



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

**Tuberculosis and Hansen's Disease Unit  
NEDSS Tuberculosis (TB) Training Course  
for  
Public Health Regions and Local Health  
Departments (R/LHDs)**

**January 2024**

**Course Number 2:**  
***TB Investigations Overview***

**After completing this course, you should be able to:**

- Create an Investigation;
- Know when to create a TB (2020 RVCT) Investigation versus a TB Infection (2020 TBLISS) Investigation; and
- Understand the Tabs within TB and LTBI Investigations.

# Creating TB and LTBI Investigations

# Creating a New Investigation

Before creating a new investigation, always conduct a patient search and confirm there are no open investigations *or* investigations created within the last 545 days

[Home](#) | [Data Entry](#) | [Open Investigations](#) | [Reports](#) | [System Management](#)

Patient File

Oslo Olympics | Female | 02/25/1952 (71 Years)

Summary | Events | Demographics

Patient Summary

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

▣ Patient Summary

Address (Home) Home  
3 Bronze Way 333-333-3333  
Austin, Texas 78757  
Travis County

No ID Info Available

Race  
Unknown  
Ethnicity  
Not Hispanic or Latino

▣ Open Investigations (0)

▣ Documents Requiring Review (0)

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

Summary | Events | Demographics

# Open and Closed Investigations

Tokyo Olympics | --- | 01/01/1990 (33 Years)

Patient ID: 24384039

Summary

Events

Demographics

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

Go to: [Investigations](#) | [Lab Reports](#) | [Morbidity Reports](#) | [Vaccinations](#) | [Treatments](#) | [Documents](#) | [Contact Records](#)

## Patient Events History

Investigations (2)

[Add New](#) [Back To Top](#)

<a href="#">Start Date</a>	<a href="#">Status</a>	<a href="#">Condition</a>	<a href="#">Case Status</a>	<a href="#">Notification</a>	<a href="#">Jurisdiction</a>	<a href="#">Investigator</a>	<a href="#">Investigation ID</a>	<a href="#">Co-Infection ID</a>
<a href="#">06/20/2023</a>	Open	Tuberculosis (2020 RVCT)	Suspect		Tarrant CO Public Health Dept		CAS483806007TX01	
<a href="#">12/10/2020</a>	Closed	Latent Tuberculosis Infection (2020 TBLISS)			Dallas CO Health and Human Servcs		CAS483806006TX01	

Lab Reports (0)

[Add New](#) [Back To Top](#)

Open Investigations can be viewed on the Summary and Events Tabs.

Closed Investigations can only be viewed on the Events Tab.

# Creating a New Investigation

To create a new Investigation, select the 'Add New' button in the Investigation row of the Events Tab of the Patient File

Patient File

Salt Lake City Olympics | Female | 01/01/20

Summary | Events | Demographics

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

Go to: [Investigations](#) | [Lab Reports](#) | [Morbidity Reports](#) | [Vaccinations](#) | [Treatments](#) | [Documents](#) | [Contact Records](#)

**Patient Events History**

Investigations (0)	<a href="#">Add New</a> <a href="#">Back To Top</a>
Lab Reports (0)	<a href="#">Add New</a> <a href="#">Back To Top</a>
Morbidity Reports (0)	<a href="#">Back To Top</a>
Vaccinations (0)	<a href="#">Back To Top</a>
Treatments (0)	<a href="#">Back To Top</a>
Documents (0)	<a href="#">Back To Top</a>
Contact Records (0)	<a href="#">Back To Top</a>


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# Selecting a Condition

The first step in creating a new investigation is selecting a *Condition*

Home | Data Entry | Open Investigations | Reports | System Management | Help | Logout

Select Condition User Name here 

**Please select a condition:**

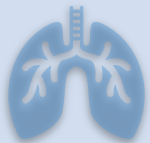
- Latent Tuberculosis Infection (2020 TBLISS)
- Tuberculosis (2020 RVCT)

# Selecting the Right TB Condition



**Users have two TB conditions to choose from when creating a new TB investigation:**

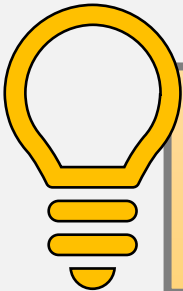
- Latent Tuberculosis Infection (2020 TBLISS) *or*
- Tuberculosis (2020 RVCT).



**Always create a Tuberculosis (2020 RVCT) investigation *unless*:**

The patient has *confirmed* latent TB infection (LTBI) when creating the investigation.

If so, select Latent Tuberculosis Infection (2020 TBLISS).



**Remember:** The Tuberculosis (2020 RVCT) condition may apply to *many different patients such as:* patients with confirmed TB disease, suspected TB disease, contacts who do not have a diagnosis of latent TB infection, and others entered due to a TB screening.

# Creating a New Investigation: Review Patient Tab

Add Investigation: Tuberculosis (2020 RVCT)

User : Name here



Submit Cancel

Oslo Olympics | Female | 02/25/1952 (71 Years)

Patient ID: 24388042

\* 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
<input checked="" type="checkbox"/> <b>Patient Information</b> <a href="#">Back to top</a> <a href="#">Collapse Subsections</a>										
<input checked="" type="checkbox"/> <b>General Information</b>										
* Information As of Date: 01/11/2024										
Comments: <input type="text"/>										
<input checked="" type="checkbox"/> <b>Name Information</b>										
First Name: Oslo										
Middle Name: <input type="text"/>										
Last Name: Olympics										
Suffix: <input type="text"/>										
<input checked="" type="checkbox"/> <b>Other Personal Details</b>										
7. Date of Birth: 02/25/1952										
SSN: <input type="text"/>										
Reported Age: 71										
Reported Age Units: Years										
Age at Diagnosis: <input type="text"/>										
8. Sex at Birth: Female										

After selecting the condition and pressing submit, the **Add Investigation** page will open to the **Patient Tab**.

