

THE TEXAS TB REGISTRY SYSTEM



WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection, storage, retrieval, analysis, and dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.

TB CASE DEFINITION

- Clinical Case

A case that meets **all** of the following criteria:

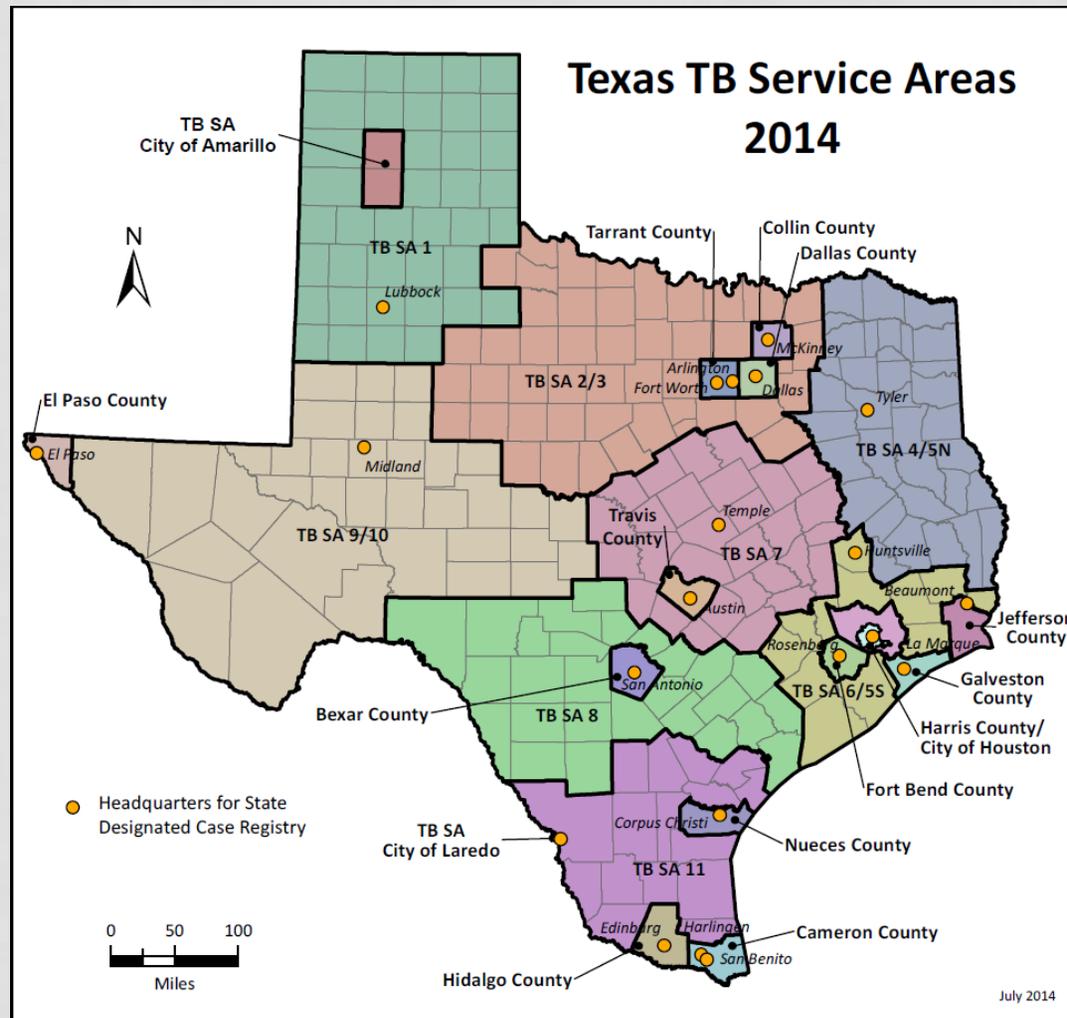
- A positive TST result or positive IGRA for *M. tuberculosis*
- Other signs and symptoms compatible with TB
- Treatment with two or more anti-TB medications
- A completed diagnostic evaluation

- Laboratory criteria for diagnosis

Any one of these:

- Isolation of *M. TB* complex from a clinical specimen
- Demonstration of *M. TB* complex from a clinical specimen
- Demonstration of acid-fast bacilli in a clinical specimen when a culture has not been or cannot be obtained or is falsely negative or contaminated.

