



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

TUBERCULOSIS REPORTING

Active Disease – by telephone – immediately written report – 48 hours

FORM TB-34 – Individual Tuberculosis Report – Please answer all questions. Avoid checking “unknown.”

Every physician, public health officer and for every chief medical officer having charge of any hospital, clinic or other similar public or private institution in the State shall immediately telephone the local health department and report the name, age, sex, race, home address and type of disease of any person with a diagnosis of, or who is suspected of having, tuberculosis.

The health care provider reporting under subsection 6.1 of this section shall also submit a written report (Form TB-34) to the Division within forty-eight(48) hours of a diagnosis of tuberculosis or upon suspicion that a person has tuberculosis.

Contact Reporting – 2 weeks and 3 months later

Form TB-1001 – Contact sheets are to be sent to the Tuberculosis Control Program as soon as the initial contact investigation is achieved within two weeks of notification of the new case or suspected case of tuberculosis. Then again when the 3-month follow-up testing is complete.

Tuberculin Skin Testing Report (TB-15) – Monthly

The TB-15 is used to collect data for evaluation of the tuberculin screening program. Be sure to list reactors on the back of the form and provide needed information. Any providers using tuberculin provided by the TB Control Program are to submit this report to the Local Health Department, who will copy to the TB Control Program. A **TB-101** should be submitted within one week of the positive reaction.

Report of Tuberculosis Diagnostic Chest Clinic Activities – TB-1006

**Bureau for Public Health
Division of Surveillance and Disease Control
Tuberculosis Control Program
Room 125, 350 Capitol Street
Charleston, West Virginia 25301-3715
(304) 558-3669 or 1-800-330-8126**

The TB-1006 should be completed and submitted to the TB Control Program at the close of each diagnostic clinic. Names should be listed in the order they were seen in clinic.

Be sure to have the chest clinic dictation signed by the clinician at his next clinic visit.

Report of Drugs Dispensed (TB-5) – Monthly

This form is used to provide accountability for TB medications dispensed.

Aggregate Reports – Yearly

Follow-up and Treatment for Contacts to Tuberculosis Cases
Targeted Testing and Treatment for Latent Tuberculosis Infection

These reports are to be submitted every year by July 15. The patients included in the report would have been started on treatment during the year ending December 31, two years before the final report is due, or one year before the preliminary report is due. Example: Patients started on treatment between 1/01/99 and 12/31/99 would be on the preliminary report for July 15, 2000, and would be on the final report for July 15, 2001. This gives the patient two years to complete medications or correct errors made in the preliminary report. Each year there are one preliminary from two years before and one final report from one year before due for each Aggregate Report – a total of four reports each year.

All forms are available from the Tuberculosis Control Program
350 Capitol Street, Room 125
Charleston WV 25301

or you may call 1-800-330-8126 (in WV) or (304)558-3669, or Fax (304)558-1825 to order the forms.

February 13, 2007

Signed _____
Dominic Gaziano, M.D.
Medical Director
Tuberculosis Control Program

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