Demographic information from the Patient File will auto-populate. Verify the information in the Patient Tab.

# Creating a New Investigation: Verify Jurisdiction

Add Investigation: Tuberculosis (2020 RVCT)

Oslo Olympics | Female | 02/25/1952 (71 Years)

Patient

Case Info

TB History

Tuberculosis

TB Disease Only

MDR TB

LTBI Only

Comprehensive  
TB Treatment  
Details

Contact  
Investigation

Contact Records

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

[Collapse Sections](#)

**Investigation Information**

[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:

**ALWAYS** confirm the Jurisdiction is auto-populated correctly in the **Case Info Tab** before submitting the new investigation.

# Creating a New Investigation: Success!

View Investigation: Tuberculosis (2020 RVCT)

User : Name here

TRAINING

Return To File: Events

Manage Associations   Create Notifications   Transfer Ownership

Edit   Print

Investigation has been successfully saved in the system.

Oslo Olympics | Female | 02/25/1952 (71 Years)

Patient ID: 24388042

Investigation ID: CAS483807035TX01

Investigation Status: Open

Investigator:

Patient   Case Info   TB History   Tuberculosis

[-] Patient Information

[Collapse Subsections](#)

[-] General Information

[-] Name Information

Name Information A

First Name: Oslo

Middle Name:

Last Name: Olympics

Suffix:

After selecting Submit, the Investigation will be created in the system.

The user can also confirm the Investigation was created by clicking *Return to File: Events*

\* Indicates a Required Field

Contact Records   Supplemental Info

[Back to top](#)

# Where to View the New Investigation

Oslo Olympics | Female | 02/25/1952 (71 Years) Patient ID: 24388042

Summary **Events** Demographics [Expand All](#) | [Collapse All](#)

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

Patient Summary [Back To Top](#)

Address (Home) Home No ID Info Available Race  
3 Bronze Way 333-333-3333 Asian, Black or African American  
Austin, Texas 78757 Ethnicity  
Travis County Not Hispanic or Latino

Open Investigations (1) [Back To Top](#)

Start Date	Conditions	Case Status	Notification	Jurisdiction	Investigator	Investigation ID	Co-Infection ID
<a href="#">12/20/2023</a>	Tuberculosis (2020 RVCT)	Suspect		Austin HHS Division (City of )		CAS483805480TX01	

The Investigation will now be listed on the **Summary** and **Events** Tabs of the Patient File.

Oslo Olympics | Female | 02/25/1952 (71 Years) Patient ID: 24388042

Summary **Events** Demographics [Expand All](#) | [Collapse All](#)

Go to: [Investigations](#) | [Lab Reports](#) | [Morbidity Reports](#) | [Vaccinations](#) | [Treatments](#) | [Documents](#) | [Con](#)

**Patient Events History**

Investigations (2) [Add New](#) [Back To Top](#)

Start Date	Status	Condition	Case Status	Notification	Jurisdiction	Investigator	Investigation ID	Co-Infection ID
<a href="#">12/20/2023</a>	Open	Tuberculosis (2020 RVCT)	Suspect		Austin HHS Division (City of )		CAS483805480TX01	
<a href="#">12/20/2020</a>	Closed	Latent Tuberculosis Infection (2020 TBLISS)			Austin HHS Division (City of )		CAS483805450TX01	

# Addressing Changes in TB or LTBI Diagnosis

There are two instances when the current TB condition may need to be updated:

An investigation is created as TB (2020 RVCT) and the patient is later diagnosed with LTBI during the same episode

OR

An investigation created as LTBI (2020 TBLISS) and the patient later develops TB disease during the same episode

**When this occurs, users should contact their TB Unit Surveillance Case Consultant for assistance**

# Demo Part 1

Creating an Investigation

<https://vimeo.com/901264705/21ddfc18f8?share=copy>



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# Course Number 2, Demonstration Part 1: *Creating an Investigation*

NIH/CEHS Tuberculosis (TB) Training Course for  
Public Health Regions and Local Health Departments (R/LHDs)  
Texas Department of State Health Services

# Practice/Break



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# NEDSS TB Data Entry Guide

The NEDSS TB and LTBI Data Entry Guide will contain detailed explanation of how to enter information and offer variable definitions.

## NEDSS TB AND LTBI DATA ENTRY GUIDE



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### Data Entry Tables

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# Overview of the Tabs in TB Investigations

# Overview of Tabs

Oslo Olympics   Female   02/25/1952 (71 Years)		
Investigation ID: CAS483805480TX01	Created: 12/22/2023	By
Investigation Status: Open	Last Updated: 12/22/2023	By
Investigator:	Case Status: Suspect	No

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

There are **11 tabs** within a TB Investigation.

In a Tuberculosis (2020 RVCT) Investigation the LTBI Only Tab cannot be edited.

In a Latent Tuberculosis Infection (2020 TBLISS) Investigation the TB Disease Only and MDR Tabs cannot be edited.

# Overview of Tabs

The tab the user is actively working in will have a white background.

