THE TEXAS TB REGISTRY SYSTEM
WHAT IS A REGISTRY?

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

• Clinical Case
  A case that meets **all** of the following criteria:
  - A positive TST result or positive IGRA for *M. tuberculosis*
  - Other signs and symptoms compatible with TB
  - Treatment with two of more anti-TB medications
  - A completed diagnostic evaluation

• Laboratory criteria for diagnosis
  Any one of these:
  - Isolation of M. TB complex from a clinical specimen
  - Demonstration of M. TB complex from a clinical specimen
  - Demonstration of acid-face bacilli in a clinical specimen when a culture has not been or cannot be obtained or is falsely negative or contaminated.
TEXAS TB REGISTRARS

Texas TB Service Areas 2014

- TB SA City of Amarillo
- TB SA 1
- TB SA 2/3
- TB SA 4/5N
- TB SA 9/10
- TB SA 11
- Bexar County
- Hidalgo County
- Cameron County
- Nueces County
- Corpus Christi
- City of Laredo
- TB SA City of Laredo
- TB SA 8
- El Paso County
- Midland
- Lubbock
- Tarrant County
- Collin County
- Dallas County
- Fort Worth
- Galveston County
- Harris County/City of Houston
- Beaumont
- Orange County
- Beaumont
- Port Arthur
- Beaumont
- Jasper
- Jasper County
- Newton
- Jasper County
- Jasper County
- Jasper County
- Orange County
- Liberty
- Fort Bend County
- Atascosa
- Medina
- Victoria
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- Caldwell
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OTHER REGISTRIES

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

TB Registrars

Laboratories
Providers
Other Registries
Contact Investigations
Other States

To DSHS & CDC
CASE DATA COLLECTION AND REPORTING

Patient information collected on various data collection tools

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

RVCT form sent to Central Office

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

Case information transmitted to CDC
IMPORTED INTO TBPAM
WHAT REGISTRARS COLLECT

• RVCT

• Follow Up 2 Pages 5-6 Case Completion report
  • For cases when treatment stopped
  • For cases transferred in from an out of state jurisdiction within the U.S.
  • FU2 P5-6 not necessary for Suspects, when it becomes a case
  • FU2 P5-6 not applicable for Cases reported “dead” at diagnosis

• TB-340 and 341

• TB Suspect Case Verification Report

• Counted Case Verification Report
Report of Verified Case of Tuberculosis

REPORT OF VERIFIED CASE OF TUBERCULOSIS

1. Date Reported
   - Month
   - Day
   - Year

2. Date Submitted
   - Month
   - Day
   - Year

3. Case Numbers
   - State Case N
   - City/County Case
   - Year Reported (YY)
   - State Code
   - Locally Assigned Identification Number

4. Reporting Address for Case Counting
   - City
   - County
   - ZIP Code
   - Within City Limits (select one)

5. Count States (select one)
   - Countable TB Case
   - Noncountable TB Case

6. Date Counted
   - Month
   - Day
   - Year

7. Previous Diagnosis of TB Disease (select one)
   - Yes
   - No
   - Year

8. Date of Birth
   - Month
   - Day
   - Year

9. Sex at Birth (select one)
   - Male
   - Female

10. Race (select one or more)
    - American Indian or Alaska Native
    - Asian
    - Black or African American
    - Hispanic or Latino
    - Not Hispanic or Latino

11. Ethnicity (select one)
    - Other

12. Country of Birth
    - "U.S. Born" (born abroad to a parent who was a U.S. citizen)
    - Yes
    - No

13. Month-Year Arrived in U.S.
    - Month
    - Year

14. Pediatric TB Patients (<15 years old)

15. Site of TB Disease (select all that apply)

16. Print | Clear
REQUIRED RVCT DATA ELEMENTS

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

REQUIRED RVCT DATA ELEMENTS

7. Address
   a. city
   b. county
   c. zip-code with 4 digit code and if in or outside city limits;
   d. If diagnosed while in a facility or shelter, the name of the facility or shelter (Include address verification)

8. Criteria for confirmed case of TB must be documented on the case verification report.

9. Copy of Non DSHS lab report if case is a lab confirmed case and susceptibilities

10. Criteria for clinical case

11. Criteria for clinical case by provider diagnosis
Follow up 1 and 2
FOLLOW UP 2 REQUIREMENTS

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

TB-340

for contacts to confirmed cases
for suspected cases (hold until disease ruled out)
TB-340 REQUIREMENTS

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

• B. Interview Information
  • Date case/suspect reported
  • Name of Interviewer
  • Date Interview Conducted
  • Clinic, PMD or other facility responsible for conducting the interview
MORE TB-340 REQUIREMENTS

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

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TRANSMISSION TO CENTRAL OFFICE

WinZip

The Texas Public Health Information Network

Texas Department of State Health Services

Sign In to Your Account

Email: justin.irving@dshs.state.tx.us
Password: *********

Forgot password?

