

Texas NEDSS Data Entry Guide for Tuberculosis Programs

Tuberculosis and Hansen's Disease Unit



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Introduction

Contents

Introduction.....	2
Guidelines for New Patient File Data Entry	3
Guidelines for Tuberculosis (2020 RVCT) and Latent TB Infection (2020 TBLISS)	
Investigation Data Entry	8
Patient Tab	10
Case Info Tab.....	16
TB History Tab.....	27
Tuberculosis Tab.....	31
TB Disease Only Tab.....	55
MDR TB Tab	69
LTBI Only Tab	73
Comprehensive TB Treatment Details Tab	76
Contact Investigation Tab.....	82
Contact Records Tab.....	89
Supplemental Info Tab.....	91
Guidelines for Contact Record Data Entry	93
Contact Tab	94
Contact Record Tab	97
Guidelines for Laboratory Report Data Entry.....	100
Patient Tab	101
Lab Report Tab.....	103

Introduction

The Texas National Electronic Disease Surveillance System (NEDSS) Data Entry Guide for Tuberculosis Programs, also referred to as the TB Data Entry Guide, provides instructions on how to report surveillance data for Tuberculosis (TB) conditions. Refer to the Texas Tuberculosis Manual, Standing Delegation Orders (SDOs), and other Texas Department of State Health Services (DSHS) Tuberculosis and Hansen's Disease Unit (TB Unit) specific guidance for programmatic and case management activities.

TB Programs will use NEDSS to report persons with Latent Tuberculosis Infection (LTBI), confirmed or suspected TB disease, contacts, and other individuals screened for TB/LTBI in Texas to the TB Unit. Investigation pages for TB and LTBI in NEDSS are based on the Centers for Disease Control and Prevention (CDC) reporting variables outlined the Report of Verified Case of Tuberculosis (RVCT) and TB Latent Infection Surveillance System (TBLISS) forms and Texas specific variables tracked by the TB Unit.

This guide is organized in the order of the tabs within the Patient File, TB/LTBI Investigations, Contact Records, and Lab Reports. Each section of the guide represents a tab within NEDSS. Within each section users will find a table with detailed descriptions defining each field. After each table, a screenshot of the page is provided with call-out boxes to alert users of specific guidance for that field.

This guide outlines best practices as recommended by the TB Unit. Use of system features may differ for other conditions in NEDSS.

Guidelines for New Patient File Data Entry

- ❖ Minimum required information that is required to create a Patient File or Event is noted in **Red** text.
- ❖ Tab Section Headers are noted by **Orange** text and Subsection Headers are noted by **Dark Blue** text.
- ❖ ***“Information As of Date”*** will populate with the date the user is creating the Patient File. The “As Of” date is a required field when data is entered in the associated section. Users should update to the date when the information being entered was obtained.
- ❖ Criteria used in the Patient Search will populate into the corresponding fields on the Basic Demographic Data page. Users should ensure all demographic information is complete and entered using proper case.
- ❖ Users must have at least the patient’s First Name, Last Name, and Date of Birth before creating a new Patient File.
- ❖ For all Repeating Block format questions, click the ‘*Add*’ button when adding new information or the ‘*Update*’ button when updating information previously entered in the repeating block.

New Patient File Data Entry

Question Name	Description/Instructions
Basic Demographic Data	
General Information	
*Information As of Date:	The date will populate with the date the user is creating the Patient File. Update to the date when the demographic information was obtained.
General Comments	
Name Information	
Last Name	Enter the patient's full last name. A First Name, Last Name, and Date of Birth are required to create a Patient File.
First Name	Enter the patient's full first name. A First Name, Last Name, and Date of Birth are required to create a Patient File.
Middle Name	Enter the patient's middle name if applicable.
Suffix	Select a suffix for the patient if applicable.
Other Personal Details	
DOB	Enter the patient's date of birth. A First Name, Last Name, and Date of Birth are required to create a Patient File.
Current Age	This field will populate based on the date of birth.
Current Sex	Enter patient's current sex.
Birth Sex	Indicate the biological sex for the patient at birth.
Is the patient deceased?	Select 'Yes' if the patient is deceased at the time the Patient File is being created in the system.

New Patient File Data Entry

	Deceased Date	If the patient is deceased, enter the date of death.
	Marital Status	Select the patient’s marital status at the time the Patient File is being created in the system.
	State HIV Case ID	Enter the person’s HIV state case number if known.
Address		
	Street Address 1	Enter the person’s address at the time the patient file is being created. <ul style="list-style-type: none"> • If the patient is experiencing homelessness, enter the address of the reporting Regional/Local Health Department (R/LHD) • If the patient lives in a congregate setting (shelter, assisted living, rehabilitation center, etc.), enter the address of the congregate facility. • If the patient has an address outside the U.S., enter the address without the county and state.
	Street Address 2	
	City	
	State	
	Zip	
	County	
	Census Tract	Enter in the Patient Tab of the investigation.
	Country	Enter the person’s address at the time the patient file is being created. <ul style="list-style-type: none"> • If the patient is experiencing homelessness, enter the address of the reporting Regional/Local Health Department (R/LHD) • If the patient lives in a congregate setting (shelter, assisted living, rehabilitation center, etc.), enter the address of the congregate facility. • If the patient has an address outside the U.S., enter the address without the county and state.
Telephone		
	Home Phone	Enter information if available.
	Work Phone	Enter information if available.
	Ext	Enter information if available.
	Cell Phone	Enter information if available.
	Email	Enter information if available.

New Patient File Data Entry

Ethnicity and Race Information	
Ethnicity	<p>Indicate the patient’s ethnicity. The response to this item should be based on the patient’s self-identity or self-reporting.</p> <p>Hispanic or Latino include any patients that considers himself or herself Cuban, Mexican, Puerto Rican, South or Central American, or of other Latin American culture or origin, regardless of race.</p>
Race	Enter the patient’s race(s). The response to this item should be based on the patient’s self-identity or self-reporting.
Identification (Repeating Block)	
ID Type	Select the type of identification used by the patient.
Assigning Authority	Select the state where the identification was assigned.
ID Value	Enter the ID value.

New Patient File Data Entry

Home | Data Entry | Open Investigations | Reports | Help | Logout
 Search Results User : Test User3 DEV-5

Submit Cancel Add Extended Data

Basic Demographic Data
 Collapse Subsections
 General Information

* Information As of Date: 10/16/2023

Comments:

Name Information
 Last Name: Patient
 First Name: New
 Middle Name:
 Suffix:

Other Personal Details
 DOB:
 Current Age:
 Current Sex:
 Birth Sex:
 Is the patient deceased?
 Date of Death:
 Marital Status:
 State HIV Case ID:

Address
 Street Address 1:
 Street Address 2:
 City:
 State: Texas
 Zip:
 County:
 Census Tract:
 Country: United States

Telephone
 Home Phone:
 Work Phone:
 Work Phone Ext:
 Cell Phone:
 Email:

Ethnicity and Race Information
 Ethnicity:
 Race:
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other
 Refused to answer
 Not Asked
 Unknown

Identification

Type	Assigning Authority	ID Value
No Data has been entered.		
Type:	Assigning Authority:	ID Value:

 Add ID

Submit Cancel Add Extended Data

“Information As of Date” defaults to the date when a new patient is entered.

Enter **at minimum** the “Last Name”, “First Name”, and “Date of Birth” when creating a new Patient File.

Select “Yes” if the patient is deceased at the time of data entry.

Note: It is preferable to enter the patient’s physical address. Use standard abbreviations without periods.

State will auto populate with *Texas*.
 Country will auto populate with *United States*.
 County options will update based on the selected state.
 Update the State and Country as necessary.

Select “Ethnicity” of patient.
 Select Hispanic, Non-Hispanic, or Unknown.

Select “Race” of patient. Select all applicable races. If unable to ascertain, select “Unknown”. Remember to uncheck “Unknown” and/or non-applicable races when editing.

Enter as many Identification Numbers and Types as available.

Click after entering ID, can be used to enter multiple IDs

Click “Submit”

Guidelines for Tuberculosis (2020 RVCT) and Latent TB Infection (2020 TBLISS) Investigation Data Entry

- ❖ System required fields that will prevent saving the Patient File or Event are noted by **Red**.
- ❖ Tab Section Headers are noted in **Orange** text and Subsection Headers are noted by **Dark Blue** text.
- ❖ The CDC 2020 Report of Verified Case of Tuberculosis (RVCT) Instruction Manual provides detailed descriptions and examples for all RVCT questions: [2020 RVCT Reference Manual](#).
- ❖ The CDC Latent Tuberculosis Infection (LTBI) Surveillance Project Instruction Manual provides detailed descriptions and examples for all TBLISS questions: [2020 TBLISS Reference Manual](#).
- ❖ **“As Of”** date fields for each section will only appear when editing a previously created event. The “As Of” date is a required field when data is entered in the associated section. Users should update to the date when the information being entered was obtained.
- ❖ For all dates, other than system information “as of” dates:
 - If the day is unknown, enter the first day of the known month (e.g., the exact day is unknown but the month and year are known to be in March 2020, enter 03/01/2020).
 - If the month and day are unknown, enter the first month and day of the known year (e.g., the exact month and day are unknown, but year is known to be 2020, enter 01/01/2020).

TB/LTBI Investigation Data Entry

- ❖ For all Repeating Block format questions, click the '*Add*' button when adding new information or the '*Update*' button when updating information previously entered in the repeating block.

Patient Tab

- The **Patient Tab** of the investigation is used to enter new patient demographic information relevant to the episode of TB or LTBI.
- Existing demographic information transfers from the Patient File when an Investigation is created.
- After an investigation is created, any updates to patient information for an investigation should be entered on the Patient Tab of the investigation.
- New information entered in the Patient Tab in the investigation will update the Demographics Tab of the Patient File. However, edits to the Demographics Tab of the Patient File will not change the data in other pre-existing investigations.

Question Name	Description/Instructions
Patient Information	
General Information	
*Information as Of Date:	“Information As Of Date” defaults to the date a user is creating the investigation. Update as necessary.
Comments:	Use this field to enter additional demographic details about the patient that do not fall within the categories outlines in this page.
*Name Information As Of Date:	
Name Information	
First Name	Populates from Patient File. Review information and edit as needed.
Middle Name	
Last Name	
Suffix	
Other Personal Details	
*Other Personal Details As Of Date:	
7. Date of Birth	Populates from Patient File. Review information and edit as needed.
SSN	
Reported Age	

TB/LTBI Investigation: Patient Tab

Reported Age Units	
Age at Diagnosis	Enter the patient's age at the time initial evaluation for TB or LTBI.
8. Sex at Birth	Populates from Patient File.
Is the patient pregnant?	For female patients, select 'Yes' if the patient was pregnant when tuberculosis investigation was initiated.
Due Date	If the patient was pregnant enter the best approximate due date.
Gender Identity/Transgender Info	Select the patient's gender identity.
Additional Gender	If the patient's gender identity was selected as other, specify here.
Speaks English	Select 'Yes' if the patient speaks English. Select 'No' if the patient cannot speak or effectively communicate in English.
Preferred Language	Enter the patient's preferred language, regardless of the response to the question above (Speaks English?)
Alien Number	Enter the patient's Alien Number if known. This field is required for patients referred to TB programs form EDN.
SID Number	Enter the patient's State Identification (SID) number if known.
TDCJ Number	If the patient is residing in a Texas Department of Criminal Justice (TDCJ) facility, enter the TDCJ number for the current incarceration.
* Marital Status As Of Date:	
Marital Status	Populates from the Patient File. Review information and edit as needed.
Reporting Address for Case Counting	
*Address Information As Of Date:	

TB/LTBI Investigation: Patient Tab

Street Address 1	Populates from the Patient File. Review information and edit as needed.
Street Address 2	
City	
State	
Zip	
County	
Country	This field should reflect the address where the patient resided at the time of diagnostic evaluation. If the patient moves throughout treatment, additional addresses can be added to the Demographics Tab of the patient file.
Census Tract	Enter the first 7 digits of the GEOID to the level of census tract here and then enter the full GEOID (11 digits) in the General Comments field. Use the hyperlink to the Census Geocoder to find the GEOID for the patient's address.
Is the Patient Residence within City Limits?	Indicate if patient resides within city limits.
Type of Residence	Select the closest description for the type of residence.
Telephone Information	
*Telephone Information As of Date:	
Home Phone	Enter information if available.
Work Phone	Enter information if available.
Ext.	Enter information if available.
Cell Phone	Enter information if available.
Email	Enter information if available.
Race and Ethnicity Information	
*Ethnicity Information As Of Date:	Populates from the Patient File. Review information and edit as needed.
9. Ethnicity	
*Race Information As Of Date:	
10. Race	

TB/LTBI Investigation: Patient Tab

Detailed Race	<p>Use this field to specify the extended race for the patient. The response to this item should be based on the patient's self-identity or self-reporting.</p> <p>If the information provided by the patient does not match the options in the dropdown, enter the detailed race in the General Comments.</p>
----------------------	--

TB/LTBI Investigation: Patient Tab

Test Patient | Female | 01/05/1975 (48 Years) Patient ID: 167932528

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Patient Information [Collapse Subsections](#) [Back to top](#)

General Information * Information As of Date: 10/03/2023

Comments:

REQUIRED DATA*
 Enter 11-digit Census Tract GEOID here. Use format "Census Tract: XXXXXXXXXXXX"

Name Information

First Name:
 Middle Name:
 Last Name:
 Suffix:

Other Personal Details

7. Date of Birth:
 SSN:
 Reported Age:
 Reported Age Units:
 Age at Diagnosis:
 8. Sex at Birth:
 Is the patient pregnant?:
 Due Date:
 Gender Identity/Transgender Info:
 Additional Gender:
 Speaks English:
 Preferred Language:
 Alien Number:
 SID Number:
 TDCJ Number:
 Marital Status:

6. Reporting Address for Case Counting

Street Address 1:
 Street Address 2:
 City:
 State:
 Zip:
 County:
 Country:
 Census Tract:
 Is the Patient Residence within City Limits?:
 Type of Residence:

Use this link to search for 11-digit Census Tract

[Click Here to Access the Census Geocoder](#)

The system currently only supports 7-characters, while the Census Tract is 11-characters. Enter the Census Tract in the General Information: Comments field in the Patient Tab of the Investigation

Telephone Information

Home Phone:
 Work Phone:
 Ext.:
 Cell Phone:
 Email:

TB/LTBI Investigation: Patient Tab

Ethnicity and Race Information

Ethnicity Information As Of Date: 02/01/2024

9. Ethnicity: Not Hispanic or Latino

Race Information As Of Date: 02/01/2024

10. Race: American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other
 Refused to answer
 Not Asked
 Unknown

Detailed Race American Indian and Alaska Native:
(Use Ctrl to select more than one)
Alaska Native
American Indian
Selected Values:

Detailed Race Asian:
(Use Ctrl to select more than one)
Asian Indian
Bangladeshi
Bhutanese
Burmese
Selected Values:

Detailed Race Black or African American:
(Use Ctrl to select more than one)
African
African American
Bahamian
Barbadian
Selected Values:

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

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

submit Cancel

Ethnicity and Race information populate from the Patient File. Detailed Race information should be entered here.

Do not click Submit to create a new investigation until the Jurisdiction is verified in the Case Info Tab.

Case Info Tab

Question Name	Description/Instructions
Investigation Information	
Investigation Details	
Jurisdiction	The Jurisdiction auto populates based on the current address in the Patient File at the time the event (investigation, lab report, etc.) is created. Always verify that the jurisdiction was correctly assigned before saving an investigation for the first time. For Texas Binational TB Patients Select the appropriate regional/local health department as the jurisdiction.
Program Area	The Program Area is always Tuberculosis. This field is auto populated.
Investigation Start Date	This will auto populate with the date the investigation is being created in NEDSS. Always update to the true date the investigation was started by the health department.
Investigation Status	Defaults to 'Open' when creating an investigation. This field is entered by TB Unit Staff . If a case is ready to be closed (i.e., supervision no longer required and/or after treatment completion), notify the TB Unit.
Shared Indicator	This feature is not being used by the TB Program. Leave the default value.
Investigation Close Date	Date the investigation was closed. This field is entered by TB Unit Staff .
Report Case to CDC	This field is entered by TB Unit Staff to notify CDC of the TB/LTBI case.
Date Initially Reported to CDC	This field is entered by TB Unit Staff to notify CDC of the TB/LTBI case.
Unreport Case to CDC	This field is entered by TB Unit Staff to unreport the TB/LTBI case to CDC.

TB/LTBI Investigation: Case Info Tab

Reporting Information	
Texas TB Reporting	
Initial ATS Classification	Select the initial ATS Classification assigned to the patient. For more information about ATS classifications please read the Diagnostic Standards and Classification of Tuberculosis in Adults and Children published by the American Thoracic Society and the Centers for Disease Control and Prevention.
Initial ATS Classification Date	Select the date the Initial ATS Classification was assigned to the patient.
Current ATS Classification	Select the current ATS Classification assigned to the patient. This may or may not be the same as the Initial ATS Classification. For more information about ATS classifications please read the Diagnostic Standards and Classification of Tuberculosis in Adults and Children published by the American Thoracic Society and the Centers for Disease Control and Prevention.
Current ATS Classification Date	Select the date the current ATS Classification was assigned to the patient.
Is case management being done by a public health program?	Select 'Yes' if the patient's TB care is being managed by a DSHS-funded TB program/health department including binational TB programs. For more information on case management review the Texas Tuberculosis Manual .
Where is case management being performed?	For patients not being managed by a DSHS-funded TB program/health department, enter the name of the facility providing case management. This is a facility search field.
Nurse Case Manager	Enter the name of the primary nurse case manager for the patient.

