

Attachment T Infection Control Reporting Forms

| ISOLATION UTILIZATION REPORT | | | | | | | | | | | | | |
|------------------------------|------------|----------------|-----------|---------|-----------|-----------|-------------------------|-------------------------|-------------------------|----------------------|----------------------|-----------|-----------|
| REGION: JESSUP | | DATE: Aug 2009 | | | | | | | | | | | |
| INMATE | DPSCS/ DOC | SOURCE | ISOLATION | GENDER/ | ADMISSION | ADMISSION | SPUTUM date / result | SPUTUM date / result | SPUTUM date / result | CXR date / result | HIV status / date | DISCHARGE | DISCHARGE |
| NAME | NUMBER | FACILITY | FACILITY | RACE | DATE | DIAGNOSIS | 1 | 2 | 3 | | | DATE | DIAGNOSIS |
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SIGNATURE:

STD REPORT

DATE: Aug 2009

REGION: JESSUP

| FOR THE MONTH | BBCF | CLF | EPRU | JPRU | MCIJ | MCIW | JCI | PATX | BPRUW | SMPRU | HTBC | TOTAL |
|---|-------------|------------|-------------|-------------|-------------|-------------|------------|-------------|--------------|--------------|-------------|--------------|
| # RPR TEST | | | | | | | | | | | | |
| # REACTIVE RPR | | | | | | | | | | | | |
| # FEMALE | | | | | | | | | | | | |
| # MALE | | | | | | | | | | | | |
| # OF NEW REACTIVE CASES | | | | | | | | | | | | |
| # RPR TEST CONFIRMED BY H.D. FOR PAST POSTIVE & TREATMENT | | | | | | | | | | | | |
| # RPR TREATMENT INITIATED | | | | | | | | | | | | |
| # RPR TREATMENTS COMPLETED | | | | | | | | | | | | |
| # RPR TREATMENTS REFUSED | | | | | | | | | | | | |
| # GC TEST | | | | | | | | | | | | |
| # (+) GC RESULTS | | | | | | | | | | | | |
| # GC TREATMENT INITIATED | | | | | | | | | | | | |
| # GC TREATMENT COMPLETED | | | | | | | | | | | | |
| # CHLAMYDIA TEST | | | | | | | | | | | | |
| # (+) CHLAMYDIA RESULTS | | | | | | | | | | | | |
| # (+) CHLAMYDIA TREATMENTS INITIATED | | | | | | | | | | | | |
| # (+) CHLAMYDIA TREATMENTS COMPLETED | | | | | | | | | | | | |

| Name | Note |
|-------------|-------------|
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| HEPATITIS C REPORT | | | | | | | | | | | | |
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| DATE: Aug 2009 | | | | | | | | | | | | |
| REGION: JESSUP | | | | | | | | | | | | |
| | BBCF | CLF | EPRU | JPRU | MCIJ | MCIW | JCI | PATX | BPRUW | SMPRU | HTBC | TOTAL |
| # HCV TESTS PERFORMED (for the month) | | | | | | | | | | | | |
| # HCV TESTS POSITIVE (for the month) | | | | | | | | | | | | |
| # HCV CONFIRMED BY VIRAL RNA (for the month) | | | | | | | | | | | | |
| Total # INMATES HCV positive (Cumulative) | | | | | | | | | | | | |
| # WITH HX OF SUBSTANCE ABUSE(Cumulative) | | | | | | | | | | | | |
| # WITH HX OF DEPRESSION (Cumulative) | | | | | | | | | | | | |
| # ENROLLED IN CHRONIC CARE CLINIC (Cumulative) | | | | | | | | | | | | |
| # Co-INFECTED INMATES HCV/HIV (Cumulative) | | | | | | | | | | | | |
| # Co-INFECTED INMATES HCV/HBV (cumulative) | | | | | | | | | | | | |
| # Co-INFECTED INMATES HCV/HAV (Cumulative) | | | | | | | | | | | | |
| # RECEIVING TWINRIX VACCINE (for the month) | | | | | | | | | | | | |
| # SVR (for the month) | | | | | | | | | | | | |
| # EVR (for the month) | | | | | | | | | | | | |

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|--|--------------------|--|--|-------------------|--|--|-------------------|--|--|--|--|--|
| # RECEIVING LFTs (for the month) | | | | | | | | | | | | |
| # RECEIVING VIRAL LOAD (for the month) | | | | | | | | | | | | |
| # RECEIVING GENOTYPE (for the month) | | | | | | | | | | | | |
| # HAD GI/ID CONSULT (for the month) | | | | | | | | | | | | |
| #PRESENTED TO PANEL (for the month) | | | | | | | | | | | | |
| # HAD LIVER BIOPSY (for the month) | | | | | | | | | | | | |
| # HAD CT/ULTRASOUND (for the month) | | | | | | | | | | | | |
| # APPROVED FOR ANTIVIRAL THERAPY (for the month) | | | | | | | | | | | | |
| # INMATES COMPLETING THERAPY (for the month) | | | | | | | | | | | | |
| # INMATES DISCONTINUING THERAPY (for the month) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Pt. Initials and DOC # | Tx. Regimen | | | Start Date | | | # of Weeks | | | | | |
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IMMUNIZATION REPORT

