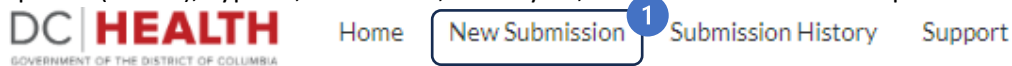


Reporting Guide for Civil Surgeons in DC

Step 1: Create an Account on [DC Reporting and Surveillance Center \(DCRC\)](#)

Step 2: Select the “New Submission” Tab on the top left of the screen. Then Select the “HIV/AIDS, Viral Hepatitis (Non-A), Syphilis, Gonorrhea, Chlamydia, and Tuberculosis Case Report”



Welcome to the **DC Health Provider Portal**

Where do I complete my actions?

View progress, status update, and prior submissions [here](#).

Use the Quick Links to the right for creating new submissions.

DC Reporting and Surveillance Center (DCRC)

Select the type of submission you would like to make by program area:

- HIV/AIDS, Viral Hepatitis (Non-A), Syphilis, Gonorrhea, Chlamydia, and Tuberculosis Case Report
- Notifiable Disease and Condition Case Report (General communicable diseases)
- Animal Bite Case Report (Submissions for animal bites, scratches, or other close interactions)
- Prevention Activities Report Form (Syndemics RFA# HAHSTA_SYN112522)

HIV/AIDS, Hepatitis, STD and TB Administration

Step 3: Once selected, you will need to fill out the submitter information. Be sure to select “TB Case Report ONLY” in this section. You will also need to complete “Submitter State” to continue*.

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
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Date Form Completed : November 21, 2022

Program: TB Case Report ONLY 3

Step 4: Fill out the “Client Information” section to the best of your knowledge. You must fill out everything with asterisks to continue*.

Step 5: Once you reach “Risk History”, select “Civil Surgeon Screening” as the response for “Reason for exam/testing”, and hit “Next”. If you do not select “Civil Surgeon Screening” you will not be able to report LTBI.

* Reason for exam/testing

Civil Surgeon Screening

--None--

Contact Investigation

TB Symptoms

Screening

Other

Civil Surgeon Screening

Department of Corrections Screening

Step 6: Under “Disease Reporting”, find the “Classification” question, and select “Class 2: LTBI”

Classification

Class 2: LTBI

--None--

Class 0: No Exposure

Class 1: Exposure; No Infection

Class 2: LTBI

Class 3: Active TB

Class 4: TB disease; Not Active

Class 5: Suspicion for TB

Unknown

- Continue to complete the form and be sure to include CXR Results, IGRA Results, etc.

Step 7: Find “Treatment Referral” and fill out the most appropriate response. Please fill out the rest of the page to the best of your knowledge as well.

HIV/AIDS, Hepatitis, STD and TB Administration

Treatment Referral

Currently, the DC TB Program is only accepting LTBI reports from the Department of Corrections (DOC) or Civil Surgeons

Select the most appropriate option for patient's treatment plan

--None--

--None--

Treatment being started directly by Civil Surgeon or DOC

Treatment being referred to outside provider

I am referring this individual for treatment to the DC TB Program

Patient was educated on treatment options and declined

- Whichever option you select will trigger additional questions to answer.

Step 8: Go to the last page titled “Additional Information” and select upload documents if possible. This will allow you to upload all supporting documents, which in this case should include medical history, IGRA/TSTs results, and CXR imaging.

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
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Additional Information

Additional Information (e.g. excel line list, clinical notes) will be sent by

Uploading documents

Faxing documents to 202-724-2363

Typing, or copying/pasting information below

No additional clinical information is available

Clinical Laboratory Additional Documents

To add file(s)/document(s), please click on "Upload Files" button and select file(s)/document(s) or drag and drop file(s)/document(s) in "drop files" section.

Upload Files
Or drop files

TB Additional Guidance: Upload the medical history notes, results of TSTs/IGRAs, imaging results, and the results of any specimens collected for smear/culture/NAAT.

Additional Comments

*If unable to upload, please fax results to 202-724-2363

Step 9: Scroll to the bottom of the page and click “Submit”, then you are finished!

Referring Patients Living with HIV

In accordance with CDC guidelines, Civil Surgeons should refer any patients who are living with HIV directly to the Department of Health, regardless of IGRA Results and CXR status.

Step 1 – 5: Follow the same instructions as above.

Step 6: Additionally complete the following questions and hit next once completing:

- Previous HIV Test?

**HIV/AIDS, Hepatitis, STD and
TB Administration**

- If Yes, what is the client's results
- Was client referred to HIV Testing?

Reason for exam/testing
Civil Surgeon Screening
Previous HIV Test?
Yes
If yes, what is the client's result?
--None--
Was client referred to HIV Testing?
--None--

Step 7: Complete the HIV-Positive client portion at the top of the page

Step 8: In the Tuberculosis section, find the classification drop down and select, "Civil Surgeon Reporting Applicant Living with HIV"

- This will trigger a checkbox to confirm that the applicant knows they will be directly outreached by DC Health
- ***Remember: This should only be selected if the patient is HIV Positive but has no other positive or suspicious TB Results. (Ex. The applicant is known HIV positive, and their IGRA is negative, with a normal CXR and are asymptomatic, this would be the best process to complete referral)

Classification
Civil Surgeon Reporting Applicant Living with HIV
<input checked="" type="checkbox"/> Patient understands they will be contacted by DC Health for further evaluation, and cannot complete their status adjustment until they are fully evaluated

Step 9: Fill out all relevant test results such as IGRA and CXR, then continue to the final page. Here you can attach your results, leave any additional notes, and submit!