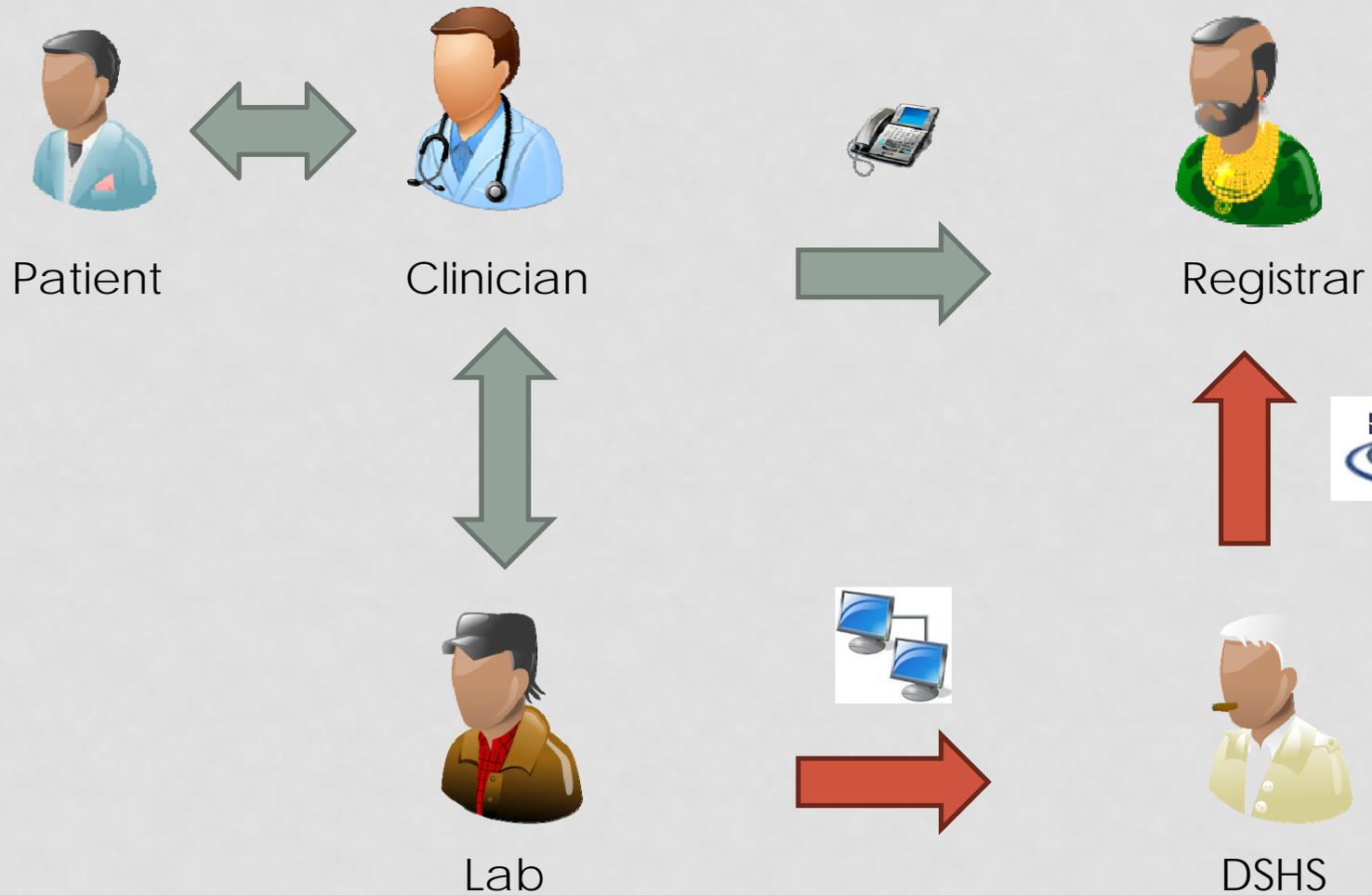
TEXAS TB REGISTRARS



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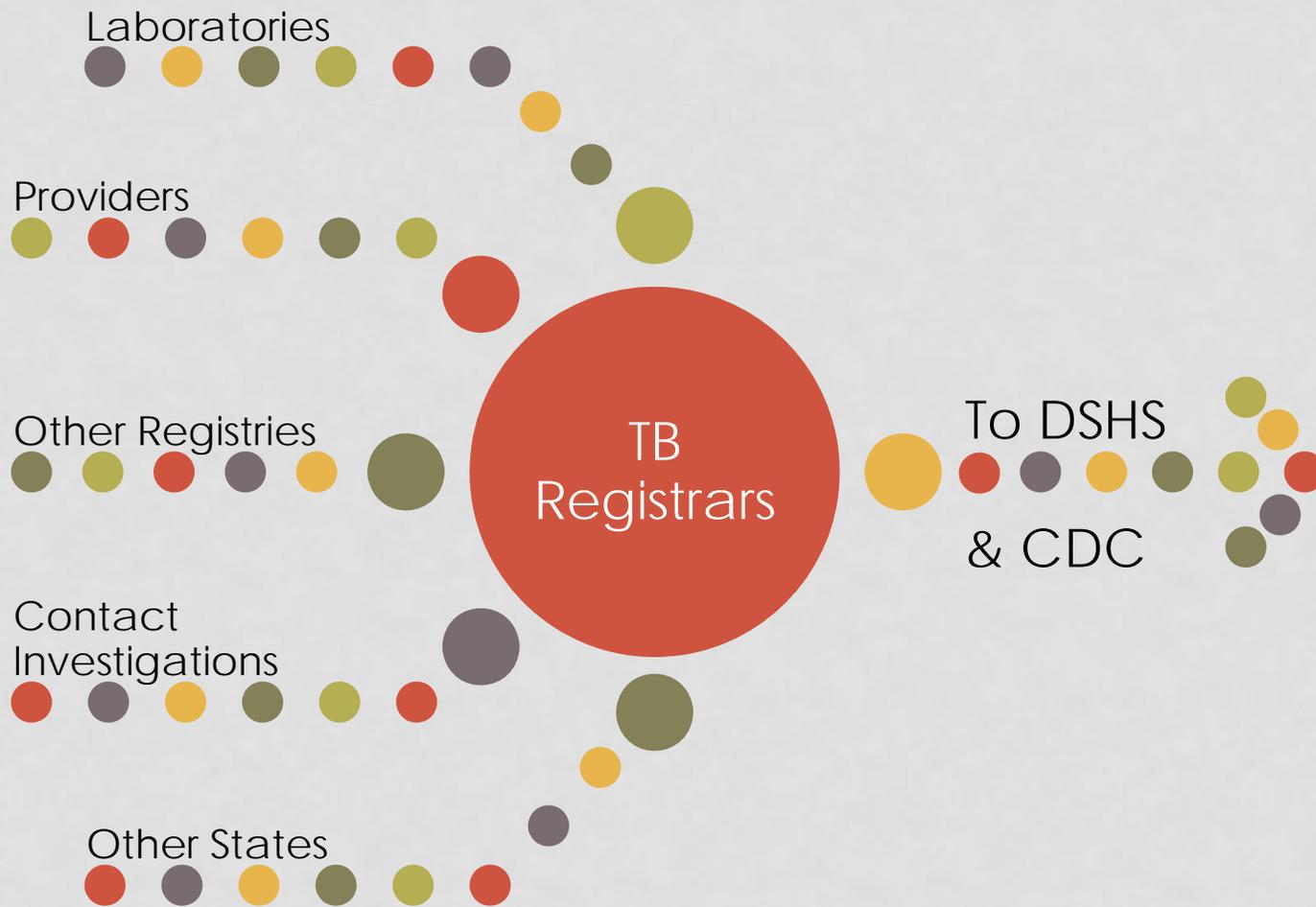
LABORATORY & PROVIDER REPORTING



