Referral Form For Treatment of Latent TB Infection (LTBI)

Santa Cruz County ~ Communicable Disease (CD) Unit

Phone: (831) 454 - 4114 After Hours: (831) 471 - 1170 Fax: (831) 454 - 5049

Referring Agency/MD:							Phone:					
Address:			Fax:									
Client Name:					Date of Birth:	4	Age:	Sex:	М	F		
Address, City, ZIP					County:		Phone:					
Country of Origin:					Month/Year Arrived in U.S.:							
Does this patient have n	nedical covera	ige? Y	N	If yes, type) :							
Note: Non-county of			coverage and an	establishe	d medical hor	ne are not ty	pically eligib	le for L7	BI servi	ces.		
TB Skin Test (TST)	Date Given	Date Read	Size ¹ (mm of induration)	Facility Name Reading TST or Ordering QFT								
Current												
Prior ²												
IGRA: QFT or T-Spot												
Current	Result:											
Prior ²	Result:											
Chest X-Ray	Date:			Results: (attach report)			Facility Name:					
TB Symptoms ? (circle	Cough > 3 w			Night Sweats		tent Fever	Weight L	oss	Fatiç	gue		
Note: Call the CD Unit	with any que	stions. If you	suspect active T	B, call withi	n one day							

¹ ≥ 5mm of induration is a positive TST result for all persons with the following conditions: known or suspected HIV infection, recent contact to an infectious case of laryngeal or pulmonary TB, chest x-ray that shows fibrotic changes consistent with TB, and chronic immunosuppression.

^{≥ 10}mm of induration is a positive TST result for all persons except for those with the conditions outlined above.

² Prior **documented** TST / IGRA only, not by patient history.

nt Tuberculosis Infection (LTBI) Risk Assessment Scale Name:									
DOB:									
nulative score of 50 points indicates a heightened lifetime risk for progression to active TB disease. To qualify for LTBI treatment thr Cruz County CD Unit, a person must have at least 50 points on the following scale to be considered:									
Characteristic	Check if Present	Value	Tota Sco						
Age: Less than 5 years		50							
Close Contact to a Case of Active Pulmonary / Laryngeal TB		50							
Class Four TB ¹		50							
Documented TB skin test (TST) Conversion ² within a 24 month period [an increase of at least 10mm of induration from < than 10mm to ≥ 10mm of induration within 24 months from a documented negative TST]		50							
Documented interferon gamma release assay (IGRA) Conversion within a 24 month period [documentation of a positive test (Quantiferon or T-Spot) drawn within 24 months after the documentation of a negative test]		50							
HIV Infection / Silicosis		50							
Renal Disease		50							
Current / Candidate for Long Term Immunosuppressive Therapy		50							
Diabetes		50							
Gastrectomy, Intestinal Bypass, Malabsorption Syndromes, Cancer of the Head & Neck		50							
Homeless within the Past 12 Months		50							
Arrived less than 5 years ago from a TB Endemic Zone ³		25							
Age: Over 5 years, but Less than 19 years		25							
Incarceration within the Past 12 Months		25							
Current Substance Abuse, including Smoking		25							
Total Points									

Work Site: _

A High Risk Occupation may qualify for LTBI treatment if the patient does not have medical insurance.

(Determined by the TB Controller)

Occupation:

¹ Class Four TB: Patient has a clear history of a previous episode of active pulmonary TB that has not been adequately treated, or patient has a TST that is ≥ 5mm of induration and: Abnormal but stable chest radiographic findings, negative bacteriologic tests (AFB cultures), and no symptoms of active pulmonary TB.

² TST Conversion: Patient's TST result converts from negative to positive within 24 months; all others with positive TSTs are termed reactors.

³ TB Endemic Zone: Includes Mexico, Central and South America, Asia, Africa, Philippines, Pacific Islands, Middle East and Eastern Europe.