Public Health Agency of Canada | Agence de la santé publique du Canada

Active Tuberculosis Case Report Form – New and Re-treatment Cases

EFFECTIVE JANUARY 2011

CONFIDENTIAL WHEN COMPLETED

Province/Territory/Patient ID

1. Reporting province/territory ☐☐

2. Register case number _____

3. Unique identifier _____

4. Date of birth Year ____ Month ____ Day ____

5. Sex Male 1 ☐ Female 2 ☐

6. Usual residence City/Town/Village _____ Postal code _____

County and Health Unit _____

Lives on First Nation's reserve most of the time? 1 ☐ Yes 2 ☐ No 8 ☐ N/A 9 ☐ Unknown

Origin

7. Canadian born? N →

Y → 1 ☐ Status Indian *(Registered)* 2 ☐ Métis 3 ☐ Inuit 4 ☐ Other Aboriginal *(specify)* _____

5 ☐ Canadian born non-Aboriginal → Y → Under age 15? Y → Country of birth of mother ☐☐☐ Country of birth of father ☐☐☐

6 ☐ **Foreign-born** Y → Country of birth ☐☐☐ _____

Year of arrival in Canada Year ____

Immigration status at the time of diagnosis:

1 ☐ Canadian citizen/Permanent resident

2 ☐ Refugee Y → 3 ☐ Convention refugee 4 ☐ Refugee claimant

Temporary resident: 5 ☐ Work 6 ☐ Student 7 ☐ Visitor

8 ☐ Immigration status – Other *If other, specify:* _____

9 ☐ Unknown

☐ **Origin Unknown**

Diagnosis

8. Provincial/territorial case date Year ____ Month ____ Day ____

☐ **ICD 9** ____ • ____ ____ • ____ ____ • ____ ____ • ____ ____ • ____

☐ **ICD 10** ____ • ____ ____ • ____ ____ • ____ ____ • ____ ____ • ____

9. Chest X-Ray 1 ☐ Normal 2 ☐ Abnormal 3 ☐ Not done 9 ☐ Unknown **If abnormal** → 1 ☐ Cavitary 2 ☐ Non-cavitary

Bacterial Status

10. Microscopy

	Sputum	Bronchial Wash	GI Wash	Node Biopsy	Urine	CSF	Other
Negative	☐	☐	☐	☐	☐	☐	☐
Positive	☐	☐	☐	☐	☐	☐	☐
Not done	☐	☐	☐	☐	☐	☐	☐
Unknown	☐	☐	☐	☐	☐	☐	☐

11. Culture

	Sputum	Bronchial Wash	GI Wash	Node Biopsy	Urine	CSF	Other
Negative	☐	☐	☐	☐	☐	☐	☐
Positive	☐	☐	☐	☐	☐	☐	☐
Not done	☐	☐	☐	☐	☐	☐	☐
Unknown	☐	☐	☐	☐	☐	☐	☐

12. Case Criteria 1 ☐ Culture positive 2 ☐ Clinical diagnosis

13. If initial positive culture – Antibiotic resistance?

DRUG	Result: Susceptible	Resistant	Not done	Unknown
INH	☐	☐	☐	☐
EMB	☐	☐	☐	☐
RMP	☐	☐	☐	☐
PZA	☐	☐	☐	☐

Drug	Result: Susceptible	Resistant	Not done	Unknown
Streptomycin	☐	☐	☐	☐
Kanamycin	☐	☐	☐	☐
Capreomycin	☐	☐	☐	☐
Ofloxacin	☐	☐	☐	☐
Ethionamide	☐	☐	☐	☐

Drug	Result: Susceptible	Resistant	Not done	Unknown
PAS	☐	☐	☐	☐
Rifabutin	☐	☐	☐	☐
Amikacin	☐	☐	☐	☐
Moxifloxacin	☐	☐	☐	☐
Linezolid	☐	☐	☐	☐

☐ Other *(specify)* _____

☐ Unknown

14. Genotyping results? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown Spoligo Octal Code _____

MIRU _____ RFLP 1 ☐ Yes 2 ☐ No

Treatment Details

15. Date treatment started Year ____ Month ____ Day ____

16. Initial drugs prescribed *(check all that apply)*

☐ INH ☐ RMP ☐ EMB ☐ PZA

☐ Streptomycin ☐ Ethionamide ☐ Moxifloxacin
☐ Kanamycin ☐ PAS ☐ Linezolid
☐ Capreomycin ☐ Rifabutin
☐ Ofloxacin ☐ Amikacin

☐ No drugs prescribed

☐ Other *(specify)* _____

☐ Unknown

17. Death before or during treatment?

1 ☐ Yes 2 ☐ No 9 ☐ Unknown If yes, date of death Year ____ Month ____ Day ____

1 ☐ TB was the cause of death
2 ☐ TB contributed to death but was not the underlying cause
3 ☐ TB did not contribute to death

TB History/Case Finding/Risk Factors/Markers

18. First episode of TB disease?

1 ☐ Yes 2 ☐ No → **If no:** Year of previous diagnosis _____

Previous treatment with *(check all antibiotics used)*:

☐ INH ☐ EMB ☐ RMP ☐ PZA

☐ Streptomycin ☐ Ethionamide ☐ Moxifloxacin
☐ Kanamycin ☐ PAS ☐ Linezolid
☐ Capreomycin ☐ Rifabutin
☐ Ofloxacin ☐ Amikacin

☐ Other *(specify)* _____

☐ Unknown

Previous diagnosis occured in:

1 ☐ Canada

2 ☐ Other country: ☐☐☐

Previous treatment completed or cured:

1 ☐ Yes 2 ☐ No 9 ☐ Unknown

If yes, end date of previous treatment: Year ____ Month ____ Day ____

19. Case finding

1 ☐ Symptoms compatible with site of disease
2 ☐ Incidental finding
3 ☐ Post-mortem
4 ☐ Contact investigation
5 ☐ Immigration medical surveillance
7 ☐ Occupational screening
1 ☐ Initial immigration medical exam done outside Canada
8 ☐ Other screening
2 ☐ Initial immigration medical exam done inside Canada
9 ☐ Other *(specify)* _____
10 ☐ Unknown

20. Risk factors/Markers

HIV 1 ☐ Positive 2 ☐ Negative 3 ☐ Test refused 4 ☐ Test not offered 5 ☐ Unknown

If positive, year of 1st positive test
If negative, year of most recent test
Year ____

Contact with person with active TB in past 2 years	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Diabetes mellitus type 1 or 2	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
End-stage renal disease	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Homeless *(at diagnosis or within the previous 12 months)*	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Lives in correctional setting at time of diagnosis	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Long-term (1 month) corticosteroid use *(prednisone 15 mg/day or equivalent)*	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Previous abnormal chest x-ray *(fibronodular disease)*	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Substance abuse (known or suspected)	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Transplant related immunosuppression	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Travel to high incidence TB country in last 2 years If yes, how long _____ (in weeks)	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Other *(specify)* _____	1 ☐ Yes	2 ☐ No	9 ☐ Unknown