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

Active Tuberculosis Case Report Form – New and Relapsed Cases

EFFECTIVE JANUARY 2007

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 →

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

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 ☐☐☐

Date of arrival in Canada Year ____ Month ____ Day ____

Immigration status at time of diagnosis

1 ☐ Canadian citizen/Landed immigrant

2 ☐ Refugee → Y → 1 ☐ Convention Refugee 2 ☐ Refugee claimant

5 ☐ Work visa 6 ☐ Student visa

7 ☐ Visitor visa 8 ☐ Other *(specify)* _____

9 ☐ Unknown

Diagnosis

8. Date of diagnosis 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							
Not Applicable							

11. Culture

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

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

13. If initial positive culture – Antibiotic resistance?

1st line

DRUG	Result: Susceptible	Resistant	Not done	Unknown
1 INH	☐	☐	☐	☐
2 EMB	☐	☐	☐	☐
3 RMP	☐	☐	☐	☐
4 PZA	☐	☐	☐	☐

2nd line

DRUG	Result: Susceptible	Resistant	Not done	Unknown
1 Streptomycin	☐	☐	☐	☐
2 Kanamycin	☐	☐	☐	☐
3 Capreomycin	☐	☐	☐	☐
4 Ofloxacin	☐	☐	☐	☐
5 Ethionamide	☐	☐	☐	☐
6 PAS	☐	☐	☐	☐
7 Rifabutin	☐	☐	☐	☐
8 Other	☐	☐	☐	☐

8 ☐ Other *(specify)* _____

9 ☐ Unknown

14. Genotyping results? 1 ☐ Yes 2 ☐ No 9 ☐ Unknown MIRU ____ RFLP 1 ☐ Yes 2 ☐ No

Treatment Details

15. Date treatment started Year ____ Month ____ Day ____

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

1st line

1 ☐ INH 4 ☐ RMP

3 ☐ EMB 5 ☐ PZA

2nd line

1 ☐ Streptomycin 4 ☐ Ofloxacin 7 ☐ Rifabutin

2 ☐ Kanamycin 5 ☐ Ethionamide 8 ☐ Other

3 ☐ Capreomycin 6 ☐ PAS

6 ☐ No drugs prescribed

8 ☐ Other *(specify)* _____

9 ☐ 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 but was not the cause of death

3 ☐ TB did not contribute to death

TB History/Case Finding/Risk Factors

18. First episode of TB disease?

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

Previous diagnosis occured in:

1 ☐ Canada 2 ☐ Other country: ☐☐☐

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

1st line

1 ☐ INH 3 ☐ EMB 4 ☐ RMP 5 ☐ PZA

2nd line

1 ☐ Streptomycin 4 ☐ Ofloxacin 7 ☐ Rifabutin

2 ☐ Kanamycin 5 ☐ Ethionamide 8 ☐ Other

3 ☐ Capreomycin 6 ☐ PAS

8 ☐ Other *(specify)* _____

9 ☐ Unknown

19. Case finding

1 ☐ Symptoms compatible with site of disease

2 ☐ Incidental finding

3 ☐ Post-mortem

4 ☐ Contact investigation

5 ☐ Immigration medical surveillance

1 ☐ Initial immigration medical exam done outside Canada

2 ☐ Initial immigration medical exam done inside Canada

6 ☐ Occupational screening

7 ☐ Other screening

8 ☐ Other *(specify)* _____

9 ☐ Unknown

20. Risk factors

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

If positive, date of 1st positive test
If negative, date of most recent test Year ____ Month ____ Day ____

Known or suspected substance abuse	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Transplant related immunosuppression	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Silicosis	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
End-stage renal disease	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Contact with person with active TB in past 2 years	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Previous abnormal chest x-ray *(fibronodular disease)*	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Diabetes mellitus type 1 or 2	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Long-term (1 month) corticosteroid use *(prednisone 15 mg/day or equivalent)*	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Lives in correctional setting at time of diagnosis	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Homeless *(at diagnosis or within the previous 12 months)*	1 ☐ Yes	2 ☐ No	9 ☐ Unknown
Other *(specify)* _____	1 ☐ Yes	2 ☐ No	9 ☐ Unknown