Patient's Name (Last) (First) (M.I.)

Washington State Department of Health

MDR TB SUPPLEMENTAL SURVEILLANCE FORM

To be completed for all cases treated as MDR TB, regardless of DST results

DOH 343-233 November 2022

History of treatment before current episode with second-line TB drugs for the treatment of TB disease (not LTBI):
☐ Yes ☐ No ☐ Unknown

TREATMENT COURSE

Date MDR TB therapy started for current episode: **Month / Day / Year:** ☐☐ ☐☐ ☐☐☐☐

Drugs ever used for MDR TB Treatment, from MDR start date: *(Select one option for each drug)*

Drug	Length of time administered
Isoniazid	☐ Not Used ☐ < 1 month ☐ ≥1 month
Rifampin	☐ Not Used ☐ < 1 month ☐ ≥1 month
Pyrazinamide	☐ Not Used ☐ < 1 month ☐ ≥1 month
Ethambutol	☐ Not Used ☐ < 1 month ☐ ≥1 month
Streptomycin*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Rifabutin*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Rifapentine*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Ethionamide*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Amikacin*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Kanamycin*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Capreomycin*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Ciprofloxacin*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Levofloxacin*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Ofloxacin*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Moxifloxacin*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Other Fluoroquinolones	☐ Not Used ☐ < 1 month ☐ ≥1 month
Cycloserine*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Para-Amino Salicylic Acid*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Linezolid*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Bedaquiline*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Delamanid*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Clofazimine*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Pretomanid*	☐ Not Used ☐ < 1 month ☐ ≥1 month
Other (Specify: _____)	☐ Not Used ☐ < 1 month ☐ ≥1 month

**Indicates second- or third-line medication for purpose of US surveillance*

Date injectable medication was stopped:
Month ☐☐ Day ☐☐ Year ☐☐☐☐ ☐ Not Applicable

Was surgery performed to treat MDR TB?
☐ Yes ☐ No
If YES, Date: Month ☐☐ Day ☐☐ Year ☐☐☐☐

Side effects

Side effect	Experienced?	When?
Depression	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Suicide attempt or ideation	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Cardiac abnormalities	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Hearing loss	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Tinnitus	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Vestibular dysfunction	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Peripheral neuropathy	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Renal dysfunction	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Vision change/loss	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Liver toxicity	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Myalgia	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Arthralgia	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both
Other (Specify: _____)	☐ Yes ☐ No ☐ Unknown	☐ During Treatment ☐ At end of treatment ☐ Both