Latent Tuberculosis Infection (LTBI) Treatment Report

Name:_____ DOB: _____ Age: _____

Address: _____ Village: _____

State: _____ Zip code: _____ Please return form by: ____/____/____

☐ **Screened/treated immigrant or refugee** **EDN Alien #:** _____

SECTION 1:

Date LTBI treatment started:

____/____/____

Date LTBI treatment stopped:
____/____/____

Number of doses taken:
_____

Completed:

☐ **Yes** ☐ **No**

SECTION 2:

Regimen:

☐ 9 months INH
☐ 6 months INH_____
☐ 4 months RIF_____
☐ 12 week INH / RPT
☐ Other_____

Administered by:

☐ DOT
☐ Self/parent

SECTION 3:

Reason LTBI treatment was discontinued before completion of full regimen:

a) ☐ Discontinued by physician due to adverse reaction. Date___/___/___
b) ☐ Discontinued on medical advice for reason other than adverse reaction. Date___/___/___
c) ☐ Discontinued / switched to new LTBI treatment regimen
Please specify: _____ Date___/___/___
d) ☐ Discontinued by patient against medical advice. Date___/___/___
e) ☐ Patient lost to follow-up. Date___/___/___
Attempted outreach: letter(s) _____ phone call(s) _____
f) ☐ Patient moved.
New address: _____ Date___/___/___
_____
g) ☐ Window prophylaxis discontinued Date___/___/___
h) ☐ Patient developed active tuberculosis. Date___/___/___

Notes: _____
_____
_____
_____

Return to:
Alaska TB Program
3601 C Street, Suite 540
Anchorage, AK 99503
FAX: 907-563-7868

Instructions for Completing
Latent Tuberculosis Infection Treatment Completion Report

These reports are generated by the Alaska TB Program. They are sent to each public health nurse who has patients being treated for latent TB infection (LTBI). Because of the new short treatment regimens, reports will be generated approximately 1-3 months after patients should have completed therapy.

Section 1 – Date treatment of LTBI completed:

If a patient has **completed the prescribed course** of treatment for LTBI, provide **the date treatment was completed**. Note that this section applies only to patients who have completed a full course of treatment.

Example #1
An adult patient starts isoniazid 1/01/00 and finishes taking 9 months of medication on 12/01/00. He has taken 9 months of medication in 11 months time. **Enter:** Date LTBI treatment completed = 12/01/00.

Example #2
A child starts isoniazid 1/01/00 and stops on 10/01/00. He missed 1 month refill and took a total of 8 months of medication in 9 months. He refuses to take another month of isoniazid. **Selection:** Since this child did not complete the 9 month treatment regimen for LTBI, a response from Section 3 must be chosen.

Section 2- Regimen for LTBI

Mark the drug regimen the patient is taking. **Note:** The only recommended regimen for children is a 9 month course of isoniazid. For contacts on special regimens, select "Other" and indicate drug(s).

Section 3- Reason therapy for LTBI was discontinued before completion

When selecting reason therapy for LTBI was discontinued, consider the following:

a. "Discontinued by physician due to adverse reaction." Use for rash, hepatoxicity, etc.
b. "Discontinued on medical advice for reason other than adverse reaction." Use for pregnancy, extended travel or absence, etc.
c. "Discontinued/switched to new LTBI treatment regimen." Use to indicate the stop date of the current regimen and planned switch to an alternate regimen. Used when patient fails the current regimen or must change regimens e.g. index case is INH resistant and infected contact being treated with INH.
d. "Discontinued by patient against medical advice." Use when patient refuses to continue treatment.
e. "Patient lost to follow-up." Indicate number of letters or calls made.
f. "Patient moved." Please include forwarding address and the date the patient moved.
g. "Window prophylaxis discontinued." Please indicate date window prophylaxis was discontinued.