Reporting TB to DC Health

DC 2023 World TB Day Conference

April Cobos and Theresa Waddy | March 23rd, 2023

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Disclosures

- None

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Learning Objectives

1. Identify new requirements for reporting tuberculosis appropriately to the DC Health's TB Control Program
2. When and how to report tuberculosis findings to DC Health
3. What criteria meet mandatory reporting requirements for providers
4. How to report using the new online reporting system

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What is Public Health Surveillance?

The ongoing, systematic collection, analysis, and interpretation of health data which is essential to the planning, implementation and evaluation of public health practices; followed by the dissemination of that information to those who can improve the disease outcomes.

- Provides baseline data
- Identifies problems such as recent transmission, clusters, or outbreaks
- Gathers information to investigate public health concerns
- Evaluates control measures

- Surveillance data comes from:
  - Case Reports – via e-reporting, fax
  - Laboratory reports
  - Radiology reports
  - Genotyping results
  - Interjurisdictional reports

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REPORTING REQUIREMENTS

- In the United States, reporting requirements for diseases are mandated by state laws or regulations.
- Active tuberculosis is one of the diseases that must be reported, according to DC's Municipal Regulations
- Health care providers, laboratories, and other health care personnel report the occurrence of these notifiable diseases to the state and local health departments.
- State health departments agree to report cases to CDC as a result of a policy established by CDC and the Council of State and Territorial Epidemiologists.
  - Washington, DC has dual roles as the local and state health department.
  - Washington, DC reports on 43+ questions, and additional sub-questions, through **CDC's Report of Verified Case of Tuberculosis (RVCT)** for each confirmed case of TB
  - We use **case report data from providers** to initiate surveillance records for each individual and collect our own **case management, clinical, and demographic data** that we also report to CDC

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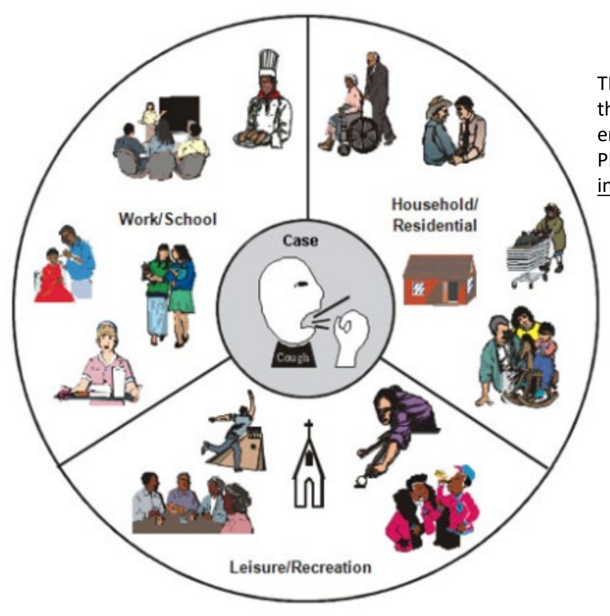
Why is it important to report TB cases and suspects?

- Public health activities for TB depend on TB Control Programs receiving prompt case reports for active TB cases and those with a suspected diagnosis of TB
  - Case reports initiate a public health surveillance record for each individual reported with TB. The collection of demographic, clinical, and case management information is used to determine if public health action is needed
- In particular, TB Control Programs use surveillance information to provide **case management**, conduct **contact investigations**, monitor for **genotypic clusters or outbreaks**, and conduct other public health activities



TB contact investigations are necessary to interrupt the spread of TB, prevent outbreaks of TB, and ensure appropriate treatment of LTBI or TB disease. Photo from: day-1-introduction-to-contact-investigation-process_final.pptx (live.com)

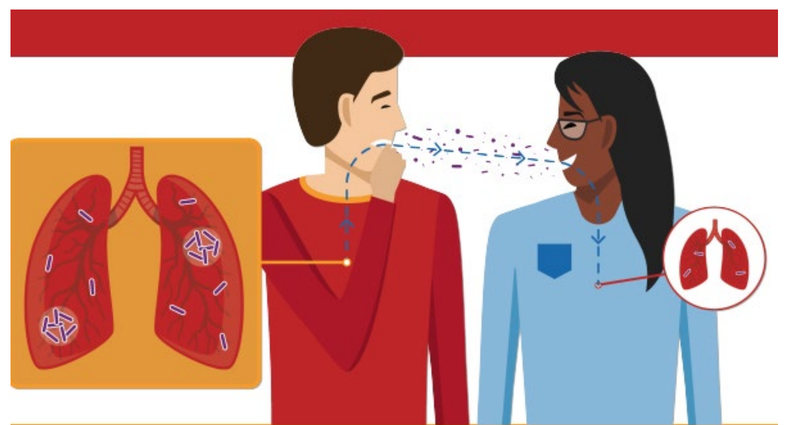
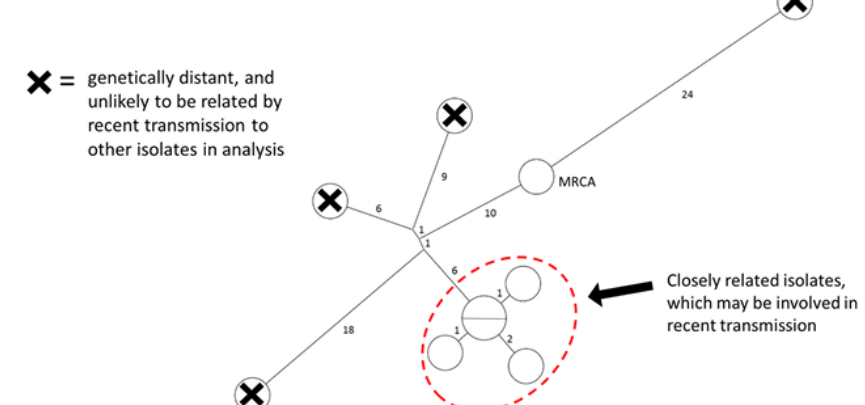


Photo from: Stop TB Poster (cdc.gov)



CDC conducts whole-genome single nucleotide polymorphism (SNP) comparison and phylogenetic analysis for TB on all culture-confirmed TB cases. Photo from: Microsoft PowerPoint - wgSNP_20200303 (cdc.gov)

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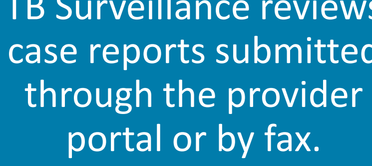
Reporting triggers the TB Public Health Cascade

Provider submits report of a suspected or confirmed active TB disease case through the provider portal or fax



TB Surveillance reviews case reports submitted through the provider portal or by fax.

Accepted reports are entered into the DC Public Health Information System, assigned priority, and then referred to the program manager for assignment.

The program manager assigns the TB case or suspect to a nurse case manager (NCM)

The NCM contacts the patient and conducts the initial contact investigation interview, which will initiate a TB contact investigation, if appropriate.

The interview should be conducted with 1-3 business days of assignment as it is a public health priority to identify, test, and treat close contacts to infectious TB cases.

Once the index interview is complete, the program manager will assign a TB Investigator.

The TBI will perform outreach to each of the identified contacts and ensure they are appropriately evaluated for TB/LTBI

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The TB Public Health Cascade-1

NCM will monitor the patient's progress in the reporting facility and helps ensure appropriate diagnostic testing, specimen collection, and treatment initiation.

The NCM will also educate the index patient on transmission, symptoms, medications, and treatment of TB.

The case is reported to CDC and genotyping results are monitored for any cluster or outbreak matches.

After hospital discharge, NCM will schedule an appointment at the DC Health and Wellness Center to ensure continuity of care for TB.

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The TB Public Health Cascade-2

The DC Health physician will continue evaluation and start patient on TB regimen within 24 hours clinical suspicion of TB, if RIPE has not already been initiated at the hospital or reporting facility

A TBI is assigned to monitor VDOT for the patient after hospital discharge until treatment completion.

Case management activities continue until treatment completion as well, and the NCM continues to ensure appropriate specimen collection, treatment adherence, and appropriate referrals to other agencies or services as needed.

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At what point should providers report TB to DC Health?

- Timely reporting is critical as this triggers the TB public health cascade and is essential for preventing ongoing transmission of TB through case management and contact investigations
- Reporting is expected within **48 hours of suspicion of active TB, diagnosis of active TB, or the appearance of symptoms of active TB**.
- Includes:
  - Patients with signs and symptoms of TB for whom a diagnosis of TB is being **considered**
  - Patients with a positive AFB smear and/or abnormal CXR for whom a diagnosis of TB is being **considered**
  - Patients with a positive NAAT/GeneXpert
  - Patients who start RIPE
  - Patients with a *Mycobacterium tuberculosis* complex (MTBC) positive culture result

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Reporting TB to DC Health

- Providers are required to submit a case report to the DC TB Program for any **confirmed or suspected case of active TB disease** within **48 hours** of suspicion, diagnosis, or the appearance of symptoms.
- This applies to any patient that resides in DC.
- For the purposes of reporting, TB suspicion or diagnosis is defined by the first of:
  - clinical diagnosis/suspicion of active tuberculosis.
  - a positive AFB smear collected
  - a positive NAAT for MTBC
  - or a positive MTBC culture
- To submit a TB Case Report, providers may use the DC Health Disease Surveillance Provider Portal (preferred), or may fax the TB Case Report Form to 202-724-2363, Attn: New TB Case/ Suspect

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Relevant Documents for Reporting

- When submitting a case report through either method, please include:
  - The formal TB Case Report Form
  - Copies of the detailed laboratory results or collection information (NAATs, AFB smears, cultures, IGRAs, TSTs)
  - Copies of the detailed radiology or imaging results (CXR, CTs, etc)
  - The medical record or hospital admission notes

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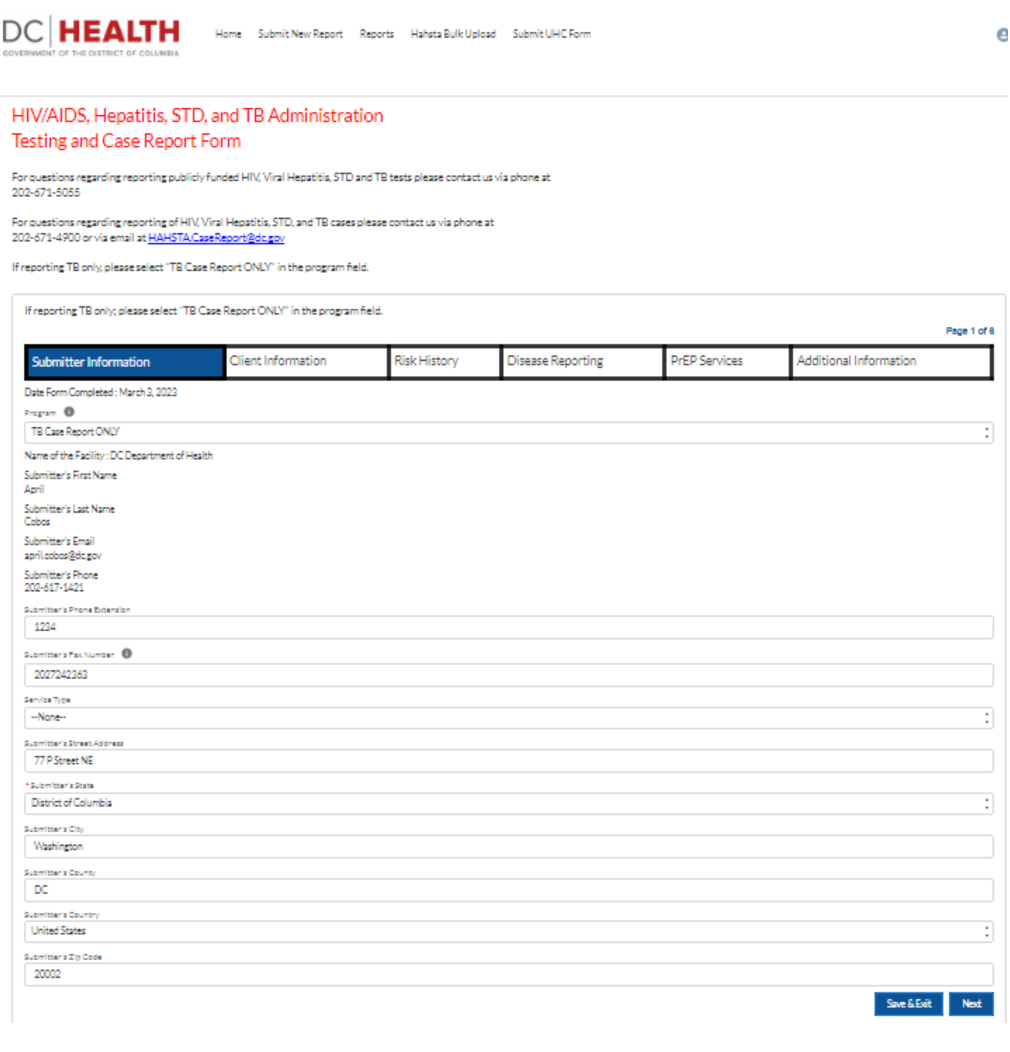
The DC Health Disease Surveillance Provider Portal

- The **HAHSTA Case Report Form on the Provider Portal is the preferred TB reporting method** to the DC TB Control Program.
- This form allows providers to report multiple conditions in one location
- The HAHSTA Case Report Form contains the latest reporting information required for DC Health and CDC TB reporting
  - Using this form helps ensure that providers send all of the necessary information to DC Health
  - This form is updated routinely to reflect new CDC TB reporting requirements and case management needs for TB
  - Contains new TB questions not available on the 2018 form
- The HAHSTA Case Report is dynamic- relevant child questions appear based on the specific information entered within each section.
  - For example, selecting that a patient is experiencing a productive cough will trigger a question about the onset date. However, selecting that a patient is not experiencing a cough will hide the child question.
  - This helps submitters identify which questions apply to the situation being reported
- Access the Provider Portal to report TB to DC Health (preferred method): https://dccovid.force.com/provider/s
- For technical support, please contact providersupport@dc.gov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Home Submit New Report Reports Hahsta Bulk Upload Submit UHC Form

HIV/AIDS, Hepatitis, STD, and TB Administration
Testing and Case Report Form

For questions regarding reporting publicly funded HIV, Viral Hepatitis, STD and TB tests please contact us via phone at 202-671-5055

For questions regarding reporting of HIV, Viral Hepatitis, STD, and TB cases please contact us via phone at 202-671-4900 or via email at HAHSTA.CaseReport@dc.gov

If reporting TB only, please select "TB Case Report ONLY" in the program field.