OTHER REGISTRIES

- Vital Records
 - Death Records Related to TB
- Electronic HIV/AIDS Reporting System (eHARS)
 - TB HIV Co-infection
- TB Net
 - Immigrant TB History
 - National XDR/MDR
- Tracker
 - Texas MDR/XDR
- Other State's TB Registries

DATA COLLECTION SOURCES



CASE DATA COLLECTION AND REPORTING

Patient information collected on various data collection tools

RVCT Form (official reporting form) completed from data collection tools

RVCT form sent to Central Office

RVCT Form reviewed, information verified and entered into TB-PAM

Case information transmitted to CDC

Patient Search

Search by: Demographics Event

Last Name:

First Name:

DOB:

Current Sex:

Patient ID(s):

(Separate IDs by commas, semicolons, or spaces)

- ### My Queues
- Approval Queue for Initial Notifications (0)
 - Updated Notifications Queue (40014)
 - Rejected Notifications Queue (0)
 - Documents Requiring Security Assignment (7)
 - Documents Requiring Review (17)

Notices

There are no Notices available.



My Reports

There are no private reports available.

IMPORTED INTO TBPAM



WHAT REGISTRARS COLLECT

- RVCT
- Follow Up 2 Pages 5-6 Case Completion report
 - For cases when treatment stopped
 - For cases transferred in from an out of state jurisdiction within the U.S.
 - FU2 P5-6 not necessary for Suspects, when it becomes a case
 - FU2 P5-6 not applicable for Cases reported "dead" at diagnosis
- TB-340 and 341
- TB Suspect Case Verification Report
- Counted Case Verification Report

REQUIRED RVCT DATA ELEMENTS

1. Complete name
2. Social security number
 - a. 999-99-9999 if they have a ssn but is unknown
 - b. 000-00-0000 if undocumented immigrant
3. Sex
4. Date of birth
5. Race and ethnicity
6. Country of origin; If non U.S., date of entry into the U.S.
...

REQUIRED RVCT DATA ELEMENTS

7. Address
 - a. city
 - b. county
 - c. zip-code with 4 digit code and if in or outside city limits;
 - d. If diagnosed while in a facility or shelter, the name of the facility or shelter (Include address verification)
8. Criteria for confirmed case of TB must be documented on the case verification report.
9. Copy of Non DSHS lab report if case is a lab confirmed case and susceptibilities
10. Criteria for clinical case
11. Criteria for clinical case by provider diagnosis

FOLLOW UP 1 AND 2

Patient's Name _____
 Street Address _____
(Number, Street, City, State) (ZIP CODE)

REPORT OF VERIFIED CASE OF TUBERCULOSIS

 **REPORT OF VERIFIED CASE OF TUBERCULOSIS**

Initial Drug Susceptibility Report (Follow Up Report – 1)

| | | | | | | | |
|----------------------|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Year Counted | State Case Number | <input type="text"/> |
| <input type="text"/> | City/County Case Number | <input type="text"/> |

Submit this report for all culture-positive cases.

38. Genotyping Accession Number
 Isolate submitted for genotyping (select one): No Yes
 If YES, enter genotyping accession number for episode:

39. Initial Drug Susceptibility Testing
 Was drug susceptibility testing done? (select one) No Yes Unknown
If NO or UNKNOWN, do not complete the rest of Follow Up Report – 1

If YES, enter date FIRST isolate collected for which drug susceptibility testing was done:
 Month Day Year
 Enter specimen type: Sputum
 OR
 If not Sputum, enter anatomic code (see list):

40. Initial Drug Susceptibility Results (select one option for each drug)

| | Resistant | Susceptible | Not Done | Unknown | | Resistant | Susceptible | Not Done | Unknown |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Isoniazid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Capreomycin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rifampin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ciprofloxacin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pyrazinamide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Levofloxacin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ethambutol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ofloxacin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Streptomycin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Moxifloxacin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FOLLOW UP 2 REQUIREMENTS

- Date of Sputum conversion if sputum positive
- Updated locating information if patient moved during treatment
- Drug Therapy information
 - Total weeks of directly observed therapy
- Drug stop date and justification
- Final Susceptibilities

