



# State of Connecticut

## Department of Public Health

### INSTRUCTIONS FOR SUBMITTING TUBERCULOSIS LATENT INFECTION SURVEILLANCE REPORTS

(As required under Section 19a-36-A3 of the Public Health Code and Sections 19a-262 and 19A-215 of the Connecticut General Statutes)

**NOTE – Revised form as of 1/1/2009 for Latent Tuberculosis (TB) or TB/HIV Co-infections only.**

#### **WHAT TO REPORT:**

**Tuberculosis Infection:** persons with a positive (+) Tuberculin Skin Test (TST) or Interferon Gamma Release Assay for Mycobacterium Tuberculosis and a chest X-ray that is normal or not consistent with active disease.

**TB/HIV Co-infections:** ( $\geq 5$ mm TST plus HIV infection) and a chest X-ray that is normal or not consistent with active disease.

#### **HOW AND WHEN TO REPORT TB INFECTION OR TB/HIV CO-INFECTION:**

**Please use new Latent Infection Surveillance Report Form**

By telephone/fax to State of CT, Tuberculosis Control Program (phone: 860-509-7722, fax: 860-509-7743).

Mail the completed Latent TB Infection Surveillance form to both the local health director and the State TB Control Program for:

- TB/HIV Co-infections ( $\geq 5$ mm TST plus HIV infection).
- TB infection in persons who are contacts to a TB case; and persons started on therapy which has been provided by the DPH.

#### **HOW TO OBTAIN FREE MEDICATIONS FROM THE STATE OF CT:**

Fax or mail completed Latent TB Infection Surveillance Report Form, along with appropriate prescriptions to the State of Connecticut, TB Control Program. Fax is preferred for faster processing of medication deliveries.

MAIL THE **WHITE COPY** IN AN ENVELOPE MARKED "CONFIDENTIAL":

Tuberculosis Control Program  
410 Capitol Ave. MS#11TUB  
P.O. Box 340308  
Hartford, CT 06134-0308

MAIL THE **YELLOW COPY** TO THE PATIENT'S LOCAL HEALTH DEPARTMENT.

#### **HOW TO REPORT TB DISEASE:**

Please use the new TB-86 Surveillance Report Form revised 12/2008.

All forms are available on the Department of Public Health website at <http://www.ct.gov/dph>. Select Diseases and Conditions, Tuberculosis, Forms or on request by phone.

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