If reporting TB only, please select "TB Case Report ONLY" in the program field.

Page 1 of 6

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

Date Form Completed : March 3, 2023
Program: TB Case Report ONLY
Name of the Facility : DC Department of Health
Submitter's First Name: April
Submitter's Last Name: Cobos
Submitter's Email: april.cobos@dc.gov
Submitter's Phone: 202-617-1421
Submitter's Phone Extension: 1234
Submitter's Fax Number: 2027242363
Service Type: --None--
Submitter's Street Address: 77 P Street NE
* Submitter's State: District of Columbia
Submitter's City: Washington
Submitter's County: DC
Submitter's Country: United States
Submitter's Zip Code: 20002

Save & Exit | Next

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Navigating the Login Screen

URL: https://dccovid.force.com/provider/s

A *Login*

If you already have your Provider Portal login credentials. Enter in your username and password then click **Login** to access the portal.

B *Register*

Click here if you do not already have a username and password to register for login credentials to access the Provider Portal. (See: How to Register for Login Credentials for steps)

C *Forgot your password?*

Click here if you already have your Provider Portal login credentials but need a password reset.

D *Submit Feedback*

Click here to access the Provider Feedback form to provide DC Health with helpful feedback on your experience with the portal.

IMPORTANT

If you are needing technical support, please contact providersupport@dc.gov

Provider Portal Home Page

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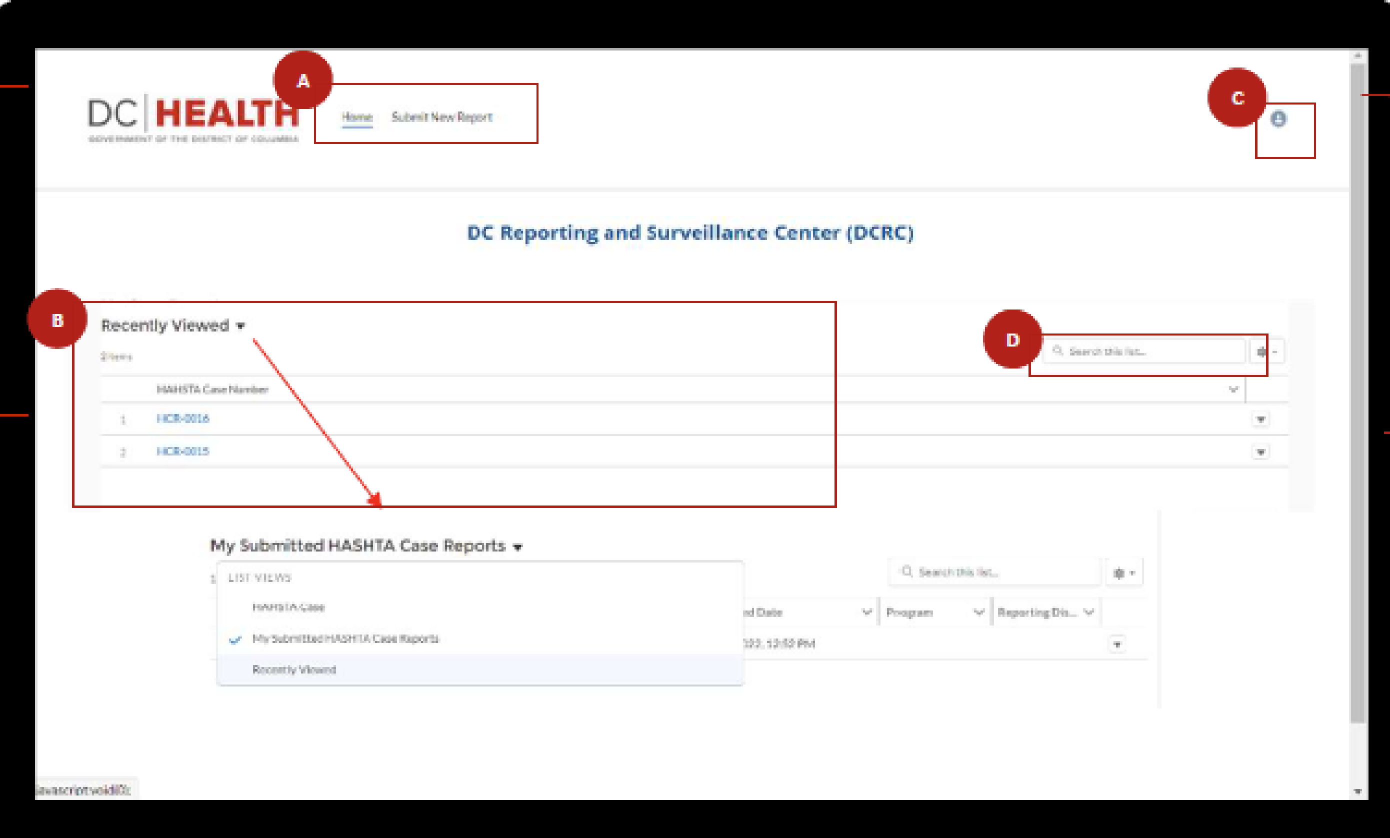
The Provider Portal Home Page contains the following key features.

A *Portal Tabs*

The tabs at the top of the screen provide quick access to the “Home” and “Submit New Report” pages.

B *Case Report List View*

Case Report list views will be visible from the “Home” tab that will display all case report submissions. ‘Recently Viewed’ is the default list view displayed. Click on the list view header to change the list view.
Within the list view, you will be able to see key details like the case report number, created and modified date, status of the case report, etc.



Profile Icon **C**

Provides access to the following options: **Profile** (User Details); **Settings** (Option to reset password); **Submit New Report; My Cases; Log Out.**

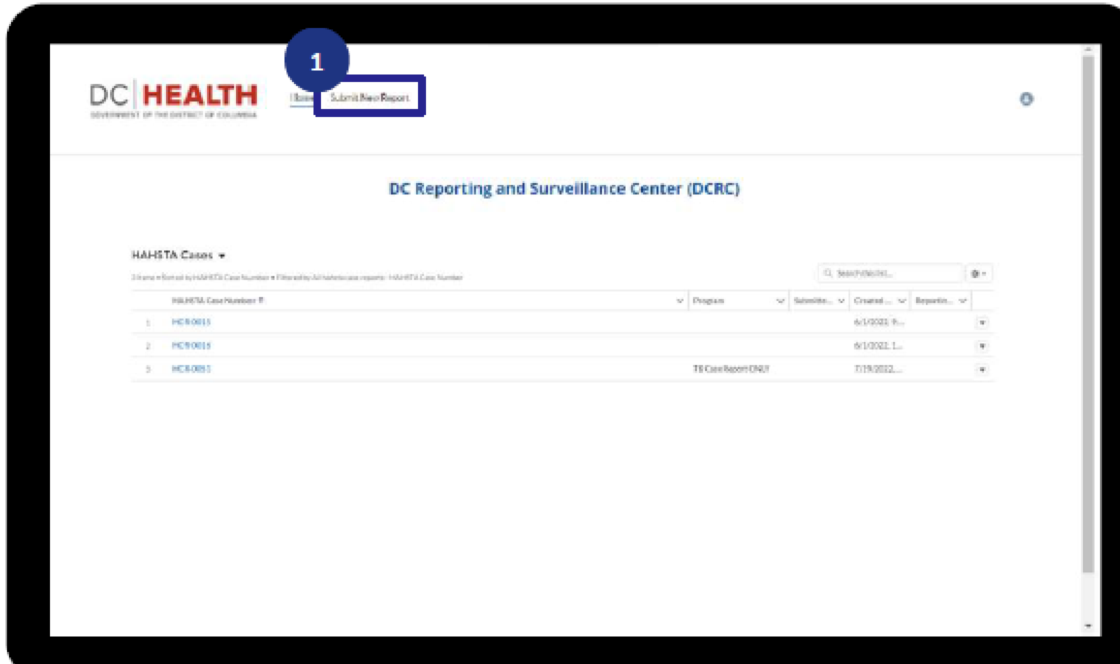
Search Bar **D**

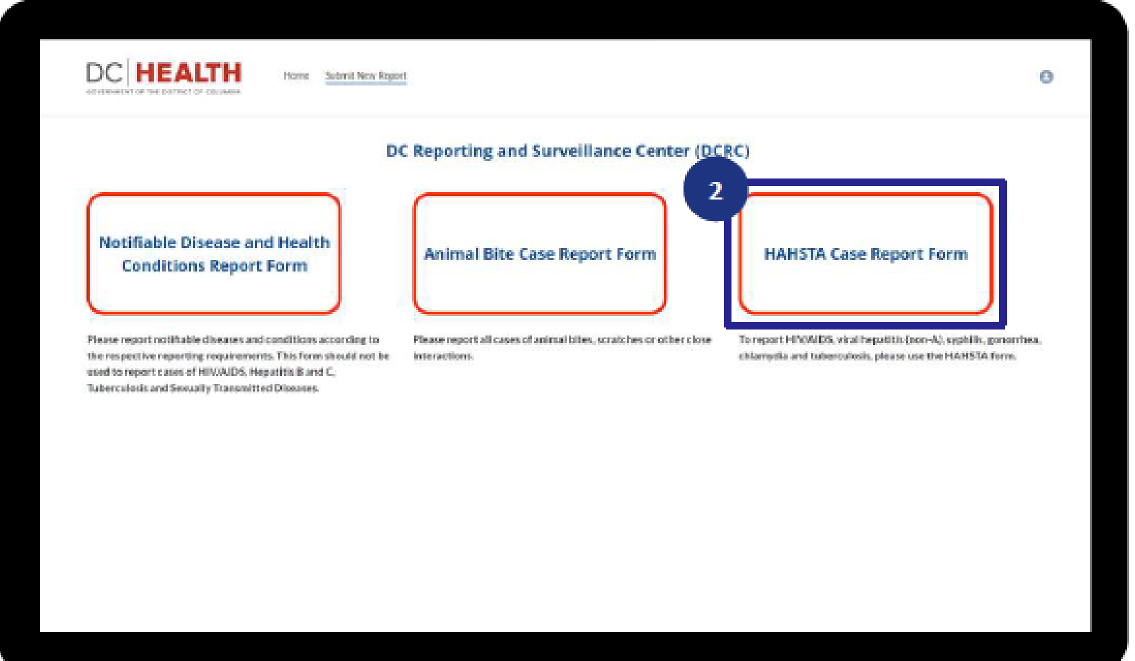
The search bar can be used to quickly locate specific report records within this list view by inputting Case Report details.

Number/Animal Control Data Number reference number, status, or clinical/suspected diagnosis details.

Creating a New Case Report

Follow these steps to create a new **HAHSTA Case Report Form.**

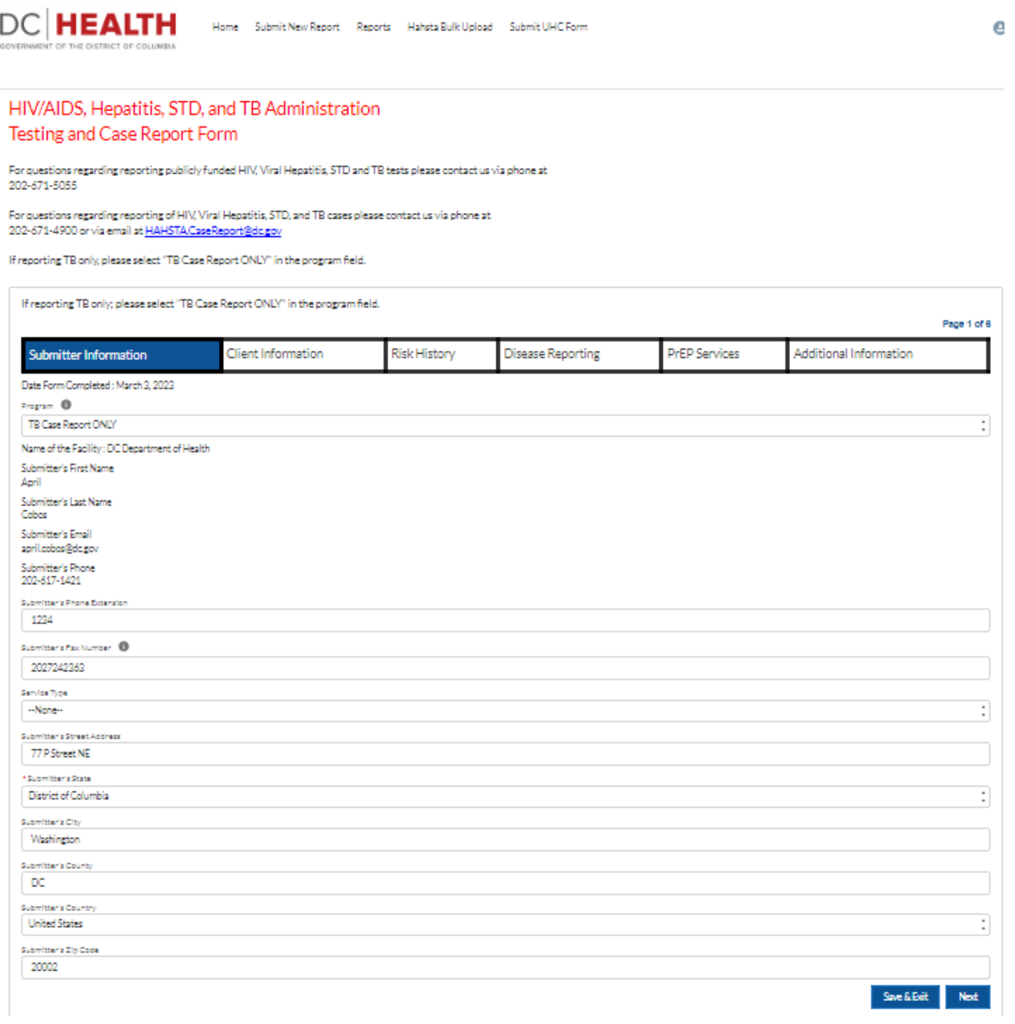




1 Click on the **Submit New Report** tab from the home page.

2 Click on the **HAHSTA Case Report Form** button.

TB Case Report Form



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Home | Submit New Report | Reports | Hahsta Bulk Upload | Submit UHC Form