CONTACT AND SUSPECTS

TB-340

for contacts to confirmed cases
for suspected cases
(hold until disease ruled out)

| Date: | | TB Program Evaluation | | | | | | Page 1 of 1 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------|--|
| <input type="button" value="SAVE"/> <input type="button" value="PRINT"/> <input type="button" value="RESET"/> | | Report of Follow-up and Treatment for Contacts to TB Cases and Suspects | | | | | | 1. RVCT #: | |
| Save Copy before Resetting! | | | | | | | | | |
| A. Case/Suspect Information | | | | | | | | | |
| 2. Name: First Middle Last | | | 3. DOB: | 4. SSN: | 5. Sex: <input type="checkbox"/> M <input type="checkbox"/> F | 6. Race: | | Ethnicity: | |
| | | | | | | <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> Not Hisp./Latino <input type="checkbox"/> Other <input type="checkbox"/> Hawaiian/Pacific Is | | | |
| 7. Street: | | Apt#: | City: | County: | Zip Code: | Census Tract: | 8. Home Phone: | Work Phone: | |
| | | | | | | | | | |
| 9. Suspect Case: | 10. Status: <input type="checkbox"/> New <input type="checkbox"/> Recurrent <input type="checkbox"/> <365 | | 11. Predominant Sites: <input type="checkbox"/> Pulmonary <input type="checkbox"/> Laryngeal <input type="checkbox"/> Other: | | 12. Is Case Married? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 13. Daycare Attendee/Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 14. TST Date: mm | | Positive: Yes <input type="checkbox"/> No <input type="checkbox"/> | | 18. Bacteriology | | | | | |
| 15. Date Treatment Started: IGRA Date: | | Positive: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Specimen | Collection Date | Smear | Culture | Culture ID | |
| | | | | | | | | Resistant to: | |
| 16. Adherent to Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 17. CXR Date: | Reading | Cavitary | 22. Did patient have contact with livestock or consume unpasteurized dairy? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 23. Comments: Click on "Enter" to start new line. | | |
| | | | | | | | | | |
| 19. Infectious Period Dates: To | | | 20. DOT: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 21. Source Case Name: <input type="checkbox"/> Unknown | | | |
| | | | Last: First: Middle: | | | 24. Identified in prior contact investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 26. Fewer than 3 contacts identified due to: <input type="checkbox"/> Patient refused to cooperate <input type="checkbox"/> Patient died <input type="checkbox"/> Patient lost to follow-up <input type="checkbox"/> No contact information <input type="checkbox"/> Other | | | 27. Date assistance requested: Name of assistance: | | | 25. Priority Criteria: <input type="checkbox"/> Pos Sputum Smear <input type="checkbox"/> Laryngeal <input type="checkbox"/> Child (5-15) <input type="checkbox"/> Pos Sputum Culture <input type="checkbox"/> Military <input type="checkbox"/> Correctional Facility Inmate <input type="checkbox"/> Cavitary X-Ray <input type="checkbox"/> MDR-TB <input type="checkbox"/> Long Term Facility Resident <input type="checkbox"/> Pulmonary <input type="checkbox"/> Child (<5) <input type="checkbox"/> Recent Converter | | | |
| | | | | | | 28. Social Behavior Risk: <input type="checkbox"/> 900 Positive <input type="checkbox"/> HBV Positive <input type="checkbox"/> Excessive alcohol use <input type="checkbox"/> Other Substance Abuse <input type="checkbox"/> Mental Illness <input type="checkbox"/> Dementia | | | |
| B. Interview & Exposure Site Information | | | | | | | | | |
| 1. Interview Date: | | Interviewed By: | Last Name | First Name | Clinic: | 3. Date Home/Other Site Visit 1: | | Date Home/Other Site Visit 3: | |
| | | | | | | | | | |
| 2. Interview Date: (>7 days after) | | | | | | Date Home/Other Site Visit 2: | | Date Home/Other Site Visit 4: | |
| | | | | | | | | | |
| Site # | 4. Site Name | Location Click on "Enter" to start new line. | | | 5. Site Type | | | 6. Est. # Exposed | |
| 1 | | | | | <input type="checkbox"/> Airplane/Pub.Transport. <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) | | | | |
| 2 | | | | | <input type="checkbox"/> Airplane/Pub.Transport. <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) | | | | |
| 3 | | | | | <input type="checkbox"/> Airplane/Pub.Transport. <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) | | | | |
| 4 | | | | | <input type="checkbox"/> Airplane/Pub.Transport. <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) | | | | |
| 7. Media Involvement? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Media source & contact: | | | | | | | | | |

TB-340 REQUIREMENTS

- **A. Case/Suspect Information**

- Case or suspect record must have already been reported
- Last Name, First Name, and Middle Name
- DOB
- SSN if applicable
- Culture ID
- Compliant with therapy
- Source Case (enter "*unknown*" if the source case has not or cannot be determined)
- If duplicate contacts, what is the name of the index case?
- If no contacts were identified, what is the rationale?

