

Notification of New Active or Reactivated Tuberculosis Case

Patient's Last Name		First Name		Initial	Date of Birth	Yr.	Mo.	Day	Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Address					Telephone No. Home:		Bus:				
Country of Birth			Date of Arrival in Canada		Yr.	Mo.	Day	Languages Spoken			
Hospital Admission <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Hospital			Admission Date		Yr.	Mo.	Day	Discharge Date Yr. Mo. Day	

<p>Diagnosis: Date <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">Yr.</td><td style="border: 1px solid black; width: 20px; text-align: center;">Mo.</td><td style="border: 1px solid black; width: 20px; text-align: center;">Day</td></tr></table> (See definitions on reverse)</p> <p><input type="checkbox"/> Pulmonary <input type="checkbox"/> Primary Pulmonary</p> <p><input type="checkbox"/> Pleural <input type="checkbox"/> Skin</p> <p><input type="checkbox"/> Miliary <input type="checkbox"/> Abnormal Chest X-Ray</p> <p><input type="checkbox"/> Bone/Joint <input type="checkbox"/> C.N.S.</p> <p><input type="checkbox"/> Genito-urinary <input type="checkbox"/> Other Respiratory (specify) _____</p> <p><input type="checkbox"/> Lymph Node</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Has the Diagnosis been discussed with the client? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Yr.	Mo.	Day	<p>Onset Date: <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">Yr.</td><td style="border: 1px solid black; width: 20px; text-align: center;">Mo.</td><td style="border: 1px solid black; width: 20px; text-align: center;">Day</td></tr></table></p> <p>Method of Detection:</p> <p><input type="checkbox"/> Immigration</p> <p><input type="checkbox"/> Contact</p> <p><input type="checkbox"/> Routine</p> <p><input type="checkbox"/> Symptoms (specify) _____</p> <p>Isolation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Duration _____ week(s)</p>	Yr.	Mo.	Day
Yr.	Mo.	Day					
Yr.	Mo.	Day					

<p>History:</p> <p>a. New Active Case _____ b. Reactivated Case _____</p> <p>1. Year of first active episode _____</p> <p>2. Where diagnosed _____</p> <p>3. Other medical problems: _____</p>	<p>Chest X-Ray: <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">Yr.</td><td style="border: 1px solid black; width: 20px; text-align: center;">Mo.</td><td style="border: 1px solid black; width: 20px; text-align: center;">Day</td></tr></table></p> <p>Result: _____</p> <p>Normal _____ Cavitory _____</p> <p>Abnormal _____ Non Cavitory _____</p> <p>Mantoux Date _____ Result _____ mm</p> <p>HIV Testing Date _____ Result _____</p>	Yr.	Mo.	Day
Yr.	Mo.	Day		

<p>Bacillary Status:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Test</th> <th style="width:25%;">Specimen</th> <th style="width:25%;">Result</th> <th style="width:35%;">Date</th> </tr> </thead> <tbody> <tr> <td>Smear</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>AMTD</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Culture</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Pathology</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="4">Not Done _____ (Clinical Case)</td> </tr> </tbody> </table>	Test	Specimen	Result	Date	Smear	_____	_____	_____	AMTD	_____	_____	_____	Culture	_____	_____	_____	Pathology	_____	_____	_____	Not Done _____ (Clinical Case)				<p>Treatment: Date Started <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">Yr.</td><td style="border: 1px solid black; width: 20px; text-align: center;">Mo.</td><td style="border: 1px solid black; width: 20px; text-align: center;">Day</td></tr></table></p> <p>Dosage (See key to Antituberculosis Drugs on reverse) Duration</p> <p>INH _____ mg po od x _____ months</p> <p>Vit B₆ _____ mg po od x _____ months</p> <p>RMP. _____ mg po od x _____ months</p> <p>PZA _____ mg po od x 2 months</p> <p>(Unless otherwise noted x _____ months)</p> <p>EMB _____ mg po od x _____ months <small>(If organism is fully sensitive, EMB is normally discontinued upon receipt of sensitivity report)</small></p> <p>Planned length of treatment _____ months</p> <p>Drug Resistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, specify _____</p>	Yr.	Mo.	Day
Test	Specimen	Result	Date																									
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Pathology	_____	_____	_____																									
Not Done _____ (Clinical Case)																												
Yr.	Mo.	Day																										

<p>Was this case discovered after death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of death: <table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; text-align: center;">Yr.</td><td style="border: 1px solid black; width: 20px; text-align: center;">Mo.</td><td style="border: 1px solid black; width: 20px; text-align: center;">Day</td></tr></table></p> <p>_____ TB - Cause of Death _____ TB - Incidental Finding</p> <p>_____ TB - Contributed but not cause of death</p>	Yr.	Mo.	Day	<p>Treating Physician (please print)</p> <p>Name _____</p> <p>Address _____</p> <p>Telephone _____ Date: _____</p>
Yr.	Mo.	Day		

<p>Family Physician</p> <p>Name _____</p> <p>Telephone _____</p>	<p>Signature _____</p>
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Please Complete and return to:

Peel Health
Communicable Disease Control
7120 Hurontario St., P.O. Box 630 RPO Streetsville
Mississauga, ON L5M 2C1
Fax: (905) 565-8428

Guidelines for Completing Notification of New Active or Reactivated Tuberculosis Case

Ontario law requires that tuberculosis, as a communicable disease, be reported. The following guidelines are intended to assist you in completing the attached notification form.

Date of Diagnosis:

- a. In cases not confirmed by culture of *M. tuberculosis* from sputum, urine, etc., "date of diagnosis" is the date of clinical diagnosis or of positive smear report.
- b. In cases which are confirmed by culture;
 - (i) If treatment is commenced on the basis of a clinical diagnosis or positive smear report, "date of diagnosis" is the date of clinical diagnosis or of the smear report.
 - (ii) If treatment is commenced on the basis of the positive culture report, "date of diagnosis" is the date of the culture report.

New Active Case: is one not previously reported or treated in Ontario.

Reactivated Case: is one with documented history of previous active disease which became inactive.

Key to Antituberculosis Drugs:

1. **INH** - Isoniazid
2. **RMP** - Rifampin
3. **PZA** - Pyrazinamide
4. **EMB** - Ethambutol
5. **Vit B₆** - Pyridoxine