TB/LTBI Investigation: Case Info Tab

<p>Managing Physician</p>	<p>Enter the name of the primary managing physician for the patient.</p>
<p>How was the patient first reported to the Health Department?</p>	<p>Indicate how the patient was first reported to the health department.</p>
<p>Administrative Information</p>	
<p>Key Report Dates</p>	
<p>1. Date Reported</p>	<p>Enter the date that a health department first thought that the patient may have TB <i>-or-</i> the date the health department received notification (verbal or written) from a health care provider that a patient might have TB. If the patient had a previous diagnosis of TB, “Date Reported” applies to the current TB episode.</p>
<p>Submitted to Central Office</p>	
<p>Case Submitted to Central Office for SCN Assignment</p>	<p>Select ‘Yes’ when the health department is ready to submit the case to a TB Unit Surveillance case consultant for QA and state case number assignment.</p>
<p>Date Counted *For Central Office Use ONLY*</p>	
<p>Date Counted</p>	<p>These fields are for TB Unit staff only. These will be confirmed and/or updated accordingly once a state case number is assigned.</p>
<p>Count Status</p>	
<p>MMWR Week</p>	
<p>MMWR Year</p>	
<p>Case Verification Category</p>	<p>This field indicates the criteria that the case meets towards the Tuberculosis Case Definition for Public Health Surveillance, i.e., what makes it a verified case of tuberculosis. It auto populates based on laboratory, imaging, site of disease, and treatment information added throughout the investigation.</p> <p>This field is reviewed by TB Unit staff. The case verification criteria will be confirmed and/or updated accordingly before a state case number is assigned.</p>

TB/LTBI Investigation: Case Info Tab

<p>Criteria Met for Provider Diagnosis</p>	<p>This field indicates all applicable criteria met for a provider diagnosis.</p> <p>This information is entered by TB Unit staff only. The case verification criteria will be confirmed and/or updated accordingly before a state case number is assigned. Users must provide supporting documentation for cases verified by provider diagnosis.</p>
<p>Case Status</p>	<p>In Tuberculosis (2020 RVCT) condition investigations, this field auto populates based on the Case Verification Criteria and is monitored by TB Unit Staff.</p> <p>In Latent Tuberculosis Infection (2020 TBLISS) condition investigations, this <i>does not</i> auto populate and must be manually updated. Select 'Not a Case.'</p> <p>This field indicates if a TB case (ATS-3) meets the criteria to be considered a Confirmed or Suspected TB case, or if this is not a TB case.</p>
<p>Notification Comments to CDC</p>	<p>This field is used by TB Unit staff only. It is used to communicate with CDC during notifications for new TB/LTBI cases.</p>
<p>Case Numbers</p>	
<p>3. TB State Case Number (YYYY-GA-ABCD56789)</p>	<p>This information is entered by TB Unit staff only once all necessary criteria are met and notification is sent to the TB Unit, staff will assign a state case number to the TB/LTBI case and enter it in this field.</p>

TB/LTBI Investigation: Case Info Tab

<p>4. Local Case Number (YYYY-GA-ABCD56789)</p>	<p>Enter the Local Case Number. This field must be entered in the four-digit year, two-digit state abbreviation, and nine-digit unique identifier format. It is recommended L/RHDs adopt this format and/or enter the local case number in the General Comments.</p>
<p>Case Verification</p>	
<p>5. Case Already Counted by Another Reporting Area?</p>	<p>Select 'Yes' if the case has already been counted by, completed diagnostic evaluation, or started on TB treatment in another U.S. reporting area or another country outside the U.S. reporting area.</p> <p>Select 'No' if the case has not been counted by, completed diagnostic evaluation, or started on TB treatment in another U.S. reporting area or another country outside the U.S. reporting area.</p> <p>U.S. reporting areas include the 50 United States, the District of Columbia, New York City (separate from New York State), five U.S. territories (i.e., Puerto Rico, American Samoa, Guam, Commonwealth of the Northern Mariana Islands, U.S. Virgin Islands), and three freely associated states (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau). These freely associated states are independent countries but are considered U.S. reporting areas for TB surveillance purposes.</p>
<p>Previously Reported State Case Number (YYYY-GA-ABCD56789)</p>	<p>If the case has already been counted by another U.S. reporting area, enter that reporting area's State Case Number.</p>

TB/LTBI Investigation: Case Info Tab

<p>Country of Verified Case</p>	<p>Select the non-U.S.-reporting area in which the case was counted, completed diagnostic evaluation, or started on TB treatment.</p>
<p>Texas Binational TB Case</p>	
<p>Does this case meet the Texas criteria of a binational TB case?</p>	<p>Select 'Yes' if the patient is eligible for binational TB services (BNTB) and enrolled in one of the Texas binational TB programs. <i>The Texas criteria are different from the RVCT binational reporting criteria.</i></p> <p>To be eligible for BNTB services, a patient must have known or suspected TB disease, be a contact to someone with known or suspected TB disease, and meet at least one of the following criteria:</p> <ul style="list-style-type: none"> A. Lives in Mexico with relatives in the U.S, B. Has dual residency in the U.S. and Mexico, C. Has contacts on both sides of the border, in the U.S. and Mexico, D. Starts treatment in the U.S. but returns to live in Mexico; or E. Is referred from the U.S. for treatment or follow-up in Mexico. <p>For additional information about the BNTB program review the Binational Tuberculosis Program Manual.</p>
<p>Criteria for Texas Binational TB program</p>	<p>Select all applicable criteria the patient meets to be considered a Texas BNTB patient.</p>
<p>Binational Clinic</p>	<p>Select the Texas BNTB Clinic managing the patient.</p>
<p>TB Administration</p>	
<p>Is Patient Issued Court Ordered Management?</p>	<p>Select 'Yes' if the patient is placed on Court Ordered Management.</p>

TB/LTBI Investigation: Case Info Tab

Date Court Order Signed	Enter the date the court order was signed.
Is Court Order for Inpatient or Outpatient	Indicate if Court Order was issued for inpatient or outpatient care.
Patient Placed on Travel Restrictions	Select 'Yes' if the patient has been placed on travel restrictions (Do Not Board/Lookout) at any time during TB evaluation and/or treatment.
False Positive Investigation	
Suspected false positive	Select 'Yes' if the case was ever suspected of being a false-positive.
Was a false-positive investigation performed?	Select 'Yes' if a false-positive investigation was performed.
TB Status After Investigation	Select the case's count status at the conclusion of the false-positive investigation
Investigation Outcome	Select the outcome of the false-positive investigation. This field captures whether or not a false-positive tuberculosis diagnosis, including bacteriology, was confirmed.
False Positive Investigation Closure Date	Enter the date when the false-positive investigation was closed.
Clinical	
Hospital	
Was the patient hospitalized for this illness?	Select 'Yes' if the patient was hospitalized for this current episode of TB/LTBI, including adverse drug reaction(s).

TB/LTBI Investigation: Case Info Tab

Hospital	Select the name of the hospital. This is a facility search question. If the patient had multiple hospitalizations during their current TB episode, enter information about the first hospitalization here. Enter any subsequent hospitalizations related to the patient's TB diagnosis in the Notes section of the Supplemental Info tab.
Admission Date	Enter the corresponding hospital admission date.
Discharge Date	Enter the corresponding hospital discharge date.
Total Duration of Stay in the Hospital (in days)	This field is auto calculated based on the Admission Date and Discharge Date entered above.
TCID Admission	
Was Patient Admitted to TCID?	Select 'Yes' if the patient was admitted to the Texas Center for Infectious Disease (TCID) for this current episode of TB.
TCID Admission Date	Enter the first TCID admission date. If the patient had multiple TCID admissions during their current TB episode, enter the first chronological admission here. Enter any additional TCID admissions in the Notes section of the Supplemental Info tab.
TCID Discharge Date	Enter the corresponding TCID discharge date.
General Comments	
General Comments	
General Comments	Enter any reporting or administrative comments here. Additional notes can also be entered in the Notes section of the Supplemental Info tab.

TB/LTBI Investigation: Case Info Tab

Test Patient | Female | 01/05/1975 (48 Years) Patient ID: 167932528

* Indicates a Required Field

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Go to: [Investigation Information](#) | [Reporting Information](#) | [Administrative Information](#) | [Clinical](#) | [Hidden Questions](#) | [General Comments](#) | [Case Info Questions Not Used](#)

[Collapse Sections](#)

Investigation Information [Back to top](#)

[Collapse Subsections](#)

Investigation Details

* Jurisdiction:

* Program Area: Tuberculosis

Investigation Start Date:

* Investigation Status:

* Shared Indicator:

Investigation Close Date:

Report Case to CDC:

Date Initially Reported to CDC:

Unreport Case to CDC:

Reporting Information [Back to top](#)

[Collapse Subsections](#)

Texas TB Reporting

Initial ATS Classification:

Initial ATS Classification Date:

Current ATS Classification:

Current ATS Classification Date:

Is case management being done by a public health program?:

Where is case management being performed: Search - OR - [Quick Code Lookup](#)

Where is case management being performed Selected:

Nurse Case Manager:

Managing Physician:

How was the patient first reported to the Health Department?:

Other How was the patient first reported to the Health Department?:

This is auto populated based on the date the investigation is created. Update to the date the health department began investigation.

The Jurisdiction auto populates based on the address. **Always** verify the jurisdiction populated correctly before clicking submit to create a new investigation.

Notify TB Unit staff when the investigation status needs to be updated.

Review Surveillance Guidance on when and how to update ATS-Classification.

These fields are for TB Unit use only.

TB/LTBI Investigation: Case Info Tab

Administrative Information [Back to top](#)

[Collapse Subsections](#)

Key Report Dates

1. Date Reported:

Submitted to Central Office

Case Submitted to Central Office for SCN Assignment:

2. Date Counted

For Central Office Use Only

Date Counted:

Count Status:

MMWR Week:

MMWR Year:

Indicates case verification criteria result based on factors such as culture results, smear results, major and additional sites of the disease, x-ray results, TST, IDR, reason therapy was stopped.

Case Verification Category:

(Use Ctrl to select more than one)

Criteria Met for Provider Diagnosis:

- Autopsy Report
- Child Recent Contact To Active TB Case
- Considerable Clinical Improvement Based On Symptoms From Onset After Starting Minimum 2 Anti-TB Meds
- Not Done Or Negative TST/IGRA And Considerable Improvement On Abnormal Chest X-Ray/Chest Imaging

Selected Values:

Case Status:

Notification Comments to CDC:

Case Numbers

3. TB State Case Number (YYYY-GA-ABCD56789):

4. Local Case Number (YYYY-GA-ABCD56789):

Case Verification

5. Case Already Counted by Another Reporting Area?:

Previously Reported State Case Number (YYYY-GA-ABCD56789):

Country of Verified Case:

Texas Binational TB Case

Does this case meet the Texas criteria of a binational TB case?:

Criteria for Texas Binational TB program:

Binational Clinic:

TB Administration

Is Patient Issued Court Ordered Management:

Date Court Order Signed:

Is Court Order for Inpatient or Outpatient:

Patient Placed on Travel Restrictions:

False Positive Investigation

Suspected false positive:

Was a false-positive investigation performed?:

TB Status After Investigation:

Investigation Outcome:

False Positive Investigation Closure Date:

These fields auto populate based on the date the investigation is created. TB Unit staff will verify and update if needed.

This field is auto populated based on laboratory, imaging, site of disease, and treatment information added throughout the investigation and is verified by TB Unit staff.

This is assigned and entered by TB Unit Staff only. Local and Regional Health Departments should NOT enter, edit, or delete this once assigned.

This is confirmed and updated, if necessary, by TB Unit staff.

This should only be selected as "Yes" for cases enrolled in a Texas Binational Program Clinic

Local Case number must be entered in appropriate format. It is recommended that R/LHD use this format when assigning Local Case Numbers. If the Local Case Number does not match this format, enter it in the Identification section of the Demographics in the Patient File.

TB/LTBI Investigation: Case Info Tab

Clinical [Back to top](#)
[Collapse Subsections](#)
 Hospital

Was the patient hospitalized for this illness?:

Hospital: Search - OR -

Hospital Selected:

Admission Date:

Discharge Date:

Total Duration of Stay in the Hospital (in days):

TCID Admission

Was Patient Admitted to TCID?:

TCID Admission Date:

TCID Discharge Date:

General Comments [Back to top](#)
[Collapse Subsections](#)
 General Comments

General Comments:

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

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Select "Yes" if the patient was hospitalized at TCID for this current episode of TB.
Enter the first admission and discharge dates if the patient was admitted multiple times for this episode of TB.

Enter the first hospitalization the patient experienced related to the current episode of TB.

Subsequent hospitalizations and/or TCID admission can be entered in the Notes or Attachments sections of the Supplemental Info Tab.

TB History Tab

Question Name	Description/Instructions
Previous TB History	
Previous Diagnosis	
23. Has the Patient Been Previously Diagnosed with TB Disease or LTBI?	Select 'Yes' if the patient has a history of previous TB disease or LTBI diagnoses. If the patient has more than one episode, enter details about the oldest diagnosis here. Use the Previous Disease Information repeating block to enter information about additional TB disease or LTBI diagnosis.
History Documented or Self-Reported	Indicate if the previous TB disease or LTBI diagnoses were documented or self-reported by the patient.
Previous TB Disease or TB infection occurred in the U.S.?	Select 'Yes' if the previous TB disease or LTBI diagnosis occurred in a U.S. reporting area.
State of Previous TB or TB Infection	If the previous TB disease or LTBI diagnosis occurred in a U.S. reporting area, select the state in which it occurred.
Country of Previous TB or TB Infection	If the previous TB disease or LTBI diagnosis did not occur in a U.S. reporting area, select the country in which it occurred.
Previous Treatment Documented	Select 'Yes' if the patient has documentation of treatment completion for the previous TB disease or LTBI diagnosis.
Previous Treatment	If previous treatment is documented, select the medications used.
Previous Disease Information (Repeating Block)	
Diagnosis Type	Select if the previous diagnosis was TB disease or LTBI. For patients with more than one episode of TB disease or infection, use this repeating block to enter information about each episode.

TB/LTBI Investigation: TB History Tab

Date of Diagnosis	Enter the date of the corresponding previous TB disease or LTBI diagnosis.
Previous State Case Number	Enter the previously state case number for the corresponding TB disease or LTBI diagnosis, if available. Use the four-digit year, two-digit state abbreviation, nine-digit unique identifier format
Completed Treatment	Select 'Yes' if the patient completed treatment for the corresponding previous TB disease or LTBI diagnosis episode.
Previous Positive Tests	
Only documented previous positive tests should be entered in this sub-section. Self-reported previous positive tests can be entered in the Notes section of the Supplemental Info Tab.	
Previous Positive TST	Select 'Yes' if the patient has a documented previous positive Tuberculin Skin Test (TST). Select 'No' if the patient does not have a documented previous positive TST
Previous Positive TST Administered Date	Enter the date the patient's first documented previous positive TST was administered.
Previous Positive TST Read Date	Enter the date the patient's first documented previous positive TST was read.
Previous Positive IGRA	Select 'Yes' if the patient has a documented previous positive IGRA test result. Select 'No' if the patient does not have a documented previous positive IGRA.
Previous Positive IGRA Collection Date	Enter the date of the patient's first documented previous positive IGRA was collected.
Previous Positive IGRA Report Date	Enter the date of the patient's first documented previous positive IGRA was reported.
Previous Imaging Type	Select the type of previous imaging study relevant to first positive IGRA or TST.

TB/LTBI Investigation: TB History Tab

	Previous Imaging Date	Enter the date of the corresponding to first positive IGRA or TST.
	Result of Previous Imaging Test	Select the result of the corresponding to first positive IGRA or TST.

TB/LTBI Investigation: TB History Tab

Test Patient | Female | 01/05/1975 (48 Years) Patient ID: 167932528

* Indicates a Required Field

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

[Previous TB History](#) [Back to top](#)

[Collapse Subsections](#)

Previous Diagnosis

23. Has the Patient Been Previously Diagnosed with TB Disease or LTBI?

If YES, Complete Table Below. Provide only 1 response for LTBI. Multiple responses for TB are allowed.

History Documented or Self-Reported:

Previous TB Disease or TB infection occurred in the U.S.?:

State of Previous TB or TB Infection:

Country of Previous TB or TB Infection:

Previous Treatment Documented:

(Use Ctrl to select more than one)

Previous Treatment:

- Amikacin
- Bedaquiline
- Capreomycin
- Ciprofloxacin

Selected Values:

Previous Disease Information

Diagnosis Type	Date of Diagnosis	Previous State Case Number	Completed Treatment
No Data has been entered.			
Diagnosis Type: <input type="text"/>	Date of Diagnosis: <input type="text"/>	Previous State Case Number: <input type="text"/>	Completed Treatment: <input type="text"/>
			<input type="button" value="Add"/>

Previous Positive Tests

Previous Positive TST:

Previous Positive TST Administered Date:

Previous Positive TST Read Date:

Previous Positive IGRA:

Previous Positive IGRA Collection Date:

Previous Positive IGRA Report Date:

Previous Imaging Type:

Previous Imaging Date:

Result of Previous Imaging Test:

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

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Submit Cancel

Enter information about the earliest episode for patients with previous TB disease or LTBI diagnosis.

If there is more than one previous TB disease or LTBI diagnosis, enter each episode here.