- **B. Interview Information**

- Date case/suspect reported
- Name of Interviewer
- Date Interview Conducted
- Clinic, PMD or other facility responsible for conducting the interview

MORE TB-340 REQUIREMENTS

- **C. Contact Information**

- Last, First, and Middle Name
- SSN if applicable
- Sex
- Race and Ethnicity
- Address If unknown, city and county will default to that of the source case
- Relationship of the contact to the case/suspect?
- Exposure Risk
- Exposure Site
- Date contact broken If contact not broken, indicate as "ongoing"
- History of positive TST
- Current TST date and results in millimeters? Positive? Yes or No? If 1st, 2nd or 3rd was recommended and contact refused, indicate as "refused TST".
- CXR date? If CXR done, normal or abnormal? If a CXR was recommended and the contact refused, indicate as "refused CXR".
- Date Treatment started - Enter date only if TB disease was ruled out and contact is started on preventive treatment only. Previous dates can be entered in comments.
- If drug start and drug stop dates are left blank, will not default to "not started on treatment -
- If not started on treatment, Indicate if "SNLN" or "refused" or treatment was not recommended. If treatment was not recommended, indicate the number of months recommended as "'0".
- Treatment stopped - Indicate the corresponding closure code.
- If contact moved to a known destination, was a referral sent
- Number of months recommended and actually taken
- Clinic following contact

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TRANSMISSION TO CENTRAL OFFICE

The screenshot shows the WinZip Knowledgebase interface. The top navigation bar includes 'Products', 'Buy Now', 'Download', 'About', 'Support', 'Business', and 'Web Services'. The main content area displays an article titled 'How do you encrypt files in a Zip file with WinZip?' with a sub-header 'Encrypt while creating Zip files'. The article text explains that WinZip creates Zip files and abides by the published .ZIP Application Note, applying encryption only to the content of files. It also mentions that WinZip can encrypt files while creating Zip files (.zip or .zipx) and can also add encryption to existing Zip files. The article includes a 'WinZip ribbon interface' section with a 5-step numbered list and a 'Legacy menus/toolbar' section with a 5-step numbered list. A sidebar on the left shows a tree view of the Knowledgebase categories, with 'How do you encrypt files' selected. The article ID is 78, last updated on 22 Nov, 2013, and has 219104 views.

The Texas Public Health Information Network

Texas
Department of State Health Services

Sign In to Your Account

Email

Password

[Forgot password?](#)

Remember me

[Need an account? Sign up.](#)

The Texas Public Health Information Network (PHIN) is an online portal containing a collection of applications which provide users with a range of functions to carry out public health preparedness goals and duties. [Click here](#) for a tutorial on registering and navigating the PHIN, and [here](#) for Health Alert Network (HAN) training.

To learn more about TXPHIN, please visit [About TXPHIN](#)

TBPAM/NEDSS



Please enter your username and password below. Once you have finished press submit to log onto the application.

Username:

Password:

[Change your Password?](#)

[Technical FAQ](#)

[NEDSS Help](#)

[Documentation](#)

Submit



[Return to Open Investigations](#)

Print

Robin Beatty | Female | 01/01/1952 (52 Years)

Patient ID: 123456

Summary

Events

Demographics

[Expand All](#) | [Collapse All](#)

Patient Summary

Go to: [Patient Summary](#) | [Open Investigations](#) | [Documents Requiring Review](#)

Patient Summary

[Back To Top](#)

Address (Home)

John Peter Smith Hospital
1500 South Main
Fort Worth, Texas 76104
Tarrant County

No Phone Info Available

No ID Info Available

Race

No Race Info Available

Ethnicity

No Ethnicity Info Available

Open Investigations (1)

[Back To Top](#)

| Start Date | Conditions | Case Status | Notification | Jurisdiction | Investigator | Investigation ID |
|------------|--------------|-------------|--------------|-------------------------------|--------------|------------------|
| 08/08/2014 | Tuberculosis | Suspect | | Tarrant CO Public Health Dept | | CAS482097063TX01 |

Documents Requiring Review (0)

[Back To Top](#)

[Previous](#) [Next](#)

Summary

Events

Demographics

Print

CONTACTS DATABASE

External Contacts Main Database

| Direct Data Entry | Database Maintenance | Reporting |
|-------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------|
| Add Contacts (New Forms) | Apply Updates | Line List of Cases Missing Contacts |
| Add Contacts (Old Forms) | Export Analysis Dataset | Line List of Contacts Identified as Cases |
| Enter your Initials: <input type="text" value="JPI"/> | Backup Database | Export Final Analysis Table (EOY Reporting) |
| View All Contacts | Create New User | Run Summary Aggregate Report |
| | Import New Cases | Run Quarterly Performance Measures |
| | Additional Dataset Maintenance | |

[Exit](#)

MAVEN

Maven Disease Surveillance Suite

Workflows

| Workflow Queue | Events |
|--------------------------|--------|
| Cases with Open Concerns | 3 (0) |

[More ...](#)

Tasks

| Type | Priority | Name | Disease |
|---------------------|----------|------|---------|
| No tasks to display | | | |

[More ...](#)

Recent Cases

| Event ID | Name | Disease |
|-----------|-----------------|------------------------------------|
| 100000088 | Cat, Tom F Jr. | 900 - HIV Case Report Form - Adult |
| 100000087 | Cat, Tom F Jr. | 900 - HIV |
| 100000073 | Sam, Yosamity J | 900 - HIV Case Report Form - Adult |
| 100000028 | two, test | 900 - HIV Case Report Form - Adult |
| 100000042 | hiv, hiv | 900 - HIV Case Report Form - Adult |

[More ...](#)

Welcome To Maven Disease Surveillance Suite

This is customizable area for deployment specific dashboard content. To get started, please review the latest [user guide](#).

