

Instructions for completing the Follow-up Worksheet for persons arriving in Nevada with a TB Class B Condition:

The initial evaluation of an arrival with a TB Class Condition will be considered <u>complete</u> when:
 > a diagnosis is made (section D3 of the form) based on a complete evaluation and a treatment start date is known for those individuals initiating therapy for active TB disease or LTBI, <u>or</u>

> the provider is unable to complete the evaluation and the reason for this is indicated (section D2).

Section A – Demographic Section B – Jurisdictional Will be completed before you receive the paperwork. Section C – U.S. Evaluation TST or QFT C1 –Indicate date of the initial evaluation C2 – Administer a tuberculin skin test (TST) regardless of the results of overseas TST. Document the date, mm induration (not redness), and interpretation (for persons with TB Class Conditions, _5 mm is considered positive). C3 –If you use the QFT test, record the date and results Overseas CXR C4-6 – Document your (or your radiologist's) interpretation of the overseas CXR film. Arrivals should bring their overseas CXR film(s) with the to their exam. Domestic CXR C7-11 – Perform a CXR, regardless of TST or QFT results, and compare overseas film. Document the results of the comparison. U.S. Microscopy / Bacteriology C1 –If active TB disease cannot be ruled out, collect sputum for AFB smear and culture. Document results on the form. Report suspected pulmonary or extrapulmonary TB disease to the State or Local Health Department within one working day. Do not wait for culture confirmation C13-17 – Document your interpretation of the overseas treatment based on your review of overseas documents and information provided by the patier on your review of overseas documents and information provided by the patier on your review of overseas documents and information and document star date. Based on CDC treatment recommendations: • No treatment is indicated for Classes 0 and 1. • Strongly consider treatment of Class 2 (latent TB infection/ LTBI) unless medically contraindicated. • No treatment is indicated for Classes 0 and 1. • Strongly consider treatment of Class 2 (latent TB infection/ LTBI) unless medically contraindicated. • No treatment is indicated for Classes 0 and 1. • No treatment is i	ection B - Jurisdictional C1 -Indicate date of the initial evaluation TST or QFT C2 - Administer a tuberculin skin test (TST) regardless of the results. overseas TST. Document the date, mm induration (not redness), and interpretation (for persons with TB Class Conditions, ≥5 mm is considered positive). Overseas CXR C3 - If you use the QFT test, record the date and results Domestic CXR C4 - 6 - Document your (or your radiologist s) interpretation of the overseas CXR film. Arrivals should bring their overseas CXR film(s) with 1 to their exam. Domestic CXR C7-11 - Perform a CXR, regardless of TST or QFT results, and compa overseas film. Document the results of the comparison. U.S. Microscopy / Bacteriology C7-14 active TB disease cannot be ruled out, collect sputum for AFB smear and culture. Document results on the form. Report suspected pulmonary or extrapulmonary TB disease to the State or Local Health Department within one working day. Do not wait for culture confirmat C13-17 - Document your interpretation of the overseas treatment bas on your review of overseas documents and information provided by the pa ection D – Disposition Dlagnosis D1-D2 – When you are finished with the initial evaluation, indicate the and your treatment recommendation. If unable to initiate or complete the evaluation, indicate the reason. D3 – Indicate diagnosis. D4 – Leave blank. For DOH use only. E1-E2 – Check appropriate box for treatment initiation and document s date. Based on CDC treatment recommendations: No treatment is indicated for Classs 0 and 1.				
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