HIV/AIDS, Hepatitis, STD, and TB Administration
Testing and Case Report Form

For questions regarding reporting publicly funded HIV, Viral Hepatitis, STD and TB tests please contact us via phone at 202-671-5055

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Page 1 of 8

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Date Form Completed : March 3, 2023

Program: TB Case Report ONLY

Name of the Facility : DC Department of Health

Submitter's First Name: April

Submitter's Last Name: Cobos

Submitter's Email: april.cobos@dc.gov

Submitter's Phone: 202-617-1421

Submitter's Phone Extension: 1234

Submitter's Fax Number: 2027242363

Service Type: --None--

Submitter's Street Address: 77 P Street NE

* Submitter's State: District of Columbia

Submitter's City: Washington

Submitter's County: DC

Submitter's Country: United States

Submitter's Zip Code: 20002

Save & Exit | Next

- Page 1- Submitter Information
  - The first page will ask for **submitter information**. Submitter details such as name, email, and phone will be auto-populated from the information provided at submitter registration.
  - Complete the remaining fields to complete the **Submitter Information.**
  - Pay special attention to the **Program** and **Disease Reporting** fields, as those are necessary to trigger relevant TB reporting questions
    - For **Program**: choose **TB Case Report ONLY**
      - If you are only reporting TB for this patient
    - For **Disease**: choose **TB** and any other relevant diseases

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Page 1- TB Case Report ONLY

Home Submit New Report Reports Hahsta Bulk Upload Submit UHC Form

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Page 1 of 6

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

Date Form Completed : March 3, 2023

Program

TB Case Report ONLY

--None--
Prevention Testing Program
University Health Center Quality Collaborative (UHCQC)
School Based Screening Program (SBSP)
TB Case Report ONLY
Expedited Partner Therapy Pilot (EPT)
Not Applicable (N/A)

Submitter's Email
april.cobos@dc.gov

Submitter's Phone
202-617-1421

Submitter's Phone Extension
1234

Submitter's Fax Number
2027242363

- At the top of the **Submitter Information** page (page 1), there is a feature to skip questions that are not relevant to TB reporting.
- Use this feature when you are only reporting TB or LTBI for a patient
- ! Under **Program**, select **TB Case Report Only** from the drop-down list. Based on this selection, the form will dynamically require specific information to be collected within each section.
  - This will also change the form to skip questions that are not relevant to TB reporting.

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Page 2-Client Information

- The second page will display the **Client Information** section that contains fields related to the client identifiers and demographic, client contact, and emergency contact information.
- This information is especially important as the TB Nurse Case Manager will use the telephone and address to contact the patient for their TB contact investigation interview and to schedule continued care for TB at the DC Health and Wellness Center
- Populate the fields within each section of the **Client Information** section. Any fields with a * indicate that it is a mandatory field.
- Use the navigation buttons at the bottom of the screen to continue.

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Home Submit New Report Reports Hahsta Bulk Upload Submit UHC Form

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Page 2 of 6

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

Client Identifiers And Demographics

* Last Name

Complete this field.

* First Name

Middle Name

* Date of Birth

Age (years):

Marital Status
--None--

Social Security Number

Medical Record Number

Sex assigned at birth
--None--

Current Gender Identity
--None--

* Ethnicity
--None--

* Race
American Indian / Alaska Native
Asian
Black / African American
Native Hawaiian / Other Pacific Islander

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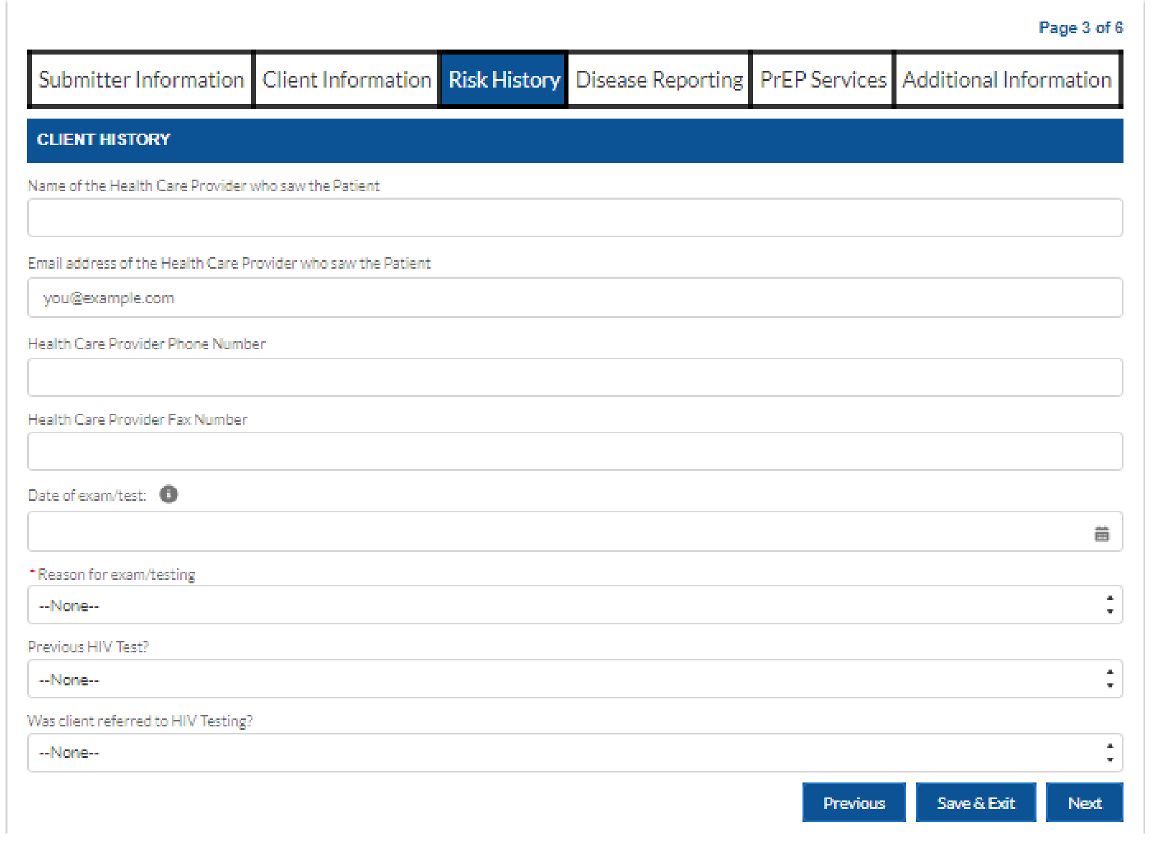
Page 3-Risk History

- The third page will display the **Risk History** section that contains fields related to client history
- This also contains fields related to the provider who saw the patient, contact information for the provider, and visit details
  - Please ensure to provide **direct phone numbers for the provider, and an email address,** in case the nurse case managers need to contact them for additional information



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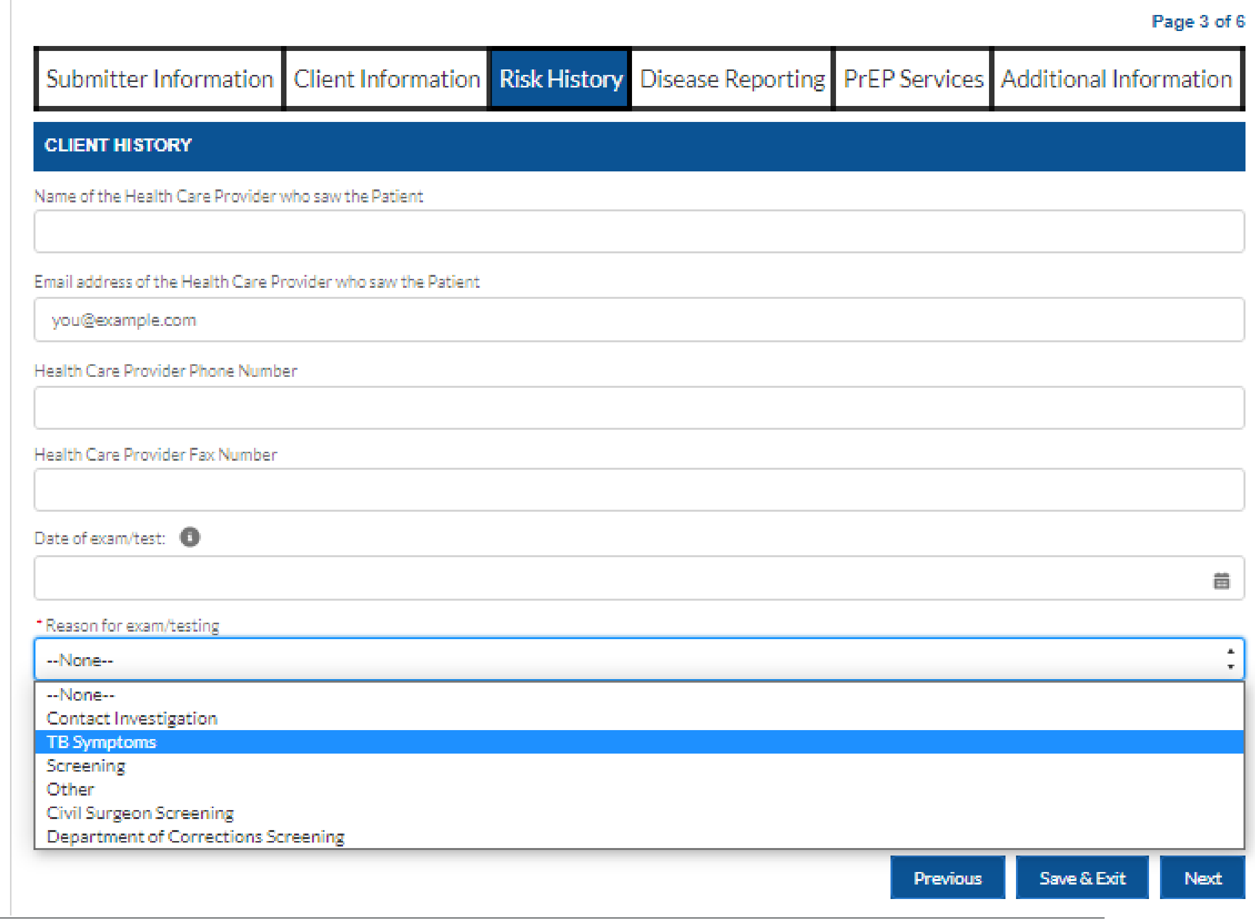
Page 3- Reason for exam/testing for TB

- On the **Risk History** page, **Reason for Exam/Testing for TB** is especially important
  - Contact investigation
  - TB Symptoms
  - Screening
  - Other
  - Civil Surgeon Screening
  - Department of Corrections Screening
- Use the navigation buttons at the bottom of the screen to continue



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Page 4-Disease Reporting

- The fourth page will display the **Disease Reporting** section that contain fields related to TB symptoms, testing, treatment, diagnosis, hospitalization, etc.

- Select **TB** under the **Reporting Diseases** section.
  - This is essential for triggering other TB relevant fields

- **Classification** is an especially important field. This follows the ATS TB Classifications.
  - 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

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

Disease Reporting

Reporting Diseases

- [ ] Chlamydia
- [ ] Gonorrhea
- [ ] Hepatitis B
- [ ] Hepatitis C
- [ ] HIV
- [ ] Syphilis
- [x] TB

Was the client notified that they may be contacted by a DOH TB nurse case manager?

- (•) Yes
- ( ) No

Linkage Attempts for Positive Clients

Did you attempt to link to care?

- ( ) Yes
- ( ) No

Was a 30 minute linkage add-on provided?

--None--

Tuberculosis

Occupation

Classification

--None--

--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

Hemoptysis

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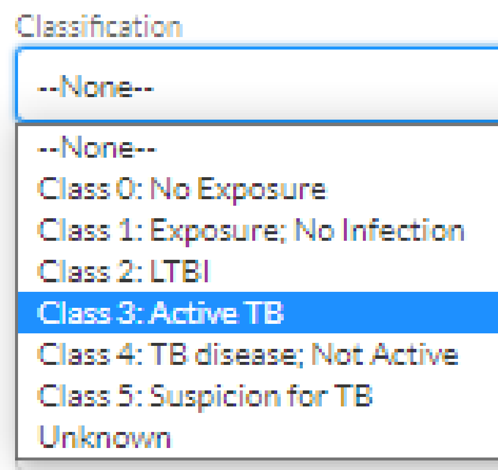
TB ATS Classifications



- **American Thoracic Society and CDC adopted standards for the classification of TB in September 1999:** Diagnostic Standards and Classification of Tuberculosis in Adults and Children | This Official Statement of the American Thoracic Society and the Centers for Disease Control and Prevention was Adopted by the ATS Board of Directors, July 1999. This Statement was endorsed by the Council of the Infectious Disease Society of America, September 1999 | American Journal of Respiratory and Critical Care Medicine (atsjournals.org)
- **Class 0- No TB Exposure, not infection:** Persons in this class have no history of exposure and a negative reaction to a test for TB infection, if tested (IGRA or TST)
- **Class 1- TB Exposure, no evidence of infection:** Persons who have a history of exposure but have a negative reaction to a test for TB infection.
- **Class 2-Latent TB Infection, no disease:** Persons who have a positive reaction to a test for TB infection, negative bacteriologic studies (if done), and no clinical, bacteriological, or radiographic evidence of active tuberculosis disease. Treatment of latent TB infection may be indicated for persons in this group.
- **Class 3-Tuberculosis, clinically active:** Persons with clinically active tuberculosis whose diagnostic procedures are complete. If the diagnosis is still pending, the person should be classified as a tuberculosis suspect (Class V). To fit into Class III, a person must have clinical, bacteriological, and/or radiographic evidence of current tuberculosis. This is established most definitively by isolation of *M. tuberculosis.* However, in some instances, patients are diagnosed with TB disease on the basis of their clinical presentation (i.e., signs or symptoms, response to treatment), even if their culture is negative. A person who had past tuberculosis and who also currently has clinically active disease belongs in Class III. A person remains in Class III until treatment for the current episode of disease is completed.
- **Class 4- Tuberculosis, not clinically active:** Person with a history of previous episode(s) of tuberculosis or abnormal stable radiographic findings in a person with a positive reaction to a test for tuberculosis infection (IGRA or TST), negative bacteriologic studies (if done), and no clinical and/or radiographic evidence of current disease. Persons in Class IV may never have received chemotherapy, may be receiving treatment for latent infection, or may have complete a previously prescribed course of chemotherapy. If current clinically active disease has not been ruled out, especially in persons not adequately treated in the past, this person should be classified as a tuberculosis suspect (Class V) until diagnostic evaluation permits classification as Class III or Class IV.
- **Class 5- Tuberculosis Suspect (Diagnosis pending):** Persons should be classified with Class V when a diagnosis of tuberculosis is being considered, whether or not treatment has been started, until diagnostic procedures have been completed. Persons should not remain in this class for more 3 months. When diagnostic procedures have been completed, the person should be placed in one of the preceding classes.

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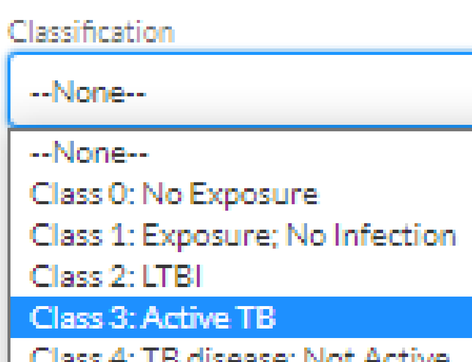
TB ATS Classifications- most common for TB Reporting



- Class 2-Latent TB Infection, no disease:
  - Persons who have a positive reaction to a test for TB infection, negative bacteriologic studies (if done), and no clinical, bacteriological, or radiographic evidence of active tuberculosis disease. Treatment of latent TB infection may be indicated for persons in this group.
- Class 3-Tuberculosis, clinically active: (mandatory provider reporting to the DC TB Control Program within 48 hours of suspicion, diagnosis, or the appearance of symptoms)
  - Persons with clinically active tuberculosis whose diagnostic procedures are complete. If the diagnosis is still pending, the person should be classified as a tuberculosis suspect (Class V). To fit into Class III, a person must have clinical, bacteriological, and/or radiographic evidence of current tuberculosis. This is established most definitively by isolation of *M. tuberculosis.* However, in some instances, patients are diagnosed with TB disease on the basis of their clinical presentation (i.e., signs or symptoms, response to treatment), even if their culture is negative. A person who had past tuberculosis and who also currently has clinically active disease belongs in Class III. A person remains in Class III until treatment for the current episode of disease is completed.
- Class 5- Tuberculosis Suspect (Diagnosis pending): (mandatory provider reporting to the DC TB Control Program within 48 hours of suspicion, diagnosis, or the appearance of symptoms)
  - Persons should be classified with Class V when a diagnosis of tuberculosis is being considered, whether or not treatment has been started, until diagnostic procedures have been completed. Persons should not remain in this class for more 3 months. When diagnostic procedures have been completed, the person should be placed in one of the preceding classes.

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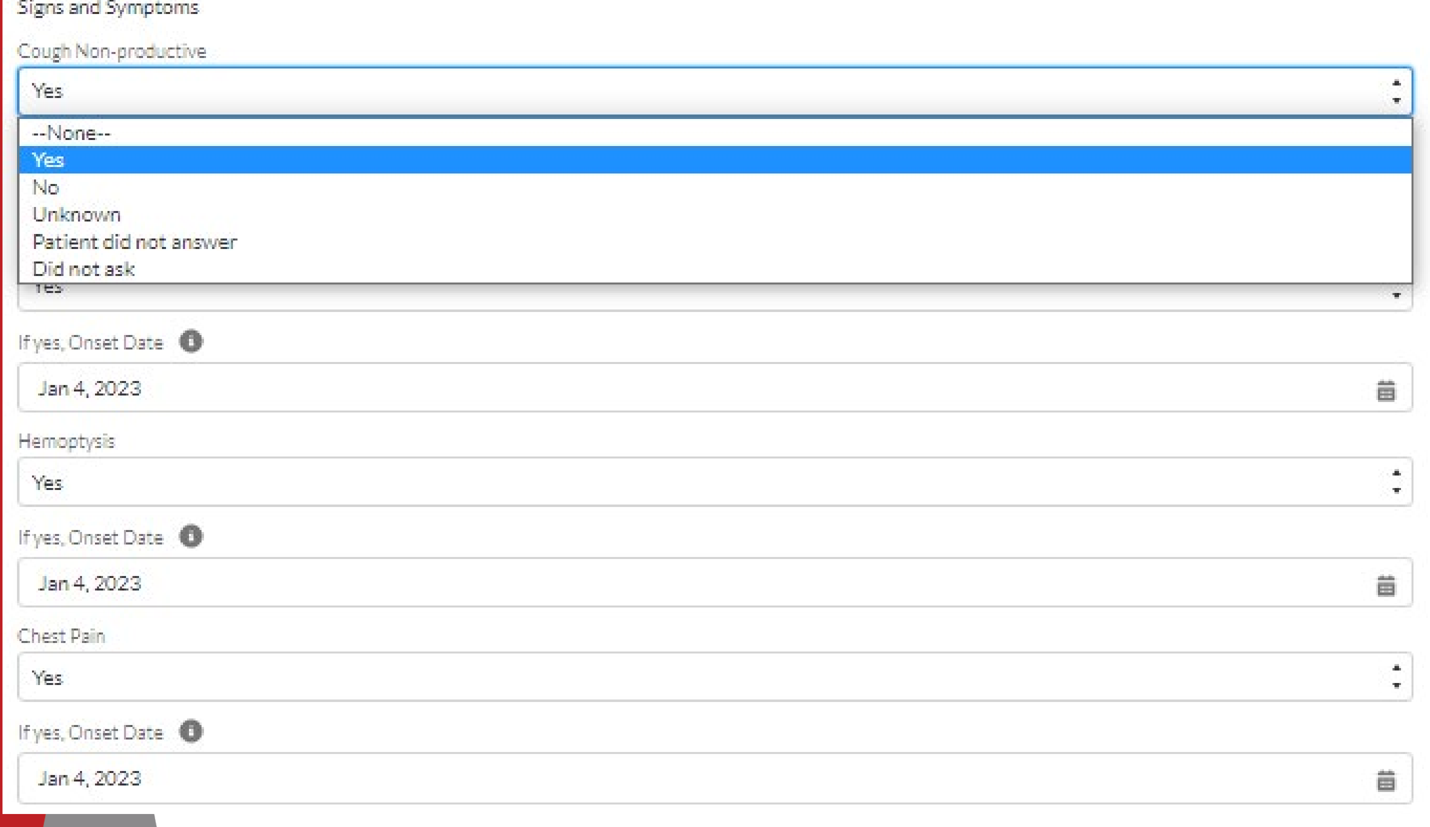
Page 4-Symptoms



- After classification, the form will ask about **Signs and Symptoms of TB.**
- If "yes" is selected for any symptom, that will trigger a question on **onset date** for that symptom.
- **Symptoms:**
  - Cough non-productive
  - Cough productive
  - Hemoptysis
  - Chest pain
  - Fever
  - Fatigue or weakness
  - No appetite
  - Chills
  - Night sweats
  - Unexplained weight loss
  - Swollen glands
  - Other symptoms

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Page 4- Diagnosis Site

Diagnosis Site
- Pulmonary
- Bones and Joints
- Lymphatic
- Genitourinary
- Meningitis
- Pleural
- Peritoneal
- Other

Immunocompromised?
- Yes
- No

Status at time of report
--None--
--None--
Alive
Reported at time of death

- If the patient meets an ATS **Class 3- Active TB**; **Class 4- TB Disease, Not Active**; or **Class 5- TB Suspected** then please select an anatomic site of disease or **diagnosis site**.
  - **Diagnosis site** is not relevant for Class 0- No Exposure; Class 1- Exposure but No Infection; or Class 2-LTBI

- Anatomic Sites can include:
  - Pulmonary
  - Bones and Joints
  - Lymphatic
  - Genitourinary
  - Meningitis
  - Pleural
  - Peritoneal
  - Other

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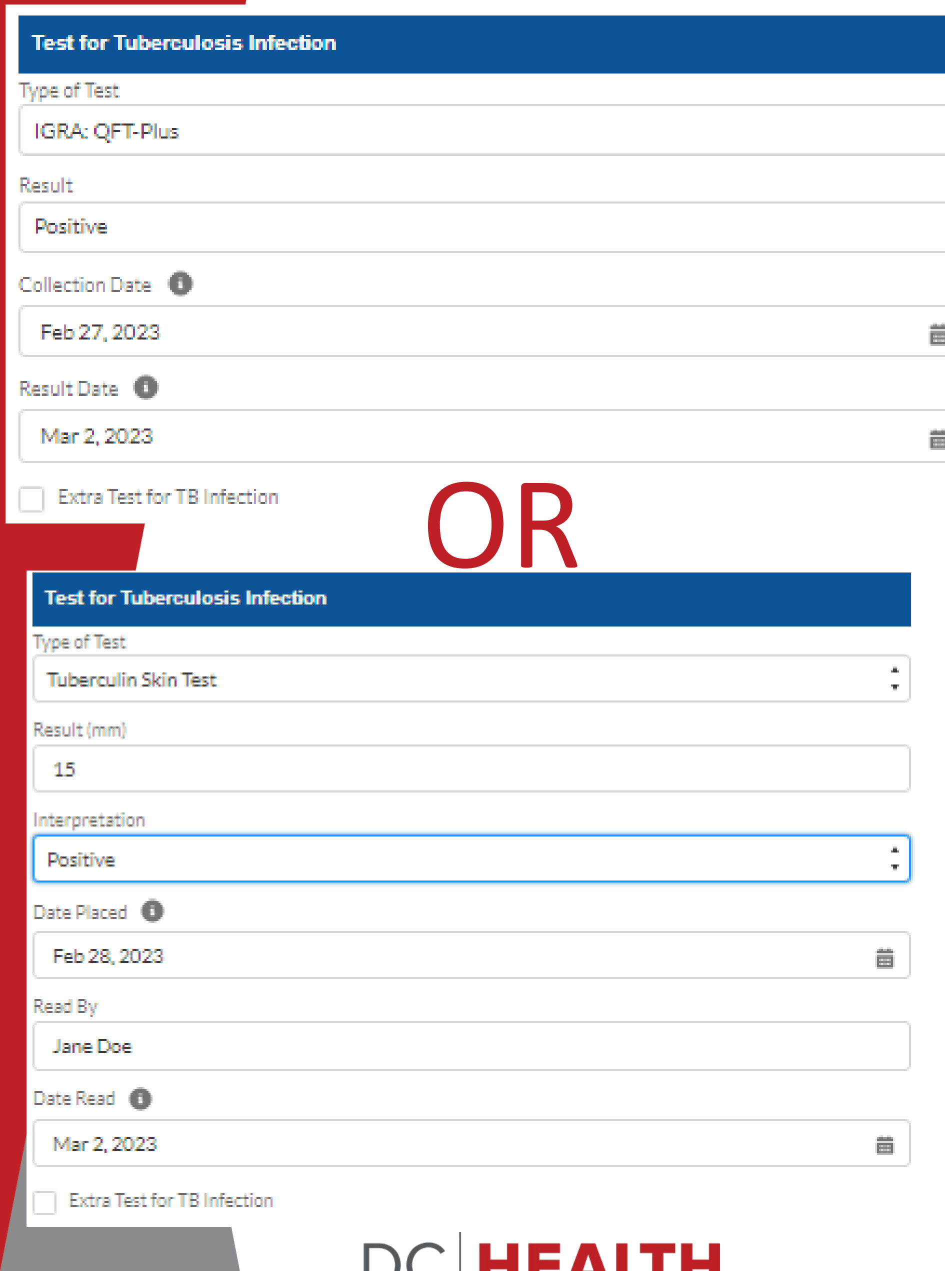
Page 4- Tests for Tuberculosis Infection



- Select the **Type of Test**
  - **Tuberculin skin test (TST)**
  - **IGRA: QFT-Plus**
  - **IGRA: T-spot**
- Based on the type of test selected, other relevant questions will be displayed
- **Result/Induration (mm) for TSTs**
- **Result/Interpretation for IGRAs and TSTs**
  - Positive
  - Negative
  - Indeterminate
  - Borderline
  - Pending
- **Collection Date** and **Result Date** for IGRAs
- **Date placed, date read,** and **read by** for TSTs

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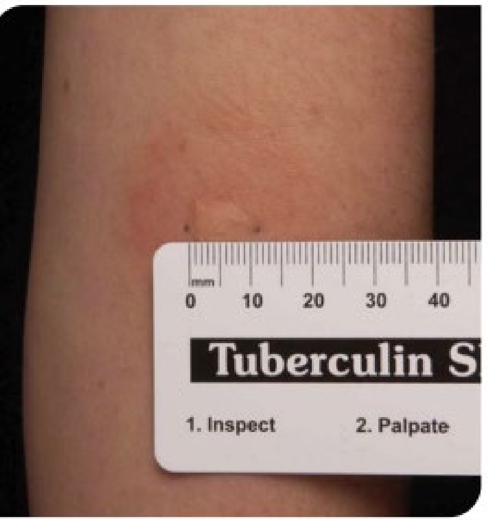
Tests for Tuberculosis Infection

Tuberculin skin test (TST) induration is being measured. Photo from: Self-Study Modules On Tuberculosis Module 3 Targeted Testing and the Diagnosis of Latent Tuberculosis Infection and Tuberculosis Disease (cdc.gov)



Health care worker collecting a blood sample for an IGRA. Photo from: Self-Study Modules On Tuberculosis Module 3 Targeted Testing and the Diagnosis of Latent Tuberculosis Infection and Tuberculosis Disease (cdc.gov)

- Tests for tuberculosis infection (TTBIs) are used to help identify infection with MTBC. They measure the body's immune response to TB antigens.
  - A negative result means that the person's body did not react to the test, and that LTBI or TB disease is not likely.
  - A positive reaction can mean that the person is infected with TB bacteria and additional tests are needed to determine if the person has LTBI or TB disease.
- Tests for tuberculosis infection are available in two methods:
  1. A **tuberculin skin test (TST),** also known as a purified protein derivative (PPD)
  2. **Interferon Gamma Release Assays** or **IGRA**s
     - An IGRA is a blood test collected at the doctor's office and then sent to a laboratory for analysis of the person's immune reactivity to MTBC through the release of interferon-gamma. There are two types of IGRAs used in the United States.
     1. QuantifFERON-TB Gold Plus (QFT-Plus)
     2. T-Spot.

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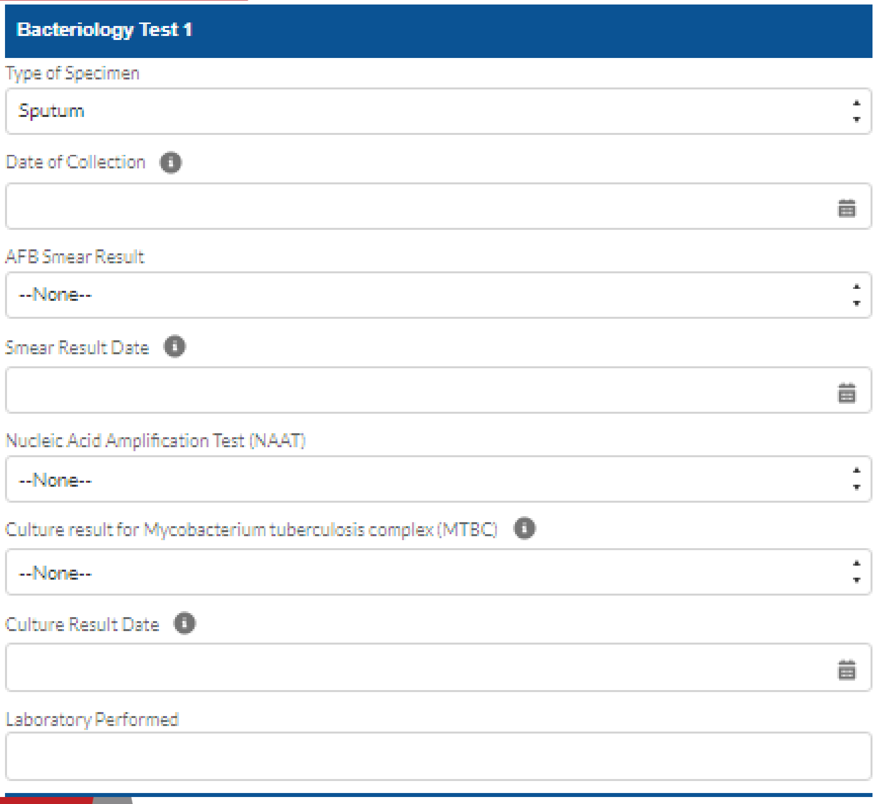

Page 4- Bacteriology Testing

- The **bacteriology** section should be completed for all patients, but especially when a diagnosis of active tuberculosis was considered. This includes:
  - Class II- LTBI, no disease
  - Class III-Tuberculosis, clinically active
  - Class V- Tuberculosis Suspect (Diagnosis pending)
  - Class IV- Tuberculosis, not clinically active

1. **Type of Specimen:** select sputum, fluid, tissue, or other
2. **Date of collection**
3. **AFB Smear Result**
   - Pending
   - Not done
   - 1+ Rare
   - 2+ Few
   - 3+ Moderate
   - 4+ Numerous
   - No AFB detected
4. **Nucleic Acid Amplification Test (NAAT)**
   - MTBC detected; rpoB mutation NOT detected
   - MTBC detected; rpoB mutation detected
   - MTBC not detected
   - MTBC detected
   - Pending
   - Unknown
   - Not Done
5. **Culture result for *Mycobacterium tuberculosis* complex (MTBC)**
   - Pending
   - Not Done
   - Positive- MTBC detected
   - AFB seen in culture; pending identification through probe
   - AFB not found in culture
   - Unknown
   - Other, specify

- Smear, NAAT, and Culture **result dates** are also very important as these help assess laboratory performance

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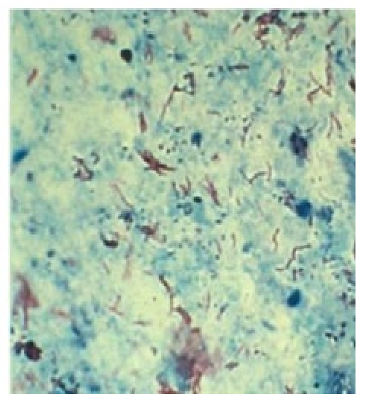
Patient coughing up sputum for collection in an AII room. Photo from: Core Curriculum on Tuberculosis: What the Clinician Should Know (cdc.gov)

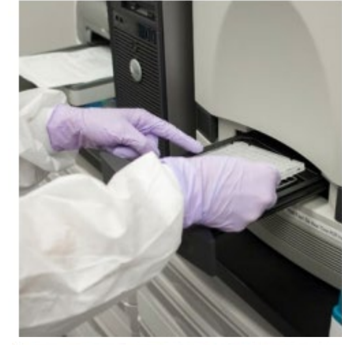
Bacteriologic Testing

TB **bacteriologic examination** in a laboratory is used to detect the presence of mycobacteria in a clinical specimen (e.g. sputum, urine, CSF). Optimal bacteriologic testing includes **4 different tests** of each specimen collected.

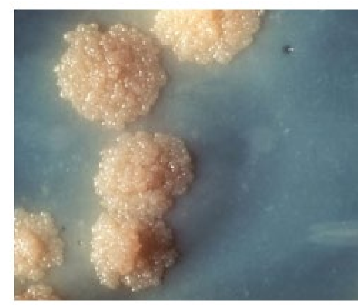
1. Microscopic detection of **acid-fast bacilli (AFB)** through **smear microscopy** staining techniques
2. **Nucleic acid amplification (NAA) tests** used to amplify DNA or RNA segments to rapidly detect MTBC DNA/RNA in specimens
3. Specimen **culturing and identification** of MTBC through broth culture systems or solid media. Cultures can take up to 8 weeks for results.
4. **Drug susceptibility testing (DSTs)** through **growth-based DST** and **molecular detection of drug resistance (MDDR)**



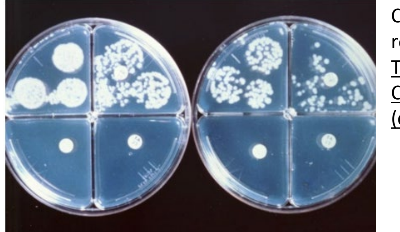
AFB smear microscopy using the Ziehl-Neelsen method. Photo from: Core Curriculum on Tuberculosis: What the Clinician Should Know (cdc.gov)



NAA test being performed. Photo from: Core Curriculum on Tuberculosis: What the Clinician Should Know (cdc.gov)



M. tuberculosis colonies grown on solid media. Core Curriculum on Tuberculosis: What the Clinician Should Know (cdc.gov)



Culture plates show DST results. Core Curriculum on Tuberculosis: What the Clinician Should Know (cdc.gov)

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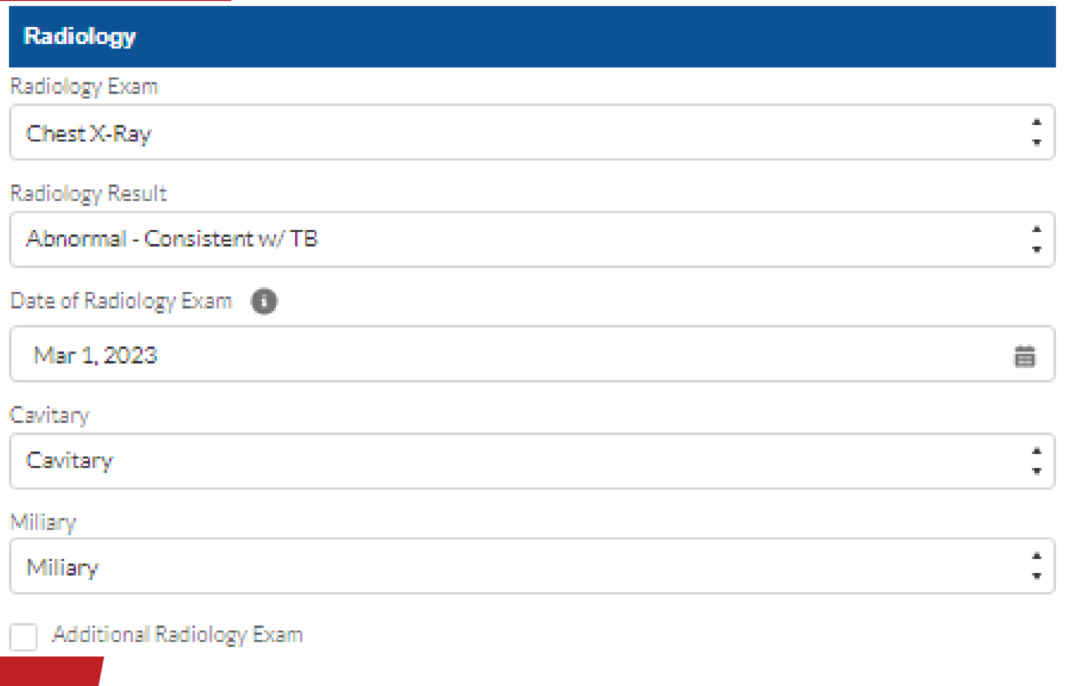

Page 4- Radiology

- The **radiology** section should be completed for all patients, but especially when a diagnosis of active tuberculosis was considered or when radiology was completed to verify Class II-Latent TB Infection, no disease. This includes.
  - Class II- LTBI, no disease
  - Class III-Tuberculosis, clinically active
  - Class V- Tuberculosis Suspect (Diagnosis pending)
  - Class IV- Tuberculosis, not clinically active
- **Radiology Exam**
  - Chest X-ray
  - CT Scan
  - MRI
- **Radiology Result**
  - Not Done
  - Normal
  - Abnormal- consistent w/TB
  - Abnormal- not TB related
- **Date of Radiology Exam**
- **Cavitary**
  - Cavitary
  - Non Cavitary
- **Miliary**
  - Miliary
  - Non Miliary

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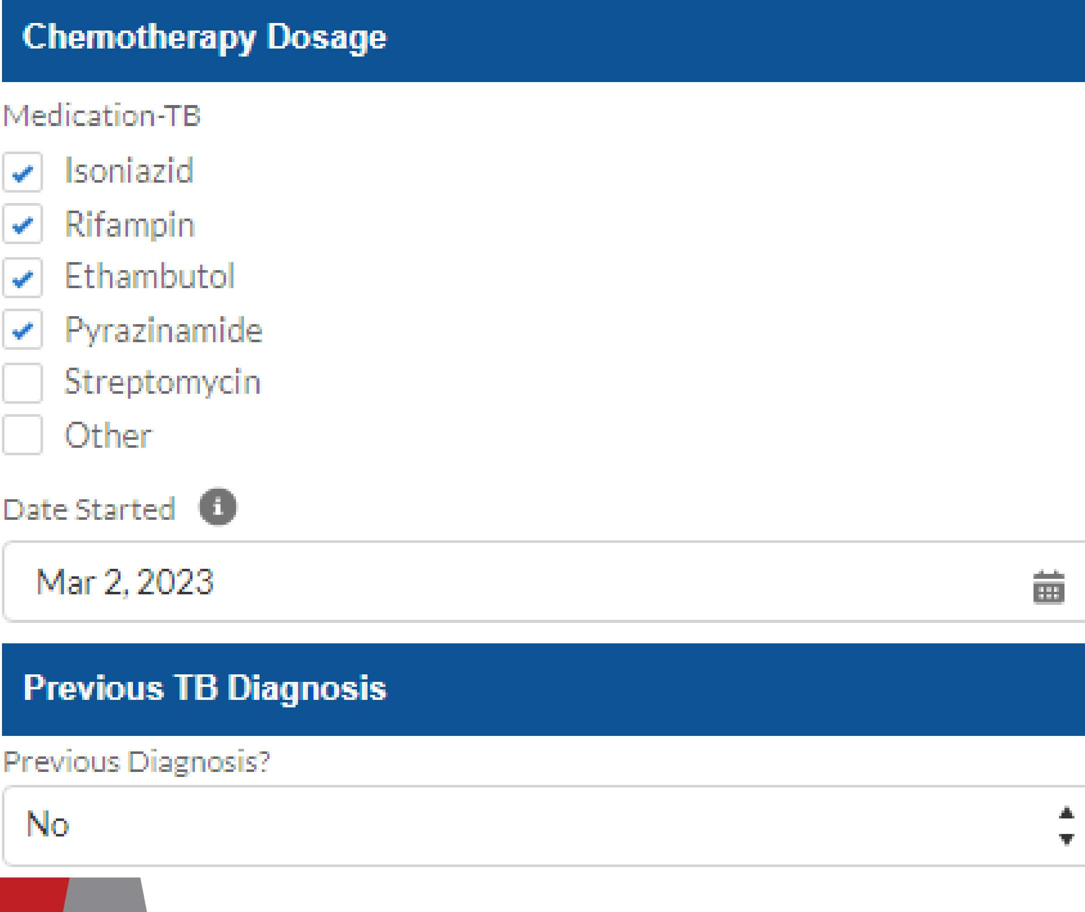

Page 4- Chemotherapy Dosage & Previous TB Diagnosis

- Chemotherapy dosage:
  - All TB medication prescribed should be noted in the chemotherapy dosage section
  - Please include all **TB medications used** and the **date of initiation**
  - For TB patients with positive acid-fast bacillus (AFB) sputum-smear results, it is recommended that patients initiate RIPE within 7 days of that specimen being collected.
- Previous diagnosis details
  - Yes
  - No
  - Previous diagnosis date

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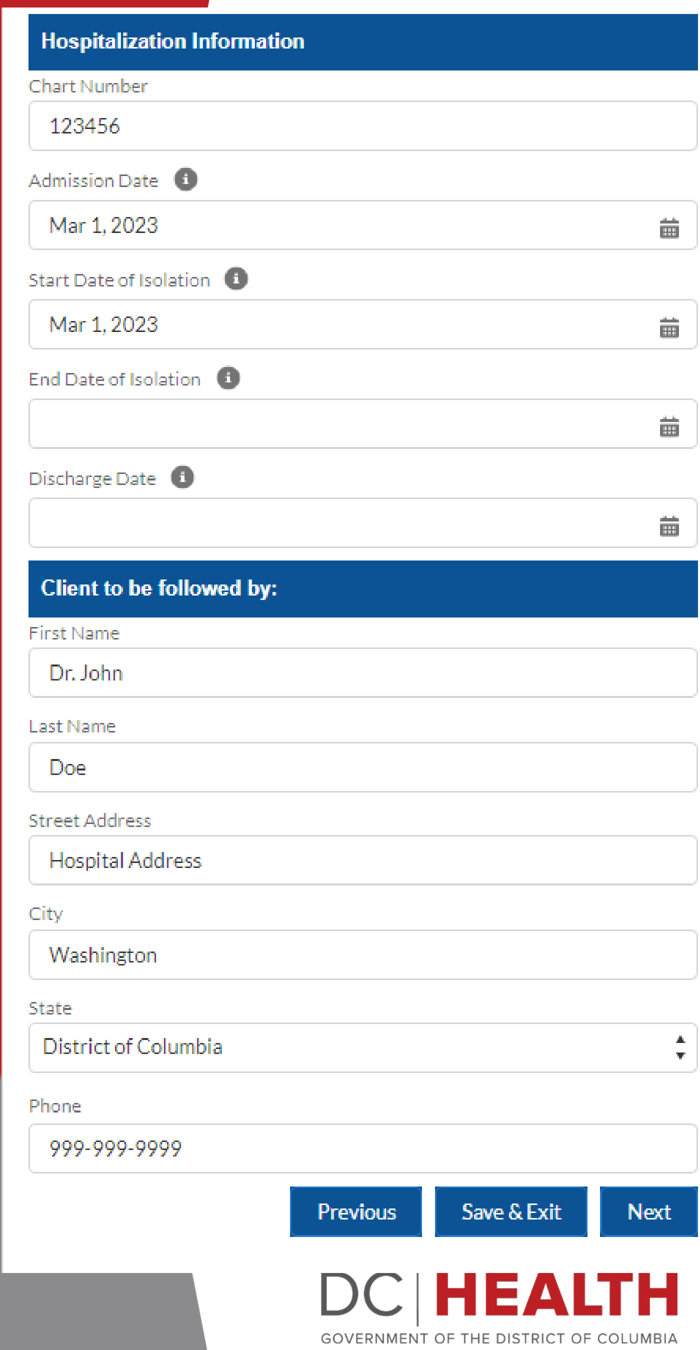

Page 4- Hospital and Provider Information

- Hospitalization Information
  - Chart number
  - Admission Date
  - Start date of isolation
  - End date of isolation
  - Discharge date
- Client to be followed by
  - First name and last name of healthcare provider who will be providing care for TB
  - Street Address
  - City
  - State
  - Phone number

! Please provide direct phone numbers for the provider, as our TB Nurse Case Manager and Physicians may need to reach out for additional information

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HIV/AIDS, Hepatitis, STD, and TB Administration
Testing and Case Report Form

For questions regarding reporting publicly funded HIV, Viral Hepatitis, STD and TB tests please contact us via phone at 202-671-5055

For questions regarding reporting of HIV, Viral Hepatitis, STD, and TB cases please contact us via phone at 202-671-4900 or via email at HAHSTA.CaseReport@dc.gov

If reporting TB only, please select "TB Case Report ONLY" in the program field.

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

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

Previous   Save & Exit   Submit

Page 6- Additional Information

- Page 5 is not relevant to TB reporting. The form will skip to page 6 unless you selected a co-infection earlier
- On page 6 of the Case Report Form, the submitter can provide **supporting documentation** by uploading files directly to the portal or faxing information
- Select one of the available options for **Additional Information**:
  - **Uploading documents**
  - **Faxing documents to 202-724-2363**

! All case reports must include
- The formal TB Case Report Form
- Copies of the detailed laboratory results or collection information (NAATs, AFB smears, cultures, IGRAs, TSTs)
- Copies of the detailed radiology or imaging results (CXR, CTs, etc)
- The medical record or hospital admission notes

- Providers can also add additional comments in the text box provided
- Select “Submit” at the bottom right to complete the case report

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Opening a Case Report

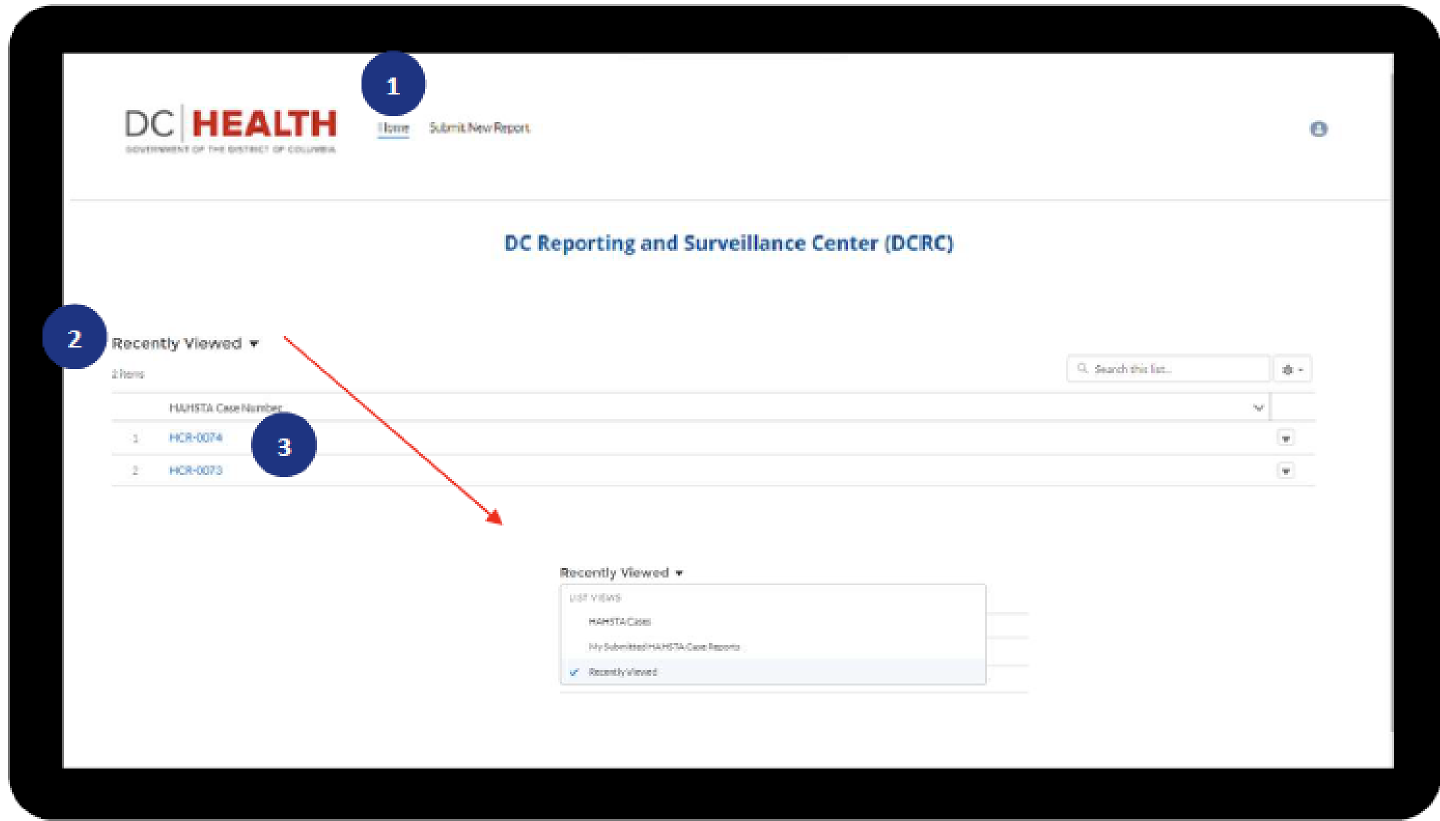
Already submitted Case Reports can be viewed from the Portal homepage.

1. Navigate to the Case Reports list view from your Portal Home Page.

2. The Case Report list view defaults to **Recently Viewed** and will display the case number of records that you have previously viewed.

   To change the list view, click on the drop-down arrow on the list view header, then select either **My Submitted Case Reports** to view a list of Case Reports submitted previously and **HAHSTA Cases** to view a list of all Case Reports that you have access to view.

3. Click on the hyperlinked **Case Number** to open a Case Report record.



Provider Portal Home Page

Viewing a Case Report Page

Open a Case Report form to view and modify the details.

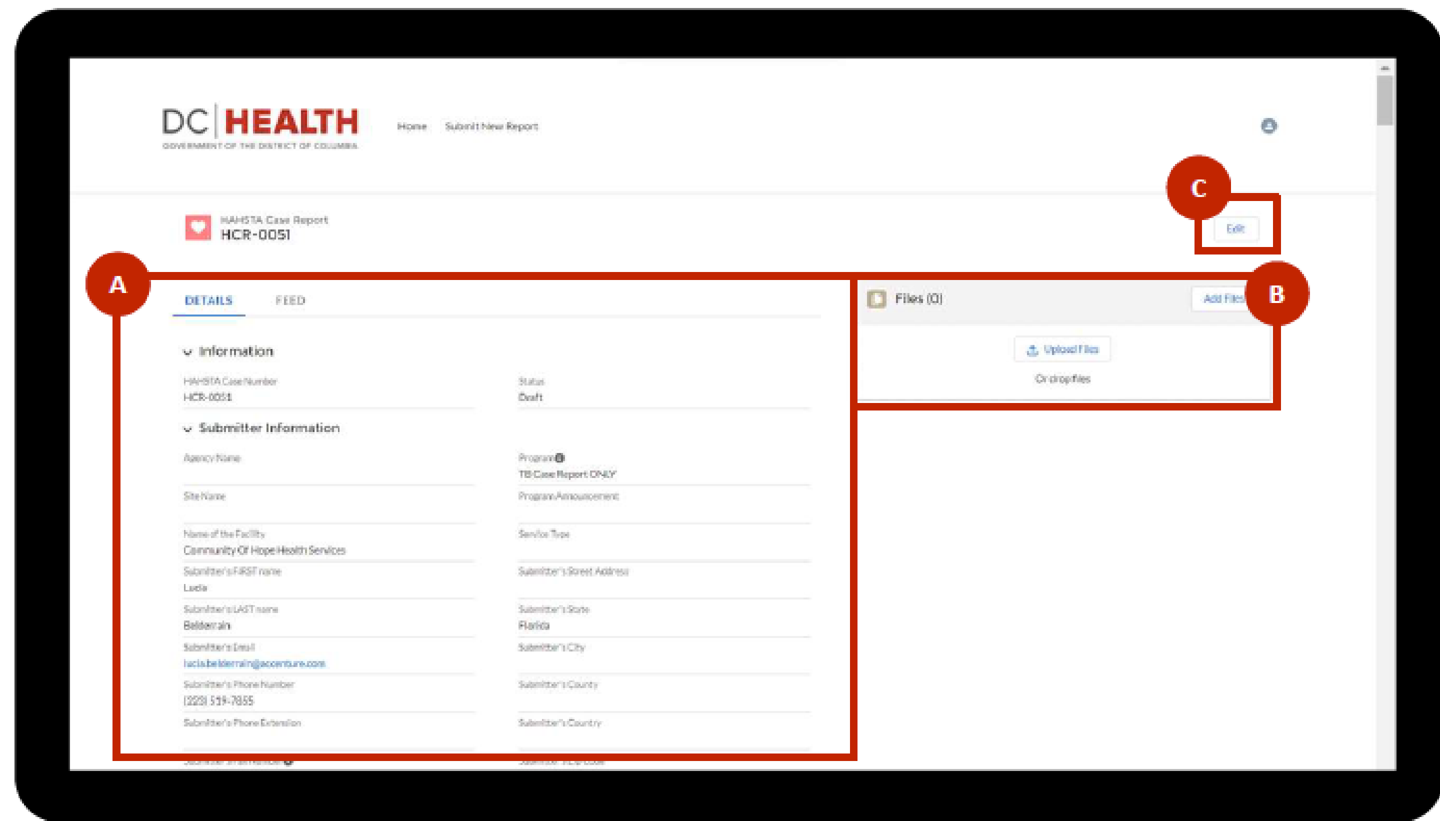
1 Click on the **Case Report Number** hyperlink within the list view from the Case Report you would like to open.

A View Case Report details within each section of the **Details** tab (please note this will show all possible Case Report fields).

B Review or add files within the **Files** section related to the Case Report.

C Use the **Edit** button from the Case Report detail page to modify information or add details. This will direct you back through the submission flow.

Click "**Submit**" at the end of the form to submit the changes.



HAHSTA Case Report Form – Details Page

Email confirmation and subsequent notifications from TB Surveillance

Sandbox: DC Health Case Report Form Submitted

If there are problems with how this message is displayed, click here to view it in a web browser.

CAUTION: This email originated from outside of the DC Government. Do not click on links or open attachments unless you recognize the sender and know that the content is safe. If you believe that this email is suspicious, please forward to phishing@dc.gov for additional analysis by OCTO Security Operations Center (SOC).

We appreciate your taking the time to report this case to District of Columbia Department of Health (DC Health) using DCRC!

If you would like to contact us about this case, please email HAHSTA.CaseReport@dc.gov.

Please visit our website to see important health notices: https://dchealth.dc.gov/page/health-notices.

Case Report: HCR-0396
Case Report Status: Submitted

HIV/AIDS,Hepatitis,STD,and TB Administration Report Form

If the link above does not work, try copying the link below into your web browser:
https://uat-dccovid.cs32.force.com/provider

Thank you!

DC Health, HIV/AIDS, Hepatitis, STD, and TB Administration
eMail: HAHSTA.CaseReport@dc.gov

! The email above is a general HAHSTA inbox for multiple diseases.

If you have any questions specific to TB, please contact the TB Control Program directly at TBSurveillance@dc.gov

- Immediately after submitting a new case report through the provider portal, submitters will receive an **email confirmation** like the one shown to the left
- TB surveillance will review and process the new case report usually within 24 hours
- After review by the TB surveillance team, providers will receive a **second email notification with the status** of their case report:
  - Case report was accepted
  - Case report was returned to submitter and is awaiting additional information from the submitter.
  - Case reported rejected due to incorrect jurisdiction. Submitter must send the case report to the correct jurisdiction.

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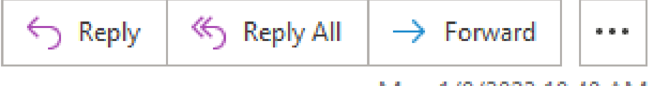
Email notifications-Confirmation that CR was accepted

Sandbox: Update for HCR-0004: Investigation Initiated

noreply@salesforce.com on behalf of TB Surveillance <tbsurveillance@dc.gov>
To Cobos, April (DOH)



Mon 1/9/2023 10:40 AM

You replied to this message on 1/9/2023 10:42 AM.
If there are problems with how this message is displayed, click here to view it in a web browser.

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You don't often get email from tbsurveillance@dc.gov. Learn why this is important

Hello,

The TB Surveillance Team has reviewed **HCR-0004** and has accepted the case report for investigation.

You can refer to the link below to review the HAHSTA Case Report as needed. Otherwise, we will reach out to you as needed as the investigation progresses. Thank you.

Link To Record: https://dccovid--uat.sandbox.my.salesforce.com/a45r0000000LIrX

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Email notifications-Awaiting additional information

Sandbox: Update for HCR-0004: Need Additional Info

noreply@salesforce.com on behalf of TB Surveillance <tbsurveillance@dc.gov>
To Cobos, April (DOH)

Mon 1/9/2023 10:42 AM

If there are problems with how this message is displayed, click here to view it in a web browser.

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You don't often get email from tbsurveillance@dc.gov. Learn why this is important

Hello,

The TB Surveillance Team has reviewed **HCR-0004** and needs additional information in order to begin their investigation.

Need CXR

Please refer to the link below to review your previously submitted case report and provide as much additional information as possible before re-submitting. Thank you.

Link To Record: https://dccovid--uat.sandbox.my.salesforce.com/a45r0000000LIrX

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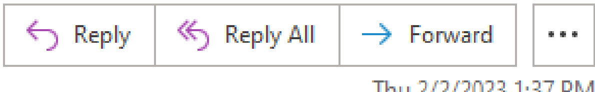
Email notifications-Incorrect Jurisdiction

RE: Sandbox: Update for HCR-0004: Incorrect Jurisdiction



Thu 2/2/2023 1:37 PM

From: noreply@salesforce.com <noreply@salesforce.com> **On Behalf Of** TB Surveillance
Sent: Monday, January 9, 2023 10:43 AM
To: Cobos, April (DOH)
Subject: Sandbox: Update for HCR-0004: Incorrect Jurisdiction

CAUTION: This email originated from outside of the DC Government. Do not click on links or open attachments unless you recognize the sender and know that the content is safe. If you believe that this email is suspicious, please forward to phishing@dc.gov for additional analysis by OCTO Security Operations Center (SOC).

Hello,

The TB Surveillance Team has reviewed **HCR-0004** and has determined that this was submitted to the wrong jurisdiction. Please review the HAHSTA Case Report again to see if the Patient State provided is correct. Otherwise, please submit to the correct jurisdiction as soon as possible.

DC Health only accepts reports for DC residents, please send this report to the appropriate jurisdiction.

For patients residing in Maryland: Please send the following form via fax to 410-767-5972 or via encrypted email to mdh.tbcontrol@maryland.gov. Both are secure and monitored every day. https://health.maryland.gov/phpa/Documents/DHMH-1140_MorbidityReport.pdf

For patients residing in Virginia: Please send TB reports to the central program via encrypted email at tuberculosis@vdh.virginia.gov or via fax at 804-416-5178. The central Virginia program will ensure that the local program contact is then made aware.

Link To Record: https://dccovid--uat.sandbox.my.salesforce.com/a45r0000000LIrX

Triggering the TB Public Health Cascade

- The DC TB Control Program processes TB Case Reports based on the information provided on the case report form and supporting documentation
  - Case Reports received for Class 3: Active TB and Class 5: Suspicion for TB trigger the TB public health cascade, involving case management and contact investigation.
  - Reports of patients who have a pulmonary, laryngeal, or pleural site of disease and who have higher AFB smear grades, cavitary radiology, and/or TB symptoms are given the highest priority due to public health concerns of transmission
- It is critical that confirmed or suspected cases of TB are reported right away so that the appropriate public health measures are taken
  - Contacts to infectious cases often do not know they were exposed to TB until they are contacted by the health department.
  - Delaying contact investigations can result in missed or incomplete evaluation of contacts as individuals can be more difficult to locate or have difficulty understanding the importance of being evaluated for TB/LTBI as more time passes since their exposure

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ALTERNATIVE REPORTING- TB Case Report Form

DEPARTMENT OF HEALTH
TUBERCULOSIS CASE REPORT

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Name:	SSN#	Date of Report:
Address:	Telephone#	Date of Birth

Marital Status:	Sex:	Race:	Country of Origin if not U.S.
☐Single ☐Married ☐Divorced ☐Separated ☐Widowed	☐Female ☐Male	☐Black ☐American Indian or Alaskan Native ☐White ☐Asian or Pacific Islander Ethnic Origin: ☐Hispanic ☐Not Hispanic ☐Define: __________	________________ Date arrived in the U.S. ________________

Occupation	Place of Employment	Address

Classification	Diagnosis	Bacteriology
☐Tuberculosis current disease ☐Tuberculosis no current disease ☐Tuberculosis suspect ☐Tuberculosis infection no disease Signs and Symptoms: ________________ ________________	☐Pulmonary ☐Non-Pulmonary ☐Miliary ☐Meningitis ☐Bones and Joints ☐Pleural ☐Lymphatic ☐Peritoneal ☐Genitourinary ☐Other (specify): ☐Reported at time of death Immunocompromised ☐Neg. ☐Pos.	POS. NEG. Pending Not Done Smear ☐ ☐ ☐ ☐ Culture ☐ ☐ ☐ ☐ Type of Specimen: ☐Sputum ☐Fluid ☐Tissue ☐Other (specify) ________________ Date(s) of collection ________________ Laboratory Performed

Chest X-ray	Tuberculin Skin Test	Chemotherapy Dosage
☐Not done ☐Normal ☐Abnormal ☐Cavitary ☐Non-Cavitary ☐Stable ☐Worsening ☐Improving ________________ Date of X-Ray	☐Not done ☐QuantiFERON ☐T-spot ☐Mantoux ☐Tine ☐Other (specify): ______________ ☐Significant Size (mm): __________ ☐Not significant ________________ Date Read	☐Isoniazid ☐Rifampin ☐Ethambutol ☐Pyrazinamide ☐Streptomycin ☐Other (specify): __________________ ________________ Date started

Patient to be followed by: Name: Address: Phone:	Previous Diagnosis: ☐Yes ☐No Date: ____________
Comments: ☐Send Additional Report Forms	Hospitalization Chart No.: Admission Date: Discharge Date:

Reported by:	Signature	Office or Hospital Address

Source#	Ward	Census Tract	Date Received	Case#	Verified

Please FAX TB Case Report to (202) 724-2363 Attn: Registry   Revised May 1, 2018

- Providers are encouraged to use the DC Health Disease Surveillance Provider Portal to submit reports of suspected or confirmed active TB cases
- Alternatively, providers may fax the TB Case Report Form to 202-724-2363, Attn: New TB Case/ Suspect
- When using either method to report, please submit:
  - The formal TB Case Report Form
  - Copies of the detailed laboratory results or collection information (NAATs, AFB smears, cultures, IGRAs, TSTs)
  - Copies of the detailed radiology or imaging results (CXR, CTs, etc)
  - The medical record or hospital admission notes

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Patient information and demographics

- This information is especially important as the TB Nurse Case Manager will use the telephone and address to contact the patient for their TB contact investigation interview and to schedule continued care for TB at the DC Health and Wellness Center

WE ARE WASHINGTON DC

DEPARTMENT OF HEALTH
TUBERCULOSIS CASE REPORT

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Name:		SSN#	Date of Report:
Address:		Telephone#	Date of Birth
Marital Status: ☐Single ☐Married ☐Divorced ☐Separated ☐Widowed	Sex: ☐Female ☐Male	Race: ☐Black ☐American Indian or Alaskan Native ☐White ☐Asian or Pacific Islander Ethnic Origin: ☐Hispanic ☐Not Hispanic ☐Define: ___________	Country of Origin if not U.S. ___________ Date arrived in the U.S. ___________
Occupation	Place of Employment		Address

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TB ATS Classifications

Classification
☐Tuberculosis current disease
☐Tuberculosis no current disease
☐Tuberculosis suspect
☐Tuberculosis infection no disease
Signs and Symptoms:
____
____

- **American Thoracic Society and CDC adopted standards for the classification of TB in September 1999:** Diagnostic Standards and Classification of Tuberculosis in Adults and Children | This Official Statement of the American Thoracic Society and the Centers for Disease Control and Prevention was Adopted by the ATS Board of Directors, July 1999. This Statement was endorsed by the Council of the Infectious Disease Society of America, September 1999 | American Journal of Respiratory and Critical Care Medicine (atsjournals.org)
- **Class 0- No TB Exposure, not infection:** Persons in this class have no history of exposure and a negative reaction to a test for TB infection, if tested (IGRA or TST)
- **Class 1- TB Exposure, no evidence of infection:** Persons who have a history of exposure but have a negative reaction to a test for TB infection.
- **Class 2-Latent TB Infection, no disease:** Persons who have a positive reaction to a test for TB infection, negative bacteriologic studies (if done), and no clinical, bacteriological, or radiographic evidence of active tuberculosis disease. Treatment of latent TB infection may be indicated for persons in this group.
- **Class 3-Tuberculosis, clinically active:** Persons with clinically active tuberculosis whose diagnostic procedures are complete. If the diagnosis is still pending, the person should be classified as a tuberculosis suspect (Class V). To fit into Class III, a person must have clinical, bacteriological, and/or radiographic evidence of current tuberculosis. This is established most definitively by isolation of *M. tuberculosis.* However, in some instances, patients are diagnosed with TB disease on the basis of their clinical presentation (i.e., signs or symptoms, response to treatment), even if their culture is negative. A person who had past tuberculosis and who also currently has clinically active disease belongs in Class III. A person remains in Class III until treatment for the current episode of disease is completed.
- **Class 4- Tuberculosis, not clinically active:** Person with a history of previous episode(s) of tuberculosis or abnormal stable radiographic findings in a person with a positive reaction to a test for tuberculosis infection (IGRA or TST), negative bacteriologic studies (if done), and no clinical and/or radiographic evidence of current disease. Persons in Class IV may never have received chemotherapy, may be receiving treatment for latent infection, or may have complete a previously prescribed course of chemotherapy. If current clinically active disease has not been ruled out, especially in persons not adequately treated in the past, this person should be classified as a tuberculosis suspect (Class V) until diagnostic evaluation permits classification as Class III or Class IV.
- **Class 5- Tuberculosis Suspect (Diagnosis pending):** Persons should be classified with Class V when a diagnosis of tuberculosis is being considered, whether or not treatment has been started, until diagnostic procedures have been completed. Persons should not remain in this class for more 3 months. When diagnostic procedures have been completed, the person should be placed in one of the preceding classes.

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Site of disease and Immunocompromised Status

Diagnosis

☐Pulmonary
☐Non-Pulmonary
☐Miliary
☐Bones and Joints
☐Lymphatic
☐Genitourinary
☐Reported at time of death
☐Meningitis
☐Pleural
☐Peritoneal
☐Other (specify):

Immunocompromised
☐Neg. ☐Pos.

- The site of disease section is only necessary for patients with a **Class III-Tuberculosis, clinically active** or **Class V- Tuberculosis Suspect (Diagnosis pending),** or **Class IV-Tuberculosis, not clinically active**
- The immunocompromised section should be completed for all patients

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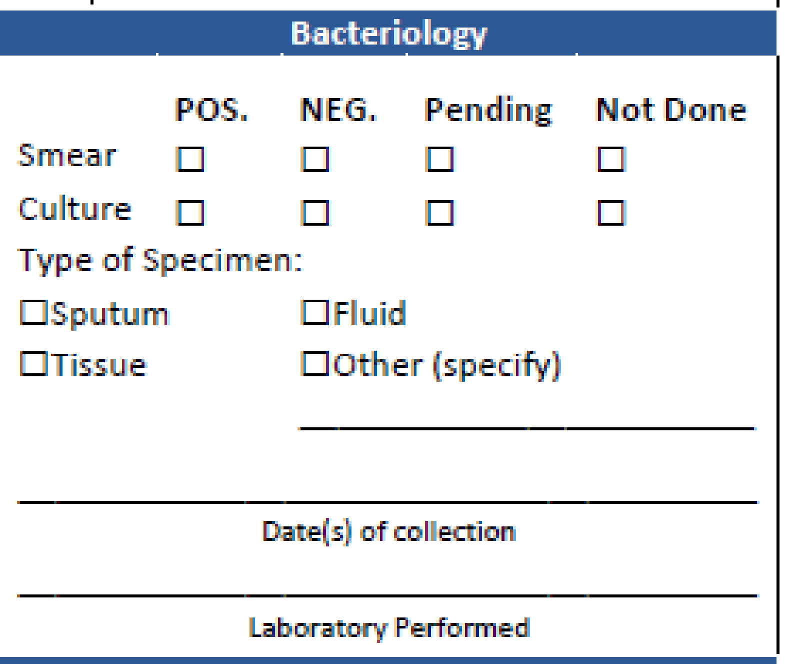
Bacteriology Smear and Culture AFB Testing



Bacteriology

	POS.	NEG.	Pending	Not Done
Smear	☐	☐	☐	☐
Culture	☐	☐	☐	☐

Type of Specimen:

☐Sputum ☐Fluid

☐Tissue ☐Other (specify) ____________________

____

Date(s) of collection

____

Laboratory Performed

- The bacteriology section should be completed for all patients, but especially when a diagnosis of active tuberculosis was considered

- This includes:
  - Class II- LTBI, no disease
  - Class III-Tuberculosis, clinically active
  - Class V- Tuberculosis Suspect (Diagnosis pending)
  - Class IV- Tuberculosis, not clinically active

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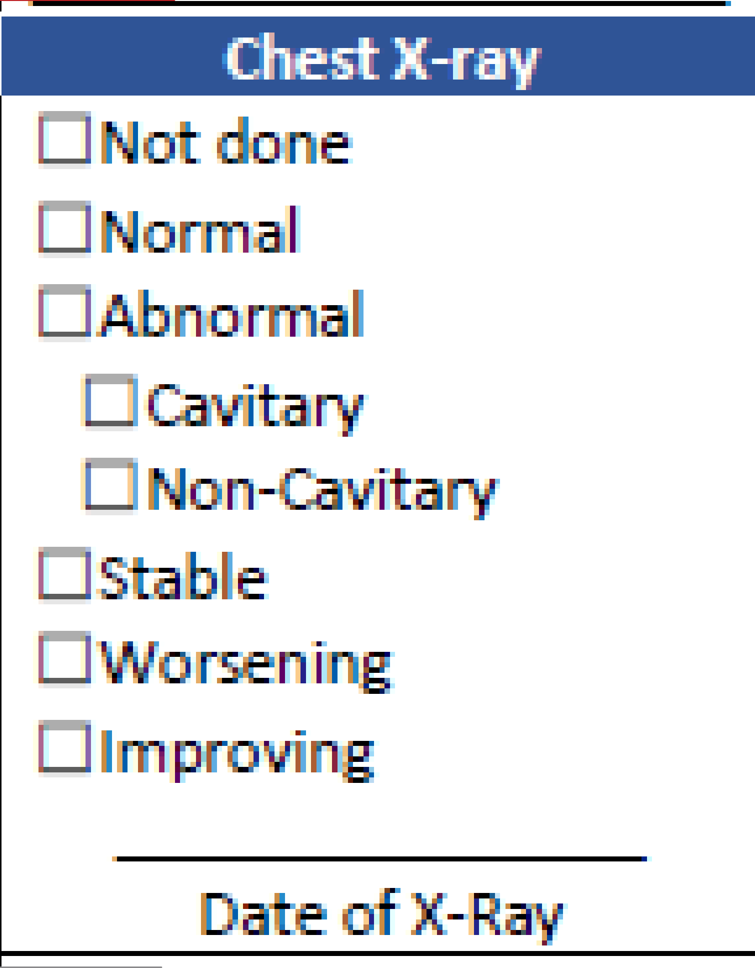
Radiology and Imaging



- The radiology section should be completed for all patients, but especially when a diagnosis of active tuberculosis was considered or when radiology was completed to verify Class II-Latent TB Infection, no disease:
- This includes:
  - Class II- LTBI, no disease
  - Class III-Tuberculosis, clinically active
  - Class V- Tuberculosis Suspect (Diagnosis pending)
  - Class IV- Tuberculosis, not clinically active

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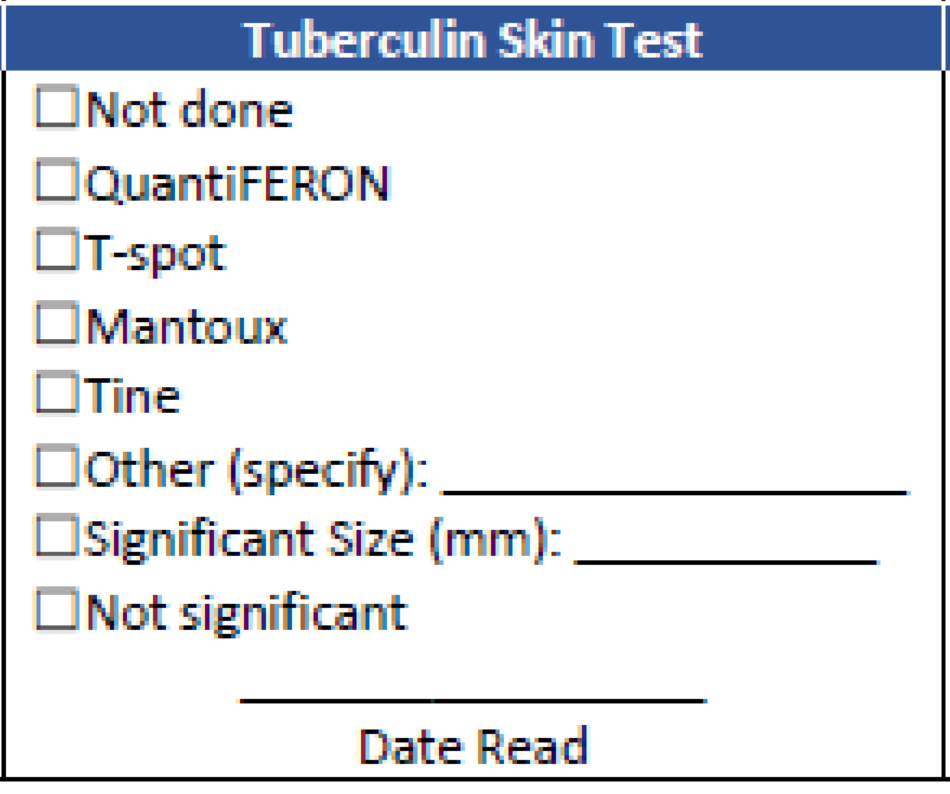
Tests for Tuberculosis Infection



Tuberculin Skin Test

- ☐ Not done
- ☐ QuantiFERON
- ☐ T-spot
- ☐ Mantoux
- ☐ Tine
- ☐ Other (specify): ____________________
- ☐ Significant Size (mm): _____________
- ☐ Not significant

____

Date Read

- Tests for Tuberculosis Infection (IGRAs or TSTs) should be documented in this section for all patients
- Please include:
  - the date collected/date placed
  - the result date or date read
  - the result interpretation (positive, negative, indeterminate, etc)
    - ! Please add the result interpretation to the right of the checkboxes, There is no place for this on the form currently.
  - And induration size (for TSTs)

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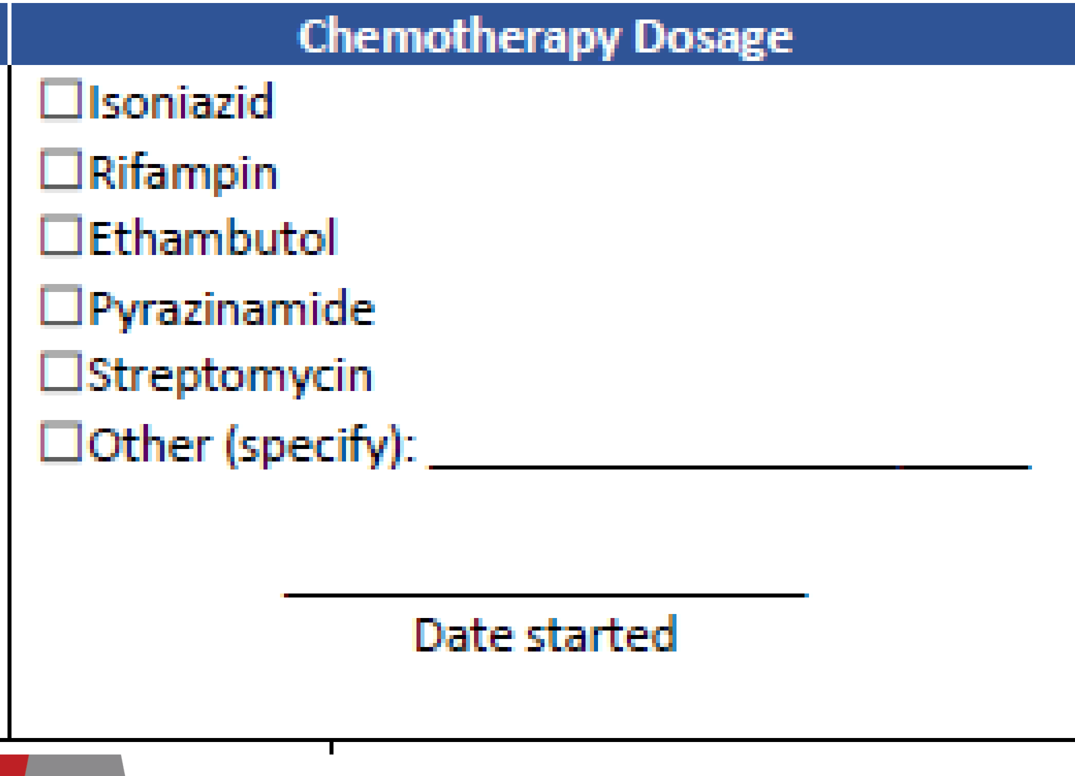
TB Medication


Chemotherapy Dosage

- ☐ Isoniazid
- ☐ Rifampin
- ☐ Ethambutol
- ☐ Pyrazinamide
- ☐ Streptomycin
- ☐ Other (specify): ____________________

____
Date started

- All TB medication prescribed should be noted in the chemotherapy dosage section
- Please include all TB medications used and the date of initiation
- For TB patients with positive acid-fast bacillus (AFB) sputum-smear results, it is recommended that patients initiate RIPE within 7 days of that specimen being collected.

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Provider Information

Patient to be followed by: Name: Address: Phone:			Previous Diagnosis: ☐Yes ☐No Date: ______________
Comments: ☐Send Additional Report Forms			Hospitalization Chart No.: Admission Date: Discharge Date:
Reported by:	Signature	Office or Hospital Address	

- Please provide direct phone numbers for providers, as our TB Nurse Case Managers and Physicians may need to reach out for additional information

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Contacting TB Surveillance Regarding Reporting

- If you have any questions about reporting TB to DC Health, please contact the TB Control Program directly
  - Phone (202) 741-7692
  - Fax (202) 724-2363
  - TBSurveillance@dc.gov
- DC Health Disease Surveillance Provider Portal
  - URL: https://dccovid.force.com/provider/s
  - For technical support, please contact providersupport@dc.gov

TB Surveillance Contacts

- Theresa Waddy
  - Theresa.Waddy@dc.gov
  - (202) 430-2404
- April Cobos
  - April.Cobos@dc.gov
  - (202) 617-1421
- Jason Beverley
  - Jason.Beverley@dc.gov
  - (202) 834-4380

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899 North Capitol Street NE, 5th Fl, Washington, DC 20002

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