Only enter documented previous positive tests. Self-reported previous positive tests can be entered in the Notes Section of the Supplemental Info Tab

Tuberculosis Tab

Question Name	Description/Instructions
Initial Evaluation	
Nativity	
11a. Country of Birth	Enter the name of the country in which the person was born. Do not enter “United States” unless the person was born in one of the 50 U.S. states or the District of Columbia. Otherwise, specify the name of the U.S. territory, freely associated state, or other non-U.S. reporting area/country.
Date of First US Arrival	Enter the date the patient first arrived in one of the 50 U.S. states or the District of Columbia, only if the patient was born elsewhere. This date should be provided regardless of whether the patient was already a U.S. citizen at the time of first arrival in the United States.
If arrived in the US in the past 12 months, did patient arrive with a TB A/B notification?	For patients who first entered the United States 12 months or less prior to diagnostic evaluation, select "Yes" if they had a TB A/B visa classification upon arrival.

TB/LTBI Investigation: Tuberculosis Tab

<p>11b. Eligible for US Citizenship or Nationality at Birth?</p>	<p>Select 'Yes' if the patient was eligible for U.S. citizenship at birth regardless of <i>current</i> citizenship status.</p> <p>Persons eligible for U.S. citizenship at birth include anyone born one of the 50 U.S. states or the District of Columbia, Puerto Rico, a U.S. Territory (Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, or the U.S. Virgin Islands). In certain circumstances, a person born in other areas might be eligible for U.S. citizenship at birth, but the parents must take additional steps to acquire citizenship for their child. More information is available at: https://travel.state.gov/content/travel/en/legal/travel-legalconsiderations/uscitizenship/Acquisition-USCitizenship-Child-Born-Abroad.html</p> <p>Select "No" if the patient was not eligible for U.S. citizenship at birth, regardless of the patient's current citizenship status.</p> <p>Select "Unknown" if it is not known whether the person was eligible for U.S. citizenship at birth.</p>
<p>11c. Countries of Birth for Primary Guardian(s) (pediatric: <15 years old cases only)</p>	<p>For patients under 15 years of age at diagnostic evaluation, specify the country of birth for up to two primary guardians. Select a maximum of two countries.</p>
<p>Country of Usual Residence</p>	

TB/LTBI Investigation: Tuberculosis Tab

<p>12a. Country of Usual Residence</p>	<p>Enter “United States” if the patient resides in one of the 50 U.S. states or the District of Columbia.</p> <p>If the patient resides in one of the U.S. territories or other U.S. reporting area, specify the name of the other country or reporting area.</p> <p>Usual residence is defined as the place where the person lives and sleeps most of the time.</p> <p>See the 2020 Report of Verified Case of Tuberculosis (RVCT) Instruction Manual for additional information.</p>
<p>12b. If NOT US Reporting Area, Has Patient Been in US for 90 Days or More?</p>	<p>Select ‘Yes’ if the patient remained in the U.S. for at least 90 days inclusive of the report date.</p> <p>Select ‘No’ if the patient has not remained in the U.S. for at least 90 days inclusive of the report date.</p>
<p>TB Diagnosis</p>	
<p>13. Status at TB Diagnosis</p>	<p>Select ‘<i>Alive</i>’ if the patient was alive at time laboratory results confirming a TB diagnosis (e.g., positive culture or nucleic acid amplification [NAA] test result consistent with TB) were known to the provider -or- TB medications were started.</p> <p>Select ‘<i>Deceased</i>’ if the patient was deceased at the time laboratory results confirming a TB diagnosis were known to the provider.</p>
<p>14. Initial Reason Evaluated for TB</p>	<p>Select the single initial reason the patient was evaluated for TB disease.</p> <p>The definition of “initial reason” is the situation or reason that first led the patient to be evaluated for TB disease.</p> <p>See the 2020 Report of Verified Case of Tuberculosis (RVCT) Instruction Manual for additional information.</p>

TB/LTBI Investigation: Tuberculosis Tab

Did initial TB evaluation occur at the health department?	Select 'Yes' if the initial evaluation for TB disease occurred at the health department. Select 'No' if the initial evaluation for TB disease occurred at any location other than the health department, i.e., a hospital or private outpatient clinic (refer to drop-down options).
Where was the initial TB diagnostic evaluation performed?	If initial evaluation for TB disease did not occur at the health department, select the type of facility where initial evaluation occurred.
Diagnostic Evaluation Performed Facility	If initial evaluation for TB did not occur at the health department, select the specific facility where initial evaluation occurred. This is a facility search field.
Date health department became involved with the plan of care	If initial evaluation for TB did not occur at the /health department, enter the date the health department became involved with the patient's TB evaluation and/or case management.
Date of Initial Assessment	Enter the date the patient was first evaluated <i>specifically</i> for TB/LTBI, regardless of the location of the evaluation.
Respiratory Isolation Indicated	Select 'Yes' if respiratory isolation was indicated for the patient.
Isolation Start Date	Enter the date respiratory isolation was started.
Isolation End Date	Enter the date respiratory isolation was ended.
Symptom Screening	
TB Symptom Screening Performed	Select 'Yes' if a TB symptom screening was performed.
Symptom Screening Date	Enter the date the TB symptom screening was performed.
Is patient symptomatic?	Select 'Yes' if the patient reported any TB symptoms.
Symptom Screening Repeating Block (Repeating Block)	
TB Symptoms Reported	Select all TB symptoms reported by the patient.

TB/LTBI Investigation: Tuberculosis Tab

Date of Symptom Onset	Enter the specific start date for each reported TB symptom.
Medical Consult	
Consult Performed?	Select 'Yes' if a medical consultation was performed for this current episode of TB.
Date Consult Request Submitted	Enter the date the first TB consult request was submitted.
Consultant	Select the applicable medical TB consultant who provided the consult.
Reason For Consult	Select the reason the TB consult request was submitted.
Risk Factors	
Occupation and Industry	
15a. Has the patient ever worked as one of the following? (select all that apply)	Select all applicable settings in which the patient has ever worked or volunteered.
Current Industry and Occupation Information (Repeating Block)	
Current Occupation Standardized	<p>For patients 14 years of age or older, select the standard NIOSH occupation that best describes the type of job that the patient has been doing most recently, whether paid or unpaid (volunteer). This field should be filled for all patients 14 years of age or older, including those who are unemployed or not currently seeking employment. If the patient has more than one current job, enter information on all of the patient's jobs.</p> <p>For more information about NIOSH/NIOCCS codes, see this link: https://csams.cdc.gov/nioccs/Default.aspx Refer to the 2022 RVCT Manual for tips on how to elicit information about occupation.</p>
Current Occupation	Enter the current occupation here if it was not available in the <i>Current Occupation Standardized</i> options.

TB/LTBI Investigation: Tuberculosis Tab

<p>Current Industry Standardized</p>	<p>For patients 14 years of age or older, select the standard NIOSH industry for the kind of business or industry the patient works in. If the patient has more than one current job, enter the corresponding current industry for each job.</p> <p>For more information about NIOSH/NIOCCS codes, see this link: https://csams.cdc.gov/nioccs/Default.aspx</p>
<p>Current Industry</p>	<p>Enter the current industry if it was not available in the <i>Current Industry Standardized</i> options.</p>
<p>Other Risk Factors</p>	
<p>Diabetic At Diagnostic Evaluation</p>	<p>Select 'Yes' if the patient had diabetes (per the American Diabetes Association definition) when TB diagnostic evaluation was performed or initiated.</p>
<p>End Stage Renal Disease</p>	<p>Select 'Yes' if the patient had end-stage renal disease when TB diagnostic evaluation was performed or initiated.</p>
<p>HIV/AIDS</p>	<p>Select 'Yes' if the patient was HIV-positive when TB diagnostic evaluation was performed or initiated.</p>
<p>Other Immunocompromise (other than HIV or AIDS)</p>	<p>Select 'Yes' if the patient is immunocompromised because of either a medical condition (e.g., leukemia, Hodgkin's lymphoma, carcinoma of the head or neck), or immunosuppressive therapy, such as prolonged use of high-doses of corticosteroids.</p>
<p>Post Organ Transplantation</p>	<p>Select 'Yes' if the patient has ever received a solid organ transplant.</p>
<p>TNF-alpha Antagonist Therapy</p>	<p>Select 'Yes' if the patient recently received, or was receiving, tumor necrosis factor-alpha (TNF-α) antagonist therapy when TB diagnostic evaluation was performed or initiated.</p>
<p>Viral Hepatitis (B or C Only)</p>	<p>Select 'Yes' if the patient has ever had a diagnosis of Hepatitis B or C (acute or chronic).</p>

TB/LTBI Investigation: Tuberculosis Tab

Cancer - Head and/or Neck	Select 'Yes' if the patient has ever had a diagnosis of cancer of the head and/or neck.
Cancer - Other	Select 'Yes' if the patient has ever had a diagnosis of cancer other than cancer of the head and/or neck.
Chronic Renal disease	Select 'Yes' if the patient had chronic renal disease when TB diagnostic evaluation was performed or initiated.
Hemodialysis	Select 'Yes' if the patient was receiving hemodialysis when TB diagnostic evaluation was performed or initiated.
Gastrectomy or Jejunioileal Bypass	Select 'Yes' if the patient has ever had gastrectomy or jejunioileal bypass.
COVID-19 Co-Infection	Select 'Yes' if coinfection is defined as SARS-CoV-2 infection within 1 year before TB report date or during TB case management.
Silicosis	Select 'Yes' if the patient has ever had silicosis.
Skin Test Conversion - increase of 10 mm or more within 2 years	Select 'Yes' if the patient had a skin test conversion (increase of 10mm or more) compared to previous TST performed within two years of when TB diagnostic evaluation was performed or initiated.
Weight 10% less than ideal body weight	Select 'Yes' if the patient's weight was 10% or more below recommended body weight when TB diagnostic evaluation was performed or initiated.
Other Risk Factor	Select 'Yes' if the patient reported any additional medical or social risk factor.
Other Risk Factor Specify	Enter all additional risk factors.
Heavy Alcohol Use in the Past 12 Months	Select 'Yes' if the patient has heavily used alcohol in the 12-months before TB diagnostic evaluation was performed or initiated. Heavy alcohol use is defined as binge drinking on five or more days in the month.

TB/LTBI Investigation: Tuberculosis Tab

<p>Injecting Drug Use in the Past 12 Months</p>	<p>Select 'Yes' if the patient used injection drugs not prescribed by a health care provider in the 12-months before TB diagnostic evaluation was performed or initiated.</p>
<p>Injecting Drugs Used</p>	<p>Select all injecting drugs not prescribed by a health care provider used in the 12-months before TB diagnostic evaluation was performed or initiated.</p>
<p>Noninjecting Drug Use in the Past 12 Months</p>	<p>Select 'Yes' if the patient used noninjecting drugs not prescribed by a health care provider or approved by FDA for over-the-counter dispensing in the 12-months before TB diagnostic evaluation was performed or initiated.</p>
<p>Non-Injecting Drugs Used</p>	<p>Select all noninjecting drugs not prescribed by a health care provider or approved by the FDA for over-the-counter dispensing used in the 12-months before TB diagnostic evaluation was performed or initiated.</p>
<p>19. Current Smoking Status at Diagnostic Evaluation</p>	<p>Select the best description for patient's smoking status at the time of TB diagnostic evaluation was performed or initiated.</p> <p>The definition of smoking includes consumption of tobacco (or nicotine) through combustible tobacco products (e.g., cigarettes) or electronic nicotine delivery systems (ENDS; e.g., vapes, e-cigarettes). It does not include chewing tobacco.</p>
<p>Homeless in the Past 12 Months</p>	<p>Select 'Yes' if the patient has been homeless in the 12-months before TB diagnostic evaluation was performed or initiated.</p> <p>Persons in unstable housing situations (e.g., alternating between multiple residences for short stays of uncertain duration) may also be considered homeless. See the 2020 Report of Verified Case of Tuberculosis (RVCT) Instruction Manual for additional information.</p>

TB/LTBI Investigation: Tuberculosis Tab

Homeless Ever	Select 'Yes' if the patient has ever experienced homelessness.
Resident of Correctional Facility at Diagnostic Evaluation	Select 'Yes' if the patient was incarcerated or detained in a jail, prison, or other detention center when TB diagnostic evaluation was performed or initiated.
17. If Resident of Correctional Facility at Diagnostic Evaluation, Type of Facility	If the patient was the resident of a correctional facility when TB diagnostic evaluation was performed or initiated, select the type of facility. If the person with TB was a resident of more than one facility during the diagnostic evaluation, select the facility where the initial TB diagnostic evaluation was performed.
Under custody of immigration / customs enforcement	Select 'Yes' if the patient was under the custody of immigration/customs enforcement when TB diagnostic evaluation was performed or initiated, regardless of the level or type of facility where they were incarcerated.
Under custody of Bureau of Prisons	Select 'Yes' if the patient was under the custody of the Federal Bureau of Prisons.
Under custody of United States Marshals	Select 'Yes' if the patient was under the custody of U.S. Marshals Service.
Was local jail a Chapter 89-designed facility at diagnostic evaluation?	Select 'Yes' if the local jail where the patient was incarcerated at had Chapter-89 designation when TB diagnostic evaluation was performed or initiated.
Incarceration Date at Diagnostic Evaluation	If the patient was a resident of a correctional facility at the time of diagnostic evaluation, enter the date incarceration began.
Name of Incarceration Facility	If the patient was a resident of a correctional facility at the time of diagnostic evaluation, enter the name of the facility.

TB/LTBI Investigation: Tuberculosis Tab

<p>Resident of Correctional Facility Ever</p>	<p>Select 'Yes' if the patient has ever been incarcerated or detained in a jail, prison, or other detention center at any point in their lifetime.</p>
<p>Resident of Long-Term Care Facility at Diagnostic Evaluation</p>	<p>Select 'Yes' if the patient was a resident of long-term care facility when TB diagnostic evaluation was performed or initiated.</p>
<p>18. If Resident of Long-Term Care Facility at Diagnostic Evaluation, Type of Facility</p>	<p>If the patient was the resident of a long-term care facility when TB diagnostic evaluation was performed or initiated, select the type of facility.</p>
<p>Name of the Long-Term Care Facility</p>	<p>If the patient was a resident of a long-term care facility when TB diagnostic evaluation was performed or initiated, enter the name of the facility.</p>
<p>Resident of Other Congregate Setting at Diagnostic Evaluation</p>	<p>Select 'Yes' if the patient was a resident of another type of congregate setting (other than a correctional or long-term care facility) when TB diagnostic evaluation was performed or initiated.</p>
<p>Patient Classified as Low-Income</p>	<p>Select 'Yes' if the patient was considered low income when TB diagnostic evaluation was performed or initiated.</p> <p>The term "low income" means, with respect to an individual or family, such an individual or family with an income determined to be below the income official poverty line defined by the Office of Management and Budget and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981.</p>

TB/LTBI Investigation: Tuberculosis Tab

<p>20. Lived Outside of the United States for >2 Months (uninterrupted)</p>	<p>Select 'Yes' if the patient indicates they have lived or travelled outside the U.S. (50 states and DC) for more than 2 months uninterrupted. This includes any persons who were born outside the U.S. and then lived outside the U.S. for more than 2 months. See the 2020 Report of Verified Case of Tuberculosis (RVCT) Instruction Manual for additional information.</p>
<p>Exposure or Contact with Livestock</p>	<p>Select 'Yes' if the patient ever had exposure or contact with livestock.</p>
<p>Consumed Unpasteurized Dairy</p>	<p>Select 'Yes' if the patient ever consumed unpasteurized dairy.</p>
<p>BCG Vaccination Given</p>	<p>Select 'Yes' if the patient ever received a BCG vaccination.</p>
<p>Receiving BCG as Cancer Therapy</p>	<p>Select 'Yes' if the patient ever received BCG as treatment for cancer.</p>
<p>Diagnostic Testing</p>	
<p>Enter the <i>first</i> documented laboratory result <i>significant</i> to the diagnosis for this episode of TB/LTBI. <i>Always</i> enter TST, IGRA, sputum smear, sputum culture, NAAT, and HIV test. Enter '<i>Not Done</i>' for any tests that were not done. When reporting these results in the qualitative section, select 'Positive' if these results were interpreted by the clinician caring for the patient as consistent with TB.</p>	
<p>HIV Status</p>	
<p>Collection Date</p>	<p>Enter the date of specimen collection for the HIV test.</p>
<p>Date Reported</p>	<p>Enter the date the HIV test result was reported.</p>
<p>HIV Status</p>	<p>Enter the qualitative (interpreted) result of the HIV test.</p>
<p>Tuberculin (Mantoux) Skin Test at Diagnosis</p>	
<p>Date Placed</p>	<p>Enter the date the Tuberculin Skin Test (TST) was placed.</p>
<p>Date Read</p>	<p>Enter the date the TST was read.</p>
<p>Result</p>	<p>Enter the qualitative (interpreted) results of the TST.</p>

TB/LTBI Investigation: Tuberculosis Tab

MM of Induration	Enter the mm of induration (quantitative result) of the TST.
Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis	
Test Type	Select the IGRA test type for the IGRA test performed.
Collection Date	Enter the date of specimen collection for the IGRA.
Date Reported	Enter the date the result of the IGRA was reported by the performing laboratory.
Test Result	Select the qualitative (interpreted) result of IGRA.
Quantitative Test Result	This field is not required.
Quantitative Test Result Units	This field is not required.
Sputum Smear	
Collection Date	Enter the date the specimen used for sputum smear testing was collected.
Date Reported	Enter the date the result was reported by the performing laboratory.
Result	Select the qualitative (interpreted) result of the sputum smear test.
Sputum Culture	
Collection Date	Enter the sputum specimen collection date.
Date Reported	Enter the date the result was reported by the performing laboratory.
Result	Select the qualitative (interpreted) result of the sputum culture test.
Pathology/Cytology of Tissue or Other Bodily Fluids	
Test Type	Select the test type. This field is used only to record Pathology and/or Cytology tests. Smears from non-sputum sources must be entered in the Lab Interpretive Repeating Block.

