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TUBERCULOSIS CASE INVESTIGATION FORM 2

Form 2 shall be submitted to the Parish Medical Officer of Health within 6 to 8 months after starting anti-TB therapy. Submit this form at the end of anti-TB therapy and/or after follow-up.

SECTION 1 (TB FORM 2) – DEMOGRAPHIC INFORMATION

INITIAL DIAGNOSIS			
◯ Tuberculosis			
Date of Notification (*DD/MM/YYYY*):		Date Investigation Started (*DD/MM/YYYY*):	
PATIENT'S DEMOGRAPHICS			
Patient's ID Type: ◯ Driver's License ◯ TRN ◯ Passport ◯ NIN		Patient's ID Number:	
First Name:		Middle Name(s):	
Last Name:		Pet Name(s):	
Patient's Maiden Name (If Applicable):			
Sex Assigned at Birth: ◯ Male ◯ Female	Date of Birth (*DD/MM/YYYY*):	Age:	
Name of Facility Where Patient Seen:		Medical Record Number:	
Country of Residence:		Parish (Jamaica):	
House Number, Street Name:			
Landmark or directions to address:		Community:	
Phone Number:		Email Address:	
Occupation:			
Name of Workplace/School:			
Address of Workplace/School:			
Phone Number:		Email Address:	

SECTION 2 (TB FORM 2) TREATMENT – CONTINUATION PHASE

Date started continuation phase (DD/MM/YYYY):		Date completed continuation phase (DD/MM/YYYY):
Name of facility (if hospitalised or institutionalised):		
Directly Observed Therapy (DOT): ◯ Yes ◯ No		
DOTS Supervisor:		
Telephone number:		Email address:

ANTI-TUBERCULOSIS TREATMENT

Past or Current Medication	Dosage	Actual Duration Received (weeks)	Comments
◯ Rifampicin			
◯ Isoniazid			
◯ Second-line drugs			
◯ Third-line drugs/injectables			
◯ Other			
◯ Other			

TUBERCULOSIS CASE INVESTIGATION FORM 2

SECTION 3 (of TB FORM 2) - FOLLOW-UP LABORATORY INVESTIGATIONS

FOLLOW-UP LABORATORY INVESTIGATIONS	
***2-Month Evaluation for* Mycobacterium Tuberculosis**	
Sputum specimen collected? ◯ Yes ◯ No	Sputum specimen date (DD/MM/YYYY):
Sputum microscopy for acid fast bacilli (AFB) done? ◯ Yes ◯ No	Sputum microscopy result (e.g., AFB 1+):
Sputum microscopy interpretation: ◯ Positive ◯ Negative ◯ Indeterminate ◯ Sample rejected	
Sputum culture for Mycobacterium tuberculosis	
Sputum culture result:	
Sputum culture interpretation: ◯ Positive ◯ Negative ◯ Indeterminate ◯ Sample rejected	
Chest X-ray done? ◯ Yes ◯ No	Chest X-ray date (DD/MM/YYYY):
Chest X-ray description/ findings/ result:	
Chest X-ray interpretation: ◯ Positive ◯ Negative	
***4 to 5-Month Evaluation* Mycobacterium Tuberculosis**	
Sputum specimen collected? ◯ Yes ◯ No	Sputum specimen date (DD/MM/YYYY):
Sputum microscopy for acid fast bacilli (AFB) done? ◯ Yes ◯ No	Sputum microscopy result (e.g., AFB 1+):
Sputum culture for Mycobacterium tuberculosis	
Sputum culture result:	
Sputum culture interpretation: ◯ Positive ◯ Negative ◯ Indeterminate ◯ Sample rejected	
Chest X-ray done? ◯ Yes ◯ No	Chest X-ray date (DD/MM/YYYY):
Chest X-ray description/ findings/ result:	
Chest X-ray interpretation: ◯ Positive ◯ Negative	
Sputum microscopy interpretation: ◯ Positive ◯ Negative ◯ Indeterminate ◯ Sample rejected	
***6 to 8-Month Evaluation* Mycobacterium Tuberculosis**	
Sputum specimen collected? ◯ Yes ◯ No	Sputum specimen date (DD/MM/YYYY):
Sputum microscopy for acid fast bacilli (AFB) done? ◯ Yes ◯ No	Sputum microscopy result (e.g., AFB 1+):
Sputum microscopy interpretation: ◯ Positive ◯ Negative ◯ Indeterminate ◯ Sample rejected	
Sputum culture for Mycobacterium tuberculosis	
Sputum culture result:	
Sputum culture interpretation: ◯ Positive ◯ Negative ◯ Indeterminate ◯ Sample rejected	
Chest X-ray done? ◯ Yes ◯ No	Chest X-ray date (DD/MM/YYYY):
Chest X-ray description/ findings/ result:	
Chest X-ray interpretation: ◯ Positive ◯ Negative	
Other test	
Has any other specimen been collected? ◯ Yes ◯ No	Date Specimen collected (DD/MM/YYYY):

