Local health care providers, including physicians’ offices, labs and hospitals, are required by law to notify the Health District of certain conditions/illnesses (including TB) in the state of Texas.

“Health care providers, hospitals, laboratories, schools, and others are required to report patients who are suspected of having a notifiable condition (Chapter 97, Title 25, Texas Administrative Code)”.  

Please report all suspects and the cases of Tuberculosis to TB Control at Waco-McLennan County Health Department.

**Disease reporting number is**

(254) 750-5496

**Reports may also be faxed to**

(254) 750-5453

Please call TB Control WMCPHD (254)-750-5496 for additional information or questions.

Attached Documents:

- TB Services at Waco McLennan County Public Health District.
- TB 400 A
- TB 400 B
- Tuberculosis Symptom Questionnaire
Tuberculosis (TB)

TB Services at Waco McLennan County Public Health District.

The Waco-McLennan County Public Health District (WMCPHD) has a team of specially trained staff that can assist in the medical management of clients diagnosed with Tuberculosis (TB). Coordination with the client’s primary care physician is vital to ensure that all aspects of the client’s health are addressed.

WMCPHD staff is trained in contact investigation, direct observation therapy, proper medication management, and overall case management of the client with tuberculosis.

TB Skin Testing

Tuberculosis skin testing is provided to contacts to cases in the TB clinic and not typically administered on Thursdays since they must be read 48-72 hours after administration, which would fall on a weekend.

Testing may be offered free of charge to persons who have had recent exposure to a person with confirmed, active tuberculosis and in other situations that place them at considerable risk for development of TB disease if infected.

Receiving TB Services

WMCPHD TB staff can assist with sputum collection, blood work, and ordering of medications and supplies. They also have an excellent rapport with Regional TB experts from Texas Center for Infectious Diseases and UT Tyler and can assist in getting medical consultations for client with drug resistance, adverse drug reactions, and pediatric cases.

Persons diagnosed with TB are provided medications free of charge through WMCPHD and the Department of State Health Services (DSHS) Pharmacy. Sputum for detection of acid fast bacilli and culture are also provided free of charge through DSHS in coordination with WMCPHD TB Elimination office.

Persons with positive TB skin tests, but no evidence of disease may be referred to WMCPHD clinics for the initiation of treatment for Latent TB infection (LTBI). Medications are offered based on a sliding scale income for the LTBI therapy through our offices; however, services are provided regardless of ability to pay. These medications are provided through the DSHS Pharmacy.

Persons who are referred to WMCPHD for LTBI therapy without a physician’s prescription will be evaluated for the risk vs. benefit of receiving therapy and the local Health Authority will determine the need for treatment.

Additional Resources

For more information about TB, LTBI, or drug treatment you can contact our offices at 254-5496 or visit the following websites:

http://www.cdc.gov/tb/default.htm
http://www.dshs.state.tx.us/idcu/disease/tb/
http://www.heartlandntbc.org/
Texas Department of Health
Tuberculosis Elimination Division
Report of Case and Patient Services

Initial Report Admission
Name Change (show new name and draw single line through old)
Other Change (please circle)

SSN __________________________ Medicaid # __________________________ ID# __________________________ DOB / / 

(AKA) ____________________________________________

Street Apt# City County Zip Code Patient’s Tel.#

Facility/Care Provider Name
Initial Reporting Source

Country of Birth __________________________
If foreign born, Date of entry into U.S. / / 

Preferred Language __________________________

RACE (check all that apply)
White
Black or African American
Native Hawaiian or Pacific Islander
American Indian or Alaska Native
Asian
Other

OCCUPATION (within past 2 years)
Unemployed during last 2 yrs
Employed (If employed, check all that apply)
Migrant/Seasonal Worker
Health Care Worker (Specify)
Correctional Emp
Other Occupation

Resident of Correctional Facility at Time of Dx
If Yes
Federal Prison
State Prison
County Jail
City Jail
Unknown
Incarceration Date / / 

Resident of Long Term Care Facility at Time of Dx
If Yes
Health care facility/resident
Nursing Home
Hospital-Based Facility
Other Long Term Care Facility

Testing activities to find latent TB infections
Patient referred, TB infection
Project targeted testing
Individual targeted testing
Administrative: Not at risk for TB

POPULATION RISKS
Low Income
Inner-city resident
Foreign born
Binational (US-Mexico)
*Within past 2 years
Correctional employee*
Health care worker*
Prison/Jail inmate*
Long-term facility for elderly/resident*
Health care facility/resident*
Shelter for homeless persons*
Migrant farm worker*
None of the above risks apply

MEDICAL RISKS
Diabetes mellitus
Alcohol Abuse (within past year)
Tobacco use
Silicosis
Corticosteroids or other immunsuppressive therapy
Gastrectomy or jejunoleiinal bypass age ≥ 5 years
Recent exposure to TB (Contact to TB case)
Contact to MDR-TB case
Weight at least 10% less than ideal body weight
Chronic malabsorption syndromes

