



Maine Center for Disease
Control and Prevention

An Office of the
Department of Health and Human Services

Department of Health and Human Services
Maine Center for Disease Control and Prevention
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Maine Tuberculosis Control Program
Reporting Instructions for Healthcare Providers
of TB Suspect/Case

The Maine State Law (10-144 C.M.R. Ch.28) mandates the reporting of confirmed/suspect TB cases to the Maine TB Control Program. Suspect or confirmed cases of TB should be reported immediately. This instruction sheet is intended to assist healthcare providers in completing the Maine TB Control Referral Form for TB cases/suspects. Blank forms are available for download at http://www.maine.gov/dhhs/boh/ddc/tuberculosis_control.htm

Standard of Care data needed:

- **Infectious status:** X-Pulmonary vs. Pulmonary. Pulmonary requires patient being placed on Airborne Precautions
- Demographic information: Complete patient's address and telephone number. If the patient is a minor, provide parent's name.
- (Tuberculin Skin Test) **TST:** (Mantoux: name of test and planted [PPD] Purified Protein Derivative): Provide date & measurement of indurations in millimeters of recent and prior TSTs.
- Pulmonary Chest X-ray, Cat Scans and/or MRI results. TB Program will coordinate consult with TB Consultant if indicated. Please place all **CT scans and Chest x-rays** on disc (if possible) so the patient can bring to TB Consultant when referred.

High Risk populations

- **Place of Birth:** Foreign-born/Immigrants. BCG immunization status.
- **D.O.E.:** Date of Entry to United States of America.
- **Languages Spoken:** Is there an Interpreter needed for communication? **Race/Ethnicity**
- **HIV Status:** (if available) for treatment plan with co-infection.
- **Substance Abuse:** defined as use of alcohol or other drugs, licit, illicit, which results in an individual's physical, mental, emotional or social impairment.
- Homeless or Congregate Dwelling for possible contact investigation.
- Laboratory results: **LFT's** (Hepatic panel) to determine medication treatment
 - (#) **Sputums** obtained and report of AFB results. Laboratory sent to: State or private.
- Physician Information: Presenting **signs and symptoms**.
- Patient **Weight** (determines dosages) and history of weight loss.
- **Medical History** and physical findings. Previous Treatment/Exposures to MTB.
- Is the patient **Immuno-compromised**? Diabetes mellitus, Immunosuppressive therapy (Rheumatoid Arthritis treatment) or corticosteroid use, Silicosis, Cancer, Renal disease and certain Intestinal conditions.
- **Primary Care Provider** information and individual referring.
- **Medications** prescribed and **Pharmacy** patient will be using. Please do not give prescription of TB medications to patient. *Maine Public Health Nurses* will provide Direct Observed Therapy (DOT).

Please fax this completed form to **(207)287-6865** and consult with TB Program of report. **Please leave a message about this referral at (207)287-5194: TB Program Coordinator.** Maine CDC report line after hours 1-800-821-5821.