TB/LTBI Investigation: Tuberculosis Tab

Specimen Source	Select the anatomic specimen source site.
Collection Date	Enter the non-sputum specimen collection date.
Date Reported	Enter the date the result was reported by the performing laboratory.
Results	Select the qualitative (interpreted) result of the non-sputum pathology/cytology test.
Culture of Tissue or Other Bodily Fluids	
Specimen Source	Select the anatomic non-sputum specimen source site.
Collection Date	Enter the non-sputum specimen collection date.
Date Reported	Enter the date the result was reported by the performing laboratory.
Results	Select the qualitative (interpreted) result of the non-sputum culture test.
Nucleic Acid Amplification Test Result	
Specimen Source	Select the anatomic specimen source site.
Collection Date	Enter the specimen collection date.
Date Reported	Enter the date the result was reported by the performing laboratory.
Results	Select the qualitative (interpreted) result of the Nucleic Acid Amplification Test (NAAT) test.
Lab Interpretive Repeating Block (Repeating Block)	
<p>This repeating block is used to enter additional laboratory tests performed throughout the TB or LTBI episode. This includes hemoglobin A1C and/or fasting glucose for diabetic patients and bacteriology results relevant to case completion and case verification (e.g. results relevant to sputum smear and sputum culture conversion), among others.</p> <p>CD4 count should be reported for HIV-infected persons. Hemoglobin A1c or fasting blood glucose at diagnostic evaluation should be reported for people with diabetes.</p>	
Test Type	Select the type of test performed.
Specimen Source Site	Select the anatomic specimen source site.
Date Collected or Placed	Enter the date of specimen collection for the test performed or date TST was placed.

TB/LTBI Investigation: Tuberculosis Tab

Date Reported or Read	Enter the date the test result was reported by the performing laboratory or date TST was read.
Test Result (Qualitative)	Select the qualitative (interpreted) result of the performed test.
Test Result (Quantitative)	Enter the quantitative (numeric) result of the performed test.
Quantitative Test Result Units	Enter the unit of measure for the quantitative (numeric) result of the performed test.
Chest Imaging	
Enter the <i>first</i> documented <i>chest</i> imaging result <i>significant</i> to the diagnosis for this episode of TB/LTBI. <i>Always</i> enter plain chest x-ray and chest CT scan. Enter ' <i>Not Done</i> ' for any tests that were not done.	
Chest Radiograph and Other Chest Imaging Study Results	
Initial Chest X-Ray Date	Enter the date of the chest x-ray.
Initial Chest X-Ray Result	Select the qualitative (interpreted) result of the chest x-ray.
Evidence of a Cavity	Select 'Yes' if evidence of cavity was noted on chest X-ray.
Evidence of Miliary TB	Select 'Yes' if evidence of miliary TB disease was noted on chest X-ray.
Evidence of Lymphadenopathy	Select 'Yes' if evidence of lymphadenopathy was noted on chest X-ray.
Was this a comparison?	Select 'Yes' if this was a comparison scan.
Comparison Date	Indicate the date of the comparison chest X-ray.
Comparison Result	Indicate the result of the X-ray comparison.
Notes - Chest X-Ray	Enter any notes provided on the chest x-ray.
Initial Chest CT Scan Date	Enter the date of the chest CT scan.
Initial Chest CT Scan Result	Select the qualitative (interpreted) result of the chest CT scan.

TB/LTBI Investigation: Tuberculosis Tab

Evidence of a Cavity	Select 'Yes' if evidence of cavity is noted on chest CT scan.
Evidence of Miliary TB	Select 'Yes' if evidence of miliary is noted on chest CT scan.
Evidence of Lymphadenopathy	Select 'Yes' if evidence of lymphadenopathy is noted on chest CT scan.
Was this a comparison?	Select 'Yes' if this was a comparison scan.
Comparison Date	Indicate the date of the comparison CT scan.
Comparison Result	Indicate the result of the CT scan comparison.
Chest CT Notes	Enter any notes provided on chest CT scan.
Additional Chest Imaging (Repeating Block)	
This repeating block is used to enter additional chest imaging performed throughout the TB or LTBI episode.	
Type of Chest Study	Select the type of chest imaging study performed.
Date of Chest Study	Enter the date of the chest imaging study performed.
Result of Chest Study	Select the qualitative (interpreted) result of the chest imaging study.
Evidence of Cavity	Select 'Yes' if evidence of cavity is noted on the chest imaging study.
Evidence of Miliary TB	Select 'Yes' if evidence of miliary is noted on the chest imaging study.
Evidence of Lymphadenopathy	Select 'Yes' if evidence of lymphadenopathy is noted on the chest imaging study..
Additional Chest Imaging Notes	Enter any notes provided on the chest imaging study.
Additional Imaging	
Additional TB Imaging (Repeating Block)	
This repeating block is used to enter additional imaging performed for body sites other than chest that are significant to the diagnosis for this episode of TB or LTBI.	
Type of Imaging Study	Select the type of non-chest imaging study performed.

TB/LTBI Investigation: Tuberculosis Tab

Date of Study	Enter the date of the non-chest imaging study performed.
Body Site	Select the body site of the non-chest imaging study performed.
Result	Select the qualitative (interpreted) result of the non-chest imaging study.
Notes - Other Imaging Study	Enter any notes provided on the non-chest imaging study.
Epidemiologic Investigation	
Epidemiologic Investigation	
Is this case part of a special targeted testing project	Select 'Yes' if this person was part of a special targeted testing project. Special targeted testing projects include any targeted testing conducted by the R/LHD. This question is applicable for all patients, not just suspected or confirmed TB cases.
Special project name	Enter the name of the special targeted testing project, e.g., U4Ukraine, African American Project, etc.
26. Case Meets Binational Reporting Criteria?	<p>Select 'Yes' if the patient meets at least one of the CDC defined binational reporting criteria.</p> <p>A case is considered binational by the CDC when it meets one or more of the following criteria:</p> <ul style="list-style-type: none"> • Exposure to suspected product (e.g., unpasteurized milk or cheese) from Canada or Mexico • Has case contacts in or from Mexico or Canada • Potentially exposed by a resident of Mexico or Canada • Potentially exposed while in Mexico or Canada • Resident of Canada or Mexico • Other situations that may require binational notification or coordination of response

TB/LTBI Investigation: Tuberculosis Tab

<p>If Yes, Which Criteria Were Met?</p>	<p>Select all applicable CDC defined binational reporting criteria</p>
<p>27. Case Identified During the Contact Investigation of Another Case?</p>	<p>Select 'Yes' if the patient was identified during the contact investigation or source case investigation of another TB case.</p>
<p>If Yes, Evaluated for TB During that Contact Investigation?</p>	<p>Select 'Yes' if the patient was identified during the contact investigation or source case investigation of another TB case -and- was evaluated for TB during that investigation <i>regardless</i> of whether the patient was diagnosed with TB as part of that evaluation.</p>
<p>28. Contact Investigation Conducted for This Case?</p>	<p>Select 'Yes' if a contact investigation or source case investigation that adequately identified contacts related to this case was conducted, even if the investigation was prompted by identification of a different case.</p> <p>This item should be answered for all cases, regardless of whether a contact investigation or source case investigation was warranted.</p>
<p>Reason Contact Investigation Not Conducted</p>	<p>If a contact investigation or source case investigation was not conducted, select the reason it was not conducted.</p>
<p>Epidemiologic Investigation (Repeating Block)</p>	
<p>Linked State Case Number</p>	<p>Enter state case numbers for any counted TB cases or LTBI associated with the patient, using the four-digit year, two letter state abbreviation, and nine-digit unique identifier format.</p>
<p>TB Exposure History</p>	
<p>Known Exposure to a TB Case</p>	<p>Select 'Yes' for any documented or self-reported past exposure to another person with TB disease (source case).</p>

TB/LTBI Investigation: Tuberculosis Tab

	Source Case RVCT Number	If the patient had known past exposure to another person with TB disease, enter that source case's RVCT/state case number, if known.
	If RVCT Number Unknown, enter source case name	If the patient had known past exposure to another person with TB disease and that source case's RVCT/state case number is not known, enter the source case's name.
	How many years since exposure?	Select the number of years since the known exposure to a person with TB disease.
	Did the source case have known drug-resistant TB?	Select 'Yes' if the source case had known drug-resistant TB.
	Source case drug resistance pattern	Enter the source case drug resistance pattern, if known.
	Approximate Date of Last Exposure	Enter the patient's approximate date of last exposure the source case.
	Contact's relationship to source case	Select the patient's relationship to the source case
	Exposure Comments	Enter any additional comments about the known TB exposure.

TB/LTBI Investigation: Tuberculosis Tab

Test Patient | Female | 01/05/1975 (48 Years) Patient ID: 167932528 * Indicates a Required Field

Patient Case Info TB History Tuberculosis TB Disease Only MDR TB LTBI Only Comprehensive TB Treatment Details Contact Investigation Contact Records Supplemental Info

Go to: [Initial Evaluation](#) | [Risk Factors](#) | [Diagnostic Testing](#) | [Chest Imaging](#) | [Additional Imaging](#) | [Epidemiologic Investigation](#)

[Collapse Sections](#) [Back to top](#)

Initial Evaluation [Collapse Subsections](#)

11. Nativity

11a. Country of Birth:

If country of birth is NOT United States, regardless of citizenship, indicate the date when the patient first arrived in the US.
Date of First US Arrival:

If arrived in the US in the past 12 months, did patient arrive with a TB A/B notification?:

11b. Eligible for US Citizenship or Nationality at Birth?:

Complete Countries for Birth for Primary Guardians(s) for pediatric cases only (less than 15 years old).
(Use Ctrl to select more than one)

11c. Countries of Birth for Primary Guardian(s) (pediatric: <15 years old cases only):

- AFGHANISTAN
- ALAND ISLANDS
- ALBANIA
- ALGERIA
- AMERICAN SAMOA

Selected Values:

12. Country of Usual Residence

12a. Country of Usual Residence:

12b. If NOT US Reporting Area, Has Patient Been in US for 90 Days or More?:

TB Diagnosis

13. Status at TB Diagnosis:

14. Initial Reason Evaluated for TB:

Other 14. Initial Reason Evaluated for TB:

Did initial TB evaluation occur at health department?:

Where was the initial TB diagnostic evaluation performed?:

Other Where was the initial TB diagnostic evaluation performed?:

Diagnostic Evaluation Performed Facility: Search - OR - Quick Code Lookup

Diagnostic Evaluation Performed Facility Selected:

Date health department became involved with the plan of care:

Date of Initial Assessment:

Respiratory Isolation Indicated:

Isolation Start Date:

Isolation End Date:

Symptom Screening

TB Symptom Screening Performed:

Symptom Screening Date:

Is patient symptomatic?:

Symptom Screening Repeating Block

TB Symptoms Reported	Date of Symptom Onset
No Data has been entered.	
TB Symptoms Reported: <input type="text"/>	Date of Symptom Onset: <input type="text"/>
Other TB Symptoms Reported: <input type="text"/>	
Date of Symptom Onset: <input type="text"/>	
<input type="button" value="Add"/>	

Medical Consult

Consult Performed?:

Date Consult Request Submitted:

Consultant:

Other Consultant:

(Use Ctrl to select more than one)

Reason For Consult:

- Alternate Regimen During Drug Shortage
- Binational TB
- Contact Investigation - General
- Diagnosing TB
- Other Reason For Consult:

Selected Values:

Select no more than two countries of birth for primary guardians.

Every effort should be made to obtain Nativity information as soon as possible.

Status at Diagnosis should be entered at the time the ATS-Classification is updated to ATS-3.

Date of initial assessment associated with TB diagnostic evaluation.

Enter the initial consult date only. Additional consultations can be entered in the Notes Section of the Supplemental Info Tab.

These sections should be entered with information related to initial/diagnostic information.

TB/LTBI Investigation: Tuberculosis Tab

[Risk Factors](#) [Back to top](#)
[Collapse Subsections](#)

15. Occupation and Industry

(Use Ctrl to select more than one)

15a. Has the patient ever worked as one of the following? (select all that apply):

- Correctional Facility Employee
- Healthcare Worker
- Migrant/Seasonal Worker
- None of the Above

Selected Values:

15b. Current Industry and Occupation Information

Current Occupation Standardized	Current Occupation	Current Industry Standardized	Current Industry
No Data has been entered.			

Current Occupation Standardized:

Current Occupation:

Current Industry Standardized:

Current Industry:

16. Other Risk Factors

Medical Risk Factors

Diabetic At Diagnostic Evaluation:

End Stage Renal Disease:

HIV/AIDS:

Other Immunocompromise (other than HIV or AIDS):

Post Organ Transplantation:

TNF-alpha Antagonist Therapy:

Viral Hepatitis (B or C Only):

Cancer - Head and/or Neck:

Cancer - Other:

Chronic Renal disease:

Hemodialysis:

Gastrectomy or Jejunioleal Bypass:

COVID-19 Co-Infection:

Silicosis:

Skin Test Conversion - increase of 10 mm or more within 2 years:

Weight 10% less than ideal body weight:

Other Risk Factor:

Other Risk Factor Specify:

Refer to NIOSH Standard Occupation Codes:
<https://csams.cdc.gov/nioocs/Default.aspx>

List any additional medical, social, or other risk factors not selected in a drop-down.

TB/LTBI Investigation: Tuberculosis Tab

Social Risk Factors

Heavy Alcohol Use in the Past 12 Months:

Injecting Drug Use in the Past 12 Months:

Injecting Drugs Used: (Use Ctrl to select more than one)

Cocaine
Opioids
Other illicit drug

Selected Values:

Noninjecting Drug Use in the Past 12 Months:

Non-Injecting Drugs Used: (Use Ctrl to select more than one)

Cocaine
Crack
Marijuana
Methamphetamines

Selected Values:

19. Current Smoking Status at Diagnostic Evaluation:

Homeless in the Past 12 Months:

Homeless Ever:

Resident of Correctional Facility at Diagnostic Evaluation:

17. If Resident of Correctional Facility at Diagnostic Evaluation, Type of Facility:

Other 17. If Resident of Correctional Facility at Diagnostic Evaluation, Type of Facility:

Under custody of immigration / customs enforcement:

Under custody of Bureau of Prisons:

Under custody of United States Marshals:

Was local jail a Chapter 89-designed facility at diagnostic evaluation?:

Incarceration Date at Diagnostic Evaluation:

Name of Incarceration Facility:

Resident of Correctional Facility Ever:

Resident of Long Term Care Facility at Diagnostic Evaluation:

18. If Resident of Long Term Care Facility at Diagnostic Evaluation, Type of Facility:

Other 18. If Resident of Long Term Care Facility at Diagnostic Evaluation, Type of Facility:

Name of the Long Term Care Facility:

Resident of Other Congregate Setting at Diagnostic Evaluation:

Patient Classified as Low-Income:

20. Lived Outside of the United States for >2 Months (uninterrupted):

M. bovis Risk Factors

Exposure or Contact with Livestock:

Consumed Unpasteurized Dairy:

BCG Vaccination Given:

Receiving BCG as Cancer Therapy:

Select Yes if the individual is under ICE custody regardless of the type of correctional facility.

Other congregate settings include but are not limited to: Boarding Homes, Dormitories, Group Homes, Halfway Houses, Homeless Shelters, Hotels, Jails, K-12 School, Orphanages, Prisons, Refugee Camps, and Rescue Missions.

TB/LTBI Investigation: Tuberculosis Tab

Diagnostic Testing [Back to top](#)

[Collapse Subsections](#)

21. TB Skin Test and All Non DST TB Lab Test Results

Please provide a response for each of the main test types in the discrete questions below. The lab repeating block can be used to enter additional tests performed.

HIV Status

Collection Date:

Date Reported:

HIV Status:

Tuberculin (Mantoux) Skin Test at Diagnosis

Date Placed:

Date Read:

Result:

MM of Induration:

Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis

Test Type:

Collection Date:

Date Reported:

Test Result:

Quantitative Test Result:

Quantitative Test Result Units:

Sputum Smear

Collection Date:

Date Reported:

Result:

Sputum Culture

Collection Date:

Date Reported:

Result:

Smear/Pathology/Cytology of Tissue or Other Bodily Fluids

Test Type:

Specimen Source:

Other Specimen Source:

Collection Date:

Date Reported:

Results:

Culture of Tissue or Other Bodily Fluids

Specimen Source:

Other Specimen Source:

Collection Date:

Date Reported:

Results:

Nucleic Acid Amplification Test Result

Specimen Source:

Other Specimen Source:

Collection Date:

Date Reported:

Results:

Additional Laboratory Test Results

Enter an additional laboratory testing results in the lab interpretive repeating block below.

