form and notify the Dept of Public Health:

By Phone, Mon-Friday 8am to 5pm, at 559.600.3413

Fax TB Control Program at 559.600.7602

*form available on FCDPH website

Suspected Cases Include:

- ☐ Any Person With Clinical/Laboratory Evidence Consistent With Active TB
- ☐ Any Person Started On Anti-tb Therapy For Suspicion Of Active TB

Latent TB Infection

- ☐ Children Ages 4 And Under TST/QFT Positive, Normal Chest X-ray, And Non-symptomatic Are Required To Report
- ☐ Optional For All Other Ages.

TUBERCULOSIS (TB)		TB TREATMENT INFORMATION	
Status <input type="checkbox"/> Active Disease <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected <input type="checkbox"/> Infected, No Disease <input type="checkbox"/> Converter* <small>* For TST, an increase of ≥ 10 mm in induration size during ≤ 2 years.</small>	Mantoux TB Skin Test Date Placed (mm/dd/yyyy) _____ Date Read (mm/dd/yyyy) _____ Results: _____ mm <input type="checkbox"/> Not done <input type="checkbox"/> Pending <input type="checkbox"/> Not read	Bacteriology/Pathology Please mark positive on smear or culture if any of initial specimens obtained was positive Date Specimen Collected: (mm/dd/yyyy) _____ Source: _____ Smear for acid-fast bacilli: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pending <input type="checkbox"/> Not done Culture for <i>M. tuberculosis</i> complex: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Pending <input type="checkbox"/> Not done Pathology suggests TB <input type="checkbox"/>	Current Treatment (check all that apply) <input type="checkbox"/> INH <input type="checkbox"/> RIF <input type="checkbox"/> PZA <input type="checkbox"/> EMB <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ Date Treatment Initiated: (mm/dd/yyyy) _____
Sites(s) <input type="checkbox"/> Pulmonary <input type="checkbox"/> Extra-Pulmonary <input type="checkbox"/> Both	Interferon Gamma Release Assay (IGRA) Date Collected: (mm/dd/yyyy) _____ Specify test name: _____ Results: <input type="checkbox"/> Positive <input type="checkbox"/> Not done <input type="checkbox"/> Indeterminate <input type="checkbox"/> Unknown <input type="checkbox"/> Negative Imaging: <input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Chest CT Scan or Other Chest Imaging Study Date Performed: (mm/dd/yyyy) _____ <input type="checkbox"/> Normal <input type="checkbox"/> Pending <input type="checkbox"/> Cavitary <input type="checkbox"/> Abnormal/Noncavitary <input type="checkbox"/> Not done	Rapid Drug Resistance Assay <input type="checkbox"/> Not done <input type="checkbox"/> INH resistance <input type="checkbox"/> RIF resistance <input type="checkbox"/> No INH or RIF resistance detected Nucleic Acid Amplification/PCR Test for <i>M. tuberculosis</i> complex Specify test type: _____ Results: <input type="checkbox"/> Pos <input type="checkbox"/> Indeterminate <input type="checkbox"/> Neg <input type="checkbox"/> Not done Other test(s): _____	Drug resistance suspected <input type="checkbox"/> Unreated <input type="checkbox"/> Will treat <input type="checkbox"/> Unable to contact patient <input type="checkbox"/> Patient refused treatment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Referred to: _____
Remarks: _____			

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To be filled out with as much pertinent information available

LTBI Treatment is recommended:
- daily Rifampin x 4 months
- daily INH x 9 months

Imaging Reports (chest x-ray; CT)
- TST/IGRA results
- Bacteriology/Pathology results (if done)

CMR Form (use only to report Tuberculosis)

Reporting all patients with confirmed or suspected tuberculosis is mandated by California Health and Safety Code, Division 4, Chapter 5, and Administrative Code Title 17, Chapter 4, Section 2500. All health care providers, health facilities, and clinics attending a patient with confirmed or suspected active tuberculosis must report these findings to the local Health Officer, or his/her designee, within one working day.

IGRA Laboratory Reporting

Both positive and non-positive IGRA results are required to be reported by laboratories by the California Department of Public Health per the California Code of Regulations, Title 17, Section 2505, Section A. Non-positive IGRA results include results that are negative, indeterminate, or borderline. Non-positive IGRA results are required to be reported as of November 1, 2022. Positive IGRA results have been required to be reported by laboratories since October 2019. More details on tuberculosis disease reporting requirements including tuberculosis laboratory reporting requirements can be found at the Fresno County Department of Public Health website [Disease Reporting Requirements](#).