HIV TEST RESULTS
Date HIV Test / / 

TUBERCULIN SKIN TEST
Documented history of positive TST?
Yes
No

Prior LTBI treatment
Yes
No

FOR TREATMENT OF LTBI ONLY

DOPT Site
Yes, totally observed
Clinic or medical facility
Daily

DOPT:
No, self-administered
Field
Both

Frequency:
Twice Weekly
Three X’s Weekly

Date Regimen Start / / 

Date Regimen Stop / / 

Date Restart / / 

Isoniazid mgs
Rifampin mgs
B6 mgs

Other (Specify) mgs

Completion adequate therapy # months on Rx # months recommended

CLOSURE:
Date / / 

Lost to followup
Patient chose to stop
Deceased (Cause)
Adverse Drug Reaction
Moved out of state/country to:
Other:

Provider decision:
Pregnant
Non-TB

Texas Department of Health
Report of Case and Patient Services

TB-400A (11/03)
**Texas Department of Health**
**Tuberculosis Elimination Division**
**Report of Case and Patient Services**

**Signs/Symptoms at DX**
- Fever
- Chills
- Cough
- Productive Cough
- Hemoptysis
- Night Sweats
- Weight Loss (≥ 10%)

**Chest X-Ray**
- Date
- Results: Normal, Abnormal, Not Done, Unk
- If Abnormal, check abnormality
  - Cavitary
  - Non-cavitary, consistent with TB
  - Non-cavitary, not consistent with TB

**Status**
- Stable
- Worsening
- Improving
- Unknown

**AFB Smear Results**
- Current
- Negative, Positive, Pending, Not done

**Drug Resistance**
- Specimen type: sputum, urine, biopsy, other
- If biopsy or other, list anatomic site of specimen

**Culture Results**
- Collection date of initial positive AFB smear:
- Collection date of first consistently negative AFB smear:

**Susceptibility Results**
- Date initial susceptibility culture was collected
- Initial culture was resistant to:
- Last culture was resistant to:
- Other(s):

**DOT Site:**
- Frequency: Daily, Twice Weekly, Three X’s Weekly
- DOT Site:
  - Clinic or other medical facility
  - Central office

**Isoniazid**
- mgs
- Rifater
- PAS
- B6
- Other(s)

**Prescribed for:** months
**Maximum refills authorized:**

**Reason Therapy Extending > 12 months:**
- Reason
- Authorized by

**Provider decision:** Pregnant, Non-TB, Other

**General Comments:**
Tuberculosis Symptom Questionnaire

Name: 
DOB: 
Date: 

Previous PPD skin test results show you to be TB skin test positive. A positive skin test reaction means that sometime in the past you have come into contact with M. tuberculosis, the bacterium that causes tuberculosis (TB). An otherwise healthy person with a positive TB skin has about a 10% lifetime risk of developing active tuberculosis. The risk in the first two years after TB skin test conversion is about 5%. This means that of 100 people whose skin test converts and who do not receive adequate preventive therapy, 5 of them will develop TB during the first 2 years after TB skin test conversion. An immunocompromised person (HIV positive, receiving immunosuppressive or cancer chemotherapy) with a positive TB skin test has a risk that is approximately twice as high for developing active TB.

Answer yes or no to the questions; if any answer is yes, give the approximate date the symptoms started and whether or not you still have them.

Have you had any of the following symptoms in the past year?

1. Productive cough for 3 weeks or more  No  Yes  Date _______  Still Have? _______
2. Persistent weight loss without dieting.  No  Yes  Date _______  Still Have? _______
3. Persistent fever above 100 degrees F  No  Yes  Date _______  Still Have? _______
4. Night sweats  No  Yes  Date _______  Still Have? _______
5. Loss of appetite  No  Yes  Date _______  Still Have? _______
6. Swollen glands in neck or elsewhere  No  Yes  Date _______  Still Have? _______
7. Recurrent/persistent kidney/bladder infections  No  Yes  Date _______  Still Have? _______
8. Coughing up blood (hemoptysis)  No  Yes  Date _______  Still Have? _______
9. Shortness of breath  No  Yes  Date _______  Still Have? _______
10. Chest pains  No  Yes  Date _______  Still Have? _______
11. Fatigue or weakness of feeling ill  No  Yes  Date _______  Still Have? _______
12. Frequent of recurring chills  No  Yes  Date _______  Still Have? _______

Persons with a positive PPD who are experiencing symptoms should receive a chest x-ray to assess for pulmonary tuberculosis.

Physician ______________________  Phone ______________________

Please fax to Waco-McLennan County Public Health District, TB Control Department 254.750.5453.