Lab Interpretive Repeating Block

	Test Type	Specimen Source Site	Date Collected or Placed	Date Reported or Read	Test Result Qualitative	Test Result Quantitative	Quantitative Test Result Units
No Data has been entered.							
	Test Type: <input type="text"/>	Specimen Source Site: <input type="text"/>	Date Collected or Placed: <input type="text"/> <input type="button" value="Calendar"/>	Date Reported or Read: <input type="text"/> <input type="button" value="Calendar"/>	Test Result (Qualitative): <input type="text"/>	Test Result (Quantitative): <input type="text"/>	Quantitative Test Result Units: <input type="text"/>
	Other Test Type: <input type="text"/>	Other Specimen Source Site: <input type="text"/>					
							<input type="button" value="Add"/>

Enter the first diagnostic test result significant to the TB/LTBI Diagnosis. *Not Done* must be entered if the test is not done.

Enter additional or new lab results, e.g., HbA1c, CD4, first negative culture documenting sputum culture conversion, in the Lab Interpretive Repeating Block.

TB/LTBI Investigation: Tuberculosis Tab

[Collapse Subsections](#) [Back to top](#)

22. Chest Radiograph and Other Chest Imaging Study Results

Initial Chest X-Ray Date:

Initial Chest X-Ray Result:

Evidence of a Cavity:

Evidence of Miliary TB:

Evidence of Lymphadenopathy:

Was this a comparison?:

Comparison Date:

Comparison Result:

Notes - Chest XRay:

Initial Chest CT Scan Date:

Initial Chest CT Scan Result:

Evidence of a Cavity:

Evidence of Miliary TB:

Evidence of Lymphadenopathy:

Was this a comparison?:

Comparison Date:

Comparison Result:

Chest CT Notes:

Enter the first Chest X-Ray and Chest CT Imaging result significant to the TB/LTBI Diagnosis. *Not Done* must be entered if imaging is not done.

Additional Chest Imaging

Type of Chest Study	Date of Chest Study	Result of Chest Study	Evidence of Cavity	Evidence of Miliary TB
No Data has been entered.				

Type of Chest Study:

Other Type of Chest Study:

Date of Chest Study:

Result of Chest Study:

Evidence of Cavity:

Evidence of Miliary TB:

Evidence of Lymphadenopathy:

Additional Chest Imaging Notes:

Add

Enter any additional Chest X-Ray or Chest CT Imaging studies.

Additional Imaging

[Collapse Subsections](#) [Back to top](#)

Additional TB Imaging

Type of Imaging Study	Date of Study	Body Site	Result	Was this a comparison?	Comparison Date	Comparison Result
No Data has been entered.						

Type of Imaging Study:

Other Type of Imaging Study:

Date of Study:

Body Site:

Other Body Site:

Result:

Notes - Other Imaging Study:

Add

Enter all non-chest imaging studies related to TB/LTBI evaluation.

TB/LTBI Investigation: Tuberculosis Tab

Epidemiologic Investigation [Collapse Subsections](#) [Back to top](#)

Epidemiologic Investigation

Is this case part of a special targeted testing project:

Special project name:

26. Case Meets Binational Reporting Criteria?:

(Use Ctrl to select more than one)

If Yes, Which Criteria Were Met?:

- Exposure to suspected product from Canada or Mexico
- Has case contacts in or from Mexico or Canada
- Other situations that may require binational notification or coordination of response
- Potentially exposed by a resident of Mexico or Canada
- Potentially exposed while in Mexico or Canada

Selected Values:

If exposure to suspected product from Canada or Mexico, complete "Exposure or Contact with Livestock" and "Consumed Unpasteurized Dairy" questions in Risk Factor section

27. Case Identified During the Contact Investigation of Another Case?:

If Yes, Evaluated for TB During that Contact Investigation?:

28. Contact Investigation Conducted for This Case?:

Reason Contact Investigation Not Conducted:

Other Reason Contact Investigation Not Conducted:

29. Linked Case Number

Linked Case Number

No Data has been entered.

Complete Table Below for All Known TB and LTBI Cases Epidemiologically Linked to This Case.

Linked State Case Number:
<input type="text"/>

TB Exposure History

Known Exposure to a TB Case:

Source Case RVCT Number:

If RVCT Number Unknown, enter source case name:

How many years since exposure?:

Did the source case have known drug-resistant TB?:

Source case drug resistance pattern:

Approximate Date of Last Exposure:

Contact's relationship to source case:

Exposure Comments:

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

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	---------------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Select Yes if the patient was identified as part of a special targeted testing project, regardless of ATS-classification.

This should only be selected as "Yes" for cases meeting the RVCT criteria for Binational Reporting.

NEDSS will not auto-populate linked case numbers. Each linked state case number, TB and LTBI, must be entered manually.

Enter any documented or self-reported TB exposure; enter details about index case as available.

Indicate if the source case had known drug-resistant TB.

TB Disease Only Tab

❖ This tab can only be edited in Tuberculosis (2020 RVCT) condition investigations.

Question Name	Description/Instructions
Clinical History And Findings	
Symptom Onset and Site of TB Disease	
24. Date of Illness Onset or Symptom Start Date	<p>Enter the date the patient first experienced signs and symptoms for this TB episode.</p> <p>If the patient reports not having experienced TB signs or symptoms, record date of earliest clinical finding consistent with TB disease.</p>
25. Site of TB Disease (select all that apply)	<p>Select all sites of disease for this TB episode.</p> <p>Report all anatomic sites of disease considered by the clinician caring for this patient to be involved in the TB disease process; laboratory confirmation is not always possible for all sites of disease.</p> <p>If the report of the initial chest radiograph or the initial chest CT scan indicates “miliary TB or a miliary or bilateral micronodular pattern,” record this finding under Chest Radiograph and Other Chest Imaging Study Results and enter “Pulmonary” as a Site of Disease.</p>
Initial Treatment Information	
Treatment	
30. Date Therapy Started	<p>Enter the date the patient began multidrug therapy for suspected or confirmed TB disease.</p> <p>This is, ideally, the date when the patient first ingested medication if documented in a medical record, such as hospital, or clinic, or directly observed therapy (DOT) record.</p>

TB/LTBI Investigation: TB Disease Only Tab

	Standard Regimen Button	Use this button if the initial multidrug regimen used consisted of Isoniazid, Rifampin, Ethambutol, and Pyrazinamide (RIPE/HRZE). This will automatically mark these four drugs as 'Yes'.
	Mark Rest 'No' Button	Use this button if the initial multidrug regimen used consisted of Isoniazid, Rifampin, Ethambutol, and Pyrazinamide (RIPE/HRZE) to mark all other drugs as 'No'.
	Isoniazid	<p>Select 'Yes' if the drug is known to be part of the initial multidrug regimen for suspected or confirmed TB disease.</p> <p>For combination drugs, select "Yes," for each drug that is a component of the combination drug.</p>
	Rifampin	
	Pyrazinamide	
	Ethambutol	
	Streptomycin	
	Rifabutin	
	Rifapentine	
	Ethionamide	
	Amikacin	
	Kanamycin	
	Capreomycin	
	Ciprofloxacin	
	Levofloxacin	
	Ofloxacin	
	Moxifloxacin	
	Other Quinolones	
	Cycloserine	
	Para-Amino Salicylic acid	
	Linezolid	
	Bedaquiline	
	Delamanid	
	Clofazimine	
	Pretomanid	
	Other Drug	

TB/LTBI Investigation: TB Disease Only Tab

	Specify Other Drug	
	Clear Button	Use this button to clear the selections for all drugs.
	32. If Initial Drug Regimen NOT RIPE/HRZE, Why Not?	If the patient the initial multidrug regimen used was not RIPE/HRZE, select the reason RIPE/HRZE was not started.
Genotyping And Drug Susceptibility		
Genotyping		
	33. Isolate Submitted for Genotyping	Select 'Yes' if an isolate for this TB episode was submitted to DSHS for genotyping, regardless of genotyping results. TB Programs must ensure all culture-positive specimens have at least one isolate, preferably the initial isolate, to the DSHS Laboratory for genotyping.
	Accession Number for Genotyping	This field is used to enter the TB GIMS genotyping accession number when it becomes available. This information is entered by TB Unit Staff .
	Submitter Number	This field is used to enter the TB GIMS genotyping submission number when it becomes available. This information is entered by TB Unit Staff .
	GIMS ID	This field is used to enter the TB GIMS ID for the isolate when it becomes available. This information is entered by TB Unit Staff . This information is added by TB Unit Staff .
	wgMLSType	This field is used to enter the wgMLSType for the case when these becomes available. This information is entered by TB Unit Staff .
	GENType (legacy)	This field is used to record used to enter GENType for legacy cases (when available). This information is entered by TB Unit Staff .
	Analysis ID (WGS)	This field is used to enter the whole genome sequencing Analysis ID for the isolate. This information is entered by TB Unit Staff .

TB/LTBI Investigation: TB Disease Only Tab

<p>Genotyping Lineage</p>	<p>This field is used to enter the genotyping lineage for the isolate when it becomes available. This information is entered by TB Unit Staff.</p>
<p>Drug Susceptibility Testing</p>	
<p>34. Was phenotypic/growth-based drug susceptibility testing done?</p>	<p>Select 'Yes' if growth-based drug susceptibility testing was performed.</p>
<p>Phenotypic Drug Susceptibility Testing Information (Repeating Block)</p>	
<p>Use this repeating block to document all relevant phenotypic/growth-based susceptibility tests performed for this TB episode. Include initial result for all unique combinations of drug tested and specimen type as well as any subsequent tests where the result changed when new test results become available.</p>	
<p>Standard Susceptibilities (4) Button</p>	<p>Use this button to enter the phenotypic/growth-based susceptibility results for Isoniazid, Rifampin, Ethambutol, and Pyrazinamide if all results were obtained from the same specimen and reported the same day.</p> <p>Once you click on this button, a pop-up window with a susceptibility sub form will open.</p>
<p>Date Collected (Susceptibility Sub Form)</p>	<p>Enter the date of collection date for the specimen used for phenotypic/growth-based susceptibility testing for Isoniazid, Rifampin, Ethambutol, and Pyrazinamide.</p>
<p>Date Reported (Susceptibility Sub Form)</p>	<p>Enter the date that the phenotypic/growth-based susceptibility results for Isoniazid, Rifampin, Ethambutol, and Pyrazinamide were reported by the performing laboratory.</p>
<p>Specimen Source (Susceptibility Sub Form)</p>	<p>Select the anatomic source site for the specimen used for phenotypic/growth-based susceptibility testing for Isoniazid, Rifampin, Ethambutol, and Pyrazinamide.</p>

TB/LTBI Investigation: TB Disease Only Tab

Test Method (Optional) (Susceptibility Sub Form)	Select the testing method used for phenotypic/growth-based susceptibility testing for Isoniazid, Rifampin, Ethambutol, and Pyrazinamide, if available.
Mark Rest 'Not Done' Button	Use this button phenotypic/growth-based susceptibility testing was done for Isoniazid, Rifampin, Ethambutol, and Pyrazinamide only to mark all other drugs as 'No'.
Drug Name	Select the name of the drug for which phenotypic/growth-based drug susceptibility testing was performed.
Date Collected	Enter the date the specimen used for phenotypic/growth-based drug susceptibility testing was collected.
Date Reported	Enter the date the results of phenotypic/growth-based drug susceptibility results were reported by the performing laboratory.
Specimen Source	Select the anatomic source site for the specimen used for phenotypic/growth-based drug susceptibility testing.
Result	Select the qualitative (interpretive) result of the phenotypic/growth-based drug susceptibility test for the corresponding drug.
Test Method (Optional)	Select the testing method used for phenotypic/growth-based susceptibility testing, if available.
Molecular Drug Susceptibility	
35. Was Genotypic or Molecular Drug Susceptibility Testing Done	Select 'Yes' if genotypic/molecular drug susceptibility testing was performed.
Molecular Drug Susceptibility Information (Repeating Block)	
Gene Name	Select the name of the gene associated with resistance to an anti-TB drug.

TB/LTBI Investigation: TB Disease Only Tab

Date Collected	Enter the date the specimen used for genotypic/molecular drug susceptibility testing was collected.
Date Reported	Enter the date the results of genotypic/molecular drug susceptibility were reported.
Specimen Source Site	Select the anatomic source site for the specimen used for genotypic/molecular drug susceptibility.
Result	Select the result of the genotypic/molecular drug susceptibility testing for the corresponding drug.
Nucleic Acid Change	For each gene mutation, indicate the nucleic acid (NA) change associated with the mutation as indicated on the laboratory report.
Amino Acid Change	For each gene mutation, indicate the amino acid (AA) change associated with the mutation as indicated on the laboratory report.
INDEL	Select the type of mutation reported, if applicable.
Test Type	Select the type of genotypic/molecular drug susceptible test used.
MDR TB Case	
MDR TB Indicator	
36. Was the Patient Treated as an MDR TB Case Regardless of DST Result	Select 'Yes' if the patient was treated as an MDR TB case at any point during therapy. All cases believed by the clinician to have MDR TB should have 'Yes' entered even if laboratory results are not available to confirm the MDR TB diagnosis, e.g., patients with a clinical diagnosis of TB who are a known contact to an MDR TB case, and thus presumed to also have TB. If 'Yes' is selected, complete the MDR TB tab.
Case Outcome	
Sputum Culture Conversion Documented	

TB/LTBI Investigation: TB Disease Only Tab

<p>37. Sputum Culture Conversion Documented?</p>	<p>Select 'Yes' if the initial sputum specimen was culture-positive, followed by at least one negative sputum culture (not within initial set of sputa). There should be no positive cultures after the negative culture(s) and no other positive cultures within the same "set" of sputa (i.e., greater than one consecutive specimen).</p> <p>Select 'No' if the initial sputum specimen was culture-positive, and no subsequent sputum specimens were culture-negative, i.e. the patient could no longer produce sputum.</p>
<p>If Yes, date specimen collected for FIRST consistently negative sputum culture</p>	<p>Enter the date of collection for the first consistently negative sputum culture for patients who had documented sputum culture conversion.</p>
<p>If No, reason for not documenting sputum culture conversion</p>	<p>Select the one best reason sputum culture conversion could not be documented for patients with an initial positive sputum culture.</p>
<p>Moved</p>	
<p>Review the Texas Tuberculosis Manual for instructions regarding Interjurisdictional Notifications (IJNs). IJN forms must be attached in Attachments section the Supplemental Info Tab</p>	
<p>Did patient move before starting therapy?</p>	<p>Select 'Yes' if the patient moved after TB diagnostic evaluation was started but before TB treatment was started.</p>
<p>38. Moved During Therapy?</p>	<p>Select 'Yes' if the patient moved to an area where another state or country that must now provide or coordinate TB care.</p> <p>Enter the first recorded out-of-state or out-of-country moved the patient made.</p>
<p>If Yes, Moved to Where (select all that apply)?</p>	<p>Select where the patient moved, if applicable.</p>

TB/LTBI Investigation: TB Disease Only Tab

If Out of State, Specify Destination	Select the U.S. reporting area (50 states, District of Columbia, and U.S. territories) to which the patient moved.
If moved out of state, was IJN sent?	Select 'Yes' if the patient moved out of state -and- an interjurisdictional notification (IN) was sent.
If moved out of state, date IJN sent	Enter the date the IJN was sent to the Referring Jurisdiction.
If Out of Country, Specify Destination	Select the non-U.S. reporting area (50 U.S. states or District of Columbia) to which the patient moved.
Transnational Referral Made?	Select 'Yes' if the patient moved out of country -and- a transnational referral was sent.
If patient moved out of country, where was referral made?	If a transnational referral was made, select the organization to whom the referral was submitted.
Date Referral Made	Enter the date the transnational referral was made.
Additional Move Repeating Block (Repeating Block)	
<p>This repeating block is used to record additional moves to another reporting state or country.</p> <p>Users should also use this repeating block any moves to another reporting jurisdiction in Texas, including scenarios when patients are transferred to BNTB programs.</p>	
Moved To Where	Select where the patient moved.
Moved to Country	If the patient moved out of the U.S., select the non-U.S. reporting area (50 U.S. states or District of Columbia) to which the patient moved.
If moved out of country, was a transnational referral made?	Select 'Yes' if the patient moved out of country -and- a transnational referral was sent.

TB/LTBI Investigation: TB Disease Only Tab

If patient moved out of country, where was referral made?	If a transnational referral was made, select the organization to whom the referral was submitted.
Date Referral Made	Enter the date the transnational referral was made.
Moved To State	If the patient moved out of the state, select the U.S. reporting area (50 states, District of Columbia, and U.S. territories) to which the patient moved.
Was IJN sent?	Select 'Yes' if the patient moved out of state -and- an interjurisdictional notification (IJN) was sent.
Date IJN Sent	Enter the date the IJN was sent to the Referring Jurisdiction.
Moved to Jurisdiction	If the patient moved within the state, select the new TB Program jurisdiction to which the patient moved.
Therapy	
Projected Therapy Stop Date	Enter the estimated stop date of the initial treatment recommendations.
39. Date Therapy Stopped	Enter the date the patient stopped taking medication for suspected or confirmed TB disease. This should be the date the patient last ingested medication.
40. Reason Therapy Stopped or Never Started	Select the primary reason the patient stopped or never started TB treatment. See the 2020 Report of Verified Case of Tuberculosis (RVCT) Instruction Manual for additional information.
41. Reason TB Disease Therapy Extended Beyond 12 Months, If Applicable (select all that apply)	If treatment for TB disease was not completed in 12 months, select the primary reason treatment for TB disease was extended beyond 12 months.