The hyperlink section headers are listed below the tab and can be used to navigate directly to specific sections within the 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: [Investigation Information](#) | [Reporting Information](#) | [Administrative Information](#) | [Clinical](#) | [Hidden Questions](#) | **[General Comments](#)** | [Case Info Questions Not Used](#)

[Expand Sections](#)

- [+ Investigation Information](#) [Back to top](#)
- [+ Reporting Information](#) [Back to top](#)
- [+ Administrative Information](#) [Back to top](#)
- [+ Clinical](#) [Back to top](#)
- [+ General Comments](#) [Back to top](#)

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# Patient Tab

The **Patient Tab** contains demographic and other personal information.

Most questions in this tab auto-populate from the Patient File.

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
<b>Patient Information</b> <a href="#">Collapse Subsections</a> <input type="checkbox"/> General Information										
* Information As of Date: 12/22/2023										
Comments:										
<input type="checkbox"/> Name Information										
Name Information As Of Date: 12/22/2023										
First Name: Oslo										
Middle Name:										
Last Name: Olympics										
Suffix:										
<input type="checkbox"/> Other Personal Details										
Other Personal Details As Of Date: 12/22/2023										
7. Date of Birth: 02/25/1952										
SSN:										
Reported Age: 71										
Reported Age Units: Years										
Age at Diagnosis:										
8. Sex at Birth: Female										
Is the patient pregnant?: Yes										
Due Date:										
Gender Identity/Transgender Info:										
Additional Gender:										
Speaks English: Yes										
Preferred Language:										
Alien Number:										
SID Number:										
TDCJ Number:										
Marital Status As Of Date: 12/22/2023										
Marital Status: Married										
<input type="checkbox"/> 6. Reporting Address for Case Counting										
Address Information As Of Date: 12/22/2023										
Street Address 1: 3 Bronze Way										

# Patient Tab

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](#)

- [+] General Information**
- [+] Name Information**
- [+] Other Personal Details**
- [+] 6. Reporting Address for Case Counting**
- [+] Telephone Information**
- [-] Ethnicity and Race Information**

Ethnicity Information As Of Date: 12/22/2023

9. Ethnicity: Not Hispanic or Latino

Race Information As Of Date: 12/22/2023

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

(Use Ctrl to select more than one)

Detailed Race Asian:

- Asian Indian
- Bangladeshi
- Bhutanese
- Burmese
- Chinese

Selected Values:

(Use Ctrl to select more than one)

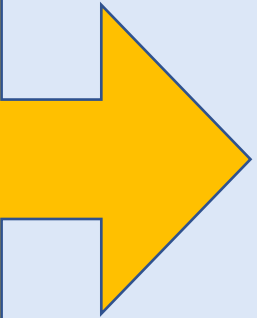
Detailed Race Black or African American:

- African
- African American
- Bahamian
- Barbadian
- Black

Selected Values:

**Race and Ethnicity** will auto-populate from the Patient File.

**Detailed Race** information will need to be entered within the Patient Tab of the Investigation.





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

[Collapse Sections](#)


**Investigation Information**


[Collapse Subsections](#)

Investigation Details


\* Jurisdiction: Austin HHS Division (City of )


\* 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:  

The **Investigation Start Date** auto-populates with the date the investigation is created. This field should *always* be updated to the actual date the health department started working on the investigation.

# Case Info 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: <a href="#">Investigation Information</a>   <a href="#">Reporting Information</a>   <a href="#">Administrative Information</a>   <a href="#">Clinical</a>   <a href="#">Hidden Questions</a>   <a href="#">General Comments</a>   <a href="#">Case Info Questions Not Used</a>										
<a href="#">Collapse Sections</a>										
+ Investigation Information										
+ Reporting Information										
- Administrative Information										
<a href="#">Collapse Subsections</a>										
- Key Report Dates										
1. Date Reported: <input type="text"/>										
- Submitted to Central Office										
Case Submitted to Central Office for SCN Assignment: <input type="text"/>										
- 2. Date Counted										
For Central Office Use Only										
Date Counted: <input type="text"/>										
Count Status: <input type="text"/>										
MMWR Week: <input type="text" value="51"/>										
MMWR Year: <input type="text" value="2023"/>										
Additional sites of the disease, x-ray results, TST, IDR, reason therapy was stopped.										
Classification Category: <input type="text" value="5 - Suspected"/>										

Note some subsections within the investigation are **For Central Office Use Only**. Do not enter, edit, or delete information in such questions.

# Case Info Tab

The Case Info Tab contains fields to enter information regarding *Court Ordered Management* and *TCID Admission*

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: <a href="#">Investigation Information</a>   <a href="#">Reporting Information</a>   <a href="#">Administrative Information</a>   <a href="#">Clinical</a>   <a href="#">Hidden Questions</a>   <a href="#">General Comments</a>   <a href="#">Case Info Questions Not Used</a>										
<a href="#">Collapse Sections</a>										
+ Investigation Information										
+ Reporting Information										
+ Administrative Information										
<a href="#">Collapse Subsections</a>										
+ Key Report Dates										
+ Submitted to Central Office										
+ 2. Date Counted										
+ Case Numbers										
+ Case Verification										
+ Texas Binational TB Case										
- TB Administration										
Is Patient Issued Court Ordered Management: <input type="checkbox"/>										
Date Court Order Signed: <input type="text"/>										
Is Court Order for Inpatient or Outpatient: <input type="checkbox"/>										
Patient Placed on Travel Restrictions: <input type="checkbox"/>										
- False Positive Investigation										
Suspected false positive: <input type="checkbox"/>										
Was a false-positive investigation performed?: <input type="checkbox"/>										
TB Status After Investigation: <input type="text"/>										
Investigation Outcome: <input type="text"/>										
False Positive Investigation Closure Date: <input type="text"/>										
- Clinical										
<a href="#">Collapse Subsections</a>										
- Hospital										
Was the patient hospitalized for this illness?: <input type="checkbox"/>										
Hospital: <input type="text"/> Search - OR - <input type="text"/> <input type="button" value="Quick Code Lookup"/>										
Hospital Selected: <input type="text"/>										
Admission Date: <input type="text"/>										
Discharge Date: <input type="text"/>										
Total Duration of Stay in the Hospital (in days): <input type="text"/>										
- TCID Admission										
Was Patient Admitted to TCID?: <input type="checkbox"/>										
TCID Admission Date: <input type="text"/>										
TCID Discharge Date: <input type="text"/>										

# TB History Tab

The TB History Tab contains information on previous TST and IGRA results, previous chest imaging, and previous TB or LTBI diagnoses.

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  
[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  
Isoniazid  
Rifampin  
Selected Values:

Previous Disease Information

	Diagnosis Type	Date of Diagnosis	Previous State Case Number
No Data has been entered.			

Diagnosis Type:

Date of Diagnosis:

Previous State Case Number:

Completed Treatment:

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:

# Demo Part 2

Patient, Case Info, and TB History Tabs

<https://vimeo.com/901264733/75e43627a5?share=copy>



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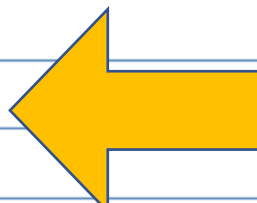
# Course Number 2, Demonstration Part 2: *Patient, Case Info, and TB History Tabs*

NEOS5 Tuberculosis (TB) Training Course for  
Public Health Regions and Local Health Departments (R/LHDs)  
Texas Department of State Health Services

# Tuberculosis 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: <a href="#">Initial Evaluation</a>   <a href="#">Risk Factors</a>   <a href="#">Diagnostic Testing</a>   <a href="#">Chest Imaging</a>   <a href="#">Additional Imaging</a>   <a href="#">Epidemiologic Investigation</a>										
<a href="#">Expand Sections</a>										
<b>+ Initial Evaluation</b> <span style="float: right;"><a href="#">Back to top</a></span>										
<b>+ Risk Factors</b> <span style="float: right;"><a href="#">Back to top</a></span>										
<b>+ Diagnostic Testing</b> <span style="float: right;"><a href="#">Back to top</a></span>										
<b>+ Chest Imaging</b> <span style="float: right;"><a href="#">Back to top</a></span>										
<b>+ Additional Imaging</b> <span style="float: right;"><a href="#">Back to top</a></span>										
<b>+ Epidemiologic Investigation</b> <span style="float: right;"><a href="#">Back to top</a></span>										
<a href="#">Previous</a> <a href="#">Next</a>										
Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info

The **Tuberculosis Tab** contains diagnostic evaluation information for all TB patients.



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

[Expand Sections](#)

## [-] Initial Evaluation

[Expand Subsections](#)

- + 11. Nativity
- + 12. Country of Usual Residence
- + TB Diagnosis
- + Symptom Screening
- + Symptom Screening Repeating Block
- [-] Medical Consult

Consult Performed?: Yes [v]

Date Consult Request Submitted: [calendar icon]

Consultant: [dropdown menu]  
CDC Center of Excellence  
DSHS Physician, Non-RMD  
DSHS Recognized TB Medical Consultant, Non-HNTC  
DSHS Regional Medical Director (RMD)  
Heartland National TB Center (HNTC)

Other Consultant: [text input]

Reason For Consult: [dropdown menu]  
(Use Ctrl to select more than one)  
Alternate Regimen During Drug Shortage  
Binational TB  
Contact Investigation - General  
Diagnosing TB  
Drug Challenge  
Selected Values:

Other Reason For Consult: [text input]

**Medical Consultations** should be entered in the Tuberculosis Tab. Only one consult can be entered, therefore enter the first consult submitted. Additional consultations can be entered in the Notes or Attachments Section of the Supplemental Info Tab



# Tuberculosis 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: <a href="#">Initial Evaluation</a>   <a href="#">Risk Factors</a>   <a href="#">Diagnostic Testing</a>   <a href="#">Chest Imaging</a>   <a href="#">Additional Imaging</a>   <a href="#">Epidemiologic Investigation</a>										
<a href="#">Expand Sections</a>										
<input checked="" type="checkbox"/> <b>Initial Evaluation</b> <a href="#">Back to top</a>										
<input checked="" type="checkbox"/> <b>Risk Factors</b> <a href="#">Back to top</a>										
<input checked="" type="checkbox"/> <b>Diagnostic Testing</b> <a href="#">Back to top</a>										
<a href="#">Collapse Subsections</a>										
<input checked="" type="checkbox"/> <b>21. TB Skin Test and All Non DST TB Lab Test Results</b>										
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.										
<input checked="" type="checkbox"/> HIV Status										
Collection Date: <input type="text"/>										
Date Reported: <input type="text"/>										
HIV Status: <input type="text"/>										
<input checked="" type="checkbox"/> Tuberculin (Mantoux) Skin Test at Diagnosis										
<input checked="" type="checkbox"/> Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis										
Test Type: <input type="text"/>										
Collection Date: <input type="text"/>										
Date Reported: <input type="text"/>										
Test Result: <input type="text"/>										
Quantitative Test Result: <input type="text"/>										
Quantitative Test Result Units: <input type="text"/>										
<input checked="" type="checkbox"/> Sputum Smear										
Collection Date: <input type="text"/>										
Date Reported: <input type="text"/>										
Result: <input type="text"/>										
<input checked="" type="checkbox"/> Sputum Culture										
Collection Date: <input type="text"/>										
Date Reported: <input type="text"/>										
Result: <input type="text"/>										
<input checked="" type="checkbox"/> Pathology/Cytology of Tissue or Other Bodily Fluids										
<input checked="" type="checkbox"/> Culture of Tissue or Other Bodily Fluids										
<input checked="" type="checkbox"/> Nucleic Acid Amplification Test Result										
Specimen Source: <input type="text"/>										
Other Specimen Source: <input type="text"/>										
Collection Date: <input type="text"/>										
Date Reported: <input type="text"/>										
Results: <input type="text"/>										

Within the **Diagnostic Testing** section of the **Tuberculosis Tab**, the first lab result significant to the TB diagnosis must be entered in the discrete questions for all suspected (ATS-5) and confirmed TB cases (ATS-3).

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

[Expand Sections](#)

- ⊕ **Initial Evaluation** [Back to top](#)
- ⊕ **Risk Factors** [Back to top](#)
- ⊖ **Diagnostic Testing** [Back to top](#)
  - [Expand Subsections](#)
  - ⊕ 21. TB Skin Test and All Non DST TB Lab Test Results
  - ⊕ HIV Status
  - ⊕ Tuberculin (Mantoux) Skin Test at Diagnosis
  - ⊕ Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis
  - ⊕ Sputum Smear
  - ⊕ Sputum Culture
  - ⊕ Pathology/Cytology of Tissue or Other Bodily Fluids
  - ⊕ Culture of Tissue or Other Bodily Fluids
  - ⊕ Nucleic Acid Amplification Test Result
  - ⊕ Additional Laboratory Test Results
  - ⊖ **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
	Hemoglobin A1c	Blood	12/15/2023	12/15/2023		6.7	percent
	Culture	Sputum	10/13/2023	12/08/2023	Negative		

Test Type:

Other Test Type:

Specimen Source Site:

Other Specimen Source Site:

Date Collected or Placed:

Date Reported or Read:

Test Result (Qualitative):

Test Result (Quantitative):

Quantitative Test Result Units:

Additional or new lab results should be entered in the **Lab Interpretive Repeating Block**.

The first negative smear and/or culture used to confirm sputum smear and/or culture conversion should be entered in the Lab Interpretive Repeating Block.

# Tuberculosis Tab

The first Chest X-Ray and Chest CT Imaging result significant to the TB diagnosis must be entered in the **Chest Radiograph and Other Chest Imaging Study Results** subsection for all suspected (ATS-5) and confirmed TB cases (ATS-3).

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: <a href="#">Initial Evaluation</a>   <a href="#">Risk Factors</a>   <a href="#">Diagnostic Testing</a>   <a href="#">Chest Imaging</a>   <a href="#">Additional Imaging</a>   <a href="#">Epidemiologic Investigation</a>										
<a href="#">Expand Sections</a>										
+ Initial Evaluation										<a href="#">Back to top</a>
+ Risk Factors										<a href="#">Back to top</a>
+ Diagnostic Testing										<a href="#">Back to top</a>
- Chest Imaging										<a href="#">Back to top</a>
<a href="#">Collapse Subsections</a>										
- 22. Chest Radiograph and Other Chest Imaging Study Results										
Initial Chest X-Ray Date: <input type="text"/>										
Initial Chest X-Ray Result: <input type="text"/>										
Evidence of a Cavity: <input type="text"/>										
Evidence of Miliary TB: <input type="text"/>										
Evidence of Lymphadenopathy: <input type="text"/>										
Was this a comparison?: <input type="text"/>										
Comparison Date: <input type="text"/>										
Comparison Result: <input type="text"/>										
Notes - Chest XRay: <input type="text"/>										
Initial Chest CT Scan Date: <input type="text"/>										
Initial Chest CT Scan Result: <input type="text"/>										
Evidence of a Cavity: <input type="text"/>										
Evidence of Miliary TB: <input type="text"/>										
Evidence of Lymphadenopathy: <input type="text"/>										
Was this a comparison?: <input type="text"/>										
Comparison Date: <input type="text"/>										
Comparison Result: <input type="text"/>										
Chest CT Notes: <input type="text"/>										

# Tuberculosis Tab

Additional chest imaging studies should be entered in the **Additional Chest Imaging** subsection.

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: <a href="#">Initial Evaluation</a>   <a href="#">Risk Factors</a>   <a href="#">Diagnostic Testing</a>   <a href="#">Chest Imaging</a>   <a href="#">Additional Imaging</a>   <a href="#">Epidemiologic Investigation</a>										
<a href="#">Expand Sections</a>										
+ Initial Evaluation										<a href="#">Back to top</a>
+ Risk Factors										<a href="#">Back to top</a>
+ Diagnostic Testing										<a href="#">Back to top</a>
- Chest Imaging										<a href="#">Back to top</a>
<a href="#">Expand Subsections</a>										
+ 22. Chest Radiograph and Other Chest Imaging Study Results										
- Additional Chest Imaging										
			Type of Chest Study	Date of Chest Study	Result of Chest Study	Evidence of Cavity	Evidence of Miliary TB			
			Plain Chest X-Ray	12/11/2023	Consistent with TB	Yes	No			
Type of Chest Study:				Plain Chest X-Ray						
Other Type of Chest Study:				<input type="text"/>						
Date of Chest Study:				12/11/2023						
Result of Chest Study:				Consistent with TB						
Evidence of Cavity:				Yes						
Evidence of Miliary TB:				No						
Evidence of Lymphadenopathy:				No						
Additional Chest Imaging Notes:				<input type="text" value="Follow-up CXR after one month Rx-improvement in size of cavitation"/>						
<input type="button" value="Add New"/>										

# Tuberculosis Tab

All Non-Chest Imaging should be entered in the **Additional Imaging Section** of the Tuberculosis Tab.

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](#)

[Expand Sections](#)

- Initial Evaluation** [Back to top](#)
- Risk Factors** [Back to top](#)
- Diagnostic Testing** [Back to top](#)
- Chest Imaging** [Back to top](#)
- Additional Imaging** [Back to top](#)

[Collapse Subsections](#)

- Additional TB Imaging

	Type of Imaging Study	Date of Study	Body Site	Result
  	MRI	09/25/2023	Brain	Consistent with TB

Type of Imaging Study:

Other Type of Imaging Study:

Date of Study:

Body Site:

Other Body Site:

Result:

Consistent with TB  
Not consistent with TB  
Not Done  
Unknown

Notes - Other Imaging Study:

Add

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

[Expand Sections](#)

- [+ Initial Evaluation](#) [Back to top](#)
- [+ Risk Factors](#) [Back to top](#)
- [+ Diagnostic Testing](#) [Back to top](#)
- [+ Chest Imaging](#) [Back to top](#)
- [+ Additional Imaging](#) [Back to top](#)
- [- Epidemiologic Investigation](#) [Back to top](#)

[Collapse Subsections](#)


- [+ Epidemiologic Investigation](#)
- [- 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:

State case numbers for any TB cases or LTBI associated with the patient, should be manually entered in the **Linked Case Number** repeating block in the **Epidemiologic Investigation**



# Demo Part 3

Tuberculosis Tab

<https://vimeo.com/901264745/b63f3c56ca?share=copy>



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

# Course Number 2, Demonstration Part 3: *Tuberculosis Tab*

NIHSS Tuberculosis (TB) Training Course for  
Public Health Regions and Local Health Departments (R/LHDs)  
Texas Department of State Health Services



**Review these tabs: Patient, Case Info, TB History, Tuberculosis**



# TB Disease Only Tab

Patient	Case Info	TB History	Tuberculosis	<b>TB Disease Only</b>	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation
---------	-----------	------------	--------------	------------------------	--------	-----------	------------------------------------	-----------------------

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

[Expand Sections](#)

**[-] Clinical History And Findings**

[Collapse Subsections](#)

**[-] Symptom Onset and Site of TB Disease**

24. Date of Illness Onset or Symptom Start Date:

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

- Accessory sinus
- Adrenal gland
- Anus
- Appendix
- Blood

Selected Values:

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

**[+] Initial Treatment Information**

**[+] Genotyping And Drug Susceptibility**

**[+] MDR TB Case**


**[+] Case Outcome**

The **TB Disease Only Tab** contains initial treatment, drug susceptibility, genotype, sputum conversion, treatment completion, and moves during treatment information.

The TB Disease Only Tab can only be edited in Tuberculosis (2020 RVCT) Investigations.

# TB Disease Only Tab

**Initial Treatment Information**  
[Collapse Subsections](#)  
 Treatment

30. Date Therapy Started:  

31. Initial Drug Regimen

Standard Regimen (4)  
Mark Rest 'No'

The **Initial Drug Regimen** and **Phenotypic Drug Susceptibility Testing Information** questions have special feature buttons.

For details on how to use these buttons review NEDSS Training Modules for Data Entry Contractors Module 5.

**Drug Susceptibility Testing**

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

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)

**Phenotypic Drug Susceptibility Testing Information**

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

Standard Susceptibilities (4)  
Mark Rest 'Not Done'

# TB Disease Only 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: <a href="#">Clinical History and Findings</a>   <a href="#">Initial Treatment Information</a>   <a href="#">Genotyping and Drug Susceptibility</a>   <a href="#">MDR TB Case</a>   <a href="#">Case Outcome</a>										
<a href="#">Expand Sections</a>										
+ <b>Clinical History And Findings</b>										
+ <b>Initial Treatment Information</b>										
+ <b>Genotyping And Drug Susceptibility</b>										
+ <b>MDR TB Case</b>										
- <b>Case Outcome</b>										
<a href="#">Collapse Subsections</a>										
- Sputum Culture Conversion Documented										
37. Sputum Culture Conversion Documented?: <input type="text"/> <input type="button" value="v"/>										
If Yes, date specimen collected for FIRST consistently negative sputum culture: <input type="text"/> <input type="button" value="calendar"/>										
If No, reason for not documenting sputum culture conversion: <input type="text"/> <input type="button" value="v"/>										
Other If No, reason for not documenting sputum culture conversion: <input type="text"/>										

*Sputum Culture Conversion Documented?* must be entered in the **Case Outcome** section of the TB Disease Only Tab and the corresponding negative lab result must be entered in the **Lab Interpretive Repeating Block** section of the Tuberculosis Tab.

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

[Expand Sections](#)

- Clinical History And Findings** [Back to top](#)
- Initial Treatment Information** [Back to top](#)
- Genotyping And Drug Susceptibility** [Back to top](#)
- MDR TB Case** [Back to top](#)
- Case Outcome** [Back to top](#)

[Collapse Subsections](#)

- Sputum Culture Conversion Documented**
- Moved**

Did patient move before starting therapy?:

38. Moved During Therapy?:

If Yes, Moved to Where (select all that apply?):

(Use Ctrl to select more than one)

- 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
			12/07/2023	Public Health Region 7

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?:

The first Out of State or Out of Country move should be entered in the **Moved** subsection.

Additional Out of State or Out of Country and all In-State moves should be entered in the **Additional Move Repeating Block** subsection.

# TB Disease Only Tab

Only Central Office TB Unit will select if the case was closed as non-countable.

R/LHD should notify their TB Unit surveillance case consultant of any TB cases that should be un-counted.

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: <a href="#">Clinical History and Findings</a>   <a href="#">Initial Treatment Information</a>   <a href="#">Genotyping and Drug Susceptibility</a>   <a href="#">MDR TB Case</a>   <a href="#">Case Outcome</a>										
<a href="#">Expand Sections</a>										
+ Clinical History And Findings										<a href="#">Back to top</a>
+ Initial Treatment Information										<a href="#">Back to top</a>
+ Genotyping And Drug Susceptibility										<a href="#">Back to top</a>
+ MDR TB Case										<a href="#">Back to top</a>
- Case Outcome										<a href="#">Back to top</a>
<a href="#">Expand Subsections</a>										
+ Sputum Culture Conversion Documented										
+ Moved										
+ Additional Move Repeating Block										
- Therapy										
Projected Therapy Stop Date: <input type="text"/>										
39. Date Therapy Stopped: <input type="text"/>										
40. Reason Therapy Stopped or Never Started: <input type="text"/>										
Other 40. Reason Therapy Stopped or Never Started: <input type="text"/>										
(Use Ctrl to select more than one)										
41. Reason TB Disease Therapy Extended Beyond 12 Months, If Applicable (select all that apply):										
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): <input type="text"/>										
(Use Ctrl to select more than one)										
42. Treatment Administration (select all that apply):										
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?: <input type="text"/>										
Reason for closure as non-countable TB case: <input type="text"/>										
Mortality Information As Of Date: <input type="text"/>										
43. Did the Patient Die (either before diagnosis or at any time while being followed by TB program): <input type="text"/>										
Date of Death: <input type="text"/>										

# MDR TB Tab

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

**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:

Other Drug:

Length of Time Administered:

**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
No Data has been entered.	

Side Effect:

Other Side Effect:

Side Effect Experienced:

When?:

The **MDR TB Tab** is equivalent to the RVCT MDR TB Supplemental Form. It should be entered for *all* TB cases that second line drugs are used for **ANY** reason.

# LTBI Only Tab

The **LTBI Only Tab** contains LTBI treatment information and whether patient moved during treatment.

The LTBI Only Tab can only be edited in the Latent Tuberculosis Infection (2020 TBLISS) Investigations.

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](#)

**TBLISS Specific Questions**  
[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):

Severe Adverse Event (select all that apply):  
*(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](mailto:LTBIDRUGEVENTS@CDC.GOV)

Moved - LTBI  
 Moved During Treatment - LTBI



# LTBI Only Tab

[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](#)  
[Expand Subsections](#)  
 **LTBI Treatment and Outcome**  
 **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
	In-State						Yes	10/20/2023
	Out of State					Arkansas	Yes	12/04/2023

Moved To Where?:    
 Moved to Country:    
 If moved out of country, was a transnational referral made?:    
 If moved out of country, where was referral made?:    
 Other If moved out of country, where was referral made?:   
 Date Referral Made:    
 Moved to State:    
 Was IJN sent?:    
 IJN Sent Date:    
 Moved to Jurisdiction:

All In-State, Out of State, and Out of Country moves for patients with LTBI should be entered in the **Moved During Treatment – LTBI** subsection

# Demo Part 4

TB Disease Only, MDR TB, and LTBI Only Tabs

<https://vimeo.com/901264754/04e92a1796?share=copy>



# Course Number 2, Demonstration Part 4: *TB Disease Only, MDR TB, and LTBI Only Tabs*

NIOSH Tuberculosis (TB) Training Course for  
Public Health Regions and Local Health Departments (R/LHDs)  
Texas Department of State Health Services

# Comprehensive TB Treatment Details Tab

Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
<p><input type="checkbox"/> <b>Comprehensive TB Treatment Details</b> <a href="#">Back to top</a></p> <p><a href="#">Expand Subsections</a></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Treatment Information</li><li><input type="checkbox"/> Treatment Details</li><li><input type="checkbox"/> Treatment Ordering Provider</li><li><input type="checkbox"/> Medications</li><li><input type="checkbox"/> Monthly Medication Administration Summary</li><li><input type="checkbox"/> End of Treatment Dose Counts</li></ul> <p><a href="#">Previous</a> <a href="#">Next</a></p>										
Patient	Case Info	TB History	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Comprehensive TB Treatment Details	Contact Investigation	Contact Records	Supplemental Info
										<input type="button" value="Submit"/> <input type="button" value="Cancel"/>

The **Comprehensive TB Treatment Details Tab** contains initial and current treatment type, drug and dosage, and medication summary information.

# Comprehensive TB Treatment Details Tab
















- 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](#)

[Expand Subsections](#)

- + Treatment Information
- + Treatment Details
- + Treatment Ordering Provider
- Medications

	Drug	Drug Start Date	Drug Stop Date	Dosage (mg)	Reason Drug Stopped
  	Isoniazid	10/10/2023	11/05/2023	300	Other
  	Rifampin	10/10/2023		600	
  	Pyrazinamide	10/10/2023		1200	
  	Ethambutol	10/10/2023		800	
  	Moxifloxacin	11/06/2023		400	

Drug:

Other Drug:

Drug Start Date:

Drug Stop Date:

Dosage (mg):

Reason Drug Stopped:

All medication and dose changes must be entered in the **Medications** subsection.

Add

- + Monthly Medication Administration Summary
- + End of Treatment Dose Counts

# Comprehensive TB Treatment Details Tab

- 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**

- [Expand Subsections](#)
- + Treatment Information
- + Treatment Details
- + Treatment Ordering Provider
- + Medications
- 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 (SAT/E	SAT	Nun
					Doses Taken (Monthly)	n	Miss

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

Monthly DOT log doses should be entered in the **Monthly Medication Administration Summary** subsection.

For the **Medication Administered Month**, always enter the first date of the month (i.e., 01/01/2024).

# Demo Part 5

Comprehensive TB Treatment Details Tab

<https://vimeo.com/901264762/546a380149?share=copy>



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

# Course Number 2, Demonstration Part 5: *Comprehensive TB Treatment Details Tab*

NIHSS Tuberculosis (TB) Training Course for  
Public Health Regions and Local Health Departments (R/LHDs)  
Texas Department of State Health Services



**Review these tabs: TB Disease Only,  
MDR TB, LTBI Only, and  
Comprehensive TB Treatment  
Details**



# Contact Investigation Tab

The **Contact Investigation Tab** contains information on the ongoing contact investigation for all suspected and confirmed TB cases *and* information on contact exposure and evaluation for all named contacts.

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):

Congregate Setting Type:

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?:

Transportation Mode:

Length of Trip (hours):

REMINDER: Contact Central Office (TBEpi@dshs.texas.gov) if Flight Investigation or Travel Restriction Indicated

Exposure Locations

# 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

**TB Exposure Repeating Block**

[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 In Period End Date
No Data here					

Source Case's Investigation ID:

Source Case's State Case Number:

Contact's Relationship to Source Case:

Other Contact's Relationship to Source Case:

Priority Level Of Contact Evaluation:

Date identified as a contact:

Exposure Location Name:

Exposure Length:

Exposure Setting:

Date of Last Exposure to Linked Case:

Linked Case Infectious Period End Date:

Contact Evaluated for TB:

Reason Not Evaluated:

Contact's ATS Classification:

The **TB Exposure Repeating Block** of the **Contact Investigation Tab** allows you to enter multiple occurrences of the person being named as a contact.

# Contact Records Tab

**Contact Records** [Back to top](#)  
[Collapse Subsections](#)

**Contacts Named By Patient**  
The following contacts were named within Oslo Olympics's investigation:

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

**Patient Named By Contacts**  
The following contacts named Oslo Olympics within their investigation and have been associated to Oslo Olympics's investigation:

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

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

Manage Associations   Create Notifications   Transfer Ownership   Change Condition

The **Contact Records Tab** is where users will link contacts to their index case and be able to view any index case that named the contact.

# Contact Records Tab

- Manage Associations
- Create Notifications
- Transfer Ownership
- Change Condition

Oslo Olympics | Female | 02/25/1952 (71 Years)

Investigation ID: CAS483805480TX01

Created: 12/22/2023

Investigation Status: Open

Last Updated: 12/27/2023

By: kathryn yoo

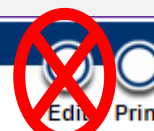
Investigator:

Case Status: Suspect

Notification Status:

Patient ID: 24388042

To work in the **Contact Records Tab**, users should **NOT** be in Edit Mode.



\* 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

## Contact Records

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[Collapse Subsections](#)

### Contacts Named By Patient

The following contacts were named within Oslo Olympics's investigation:


Date Named	Contact Record ID	Name	Priority	Disposition	Investigation
Nothing found to display.					
<a href="#">Add New Contact Record</a>					

### Patient Named By Contacts

The following contacts named Oslo Olympics within their investigation and have been associated to Oslo Olympics's investigation:

Date Named	Contact Record ID	Name	Priority	Disposition	Investigation
Nothing found to display.					
<a href="#">Manage Contact Associations</a>					

# Supplemental Info Tab

Manage Associations   Create Notifications   Transfer Ownership   Change Condition    Print

**Oslo Olympics | Female | 02/25/1952 (71 Years)**      Patient ID: 24388042

Investigation ID: CAS483805480TX01	Created: 12/22/2023	By: kathryn yoo
Investigation Status: Open	Last Updated: 12/27/2023	By: kathryn yoo
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](#)

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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](#)

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Notes      [Print Notes](#)

Date Added	Added By	Note	Private
Nothing found to display.			

[Add Notes](#)

Attachments

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

[Add Attachment](#)

**History**      [Back to top](#)

[Collapse Subsections](#)

Investigation History

Change Date	User	Jurisdiction	Case Status	Version
12/27/2023	kathryn yoo	Austin HHS Division (City of)	Suspect	2

Notification History

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

The **Supplemental Info Tab** is where users will view associated lab reports, enter notes and attachments, and track the investigation and notification history.

To work in the **Supplemental Info Tab**, users should ***NOT*** be in Edit Mode.

# Demo Part 6

Contact Investigation, Contact Records, and Supplemental Info Tabs

<https://vimeo.com/901264769/53abd671e0?share=copy>



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

# Course Number 2, Demonstration Part 6: *Contact Investigation, Contact Records, and Supplemental Info Tabs*

MDSM Tuberculosis (TB) Training Course for  
Public Health Regions and Local Health Departments (R/LHDs)  
Texas Department of State Health Services



**Review these tabs: Contact Investigation, and Contact Records, and Supplemental Info**



**Questions?**

# End of NEDSS TB Training, Course 2