Activity

Activity Summary as of 10/29/2014 11:08 AM

| Type | # Last Week | # Average Last 4 Weeks | # Last 52 Weeks |
|----------------------------------------|-------------|------------------------|-----------------|
| 100 - Chancroid | 1 | 1 | 7 |
| 300 - Gonorrhea | 1 | 1 | 5 |
| 700 - Syphilis | 3 | 7 | 32 |
| 200 - Chlamydia | 0 | 0 | 1 |
| 900 - HIV | 0 | 1 | 11 |
| 900 - HIV Case Report Form - Adult | 0 | 3 | 13 |
| 900 - HIV Case Report Form - Pediatric | 0 | 1 | 5 |
| Facility | 0 | 0 | 5 |
| Provider | 0 | 0 | 5 |
| Tuberculosis | 0 | 1 | 7 |

Help Desk

[Contact Us](#)
 [Email Us](#)
 1-800-SUPPORT help@support.org

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CDC CASE REPORTING

- Daily, case information is transmitted to CDC
- Processed by CDC weekly in NTSS (CDC system)
- Progress toward CDC objectives displayed on NTIP

CDC Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

National Tuberculosis Indicators Project Version 3.2.1

Home | Reports | Line List | ARPEs | Help/Resources | Contact Us | Logout

CDC Search:

Texas Indicator Summary 2009 to 2013

National Tuberculosis Indicators Project
Data Updated: 08/03/2014

| National TB Program Objectives | 2009 | 2010 | 2011 | 2012 | 2013 | National Targets 2015 |
|--------------------------------|------|------|------|------|------|-----------------------|
| Completion of Treatment (%) | 89.4 | 85.2 | 87.8 | 89.9 | 69.4 | 93.0 |
| TB Case Rates (cases/100,000) | | | | | | |
| • U.S.-born Persons | 3.4 | 3.0 | 2.9 | 2.6 | 2.5 | 0.7 |

Report List Print

[View](#) Current Data
[Edit](#) Texas
[Remove](#) Indicator Summary 2013

Page: 1

[Add a report](#)



Aggregate Reports For Tuberculosis Program Evaluation

Follow-up and Treatment for Contacts to Tuberculosis Cases

Program Area: Texas [Excludes Houston]

Cohort Year: 2012

Date Report Updated: 09/10/2013 (Format: MM/DD/YYYY)

Part I. Cases and Contacts

| | Types of Cases for Investigation: | | |
|-----------------------------------------|-----------------------------------|------------------------|----------|
| | Sputum Smear + | Sputum Smear - Cult. + | Others |
| Cases reported in RVCT | 401 | 192 | |
| Cases for Investigation | 397 (a1) | 186 (a2) | |
| Cases with No Contacts | 45 (b1) | 30 (b2) | |
| Number of Contacts | 9547 (c1) | 3765 (c2) | 2691 (c) |
| Evaluated | 6446 (d1) | 2182 (d2) | 1648 (d) |
| TB Disease | 41 (e1) | 6 (e2) | 5 (e) |
| Latent TB Infection | 1907 (f1) | 549 (f2) | 454 (f) |
| Started Treatment | 1010 (g1) | 192 (g2) | 259 (g) |
| Completed Treatment | 277 (h1) | 74 (h2) | 107 (h) |
| Reasons Treatment Not Completed: | | | |
| Death | 0 | 0 | 0 |
| Contact Moved(follow-up unknown) | 14 | 0 | 4 |
| Active TB Developed | 1 | 1 | 0 |
| Adverse Effect of Medicine | 18 | 0 | 4 |
| Contact Chose to Stop | 86 | 15 | 29 |
| Contact is Lost to Follow-up | 84 | 12 | 14 |
| Provider Decision | 21 | 3 | 6 |

Part II. Evaluation Indices

| | | | |
|-----------------------|----------------|----------------|--------------|
| No-Contacts Rate | 11.3 (b1/a1),% | 16.1 (b2/a2),% | |
| Contacts Per Case | 24.0 (c1/a1) | 20.2 (c2/a2) | |
| Evaluation Rate | 67.5 (d1/c1),% | 57.9 (d2/c2),% | 61.2 (d/c),% |
| Disease Rate | 0.6 (e1/d1),% | 0.3 (e2/d2),% | 0.3 (e/d),% |
| Latent Infection Rate | 29.6 (f1/d1),% | 25.2 (f2/d2),% | 27.5 (f/d),% |
| Treatment Rate | 52.9 (g1/f1),% | 34.9 (g2/f2),% | 57.0 (g/f),% |
| Completion Rate | 27.4 (h1/g1),% | 38.5 (h2/g2),% | 41.3 (h/g),% |

WHAT ARE THE USES OF INFORMATION IN REGISTRIES

- Conducting Research Gaining Understanding
 - Examining trends of disease over time
 - Determining the incidence of disease
 - Estimating survival
 - Evaluating health effects of specific exposures
 - Investigating etiologic hypotheses
- Informing the Public
- Informing Policy
- Directing Resources
 - Estimating magnitude of a problem
- Evaluation
 - Assessing service delivery and identifying groups at high risk

HOW SURVEILLANCE FITS INTO THE GENOTYPING INFORMATION FLOW

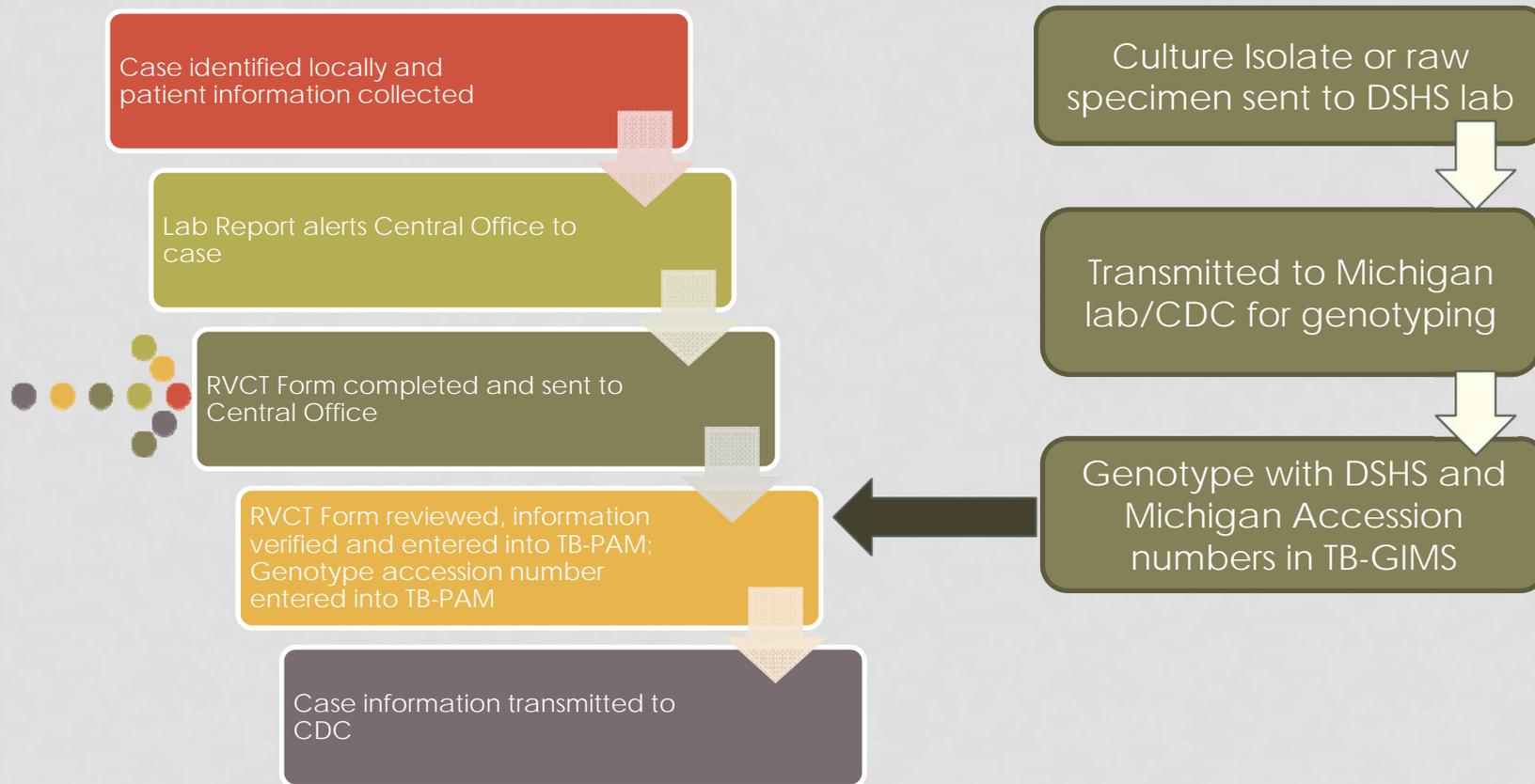


FIGURE 1. Rate* of tuberculosis cases, by state/area — United States, 2013†

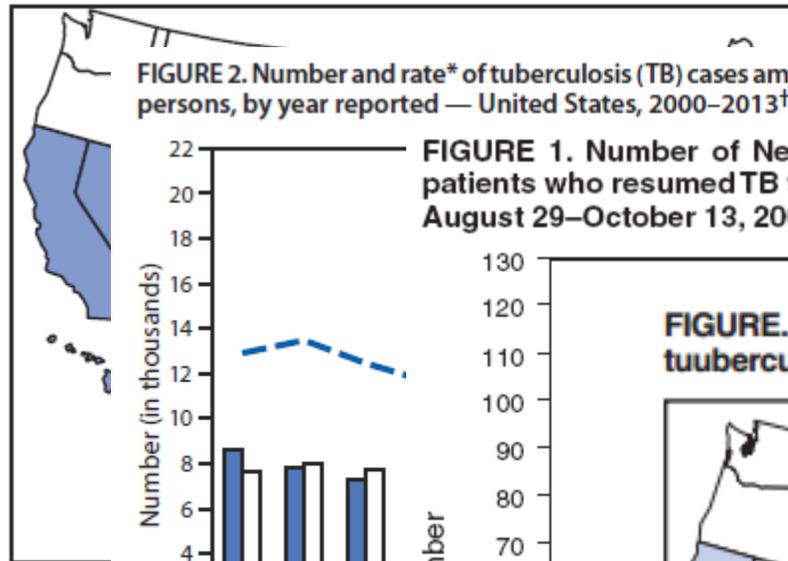
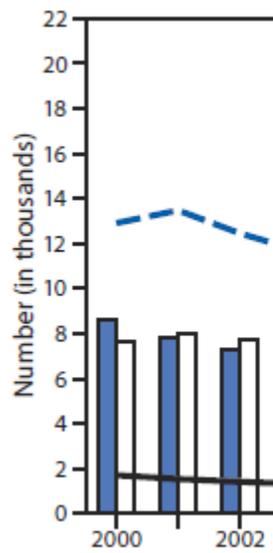
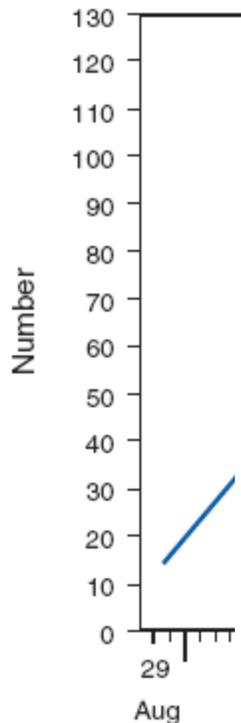