Remember me

Log in

Need an account? Sign up.
TBPAM/NEDSS
<table>
<thead>
<tr>
<th>Start Date</th>
<th>Conditions</th>
<th>Case Status</th>
<th>Notification</th>
<th>Jurisdiction</th>
<th>Investigator</th>
<th>Investigation ID</th>
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<tbody>
<tr>
<td>8/30/2014</td>
<td>Tuberculosis</td>
<td>Suspect</td>
<td></td>
<td>Tarrant CO Public Health Dept</td>
<td></td>
<td>CAS482097063TX01</td>
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CONTACTS DATABASE

External Contacts Main Database

<table>
<thead>
<tr>
<th>Direct Data Entry</th>
<th>Database Maintenance</th>
<th>Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Contacts (New Forms)</td>
<td>Apply Updates</td>
<td>Line List of Cases Missing Contacts</td>
</tr>
<tr>
<td>Add Contacts (Old Forms)</td>
<td>Export Analysis Dataset</td>
<td>Line List of Contacts Identified as Cases</td>
</tr>
<tr>
<td>Enter your Intials:</td>
<td>Backup Database</td>
<td>Export Final Analysis Table (EOY Reporting)</td>
</tr>
<tr>
<td>View All Contacts</td>
<td>Create New User</td>
<td>Run Summary Aggregate Report</td>
</tr>
<tr>
<td></td>
<td>Import New Cases</td>
<td>Run Quarterly Performance Measures</td>
</tr>
<tr>
<td></td>
<td>Additional Dataset Maintenance</td>
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</tbody>
</table>
Maven Disease Surveillance Suite

Welcome to Maven Disease Surveillance Suite

This is a customizable area for deployment-specific dashboard content.
To get started, please review the latest user guide.

Activity Summary as of 10/29/2014 11:00 AM

<table>
<thead>
<tr>
<th>Type</th>
<th># Last Week</th>
<th># Average Last 4 Weeks</th>
<th># Last 52 Weeks</th>
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</thead>
<tbody>
<tr>
<td>100 - Chancroid</td>
<td>1</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>300 - Gonorrhea</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>700 - Syphilis</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>200 - Chlamydia</td>
<td>10</td>
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<tr>
<td>500 - HV</td>
<td>5</td>
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</tr>
<tr>
<td>900 - HV Case Report Form - Adult</td>
<td>1</td>
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<tr>
<td>900 - HV Case Report Form - Pediatric</td>
<td>1</td>
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<td>Facility</td>
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<tr>
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<td>Tuberculosis</td>
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</table>

Help Desk

Contact Us: 1-800-SUPPORT
Email: help@support.org
WHAT IS A REGISTRY?

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CDC CASE REPORTING

- Daily, case information is transmitted to CDC
- Processed by CDC weekly in NTSS (CDC system)
- Progress toward CDC objectives displayed on NTIP
# Aggregate Reports For Tuberculosis Program Evaluation