DATE: Aug 2009

REGION: JESSUP

| FOR THE MONTH | BBCF | CLF | EPRU | JPRU | MCIJ | MCIW | JCI | PATX | BPRUW | SMPRU | HTBC | TOTAL |
|--------------------------|-------------|------------|-------------|-------------|-------------|-------------|------------|-------------|--------------|--------------|-------------|--------------|
| # TWINRIX 1ST DOSE | | | | | | | | | | | | |
| # TWINRIX 2ND DOSE | | | | | | | | | | | | |
| # TWINRIX 3RD DOSE | | | | | | | | | | | | |
| # PNEUMOCOCCAL VACCINE | | | | | | | | | | | | |
| # INFLUENZA VACCINATIONS | | | | | | | | | | | | |
| # INFLUENZA REFUSALS | | | | | | | | | | | | |
| # OTHER IMMUNIZATIONS | | | | | | | | | | | | |
| # OTHER REFUSALS | | | | | | | | | | | | |
| OTHERS | | | | | | | | | | | | |
| TETANUS | | | | | | | | | | | | |
| HEP B | | | | | | | | | | | | |

SIGNATURE:

HIV REPORT

Date: Aug 2009

REGION: JESSUP

| | BBCF | CLF | EPRU | JPRU | MCIJ |
|--|-------------|------------|-------------|-------------|-------------|
| # HIV (+) INMATES(cumulative) | | | | | |
| FROM ABOVE, TOTAL AIDS DEFINED BY CDC CLASSIFICATION OR CD4 <200/14%(cumulative) | | | | | |
| TOTAL HIV (+) ON HAART THERAPY(cumulative) | | | | | |
| # CLINICAL HIV TESTS (for the month) | | | | | |
| # HIV (+) RESULTS(for the month) | | | | | |
| # HIV VOLUNTARY TESTS (for the month) | | | | | |
| # VOLUNTARY HIV(+) RESULTS (for the month) | | | | | |
| # INMATES OFFERED HIV EDUCATION (for the month) | | | | | |
| # INMATES REFUSED TESTING WITHOUT EXPLANATION (for the month) | | | | | |
| # INMATES REFUSED TESTING DUE TO PREVIOUS POSITIVE (for the month) | | | | | |
| # HIV CD4 TEST(for the month) | | | | | |
| # HIV VIRAL LOADS DONE (for the month) | | | | | |
| # UNDETECTABLE VIRAL LOADS FROM ABOVE (for the month) | | | | | |
| # OF DETECTABLE VIRAL LOAD (for the month) | | | | | |
| # OF ABOVE ON HAART(for the month) | | | | | |
| Total # of inmates w/undetectable VL.(Cumulative) | | | | | |

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| TOTAL# OF INMATES ABOVE ON HAART THERAPY(Cumulative) | | | | | |
| # of HIV inmates presented to JHH (for the month) | | | | | |
| # of newly diagnosed HIV inmates offered treatment (for the month) | | | | | |

Distributed to: G. Midy, Judy Schuur

SIGNATURE:

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Distributed to: G. Midy, Judy Schuur

SIGNATURE:

| Newly Diagnosed HIV Patients | | | | | Aug-09 | |
|------------------------------|------|----------|----------|--------------|----------------------|----------|
| Clinical Test Date | Doc# | Name | Facility | Comment | Release Date | |
| NONE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Voluntary Testing Date | Doc# | Facility | Comment | Release Date | Confirmatory Results | Comments |
| NONE | | | | | | |
| | | | | | | |

| Transfers to Other Regions | | | | | | | | | |
|----------------------------|------|-----------|---------------|----|------------------|--------------------|-----------------------|--------------|----------|
| Patient Name | Doc# | Tx Regime | Tx Start Date | VL | Transfer to/date | Transfer from/date | Date Presented to JHH | Release Date | Comments |
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REPORTABLE

DATE: Aug 2009

REGION: JESSUP

| FOR THE MONTH | BBCF | CLF | EPRU | JPRU | MCIJ | MCIW | MHC | MCHA | PATX | BPRUW | SMPRU | HTBC | TOTAL |
|------------------------------------|-------------|------------|-------------|-------------|-------------|-------------|------------|-------------|-------------|--------------|--------------|-------------|--------------|
| MUMPS | | | | | | | | | | | | | |
| ECTO- PARASITES | | | | | | | | | | | | | |
| VARICELLA (Chicken Pox) | | | | | | | | | | | | | |
| MEASLES | | | | | | | | | | | | | |
| ZOSTER | | | | | | | | | | | | | |
| OTHER | | | | | | | | | | | | | |
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SIGNATURE:

TUBERCULOSIS REPORT

DATE: Aug 2009

REGION: JESSUP

| | BBCF | CLF | EPRU | JPRU | MCIJ | MCIW | JCI | PATX | BPRUW | SMPRU | HTBC | TOTAL |
|--|------|-----|------|------|------|------|-----|------|-------|-------|------|-------|
| # PROPOSED FOR ANNUAL TB TEST | | | | | | | | | | | | |
| # OF PAST POSITIVES | | | | | | | | | | | | |
| TOTAL ANNUAL PPD PLANTED | | | | | | | | | | | | |
| # & % ANNUAL PPD CONVERSIONS | | | | | | | | | | | | |
| # OF INMATES LTBI EVAL-UATED (XRAY, SX SCREEN) | | | | | | | | | | | | |
| # & % CANDIDATES FOR TLI | | | | | | | | | | | | |
| # & % INMATES STARTED ON TLI (for the month) | | | | | | | | | | | | |
| TOTAL # ON TLI (cumulative) | | | | | | | | | | | | |
| # COMPLETING TLI (cumulative) | | | | | | | | | | | | |
| # TLI REFERED TO LHD (for the month) | | | | | | | | | | | | |
| # INTAKES EVALUATED FOR PPD (for the month) | | | | | | | | | | | | |
| # & % INTAKE LTBI | | | | | | | | | | | | |
| # & % OF INTAKE LTBI EVALUATED (XRAY / SX) | | | | | | | | | | | | |
| TOTAL # INTAKE PPD PLANTED | | | | | | | | | | | | |
| # & % INTAKE LTBI THAT ARE CANDIDATES FOR TLI | | | | | | | | | | | | |
| # & % INTAKE STARTED ON TLI | | | | | | | | | | | | |
| # & % INTAKE TLI COMPLETED | | | | | | | | | | | | |

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|-------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| # INTAKE TLI REFERRED TO LHD | | | | | | | | | | | | |
| # CONTACT INVESTIGATIONS | | | | | | | | | | | | |
| CONTACT TRACING TESTING | | | | | | | | | | | | |
| # CONVERSIONS FROM CONTACT TRACINGS | | | | | | | | | | | | |
| # 851 FORMS SENT TO DPSCS | | | | | | | | | | | | |
| # 4501 FORMS SENT TO DPSCS | | | | | | | | | | | | |
| # NONADHERANCE REPORTED TO DPSCS | | | | | | | | | | | | |
| # APPENDEX 14 SENT TO Dr. Randall | | | | | | | | | | | | |
| # TB R/O IN RESP. ISOLATION | | | | | | | | | | | | |
| # ABOVE HIV POSITIVE | | | | | | | | | | | | |
| # ABOVE HCV POSITIVE | | | | | | | | | | | | |
| # NEW ACTIVE TB CASES | | | | | | | | | | | | |
| # COMPLETING ACTIVE TB TX | | | | | | | | | | | | |
| # ACTIVE TX D/C 2° HEPATOTOXICITY | | | | | | | | | | | | |
| # TLI D/C 2° HEPATOTOXICITY | | | | | | | | | | | | |
| # TX RESISTANT | | | | | | | | | | | | |

| Inmates who tested positive: (current month) | | | |
|--|-------|------|-------------|
| Name | DOC # | Site | Disposition |
| | | | |
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| Inmates on active Tx: Initials & DOC # (cumulative) | Facility | Week Completed | |
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| Inmates on TLI: Initials & DOC # (cumulative) | Facility | Week Completed | |
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MRSA REPORT

DATE: Aug 2009

REGION: JESSUP

| FOR THE MONTH | BBCF | CLF | EPRU | JPRU | MCIJ | MCIW | JRH | JCI | PATX | BPRUW | SMPRU | HLTBC | TOTAL |
|--|-------------|------------|-------------|-------------|-------------|-------------|------------|------------|-------------|--------------|--------------|--------------|--------------|
| # CULTURES DONE | | | | | | | | | | | | | |
| # CONFIRMED MRSA (+) | | | | | | | | | | | | | |
| # CONFIRMED OTHER INFECTION (+) (MSSA) | | | | | | | | | | | | | |
| # MRSA INFIRMARY ADMISSIONS | | | | | | | | | | | | | |
| # MRSA ISOLATIONS | | | | | | | | | | | | | |
| # MRSA SINGLE CELL | | | | | | | | | | | | | |
| # MRSA COHORTS | | | | | | | | | | | | | |
| # MRSA ON ANTIBIOTICS | | | | | | | | | | | | | |
| # OTHER INFECTIONS ON ANTIBIOTICS | | | | | | | | | | | | | |
| # MRSA ON EMPIRIC THERAPY | | | | | | | | | | | | | |
| # MRSA WARM SOAKS THERAPY | | | | | | | | | | | | | |
| # RECEIVED FROM HOSPITAL | | | | | | | | | | | | | |
| # WITH RECENT SURGERY | | | | | | | | | | | | | |
| # OTHER INFECTIONS FROM HOSP. (SPECIFY TYPE OF INFECTION) | | | | | | | | | | | | | |
| # WITH RECENT SURGERY | | | | | | | | | | | | | |

SIGNATURE: