

# Virginia 2020 Report of Verified Case of Tuberculosis (RVCT) User Guide for VEDSS

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VDH TB Program

January 2024

# Training

- Please contact Laura Young, TB Epi with VDH, with any questions or additional training needs:
  - 804-836-6059
  - [laura.r.young@vdh.virginia.gov](mailto:laura.r.young@vdh.virginia.gov)
  - [tuberculosis@vdh.virginia.gov](mailto:tuberculosis@vdh.virginia.gov)
- A recorded training for the 2020 RVCT in VEDSS is available via TRAIN course ID: 1114824.
- To obtain edit access for the TB Program area for area to enter/update active TB disease investigations, you must complete the above training and an evaluation case.

# General VEDSS notes

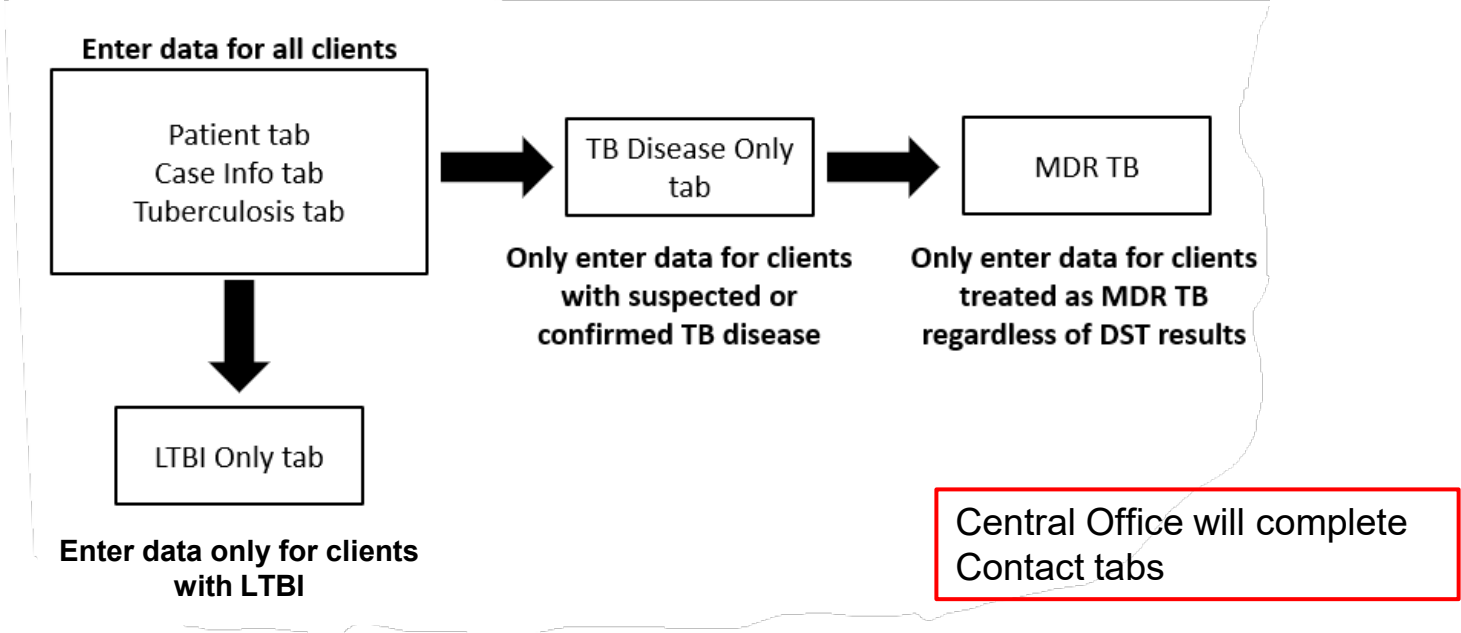
- Initial RVCT data for a presumptive or confirmed TB case should be entered into VEDSS within three days of the health district learning about the case.
- VEDSS does not currently accept 99 or 9999 as a valid entry for an unknown day, month or year.
  - If only year is known, use 07/01/XXXX.
- If an item was “not done” or “negative”, enter that information and do not leave the item blank.
- If an item is pending, do **not** select pending or unknown, leave the item blank until you have the information.
- For lab results:
  - Any positive results supersedes all other test results, especially if only one result can be entered
- To save information you have entered, click the “Submit” button at the top or bottom of the VEDSS page.
- To reopen a section for editing or to add new information, click the “Edit” button at the top or bottom of the VEDSS page.



# Tabs

Virginia Sputum | Female | 08/31/1954 (69 Years)

Patient	Case Info	Tuberculosis	TB Disease Only	MDR TB	LTBI Only	Contact Tracing	Contacts	Contact Records	Supplemental Info
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# Patient Tab

Patient Information

Collapse Subsections

General Information

\* Information As Of Date: 10/05/2023

Comments:

Enter comments as needed.

Name Information

Name Information As Of Date: 10/05/2023

First Name: TBTest\_Laura

Middle Name:

Last Name: TBTest\_Young

Suffix:

Verify spelling of patient's name.

Other Personal Details

Other Personal Details As Of Date: 10/05/2023

7. Date of Birth: 01/01/1992

Reported Age: 31

Reported Age Units: Years

Current Sex: Female

8. Sex at Birth: Female

Marital Status As Of Date:

Marital Status:

RVCT #7 Verify patient's DOB

RVCT #8 Enter sex at birth (self-report)

6. Reporting Address for Case Counting

Address Information As Of Date: 10/05/2023

Street Address 1: 101 W. Main Street

Street Address 2:

City: Richmond

State: Virginia

Zip: 23220

County: Richmond City

Country: UNITED STATES

Census Tract:

Is the Patient Residence within City Limits?: Yes

RVCT #6 Verify patient's address (USPS) at time of diagnosis (this will be used for where case is counted). Contact VDH regarding out-of-area residents dxed in your jurisdiction. Always include county.

Leave census tract blank.

## ☐ Ethnicity and Race Information

Ethnicity Information As Of Date: 10/05/2023

9. Ethnicity: Not Hispanic or Latino

Race Information As Of Date: 10/05/2023

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)*

Singaporean

Sri Lankan

Taiwanese

Thai

Vietnamese

Detailed Race Asian:

Selected Values: Vietnamese

RVCT #9 Enter patient's  
ethnicity.RVCT #10 Select  
patient's race.Select more detailed  
race category if known.

# Case Info Tab



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

[Collapse Sections](#)

**Investigation Information**

[Collapse Subsections](#)

**Investigation Details**

This will be entered based on info in initial notification

\* Jurisdiction: Richmond (City)

\* Program Area: Tuberculosis

Investigation Start Date: 10/05/2023

\* Investigation Status: Open

\* Shared Indicator:

Leave checked.

**Investigator**

Investigator: Search - OR - Quick Code Lookup

Investigator Selected:

Date Assigned to Investigation:

This will be entered based on info in initial notification; change if needed. Contact [tuberculosis@vdh.virginia.gov](mailto:tuberculosis@vdh.virginia.gov) if you need someone added.

**Reporting Information**

[Collapse Subsections](#)

**Reporting Organization**

Reporting Source Type:

Reporting Organization: Search - OR - Quick Code Lookup

Reporting Organization Selected:

Ensure jurisdiction is correct; request transfer from VDH TB if needed. You will only be able to edit investigations within your jurisdiction.

Change to "closed" when tx and CI completed (if indicated)

Select the most appropriate reporting source type. This is the type of organization that first reported the case/presumptive to the health department. Common responses will include: Hospital, Private Physician's Office, and TB Clinic.

Search for the organization by name. If you need an organization added to the system, please email [tuberculosis@vdh.virginia.gov](mailto:tuberculosis@vdh.virginia.gov)

Administrative Information

[Collapse Subsections](#)

Key Report Dates

2. Date Counted

Indicates case verification criteria result based on factors su

Auto populate based on when investigation was created. Update as needed.

Indicates whether this person will "count" as a TB case for Virginia. If they were counted by another state or country, we cannot count them again. Consult with VDH TB if unsure.

1. Date Reported: 10/01/2023

MMWR Week: 40

MMWR Year: 2023

additional sites of the disease, x-ray results, TST, IDR, reason therapy was stopped.

Case Verification Category: 4 - Verified by Provider Diagnosis

Case Status: Confirmed

Count Status: Count as a TB Case

Notification Comments to CDC:

RVCT #1 Date the LHD was first notified that a person may have TB.

RVCT #2 This will update based on information entered into the investigation; Can override "suspect" case status to "4- Verified by Provider Diagnosis", or "0-Not a case"

Case Numbers

Not used in Virginia

3. State Case Number (YYYY-GA-ABCD56789): 2023-VA-023000001

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

RVCT #3 VDH TB will assign when investigation is opened.

Case Verification

5. Case Already Counted by Another Reporting Area?: No

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

Country of Verified Case:

RVCT #5 Indicate "no" if not already counted by another area. If yes, consult with VDH TB for state case number from the other state.

Clinical

Collapse Subsections

Hospital

Was the patient hospitalized for this illness?:

Hospital:  Search - OR -

Hospital Selected:

Admission Date:

Discharge Date:

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

Indicate if TB-related hospitalization took place and include admission dates if known. If multiple, provide info on initial hospitalization

Condition

Indicate pregnancy status if applicable.

Diagnosis Date:

If Female, Was Patient Pregnant at Time of Diagnostic Evaluation?:

Date TB was confirmed via laboratory or provider.

Epidemiologic

Collapse Subsections

Epi-Link

Is this case part of an outbreak?:

Outbreak Name:

VDH TB will enter outbreak info if needed.

General Comments

Collapse Subsections

General Comments

General Comments:

Use for any additional comments.

# Tuberculosis Tab

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

[Collapse Sections](#)

**Initial Evaluation**

[Collapse Subsections](#)

**11. Nativity**

11a. Country of Birth: UNITED STATES

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

Date of First US Arrival:

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

Complete Countries for Birth for Primary Guardians(s) for pediatric cases only (less than 15 years old).

For patients less than 15 years old, indicate country of birth for parents or guardians.

Countries of Birth for Primary Guardians:

(Use Ctrl to select more than one)

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

Selected Values:

**RVCT #11a** Select country of birth. If not United States, indicate date of initial arrival to the U.S. If only year is known, use 1/1/XXXX. If only month and year are known, use XX/01/XXXX.

**RVCT #11b\***  
**Yes** – Always yes if born in U.S., possibly yes other certain circumstances based on parents' status.  
**No** – The person was not eligible for U.S. citizenship at birth, regardless of the person's current citizenship status. Default for those born outside of the U.S. if no additional info available.

\*Eligible for U.S. citizenship or nationality at birth relates to census data and applies to someone born in 1 of the 50 states or D.C, Puerto Rico, the Marianas (Guam and the Northern Mariana Islands), and the U.S. Virgin Islands, or someone born abroad to a parent who was a U.S. citizen.

12. Country of Usual Residence

12a. Country of Usual Residence:

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

RVCT #12a\* and 12b\*  
(see below)

TB Diagnosis

RVCT #14 – Select most appropriate initial reason for TB evaluation. Select TB symptoms if that is the reason they presented for care.

Virginia-specific – indicate if client was evaluated due to status as a TB-classified individual and select appropriate classification.

13. Status at TB Diagnosis:

14. Initial Reason Evaluated for TB:

Other 14. Initial Reason Evaluated for TB:

Was this a TB classified individual:

If yes, B0, B1, B2 or B3?:

RVCT #13 – indicate if client deceased or alive at time of dx.

**\*12a. Country of Usual Residence:**

Indicate the country where the person resides and sleeps most of this time, which may be different from where they are registered to vote, where they maintain a legal residence, etc. This includes persons who are in the United States for an extended period for work or study, even if they do not consider the United States to be “home.” Enter “United States” only if the person lives in one of the 50 U.S. states or the District of Columbia. If the person resides in one of five U.S. territories or other three U.S. reporting areas, name that reporting area.

**12b. If NOT U.S. Reporting Area, Has the Patient Been in the U.S. for 90 days or more:**

“Yes” – client has been in the U.S. for at least 90 days since report date

“No” – client left the U.S. within 90 days of report date

**Risk Factors**

[Collapse Subsections](#)

**15. Occupation and Industry**

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

RVCT #15a\* – indicate if client has **EVER** worked in any of these categories.

**15b. Industry and Occupation Information**

Current Occupation Standardized	Current Occupation
<p>RVCT #15b – Central office will complete the standardized entries based on the info you enter.</p>	<p>Current Occupation Standardized: </p> <p>Current Occupation: </p> <p>Current Industry Standardized: </p> <p>Current Industry: </p>

RVCT #15b\* – Type the job and the industry the client has been doing most recently.

[More information about standardized occupation and industry codes is available here](#)

**\*15a. Has the patient ever worked as one of the following?**

- Correctional facility employee – person working in a correctional facility. If someone has worked as healthcare personnel in a correctional facility, select both “Correctional facility employee” and “healthcare worker”.
- Healthcare worker – a paid or unpaid person working in a healthcare setting.
- Migrant/Seasonal worker – a person who is required to be absent from a permanent place of residence of the purpose of seeking employment, or who may vary their employment for the purpose of remaining employed while maintain a permanent place of residence.

**\*15b. Current occupation and industry**

**Current occupation**

- Ask “what kind of work do you do?”
- If client is a student, enter the level of study (i.e., high school student, college student)
- If the client is unemployed or not seeking employment, enter “unemployed”, “retired”, “disable”, etc.
- Be descriptive: “preschool teacher” vs. “teacher”

**Current industry**

- The kind of business or industry the client works in.
- Be descriptive and specific: “automobile manufacturing” vs. “manufacturing” and “grocery store” vs. “food industry”.

**RVCT #16** – indicate if client has any of these risk factors. Provide a response for each item, even if unknown.

16. Other Risk Factors

**NEW**

Diabetic At Diagnostic Evaluation:

Homeless in the Past 12 Months:

**NEW**

Homeless Ever:

Resident of Correctional Facility at Diagnostic Evaluation:

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

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

**NEW**

Resident of Correctional Facility Ever:

Resident of Long Term Care Facility at Diagnostic Evaluation:

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

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

Some risk factors are now separate questions compared to a “select all that apply” option previously. Some new variables refer to lifetime risk factor about homelessness and residence in a correctional setting.

Diabetic at diagnostic evaluation:

- known DM diagnosis (whether receiving treatment or not)

Or

- Hemoglobin A1c  $\geq 6.5\%$  or
- Fasting (defined as no caloric intake  $\geq 8$  hours) plasma glucose  $\geq 126$  mg/dL (7.0 mmol/L) or
- 2-hour plasma glucose  $\geq 200$  mg/dL (11.1 mmol/L) during an oral glucose tolerance test, as described by the WHO

Or

- In a person with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose  $\geq 200$  mg/dL (11.1 mmol/L)



Injecting Drug Use in the Past 12 Months:  Noninjecting Drug Use in the Past 12 Months:  Heavy Alcohol Use in the Past 12 Months:  

**RVCT #16 cont.** – indicate if client has any of these risk factors. Provide a response for each item, even if unknown.

TNF Antagonist Therapy:  Post Organ Transplantation:  End Stage Renal Disease:  Viral Hepatitis (B or C Only):  Other Immunocompromise (other than HIV or AIDS):  Other Risk Factor:  Other Risk Factor Specify: **NEW** 19. Current Smoking Status at Diagnostic Evaluation:  **NEW** 20. Lived outside of US for More than 2 Months:  

**RVCT #20** - Most clients born outside of the U.S. will require a “yes” response here, but this could also be true for people who travelled for a cumulative amount of time equaling two months or more without a return to the U.S.

**RVCT #21** – Provide a response for each item to include “not done”. Do not leave blank.

Diagnostic Testing

[Collapse Subsections](#)

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

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

HIV Status

HIV Status:

Collection Date:

Date Reported:

**HIV** - Select most appropriate response. If patient has a documented negative HIV test from less than 1 year prior to TB diagnostic eval and no new risks, that result may be used

Tuberculin (Mantoux) Skin Test at Diagnosis

Result:

Date Placed:

Date Read:

MM of Induration:

**TST**– Indicate if a TST was performed. If you have documented results from a prior TST (not just self-report) this may be entered. Include date and induration.

Interferon Gamma Release Assay for Mycobacterium tuberculosis at Diagnosis

Test Result:

Test Type:

Collection Date:

Date Reported:

Quantitative Test Result:

Quantitative Test Result Units:

**IGRA** – Indicate if an IGRA was performed. If you have documented results from a prior IGRA (not just self-report) this may be entered. Include dates and IGRA type (QFT, T-Spot).

Reminder: if a type of lab test was not done, indicate “not done” as the result. If a result is pending, leave blank until results are known. A positive smear and positive culture may be from different specimen collection dates

Sputum Smear

Result:

Collection Date:

Date Reported:

**Sputum smear** – Indicate date of collection of **first positive sputum smear**; if all smears were negative, indicate collection date of first negative sputum. If no sputum collected prior to patient receiving two weeks of tx, indicate not done.

Sputum Culture

Result:

Collection Date:

Date Reported:

**Sputum culture** – Indicate date of collection of **first positive sputum culture**; if all cultures were negative, indicate collection date of first negative sputum. If no sputum collected prior to patient receiving two weeks of tx, indicate not done.

RVCT #21 cont. – Provide a response for each item to include “not done”. Do not leave blank.

☐ Smear/Pathology/Cytology of Tissue or Other Bodily Fluids

Results:

Test Type:

Specimen Source:

Other Specimen Source:

Collection Date:

Date Reported:

Smear/pathology/cytology from other site – indicate date of collection for **first positive smear, pathology, or cytology** from a site other than sputum (e.g., bronchial washing, tissue)

☐ Culture of Tissue or Other Bodily Fluids

Results:

Specimen Source:

Other Specimen Source:

Collection Date:

Date Reported:

Culture from other site – indicate date of collection for **first positive culture** from a site other than sputum (e.g., bronchial washing, tissue)

☐ Nucleic Acid Amplification Test Result

Results:

Specimen Source:

Other Specimen Source:

Collection Date:

Date Reported:

NAA – Indicate date of specimen collection for **first positive NAA for *M. tuberculosis complex*** from any site. If all NAAs were negative, indicate the collection date of the first negative NAA.

Reminder: if a type of lab test was not done, indicate “not done” as the result. If a result is pending, leave blank until results are known. A positive smear and positive culture may be from different specimen collection dates

Reminder: if tests were performed more than two weeks after treatment start, indicate “not done” if they are negative as it is unclear if the specimen was truly negative initially or if it has already responded to treatment.

Lab Interpretive Repeating Block

Test Type	Specimen Source Site	Date Collected or Pl
No Data has been entered.		
Test Type: Hemoglobin A1c Other Test Type:	Specimen Source Site: Blood Other Specimen Source Site:	Date Collected or Placed: 10/10/2023 Date Reported or Read:
Test Result (Qualitative): Test Result (Quantitative): 5.5 Quantitative Test Result Units: percent		

**Lab repeating block –**

- Enter **Hemoglobin A1c results** here for all patients (or indicate not done).
- Enter **CD4 result** at diagnosis of TB for clients living with HIV.
- Positive cultures, etc from additional sites may also be entered.

Chest Imaging

[Collapse Subsections](#)

22. Chest Radiograph and Other Chest Imaging Study Results

Initial Chest X-Ray Result: Initial Chest X-Ray Date: Evidence of a Cavity: Evidence of Miliary TB:	Initial Chest CT Scan Result: Initial Chest CT Scan Date: Evidence of a Cavity: Evidence of Miliary TB:
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**RVCT #22. Chest Radiograph and other chest imaging results –** Select “consistent with TB” or “not consistent with TB” for initial chest x-ray and CT scan if performed (or indicate not done). If consistent with TB, indicate if there was evidence of a cavity and/or miliary disease. Consistent with TB includes hilar adenopathy, effusion, infiltrates, cavity, scarring consistent with TB.

[-] Epidemiologic Investigation

[Collapse Subsections](#)

[-] Epidemiologic Investigation

**RVCT #28.**— select “Yes” if an **adequate** contact investigation or source case investigation was performed (typically involves multiple interviews etc) even if no contacts were identified. Answer this question for all cases, regardless of whether an investigation was indicated (e.g., extrapulmonary TB).

26. Case Meets Binational Reporting Criteria?:

(Use Ctrl to select more than

Exposure to suspected prod

Has case contacts in or from

Other situations that may re

Potentially exposed by a res

Potentially exposed while in

Selected Values:

If Yes, Which Criteria Were Met?:

Case Identified During the Contact Investigation of Another Case?:

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

28. Contact Investigation Conducted for This Case?:

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

[-] 29. Linked Case Number

Linked Case Number

No Data has been entered.

Linked State Case Number:

**RVCT #26** - This will typically be no. Consult with VDH TB Program if you have questions. A case meets binational reporting criteria if it meets one or more of the following:

- Exposure to suspected product from Canada or Mexico (e.g., unpasteurized cheese).
- Case contacts in Mexico or Canada
- Potentially exposed by a resident of Mexico or Canada
- Potentially exposed while in Mexico or Canada
- Resident of Mexico or Canada

**RVCT #27.**— Select “Yes” if the case was identified during the contact investigation or source case investigation of another case. If above is “Yes”, indicate if the client was **fully** evaluated for TB during that investigation, even if active TB was not diagnosed at that time.


**RVCT #29.**— VDH TB program will complete if there are known linkages between cases. Please reach out if you know of such epidemiologic links (i.e., same household, etc.)

# TB Disease Only Tab

[-] **Clinical History And Findings**

[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.


[-] Previous Disease Information

	Diagnosis Type	Date of Diagnosis
No Data has been entered.		


Diagnosis Type:  

Date of Diagnosis:  

Previous State Case Number:

Completed Treatment:  

[-] Symptom Onset and Site of TB Disease

24. Date of Illness Onset or Symptom Start Date:  

*(Use Ctrl to select more than one)*

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

Accessory sinus

Adrenal gland

Anus

Appendix

Blood

Selected Values: Pulmonary

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

**RVCT #23** – Indicate if the client has a known history of LTBI or TB disease (this could be self-reported)

Include the diagnosis type, date (or year) of diagnosis if known, and whether or not treatment was completed.

**RVCT #24** – Capture the approximate or exact date that the patient first noticed any signs or symptom consistent with TB. IF no symptoms, use the date of the earliest clinical finding.

**RVCT #25** – Select all sites affected by the TB disease process.

- For **miliary disease**, select “pulmonary” and indicate in item 22 the miliary evidence from imaging.

[Collapse Subsections](#)

☑ Treatment

30. Date Therapy Started: 10/15/2023



**RVCT #30** – Indicate the date the patient began multidrug therapy for confirmed or presumptive TB disease. This should reflect the earliest date, even if that was in the hospital, and even if the program excluded those disease from their count

31. Initial Drug Regimen

Standard Regimen (4)

Mark Rest 'No'

Isoniazid: Yes

Rifampin: Yes

Pyrazinamide: Yes

Ethambutol: Yes

Streptomycin: No

Rifabutin: No

Rifapentine: No

Ethionamide: No

Amikacin: No

Kanamycin: No

Capreomycin: No

Ciprofloxacin: No

Levofloxacin: No

Ofloxacin: No

Moxifloxacin: No

Other Quinolones: No

Cycloserine: No

Para-Aminosalicylic acid: No

Linezolid: No

Bedaquiline: No

Delamanid: No

Clofazimine: No

Pretomanid: No

Other Drug Regimen: No



**RVCT #31** – For each drug, indicate if it was part of the initial regimen prescribed for TB treatment, even if the regimen was altered soon after.

- Clicking “standard regimen” will mark “yes” for RIPE
- Clicking “mark rest no” will mark “no” for any drugs without a selection made.
- **Do not enter** pyridoxine (B6) as “other drug”



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

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

**RVCT #32** – If RIPE was not initially prescribed, indin

### Genotyping And Drug Susceptibility

[Collapse Subsections](#)

Genotyping

33. Isolate Submitted for Genotyping:

Accession Number for Genotyping:

**RVCT #33** – **do not enter data/edit**, VDH TB program will complete this item once it is confirmed that an isolate as been shipped.

Drug Susceptibility Testing

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

IF YES, provide test results (For the initial susceptibility testing please send a response for each test type in the value set. Changes in susceptibility should be reported

 Phenotypic Drug Susceptibility Testing Information

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

Standard Susceptibilities (4)

Mark Rest 'Not Done'

 Drug Name: 

 Other Drug Name: 

 Date Collected: 

 Date Reported: 

 Specimen Source: 

 Other Specimen Source: 

 Result: 

 Test Method (Optional): 

 Other Test Method (Optional): 

Clear

## Genotyping And Drug Susceptibility Testing

 Enter Default Values

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

 Date Collected: 

 Date Reported: 

 Specimen Source: 

 Other Specimen Source: 

 Test Method (Optional): 

 Other Test Method (Optional): 

Submit

Cancel

**RVCT #34** – If the client had a positive culture, indicate whether or not phenotypic (growth-based) drug susceptibility testing was done. If never culture positive, leave blank.

If performed, provide susceptibility results for each drug

**Do not complete**

Click "submit" when finished

If any degree of resistance is reported on the lab result, select "Resistant"

Include initial results from unique combinations of drug tested and specimen types. The goal is to capture any resistance that is known.

 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 for each individual drug when change is identified).

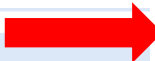
 Phenotypic Drug Susceptibility Testing Information

Drug Name	Date Collected	Date Reported	Specimen Source	Result
Ethambutol	10/01/2023	10/09/2023	Sputum	Susceptible
Isoniazid	10/01/2023	10/09/2023	Sputum	Susceptible
Pyrazinamide	10/01/2023	10/09/2023	Sputum	Susceptible
Rifampin	10/01/2023	10/09/2023	Sputum	Susceptible

Click to edit




Click to delete

Molecular Drug Susceptibility

 35. Was Genotypic or Molecular Drug Susceptibility Testing Done: 


IF YES, provide test results (Report full test results for samples with unique features, (e.g. specimen type, test type, or mutation). No need to report test results that differ only by date or laboratory)

 Molecular Drug Susceptibility Information

	Gene Name	Date Collected	Date Reported	Specimen Source Site	Result
  	rpoB	10/11/2023	10/13/2023	Sputum	Mutation Not Detected


Gene Name:    
 Other Gene Name:    
 Date Collected:    
 Date Reported:    
 Specimen Source Site:    
 Other Specimen Source Site:    
 Result:    
 Nucleic Acid Change:    
 Amino Acid Change:    
 INDEL:    
 Test Type:    
 Other Test Type:

**RVCT #35** – VDH TB Program will try to complete this item when it is known that molecular testing was performed (i.e., GeneXpert, MDDR testing at CDC). If performed, results should be included for each gene. The example to the left shows how to enter this data for GeneXpert results as DCLS performs this test routinely. Reach out to VDH TB Program for assistance or with questions.

Drug Name	Gene name
Isoniazid	<i>katG</i>
Rifampin	<i>rpoB</i>
Pyrazinamide	<i>pncA</i>
Ethambutol	<i>embB</i>
Bedaquiline	<i>atpE, rv0678, pepQ</i>

 MDR TB Case

[Collapse Subsections](#)
 MDR TB Indicator

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


If yes, complete MDR supplemental data form.

**RVCT #36** – Indicate if the patient was treated with an MDR regimen regardless of susceptibility results (e.g., clinical diagnosis of TB with known contact to MDR case). Select no if not treated with an MDR regimen.

If **Yes** is selected, the **MDR TB Supplemental Tab must be completed**. Reach out to VDH TB for assistance.

Case Outcome

[Collapse Subsections](#)

Sputum Culture Conversion Documented

37. Sputum Culture Conversion Documented?:

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

If No, reason for not documenting sputum culture conversion:

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

Moved

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 Out of Country, Specify Destination:

Transnational Referral Made?:

**RVCT #41** – If client was on TB meds > calendar year, select most appropriate reason

39. Date Therapy Stopped:

40. Reason Therapy Stopped or Never Started:

Other 40. Reason Therapy Stopped or Never Started:

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

(Use Ctrl to select more than one)

Adverse Drug Reaction  
Clinically Indicated for Reasons Other Than Above  
Failure  
Inability to Use Rifampin

Selected Values:

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

(Use Ctrl to select more than one)

Directly Observed Therapy (DOT)  
Electronic DOT (Video Enhanced Therapy)  
Self-Administered  
Unknown

Selected Values: Directly Observed Therapy (DOT), S

Mortality Information As Of Date:

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

Date of Death:

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

**RVCT #37** – If client was sputum culture positive, indicate if culture conversion was documented. If so, indicate the date of collection for the first negative culture after which there were no positive cultures. If conversion was not document, select a reason. Leave blank if never sputum culture positive.

**RVCT #38** – Document if the patient moved to an area where another reporting area must now provide or coordinate TB care (i.e., out of the state or out of the United States. This variable no longer captures movement **within** the state.

**RVCT #39** – The last date the client took TB meds.

**RVCT #40** – Select the most appropriate reason the client stopped meds (typically “completed therapy”. If client leaves the United States and treatment completion cannot be verified through CureTB or VET<, indicate “OTHER”.

**RVCT #43** – Indicate “yes” if the client died for any reason either before TB dx or during client management. If “yes”, record date of death and indicate if TB or complications of TB contributed to death.

# MDR TB Tab

# MDR Supplemental Tab

Complete for all patients who are:

- Confirmed to have MDR TB (or XDR TB) through laboratory evidence of resistance to at least isoniazid and rifampin **or**
- Presumed to have MDR TB (e.g., contact to known MDR-case), **or**
- Not thought to have MDR TB, but are treated with second-line TB drugs for other reasons (e.g., drug shortage, drug intolerance, interactions, adverse events).

**Multi-Drug Resistant (MDR)**

[Collapse Subsections](#)

**MDR Treatment Course**

1. Patient self-report of treatment for a previous episode of MDR TB disease is acceptable if documentation not available

1. History of Treatment Before Current Episode:    
 2. Date MDR TB Therapy Started for Current Episode:

2. Date the client began current regimen with at least two 2<sup>nd</sup> line drugs

**3. Drugs Ever Used for MDR Treatment**

Drug
------

No Data has been entered.

3. Provide a response for all drugs in the drop down (no autofill option). Duration of therapy is cumulative

Drug:    
 Other Drug:   
 Length of Time Administered:

**MDR Treatment Course Continued**

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

4. Provide last date injectable was given. Leave blank if no injectables used.

5. Indicate if surgery was performed as part of MDR tx and details if so. A biopsy done to dx MDR TB is not considered surgery for tx, but excisional biopsy is considered surgical tx.

5. Was Surgery Performed to Treat MDR TB?:    
 If Yes, Date of Surgery:

**6. Side Effects**

Side Effect
-------------

No Data has been entered.

Side Effect:    
 Other Side Effect:   
 Side Effect Experienced:   
 When?:

6. Provide a response for each possible side effect in the drop down (there is no autofill). If experienced, indicate if during or after tx (or both)

# LTBI Only Tab



# LTBI Only Tab

Do not complete for active TB investigations.

# Contact Tracing Tab


# Contact Tracing Tab


- Captures contact investigation information and comments
- VDH TB enters when 502 submitted


## Contact Investigation

[Collapse Subsections](#)


### Risk Assessment

Contact Investigation Priority:  

Infectious Period From:  

Infectious Period To:  

### Administrative Information

Contact Investigation Status:  

Contact Investigation Comments:

# Contacts Tab

# Contacts Tab

- Captures summary contact investigation information
- VDH TB enters when 502 submitted

**Custom Fields**

[Collapse Subsections](#)

**Contact Counts**

Number of Contacts:

Number Evaluated:

Number with TB Disease:

Number with Latent TB Infection:

Number Started LTBI Treatment:

Number Completed LTBI Treatment:

**Reason LTBI Treatment Not Completed**

Death:

Contact Moved:

Active TB Developed:

Adverse Effect of Medicine:

Contact Chose to Stop:

Contact is Lost to Follow-up:

Provider Decision:

# Supplemental Info Tab

# Supplemental Info Tab

- Shows associated labs, morbidity reports, uploaded documents, etc.

<input type="checkbox"/> <b>Associations</b>				
<a href="#">Collapse Subsections</a>				
<input type="checkbox"/> Associated Lab Reports				
Date Received	Reporting Facility/Provider	Date Collected	Test Results	P
Nothing found to display.				
<input type="checkbox"/> Associated Morbidity Reports				
Date Received	Condition	Report Date	Type	Obse
Nothing found to display.				
<input type="checkbox"/> Associated Treatments				
Date	Treatment	Treatment ID		
Nothing found to display.				
<input type="checkbox"/> Associated Vaccinations				
Date Administered	Vaccine Administered	Vaccin		
Nothing found to display.				
<input type="checkbox"/> <b>Notes And Attachments</b>				
<a href="#">Collapse Subsections</a>				
<input type="checkbox"/> Notes				
Date Added	Added By	Note		
Nothing found to display.				
<input type="checkbox"/> Attachments				
Date Added	Added By	File Name	Descrip	
Nothing found to display.				

# Questions?

- Contact Laura Young
  - [laura.r.young@vdh.virginia.gov](mailto:laura.r.young@vdh.virginia.gov)
  - 804-836-6059
- You can also always email [tuberculosis@vdh.virginia.gov](mailto:tuberculosis@vdh.virginia.gov)