**Follow-up and Treatment for Contacts to Tuberculosis Cases**

## Part I. Cases and Contacts

<table>
<thead>
<tr>
<th>Types of Cases for Investigation</th>
<th>Spumon Smaar +</th>
<th>Spumon Smaar - Cult. +</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases reported in RVCT</td>
<td>401</td>
<td>192</td>
<td></td>
</tr>
<tr>
<td>Cases for Investigation</td>
<td>397 (a1)</td>
<td>186 (a2)</td>
<td></td>
</tr>
<tr>
<td>Cases with No Contacts</td>
<td>45 (b1)</td>
<td>30 (b2)</td>
<td></td>
</tr>
<tr>
<td>Number of Contacts</td>
<td>9547 (c1)</td>
<td>3765 (c2)</td>
<td>2691 (c)</td>
</tr>
<tr>
<td>Evaluated</td>
<td>6446 (d1)</td>
<td>2182 (d2)</td>
<td>1646 (d)</td>
</tr>
<tr>
<td>TB Disease</td>
<td>41 (e1)</td>
<td>6 (e2)</td>
<td>5 (e)</td>
</tr>
<tr>
<td>Late TB Infection</td>
<td>1907 (f1)</td>
<td>549 (f2)</td>
<td>454 (f)</td>
</tr>
<tr>
<td>Started Treatment</td>
<td>192 (g1)</td>
<td>74 (g2)</td>
<td>259 (g)</td>
</tr>
<tr>
<td>Completed Treatment</td>
<td>277 (h1)</td>
<td>74 (h2)</td>
<td>107 (h)</td>
</tr>
</tbody>
</table>

**Reasons Treatment Not Completed:**

- Death: 0
- Contact Moved (follow-up unknown): 14
- Active TB Developed: 1
- Advance Efect of Medicine: 18
- Contact Close to Stop: 84
- Contact is Lost to Follow-up: 21

## Part II. Evaluation Indices

<table>
<thead>
<tr>
<th>Evaluation Indices</th>
<th>Spumon Smaar +</th>
<th>Spumon Smaar - Cult. +</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-Contacts Rate</td>
<td>11.3 (a1/a1), %</td>
<td>16.1 (b2/a2), %</td>
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</tr>
<tr>
<td>Contacts Per Case</td>
<td>24.0 (a1/e1)</td>
<td>20.2 (c2/e2)</td>
<td></td>
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<tr>
<td>Evaluation Rate</td>
<td>67.5 (d1/e1), %</td>
<td>57.9 (d2/e2), %</td>
<td></td>
</tr>
<tr>
<td>Disease Rate</td>
<td>0.6 (e1/e1), %</td>
<td>0.3 (e2/e2), %</td>
<td></td>
</tr>
<tr>
<td>Latent Infection Rate</td>
<td>29.6 (f1/e1), %</td>
<td>25.2 (f2/e2), %</td>
<td></td>
</tr>
<tr>
<td>Treatment Rate</td>
<td>52.9 (g1/e1), %</td>
<td>34.9 (g2/e2), %</td>
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</tr>
<tr>
<td>Completion Rate</td>
<td>27.4 (h1/e1), %</td>
<td>38.5 (h2/e2), %</td>
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</table>
WHAT ARE THE USES OF INFORMATION IN REGISTRIES

• Conducting Research Gaining Understanding
  • Examining trends of disease over time
  • Determining the incidence of disease
  • Estimating survival
  • Evaluating health effects of specific exposures
  • Investigating etiologic hypotheses

• Informing the Public

• Informing Policy

• Directing Resources
  • Estimating magnitude of a problem

• Evaluation
  • Assessing service delivery and identifying groups at high risk
HOW SURVEILLANCE FITS INTO THE GENOTYPING INFORMATION FLOW

- Case identified locally and patient information collected
- Lab Report alerts Central Office to case
- RVCT Form completed and sent to Central Office
- RVCT Form reviewed, information verified and entered into TB-PAM; Genotype accession number entered into TB-PAM
- Case information transmitted to CDC
- Culture Isolate or raw specimen sent to DSHS lab
- Transmitted to Michigan lab/CDC for genotyping
- Genotype with DSHS and Michigan Accession numbers in TB-GIMS
- Case information transmitted to CDC
WHAT IS A REGISTRY?

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REMEMBER TIMELY?

- A suspected or confirmed case of TB should be reported to the local health authority within one working day of identification as a suspected case.

- An initial RVCT should be submitted to DSHS within 24 hours of receipt of case defining lab or clinical report.

- Report 100% of all TB cases (ATS classification 3) using a DSHS approved form, with all the required reporting fields complete within seven (7) days of notification to DSHS TB/HIV/STD Epidemiology and Surveillance Branch. Submit an updated DSHS Tuberculosis Services Branch approved form whenever a change in information in a required reporting field occurs for all TB cases.

- Submit 100% of all initial, follow up, and last positive *Mycobacterium tuberculosis* culture laboratory reports and drug susceptibilities as well as the first negative culture report after the last positive within seven (7) days of notification to DSHS TB/HIV/STD Epidemiology and Surveillance Branch.
REMEMBER TIMELY?

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