TB/LTBI Investigation: TB Disease Only Tab

<p>42. Treatment Administration (select all that apply)</p>	<p>Select all methods used to administer TB medications to this patient.</p>
<p>Was this case closed as a non-Countable TB Case?</p>	<p>This information is entered by TB Unit staff.</p>
<p>Reason for closure as non-countable TB case</p>	
<p>*Mortality Information As Of Date:</p>	<p>This field is required if mortality information is entered.</p>
<p>43. Did the Patient Die (either before diagnosis or at any time while being followed by TB program)</p>	<p>Select 'Yes' if the patient died (for any reason) either before the TB diagnosis was made or at any point after TB diagnosis was made which the TB program was following the status of the patient.</p>
<p>Date of Death</p>	<p>Enter the date of death for any patients who died (for any reason) either before the TB diagnosis was made or at any point after TB diagnosis was made which the TB program was following the status of the patient.</p>
<p>Did TB or Complications of TB Treatment Contribute to Death?</p>	<p>Select 'Yes' if TB or complications related to TB treatment contributed to death.</p>

TB/LTBI Investigation: TB Disease Only Tab

Test Patient | Female | 01/05/1975 (48 Years) Patient ID: 167932528

* Indicates a Required Field

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Go to: [Clinical History and Findings](#) | [Initial Treatment Information](#) | [Genotyping and Drug Susceptibility](#) | [MDR TB Case](#) | [Case Outcome](#)

[Collapse Sections](#)

Clinical History And Findings [Back to top](#)

[Collapse Subsections](#)

Symptom Onset and Site of TB Disease

24. Date of Illness Onset or Symptom Start Date:

(Use Ctrl to select more than one)

25. Site of TB Disease (select all that apply):

- Accessory sinus
- Adrenal gland
- Anus
- Appendix

Selected Values:

Other 25. Site of TB Disease (select all that apply):

Initial Treatment Information [Back to top](#)

[Collapse Subsections](#)

Treatment

30. Date Therapy Started:

31. Initial Drug Regimen

Standard Regimen (4)

Mark Rest 'No'

Isoniazid:

Rifampin:

Pyrazinamide:

Ethambutol:

Streptomycin:

Rifabutin:

Rifapentine:

Ethionamide:

Amikacin:

Kanamycin:

Capreomycin:

Ciprofloxacin:

Levofloxacin:

Oloxacin:

Moxifloxacin:

Other Quinolones:

Cycloserine:

Para-Amino Salicylic acid:

Linezolid:

Bedaquiline:

Delamanid:

Clofazimine:

Pretomanid:

Other Drug:

Specify Other Drug:

32. If Initial Drug Regimen NOT RIPE/HRZE, Why Not?:

Other 32. If Initial Drug Regimen NOT RIPE/HRZE, Why Not?:

Enter the date the patient first experienced signs and symptoms for this TB episode or date of earliest clinical finding consistent with TB disease.

This field is required to auto populate Case Verification Category

This date must be confirmed with medical documentation.

TB/LTBI Investigation: TB Disease Only Tab

Genotyping And Drug Susceptibility [Back to top](#)

[Collapse Subsections](#)

Genotyping

33. Isolate Submitted for Genotyping:

Accession Number for Genotyping:

Submitter Number:

GIMS ID:

wgMLSType:

GENType (legacy):

Analysis ID (WGS):

Genotyping Lineage:

Drug Susceptibility Testing

34. Was phenotypic/growth-based drug susceptibility testing done?:

IF YES, provide test results (For the initial susceptibility testing please send a response for each test type in the value set. Changes in susceptibility should be reported for each individual drug when change is identified).

Phenotypic Drug Susceptibility Testing Information

	Drug Name	Date Collected	Date Reported	Specimen Source	Result	Test Method
No Data has been entered.						

Standard Susceptibilities (4)

Mark Rest 'Not Done'

Drug Name:

Other Drug Name:

Date Collected:

Date Reported:

Specimen Source:

Other Specimen Source:

Result:

Test Method (Optional):

Other Test Method (Optional):

A new window will open when using the Standard Susceptibilities (4) Button. This button defaults the test result as *susceptible*.

Genotyping And Drug Susceptibility Testing

Genotyping And Drug Susceptibility Testing

Enter Default Values

The values entered here will be applied to each row added.

Date Collected:

Date Reported:

Specimen Source:

Other Specimen Source:

Test Method (Optional):

Other Test Method (Optional):

Molecular Drug Susceptibility

35. Was Genotypic or Molecular Drug Susceptibility Testing Done?:

IF YES, provide test results (Report full test results for samples with unique features, (e.g. specimen type, test type, or mutation). No need to report results that differ only by date or laboratory, where all aspects are identical in regards to specimen type/test type/results of mutation.

Reminder: Attach MDDR Report

Molecular Drug Susceptibility Information

	Gene Name	Date Collected	Date Reported	Specimen Source Site	Result	Nucleic Acid Change	Amino Acid Change	Indel	Test Type
No Data has been entered.									

Gene Name:

Other Gene Name:

Date Collected:

Date Reported:

Specimen Source Site:

Other Specimen Source Site:

Result:

Nucleic Acid Change:

Amino Acid Change:

INDEL:

Test Type:

Other Test Type:

TB/LTBI Investigation: TB Disease Only Tab

If "Yes" is selected, must complete MDR TB Tab

For patients with a positive *sputum* culture at diagnostic evaluation, select 'Yes' if sputum culture conversion was documented.

MDR TB Case [Collapse Subsections](#) [Back to top](#)
 MDR TB Indicator

36. Was the Patient Treated as an MDR TB Case Regardless of DST Result:

If yes, complete MDR supplemental data form.

Case Outcome [Collapse Subsections](#) [Back to top](#)
 Sputum Culture Conversion Documented

37. Sputum Culture Conversion Documented?:

If Yes, date specimen collected for FIRST consistently negative sputum culture:

If No, reason for not documenting sputum culture conversion:

Other If No, reason for not documenting sputum culture conversion:

Moved

Did patient move before starting therapy?:

38. Moved During Therapy?:

(Use Ctrl to select more than one)

If Yes, Moved to Where (select all that apply?):
 Out of State
 Out of United States

Selected Values:

If Out of State, Specify Destination:

If moved out of state, was IJN sent?:

If moved out of state, date IJN sent:

If Out of Country, Specify Destination:

Transnational Referral Made?:

If patient moved out of country, where was referral made?:

Other If patient moved out of country, where was referral made?:

Date Referral Made:

Additional Move Repeating Block

	Moved to Country	Date Referral Made	Moved To State	Date IJN Sent	Moved to Jurisdiction
No Data has been entered.					

Moved To Where:

Moved to Country:

If moved out of country, was a transnational referral made?:

If patient moved out of country, where was referral made?:

Other If patient moved out of country, where was referral made?:

Date Referral Made:

Moved To State:

Was IJN sent?:

Date IJN Sent:

Moved to Jurisdiction:

This subsection applies only to the initial Out-of-State or Out-of-Country move.

Any additional Out-of-State or Out-of-Country, and all In-state or Texas Binational Program moves should be entered here.

TB/LTBI Investigation: TB Disease Only Tab

Therapy

Projected Therapy Stop Date:

39. Date Therapy Stopped:

40. Reason Therapy Stopped or Never Started:

Other 40. Reason Therapy Stopped or Never Started:

41. Reason TB Disease Therapy Extended Beyond 12 Months, If Applicable (select all that apply):

(Use Ctrl to select more than one)

- Adverse Drug Reaction
- Clinically Indicated for Reasons Other Than Above
- Failure
- Inability to Use Rifampin (resistance, intolerance, etc.)

Selected Values:

Other 41. Reason TB Disease Therapy Extended Beyond 12 Months, If Applicable (select all that apply):

42. Treatment Administration (select all that apply):

(Use Ctrl to select more than one)

- DOT (Directly observed therapy, in person)
- EDOT (Electronic DOT, via video call or other electronic method)
- Self-Administered

Selected Values:

Was this case closed as a non-Countable TB Case?:

Reason for closure as non-countable TB case:

43. Did the Patient Die (either before diagnosis or at any time while being followed by TB program):

Date of Death:

Did TB or Complications of TB Treatment Contribute to Death?:

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

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

This information is entered by TB Unit staff only.

MDR TB Tab

- ❖ This tab should be completed for all suspected and confirmed TB cases (ATS-3 and ATS-5) on **any** second-line medication for **any** reason, regardless of laboratory confirmed drug resistance. This includes patients:
 - Confirmed to have MDR TB through laboratory evidence (growth-based DST or molecular sequencing tests) of resistance to at least Isoniazid and Rifampin; **or**
 - Presumed to have MDR TB, such as patients whom clinicians believe to have MDR TB despite lack of laboratory evidence (e.g., patients with a clinical diagnosis of TB who are known contacts to an MDR TB case); **or**
 - Not thought to have MDR TB but are treated with second-line TB drugs for other reasons (e.g., Rifampin resistance, drug shortage, drug intolerance, interactions, adverse events).

TB/LTBI Investigation: MDR TB Tab

Question Name	Description/Instructions
MDR TB	
MDR Treatment Course	
1. History of Treatment Before Current Episode [with Second-Line TB Drugs for the Treatment of TB Disease, not LTBI]	<p>Select 'Yes' if the patient was previously treated with second-line TB medications. Second-line TB drugs include all drugs used to treat TB that is resistant to first-line TB drugs (e.g., capreomycin, ethionamide, cycloserine, ciprofloxacin, amikacin).</p> <p>This should include treatment outside the U.S. If documentation is not available, self-report of treatment for a previous episode of MDR TB disease is acceptable. Do not enter a previous diagnosis of, or treatment course for, latent TB infection (LTBI).</p>
2. Date MDR TB Therapy Started for Current Episode	<p>Select the date a regimen containing at least two second-line TB medications was started.</p>
Primary Resistance or Secondary/Acquired Resistance	<p>If the patient has laboratory confirmed drug resistance, select if the patient has primary or secondary resistance. Primary resistance is defined as drug-resistance in a patient who has no prior history of any anti-TB treatment, i.e., the patient was infected with a resistant strain from another person.</p> <p>Secondary (Acquired) resistance is defined as drug-resistance that develops in a patient who is currently on anti-TB treatment or has received anti-TB treatment in the past.</p>
Drugs Ever Used for MDR Treatment (Repeating Block)	
Drug	<p>Select the name of the drugs used as part of the regimen including second-line TB medications.</p>

TB/LTBI Investigation: MDR TB Tab

	If the patient started on a regimen of only first line drugs, only enter first line drugs also used in regimen including second-line drugs.
Length of Time Administered	Select the length of time the corresponding drug was used as part of the regimen including second-line drugs.
MDR Treatment Course Continued	
4. Date Injectable Medication Stopped (If no injectable drugs were used leave blank.)	Enter the date the patient ended injectable medications.
5. Was Surgery Performed to Treat MDR TB?	Select 'Yes' if surgery was performed as part of MDR TB treatment for the current episode of MDR TB. Surgeries done to aid in the diagnostic evaluation are not considered surgery to treat, i.e., biopsy done to diagnose MDR TB. However, excisional biopsies done for the treatment of extrapulmonary TB are considered surgical treatment for MDR TB.
If Yes, Date of Surgery	Enter the date surgery was performed as part of MDR TB treatment for the current episode of MDR TB.
Side Effects (Repeating Block)	
Side Effect	Select all side effects potentially related to second-line medications, i.e., any side effect not existing before second-line medications were started but have occurred during treatment.
Side Effect Experienced	Select 'Yes' if the corresponding side effect started after second-line TB medications were started -or- previously existing side effect was exacerbated by second-line TB medications.
When?	Select when the corresponding side effect occurred.

TB/LTBI Investigation: MDR TB Tab

This tab should be completed for any confirmed or suspected TB case (ATS-3 or ATS-5) on second-line medications for any reason, regardless of susceptibility results.

Enter a response for each side effect option, even if none were experienced.

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	---------------	-----------	------------------------------------	-----------------------	-----------------	-------------------

[Back to top](#)

Multi-Drug Resistant (MDR)
[Collapse Subsections](#)

MDR Treatment Course

1. History of Treatment Before Current Episode:

2. Date MDR TB Therapy Started for Current Episode:

Primary Resistance or Secondary/Acquired Resistance:

3. Drugs Ever Used for MDR Treatment

Drug	Length of Time Administered
No Data has been entered.	
Drug: <input type="text"/>	
Other Drug: <input type="text"/>	
Length of Time Administered: <input type="text"/>	
<input type="button" value="Add"/>	

MDR Treatment Course Continued

4. Date Injectable Medication Stopped (If no injectable drugs were used leave blank.):

5. Was Surgery Performed to Treat MDR TB?:

If Yes, Date of Surgery:

6. Side Effects

Side Effect	Side Effect Experienced	When?
No Data has been entered.		
Side Effect: <input type="text"/>		
Other Side Effect: <input type="text"/>		
Side Effect Experienced: <input type="text"/>		
When?: <input type="text"/>		
<input type="button" value="Add"/>		

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

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	---------------	-----------	------------------------------------	-----------------------	-----------------	-------------------

LTBI Only Tab

- ❖ This tab can only be edited in Latent Tuberculosis Infection (2020 TBLISS) condition investigations.

Question Name	Description/Instructions
TBLISS Specific Questions	
LTBI Treatment and Outcome	
25. LTBI Therapy Started?	Select 'Yes' if the patient started an LTBI treatment regimen.
Treatment Start Date	Enter the date the LTBI treatment regimen was started.
Specify Initial LTBI Regimen	Select the LTBI treatment regimen the patient first started on.
Why LTBI Treatment Not Started	If the patient did not start an LTBI treatment regimen, select the reason treatment was not started.
26. Date Therapy Stopped	Enter the date the LTBI treatment regimen was stopped. This should be the date the patient last ingested medication.
27. Treatment Administration	Select all applicable methods of treatment administration.
28. Reason LTBI Therapy Stopped	Select the reason LTBI treatment was stopped.
NTSS state case number (YYYY-GA-ABCD56789)	If LTBI treatment was stopped due to the patient developing TB disease, enter the assigned TB disease state case number.
Severe Adverse Event (select all that apply)	If LTBI treatment was stopped due to severe adverse event, select all applicable types of severe adverse event.
Moved - LTBI	
Review the Texas TB Manual for instructions regarding Interjurisdictional Notifications (IJNs). IJN forms must be attached in Attachments section the Supplemental Info Tab.	
Did patient move before starting LTBI therapy?	Select 'Yes' if the patient moved after TB diagnostic evaluation was started but before LTTB treatment was started.

TB/LTBI Investigation: LTBI Only Tab

Did patient move during LTBI therapy?	Select 'Yes' if the patient moved starting LTBI treatment.
Moved During Treatment – LTBI (Repeating Block)	
Moved To Where?	Select where the patient moved.
Moved to Country	If the patient moved out of the U.S., select the non-U.S. reporting area (50 U.S. states or District of Columbia) to which the patient moved.
If moved out of country, was a transnational referral made?	Select 'Yes' if the patient moved out of country -and- a transnational referral was sent.
If moved out of country, where was referral made?	If a transnational referral was made, select the organization to whom the referral was submitted.
Date Referral Made	Enter the date the transnational referral was made.
Moved to State	If the patient moved out of the state, select the U.S. reporting area (50 states, District of Columbia, and U.S. territories) to which the patient moved.
Was IJN sent?	Select 'Yes' if the patient moved out of state -and- an interjurisdictional notification (IN) was sent.
IJN Sent Date	Enter the date the IJN was sent to the Referring Jurisdiction.
Moved to Jurisdiction	If the patient moved within the state, select the new TB Program jurisdiction to which the patient moved.
Was IJN sent?	Select 'Yes' if the patient moved out of state -and- an interjurisdictional notification (IN) was sent.
IJN Sent Date	Enter the date the IJN was sent to the Referring Jurisdiction.

TB/LTBI Investigation: LTBI Only Tab

Test Patient | Female | 01/05/1975 (48 Years) Patient ID: 167932528

* Indicates a Required Field

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

TBLISS Specific Questions [Back to top](#)

[Collapse Subsections](#)
 LTBI Treatment and Outcome

25. LTBI Therapy Started?:

Treatment Start Date:

Specify Initial LTBI Regimen:

Other Specify Initial LTBI Regimen:

Why LTBI Treatment Not Started:

Other Why LTBI Treatment Not Started:

26. Date Therapy Stopped:

27. Treatment Administration:

(Use Ctrl to select more than one)

DOT (Directly observed therapy, in person)

EDOT (Electronic DOT, via video call or other electronic method)

Self-Administered

Selected Values:

28. Reason LTBI Therapy Stopped:

Other 28. Reason LTBI Therapy Stopped:

NTSS State Case Number should be entered as 4 digit report year+ 2 letter state abbreviation + 9 digit alphanumeric number

NTSS state case number (YYYY-GA-ABCD56789):

(Use Ctrl to select more than one)

Died

Hospitalized

Selected Values:

PLEASE IMMEDIATELY REPORT ALL ADVERSE EVENTS RESULTING IN HOSPITALIZATION OR DEATH TO CDC AT LTBIDRUGEVENTS@CDC.GOV

R/LHD should come back to enter this field once TB disease State Case Number is assigned.

