



OCPHO Tuberculosis (TB) Case Progress Report Form

Instructions:

Healthcare professionals (HCPs) have a legislative duty to report notifiable and reportable diseases to the Chief Public Health Officer (CPHO) as required in the NWT *Public Health Act* (2009, SNWT 2007, c.17, SI-007-2009), with required information and timelines for reporting as defined in the Disease Surveillance Regulations (2009, R-096-2009). This information is used for territorial and national surveillance and informs public health planning and interventions. Initial reporting for TB is done by the HCP the [NWT Tuberculosis \(TB\) Assessment Form](#) to the Office of the Chief Public Health Officer (OCPHO). This form is to provide further information on the confirmed or suspect case once the initial assessment form has been completed. Information on cases of the following is reportable within specific time frames:

Type	Timeline for submitting the form to the OCPHO after making a diagnosis or opinion
Tuberculosis Disease (Suspect or Confirmed)	Initial TB Assessment form within 24 Hours. This form is submitted biweekly in lieu of attending NWT TB Program Rounds

In addition to case information, HCPs shall make reasonable efforts to continue contact tracing for individuals with TB disease and provide the OCPHO with information respecting the contact tracing and specific control measures that have been initiated or carried out, as outlined the Reportable Disease Control Regulations (R-128-2009).

Contact tracing information is provided to the OCPHO on TB disease by filling out the [TB Investigation Contact Tracing Form](#) and submitting by medical confidential fax or secure file transfer (SFT) to CDU@gov.nt.ca. Additional contact tracing information may be requested depending on the circumstance. Please note you may have to interview TB case multiple times to receive all contact tracing information.

What to Report

Information within this reporting form is used for surveillance. It can help track the progression of an outbreak through different sub- populations (i.e., underhoused) as well as ensure that programs are meeting necessary TB standard indicators. Data from these sections are also used to fulfill reporting requirements to the federal government.

What is the Purpose of this Form

This Case Progress Report Form is a follow up form from the initial [TB Assessment Form](#). If no assessment form has been submitted on this individual, please submit that form instead. The Case Progress Report Form is required as a means to update any TB case (confirmed or suspect) to the NWT TB Program if a verbal update cannot be given at the scheduled NWT TB Program Rounds biweekly. The Case Progress Report Form must be submitted prior to NWT TB Rounds and/or at the request of the CPHO.

Health Card Number:	Last Name:	First Name:
Reporting Information		
Office of the Chief Public Health Officer Phone: (867) 920-8646 Medical Confidential Fax: (867) 873-0442		
Completed by:	(Sign):	
Phone:	Date : ___/___/___/ dd/mm/yy	
Comments:		
New information provided in section(s):		



OCPHO TB Case Progress Report Form (Confirmed or Suspect)

SECTION 1: PATIENT INFORMATION

Affix Label	Last Name:	First Name:
	HCN:	Date of Birth:
	Home Community:	Province/Territory: Other:
	Sex assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Unknown	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:
	Case Classification: <input type="checkbox"/> Suspect <input type="checkbox"/> Confirmed	

SECTION 2: TB ASSESSMENT/CURRENT STATUS OF PATIENT

Current Symptoms (check all that apply):
 Fatigue Cough Hemoptysis General Malaise Fever Night Sweats Chest Pain Nausea/Vomiting Other: _____

Physical Assessment (check all that apply):
 Weight: _____ Abnormal breath sounds Enlarged lymph nodes Red raised skin rash/lesions

Current disposition of patient:
 isolating at home (awaiting results) isolating at hospital admitted to hospital/not on isolation consent from OCPHO to discontinue isolation

SECTION 3: TB CASE INFORMATION

Lab/Radiological Investigations dd/mm/yy

<input type="checkbox"/> Current chest x-ray	<input type="checkbox"/> CBC	Date: ____/____/____
<input type="checkbox"/> ALT, BUN, Total Bili, Creatinine Date: ____/____/____	<input type="checkbox"/> HIV	Date: ____/____/____
<input type="checkbox"/> Urine (R&M)/Urine Culture Date: ____/____/____	<input type="checkbox"/> Other: _____	Date: ____/____/____

TB Diagnosis Date: dd/mm/yy	Positive	Negative	Site
Smear Date: ____/____/____ / Most recent if applicable	<input type="checkbox"/>	<input type="checkbox"/>	
Culture Date: ____/____/____ / Most recent if applicable	<input type="checkbox"/>	<input type="checkbox"/>	

Admitted to hospital: No Yes, date: ____/____/____ Deceased: No Yes, Date: ____/____/____

Discharge Date: ____/____/____ Discharge plan completed & communicated with new location:
 Where: _____ Yes, date: ____/____/____ No, why not _____

TB Treatment:

Intensive Phase	Drug Name	Dosage	Route	Frequency	Initiated Date	Discontinue/Reason Date
Any missed doses? <input type="checkbox"/> No <input type="checkbox"/> Yes, # of missing & dates: _____						Reported to OCPHO? <input type="checkbox"/> No <input type="checkbox"/> Yes
Continuation Phase						
Any missed doses? <input type="checkbox"/> No <input type="checkbox"/> Yes, # of missing & dates: _____						Reported to OCPHO? <input type="checkbox"/> No <input type="checkbox"/> Yes



OCPHO TB Case Progress Report Form (Confirmed or Suspect)

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CON'T - SECTION 3: TB CASE INFORMATION

OCPHO Notes

HCP Notes

Referrals

<input type="checkbox"/> Social Services	<input type="checkbox"/> Dietician/Nutritional Support	<input type="checkbox"/> Income Support	<input type="checkbox"/> Addiction Services
<input type="checkbox"/> Mental Health Counselling	<input type="checkbox"/> Culturally Appropriate Care	<input type="checkbox"/> Language Services	<input type="checkbox"/> Home Care
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____