Test Requested:	Test result:
Test interpretation: ◯ Positive ◯ Negative ◯ Indeterminate ◯ Sample rejected	
REPEAT CHEST X-RAY	
Chest X-ray done? ◯ Yes ◯ No	Chest X-ray date (DD/MM/YYYY):
Chest X-ray description/ findings/ result:	Chest X-ray interpretation: ◯ Positive ◯ Negative
Additional Clinical Notes:	

Tuberculosis Case Investigation Form 2

SECTION 4 (TB FORM 2) - CLASSIFICATION

Final Classification of Case			
◯ Confirmed		◯ Pending	◯ Inconclusive
◯ Discarded			
Confirmation Category			
◯ Bacteriologically confirmed		◯ Clinically diagnosed	
Anatomical site			
◯ Pulmonary		◯ Extra-pulmonary	
Drug resistance			
◯ None	◯ Rifampicin resistant	◯ Multi-drug resistant	◯ Extremely drug-resistant
Previous Treatment for tuberculosis			
Previously treated for tuberculosis? ◯ Yes ◯ No		Relapse case? ◯ Yes ◯ No	
Treatment after lost to follow-up? ◯ Yes ◯ No		Treatment after failure? ◯ Yes ◯ No	
Treatment status for current diagnosis			
◯ Completed		◯ Not completed	
Case outcome for current diagnosis			
◯ Cured		◯ Treatment failure	◯ Lost to follow-up
◯ Died		◯ Not evaluated	◯ Anti-TB Treatment completed
Cause of death			
(i)		(ii)	(iii)
Immediate		Intermediate	Underlying
Date of death (DD/MM/YYYY):			
REVIEW AND SIGNATURE			
Name of Investigator:		---------- Signature of Investigator	Date Signed by Investigator (DD/MM/YYYY)
Comments:			
Name of Parish Medical Officer (Health):		---------- Signature of MO(H)	Date signed by MO(H) (DD/MM/YYYY)

Treatment History

New case: A patient who has never been treated for TB or who has taken anti-TB drugs for less than one month.

Previously treated patients: Patients who have received 1 month or more of anti-Tb drugs in the past.

i. **Relapse patients**: A patient previously treated for TB who was declared cured or treatment completed at the end of their most recent course of treatment, and is now diagnosed with a recurrent episode of TB.

ii. **Treatment after failure patients:** A patient who has been previously treated for TB and whose treatment failed at the end of their most recent course of treatment.

iii. **Treatment after loss to follow up patients:** A patient who has been previously treated for TB and were declared loss to follow-up at the end of their most recent course of treatment (previously known as treatment after default patients).

iv. **Other previously treated patients:** Patients who have been previously treated for TB but whose outcome after their most recent course of treatment is unknown or undocumented

Definitions of treatment outcomes for drug-susceptible TB

i. **Cured:** A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who was smear or culture negative in the last month of treatment and on at least one previous occasion.

ii. **Treatment completed:** A TB patient who completed treatment without evidence of failure, but with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because tests were not done or because results are unavailable.

iii. **Died:** A TB patient who dies for any reason before starting or during the course of treatment.

iv. **Treatment failed:** A TB patient whose sputum or culture is positive at month 5 or later during treatment.

v. **Loss to follow-up:** A TB patient who did not start treatment or whose treatment was interrupted for two (2) consecutive months or more.

vi. **Not evaluated:** A TB patient for whom no treatment outcome is assigned. This includes cases "transferred out" to another treatment unit as well as cases for whom the treatment outcome is unknown to the reporting unit.

vii. **vii. Treatment success:** A TB patient who is cured or who has completed treatment.