Moved - LTBI

Did patient move before starting LTBI therapy?:

Did patient move during LTBI therapy?:

Moved During Treatment - LTBI

	Moved To Where?	Moved to Country	If moved out of country, was a transnational refe	If moved out of country, where was referral made?	Date Referral Made	Moved to State	Was IJN sent?	IJN Sent Date
No Data has been entered.								
	Moved To Where?: <input type="text"/>	Moved to Country: <input type="text"/>	If moved out of country, was a transnational referral made?: <input type="text"/>	If moved out of country, where was referral made?: <input type="text"/>	Date Referral Made: <input type="text"/> <input type="button" value="Calendar"/>	Moved to State: <input type="text"/>	Was IJN sent?: <input type="text"/>	IJN Sent Date: <input type="text"/> <input type="button" value="Calendar"/>
	Other If moved out of country, where was referral made?: <input type="text"/>							
	Moved to Jurisdiction: <input type="text"/>							
<input type="button" value="Add"/>								

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

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Comprehensive TB Treatment Details Tab

Question Name	Description/Instructions
Comprehensive TB Treatment Details	
Treatment Information	
Initial Treatment Type	Select the initial type of treatment regimen for all patients started on TB medications.
Specify LTBI Regimen	If the patient was initially treated for <i>TB Infection (LTBI)</i> , select the specific LTBI regimen.
Indicate type of drug resistance treatment	If the patient was initially treated for <i>Drug Resistant TB</i> , select the drug resistance pattern.
Current treatment type	Select the current type of treatment regimen the patient. This may or may not be the same as the Initial Treatment Type.
If current treatment type is TB Infection, Specify LTBI Regimen	If the patient is currently being treated for <i>TB Infection (LTBI)</i> , select the specific LTBI regimen.
If drug resistance is selected, Indicate type of drug resistance treatment	If the patient is currently being treated for <i>Drug Resistant TB</i> , select the drug resistance pattern.
If current treatment type is drug intolerance or contraindication, Indicate which medication patient	If the patient is currently being treated for <i>Drug Intolerance/Contraindication</i> , select all drugs to which the patient has intolerance/contraindication.
Treatment Details	
Initiation Phase Start Date	Enter the date the Initiation Phase of treatment for TB disease was started.
Initiation Phase Stop Date	Enter the date the Initiation Phase of treatment for TB disease was stopped.
Number of Doses Administered During Initiation Phase	Enter the total number of doses administered during the Initiation Phase of treatment for TB disease.

TB/LTBI Investigation: Comprehensive TB Treatment Details Tab

Continuation Phase Start Date	Enter the date the Continuation Phase of treatment for TB disease was started.
Continuation Phase Stop Date	Enter the date the Continuation Phase of treatment for TB disease was stopped.
Number of Doses Administered During Continuation Phase	Enter the total number of doses administered during the Continuation Phase of treatment for TB disease.
Treatment Comments	Enter any comments about the patient's TB treatment not otherwise captured.
Is patient part of a research/pilot study?	Select 'Yes' if the patient is part of a research/pilot study related to TB or LTBI.
Study Drug Ordering Provider	Enter the name of the study drug ordering provider.
Treatment Ordering Provider (Repeating Block)	
Ordering Provider	Enter the names of all TB medication ordering providers.
Medications (Repeating Block)	
Drug	Select all drugs used throughout the patient's TB treatment.
Drug Start Date	Enter the start date for the corresponding drug.
Drug Stop Date	Enter the stop date for the corresponding drug.
Dosage (mg)	Enter the dosage in mg for the corresponding drug.
Reason Drug Stopped	Select the reason the corresponding drug was stopped.
Monthly Medication Administration Summary (Repeating Block)	
Review the Entering Tuberculosis Therapy into NEDSS Database: Directly Observed Therapy (DOT) and Other Administered Doses Guide for additional instructions.	
Medication Administered Month	Enter the first date of the month treatment began. For example, if the first dose was given on 2/12/2024, enter 2/01/2024.

TB/LTBI Investigation: Comprehensive TB Treatment Details Tab

Medication Administration Site	Select the primary site where DOT was provided. Only one site can be entered, so choose the site where the majority of DOT doses were provided for the corresponding month.
TB Medication Delivery Type	Enter the type of medication delivery that represents how the majority of DOT was provided for the corresponding month.
Number of Targeted Doses	Enter the expected number of DOT doses the patient should have taken during the corresponding month based on the regimen prescribed by the licensed healthcare provider.
Number of DOT (DOT/VDOT) Doses Taken (include daily dose equivalents)	Enter the total number of doses taken by direct observation for the corresponding month.
Number of SAT (SAT/ESAT) Doses Taken (Monthly)	Enter the total number of self-administered therapy(SAT) or Enhanced SAT (ESAT) taken that month, even if not counted towards targeted doses (e.g., self-administered weekend doses for the corresponding month).
Number of Missed Doses	Enter total number of doses that the patient should have taken but missed for any reason during the corresponding month.
Total Counted Doses This Month	Enter the total number of doses that count towards therapy for the corresponding month.
End of Treatment Dose Counts	
Total number of DOT/VDOT Doses	Enter the total number of observed doses for the duration of treatment.
Total number of SAT Doses	Enter the total number of self-administered doses for the duration of treatment.
Total Number of Doses Counted Towards Treatment Completion	Enter the total number of doses that count towards therapy completion for the duration of treatment.

TB/LTBI Investigation: Comprehensive TB Treatment Details Tab

Total Number Recommended Doses	Enter total number of doses that had been recommended for the 6-, 9-, or 12-month regimen, as prescribed by the licensed healthcare provider.
Percent of Therapy Completed	Enter the percent of therapy that was completed and round to the nearest whole number.
Percent of Therapy Completed via DOT/VDOT	Enter the percent of therapy that was completed via DOT/VDOT and round to the nearest whole number.

TB/LTBI Investigation: Comprehensive TB Treatment Details Tab

Test Patient | Female | 01/05/1975 (48 Years) Patient ID: 167932528

* Indicates a Required Field

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	---	-----------------------	-----------------	-------------------

Comprehensive TB Treatment Details [Back to top](#)

[Collapse Subsections](#)

Treatment Information

Initial Treatment Type:

Specify LTBI Regimen:

Indicate type of drug resistance treatment:

Current treatment type:

If current treatment type is TB Infection, Specify LTBI Regimen:

If drug resistance is selected, Indicate type of drug resistance treatment:

(Use Ctrl to select more than one)

If current treatment type is drug intolerance or contraindication, Indicate which medication patient:

- Amikacin
- Bedaquiline
- Capreomycin
- Ciprofloxacin
- Ofloxacin

Selected Values:

Select the initial type of regimen the patient was started on.

Select the type of regimen the patient is currently on. This may or may not be different from the Initial Treatment Type.

Treatment Details

Initiation Phase Start Date:

Initiation Phase Stop Date:

Number of Doses Administered During Initiation Phase:

Continuation Phase Start Date:

Continuation Phase Stop Date:

Number of Doses Administered During Continuation Phase:

Treatment Comments:

Is patient part of a research/pilot study?:

Study Drug Ordering Provider:

Enter this information if applicable, based on the current treatment type.

Select 'Yes' if the patient is on a drug and/or treatment regimen that is part of a research/pilot study.

Treatment Ordering Provider

Ordering Provider

No Data has been entered.

Ordering Provider:

Medications

Drug	Drug Start Date	Drug Stop Date	Dosage (mg)	Reason Drug Stopped
No Data has been entered.				

Drug:

Other Drug:

Drug Start Date:

Drug Stop Date:

Dosage (mg):

Reason Drug Stopped:

TB/LTBI Investigation: Comprehensive TB Treatment Details Tab

Review “[Entering Tuberculosis Therapy into NEDSS Database: Directly Observed Therapy \(DOT\) and Other Administered Doses](#)” Guide for additional guidance.

Only one medication delivery type can be selected. Select the site where the majority of DOT was provided.

Review “[Entering Tuberculosis Therapy into NEDSS Database: Directly Observed Therapy \(DOT\) and Other Administered Doses](#)” Guide for additional guidance.

Monthly Medication Administration Summary

	Medication Administered Month	Medication Administration Site	TB Medication Delivery Type	Number of Targeted Doses	Number of DOT (DOT/VDOT) Doses Taken (include dai	Number of SAT (SAT/ESAT) Doses Taken (Monthly)	Number of Missed Doses	Total Counted Doses This Month
No Data has been entered.								

Medication Administered Month:

Medication Administration Site:

TB Medication Delivery Type:

Number of Targeted Doses:

Number of DOT (DOT/VDOT) Doses Taken (include daily dose equivalents):

Number of SAT (SAT/ESAT) Doses Taken (Monthly):

Number of Missed Doses:

Total Counted Doses This Month:

End of Treatment Dose Counts

Total number of DOT/VDOT Doses:

Total number of SAT Doses:

Total Number of Doses Counted Towards Treatment Completion:

Total Number Recommended Doses:

Percent of Therapy Completed:

Percent of Therapy Completed via DOT/VDOT:

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

Patient
Case Info
TB History
Tuberculosis
TB Disease Only
MDR TB
LTBI Only
Comprehensive TB Treatment Details
Contact Investigation
Contact Records
Supplemental Info

Enter the first date of the month treatment began, i.e., 02/01/2024.

Contact Investigation Tab

Question Name	Description/Instructions
Contact Investigation	
Risk Assessment	
Contact Investigation Type	Select the type of contact investigation conducted for this patient. For more information on source case investigations review the Texas Tuberculosis Manual .
Is this a sentinel event?	Sentinel event is of possible recent and/or concerning transmission or tuberculosis, such as TB disease in children under 5 years of age.
Infectious Period Start Date	Enter the infectious period start date for the TB case. For assistance calculating the infectious period use the TB Infectious Period Calculation Sheet (form TB-425).
Infectious Period End Date	Enter the infectious period end date for the TB case.
Interview Details	
Patient Initial Interview Date	Enter the date of the initial patient interview.
Patient Interviewed By	Enter the name of the person who conducted the initial patient interview.
Was a second interview conducted?	Select 'Yes' if a second patient interview was conducted.
Second Interview Performed By	Enter the name of the person who conducted the second patient interview.
Second Interview Date	Enter the date the second patient interview occurred.
Patient History	
Congregate Setting History (within past 2 years)	Select 'Yes' if the patient had any history in a congregate setting in the two years prior to TB diagnosis. A congregate setting is a place where a group of people meet or gather and share the same space for a period of time.

TB/LTBI Investigation: Contact Investigation Tab

Congregate Setting Type	If the patient had any history in a congregate setting in the past two years, select the type of congregate setting.
Has patient traveled while experiencing TB symptoms?	Select 'Yes' if the patient travelled while experiencing TB symptoms. If there were multiple trips, select the longest one.
Transportation Mode	If the patient travelled while symptomatic, select the mode of transportation. An Air Contact Investigation request must be submitted for all suspected or confirmed infectious TB cases diagnosed within three months of any flight \geq 8 hours
Length of Trip (hours)	If the patient travelled while symptomatic, enter the length of the trip in hours.
Exposure Locations	
Exposure Location Name	Enter the names for all exposure locations where the patient may have exposed others to TB -or- where transmission might have happened for source case investigations.
Exposure Location Type	Select the exposure location type.
Address of Exposure Location	Enter the full address of the exposure location, include the street, city, state, and zip code.
Start Date at This Location	Enter the date exposure to the infectious TB case started at this location.
End Date at This Location	Enter the date exposure to the infectious TB case ended at this location.
Is this a Congregate Setting?	Select 'Yes' if the exposure location is a congregate setting.
Estimated Number Contacts Exposed	Enter the estimated number of contacts potentially exposed to the infectious TB case at this location.
Media Involvement	
Media Involvement	Select 'Yes' if there has been any media exposure related to the case's contact investigation.

TB/LTBI Investigation: Contact Investigation Tab

Media Source	If there has been any media involvement related to the contact investigation or source case investigation, enter all media sources, e.g., news reports, online media, etc.
TB Exposure Repeating Block	
This section is used to document any instances when this patient was ever named as a contact during a contact or source case investigation.	
TB Exposure (Repeating Block)	
Source Case's Investigation ID	Enter the NEDSS Investigation ID of the source/index case.
Source Case's State Case Number	Enter the State Case Number of the source/index case.
Contact's Relationship to Source Case	Enter the relationship of the contact to the source/index case during the corresponding contact investigation.
Priority Level Of Contact Evaluation	Select the patient's contact priority level during the corresponding contact investigation.
Date identified as a contact	Enter the date the patient was identified as a contact during the corresponding contact investigation.
Exposure Location Name	Enter the name of the location where exposure to the TB case occurred during the corresponding contact investigation.
Exposure Length	Select the length of exposure (per week) during the corresponding contact investigation.
Exposure Setting	Select the approximate size of the exposure location during the corresponding contact investigation.
Date of Last Exposure to Linked Case	Enter the date of the contact's last exposure to the index/source case.
Linked Case Infectious Period End Date	Enter the date of the index/source case's infectious period.

TB/LTBI Investigation: Contact Investigation Tab

<p>Contact Evaluated for TB</p>	<p>Select 'Yes' if the contact was fully evaluated for TB during the contact investigation. Review the Texas Tuberculosis Manual and Standing Delegation Orders for guidance on evaluation of contacts to TB cases.</p>
<p>Reason Not Evaluated</p>	<p>If the contact was not fully evaluated for TB during the contact investigation, select the primary reason.</p>
<p>Contact's ATS Classification</p>	<p>Select the contact's ATS classification after evaluation was completed for the corresponding contact investigation.</p>

TB/LTBI Investigation: Contact Investigation Tab

[Patient](#) | [Case Info](#) | [TB History](#) | [Tuberculosis](#) | [TB Disease Only](#) | [MDR TB](#) | [LTBI Only](#) | [Comprehensive TB Treatment Details](#) | [Contact Investigation](#) | [Contact Records](#) | [Supplemental Info](#)

[Go to: Contact Investigation](#) | [TB Exposure Repeating Block](#) | [Hidden questions - Contact Investigation Tab](#)

[Collapse Sections](#)

Contact Investigation [Back to top](#)
[Collapse Subsections](#)

Risk Assessment

Contact Investigation Type:
 Is this a sentinel event?:
 Infectious Period Start Date:
 Infectious Period End Date:
For guidance on calculating infectious period dates review DSHS Form TB-425, Tuberculosis Infectious Period Calculation Sheet.

Interview Details

Patient Initial Interview Date:
 Patient Interviewed By:
 Was a second interview conducted?:
 Second Interview Performed By:
 Second Interview Date:

Patient History

Congregate Setting History (within past 2 years):
(Use Ctrl to select more than one)

Congregate Setting Type:
Boarding Home
College / University
Daycare
Dormitory
Other

Selected Values:
 Other Congregate Setting Type:
REMINDER: Submit DSHS Form 12-12104, Incident Report Form, to Central Office (TBEpi@dshs.texas.gov)

Has patient traveled while experiencing TB symptoms?:
(Use Ctrl to select more than one)

Transportation Mode:
Airplane
Bus
Car
Other

Selected Values:
 Length of Trip (hours):
REMINDER: Contact Central Office (TBEpi@dshs.texas.gov) if Flight Investigation or Travel Restriction Indicated

Exposure Locations

Exposure Location Name	Exposure Location Type	Start Date At Location	End Date At Location	Is this a Congregate Setting?	Estimated Number Contacts Exposed
No Data has been entered.					

Exposure Location Name:
 Exposure Location Type:
 Address of Exposure Location:
 Start Date at This Location:
 End Date at This Location:
 Is this a Congregate Setting?:
 Estimated Number Contacts Exposed:

Media Involvement

Media Involvement:
 Media Source:

Notify the TB Epidemiology Team of any suspected or confirmed TB cases that traveled by airplane for at least 8 hours while infectious.

Enter all Exposure Locations identified during the Contact Investigation.

Add information about all exposure locations elicited during patient interviews.

TB/LTBI Investigation: Contact Investigation Tab

TB Exposure Repeating Block [Back to top](#)
[Collapse Subsections](#)
 TB Exposure

Source Case's Investigation ID	Contact's Relationship to Source Case	Contact Evaluation Priority Level	Date Identified As Contact	Date of Last Exposure to Source Case	Linked Case Infectious Period End Date	Contact Evaluated for TB	Contact's ATS Classification
No Data has been entered.							
Source Case's Investigation ID: <input type="text"/> Source Case's State Case Number: <input type="text"/> Contact's Relationship to Source Case: <input type="text"/> Other Contact's Relationship to Source Case: <input type="text"/> Priority Level Of Contact Evaluation: <input type="text"/> Date identified as a contact: <input type="text"/> Exposure Location Name: <input type="text"/> Exposure Length: <input type="text"/> Exposure Setting: <input type="text"/> Date of Last Exposure to Linked Case: <input type="text"/> Linked Case Infectious Period End Date: <input type="text"/> Contact Evaluated for TB: <input type="text"/> Reason Not Evaluated: <input type="text"/> Contact's ATS Classification: <input type="text"/>							
<input type="button" value="Add"/>							

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

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Contacts should always have a priority level assigned prior to testing.

Enter the ATS - Classification for the patient after TB evaluation for this Contact Investigation.

Do not enter an ATS classification until the contact has been fully evaluated.

Review the Texas Tuberculosis Manual and SDOs for guidance on contact evaluation.

TB/LTBI Investigation: Contact Investigation Tab

Contact Records Tab

❖ Users should be in View Mode when working in this tab.

Question Name	Description/Instructions
Contact Investigation	
Contacts Named by Patient	
This section is used to enter contact records for individuals named by the TB case as having potentially been exposed to TB. If investigations exist for these contacts, this section is also used to link those investigations to the source/index case.	
Add New Contact Record	Use this button to create contact records. Review the TB User Guide for Instructions on creating contact records and linking named contact’s investigations.
Patient Named by Contacts	
This section allows users to see information about person(s) who named the patient as a contact during their contact or source case investigation (i.e. the source/index case for the current patient).	
Manage Contact Associations	Use this button to review all other investigations (source cases) associated with this patient.

TB/LTBI Investigation: Contact Records Tab

Manage Associations
Create Notifications
Share Document
Transfer Ownership
Change Condition

Edit
Delete
Print

Test Patient | Female | 01/05/1975 (48 Years) **Patient ID:** 167932528

Investigation ID: CAS493448583TX01	Created: 10/12/2023	By: pks pks
Investigation Status: Open	Last Updated: 10/12/2023	By: pks pks
Investigator:	Case Status: Suspect	Notification Status:

Patient
Case Info
TB History
Tuberculosis
TB Disease Only
MDR TB
LTBI Only
Comprehensive TB Treatment Details
Contact Investigation
Contact Records
Supplemental Info

* Indicates a Required Field

Contact Records
[Back to top](#)

[Collapse Subsections](#)

Contacts Named By Patient

The following contacts were named within Test Patient's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation
Nothing found to display.					

Patient Named By Contacts

The following contacts named Test Patient within their investigation and have been associated to Test Patient's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation
Nothing found to display.					

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

Manage Associations
Create Notifications
Share Document
Transfer Ownership
Change Condition

Edit
Delete
Print

All named contacts will be listed here. The named contact's TB/LTBI investigation will be hyperlinked in the Investigation column.

Supplemental Info Tab

❖ Users should be in 'View Mode' when working in this tab.

Question Name	Description/Instructions
Associations	
Associated Lab Reports	
This subsection will list all laboratory reports associated with the investigation.	
Notes and Attachments	
Notes	
Notes	Enter any notes related to the investigation. Notes cannot be edited or deleted. To make a correction to a previous note, create a new note and indicate the date, time, and name of the user who added the original note and that this note is the correction, e.g., "Correction to Note from 1/31/3024 at 11:52am by User Name: New note here."
Attachments	
Attachments	Attached any documents related to the investigation. Examples: Interjurisdictional Notifications (IJN), Medical Consultations, Death Certificates, etc.
History	
Investigation History	
Investigation History	This subsection tracks the username and date of changes made to the investigation. This does not provide detailed information on the specific changes made.
Notification History	
Notification History	This subsection tracks notifications from the R/LHD to the state and the state to CDC. Notification comments will be saved and tracked here.

TB/LTBI Investigation: Supplemental Info Tab

Test Patient | Female | 01/05/1975 (48 Years) **Patient ID:** 167932528

Investigation ID: CAS493448583TX01	Created: 10/12/2023	By: pks pks
Investigation Status: Open	Last Updated: 10/12/2023	By: pks pks
Investigator:	Case Status: Suspect	Notification Status:

* Indicates a Required Field

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Go to: [Associations](#) | [Notes and Attachments](#) | [History](#)

[Collapse Sections](#)

Associations [Back to top](#)

[Collapse Subsections](#)

Associated Lab Reports

Date Received	Reporting Facility/Provider	Date Collected	Test Results	Program Area	Event ID
Nothing found to display.					

Notes And Attachments [Back to top](#)

[Collapse Subsections](#)

Notes

Date Added	Added By	Note	Private
Nothing found to display.			

Attachments

Date Added	Added By	File Name	Description
Nothing found to display.			

History [Back to top](#)

[Collapse Subsections](#)

Investigation History

Change Date	User	Jurisdiction	Case Status	Version
10/12/2023	pks pks	Atascosa CO Health Dept	Suspect	1

Notification History

Status Change Date	Date Sent	Jurisdiction	Case Status	Status	Type	Recipient
Nothing found to display.						

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

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
---------	-----------	------------	--------------	-----------------	--------	-----------	------------------------------------	-----------------------	-----------------	-------------------

Notes cannot be edited or deleted once entered.

If the new note is a correction, indicate this in the new note.

Attachments can be deleted.

Notification Status History for investigations submitted to CDC is tracked here.

Updates to the investigation are tracked here. The history does not indicate what information was updated.

Guidelines for Contact Record Data Entry

- ❖ System required fields that will prevent saving the Patient File or Event are noted by **Red**.
- ❖ Tab Section Headers are noted by **Orange** text and Subsection Headers are noted by **Dark Blue** text.
- ❖ The **Contact Follow-Up** and **Supplemental Info** tabs of the Contact Record are not required by the TB Unit.
- ❖ **“As Of”** date fields for each section will only appear when editing a previously created event. The “As Of” date is a required field when data is entered in the associated section.
- ❖ For all dates, other than system information “as of” dates:
 - If the day is unknown, enter the first day of the known month (e.g., the exact day is unknown but the month and year are known to be in March 2020, enter 03/01/2020).
 - If the month and day are unknown, enter the first month and day of the known year (e.g., the exact month and day are unknown but year is known to be 2020, enter 01/01/2020).
- ❖ Enter new patient demographic information on the **Patient Tab** of the Contact Record.
 - Existing demographic information transfers from the Patient File when a contact record is created.
 - After that, any updates to patient information for an investigation should be entered on the “Patient” tab of the investigation.
 - New patient information entered in the “Patient” tab in an Event will update the “Demographics” tab of the Patient File.
 - Edits on the “Demographics” tab of the Patient File will not change the “Patient” data in other pre-existing Events.

Contact Tab

Question Name	Description/Instructions
Patient Information	
General Information	
*Information As Of Date:	
General Comments	
General Information	
First Name	If there is an existing Patient File for the contact, the demographic information transfers from the Patient File when a Contact Record is created. Review and update as needed.
Middle Name	
Last Name	
Suffix	
If there not enough information available to create an investigation for the contact, enter all demographic information available in the contact record.	
Alias/Nickname	This field is not required by the TB Unit.
General Information	
DOB	If there is an existing Patient File for the contact, the demographic information transfers from the Patient File when a Contact Record is created. Review and update as needed.
Reported Age/Age Units	
Current Sex	
Is the patient deceased?	
Deceased Date	If there not enough information available to create an investigation for the contact, enter all demographic information available in the contact record.
Marital Status	
Primary Occupation	This field is not required by the TB Unit.
Reporting Address for Case Counting	
Street Address 1	

Contact Record: Contact Tab

Street Address 2	If there is an existing Patient File for the contact, the demographic information transfers from the Patient File when a Contact Record is created. Review and update as needed.
City	
State	
Zip	
County	
Country	If there not enough information available to create an investigation for the contact, enter all demographic information available in the contact record.
Telephone Information	
Home Phone	If there is an existing Patient File for the contact, the demographic information transfers from the Patient File when a Contact Record is created. Review and update as needed.
Work Phone	
Ext	
Cell Phone	
Email	If there not enough information available to create an investigation for the contact, enter all demographic information available in the contact record.
Ethnicity and Race Information	
Ethnicity	If there is an existing Patient File for the contact, the demographic information transfers from the Patient File when a Contact Record is created. Review and update as needed.
Reason Unknown	
Race	

Contact Record: Contact Tab

--- | --- | --- Patient ID:

* Indicates a Required Field

Contact | **Contact Record** | Contact Follow Up | Supplemental Info

▣ Patient Information [Back to top](#)

[Collapse Subsections](#)

▣ General Information

* Information As of Date:

Comments:

▣ Name Information

First Name:

Middle Name:

Last Name:

Suffix:

Alias/Nickname:

▣ Other Personal Details

Date of Birth:

Reported Age:

Reported Age Units:

Current Sex:

Is the patient deceased?:

Deceased Date:

Marital Status:

Primary Occupation:

Birth Country:

Primary Language:

▣ Reporting Address for Case Counting

Street Address 1:

Street Address 2:

City:

State:

Zip:

County:

Country:

▣ Telephone Information

Home Phone:

Work Phone:

Ext.:

Cell Phone:

Email:

▣ Ethnicity and Race Information

Ethnicity:

Reason Unknown:

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Refused to answer
- Not Asked
- Unknown

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

Contact | **Contact Record** | Contact Follow Up | Supplemental Info

Contact Record Tab

NBS Field Name	Description/Instructions
Contact Record	
Contact Record Security	
Jurisdiction	<p>The jurisdiction for the contact record should match the jurisdiction to the source/index case. This may be different from the jurisdiction of the named contact’s TB/LTBI investigation.</p> <p>The Jurisdiction will auto populate based on the address in the named contact’s Patient File. Always verify and edit the jurisdiction before submitting a contact record for the first time.</p>
Program Area	The Program Area will always be <i>Tuberculosis</i>
Shared Indicator	This feature is not being used by the TB Program. Leave default value.
Administrative Information	
Status	Status will auto populate to ‘ <i>Open</i> ’. User should update status to ‘ <i>Closed</i> ’ once evaluation and/or treatment for the contact are complete.
Priority	These fields are not required by the TB Unit.
Group/Lot ID	
Investigator	
Date Assigned	
Disposition	
Disposition Date	

Contact Record: Contact Record Tab

Processing Decision	<p>Only select a Processing Decision if an investigation already exists for the named contact.</p> <p><i>Always select “Link to Existing Investigation” if using the processing decision feature.</i></p> <p>Selecting the processing decision Link to Existing Investigation will create a link between the source/index case’s investigation and the contact’s TB/LTBI investigation once the contact record is submitted.</p>
Contact Information	
Date Named	Enter the date the person was named as a contact.
Relationship	Select the best description for the contact’s relationship to the index/source case.
Health Status	This field is not required by the TB Unit.
Exposure Information	
Exposure Type	Select “Common Space”
Exposure Site Type	These fields are not required by the TB Unit.
Exposure Site	
First Exposure Date	
Last Exposure Date	
Contact Records Comments	
General Comments	Enter any relevant details about this contact.

Contact Record: Contact Record Tab

--- | --- | --- Patient ID:
* Indicates a Required Field

Contact | **Contact Record** | **Contact Follow Up** | **Supplemental Info**

Contact Record [Back to top](#)
[Collapse Subsections](#)

Contact Record Security

* Jurisdiction:
Program Area: Tuberculosis
* Shared Indicator:

Administrative Information

Status:
Priority:
Group/Lot ID:
Date Assigned:
Disposition:
Disposition Date:
Processing Decision initiates the action of linking an investigation to the contact record.
If Processing Decision is blank, no action will be initiated.
Processing Decision:

Contact Information

* Date Named:
* Relationship:
Health Status:

Exposure Information

* Exposure Type:
Exposure Site Type:
First Exposure Date:
Last Exposure Date:

Contact Record Comments

General Comments:

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

Contact | **Contact Record** | **Contact Follow Up** | **Supplemental Info**

Select the processing decision 'Link an Existing Investigation' to link an existing investigation.

Select *Common Space* as the Exposure Type.

Guidelines for Laboratory Report Data Entry

- ❖ System required fields that will prevent saving the Patient File or Event are noted by **Red**.
- ❖ Tab Section Headers are noted by **Orange** text and Subsection Headers are noted by **Dark Blue** text.
- ❖ **“As Of”** date fields for each section will only appear when editing a previously created event. The “As Of” date is a required field when data is entered in the associated section.
- ❖ For all dates, other than system information “as of” dates:
 - If the day is unknown, enter the first day of the known month (e.g., the exact day is unknown but the month and year are known to be in March 2020, enter 03/01/2020).
 - If the month and day are unknown, enter the first month and day of the known year (e.g., the exact month and day are unknown but year is known to be 2020, enter 01/01/2020).
- ❖ Enter new patient demographic information on the **Patient Tab** of the Laboratory Report.
 - Existing demographic information transfers from the Patient File when a laboratory report is created.
 - After that, any updates to patient information for an investigation should be entered on the “Patient” tab of the laboratory report.
 - New patient information entered in the “Patient” tab in an Event will update the “Demographics” tab of the Patient File.
 - Edits on the “Demographics” tab of the Patient File will not change the “Patient” data in other pre-existing Events.

Patient Tab

Question Name	Description/Instructions
Patient Information	
General Information	
Information As Of Date:	
General Comments	
Name Information	
First Name	Populates from Patient File. Review information populated from the Patient File and edit as needed.
Middle Name	
Last Name	
Suffix	
Other Personal Details	
DOB	Populates from Patient File. Review information populated from the Patient File and edit as needed.
Reported Age/Age Units	
Current Sex	
Is the patient deceased?	
Deceased Date	
Marital Status	
SSN	
Entity ID Information (Repeating Block)	
Identification	
Information As Of:	
ID Type	Select the type of ID being entered.
Other Type	Enter the type of ID if "Other" was selected for the ID Type.
Authority	Select the state where the ID value being entered was authorized.
ID Value	Enter the ID value.

Laboratory Report: Patient Tab

Reporting Address for Case Counting	
Address Information As Of Date	
Street Address 1	Populates from Patient File. Review information populated from the Patient File and edit as needed.
Street Address 2	
City	
State	
Zip	
County	
Country	
Telephone Information	
Telephone Information As Of Date	
Home Phone	Populates from Patient File. Review information populated from the Patient File and edit as needed.
Work Phone	
Ext	
Cell Phone	
Email	
Ethnicity and Race Information	
Ethnicity Information As Of Date	Populates from Patient File. Review information populated from the Patient File and edit as needed.
Ethnicity	
Race Information As Of Date	
Race	

Lab Report Tab

Question Name	Description/Instructions
Order Information	
General Information	
Reporting Facility	Select the facility that reported the laboratory report result.
Ordering Facility	Select the facility that ordered the laboratory test.
Ordering Provider	Select the provider who ordered the laboratory test.
Order Details	
Program Area	Always select <i>Tuberculosis</i> .
Jurisdiction	Populates from Patient File. Review information populated from the Patient File and edit as needed.
Shared Indicator	
Lab Report Date	Enter date result was reported to provider if available.
Date Received by Public Health	This date will auto populate with the date the lab report is being entered by the user. Always update this date to the date the health department actually received the lab report.
Pregnancy Status	Select the patient’s pregnancy status at the time the lab was performed, if available. This field is optional.
Weeks	If the patient was pregnant at the time the lab was performed, enter the number of weeks, if available. This field is optional.
Ordered Test	
Ordered Test	Select the ordered tested.
Accession Number	Enter the accession number.
Specimen Source	Select the specimen source.
Specimen Site	Select the specimen site.

Laboratory Report: Lab Report Tab

Specimen Collection Date/Time	Enter the date of specimen collection.
Patient Status at Specimen Collection	Select the patient’s status at the time of specimen collection.
Resulted Test (Repeating Block)	
Resulted Test	Select the Resulted Test from the dropdown. If the test name is not available in the dropdown options, click the search button to search for the test name.
Coded Result	Select the coded result from the drop-down options for the corresponding Resulted Test. For ‘TB Culture’ resulted tests, users should select “Not Present” for results reported as Negative. If the coded result is not available in the drop-down options, enter the result on the laboratory report in the ‘Text Result.’
Numeric Result / Units	Enter if available on the laboratory report.
Text Result	Enter if available on the laboratory report or the coded result and numeric result were not entered.
Reference Range From	Enter if applicable.
Reference Range To	Enter if applicable.
Status	Select the status of the laboratory report. If a preliminary laboratory result is entered, the status should be updated as results are reported/finalized.
Result Comments	Enter any result comments as needed.
Lab Report Comments	
Add Comments	
Comments	Enter any additional comments on the lab report as needed.
Other Information	
Participants	

Laboratory Report: Lab Report Tab

Migrated LDF	
Lab Report Opened By	This field is not required by the TB Unit.

Laboratory Report: Lab Report Tab

Home | Data Entry | Open Investigations | Reports | Help | Logout
 Add Lab Report User: Test User3 DEV-5

Test Patient | Female | 01/05/1975 (48 Years) Patient ID: 167932528
 Address: TX SSN: * Indicates a Required Field

Go to: Order Information | Test Results | Lab Report Comments | Other Information

Order Information

Reporting Facility: Search - OR - Quick Code Lookup
 Reporting Facility Selected:
 Ordering Facility: Search - OR - Quick Code Lookup
 Ordering Facility Selected:
 Same as Reporting Facility:
 Ordering Provider: Search - OR - Quick Code Lookup
 Ordering Provider Selected:

Order Details

Program Area:
 Jurisdiction:
 Shared Indicator:
 Lab Report Date:
 Date Received by Public Health: 10/04/2023
 Pregnancy Status:
 Weeks:

Test Results

Ordered Test: Search Clear
 Accession Number:
 Specimen Source:
 Specimen Site:
 Specimen Collection Date/Time:
 Patient Status at Specimen Collection:

Resulted Test	Coded Result / Organism Name	Numeric Result	Units	Text Result	Ref Range From	Ref Range To	Status	Result Comments
No Data has been entered								

* Resulted Test: Search Clear
 Coded Result:
 Numeric Result:
 Units:
 Text Result:
 Reference Range From:
 Reference Range To:
 Status:
 Result Comments:
 Add

Lab Report Comments

Comments:
 Add Comments

Other Information

Participant(s)
 Migrated LDF
 Lab Report Opened By:
 Previous Next

Submit Submit and Create Investigation Cancel

Select the **original source of report**, not any other public health entity forwarding report.

The jurisdiction auto populates based on the patient or provider address. Verify the Jurisdiction populated correctly.

Enter Ordered Test information as it is available on the laboratory report.

Select the Resulted Test. This drop down will populate with TB specific tests once the Reporting Facility, Program Area, Jurisdiction are selected.

Enter the lab result using appropriate field(s).

If the Reporting Facility is different from the Ordering Facility, enter the Ordering Facility information.

This date will auto populate with the date the lab report is being created. Always update this date to the date the health department actually received the lab report

Click 'Add' after entering Test Results. Can be used to enter multiple results for the same accession

Click "Submit" or "Submit and Create Investigation".