FIGURE 2. Number and rate* of tuberculosis (TB) cases among U.S.-born and foreign-born persons, by year reported — United States, 2000–2013†



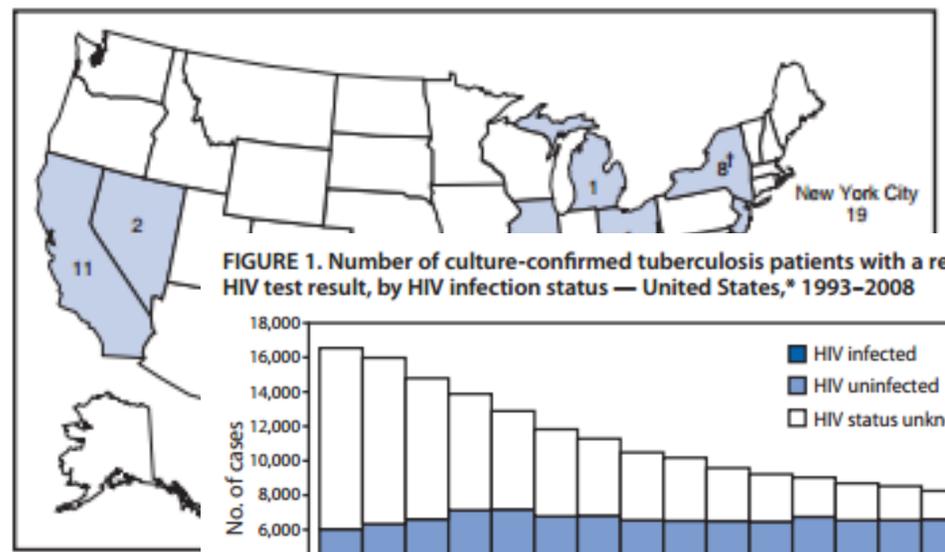
* Per 100,
† Data are

FIGURE 1. Number of New Orleans-area tuberculosis (TB) patients who resumed TB treatment (if indicated),* by date — August 29–October 13, 2005



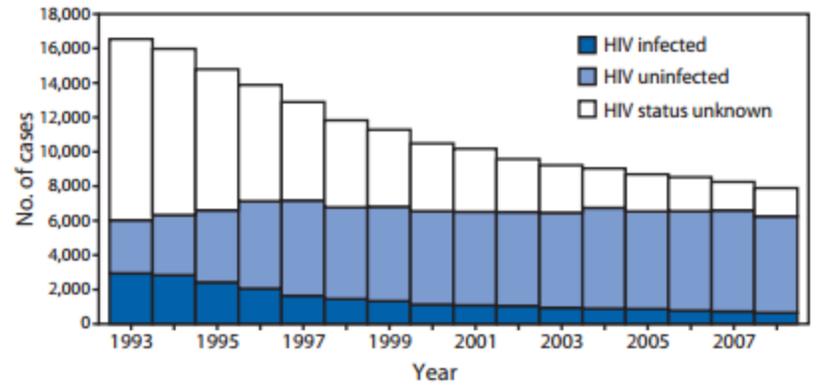
* After landfall of Hi

FIGURE. Number of reported cases of extensively drug-resistant tuberculosis (XDR TB)* — United States, 1993–2006



* XDR TB defi
fluoroquinolor
amikacin, or c
† Excludes Nev

FIGURE 1. Number of culture-confirmed tuberculosis patients with a recorded HIV test result, by HIV infection status — United States,* 1993–2008



* Excludes California data because of lack of HIV data on patients with tuberculosis without AIDS.

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REMEMBER TIMELY?

- A suspected or confirmed case of TB should be reported to the local health authority within one working day of identification as a suspected case.
- An initial RVCT should be submitted to DSHS within 24 hours of receipt of case defining lab or clinical report.
- Report 100% of all TB cases (ATS classification 3) using a DSHS approved form, with all the required reporting fields complete within seven (7) days of notification to DSHS TB/HIV/STD Epidemiology and Surveillance Branch. Submit an updated DSHS Tuberculosis Services Branch approved form whenever a change in information in a required reporting field occurs for all TB cases.
- Submit 100% of all initial, follow up, and last positive *Mycobacterium tuberculosis* culture laboratory reports and drug susceptibilities as well as the first negative culture report after the last positive within seven (7) days of notification to DSHS TB/HIV/STD Epidemiology and Surveillance Branch.

REMEMBER TIMELY?

- Submit within fourteen (14) days of the initial case or suspect report, an initial report of contacts on forms TB-340 and TB-341 to the DSHS TB/HIV/STD Epidemiology and Surveillance Branch. Follow-up information shall be submitted at intervals not exceeding 90 days, 120 days and 2 years;
- A suspected case should have disposition within 90 days of report date
- LTBI's should be reported to the local health authority within 7 working days of being diagnosed (*Central Office surveillance does not enter this data unless contact to a case)
- Submit within seventy-two (72) hours of notification any changes in case management, drug resistance patterns, or change of residence of all drug resistant TB cases to DSHS Tuberculosis Services Branch.