



Mycobacterium bovis Questionnaire

This form should be completed by the **relevant case manager or HPT** for each new case (including cases diagnosed at post mortem) occurring in England, Wales and Northern Ireland of **culture confirmed** disease due to ***Mycobacterium bovis*** isolated at a Reference Centre

Please return the completed form to 0208 200 7868 (fax) or TBSection@phe.gov.uk (email) (Please note that if the form is being sent via email, it should be sent in a zip file and protected with a password so that it is secure).

This component of Enhanced Tuberculosis Surveillance aims to gather additional information on all cases of *M. bovis* as part of an initiative to monitor the effects on human health of increasing incidence of herd breakdown (tuberculin skin test reactivity with or without evidence of disease) in cattle.

If you have any questions about this form please contact TBSection@phe.gov.uk or Tel: 020 8327 6427

Thank you for your co-operation.

Form completed by (please print details):

Name: _____ Date: __ / __ / ____ Hospital/ HPT: _____

SECTION 1: PATIENT DETAILS

Hospital/Clinic: _____ HPT: _____

Patient initials: _____

Patient month/year of birth: __ / ____

Sex: Male Female

ETS/LTBR ID: _____ (Please ensure that this case is notified to ETS (or LTBR for London cases)).

SECTION 2: CASE BACKGROUND INFORMATION

Please provide details of; if the patient is immunosuppressed, or on immunosuppressive therapy:

Please provide any other relevant clinical details:

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SECTION 3: CONTACTS OF OTHER HUMAN CASES (DETAILS)

Has the patient ever spent any time in contact with any known (human) cases of tuberculosis?

Yes No Unknown If yes, ETS/LTBR ID: _____

If yes, please provide details:

Date	Exposure setting		Details
	<input type="checkbox"/> Household		
	<input type="checkbox"/> Health care	<input type="checkbox"/> Hospital <input type="checkbox"/> Other	
	<input type="checkbox"/> Education	<input type="checkbox"/> Nursery <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	
	<input type="checkbox"/> Detention	<input type="checkbox"/> Prison <input type="checkbox"/> Immigration	
	<input type="checkbox"/> Homeless Hostel	<input type="checkbox"/> Residential Hostel <input type="checkbox"/> Night shelter <input type="checkbox"/> Other	
	<input type="checkbox"/> Other congregate settings	<input type="checkbox"/> Elderly residential <input type="checkbox"/> Nursing home <input type="checkbox"/> Pub <input type="checkbox"/> Workplace <input type="checkbox"/> Other	
	<input type="checkbox"/> Travel	<input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Ship	

SECTION 4: UNPASTEURISED MILK PRODUCT CONSUMPTION

Has the patient ever consumed unpasteurised milk products? Yes No Unknown

If yes, please provide details: Milk Cheese Yogurt

Which animal(s) was milk product obtained from: _____

With what frequency? Once Occasionally Often/regularly Most recent year of consumption: _____

Where did the patient obtain the unpasteurised milk products? UK Outside of UK

If in the UK: Own farm Local farm Other And please specify the county: _____

If outside UK, please specify the country: _____

Other details _____

SECTION 5: TRAVEL HISTORY

Has the patient travelled or lived outside the UK for more than one month? Yes No Unknown
(to a country with high TB prevalence where human-to-human *M.bovis* transmission may occur i.e. the Indian Subcontinent or Sub-Saharan Africa)

If yes, please provide details:

Country	Year of last visit

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SECTION 6A: OCCUPATIONAL DETAILS / ANIMAL CONTACT

Has the patient ever worked: *(include voluntary work, e.g. for animal welfare charities)* - tick all relevant

in an abattoir as, or with a vet as, or with a livestock farmer with animals in another capacity

Has the patient ever: - tick all relevant

Had physical contact with wild animals: Yes No Unknown

Had physical contact with farm animals: Yes No Unknown

Had other relevant contact (excluding pets) with an animal: Yes No Unknown

SECTION 6B: FURTHER DETAILS OF OCCUPATIONAL / ANIMAL EXPOSURE

If YES to any of the above please provide details:

Animal	Year of most recent contact	Duration (years)	Country (or if in UK county)	Details

SECTION 6C: CONTACT WITH ANIMALS WITH TB

Has the patient ever: had a pet Did the pet have: suspected TB confirmed TB

Has the patient had any contact with farm animals/wild animals with a positive TB test?

Yes No Unknown If yes (or pet had TB), please provide details:

Animal	Year of most recent contact	Duration (years)	Country (or if in UK county)	Details

If the patient has had contact with TB positive farm animals,

Were visible lesions present in carcass? Yes No Unknown

Were udder lesions present? Yes No Unknown

Herd type: _____ Herd size: _____

Please complete extra information box over page

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Please provide any **other information** you think may be relevant to this illness:
